Now and the Future
Gender Equality, Peace and Security in a COVID-19 World

Ukraine Briefing

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.

Interviews were carried out with representatives of women's organisations operating in 14 oblasts (regions) in Ukraine (Volyn, Lviv, Vinnytsia, Odesa, Chernihiv, Kyiv, Cherkasy, Mykolayiv, Kherson, Poltava, Dnipro, Zaporizhzhya, Kharkiv, Donetsk and Luhansk (including along the line of contact). 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 recommendations formulated 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.

2. Update to the report

Following the release of the report, International Alert held a series of consultations with members of the international community involved in the women, peace and security (WPS) agenda in Ukraine and grassroots stakeholders working on gender equality across the country. The outcomes of these consultations validated the findings of the report and stakeholders expressed support for the recommendations. The only discrepancy was a

difference in opinion over access to information. It was suggested by respondents from the international community that in late 2020 there had been a vast amount of research and published materials on the WPS agenda. However, grassroots organisations stated that their access to this, and other recent data and information, continued to be limited. Therefore, the authors maintain that the recommendations remain valid.

3. Summary of findings

Interviews 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. Key findings include:

- **Lack of accessible data.** Civil society activists considered there to be a lack of local- and national-level data available, whether conducted by national researchers, government agencies or international organisations. As a result, the majority of measures and policies to mitigate the effects of COVID-19 are not based on evidence, which hampers their effectiveness.

  Gender analysis and sensitivity is poorly integrated (or indeed completely absent) at many levels. This is also relevant to intersectionality: the perspectives of women and men living with disabilities, women living with HIV and AIDS, LGBTQI communities, ethnic minority women, and girls and older women are frequently absent from the design and implementation of programmes and policy. Therefore, policy, response and programming related to the COVID-19 pandemic must be based on evidence and include in-depth gender-sensitive conflict analysis to ensure that they are responsive to gendered and local needs.

  Government agencies and think tanks must be supported to be able to undertake intersectional, comprehensive gender analysis 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. There must also be an intensification of investment in rapid, high-quality research, both for, and including, local organisations. This research must be widely shared, analysed and discussed at multiple levels to influence local- and national-level programming to be more responsive to local needs.

- **Entrenched gender norms and expectations.** Over 80 per cent of interviews suggested increased levels of domestic violence (DV), intimate partner violence (IPV), and stress. This 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, and the general health and wellbeing of the family (both in terms of nutrition and emotional wellbeing). 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. This, combined with the increased economic and food insecurity brought on by the pandemic, 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 to: better understand the context in which it is taking place and the specific risks and drivers behind its prevalence; and to develop effective response programmes.

- **Sharp increase in VAWG.** Demand for hotlines and shelters skyrocketed (in some areas by up to 1000 per cent), with providers unable to meet demand. Tight restrictions on admissions related to potential COVID-19 infections left thousands of women and girls unable to access services and shelters as they lacked the necessary negative tests to be permitted entry by law. The increase in VAWG was not a simple causational result of a health crisis or a lockdown, but a product of a complex set of social, cultural and economic factors, on all of which the current pandemic is having an impact. Key factors include: 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 (COVID-19) infection. 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 marginalised women, girls, men and boys. Prevention of VAWG is not something that can be done in isolation and genuine, sustainable changes in attitudes, behaviours and norms around gender are required. A culture of non-interference in other families' affairs perpetuates a culture of silence around DV/IPV in Ukraine. However, a significant shift is occurring in media coverage of the issue – it is beginning to feature far more frequently. Interventions need to recognise the disproportionate impact on women, girls, and marginalised gender groups; however, the 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.

- **Increased economic insecurity.** Women in Ukraine were hit particularly hard by the pandemic as quarantine measures led to a mass of business closures. These disproportionately affected the informal economy, tourist and service sectors – sectors dominated by women.[1] This has been devastating for women breadwinners and undocumented workers (such as ethnic minorities and women and girls living with disabilities). 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. Attempts to help women entrepreneurs shift their businesses online had limited impact for women working in the aforementioned sectors. In rural areas internet quality is poor and there is limited access to smart devices. Sources of

[1] The healthcare and social work sectors were also affected. These sectors are dominated by women, putting them at frontline risk of COVID-19 infection.

income and employment have been lost, and less money has been available to be spent on the household or medical care, exacerbating economic and food insecurity.

Women's economic empowerment support and interventions must include the perspectives of diverse groups of women and men. They 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.

- **Restricted access to healthcare, especially sexual and reproductive health** (SRH) services. Women's and girls' access to SRH services in Ukraine has fallen sharply since the beginning of the pandemic. For example, only pregnant women and women whose health is deemed to be in immediate danger have had the possibility to visit gynaecologists; even then, these women have been forced to pay for expensive COVID-19 tests to be admitted to their appointments. To save money for the family, 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. There are limited transport options to get to healthcare institutions and an overwhelming fear amongst women of contracting COVID-19 if they were to visit. Crucial HIV and AIDS tests for pregnant women are being missed, as are smear tests. Women appear the group most targeted for misinformation propagated by anti-vaccination groups, and misinformation on COVID-19 vaccines seems to be primarily shared by mothers.

  It is imperative that there is a gender review of health services in Ukraine 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. There is also a need to create and increase trusted spaces for healthcare information and to improve women's and girls' media literacy.

- **Difficult access to services for marginalised groups.** With the introduction of quarantine, government offices, social services and banks closed. This meant that people living with disabilities struggled 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 were not in a position to provide the rehabilitation care that their children require; no social assistance has been offered to help with children with special needs education.

  Internally displaced persons (IDPs) and older women and men also struggled with government shutdowns in accessing necessary documentation, medicines and pensions, particularly with the closure of crossing points between government- and non-government-controlled areas in the Donbas. While many services attempted to move online, many people 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.

Before any drastic actions (e.g. lockdowns, checkpoints or closures of government offices and schools), there must be a full assessment of the effects of policy on marginalised groups and 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.

- **Lack of access to medication for transgender persons and persons living with HIV and AIDS, and ongoing stigma.** For transgender persons undergoing hormone therapy, interrupted treatment could have severe medical implications. Yet, neuropsychiatric dispensaries have closed and access to the necessary drugs is severely limited. People living with HIV and AIDS have faced a similar issue. 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 has been compromised, and many CSOs and individual activists have had to pay out from their own pockets to ensure that drugs reach treatment centres. Stigma surrounding HIV and AIDS remains strong and communities refuse to discuss the issue or acknowledge that antiretroviral drugs prevent those living with HIV and AIDS from passing on the virus, and give them a better quality of life.

  In the COVID-19 environment, attitudes have become harsher towards women, girls, men and boys living with HIV and AIDS at the community level – community leaders and local health officials have been questioning whether people living with HIV and AIDS should be allowed access to medicines or treatment related to COVID-19 given their health status. Transgender persons' hormone therapy is not seen as an 'emergency', which has seen them turned away from hospitals and other health institutions.

  There needs to be investment in intercultural dialogue and awareness-raising campaigns to target grassroots communities across the country to shatter stereotypes around ethnicity, gender and health status.

- **An opportunity for women to shape local decision making.** In the Ukrainian local elections in October 2020, there were considerable gains for women candidates. There has been a significant shift in women's political participation at the local level, including for ethnic minority candidates (including Roma). Women have been elected and now have access to decision making in communities where women's representation was lowest. There has been growth in confidence and effective use of social media among women candidates to communicate more effectively with their constituencies. The international community should consult with elected women officials, as well as other women and girls, in the design of programming. This will give the international community a better understanding of individual and collective needs, and enable women officials to be better supported and have greater influence in making important decisions in, and for, their communities.

4. Partners

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. (Full evidence for this recommendation can be found on page 4 in the country report.)

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. (Full evidence for this recommendation can be found on page 5 in the country report.)

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. (Full evidence for this recommendation can be found on page 6 in the country report.)

Recommendation 4. Economic empowerment support for women in Ukraine must focus on diversification and help women-led businesses to be active online. (Full evidence for this recommendation can be found on page 7 in the country report.)

Recommendation 5. Reverse the de-prioritisation of women's and girls' healthcare, in particular sexual and reproductive health services, and improve women's and girls' access to accurate information on the pandemic. (Full evidence for this recommendation can be found on page 8 in the country report.)

Recommendation 6. Increase the visibility of, and sensitivity towards, marginalised groups among governmental (including healthcare) agencies to improve services 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, older men and women, and ethnic minorities. (Full evidence for this recommendation can be found on page 10 in the country report.)

Recommendation 7. Capitalise on recent gains in women's representation in local government to make local decision making and policy more gender responsive. (Full evidence for this recommendation can be found on page 12 in the country report.)

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, it works with local people in over 25 countries and advises governments, organisations and companies on how to support peace. It focuses 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 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. It is a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance, and peacebuilding. It was founded to promote Women, Peace and Security (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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