

# Now and the Future

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## Gender Equality, Peace and Security in a COVID-19 World

Ukraine



# 1. Introduction

International Alert and Charitable Foundation Nasnaha, with the support of Gender Action for Peace and Security (GAPS) and funded by UN Women and the UK government, undertook qualitative research in Ukraine on the impacts of COVID-19 and of responses to the pandemic on gender equality, peace and security.

The research will enable the Government of Ukraine and members of the international community to understand the experiences of grassroots organisations involved in the implementation of the women, peace and security (WPS) agenda in the context of the COVID-19 pandemic. Organisations consulted as part of this research included those focusing on: women's and girls' rights; prevention of violence against women and girls (VAWG); support to ethnic minorities; men and women living with disabilities (and mothers of children with disabilities); resource centres; sexual and reproductive health (SRH); LGBTQI communities; people living with HIV/AIDS; media; and education.

The primary research methodology was key informant interviews using a semi-structured questionnaire. This was developed in a participatory manner between Alert, Nasnaha and GAPS to ensure that terminology would be clearly understood by interviewees. Interviews took place with organisations operating in 14 oblasts (regions) in Ukraine (Volyn, Lviv, Vinnytsia, Odesa, Chernihiv, Kyiv, Cherkasy, Mykolayiv, Kherson, Poltava, Dnipro, Zaporizhzhya, Kharkiv, Donetsk and Luhansk) and included organisations working along the line of contact but not in non-government controlled areas. For safety reasons the participant organisations are not named in this report, but all project partners are grateful for their time, knowledge and expertise.

The findings of the interviews demonstrated the disproportionate impacts of the pandemic and responses to the pandemic experienced by women and girls in Ukraine, and the ways in which civil society, in particular women's rights organisations (WROs), stepped into the breach in the absence of state support. CSOs appreciated how the international community had continued to support local initiatives to ensure that marginalised women and social groups were able to find the help they needed; however, funding increased competition, favouring more established organisations, and rates of burnout among civic activists are high. The following recommendations allow for greater understanding of COVID-19's context-specific gender, peace and security impacts and provide a basis on which to develop effective policy and programming responses for both the Government of Ukraine and the international community.

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## 2. Recommendations

- 2.1. Recommendation 1.** Policy, response and programming related to the COVID-19 pandemic must be based on evidence and include in-depth gender analysis to ensure that they are responsive to gendered and local needs.
- 2.2. Recommendation 2.** Interventions need to be considered at the family level to transform gender norms and patriarchal attitudes that condone violence against women and girls (VAWG) and place the care burden fully on women.
- 2.3. Recommendation 3.** Interventions should address household, local and national social norms to transform gendered social norms and patriarchal attitudes that condone VAWG and place the care burden fully on women.
- 2.4. Recommendation 4.** Economic empowerment support for women in Ukraine must focus on diversification and help women-led businesses to be active online.
- 2.5. Recommendation 5.** Reverse the de-prioritisation of women's and girls' healthcare, in particular sexual and reproductive health, and improve women's and girls' access to accurate information on the pandemic.
- 2.6. Recommendation 6.** Increase the visibility of, and sensitivity towards, marginalised groups among governmental (including healthcare) agencies to improve service and access to care for marginalised groups, including persons with disabilities (and their carers), persons living with HIV/AIDS, groups with diverse sexual orientation and gender identity, IDPs, the older men and women, and ethnic minorities.
- 2.7. Recommendation 7.** Capitalise on recent gains in women's representation in local government to make local decision making and policy more gender responsive.

# 3. Recommendations and Evidence

## 3.1. Recommendation 1:

**Gender responsive planning:** Policy, response and programming related to the COVID-19 pandemic must be based on evidence and include in-depth gender-conflict analysis to ensure that they are responsive to gendered and local needs (see recommendation 6 on the lack of intersectional approach and impact on marginalised groups).

The Government of Ukraine and the international community should:

- Intensify investment in rapid, high-quality research which can be widely shared, analysed and discussed at multiple levels to influence local- and national-level programming to be more responsive to local needs.
- Where data collection and analysis are being led by local organisations (for example on VAWG prevalence and drivers, or the economic impact of COVID-19 on families of migrant workers), provide financial and analytical support to allow these organisations to swiftly peer review and finalise results for dissemination and to strengthen the evidence base – thus allowing for gender-responsive programming and policy.
- Build capacity for intersectional, comprehensive gender analysis in government agencies and think tanks, for example the Ministry of Social Policy of Ukraine, that both acknowledges different access to services and power across different groups of women and girls, and is rooted in an understanding of how gender norms and expectations drive participation, inclusion, and marginalisation.

Interviews included topics focused on gendered aspects of: safety nets; community participation; social protection; support networks; women's and girls' participation and decision-making; VAWG; livelihoods, insecure work and women's economic rights; unpaid care; sexual and reproductive health and rights (SRHR); access to healthcare; COVID-19 and the war in the Donbas; militarised masculinity; and access to technology. However, the vast majority of participants spoke of the lack of (or unpublished/unshared) local- and national-level data available, whether conducted by national researchers, government agencies or international organisations. The **only exception was the UN Women rapid gender assessment** conducted in 2020.

As a result, the majority of measures and policies planned by civil society and government to mitigate the effects of COVID-19 are not based on evidence. This is hampering their effectiveness. Participants noted that gender analysis and sensitivity is poorly integrated (or indeed completely absent) at many levels; they also pointed out the lack of intersectional perspectives through the invisibility of women (and men) living with disabilities, women living with HIV/AIDS, LGBTQI communities, ethnic minority women, and the elderly in response design and implementation.

### 3.2. Recommendation 2:

**VAWG and unpaid care:** Interventions should address household, local and national social norms to transform gendered social norms and patriarchal attitudes that condone VAWG and place the care burden fully on women.

Some participants outlined the positive nature of quarantine measures in response to COVID-19 in that it allowed for increased communication and a more cohesive family unit. However, they were in the minority (17 per cent). The majority of participants outlined the increased levels of domestic and intimate partner violence (IPV) (see recommendation 4), increased stress related to the balance of working from home (if they had not lost jobs) and unpaid care supporting children's education following the closures of educational institutions, care for older relatives (where possible) and the general health and wellbeing of the family (both in terms of nutrition and emotional wellbeing).<sup>1</sup> Women and girls are expected to be able to take on, and fully be able to deal with, unpaid care despite the increased stress it brings. Alcoholism and hopelessness among men is reported to have risen significantly. Combined with the increased economic and food insecurity brought on by the pandemic, this is fuelling violence within households, primarily against women and girls.

Therefore, the international community and the Ukrainian government should support those organisations working on VAWG prevention and gender equality to identify the unique and specific drivers of VAWG/IPV. Such support should enable the international community and government to better understand local responses which can help establish comprehensive responses as well as research methodologies that address social and behavioural norms – collecting in-depth data on mental health, masculinities and gendered expectations, as well as economic and livelihoods variables (such as financial and food security, savings, labour market needs and prospects, and more). This can help to better understand the context in which VAWG is taking place, the specific risks and drivers behind its prevalence and effective response programmes.

Interventions need to work with communities and households through long-term programmes that address these drivers. Participants recommended that programming which focuses on individuals, households and communities has the greatest potential to achieve sustainable change, particularly when delivered by local women's rights organisations (WROs) and civil society organisations (CSOs) with in-depth knowledge of local dynamics. This is imperative to promote a more inclusive, equitable status quo at the household and community level that not only significantly decreases levels of violence but also builds strategies for dealing with the conflict stemming from the pandemic. Each phase of this work should be prefaced by in-depth research (see recommendation 1), which means that the key drivers particular to the location are identified and can be addressed from the start of interventions. Given Ukraine's size and diversity, methodologies must not be blueprints – they are living documents to be adapted for each context and so reflect the realities of the people with whom WROs and CSOs work, including the specific drivers of violence and care burden affecting them.

<sup>1</sup> Participants based in Zaporizhzhya, Donetsk, and Luhansk oblasts also mentioned how women and girls had travelled from government-controlled areas to non-government-controlled areas to be able to care for (primarily older) relatives, but had got stuck and isolated there after crossing points on the line of contact closed (thereby leaving them at considerable risk of infection in a conflict zone).

### 3.3. Recommendation 3:

**VAWG:** Prevention of, and response to, VAWG must be built into all nationally-led or internationally-funded programming on COVID-19 and future pandemics and crisis in Ukraine.

Participants noted a substantial increase in VAWG across the country, with hotlines and shelters for victims and survivors of domestic violence (DV)/IPV experiencing up to anywhere between 250 to 1,000 per cent increases in demand. Services were unable to deliver on this increased need. Tight restrictions on admissions related to potential COVID-19 infections left thousands of women and girls unable to access services and shelters. For shelters to accept victims and survivors of violence, they had to present the (negative) results of a recent (72 hours) COVID-19 test. Women and girls who had fled violence in the middle of the night with children and limited belongings were being turned away from shelters as they lacked the necessary paperwork and because social distancing within centres needed to be enforced.

While the COVID-19 pandemic has seen an increase in VAWG, participants noted that it was not a simple causal result of a health crisis or a lockdown. It is an eventual product of a complex set of social, cultural and economic factors, on all of which the current pandemic is having an impact. Participants stated that the dominance of a culture of non-interference in other families' affairs perpetuates a culture of silence around DV/IPV. However, they also reported a significant shift in media coverage of the issue and that it had begun to feature far more frequently.

In the immediate term, it is imperative that national and international donors provide those organisations who offer immediate services to victims and survivors of DV with the resources they require – primarily provision of adequate shelter. This shelter requires increased space and supplies to ensure social distancing and the possibility of offering isolation to women and girls, thereby reducing COVID-19 infection risks and potentially circumnavigating the need for up-to-date COVID-19 test results. Many stipulations in internationally funded calls for proposals do not allow for investment in infrastructure or renovation costs, which can put primary responders to victims and survivors of DV/IPV at a disadvantage as they struggle to provide shelter that offers dignity (heating, running water and working toilets). It is imperative that international donors bear these specific needs in mind when designing COVID-19 response programming.

Civil society in Ukraine has campaigned to amass 25,000 signatures to call on the President of Ukraine to sign the Istanbul Convention to advance the fight against VAWG and DV in Ukraine. Therefore, in the longer term, this presents a fresh opportunity to understand patterns of violence and realise that the long-term impacts of the pandemic on employment, citizen-state trust, and a range of other factors are unlikely to lead to a return to a pre-pandemic sense of normality. COVID-19 does not itself cause VAWG/IPV; rather, it increases the social, economic, political and cultural pressures that are known to drive VAWG/IPV.

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Participants suggested that, in many areas, VAWG levels are likely to remain higher in the medium to long term, even if the more immediate consequences of the pandemic fade. Effective solutions and sustainable interventions will need to unpack the root causes of the deadly VAWG/IPV ‘shadow pandemic’ that will define the post-COVID-19 future for the most vulnerable women, girls, men and boys.

The lack of economic opportunity, cultural norms and expectations around the role of men and women within a household, and social narratives of blame and responsibility for infection play an important role in this regard. For example, participants reported that women medical workers faced considerable stigma and that women and girls who sought out medical help (particularly in rural areas), even if it was not related to COVID-19, were perceived as ‘sick’ and marginalised by the rest of the community.

Even after the virus itself has been brought under control, these conditions will remain, often having been exacerbated or reinforced. Participants working along the line of contact in eastern Ukraine stressed the extremely negative effects of VAWG on conflict-affected communities. For example, longer-term stress factors that could contribute to sustained high levels of VAWG include: increased unemployment and economic vulnerability; re-emergence of strict social norms and gender expectations; rise in mental health conditions and straining of social resources and support networks; and challenges in attaining masculine roles and expectations (jobs, providing for family), particularly in conflict-affected areas.

Therefore, participants felt that the prevention of VAWG was not something that could be done in isolation and that genuine, sustainable changes in attitudes, behaviours and norms around gender were required (linked to recommendation 2). Given the increased media attention on the issue and the presence of VAWG in the national conversation, there is a window for the Government of Ukraine and the international community to recognise VAWG as a whole-of-society problem that requires a whole-of-society solution. Participants stressed the need to recognise the disproportionate impact on women and marginalised gender groups, but that focus should also include men, boys and others who may not be direct perpetrators or victims of violence but who contribute to the social and cultural factors that facilitate or permit violence.

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### 3.4. Recommendation 4:

**Women’s economic empowerment and livelihoods:** Economic empowerment support for women in Ukraine must focus on diversification and help women-led businesses to be active online.

Women in Ukraine were hit particularly hard by the pandemic as the quarantine measures introduced led to a mass of business closures. These disproportionately affected the informal economy, tourist and service sectors – sectors dominated by women.<sup>2</sup> For example, restaurants and markets closed, affecting waitresses, cooks and cleaners, and

<sup>2</sup> Not to mention the healthcare and social work sector, which is dominated by women and puts them at frontline risk of infection of COVID-19.

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sellers of home-grown or processed agricultural products. There was a significant drop in tourist numbers, affecting guesthouses and tour guides who are predominantly women. For women solo breadwinners and women-headed households, this has been devastating. Migration opportunities also shrank rapidly, leaving workers either stranded or returning home to mass unemployment. Wives of migrant workers, particularly those with partners stuck abroad and young children at home, were left increasingly marginalised due to a lack of remittances, the closure of educational institutions, the increased unpaid care burden, and decreasing numbers of job opportunities. Undocumented workers, such as Roma women or women living with disabilities, saw their livelihoods evaporate.

Participants reported an increase in opportunities to support women entrepreneurs to access online markets and move their services into the virtual space, or tax breaks (such as in Kharkiv). However, that has limited impact for many laid off from the service sector and the informal economy. In rural areas the problem is particularly acute due to poor internet provision and limited availability of smart devices in families. Participants said that there has been limited (or no) support for these women, meaning that sources of income and employment were lost, and less money has been available to be spent on the household or medical care, exacerbating economic and food insecurity.

The Government of Ukraine should be supported to design and implement an economic recovery plan that meets the diverse needs of its citizens. The design and delivery process should include the perspectives of diverse groups of women and men to ensure that broader intersectional and comprehensive marginalisation dynamics are accounted for in the consultation. It should be based on findings from consultations with diverse groups, including at the grassroots level, to ensure that the response is based on a gendered needs assessment.

Women's economic empowerment support and interventions must focus on diversifying women's representation in the local and national economy away from sectors traditionally associated with 'women's work', with an increased focus on online presence, management and marketing skills.

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### 3.5. Recommendation 5:

**Healthcare:** Reverse the de-prioritisation of women's and girls' healthcare, in particular sexual and reproductive health (SRH), and improve women's and girls' access to accurate information on the pandemic.

Women's access to SRH services in Ukraine has fallen sharply since the beginning of the pandemic. For example, only pregnant women and those women deemed in immediate danger to health have had the possibility to visit gynaecologists; even then, these women have been forced to pay for COVID-19 tests to be admitted to their appointments.

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Participants reported that tests cost as much as UAH2,500<sup>3</sup> (USD88), **approximately 20 per cent of the average monthly salary**. In a period of financial instability, such an expense is not easily justifiable when weighed up against the ability to pay rent, supplement children's education, and feed the family. Therefore, women and girls are ignoring, or being forced to ignore, their own health needs in response to the increased care burden and economic impact of COVID-19.<sup>4</sup> Closure of public transport means many women and girls cannot physically access health centres (or cannot afford taxis). Furthermore, participants cited fear among women and girls of contracting COVID-19 by visiting a health centre, be it family doctors or a hospital; this was also preventing them from accessing services. For example, the number of smear tests has dropped sharply, with some participants fearing a rise in cervical cancer cases as diagnosis risks being significantly delayed. Pregnant women and adolescent girls are also unable to access pre-natal checks for the same reasons.

In Ukraine, HIV tests are administered every trimester to ensure that women can get antiretroviral drugs to prevent mother-to-child transmission of HIV and AIDS; by missing appointments this puts them and their children at additional risk as they are unable to access accurate information on preventing the infection of their unborn children (and post-natal, the importance of not breast feeding). Women and adolescent girls in labour admitted to hospital are not permitted to be accompanied, meaning that they are forced to give birth or face complications alone and without support.

The majority of participants stressed a lack of trust in state sources on COVID-19. Respondents reported a spike in women and girls accessing and sharing misinformation and conspiracy theories on social media; it is reportedly mothers who are the driving force behind the anti-vaccination movement in Ukraine (previously against the measles, mumps, and rubella vaccine but now against any upcoming COVID-19 vaccine, disseminating information on how it would sterilise women and children, etc). Participants attributed this growth to the increased stress women and girls are facing due to the increased unpaid care burden, and particularly fears for their children's wellbeing and health.

In the short term, participants stressed the need for health staff to have greater numbers of protective and hygiene equipment to reduce infection risks for women visitors to healthcare institutions, as well as women's and girls' increased access to COVID-19 tests, something with which the international community can assist. In the longer term, it is imperative that the Government of Ukraine and the international community conduct a gender review of health services to ensure that, in the case of future epidemics or pandemics, women and girls can continue to access vital health services (including mental health services). This also counts for increasing trusted spaces for information on healthcare and working on women's and girls' media literacy. This includes supporting women's grassroots organisations and organisations working directly with marginalised women and girls, to facilitate access to services and information, for example through civil society-curated safe online spaces or community meetings once social distancing rules have been relaxed.

<sup>3</sup> Pricing was not standard across regions, suggesting potential corruption in Ukrainian health services for access to tests.

<sup>4</sup> Incidentally, women are viewed as 'exaggerators' of illness (unlike men who are expected to suffer in silence), so there is also the perception that their concerns will not be taken seriously.

### 3.6. Recommendation 6:

**Intersectional approach:** Increase the visibility of, and sensitivity towards, marginalised groups among governmental (including healthcare) agencies to improve service and access to care for marginalised groups, including persons with disabilities (and their carers), persons living with HIV/AIDS, groups with diverse sexual orientation and gender identity, IDPs, the older men and women, and ethnic minorities.

The closure of government offices, social services, and banks with the introduction of quarantine meant that women and men living with disabilities struggled to be able to gain all the necessary documentation required to receive rehabilitation services or allowances as they could not collect the necessary forms required by the Ukrainian bureaucracy. Children with disabilities were not able to be registered. Rehabilitation centres and specialist educational institutions were closed, but families are not in a position to provide the rehabilitation care that their children require (also increasing the unpaid caring responsibilities of family members, particularly women), and no social assistance has been offered to help with children with special needs' education (distance education was reported to be less effective for this group).

Internally displaced persons (IDPs) and older women and men also struggled with government shutdowns in accessing necessary documentation and pensions. Older women living in non-governmental controlled areas faced additional problems accessing medicines, services and pensions as the closure of crossing points on the line of contact resulted in them not being able to cross into government-controlled areas. While many services attempted to move online, participants stated that many struggled to access these e-services due to limited access to the internet or available devices. Letters sent to local government offices did not receive a response. The closure of local libraries cut many older women off from internet access entirely.

For transgender persons, these closures also have numerous impacts. This includes prevention of access to services. For example, to begin hormone therapy, transgender persons need considerable paperwork from psychiatrists to allow them treatment at hospitals; they are now unable to collect the documentation they require. For those with the necessary documents, participants said that a number of transgender people had been turned away for hormone therapy from hospitals as either they did not have an (expensive) COVID-19 test or were not seen as an 'emergency'. Neuropsychiatric dispensaries have closed and access to hormone therapy is severely limited. If hormone therapy is interrupted it can have serious medical implications; additionally, hormone therapy is expensive so many cannot also afford the numerous COVID-19 tests alongside the therapy itself. If transgender persons are admitted to hospitals there are no safe spaces or separate wards, meaning they are treated in wards with other patients with the same sex of their birth.

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Similarly, women (and men) living with HIV and AIDS have found that closed borders during the pandemic have interrupted supplies of antiretroviral drugs through government sources – the ability of government coordinators to deliver medicines to the regions is compromised, and many CSOs and individual activists have had to pay out from their own pockets to ensure that drugs reach treatment centres. Interrupted antiretroviral drug treatment comes with considerable health risks. They also face the same issue related to paying for COVID-19 tests.

Ukraine has the **second highest rates of HIV and AIDS in eastern Europe or Central Asia** and, at the community level, stigma surrounding HIV and AIDS remains strong. Despite the fact that antiretroviral drugs can help women live with the virus, not pass it to sexual partners, and give birth to children who are HIV-negative, these messages are not being passed on during the pandemic. Communities in general prefer to avoid the issue as they fear that this knowledge might encourage risky behaviours. As a result, those women and girls who find out they have become HIV-positive face being ostracised. In the COVID-19 environment, participants reported a further harshening of attitudes towards women, girls, men and boys living with HIV and AIDS at the community level – community leaders and local health officials questioned whether people living with HIV and AIDS should be allowed access to medicines or treatment related to COVID-19 given their health status.

Some ethnic minorities reported facing discrimination in healthcare centres. In one case health professionals refused to treat an older Roma woman with COVID-19 symptoms, forcing her family to remove her from the health centre and attempt to give her treatment at home, putting numerous family members at potential risk of infection. The knock-on effect was that community members did not believe that they would be admitted to healthcare facilities on the basis of their ethnicity and therefore did not seek help.

Therefore, in terms of planning for future pandemics or future waves of COVID-19, the Government of Ukraine must mainstream an intersectional gender perspective into its analysis of potential consequences. It must fully assess the effects of policy (such as lockdown, closure of offices and care institutions, or closed borders) on marginalised groups and offer alternative means of receiving rehabilitation or treatment that recognises the different situation each group faces. Bureaucratic processes must be reconsidered and relevant departments better staffed to ensure that these groups are not marginalised further. Finally, intercultural dialogue and awareness-raising campaigns must continue to shatter stereotypes around ethnicity, gender or health status. Many WROs across Ukraine are engaged in such activities, with reach beyond internet access directly into grassroots communities, and must be more comprehensively supported in this regard.

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### 3.7. Recommendation 7:

**Participation:** Capitalise on recent gains in women's representation in local government to make local and national decision making and policy more gender responsive.

In the Ukrainian local elections in October 2020, there were considerable gains for women candidates. Two out of every five candidates were required to be women (setting a quota of 40 per cent). While parties had difficulties recruiting women, the number of women registered as candidates was eight per cent higher than in 2015 (43 per cent); however, this increased number of women candidates did not lead to the same level of representation among the elected candidates. While there are considerable misgivings over how political parties tried to abuse electoral lists to prefer male candidates, participants felt that there had been a considerable shift in women's political participation at the local level, including for ethnic minority candidates (including Roma). In particular, women have been elected and now have access to decision making in communities where women's representation was lowest. Participants felt that women had grown in confidence and used social media at the local level to communicate more effectively with their constituencies.

Therefore, this is an opportunity for the international community to consult with elected women officials to understand their individual and collective needs to be able to offer increased support and increase their influence in making important decisions in, and for, their communities. It is also an opportunity to design programming that supports political parties to more actively involve women, drawn from diverse groups including marginalised groups, in party work between elections, including decision making and party policy making.

# 4. Partners

**International Alert** is one of the world's leading peacebuilding NGOs, with 30 years' experience addressing violent conflict and laying the foundations for peace. With headquarters in London, we work with local people in over 25 countries and advise governments, organisations and companies on how to support peace. We focus on issues that influence peace, including governance, economics, gender relations, social development, climate change, and the role of businesses and international organisations in high-risk places. International Alert has been active in Ukraine since 2015, working on the provision of psychosocial support to vulnerable populations in the wake of the violent conflict in the Donbas (including IDPs and veterans), civil society strengthening, militarised masculinity and paramilitary groups, and in-depth conflict analysis and research.

**Charitable Foundation Nasnaha** is an organisation that strives to ensure the welfare of those who suffered as a result of violent conflict in Ukraine, including psychosocial support and humanitarian assistance for men, women, boys and girls of all ages and social (and ethnic) backgrounds. The organisation's activities are designed so that all beneficiaries have the right to live with dignity, the right to receive humanitarian assistance, and the right to protection and security.

**Gender Action for Peace and Security (GAPS)** is the UK's women, peace and security (WPS) civil society network. We are a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. We were founded to promote WPS, including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK government to account on its international commitments to women and girls in conflict areas worldwide.

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