

SUMMARY REPORT

Rapid gender assessment
of the situation and
needs of women in the
context of COVID-19
in Ukraine



MAY 2020

RAPID GENDER ASSESSMENT OF THE SITUATION AND NEEDS OF WOMEN IN THE CONTEXT OF COVID-19 IN UKRAINE



UN Women Ukraine
May 2020

CONTENTS

FOREWORD	5
-----------------	----------

LIST OF ABBREVIATIONS	6
------------------------------	----------

INTRODUCTION	7
---------------------	----------

1. METHODOLOGY OF THE RAPID GENDER ASSESSMENT OF THE SITUATION AND NEEDS OF WOMEN IN THE CONTEXT OF COVID-19 IN UKRAINE	9
--	----------

2. GENDER ANALYSIS OF THE CURRENT DEMOGRAPHIC AND SOCIO-ECONOMIC SITUATION IN UKRAINE. KEY GENDER GAPS	12
---	-----------

3. ASSESSMENT OF THE INSTITUTIONAL CAPACITY OF STATE AND LOCAL AUTHORITIES TO ENSURE THE PROTECTION OF VULNERABLE POPULATIONS IN THE PRECAUTIONARY MEASURES FOR COVID-19	15
3.1 Analysis of COVID-19-related normative regulations for consistency with human rights and gender equality approach	16
3.2 Analysis of COVID-19-related local policies for their consistency with a gender and human rights-based approach	17
3.3 Gender analysis of the structural units whose activities are targeted at ensuring the protection of the population in the context of the COVID-19 pandemic (including independently established temporary commissions, committees, and working groups at the level of RSAs and ATCs)	17
3.4 Analysis of information support to the population at the level of state ministries and agencies and local governments (based on analysis of the websites of ministries, agencies, RSAs and certain ATCs)	19

4. ANALYSIS OF THE RESULTS OF THE SURVEY OF WOMEN AND MEN REGARDING THE IMPACT OF PREVENTIVE MEASURES ON THE SPREAD OF COVID-19	20
4.1 Information	21
4.2 Access to resources, goods and services	22
4.3 Economic challenges	22
4.4 Distribution of gender roles and unpaid care work	25
4.5 Problems of the most vulnerable women in the context of preventive measures (based on telephone interviews)	27

OVERALL CONCLUSIONS	31
----------------------------	-----------

RECOMMENDATIONS	36
------------------------	-----------

FOREWORD

A public-health and economic crisis we are living through today due to the COVID-19 highlighted the central role women play as frontline responders, as healthcare professionals and social workers, as members of their communities and their families. It exposed their vulnerabilities, especially in the areas, where the strong gender inequalities continue to persist. The crisis is bringing a high toll to the entire societies, but in particular to women, and those most marginalized, because of the pre-existing gender inequalities. 2020 was supposed to be the year that would mark the progress on women's rights, following the 25th anniversary of the adoption of the Beijing Declaration and Platform for Action. It is also the year marking 15th anniversary of the adoption of the Law on Equal rights and opportunities of women and men in Ukraine. Instead, COVID-19 brings a serious risk that the still modest gains on women's rights are being reversed, unless gender equality is fully integrated in the COVID-19 response and recovery.

Generating evidence and Understanding the differentiated needs of women and men during the pandemic are essential for the provision of the gender-equal response and recovery from COVID-19 crisis.

We are pleased to present this publication, *The Rapid Gender Assessment of the Situation and Needs of Women in the Context of COVID-19 in Ukraine*, which displays a broad array of challenges Ukrainian women encounter during COVID-19 crisis – from the higher risks of losing incomes and savings to the significantly increased burden of unpaid care work.

The assessment puts special focus and features the diverse voices of women from the most vulnerable groups, who face the disproportional effect of the restriction measures during the pandemic. It demonstrates how the challenges women with disabilities, Roma women, women living with HIV/AIDS or single mothers experience in normal times are exacerbated during the mandatory lockdown.

We anticipate that this publication will help to raise public awareness about the negative effect pandemic can have on women's rights and will provide evidence on the economic, social and health risks for women and girls. We also believe that the recommendations provided for the national, regional, and local authorities, as well as civil society and development partners, once adopted, will ensure women's equal rights and support the recovery and resilience to future crises caused by the global pandemic.

Dominika Stojanoska
Head of Office a.i.
UN Women Ukraine

LIST OF ABBREVIATIONS

ASC	Administrative Service Centre
ATC	Amalgamated Territorial Communities
CEAs	Central executive authorities
CEDAW	the Convention on the Elimination of All Forms of Discrimination against Women
CMU	Cabinet of Ministers of Ukraine
CSO	Civil Society Organization
EECP	Entry-Exit Checkpoints in the area of Joint Forces Operation (JFO)
IDP	Internally Displaced Persons
ILO	International Labour Organization
JFO	Joint Forces Operation
LBTQ	Lesbian, Bisexual, Transgender and Queer Women
LGBT	Lesbian, Bisexual and Transgender people
LSG	Local self-governments
Media	Mass media
MES	Ministry of Education and Science of Ukraine
MoH	Ministry of Health of Ukraine
NGO	Non-Governmental Organization
NLA	Normative Legal Act
RSA	Regional State Administration
PE	Private Entrepreneur
PPE	Personal protective equipment
RGA COVID-19	Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

INTRODUCTION



Global studies conducted by the United Nations on the socio-economic impact of COVID-19¹ and its impact on women², have shown that the pandemic “is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic.” The Rapid Gender Assessment (RGA) of COVID-19 implications in Ukraine, conducted between 21 March and 12 April 2020 with the support of the UN Entity for Gender Equality and the Empowerment of Women (UN Women), provides gender-sensitive data on the differentiated needs of women and men and the impact of COVID-19 on the life of women in Ukraine, in particular those who represent vulnerable groups and face multiple discrimination. The aim of the RGA is to provide evidence and recommendations to national, regional and local stakeholders in formulating

gender-sensitive policies and actions to further contain the disproportionate impact of COVID-19 and enable equal participation of women and men in the response and recovery phases.

The RGA was conducted in an extremely short time frame through effective partnership with and input to data collection from many representatives of women’s civil society organizations, pilot regional state administrations and local self-government bodies, development partners and civic activists. The results of the RGA were shared for consultation with the Validation Group, consisting of representatives of the national gender mechanism, the National Parliament, the State Statistics Service of Ukraine, national academic institutions, women’s NGOs, UN Thematic Groups and donors.

-
1. UN Sustainable Development Group, Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19, March 2020. Available at: <https://unsdg.un.org/resources/shared-responsibility-global-solidarity-responding-socio-economic-impacts-covid-19>
United Nations, Department of Economic and Social Affairs, The Social Impact of COVID-19, 6 April 2020. Available at: <https://www.un.org/development/desa/dspd/2020/04/social-impact-of-covid-19/>
 2. UN Women, UN Secretary-General’s policy brief: The impact of COVID-19 on women, 9 April 2020. Available at: <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>

1.

**METHODOLOGY OF THE
RAPID GENDER ASSESSMENT
OF THE SITUATION AND
NEEDS OF WOMEN IN THE
CONTEXT OF COVID-19
IN UKRAINE**



The methodology is based on the guidance for conducting rapid gender assessment in emergencies and the guidelines of UN agencies regarding socio-economic, gender and human rights aspects in the context of COVID-19.³

Geography and coverage

For the quantitative research, 3838 female and male respondents aged 18+ from all regions of Ukraine and, for the qualitative research, 77 female informants from 7 regions. The research focuses on women, including vulnerable women, with a particular focus on those facing multiple discrimination. For the institutional analysis, the research covered 28 local communities in the 7 pilot regions⁴ of UN Women in Ukraine.

Research Methods

1 Desk review, that includes:

- a) analysis of COVID19-related legislation at the national, regional and local levels;
- b) review of the coordinating bodies established in response to COVID-19;⁵
- c) analysis of sex-disaggregated statistics;

d) gender analysis of information on the spread of infection and relevant restrictive measures on the websites of 24 regional state administrations and of 28 local communities in 7 regions.

2 Online survey via Google form: 3310 female respondents and 528 male respondents (18+), who live in different types of settlements and have access to the Internet, were surveyed. The sample is not representative for the population of the regions by age and education level, but representation of respondents from the key groups has been achieved for the purposes of comparative analysis.

3 Semi-structured phone interviews with 77 women from vulnerable groups living in different regions and types of settlements (city, town, village), including those facing multiple forms of discrimination. Informants were recruited through the network of partners and the “snowball” method. Vulnerable groups of women were identified based on the definition of vulnerability in the Law of Ukraine “On Social services” of 17 January 2019⁶ and were reached through UN Women project activities and partners.

-
3. The recommendations of the international working group COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement, March 2020. Available at: <https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/covid-19-how-to-include--marginalized-and-vulnerable-people>
UNFPA Brief: COVID-19: A Gender lens. Protecting sexual and reproductive health and rights, and promoting gender equality, March 2020. Available at: <https://www.unfpa.org/resources/covid-19-gender-lens>
UN Women, Checklist for COVID-19 response by UN Women Deputy Executive Director Åsa Regnér and Summary report of the Working group: COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific, March 2020. Available at: <https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/the-covid-19-outbreak-and-gender>
UNSDG Brief: Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19, 20 March 2020. Available at: <https://unsdg.un.org/resources/shared-responsibility-global-solidarity-responding-socio-economic-impacts-covid-19>
UN DESA Brief: The Social Impact of COVID-19, 6 April 2020. Available at: <https://www.un.org/development/desa/dspd/2020/04/social-impact-of-covid-19/>
UN Secretary-General’s policy brief: “The impact of COVID-19 on women”, 9 April 2020. Available at: <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>
 4. Volyn, Donetsk, Zaporizhzhia, Luhansk, Sumy, Kherson and Chernivtsi regions.
 5. Based on open sources and phone interviews with the heads of communities.
 6. The survey was conducted with the following target groups: women veterans and servicewomen; Roma women; older women (65+); female residents of smaller settlements, including on the contact line; IDP women; women living with HIV/AIDS and/or diagnosed with chronic diseases; women with disabilities; women raising children alone; pregnant women; mothers with many children; LGBTIQ; women-frontline workers engaged in services related to the high risk of infection (primarily in public health, as well as salespersons in grocery stores, social workers, police officers); self-employed women and other.

The Assessment has its own methodological limitations as follows:

- the online method of collecting data in the context of COVID-19 was chosen in line with the guidelines of the European Society of Marketing Research Professionals (ESOMAR) on social distancing requirements of 24 March 2020;
- the rapidly changing situation related to restrictive measures might cause particular data and recommendations to lose relevance;
- The way the on-line survey was processed did not allow the design of a survey sample representing the population of Ukraine, thus the study cannot be considered to be entirely representative;
- the specific constraints on collecting information in the context of the requirement for social distancing did not allow particular vulnerable groups (those without mobile phones) to be covered.

2.

GENDER ANALYSIS OF THE CURRENT DEMOGRAPHIC AND SOCIO-ECONOMIC SITUATION IN UKRAINE. KEY GENDER GAPS



The analysis of the socio-economic data disaggregated by sex shows that COVID-19 pandemic and related restrictive measures have deepened existing gender gaps and affected women more adversely. In the context of the economic crisis caused by the restrictive measures, women become more vulnerable due to a number of disparities and gaps in indicators of economic activity, employment, wages and pensions, whose levels are lower than those of men.

Indicators of employment and economic activity among women of working age in Ukraine are lower than in the respective age group of men. In 2018, the economic activity rate⁷ for women of working age was 56.8% and 69% for men. The employment rate⁸ in the same age group was 53% among women and 62% among men in 2018.⁹ 45.8% of economically inactive women and 14.2% of men of working age explain their economic inactivity by the fact that they are engaged in household (family) duties.¹⁰

Vertical segregation of work has been evident in Ukraine, with significantly fewer women in leadership positions. The overall ratio of men to women among managers of organizations is 60%/ 40%. Women do not reach 30% of owners in any segment of business – micro, small, medium and large.¹¹

Women are mainly employed in the public sector (health care, social welfare and education), where

salaries are generally lower, which leads to horizontal employment segregation. Due to a gender pay gap that is evident in all spheres of economic activity, women have limited opportunities to accumulate savings and are more vulnerable in an economic crisis. As a result of systemic gender discrimination in the labour market, the average gender wage gap in Ukraine is 22%,¹² while the gender pension gap is 32% (2018).¹³ Considering that a share of women over retirement age is higher than that of men, older women are more dependent on state pension and social policy.

Women are engaged in most sectors that entail direct contact with service beneficiaries and face the risk of becoming infected in the pandemic situation. Women make up 83% of frontline workers in healthcare and social services, with 82.8% of these working specifically in health care.¹⁴

Among recipients of social services and social assistance, women make up $\frac{2}{3}$.¹⁵ In the context of the restrictions, the most affected population will be self-employed women working in the informal sector (without social protection), who make up 74%.

Strong gender disparities continue to persist in the distribution of household duties and caring responsibilities for children and older family members. A survey conducted by Rating Group in February 2020 has demonstrated that unpaid domestic work is

-
7. Economic activity rate of population is determined as the ratio (in percentage) of the number of economically active population aged 15-70 to the total population of the specified age or relevant socio-demographic group.
 8. Employment rate is calculated as the ratio (in percentage) of the number of employed population aged 15-70 to the total population of the specified age or relevant socio-demographic group.
 9. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, Kyiv, 2019. Available at: http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm
 10. Ukraine, State Statistics Service. Economic activity of the population in Ukraine. Statistical Bulletin, 2019. Available at: http://www.ukrstat.gov.ua/druk/publicat/kat_u/2019/zb/07/zb_EAN_2018.pdf
 11. Delo.ua. YouControl data for 2016, 9 November 2018. Available at: <https://delo.ua/business/buti-bilshe-nizh-30-zhinki-u-biznesi-v-ukrajini-347717/>
 12. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, 2019. Available at: http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm
 13. Ukraine, State Statistics Service. Social protection in Ukraine. Statistical Bulletin, 2019. Available at: http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm
 14. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, 2019. Available at: http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm
 15. Ukraine, State Statistics Service. Social protection in Ukraine. Statistical Bulletin, 2019. Available at: http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm

disproportionately performed by women in almost all households: women (64%) cook more often in a family/couple and, in the belief of respondents, responsibilities for childrearing and household work are also assigned to women (52%).¹⁶ 92.2% of single parents raising children on their own are single mothers, who carry the multiple burdens of care and domestic work, having to earn an income and reliance on childcare in institutional care facilities for children¹⁷.

Gender-based violence represents the most persistent violation of women's rights in Ukraine. Women and girls make up the majority of victims of rape (86%) and victims of domestic violence (78%)¹⁸.

The representation of women in Parliament and Government has increased since the last parliamentary elections held on 21 July 2019, reaching 20.52% and 20.2% respectively. However, there

are no women among heads of regional state administrations. According to the Central Election Commission, women make up 46.56% of the members of all local councils. The highest number of women is in village councils (53.7%), while in regional councils this proportion is only 15.4%, and in district councils there are 24.4% women councillors.¹⁹ Women who face multiple forms of discrimination are almost completely excluded from decision-making processes²⁰.

Internally displaced women, Roma women, women with disabilities, and elderly women face additional challenges, due to multiple and intersecting forms of discrimination, with residence registration and acquiring proper documents, lack of access to decent jobs, pensions and livelihoods, and limited access to healthcare and social services.

16. Rating Group Ukraine, The role of women in the Ukrainian society, 21-25 February 2020. Available at: http://ratinggroup.ua/ru/research/ukraine/rol_zhenschin_v_ukrainskom_obschestve.html

17. Ukraine, State Statistics Service. Socio-demographic characteristics of households in Ukraine in 2018. Statistical Bulletin, 2018. Available at: http://ukrstat.gov.ua/druk/publicat/kat_u/publzahist_u.htm

18. Ukraine, the Prosecutor General's Office. Available at: <http://www.gp.gov.ua/>

19. Ukraine, Central Election Commission of Ukraine, 11 January 2020. Available at: <https://www.cvk.gov.ua/index.html>

20. The Committee on the Elimination of All Forms of Discrimination Against Women, Report of UN Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) on the 66th session, 14 February 2017. Available at: <http://www.un.org.ua/en/information-center/news/4040-report-of-the-un-country-team-in-ukraine-is-presented-at-the-cedaw-66th-session>

3.

ASSESSMENT OF THE
INSTITUTIONAL CAPACITY
OF STATE AND LOCAL
AUTHORITIES TO ENSURE
THE PROTECTION OF
VULNERABLE POPULATIONS
IN THE PRECAUTIONARY
MEASURES FOR COVID-19



3.1

Analysis of COVID-19-related normative regulations for consistency with human rights and gender equality approach

More than 40 national-level normative-legal acts were adopted in Ukraine between 07 February and 09 April 2020 to ensure the regulation of response to the spread of coronavirus disease (COVID-19). 32 of them were reviewed from a gender equality perspective. Specific legal acts²¹ were adopted and incorporated aspects specially aimed at protecting vulnerable population groups, including those at higher risk of exposure to COVID-19. In particular, legislative measures were stipulated for the following:

- 1 a one-off cash payment for: pensioners whose pension does not exceed 5000 UAH; persons with disabilities, including those born with a disability and children with a disability; recipients of social aid who are not eligible for a pension;
- 2 speeding up the process of registration and further provision of an allowance to unemployed people;
- 3 simplifying the procedure for granting housing subsidies and the introduction of additional compensation of expenses for housing utilities during the lockdown period;
- 4 a 300% salary increase for medical workers engaged in treating patients with coronavirus.

Considering that women make up majority of pensioners, health workers and mainly providing care to family members with disabilities, the adopted measures have positive gender impact. However,

one-time transfers are not enough to address crisis situation faced by the vulnerable groups and implementation of the adopted amendments needs to be further monitored.

A review of COVID-19 related legal acts identified that gender analysis, as regulated by the Law on ensuring equal rights and opportunities of women and men, was not conducted prior to their adoption. Introduction of the restrictive measures without proper gender and human rights-based analysis led to the omission of other vulnerable groups who were thus adversely affected. Those groups were the following: **single mothers and fathers** (who have to go to work and leave children unattended at home), **Roma** (many of whom don't have access to safe water and basic services), **persons with disabilities** (for example, although visually impaired persons should be accompanied when visiting hospital, this was restricted because of the lockdown), **self-employed people** (the closure of beauty and hairdressing salons and mobile catering led to loss of earnings), **individuals in need of special medical procedures** (challenges with transport) and **victims of domestic violence** (the referral mechanism was not fully available in all regions due to lockdown measures). Also, in the situation where COVID-19 was spreading, frontline **social workers providing services and postal workers delivering mail and pensions, mainly represented by women, were not given additional payments**, unlike medical staff.

21. Ukraine, Law of Ukraine "On Amendments to Certain Laws of Ukraine aimed to Prevent the Occurrence and Spread of the Coronavirus Disease (COVID-19)" of 17 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/530-20>

Law of Ukraine "On Amendments to the Tax Code of Ukraine and other laws of Ukraine Concerning Taxpayers Support For the Duration of Measures Aimed to Prevent the Occurrence and Spread of Coronavirus Disease (COVID-19)" of 17 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/533-20>

Law of Ukraine "On Amendments to Certain Laws of Ukraine Concerning the Treatment of Coronavirus Disease (COVID-19)" of 30 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/539-20>

Law of Ukraine "On Amendments to Certain Legal Acts of Ukraine aimed at providing additional social and economic guarantees in connection with the spread of coronavirus disease (COVID-19)" of 30 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/540-20>

Law of Ukraine "On Amendments to Certain Laws of Ukraine Concerning the Treatment of Coronavirus Disease (COVID-19)" of 30 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/539-20>

3.2

Analysis of COVID-19-related local policies for their consistency with a gender and human rights-based approach

This research analysed 152 decisions of local self-government bodies published on the websites of 24 regional state administrations (RSA) and of Kyiv City. Analysis of these documents showed that legal acts were not subjected to gender analysis and that **most regulations issued by RSAs did not take into account the special needs of vulnerable groups.**

Several **positive examples** have been identified, where decisions address the needs of certain vulnerable groups, namely in the regions of **Dnipropetrovsk**,²² **Mykolaiv**,²³ **Odesa**,²⁴ **Poltava**,²⁵ **Sumy**,²⁶ **Ternopil**,²⁷ **Kherson**²⁸ and in **Kyiv City**.²⁹

These examples include the issues of additional payments, accommodation, meals and transport for healthcare workers engaged in the provision of health services to patients with coronavirus; providing assistance during lockdown to low-income categories, in the form of basic necessities; accommodation and meals for persons required to self-isolate; buying coffins for the burial of single people who died of coronavirus and those whose relatives refused to bury them; meals for in-patients. However, these measures were not implemented systematically at national level.

3.3

Gender analysis of the structural units whose activities are targeted at ensuring the protection of the population in the context of the COVID-19 pandemic (including independently established temporary commissions, committees, and working groups at the level of RSAs and ATCs)

The key coordinating agency of government actions to prevent the spread of the COVID-19 pandemic in Ukraine is the “Anti-Crisis Headquarters for counter-acting COVID-19 Acute Respiratory Disease caused by Coronavirus SARS-CoV-2”, established by Decree No. 03 of the CMU.³⁰ Out of 33 members in total, 6 are women (18%). Representatives of almost all key

ministries and agencies, except for the Ministry of Social Policy and national human rights mechanisms, are members of the Headquarters.

The Coordination Council³¹, established under the President of Ukraine, includes representatives of all sectors/departments, except for education,

22. Dnipropetrovsk Regional State Administration, Directive No. P-243/0/3-20 of 06 April 2020; Directive No. P-244/0/3-20 of 07 April 2020. Available at: <https://adm.dp.gov.ua/>

23. Mykolaiv Regional State Administration, Directive No.134-p of 6 April 2020. Available at: <http://www.mk.gov.ua/ua/home/>

24. Odesa Regional State Administration, Directive No. 242/од-2020 of 9 April 2020. Available at: <https://oda.odessa.gov.ua/>

25. Poltava Regional State Administration, Directive No.163 of 26 March 2020. Available at: <http://www.adm-pl.gov.ua/>

26. Sumy Regional State Administration, Directive No.163 of 26 March 2020. Available at: <http://sm.gov.ua/uk/dokumenty.html>

27. Ternopil Regional State Administration, Directive No. 227 /01.02-01 of 7 April 2020. Available at: <http://www.oda.te.gov.ua/>

28. Kherson Regional State Administration, Directive No. № 288 of 25 March 2020. Available at: <https://khoda.gov.ua/>

29. Kyiv City Council, Decision No.906/9076 of 26 March 2020, Decision No. 907/9077 of 26 March 2020. Available at: <https://kmr.gov.ua/uk/rishenya>

30. Ukraine, Cabinet of Ministers Resolution No. 93-p “On prevention of the spread of COVID-19 acute respiratory disease within Ukraine caused by the SARS-CoV-2” of 3 February 2020. Available at: <https://zakon.rada.gov.ua/laws/show/93-2020-%D1%80/ed20200305>

31. Ukraine, Decree of the President of Ukraine No. 88/2020 “On Anti-COVID-19 Coordination Council” (amended) of 16 March 2020 and 23 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/88/2020>

economic departments and the national human rights mechanism. The lack of inclusion of these sectors might lead to the omission of important aspects of the differentiated impact of the pandemic and of ensuring equal rights and opportunities. Only 1 of the 17 members is a woman. The State Commissioner on Gender Equality is not a member of any of coordinating agency on COVID-19.

Regional state administrations

Analysis of the composition of the various headquarters, commissions and expert groups, established under the regional state administrations in response to the COVID-19 crisis, indicates that gender advisers were not included in any of them and officials from social protection and education departments were not included in many of them. Thus, of the 25 administrative-territorial units analysed, 9 state administrations did not include³² the department of social protection and 12 state administrations³³ did not include the department of education and science. Although women are on the frontline of the response to COVID-19 as workers and heads of households, the gender composition of all the coordinating bodies is male-dominated. On average, women make up about 20% of the total membership of the coordinating bodies.

Amalgamated Territorial Communities

The data were collected through analysis of information from open sources and by means of short phone interviews with ATC heads in 28 amalgamated territorial communities in the 7 pilot regions³⁴ of UN Women in Ukraine. The assessment covered the composition of the anti-coronavirus operative response headquarters and gender analysis of the COVID-19-related decisions of local self-government bodies. Identification of best practices and challenges faced by ATCs was also a focus, since local authorities are close to their citizens and provide direct support to the most vulnerable groups.

Gender composition of the anti-coronavirus operational response headquarters

The most common institutional mechanisms for the coordination and prevention of the spread of coronavirus are an operational headquarters and temporary anti-epidemic commissions for preventing the transfer and spread of acute respiratory disease caused by COVID-19. The analysis shows that while the representation of women varies from 40 to 60%, two thirds of these operational bodies are headed by men. Members of operational response headquarters generally lack the necessary knowledge of gender policy, as they have not undergone gender training. There is a lack of interaction mechanisms between the established commissions, the operational response headquarters for the prevention of the spread of COVID-19, CSOs and representatives of vulnerable groups. It has also been found that most ATCs do not collect data disaggregated by gender, age, health and other socio-demographic characteristics, and do not conduct gender analysis at the stages of developing, implementing and assessing measures and decisions that are aimed at providing basic social services for women and men, especially from vulnerable groups.

All the ATCs analysed have changed their work schedule through the introduction of online remote working. During lockdown, community council staff work remotely or on a flexible schedule (22 communities out of 28). There are administrative service centres (ASC) functioning in all ATCs, which provide a number of administrative services as defined by the Cabinet of Ministers of Ukraine during lockdown. In some ATCs meetings with individual members of public are limited.

Challenges

Most ATCs have redistributed their budgets to allocate funds for measures to prevent and respond to coronavirus cases. They share the pressing problem

32. Vinnytsia, Volyn, Dnipropetrovsk, Zakarpattia, Zaporizhzhia, Ivano-Frankivsk, Rivne, Sumy, Kherson regions.

33. Vinnytsia, Dnipropetrovsk, Zhytomyr, Zakarpattia, Zaporizhzhia, Ivano-Frankivsk, Kirovohrad, Poltava, Rivne, Kharkiv, Kherson regions and Kyiv City.

34. Chernivtsi, Sumy, Volyn, Kherson, Donetsk, Luhansk and Zaporizhzhia.

of a decrease in local budget revenues. It has been found that ATCs face the following challenges: increased prices and shortages of PPE/sanitizers and medicines; the closure of kindergartens and home-schooling of children, a problem for parents who continue to work; loss of income opportunities, for private entrepreneurs; lack of transport connections, a challenge for all members of communities, but in particular for persons with chronic diseases who cannot visit doctors and healthcare institutions; lack of PPE, for community members and doctors; increased mental and emotional stress in people's lives due to lack of money; job loss; escalation of domestic violence, etc.

Positive practices

Despite the challenges caused by COVID-19, the analysis found a number of positive practices in addressing the needs of vulnerable groups. Local authorities are involved in initiatives such as: awareness raising about compliance with the rules

of self-isolation under lockdown; launching hotlines to assist citizens aged over 80, older people in need of care, and persons with disabilities; transporting haemodialysis patients to hospital in a village council car, so they could undergo their procedures on time; delivery of food parcels to low-income families, single elderly people and other vulnerable groups (under the aegis of a charity project of the Ministry of Social Policy and the "ATB" chain of grocery stores); social taxis for those in need (persons with disabilities, older people); organizing transport for healthcare workers to hospitals, etc. The staff of the territorial centre provide assistance to vulnerable populations by paying for utilities and delivering food and medicine. Surplus food in educational institutions was distributed to low-income families. In some communities, landowners organized themselves to deliver necessary assistance to vulnerable people (including those with limited mobility).

3.4

Analysis of information support to the population at the level of state ministries and agencies and local governments (based on analysis of the websites of ministries, agencies, RSAs and certain ATCs)

Information support at the level of state ministries and departments. Although the dissemination of information by the Ministry of Health on the situation in Ukraine with COVID-19 and related precautionary measures is quite prompt and systematic, most of the data provided are not sex- and age-disaggregated. The only division between women and men is with regards to persons who died as a result of complications caused by COVID-19. At the same time, the Ministry does not provide any analysis of urgent needs and risks for most vulnerable groups. The Ministry of Social Policy provides the most complete, though also unstructured, information on measures to assist the most vulnerable groups during the lockdown.

Information support at the level of regional state administrations. Apart from Kyiv City Administration, which provides structured information on COVID-19 transmission, precautions,

health care, sex and age-disaggregated data, the information published by RSAs on the COVID-19 situation is incomplete and gender-insensitive. In addition, none of the websites of the 24 regional state administrations have clear and detailed information on the risks faced by vulnerable populations in a pandemic and the measures taken to ensure their regular access to specific services.

Information support at ATC level. Information on the spread of COVID-19, published by most of the communities surveyed, is neither systematic and structured nor gender-sensitive, with a focus on operational data about those infected. Moreover, only some ATCs note the measures taken to provide support to at-risk groups. At the same time, 6 of the 28 ATCs surveyed confirmed that they informed the population about the heightened risk of increased domestic violence during lockdown, and published advice on actions for victims.

4.

ANALYSIS OF THE RESULTS OF THE SURVEY OF WOMEN AND MEN REGARDING THE IMPACT OF PREVENTIVE MEASURES ON THE SPREAD OF COVID-19



4.1 Information

Timely and accessible information is an important component of the emergency response system of state authorities and local self-government bodies. Awareness of the current COVID-19 situation is quite high among both women and men interviewed. This is to be expected in the context of an online survey³⁵ that covers Internet users.

Social media are the main sources of information on the current situation for almost two thirds of the women and men surveyed. At the same time, more than half of those interviewed indicated official websites and reports as such sources. Female respondents are somewhat more oriented towards official channels, such as official government websites and public service announcements, compared to men.

FIGURE 1. Average level of self-esteem of respondents about the spread of COVID-19 on a 5-point scale from 1 to 5 (where 1 point – almost nothing, 5 points – I know a lot)

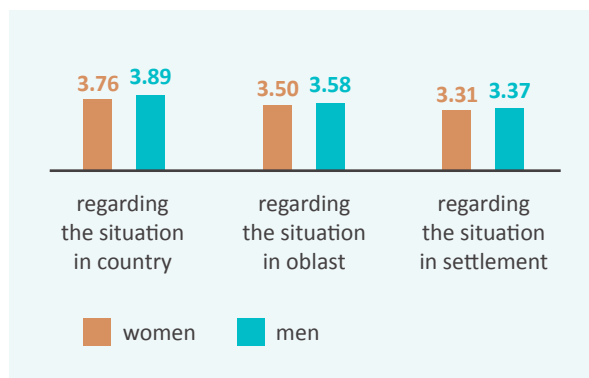
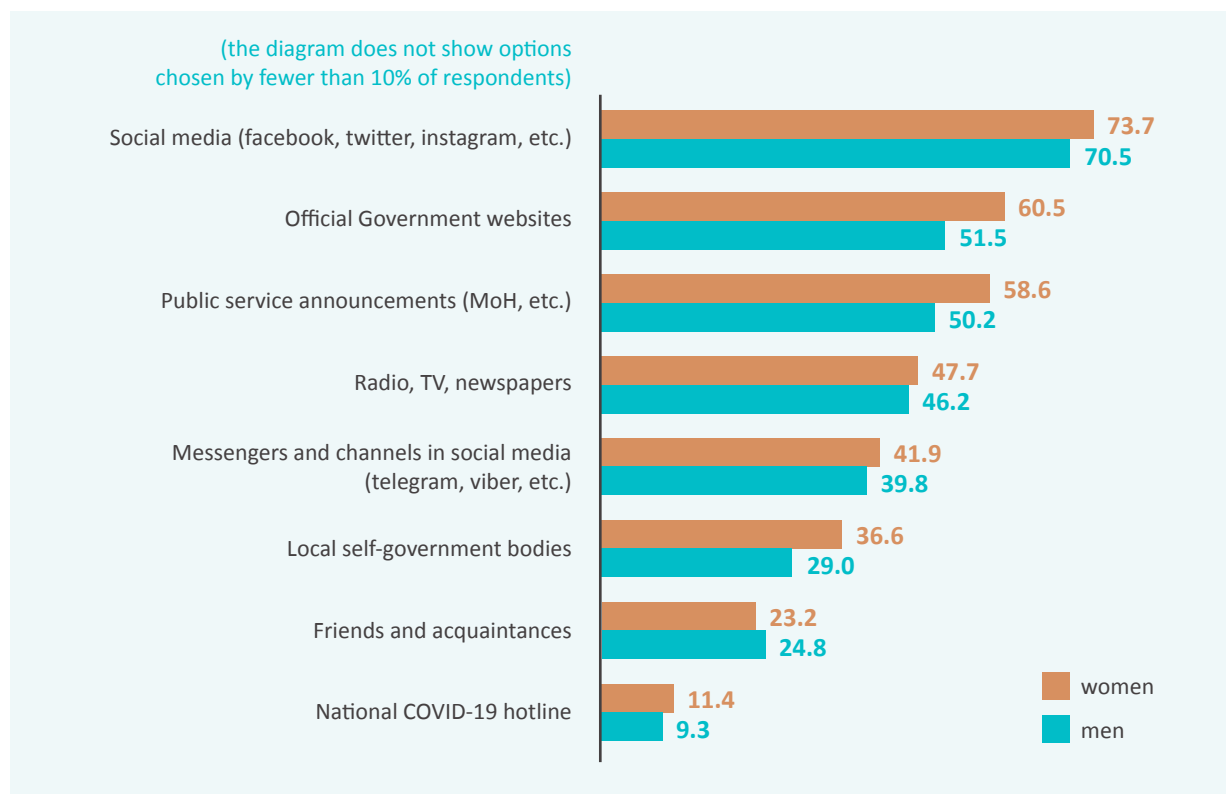


FIGURE 2. Distribution of respondents' answers to the question "What are the main sources of information on COVID-19 in Ukraine (risks, recommended preventive actions, etc.)?", %



35. The survey was conducted between 01 and 7 April 2020. For the detailed description of characteristics of those surveyed see the full text of the Report.

Some groups which have limited access to the Internet do not have the necessary information or lack accessible information. Lack of reliable, accessible and high-quality information can adversely affect the behavior practices of different groups of women and men in emergencies, including those related to precautions against becoming infected, the need to comply with lockdown measures, myths about

treatment and infection and the stigmatization of patients, etc. This demonstrates the need for additional efforts to inform the whole population about COVID-19, taking account of specific access to different channels of information by different population groups (including rural people, the elderly, persons with hearing and visual impairments, etc.).

4.2

Access to resources, goods and services

Most female respondents (78.9%) and male respondents (77.8%) indicated that, as a result of COVID-19 in Ukraine, they have faced difficulties with purchasing health supplies, masks and gloves. One in five female respondents (20.4%) and almost a quarter of male respondents (24.2%) have faced difficulties with buying hygiene and sanitary products (soap,

cleaning supplies, personal hygiene products, etc.). Women from Donbas were *somewhat* more likely to report such difficulties (24.3%). 60.2% of female respondents have experienced difficulties in using public transport, including 64.9% of women living in rural areas. The same problem has been experienced by 62.7% of male respondents.

4.3

Economic challenges

44.6% of working female respondents and 46.6% of working male respondents specified that their workload in hours remained unchanged, and these were mostly respondents who work in the public sector. The 20.5% of women and 23.9% of men who indicated that their working hours have decreased were mainly respondents who own a business and are self-employed. 16.5% of women respondents and 10.9% of men respondents specified that their hours at work increased. 5.6% of women respondents and 6.8% of men said they were sent on unpaid leave by their employer. This is especially true for women and men who worked in the private sector. 4% of female respondents and 4.8% of male respondents reported that they had lost their jobs since the spread of COVID-19 in Ukraine; these were mostly self-employed respondents and respondents who owned a business.

More than half of self-employed women and women entrepreneurs interviewed by phone had to cease their activities; another quarter had to use a different form or channel but are losing part of their income, mainly due to inability to sell their goods. Rural women reported weak access to the Internet and lack of computer equipment to find other sales

channels. Inability to pay salaries to employees leads to the situation where employers (or business owners) have to pressure employees to take unpaid leave or significantly reduce their salaries. Women farmers indicated an increase in their own physical burden and that of their families, due to being unable to hire employees. Property owners still demand rent and will only agree to either a deferral or a partial reduction of the amount. Entrepreneurs are concerned about how to continue their business after lockdown ends, in view of the loss of customers and people's decreased purchasing power.

“Our dairy business has completely shut down because the markets are closed. There are no sales, it is very difficult to leave the settlement. We are trying to work with deliveries, we take orders by phone and deliver to homes, but the orders are very small...” (Natalia, 28, entrepreneur, a village in Luhansk region)

“My husband and I grow seasonal vegetables and fruit and sell them in a rented shop on the market. I felt the impact because I have my radishes that I have grown. The markets are closed, my shop in the market is also closed, and I bear losses as a result of this situation... I have a lot of physical work to do

now, and mentally it is not easy. I used to be able to hire 1-3 workers and now all the work has to be done by my husband and me taking turns, because we have a 5-year-old daughter who is everywhere with us, she needs extra attention.” (Svitlana, 38, Kherson)

Answering the open question “If restrictive measures related to the spread of COVID-19 continue, what would most likely happen to your financial situation?”, almost a third of working women (32.7%) and men (31.9%) expect they are likely to continue to get paid their full salary, 25.7% women and 25.8% men would likely continue to get paid part of their salary. At the same time, 20.7% women and 24.6% men believe that they would probably not get paid in this situation. The expectations of male respondents about the impact of the spread of COVID-19 in Ukraine on their income are close to the expectations of women; however, men are more likely to fear the possible loss of their own business and/or income (50.8% compared to 42.8% of working women).

The assessment by women and men of the likelihood of preserving their earnings depends to some extent on the ownership of the institutions and organizations in which they work. 44.3% of the women surveyed who work in the public sector and 32.1% of women working in the municipal sector have higher expectations of preserving their earnings, unlike women who, for example, have their own businesses (14.5%), are self-employed with hired employees (11.1%) or work in the private sector (17.9%), etc. Women who own a business (with or without hired workers) and are self-employed are four times more likely than women in public and municipal employment to say that they will probably lose their earnings. This trend is relevant for men as well. Men surveyed who work in the public sector have higher expectations of preserving their earnings. It was also found that the urban women interviewed were slightly less confident than rural women of continuing to earn their full income: 30.7% of women interviewed in urban areas and 39.8% of rural female respondents are convinced that they would get full payment.

Likely strategies to support financial situation in the event that COVID-19 related restrictive measures continue.

If COVID-19 related restrictive measures continue in Ukraine, in general, 81.8% of women respondents think that they would have to save on food somehow. 77.4% of women surveyed say there is a high likelihood of difficulties in paying rent and utilities, more often mentioned by older women (82.8%), women with 2 (80.6%), or 3 and more children (83.5%) under the age of 17, and women living in Donbas (86%). 76.8% of female respondents expect difficulties in keeping up with basic expenses associated with buying food and other essentials. More often, these reservations are expressed by older women (85.7%), women who have 2 (85.1%) or 3 and more children (87.4%) under the age of 17, women living in southern part of the country (85.5%) and in Donbas (86.4%). Men in the survey are less likely than women to say that they might save on food, that it would be difficult to pay rent or utilities and to cover basic expenses. This is likely to indicate a lesser degree of responsibility for everyday financial expenses of the household or a lesser degree of financial anxiety and uncertainty in the context of COVID-19 in Ukraine.

Even though the responses among women and men are similar – as reported in Figure 3 – the slight differences reveal existing gender inequalities, such as men having more savings to draw from and rely on than women, as well as gendered behaviors determined by patriarchal social norms, such as women deciding to save on food or reaching out for assistance from relatives and friends.

Women health workers, constituting 82% of the total workforce in this sector, are exposed to a high risk of exposure to the virus. Only 13.9% of women who participated in the online survey and work in healthcare said they were fully provided with personal protective equipment (PPE – masks, gloves, etc.). The provision of PPE for the women surveyed in this group is shared almost equally by the employer and the employee herself.

FIGURE 3.

Assessment by surveyed women and men of likely strategies to support their financial situation in the event that COVID-19 related restrictive measures continue, %

(respondents' answers to Question "If restrictive measures related to the spread of COVID-19 in Ukraine continue, what would most likely happen to your financial situation in a month's time?", share of respondents who answered "most likely" and "to some extent")

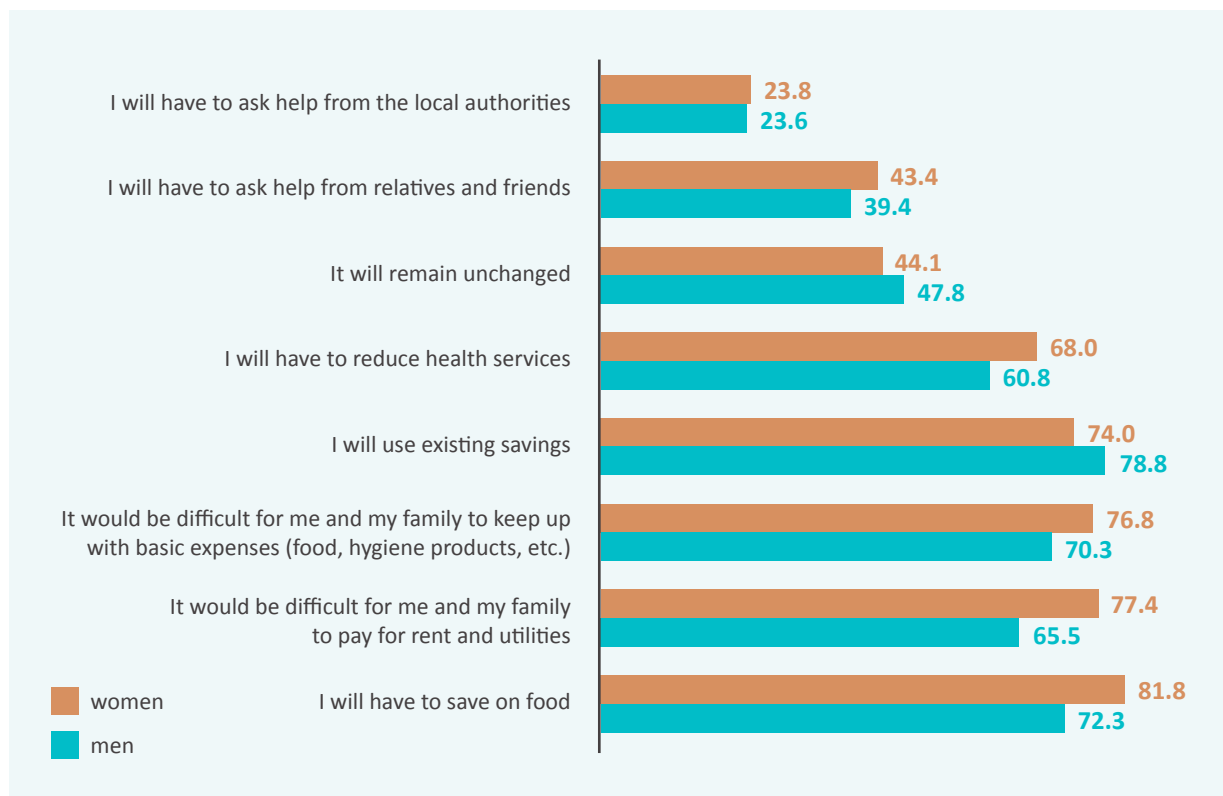


FIGURE 4.

Degree to which female respondents who are healthcare professionals are provided with personal/professional protective equipment (masks, gloves, protective clothing, etc.) at the workplace, % (n =72)

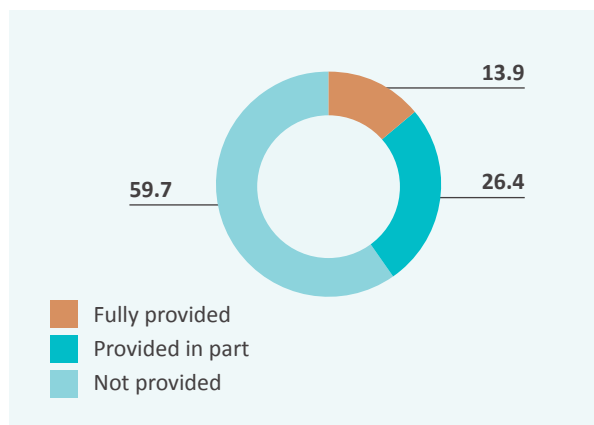
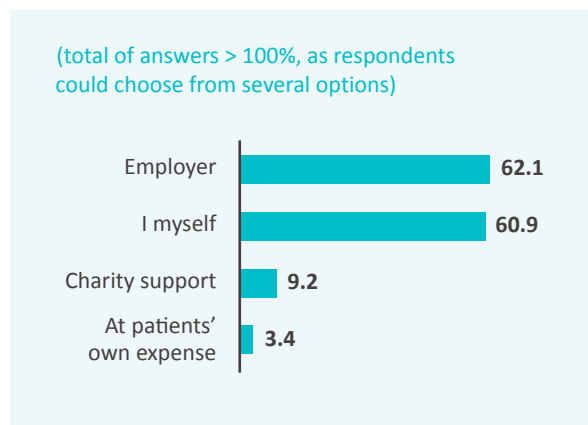


FIGURE 5.

Distribution of answers by female respondents who are healthcare professionals to the question «Who provided you with personal protective equipment (gloves, masks etc.)?», % (n =72)



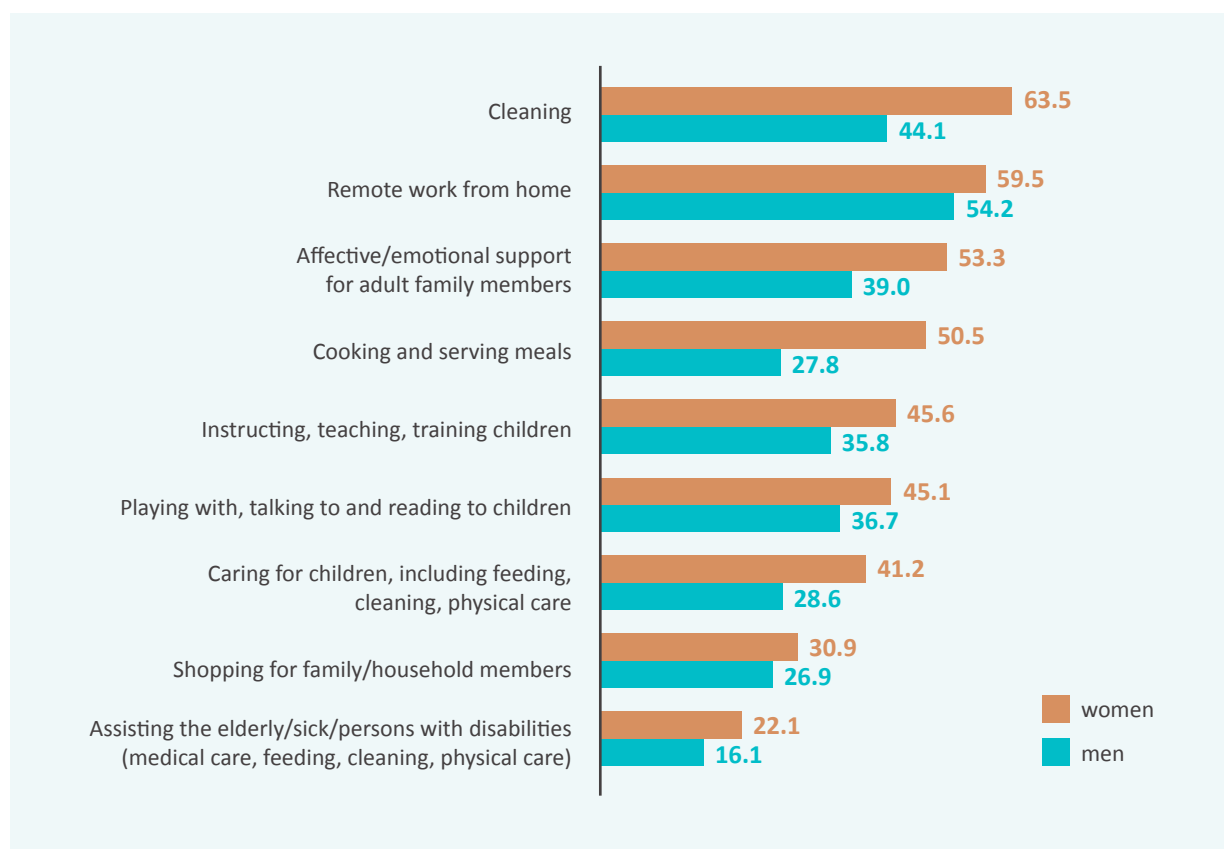
4.4

Distribution of gender roles and unpaid care work

Both women and men respondents experienced an increase in the burden of caregiving work (housework and care) in the context of restrictive measures

and self-isolation. However, there are significant gender differences in the assessment of time spent on all types of this work.

FIGURE 6. Comparative analysis of distribution of answers from respondents to the question “As a result of COVID-19, has the number of hours devoted to the following activities changed?”, % (share of respondents who answered “increased”)



While the burden of care and domestic responsibilities on female respondents has increased, there are some positive shifts as regards the participation of other household members in this work. Thus, 31.3% of female respondents noted their partner’s increased involvement in household chores and care for family members.

The main source of support for working mothers and fathers are pre-school institutions, after-school

activities and grandparents or other relatives. In the context of the COVID-19 lockdown and the closure of pre-school facilities and schools, in some cases the support from grandparents continued, despite the increased risk of infection. 49.3% of women surveyed said that grandparents mostly take care of children of preschool and primary school age while they work outside the home. 36.5% of women rely on the partner in caring for their child, 28.9% rely on the participation of older children. 74.3% of men

surveyed rely on their partner's participation in caring for their child, 25.7% on grandparents, and 8.6% on older children.

The survey shows that mothers who work from home and have preschool and junior school age children face a double burden due to the combination of paid and care work: 74.4% of female respondents and 44.4% of male respondents said they care for children mainly on their own. Further challenges are created by the lack of advanced forms of remote learning for schoolchildren during lockdown, which lays an excessive hourly burden on parents and, most of all, on mothers. 78.9% of female and 32,3 % of male respondents who have school-age children said that they did most of the teaching of their children during this period.

Given the lack of developed psychological care institutions and a limited culture of seeking such assistance in emergencies, women in families largely make up for this with their own emotional work: 53.3% female respondents indicated that, since the COVID-19 restrictive measures, they are devoting more hours to affective/emotional support for adult family members.

Domestic violence and abuse. 58 women (1.8% of respondents) and 7 men (1.3% respondents) mentioned that they experienced domestic violence against themselves or their family or household members since the spread of COVID-19 in Ukraine. The low response rate was to be expected, due to the sensitivity of the issue and the fact that was a self-administered questionnaire which covered questions on domestic violence among others. However, data from national hotlines provide evidence that domestic violence has increased during social isolation measures. In April 2020, the national hotline on GBV response, operated by La Strada and supported by the United Nations Population Fund (UNPFA), received 2,048 calls, i.e. a 56% increase compared to March 2020; 97% of cases of violence addressed by

UNPFA-supported services are attributed to domestic violence. According to the Ministry of Social Policy of Ukraine, since March 2020, in nearly a month of lockdown, mobile teams conducted more than 2400 telephone and online consultations, more than half of which related to gender-based and domestic violence. While there is an issue of lack of awareness among the most vulnerable groups about services for protection from gender-based and domestic violence, UN Women's Rapid Assessment on GBV in conflict-affected territories in Ukraine identified that survivors of domestic violence who are aware of the referral mechanism often do not seek it due to the constant presence of the perpetrators and lack of mobility caused by lockdown.

Data from the Departments of Social Protection of Luhansk and Donetsk regions also indicated an increase in the number of cases of physical and psychological violence, including against children and the elderly. Thus, 1069 reports of violence, including 828 from women and 21 from children, were recorded in Luhansk region in the first quarter of 2020, compared to 748 in the 1st quarter of 2019. In Donetsk region, there were 1970 claims in the first quarter of 2020, compared to 1196 reports in the first quarter of 2019. Of those 1970 cases in the first quarter of 2020, 1758 reports were received from women; 204 from men; and 8 from children.³⁶

Last but not least, 4.6% of surveyed women and 3.8% of surveyed men reported increased cases of tensions and violence occurring with their friends or neighbours. Increased psychological tension in society can also lead to exacerbation of cruel and biased treatment of particular groups (for example, those who have returned from abroad). 13.5% of female respondents said that they had felt an increase in abuse, prejudice (e.g. racism, xenophobia) in the area they live in after the spread of COVID-19 in Ukraine. The factors behind this phenomenon and the identification of groups that are marginalized and stigmatized need to be further studied.

36. Data received as a result of Rapid assessment of actions taken by local services for the prevention of violence in the family and risks faced by victims during social isolation related to COVID-19, which was conducted by UN Women in Ukraine between 26 March and 2 April 2020.

4.5

Problems of the most vulnerable women in the context of preventive measures (based on telephone interviews)³⁷

While COVID-19 disproportionately affected women and men, specific groups of women, such as women with disabilities, IDP women, women with many children, older women with chronic illnesses, single mothers, Roma women and others, face stronger impact, barriers and exclusion, due to pre-existing inequalities and multiple and intersecting forms of discrimination.

Roma women face increased risk of infection due to a lack of PPE and hygiene products and lack of proper access to information in the Romani language. They face the risk of falling into food insecurity due to lack of temporary employment, freedom of movement for small commercial activities, inability to receive cash/social assistance. The pre-existing inequalities and social exclusion which have led to high level of illiteracy among Roma women prevent them from supporting and assisting their children with homework and supervising their study. Poverty prevents them from ensuring their children have the right equipment for distance learning and social stigma in communities hinders their access to groceries and pharmacies.

“Soon I will have nothing to feed the child with. Before all that, you could go to the village to buy feathers, walnuts in bulk and earn money from reselling this, but now there is no such opportunity. No one is going to help us.” (Natalia, 24)

“Yesterday I was making willow baskets and today I will go to a nearby village to barter them for potatoes, onions, carrots. Not to sell them, just to barter them. We have a hard life here in the camp, but I’d never have thought the situation would be so difficult for us.” (Maria, 40)

“We will die of hunger soon, people are scared of us, they call us contagious, tell us to go away, say we should not leave the area of the camp. But there are no sick with coronavirus among us...” (Elizaveta, 40)

Women with disabilities experience lack of access to essential health, hygiene and sanitary supplies; risk limited access to necessary health care and hospitalization; and face additional risks of infection. The situation is even more complicated for women living on the contact line and in rural areas. Weak internet and a lack of computers means they cannot receive timely information on the prevention of COVID-19 or participate in online meetings. The need for social distancing during communication does not allow them to get the usual help from people.

“The financial problem is always acute. Imagine that you have come to the shop in a wheelchair. After you leave the shop, you need to clean and disinfect it. For this, you need to have the right materials, and they are quite pricy.” (Liubov, 59, woman with disability)

“There is a problem with provision of protective equipment, sanitizers, hygiene products. After 2 weeks of lockdown, we finally received 50 masks from an NGO, which we can’t distribute because transport is not functioning. And it’s not the authorities that took care of us. These were entrepreneurs who had made them and handed them to me ... There is a problem with food security. Stocks have a way of running out. People with disabilities in their slowed-down condition don’t always feel their physiological needs. There is a need for diapers and bandages for the bedridden. People get bedsores. Personal hygiene products are required for women. In normal times it was easier to solve these problems,

37. The data were collected between 28 March and 2 April 2020. 77 interviews with women veterans and servicewomen; Roma women; female residents of borderline settlements and those on the contact line; older women (65+); IDP women; women diagnosed with chronic diseases; women with disabilities; women raising children alone; pregnant women; mothers with many children; women caregivers of children with disabilities or family members with disabilities and/or with chronic diseases; LGBTIQ+ women; women-frontline workers engaged in services related to the high risk of infection (healthcare workers, salespersons in grocery stores, social workers, etc.) social workers; women-entrepreneurs and self-employed women.

and now it is much more complicated.” (Oksana, 59, woman with a disability, Chernivtsi)

“And you go to the supermarket, well, almost any person with a disability of movement who uses some additional means of movement will tell you, you still touch the floor to move, touch the place where the baskets are put, that is, you touch a lot more items than people who do not need extra help.” (Victoria, 25, woman with a disability, Kyiv)

“If a visually impaired person goes to hospital, in this lockdown situation they are left unaccompanied. Our hospitals are not equipped for people like these. You cannot take medicines on your own, you have to take their word for it that you are being given exactly the medicines you need, and you cannot go to the toilet without assistance. When you cannot talk, you can at least write. Excuse me, I’m going to cry again.” (Oksana, 59, woman with a disability, Chernivtsi)

Elderly women, women diagnosed with chronic diseases and/or HIV are not able to access the necessary health services or specialized goods or food items, due to the lack of public transport. Women have also faced the problem of availability of necessary medicines because pharmacies of small towns and villages do not stock them and because prices for them have risen. Women living with HIV are concerned about the risk of discontinuation of ARV therapy and disclosure of their status.

“I had a scheduled visit to a surgeon (surgery needed). The visit was delayed, so my health condition may become worse. And nobody is going to do surgery on me during lockdown, unless it’s a life-or-death situation.” (Olga, 65, Chernivtsi)

“Personally, I need constant medical care. Sometimes because of my illnesses I don’t feel well, at times I get high blood pressure and these days doctors don’t make house-calls. And I don’t know what to do in such cases.” (Olena, 71, Luhansk region)

“I am supposed to visit a doctor regularly to control my sugar level. I needed to visit a cardiologist, but I didn’t go, I was frightened...Also, diabetes patients need a specific diet. I need certain products that I can’t buy here. I used to buy everything I needed in the regional capital, in the specialist departments of the large supermarkets. We don’t have those here, and it’s not clear what will happen next.”

(Svitlana, 53, heart condition, diabetes, a village in Zaporizhzhia region)

“I have a number of chronic illnesses that require me to continuously take pills prescribed by a doctor. When I went to the pharmacy, it turned out that not all of my medicines are available. The pharmacy workers said that these drugs were not available at the warehouses in Kharkiv.” (Kateryna, 68, Luhansk region, raion centre)

IDP women experience increased levels of anxiety and fear and need mental health support. This condition is exacerbated by previous traumatic experiences related to forced displacement in 2014 and fear for the future of their loved ones, including those living in non-Government controlled areas. A specific characteristic of this group is also that they live in rented apartments, which causes additional concern about the inability to pay rent and utilities. Every other woman indicated that job loss or partial loss of income makes it impossible to pay their rent and utilities. Lack of transportation makes it difficult for them to get around even to procure their basic needs.

“Because the EECP was closed, I cannot visit my mother in NGCA, and my mother, who is 73, cannot visit us.” (Vira, 31, IDP, Donetsk region)

“My employer has now sent me home to lockdown without pay. He paid only for the first half of February, and he is not going to pay the rest of the month ...But what am I to do? I live in rented accommodation, I have a young daughter, my husband is also unemployed, he was sent home too and did not get his full pay. We have nothing to pay the rent with, but we have to live.” (Katerina, 31, IDP, Donetsk region)

Women frontline workers employed in services with a high risk of infection are not sufficiently provided with PPE. Almost every woman in this group fears transmitting infection to their loved ones and children. Women from rural areas and big cities find it difficult to reach their jobs in the context of limited public transport. The problem of caring for preschool and school-age children (especially for single mothers) is also particularly acute.

"I have been given two masks for the whole period of lock-down, one single-use medical robe, which has already become multi-use [she laughs] and some shoe covers. They told us that, if we needed more, to buy them ourselves. I have worked as a nurse for years and my salary is minimal." (Natalia, 46, a nurse, Chernivtsi region)

"I've been asking for permission to work remotely, but our institution is considered to be of state importance ... and we have to attend work in person. Besides, there's no transport to get to work. The bus was cancelled, and I don't own a car. So, I have to hitchhike to work." (Iryna, 44, social worker, Donetsk region)

"Public transport was cancelled, and I work in the city. I can get to work only if one of my neighbours gives me a ride." (Tetiana, 39, social worker)

"I am raising my daughter alone (she is in 4th year), and I am under constant emotional stress, because she is at home alone – she eats, plays, does her homework alone." (Tetiana, 42, healthcare worker)

"I have a 6-year-old child, I leave her at home alone, nobody can help me and stay with her. I worry about her safety all the time." (Tatiana, 39, social worker)

"It's difficult for me to assist my child with lessons. Assignments from teachers keep coming to Viber, and I have to respond to them, although my own work has increased a lot." (Olena, health worker)

Women raising children alone and mothers with many children faced the problem of caring for children and organising remote study for them. They have no options other than taking their children to work with them, seeking other care resources (relatives, women neighbours, etc.) or leaving children alone at home. Women also noted the problem of not being able to benefit from free school meals for children.

"I understand the need to continue the lockdown, but I totally don't understand what money to live on." (Tetiana, 47, single mother, lost her job)

"I am raising a 4-year-old child alone and, because the kindergartens are not operating now, I have nowhere to put him. I take him to work with me, or leave him with my women neighbours and relatives, even though I understand that this is not the right thing to do at this time. This is a big problem,

because one needs to go to work." (Olena, 27, raising a child alone)

"If a woman ends up being left on her own with young children (just imagine if there is a disabled child!!!), then she has been deprived of everything – her dreams, her self-realization – and all she has left to her are pots, textbooks and lessons." (Kateryna, 30, mother of three, one a disabled child, Donetsk region)

"We have students in our family, and we have also schoolchildren. Now remote learning is becoming more popular, and we have just one computer. When classes overlap – do whatever do whatever you want. The older children let the younger ones use it." (Anna, 48, IDP)

"Our family is 9 people ... Dad was working independently. Now there's this lockdown. My handmade items are not in demand right now either. People spend money on food, medicine, and essentials. For us, there's always been a financial problem. But children in kindergarten or at school got free meals. Now everyone is home. If one eats, all the rest eat, even if they are not really hungry." (mother with many children, IDP, Chernivtsi region)

Women subjected to domestic violence indicated a **rise in domestic psychological violence**, as well as, additionally, a fear of **possible physical violence in the future**.

"I happen to live in the same apartment with my ex-husband, whom I divorced 15 years ago. The two of us being in the same space at the same time creates psychological tension. Now he is starting to come after me again, saying unpleasant things to me ... I used to be physically abused, and now I've again developed the inner fear that I had not felt for a long time." (Olga, 65)

LBTIQ women face an increase in domestic psychological violence, are subjected to humiliation and harassment from relatives because of their sexual orientation.

"They try to forbid me to talk to my girlfriend on the phone, I hide that I'm talking to her because I don't want the child to hear bad things about me and about my girlfriend. We've got more yelling and humiliating now." (Hanna, 34)

Servicewomen and women veterans are worried about being predominantly in services that were the first to be affected by the crisis. They are concerned about the intensification of armed incidents following the outbreak of COVID19, as well as the diversion of public attention from the conflict. The servicewomen also encountered the problem of being forced to take holiday leave to care for their children instead of being given an opportunity to work remotely. One of the women veterans expressed her willingness to work to combat the spread of the

infection since she has experience of work in emergency situations. This is important for the perception of this group as active members of communities who can be engaged to respond to COVID-19 and support vulnerable groups.

“If I were provided with adequate PPE, I could be involved in combating the epidemic in the area, as I have been specially trained and can be of help, and of course, on a paid basis, for my family to have the resources to live.” (Svitlana, 26, Luhansk region)



OVERALL
CONCLUSIONS

1 Conclusions on the gender analysis of legislation, program activities and use of gender data

1.1. The gender review of legislative and policy measures on the prevention of the spread of COVID-19 in Ukraine at national, regional and local levels, identified that the international and national obligations of Ukraine on gender equality and human rights, including the Convention on the Elimination of Discrimination against Women, the Beijing Platform for Action, Sustainable Development Goals and Law of Ukraine on Ensuring Equal Rights and Opportunities for Women and Men, have not been fully taken into account. Data desegregated by sex, age and other social-demographic characteristics, including gender indicators, were not analysed and considered during the development of relevant legislative and policy measures. Despite partial inclusion of some groups of women (for example women-healthcare workers, persons with disabilities and women-pensioners), lack of gender analysis of draft legal acts that were developed and adopted as part of the response to the pandemic left behind other vulnerable groups facing heightened risks in the context of the COVID-19 outbreak. During lockdown, the most vulnerable women, such as IDP women, Roma women, women with disabilities,

faced additional challenges, besides the problems mentioned above, related to residence registration, lack of work and livelihoods, and limited access to health and social services. At the same time, failure to consider these gender aspects leads to an aggravation of the situation of the categories mentioned.

1.2. Some regional state administrations are working to address the needs of particular vulnerable groups. They are mainly focused on protecting and providing assistance to healthcare workers, older people, low-income population groups, and beneficiaries of social allowances registered at territorial service centres, the majority of whom are women.

1.3. Most ATCs assessed have redistributed their budgets in order to allocate funds for measures to prevent and respond to coronavirus cases. However, a common problem for these ATCs is a decrease in local budget revenues due to a fall in income from businesses (sole traders and companies), tax breaks and benefits for premises and land rent payments.

2 Conclusions on the gender analysis of COVID-19 emergency response bodies

2.1. Gender analysis confirmed the relevance and the negative multiplying effect of the low participation of women, especially women from vulnerable groups, in decision making at both national and local levels. The limited participation of women in decision-making processes does not allow them to influence policy making at national and local levels, the adoption of appropriate legal acts inclusive of the needs of women and most vulnerable populations, and the mitigation of the negative economic consequences that are anticipated after the end of lockdown measures.

2.2. Women's representation does not exceed 20% of the membership of specifically established temporary commissions, committees, and working

groups at national and regional levels, due to the lack of women in decision making. Most of the structural units analysed, whose activities are aimed at ensuring the protection of the population in the context of the COVID-19 pandemic, do not include gender experts and/or gender policy advisers. In local communities this situation is caused by the frankly low level of human resources and a lack of relevant experts. However, there is also a lack of interaction mechanisms between the established commissions and the operative response headquarters for the prevention of the spread of COVID-19 with women's NGOs and representatives of vulnerable groups. The possibility of establishing and/or cooperating with consultative-advisory bodies on gender equality has not been exploited.

2.3. Lack of expert support and cooperation leads, among other things, to the lack of collection and analysis of gender data and to non-inclusion of the

specific needs of vulnerable women and men in decision-making. In general, gender mainstreaming is not part of the focus of operative response bodies.

3 Conclusions on demographic and socio-economic gaps

3.1. Pre-existing vertical and horizontal employment segregation in Ukraine might deepen during the crisis, given that it is mostly women who work in the publicly funded sector – healthcare and social welfare, education. Women employees might be negatively affected if there are public sector budget austerity measures, including delays in salary payments and staff reductions.

3.2. Analysis of economic indicators shows that there are structural disproportions and gender gaps in employment, wages, and pensions of women and men which are inherent in Ukraine, and have deepened during the economic crisis caused by the COVID-19 restrictive measures, leading to deeper poverty, restricted access to resources and services, and the social insecurity of women. Vulnerable groups of women face more barriers to access to economic resources, public services and decision-making.

3.3. Women entrepreneurs in Ukraine are concentrated mainly in micro and small businesses, mainly in the service sector, while men run more diverse types of businesses. This places women at a greater risk of loss of income, due to reduced consumption of goods and services as a consequence of the restrictive measures. Women are more often engaged specifically in the informal economy, without any social safeguards, which makes them more vulnerable in a situation of sudden loss of income.

3.4. Women and young people make up the majority of those who worked in the sectors which have suffered from closures during lockdown (catering, leisure and tourism). Many jobs are likely to be cut. Thus, in the age groups of working respondents who are unsure about preserving their earnings, the share of young men between 18-35 is prevailing, while among female respondents – a share of women aged 36-50.

3.5. The COVID-19 pandemic and the corresponding restrictive measures aimed at social isolation have led to an increase in domestic violence. There is a direct correlation between stress, unmet needs and domestic violence. Legal liability mechanisms do not take into account situations such as lockdown, which can lead to an escalation of violence, as perpetrators and victims are in close contact around the clock. Victims from districts without any established shelters are unable to access safe living conditions.

3.6. A lack of available services for protection from gender-based violence in some districts in the context of lockdown and the absence of increased funding to support its provision place women and other vulnerable family members at risk of further continuation of violence. Children and the elderly are also more likely to be subjected to domestic violence in this situation, although this assumption needs to be further studied.

4 Conclusions on provision of social, health and other assistance to vulnerable women and men at the level of the State and LSGs

4.1. Restrictive measures introduced to curb the spread of COVID-19 create multiple problems for the majority of women and men in their access to important resources, goods and services.

4.2. In the context of a spreading pandemic, the role of the social service system increases in providing support to vulnerable populations. Vulnerable groups of women and men (including older people,

persons with disabilities, low-mobility groups, etc.) need ongoing assistance from institutions and civil society organizations that provide home-based social services. Failure to provide such services at the community level can lead to the exclusion of this category of people, which in turn will lead to negative effects on their health. Ensuring the continuity of social service delivery means that LSGs should create opportunities to provide such services and establish safe working conditions for their employees.

4.3. In the context of limited human, financial and other resources as a result of the national lockdown, ATCs are providing additional services, including assistance to women and men with chronic diseases,

transport for healthcare and social workers to their workplaces and searching for additional resources for operating at checkpoints. Most ATCs have their own positive experience of providing assistance to victims, taking into account the needs of vulnerable groups. However, these initiatives are not systemic and depend on the capacity of the executive committee and the level of community mobilization.

4.4. The shift of many services to an online format during lockdown might negatively impact women with physical or mental health issues who do not have access to a stable mobile connection or the Internet. The pandemic creates a high demand for mental health support to be available for vulnerable groups.

5 Conclusions on unpaid domestic work and gender role distribution

5.1. Women in Ukrainian families do most of the caregiving work (care and domestic). During lockdown, this burden increases disproportionately. Women working from home have to balance paid work, household chores and assistance to teach children who are at home because of the closure of educational institutions. It is important to note that 92.3% of single parents are single mothers, who in the economic crisis due to COVID-19 experience a double burden of care and domestic work and limited financial resources.

5.2. The absence of advanced forms of remote learning for children and of a unified approach to

such learning imposes an excessive hourly burden on parents and, most of all, on working mothers of junior and medium school-age children and of children with special education needs. Online learning requires a computer/tablet and access to the Internet, which is likely to increase inequality in the education of children from poor families and those from rural areas. As a result of lockdown, low-income families with many children have faced food insecurity because they cannot use the services of free meals for children in educational institutions.

6 Conclusions on access to information and communications

6.1. The analysis of information support to the population at ministry level shows that the information disseminated by the Ministry of Health about COVID-19 in Ukraine and about the relevant preventive measures is sufficiently prompt and consistent. However, operational data on those infected/dead/recovered, which are published and disseminated by the Ministry, are mostly gender insensitive and not disaggregated by gender and age.

6.2. Information support to the population and the communication strategies around COVID-19 at national, regional and local level are not oriented towards the needs of target groups and do not take into account their specific characteristics (interests, biases, stereotypes, fears and limitations). The findings of the online survey showed that, for respondents, the main sources of information about the current COVID-19 situation were media,

official websites and the announcements of public agencies, which minimizes access to targeted and empathetic communication and support during the coronavirus period.

6.3. Failure to take into account the cultural, linguistic, and socio-economic profiles of communities at times limits the dissemination of prevention information and outreach to isolated/ remote populations (such as Roma), which is crucial in the first stages of emergencies such as the COVID-19 pandemic.

6.4. The information campaign at regional and community level illustrates insufficient coordination and partnership to consolidate their communication potential between the authorities, healthcare institutions, the private sector and opinion leaders, which leads to a loss of possible advantages in providing information to the population. There is a

lack of consistent communication on the characteristics of the disease, including how it is transmitted, its clinical severity, treatment and prevention options, and the available sources of emergency health care. In particular, there is a lack of information on the testing of community residents for COVID-19 or contact details of doctors who can provide advice to the public regarding the above-mentioned matters.

6.5. Local communities rarely use communication channels with feedback and/or personalized citizen involvement (public hotlines), which precludes regular monitoring of public opinion and the perceptions of target groups and how they perceive the information provided by the authorities and means they cannot take appropriate action to improve public understanding.

7 Conclusions on the situation of women frontline workers employed in services with a high risk of infection

7.1. The Survey identified that women frontline workers employed in areas with a high risk of infection, particularly healthcare personnel, are poorly provided with PPE (masks, gloves). This increases the risk of infection for them and their families and causes distress and anxiety which can negatively affect their professional motivation.

7.2. Women engaged in healthcare, social care and other service provision face an increased burden.

They must balance work and family responsibilities (care and domestic work) in the context of increased intensity of professional activity and lack of adequate rest. Women frontline workers raising children alone experience challenges in ensuring safe care and online learning. The needs of women healthcare workers involved in the medical treatment of those infected with COVID-19, including nurses and support staff, require further exploration.

RECOMMENDATIONS



1. Recommendations to central government authorities

1.1. Include representatives of the national gender mechanism, national human rights mechanism, Ministry of Education and Science among the members of the Anti-COVID-19 Coordination Council and the Anti-Crisis Headquarters for responding to the spread of COVID-19 acute respiratory disease within Ukraine. Amend the legislation regarding the introduction of gender quotas and inclusion of gender focal points when establishing emergency (crisis) response bodies, as well as the mandatory involvement of human rights organizations and women's organisations in coordinating and advisory bodies.

1.2. Ensure mandatory gender analysis of all pieces of legislation on the prevention and response to COVID-19 in Ukraine, in order to include the needs of women and men from different groups, based on international and national commitments in the area of gender equality and human rights, including the Convention on the Elimination of All Forms of Discrimination against Women, the Beijing Platform for Action, the Sustainable Development Goals, and the Law of Ukraine "On Equal Rights and Opportunities for Women and Men".³⁸

1.3. Improve the mechanism of gender analysis of legislation and include gender impact assessment as a mandatory support document to draft legislation of the CMU, Ministries and other central executive authorities; adopt the relevant legislative amendments to ensure mandatory gender analysis of draft laws initiated by MPs and the President of Ukraine.

1.4. Publish all data on COVID-19 disaggregated by sex and age at national, regional and local levels. Ensure that information is being provided in a non-discriminatory way that reflects women's contribution to COVID-19 prevention and response.

1.5. Hold consultations with all stakeholders, including civil society organizations, and amend the Law of Ukraine "On the State Budget of Ukraine for 2020" regarding the following measures:

1) financial coverage of extra payments to all frontline workers, including social workers, postal workers, and personnel involved in ensuring the country's vital activity during the period of the implementation of the COVID-19 response measures;

2) introduction of a separate subvention to local budgets for the implementation of gender-sensitive measures to combat COVID-19 and to mitigate its impact on vulnerable groups of women and men.

1.6. In consultation with gender experts, academia and civil society organizations, analyse sex-disaggregated data in order to develop fiscal stimuli to mitigate the adverse impacts on women and enable a gender-equitable economic recovery over the medium to long-term. Develop and launch the following anti-crisis programmes:

1) a Post-Lockdown Employment and Economic Recovery Program for those who lost their jobs due to lock-down, with a particular focus on women;

2) Women Entrepreneur Support Programs during the restrictions: cancellation or deferral of rent payment for premises, warehouses, market spaces; post-lock-down support programs: provision of state grants and partial coverage of loan interest for the purpose of women's business development and support, training programs and advice on business start-up and development;

3) Debt Restructuring Programs for self-employed women and the most vulnerable women to settle outstanding loan obligations incurred during lock-down;

38. Law of Ukraine "On Ensuring Equal Rights and Opportunities for Women and Men" of 8 September 2005, Resolution of the Cabinet of Ministers of Ukraine № 950 "On Approval of the Regulations of the Cabinet of Ministers of Ukraine" of 18 July 2007 and Resolution of the Cabinet of Ministers of Ukraine № 977 "Gender Legal Analysis" of 28 November 2018, as well as the application of the Order of the Ministry of Social Policy of Ukraine № 86 "On approval of the Instruction on gender mainstreaming in the development of normative-legal acts" of 7 February 2020.

4) Targeted programs of social support during and after lock-down for the most vulnerable women: women with disabilities, IDP women, women front-line workers engaged in areas with a high risk of infection (working in healthcare facilities, providing social services, retail, etc.), women from national minorities.

1.7. Declare that services for protection from gender-based and domestic violence are one of the essential services during the lockdown regime. Ensure non-stop work of shelters and other facilities which provide support and protection to victims of gender-based and domestic violence, and implement correction programs for perpetrators. Introduce a care protocol containing safe isolation measures and access to testing for those women who cannot stay in shelters for victims of domestic violence due to the impact of the virus. Undertake necessary measures to prevent coronavirus in shelter facilities and provide access to testing where required. In regions where such facilities are not available, ensure their establishment and provide them with adequate resources.

1.8. Ensure the collection and publication of data disaggregated by sex on the number of calls to government hotlines and the 102 line, in order to monitor the dynamics of the number of registered cases of domestic violence. Analyse the data regarding the effectiveness of protection measures against gender-based and domestic violence provided by state authorities and local self-governments and develop amendments to the legislation to ensure that the referral mechanism works effectively during lockdown.

1.9. Disseminate information on gender-based and domestic violence, as well as the legal instruments to protect victims from their perpetrators and publish information on available and resource-efficient services. Ensure monitoring by teachers of child abuse and response to signs of domestic violence; communicate systematically with parents about making online or remote study accessible for both girls and boys, and spread information among schoolchildren, as part of online learning, on domestic violence.

1.10. Provide all healthcare workers, including nurses and support staff, with the following services:

1) supply PPE, including for the families of healthcare workers;

2) organize transport for medical staff to and from health facilities³) in partnership with a private sector organize a special observation/isolation regime for medical staff who provide care to patients with coronavirus infection, to ensure work/rest schedule for workers, and to protect their families from COVID-19 infection.

1.11. Enhance systematic work to organise remote learning for school-age children. In the respective online learning strategies, ensure provision of access to laptops and the Internet for families with children that cannot afford this equipment (including low-income families living in rural areas, families with many children and other families), and the demands of children with special education needs.

1.12. Amend legislation to ensure access to child-care services (Municipal nanny) for women or men who have preschool and junior school age children or are involved in providing health care, social care and other services. Consider additional funding to ensure service delivery to those in need from the Reserve Fund or the Coronavirus Response Fund.

1.13. Conduct separate statistical surveys of persons in need of social protection in the context of lockdown (including surveys of their income, wages, need for social services, cash benefits and in-kind assistance, etc.); all survey data should be disaggregated by sex, age and other characteristics.

2. Recommendations to regional state administrations

2.1. Ensure gender balance in the relevant headquarters, temporary commissions, committees, working groups for combating the spread of acute respiratory diseases COVID-19 in Ukraine and in other auxiliary bodies for fighting coronavirus at regional and local levels, and include in them representatives of the Department of Social Protection, Department of Education and Science, members of

consultative-advisory bodies, gender experts, and women's and human rights organizations.

2.2. Collect data disaggregated by sex and other socio-demographic characteristics regarding the rates of prevalence of coronavirus infection in the territory of the region and the relevant administrative and territorial unit.

2.3. Conduct gender impact assessments of regional and local policies and the relevant restrictive measures aimed at curbing the spread of COVID-19 on women and men by region, and highlight vulnerable groups who need priority social support. Develop and approve regional and local social support programs for vulnerable women and men during the lockdown and post-lockdown periods. In developing such programs, involve CSOs working with human rights, including women's rights, gender advisory bodies, gender advisors, and women and men from vulnerable groups.

2.4. In collaboration with gender advisory bodies, experts and members of women's and other human rights NGOs, including women from vulnerable groups, conduct gender analyses and amend the Regional Development Strategies and Action Plans on Regional Development Strategies Implementation till 2027, as well as city and local community strategies, so that they include practical and strategic gender needs. Establish consultative-advisory bodies on gender equality in those RSAs and ATCs where they do not exist.

2.5. Provide PPE to frontline workers employed in areas with a high risk of infection (working in health-care facilities, providing social services), conduct proactive testing for COVID-19 and ensure transport to and from their places of work.

2.6. Enhance the work of centres for the provision of administrative services and territorial centres providing social services in ensuring access for persons with disabilities and other vulnerable groups of people to the administrative services they need, both online and directly at the institution.

2.7. Create single coordination centres under the relevant LSGs, to organize the distribution of essential food kits for vulnerable residents of cities and communities.

2.8. Review and improve the services provision mechanism (legal, medical, psychological and social) for victims of gender-based and domestic violence at the regional and local levels in the context of the nationwide lockdown. Ensure coordination of work with relevant units of regional state administrations, regional departments of ministries and local self-government bodies, in accordance with the Law of Ukraine "On Preventing and Combating Domestic Violence" of 7 December 2017. Ensure that staff members are equipped with PPE and items for sanitation and hygiene.

2.9. Ensure the effective working of the system for early identification of domestic violence cases, in particular by cooperating with local government authorities, police and NGOs in monitoring families with previously reported cases of domestic violence and those at risk (with family members with an alcohol or drug addiction, released prisoners, unemployed, with mental illness, etc.), and raise their awareness of available mechanisms to combat domestic violence, including the social, medical and legal assistance available. Avoid reductions to financial resources allocated to counteract domestic violence and their diversion to other urgent needs during the COVID-19 pandemic.

2.10. Continue to provide assistance to vulnerable groups affected by domestic violence, in particular those infected with COVID-19. Organize a telephone line for psychological support for victims of gender-based and domestic violence in order to improve their mental state, relieve pressure and feelings of isolation. Ensure outreach to elderly women and women with disabilities with information about the services available.

2.11. Develop long-term projects of social infrastructure development aimed at creating favourable conditions for balancing work and family responsibilities, support employed women with children and other groups of employed people with family responsibilities (e. g. caregivers for elderly family members or those with disabilities).

2.12. Initiate Post-lockdown Women's Entrepreneurship Development and Support Programs, which would include the arrangement of specific

business training programs for women (including the paperwork for obtaining loans and investment funds), providing advice for women entrepreneurs on business planning, market analysis, building the value chain, and holding information campaigns targeted at women entrepreneurs.

2.13. Ensure that the population has access to updated information about the current coronavirus infection situation within the relevant territory; the lockdown restrictions imposed (providing detailed clarifications to residents); the relevant legislative changes (administrative responsibility for lockdown violations; the extension of timeframes for administrative and other services; how to avoid the termination of housing subsidies, register as unemployed, etc.). All information shall be available in minority languages as well as accessible for people with visual or hearing impairments, etc. Maintain safe and continuous access to the Internet and take measures to ensure access to the Internet for people on low incomes. Use varied information channels (official website of village council, social networks such as Facebook/Telegram, information leaflets [in Braille and Romani, when possible], hotline) to meet the specific needs of members of the community.

2.14. The information material disseminated should not reproduce gender and other stereotypes about women and men and should include gender-disaggregated data, indicating the prevalence rate, economic effects of the epidemic, prevalence of gender-based violence and domestic violence and a list of resources and contact details of services that can provide targeted assistance in these circumstances. The information should be targeted and focused on each population group, in particular, on vulnerable groups of women (older women, women with disabilities, health and social care workers, women living with HIV/AIDS, women- entrepreneurs, etc.), and meet their information needs.

2.15. Actively engage key partners (NGOs, including those civil society organizations that promote interests of vulnerable women, international organizations, media, trade unions, opinion leaders) and varied communication channels (website, social media, social messengers, media, etc.) to

raise awareness on COVID-19 in Ukraine and related interim measures, as well as the services and support provided by state institutions.

2.16. Establish a system for feedback and monitoring of public perceptions of the information regarding COVID-19, and for monitoring and responding to the dissemination of inaccurate information and rumours.

3. Recommendations to civil society

3.1. Use the Rapid Gender Assessment to conduct in-depth assessment of the needs of different groups of women, including those not covered by the analysis, and to develop projects to support vulnerable groups of women in the lockdown and post-lockdown period.

3.2. Enhance work with state and local authorities on the integration of a gender approach into their policies and decisions, formulating gender-responsive programs and development plans, including in light of the COVID-19-related challenges for vulnerable women.

3.3. Conduct gender monitoring of budgets at all levels with the aim of reducing the impact of COVID-19 on vulnerable groups of women and men.

3.4. Ensure active public involvement in advocacy of gender-responsive activities in the context of COVID-19, in particular, regarding protection against gender-based and domestic violence.

3.5. Strengthen cooperation with female activists and opinion leaders towards the mobilization of vulnerable groups to represent their interests in community decision-making; build on the RGA results to increase their awareness of the possibilities of gender analysis and its integration into project implementation, including in cooperation with the authorities.

3.6. Ensure the dissemination of information on COVID-19 and disease prevention tools, with a focus on access to such information for vulnerable populations, including women with disabilities (especially those with hearing and visual impairments) and national minorities.

4. Recommendations to international organisations

4.1. Provide financial assistance to the Government of Ukraine to implement COVID-19 stabilization measures, subject to a rigorous gender impact assessment, with involvement in their development of the national gender mechanism and of women's and human rights organizations.

4.2. Provide technical and financial assistance to state authorities and local self-government bodies to develop and implement gender-responsive programs, activities and services to prevent and respond to the spread of COVID-19 and to mitigate its impact on vulnerable populations; this should include programs to combat gender-based and domestic violence, provide gender-responsive social services and support the empowerment of vulnerable groups, support women's economic recovery and entrepreneurship, and an awareness-raising campaign on the gender aspects of the COVID-19 outbreak. Take into account the characteristics and needs of vulnerable women: women with disabilities,

women IDPs, women frontline workers employed in areas with a high risk of infection (working in health-care facilities, providing social services) and to other vulnerable groups of women during lockdown.

4.3. Initiate technical support programs with the State Statistics Service of Ukraine to improve the collection and processing of sex-desegregated and other gender data at state, regional and local levels, to obtain a basis for gender gap analysis so that the needs of women and men from different groups may be better understood.

4.4. Launch support programs, including provision of grants, for civil society organizations working with vulnerable groups in communities, to support their participation in the planning, implementation and monitoring of national, regional and local development policies, and their advocacy for the rights of vulnerable groups during lockdown.



UN Women Ukraine

20 Esplanadna str., Kyiv, 01023 Ukraine

<http://ukraine.unwomen.org>

www.facebook.com/unwomenukraine

www.twitter.com/unwomenukraine



Norwegian Ministry
of Foreign Affairs