

# 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**  
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# 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.

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[UN Women Ukraine](#)

# LIST OF ABBREVIATIONS

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



# INTRODUCTION



The spread of the disease caused by the new COVID-2019 virus is characterized by the World Health Organization (WHO) as a pandemic and affects major aspects of the well-being of societies around the world. According to the National Health Service of Ukraine,<sup>1</sup> as of 22 May 2020, among 20,148 cases of COVID-19 disease registered in Ukraine, 57% of those infected were women and 43% – men. The most affected age groups among the population are those between 40 and 64 years old and 18 through 39, which make up 48% and 29% of all registered cases respectively. Women account for 43% and men – for 57% of the fatalities caused by COVID-19 in Ukraine, with the highest prevalence in the age group 50+ for both genders.

According to the assessments of the socio-economic impact of COVID-19<sup>2</sup> and the analysis of its impact on women<sup>3</sup>, that were conducted by the UN, the outbreak of COVID-19 “is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic.” Rapid gender assessment (RGA) of the situation and needs of women in the context of COVID-19 in Ukraine was conducted between 21 March and 12 April 2020 with the support of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). RGA aims to provide gender-sensitive

data and evidence on 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, with a view to further developing gender-sensitive efforts to prevent and respond to the spread of COVID-19 by all stakeholders at the national, regional and local levels. Conducting RGA of COVID-19 implications has become one of the priorities for UN Women in Ukraine with an eye to supporting further implementation of the international and national obligations of Ukraine on promoting gender equality and empowerment of women, including those under the *Convention on the Elimination of Discrimination against Women (CEDAW)*, the *Beijing Platform of Action*, the *UN Security Council Resolution 1325 on Women, Peace and Security* and the *2030 Sustainable Development Goals*, in the context of the unprecedented crisis that affects all spheres of the State and society.

In their choice of methodological approach and focus on the situation of women facing multiple discrimination, RGA authors were guided by the CEDAW principles – Non-discrimination, Substantive Equality and State Obligation Principle<sup>4</sup>, in particular: General Recommendation No.28<sup>5</sup> on the core obligations of States Parties under Article 2 CEDAW and General Recommendation No.25<sup>6</sup> on Article 4(1) CEDAW.

1. Ukraine, National Health Service. Monitoring of the situation with the number of suspected and confirmed cases of COVID-19 in Ukraine. Available at: <https://nszu.gov.ua/covid/dashboard>
2. 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/>
3. 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>
4. **Non-discrimination principle** prohibits discrimination against women as any distinction, exclusion, or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment, or exercise by women, irrespective of marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It prohibits direct, indirect and multiple discrimination against women. Substantive Equality Principle entails that women are actually (de facto) given equal opportunities, equal access to opportunities and an enabling environment to achieve equal results. Substantive equality looks beyond legal guarantees of equal treatment and inquiries into the impact of interventions. State Obligation Principle emphasizes that although the responsibility to ensure equality and eliminate discrimination must be observed by state and non-state actors, only the State is directly accountable to CEDAW (see CEDAW-based legal review: Brief Guide, UN Women, 2019. Available at: <https://eca.unwomen.org/en/digital-library/publications/2019/04/the-cedaw-based-legal-review-a-brief-guide>)
5. Convention on the Elimination of All Forms of Discrimination against Women, General Recommendation No. 28 on the core obligations of States parties under article 2. Available at: <https://www.un.org/womenwatch/daw/cedaw/recommendations/index.html>

RGA was conducted in an unprecedented situation faced by the whole world and Ukraine in particular. Due to severe restrictions on movement and social distancing measures the assessment relied mostly on qualitative data collected through phone interviews in order to reflect points of view of various stakeholders, and quantitative data available from open sources and collected through an online survey so as to shape an understanding of the nature and scope of COVID-19 implications in Ukraine.

RGA was conducted by a group of UN Women national gender consultants – Kateryna Ilikchieva, a lawyer, Ph.D. in Law and Olga Romaniuk, Ph.D. in Public Administration and experts from NGO “Bureau of gender strategy and budgeting” – Tetiana Ivanina, Olena Strelnyk, Research Adviser, Ph.D. in Sociology, Nataliia Dmytruk, Research Associate of the KSRI “Research Institute of Socio-Economic Development of the City”, and NGO “Poruch” – Mariia Tyshchenko, Associate Professor, Ph.D. in Economy, Liudmyla Kovalchuk, Ph.D. in Education and Nataliia Chermoshentseva, Ph.D. in History.

RGA was performed in an extremely short time frame thanks to effective partnership and input to data collection made by many representatives of women’s civil society organizations, pilot regional state administrations and local self-governments, development partners and civic activists. UN Women in Ukraine would like to express their special gratitude to Ms Ala Negruta, UN Women Regional gender statistics specialist, for support she provided to the experts in developing RGA methodology to ensure comparability of data at the regional level in Europe and Central Asia; to all UN Women’s partner NGOs – Ukrainian Women’s Fund, Charitable Organization “Positive Women”, NGO “Women Veterans Movement”, Charitable Organization “Unity for the Future”, International Foundation for Healthcare and Environment “The Carpathian Region”, Charitable Foundation “Ukrainian Foundation for Public Health”, Charitable Foundation “The Smile of the Child”; NGO “Fight for Right”, NGO “Bureau of gender

strategy and budgeting”, NGO “Poruch” – for collecting data on women and men facing multiple forms of discrimination; HelpAge International in Ukraine for conducting phone interviews with older women from conflict-affected areas with limited access to the Internet; PACT International in Ukraine and their centres, Association of Ukrainian Cities, All-Ukrainian Association of village and settlement councils, Ukrainian Association of raion and regional councils, Ukrainian Association for the development of territories of Ukraine – for disseminating the online survey through their websites and social media; the management and personnel of Nedoboyivtsi, Vyzhnytsia and Novoselytsia amalgamated territorial communities (ATCs) in Chernivtsi region; Bekhtery, Kostiantynivka and Zelenopidska ATCs in Kherson region; Bereza and Krasnopillia ATCs in Sumy region; Knyahynynok, Smolygiv and Velymche ATCs in Volyn region; Komyshevakha, Bilenke, Hirsivka, Komyshev-Zoria, Ostrykivka ATCs in Zaporizhzhia region; Oleksandrivka, Siversk, Soledar, Zvanivka ATCs in Donetsk region; and Lozno-Oleksandrivka, Bilovodsk, Pryvillia, Shulhynka ATCs and Rubizhne city in Luhansk region – for disseminating the online survey and providing data for the analysis of COVID-19 prevention and response measures at the local level.

Particular thanks to the Validation Group of Rapid Gender Assessment (RGA) COVID-19 in Ukraine for their valuable input to the analytical report: Kateryna Levchenko, Government Commissioner for Gender Equality Policy; Nelli Yakovleva, member of the Committee on Human Rights, Deoccupation and Reintegration of Temporarily Occupied Territories in Donetsk, Luhansk Regions and Autonomous Republic of Crimea, National Minorities and Interethnic Relations; Iryna Suslova, Advisor to Head of the Committee on Human Rights, Deoccupation and Reintegration of Temporarily Occupied Territories in Donetsk, Luhansk Regions and Autonomous Republic of Crimea, National Minorities and Interethnic Relations; the representatives of the Ministry of

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6. Convention on the Elimination of All Forms of Discrimination against Women, General recommendation No. 25, on article 4, paragraph 1. Available at: <https://www.un.org/womenwatch/daw/cedaw/recommendations/index.html>

Social Policy: Dmytro Kaplun, Head of Gender equality section; Olena Farymets, Head of Expert Group on gender equality and combating human trafficking and domestic violence (Directorate for social policy development and children's rights); Natalia Bogdanova, State Expert of the Expert Group on gender equality and combating human trafficking and domestic violence (Directorate for social policy development and children's rights); Olga Karmazina, Deputy Director of the Social Statistics Department of the State Statistics Service of Ukraine; Yana Verteba, coordinator of The Equal Opportunities Caucus; Olena Trapeznikova, Project Coordinator of the Canadian Embassy in Ukraine; Olga Sedova, Project Coordinator of the Swedish Embassy in Ukraine; Dr Tamara Martseniuk, Ph.D. in Sociology, Associate Professor at the Department of Social Sciences in Kyiv-Mohyla Academy; and Natalia Karbovska, Director of Strategic Development (Ukrainian Women's Fund).

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# 1.

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



The methodology was developed using the guidelines on conducting rapid gender analysis in emergencies based on the example of the spread of Ebola Virus Disease in the Democratic Republic of Congo (Care International),<sup>7</sup> the recommendations of the international working group *COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement*<sup>8</sup>, UNFPA Brief *COVID-19: A Gender Lens. Protecting sexual and reproductive health and rights, and promoting gender equality*,<sup>9</sup> Checklist for COVID-19 response by UN Women Deputy Executive Director Åsa Regnér<sup>10</sup> and Summary report of the Gender Working Group *COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific*,<sup>11</sup> UNSDG Brief *Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19*, March 2020,<sup>12</sup> UN DESA Brief *The Social Impact of COVID-19*,<sup>13</sup> and UN Secretary-General's policy brief *The impact of COVID-19 on women*, 9 April 2020.<sup>14</sup>

Geography and coverage: 3838 female and male respondents aged 18+ of the quantitative research from different regions of Ukraine and 77 female informants of qualitative research from 7 regions (Volyn, Donetsk, Zaporizhzhia, Luhansk, Sumy, Kherson and Chernivtsi). The regions were selected taking into account project activities and the partnership network of UN Women in Ukraine. Some

particular relevant data were collected from other regions through women veterans' organizations, the National Assembly of persons with disabilities, Roma and other organizations. The research focuses on women, including vulnerable women, with a particular focus on those facing multiple discrimination, in line with the CEDAW principles. To identify gender specificity of challenges based on the materials of quantitative research, a comparative analysis of women's answers with the answers of men interviewed by identical methods and tools was conducted. For institutional capacity assessment, the research covered 28 ATCs in Volyn, Donetsk, Luhansk, Zaporizhzhia, Sumy, Kherson and Chernivtsi regions. These regions and ATCs were selected in the context of UN Women project activities.

The online survey participants included 3,310 female and 528 male respondents aged 18+ who live in different types of communities and have access to the Internet. Though the sample is not representative of the regions' population by age and educational level, key groups representation was achieved among female and male respondents for the purpose of the comparative analysis (analytical approach to sample formation). Sampling was built on self-selection (through open invitation to participate). References and links to the online survey were placed on partners' websites and social media pages, as well as shared through direct mail.

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7. Official website of Care International. Available at: <https://www.care-international.org/search?term=ebola>
  8. UN Women, *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>
  9. 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>
  10. UN Women, Checklist for COVID-19 response by UN Women Deputy Executive Director Åsa Regnér, 20 March 2020. Available at: <https://www.unwomen.org/en/news/stories/2020/3/news-checklist-for-covid-19-response-by-ded-regner>
  11. UN Women, 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>
  12. UNSDG, Brief: *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>
  13. UN, Department of Economic and Social Affairs, 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/>
  14. 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>

Semi-structured phone interview method was used for conducting a survey with 77 women from vulnerable groups, including those who face multiple forms of discrimination. Informants were recruited through the partner network as well as by “snowball” method.

#### Challenges and limitations of the study:

1) online method of collecting data in the context of COVID-19 challenges was chosen in line with the guidelines of the European Society of Marketing Research Professionals (ESOMAR) on social distancing requirements of 24 March 2020<sup>15</sup>;

2) rapid change of the situation related to restrictive measures might render particular data and recommendations irrelevant. For example, at the time of publicizing of the report and recommendations, some restrictive measures may be enhanced or weakened;

3) in terms of the representativeness of the online survey results, the use of the improbable approach to the selection of respondents should be considered in the study. It means that collected data is related to the respondents rather than the entire population of the regions. When publishing results, it is advisable to detail the methods of collecting information and characteristics of the sample, and outline the above challenges;

4) the specificity of collecting information in the context of social distancing requirements prevented covering particular vulnerable groups (those who do not have mobile phones).

#### Key research questions of the online survey and phone interview:

1 What is the level of awareness and what are key sources of information about COVID-19, as well as ways of protection against the virus?

2 What concerns (including access to essential resources, services, food, medicines, etc.) have

arisen in everyday lives of women respondents and their family members in the context of temporary preventive measures introduced against COVID-19?

3 How are gender roles being transformed (changed) in the context of the temporary measures introduced to prevent COVID-19? How do gender roles determine the specificity of challenges for women in particular, in terms of balance between family and professional responsibilities in the context of COVID-19? Is the situation with domestic violence aggravating?

4 What are the economic challenges for women in the context of COVID-19?

5 What are the respondents’ mental state and fears with regard to the current COVID-19 situation?

6 Are there any specific challenges for some groups of women (for example, for those living in big cities, small towns and villages) and for women from vulnerable groups facing multiple discrimination?

7 Are there any specific challenges for men?

The Survey was complemented by gender analysis of representation and preventive efforts to curb the spread of COVID-19: of the gender composition of the anti-coronavirus headquarters established in the regions, of the documents adopted by local authorities to prevent and respond to the spread of infection, phone interviews with key Informants (from community administrations), as well as communications of 24 regional state administrations as regards preventing and responding to the spread of infection and restrictive measures.

Timeline of the assessment (including developing the methodology and drafting the report): 22 March – 25 April 2020.

15. ESOMAR, Impact of social distancing protocols on conducting research during COVID-19. Available at: <https://www.esomar.org/covid-19>

## Research Methods:

### ● Desk review, that includes:

a) analysis of COVID19-related legislation at the national, regional and local levels;

b) analysis of the structural subdivisions of the agencies that ensure protection of the population in the context of COVID-19;

c) gender analysis of official sex-disaggregated state statistics, data available from open sources and gender indicators in demographic and socio-economic spheres, which allow to assess gender gaps in life expectancy of women and men, wages, pensions, social welfare, etc.;

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

● **Online survey** via Google form (see Questionnaire in Annexes).

● **Semi-structured phone interview** with key informants at the local level (ATCs) (see Interview Guide in Annexes).

● **Semi-structured phone interview** with key informants from vulnerable groups (see Interview Guidance in Annexes). The estimated number of conducted interviews is 5-15 for each group (depending on availability of female informants from different regions and types of settlements). Number of interviews conducted – 77.

**Target vulnerable groups of women (for phone interviews)** were identified based on UN Women's project activity and considering the definition of vulnerability in the Law of Ukraine "On Social services" of 17 January 2019. The representation of women living in different regions and types of settlements (city, town, village) was achieved:

- 1) Women veterans and servicewomen;
- 2) Roma women;
- 3) Older women (65+);
- 4) Female residents of smaller settlements, including on the contact line;
- 5) IDP women;
- 6) Women living with HIV/AIDS and/or diagnosed with chronic diseases;
- 7) Women with disabilities (walking disabilities and/or other nosologies) and/or other low-mobility groups;
- 8) Single mothers actually raising child/ren alone and/or mothers having many children;
- 9) Pregnant women;
- 10) Women-caregivers of children with disabilities or other family members with disabilities;
- 11) LGBTIQ;
- 12) Women-frontline workers engaged in services related to the high risk of infection (primarily in the public health sector, as well as salespersons in grocery stores, social workers, police officers);
- 13) Self-employed women and women-casual workers, etc.



# 2.

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



The analysis provided below allows to identify gender gaps in demographic and socio-economic spheres, which preceded the spread of COVID-19, with a focus on assessment of the impact of restrictive measures to curb coronavirus on most vulnerable women.

## 2.1

### Demographic analysis

**There are more women than men in Ukraine, especially this applies to older women and men.** As of 1 January 2019, there were 22.5 million women and 19.5 million men in Ukraine, i.e. gender ratio is 1,158 women per 1,000 men. The share of women in the population constitutes 54% and share of men – 46%. There is a slight variance by the region: the largest share of women – 55% is in Donetsk and Chernihiv regions – and the smallest one – 52% is in Rivne and Zakarpattia regions.<sup>16</sup>

**Older people, two thirds of them being women, are at a higher risk to develop severe COVID-19 illness.** Virus SARS-CoV-2 infects people of all ages. However, evidence to date suggests that two groups of people are at higher risk to develop severe COVID-19 illness. These are older people and those with pre-existing conditions.<sup>17</sup> In Ukraine, most infection cases are registered in the age group 40-65, however, the highest death rate is among older people. According to operational data provided by the Ministry of Health, the mortality rate is the highest among people aged 50+ (86%)<sup>18</sup>.

**Two-thirds of Ukrainians who have reached age 65 are women.** According to the State Statistics Service of Ukraine, the share of women-pensioners in 2018 was 66%, and men – 34%<sup>19</sup>. Gender disproportion among older people rapidly increases with age: in Ukraine, among those who have reached the

threshold of longevity (80 years old), the number of women is 2.5 times higher than men, and among the long-livers close to the age of 100, there are four times as many women as men.<sup>20</sup> The biggest share of women (68%) aged 65+ is in Chernihiv, Zhytomyr, Dnipropetrovsk, Zaporizhzhia and Kyiv regions, the smallest share is in Zakarpattia region – where on average the population is traditionally younger.

**The large share of older women comparing to men is explained by short life expectancy of men.**

In Ukraine, women live on average 10 years longer than men: as of 1 January 2019, life expectancy of men was 66.7 years, life expectancy of women – 76.7 years.

**An important challenge in the context of COVID-19 is posed by interstate migrants returning to Ukraine from European countries** where epidemiological situation is worse and number of cases is higher, such as Italy, Spain, and France. In general, the labour migration activity of men is higher than of women. Core recipient countries of Ukrainian workforce are Poland (38.9%), the Russian Federation (26.3%), Italy (11.3%), and the Czech Republic (9.4%). Other countries with significant migrant flows from Ukraine include the United States of America (1.8%), Belarus (1.7%), Portugal (1.6%), Hungary (1.3%), Israel (1.1%), Finland (1.0%) and Germany (0.8%). Notably, women are more often than men work in Poland

16. Ukraine, State Statistics Service. The Population of Ukraine, 2018. Statistical Bulletin, Kyiv, 2019. Available at: [http://www.ukrstat.gov.ua/druk/publicat/kat\\_u/2019/zb/12/zb\\_ukr\\_2018.pdf](http://www.ukrstat.gov.ua/druk/publicat/kat_u/2019/zb/12/zb_ukr_2018.pdf)

17. World Health Organisation. Situation Report, March 2020. Available at: [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57\\_8](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_8)

18. Ukraine, Ministry of Health. Operative information on COVID-19. Available at: <https://moz.gov.ua/article/news/operativna-informacija-pro-poshirennja-koronavirusnoi-infekcii-2019-ncov-1>

19. Ukraine, State Statistics Service. Social protection in Ukraine. Statistical Bulletin, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzahist_u.htm)

20. Ukraine, National Academy of Sciences. Ukrainian society: Migration dimension. National report. Key findings, Kyiv, 2018. Available at: [https://www.idss.org.ua/arhiv/Ukraine\\_migration.pdf](https://www.idss.org.ua/arhiv/Ukraine_migration.pdf)

(42.6% vs 37.3%) and in Italy (27.0% vs 4.7%) while men are more often employed in Russia (31.0% vs 15.1%).<sup>3</sup> Thus, the share of women among migrant

workers who returned to Ukraine from European countries is larger than that of men.

## 2.2

### Socio-economic analysis

Female employment rate in Ukraine is lower compared to male. Women receive lower wages, salaries and pensions, are more dependent on social assistance, therefore have fewer opportunities to make savings, which ultimately makes them more vulnerable in the context of the economic crisis caused by COVID-19.

#### **Employment rate among women of working age is lower compared to that of men of working age.**

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 rate<sup>21</sup> among women of working age was 56.8%. At the same time, the economic activity rate among men of working age was higher and reached 69.0% in 2018. Employment rate<sup>22</sup> in the same age group was 52.5% among women and 62.1% among men.<sup>23</sup> In 2019, employment rate for women stayed approximately the same constituting 52.9%, and for men it increased to 64%.<sup>24</sup> According to the State Statistics Service of Ukraine, 45.8% of economically inactive women of working age explain the reason of their economic inactivity by the fact that they are engaged in household (family) duties. The proportion of working-age men who are inactive due to household duties is much smaller – 14.2%.<sup>25</sup>

**The share of women self-employed<sup>26</sup> in informal sector is larger than the share of men.** The informal labour relations prevailed among the self-employed, with 71.9% of their total number involved in informal sector jobs, while among hired employees this number only totalled to 12.2%. Along with that, the share of the self-employed was higher among women than among men (74.6% vs 70.1%), as well as in rural areas as compared to urban areas (91.0% vs 42.2%).<sup>27</sup>

#### **Ukraine experiences vertical and horizontal gender segregation in various economic sectors.**

Female employees are concentrated in low paid sectors (horizontal form of professional segregation based on gender), and at mid- and junior-levels positions with lower salaries and limited decision-making opportunities (vertical form of professional segregation).

#### **Ukraine experiences vertical segregation of labour, with significantly fewer women in leadership positions.**

The overall men-women ratio among managers of organizations and entrepreneurs is 60% vs 40%. At the same time, women make up only 30% among heads of legal entities<sup>28</sup>. The biggest number of women is registered among micro-business

21. 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.

22. 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.

23. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, Kyiv, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

24. Ukraine, State Employment Centre. Data for 2019. Available at: <https://www.dcz.gov.ua/storinka/vidkryti-dani>

25. Ukraine, State Statistics Service. Economic activity of the population in Ukraine, 2018. Statistical Bulletin, 2019. Available at: [http://www.ukrstat.gov.ua/druk/publicat/kat\\_u/2019/zb/07/zb\\_EAN\\_2018.pdf](http://www.ukrstat.gov.ua/druk/publicat/kat_u/2019/zb/07/zb_EAN_2018.pdf)

26. The self-employed are individuals who work independently or with one or more business partner, carrying out activities that generate income, and do not employ hired workers on a regular basis.

27. Ukraine, State Statistics Service. Economic activity of the population in Ukraine, 2018. Statistical Bulletin, 2019. Available at: [http://www.ukrstat.gov.ua/druk/publicat/kat\\_u/2019/zb/07/zb\\_EAN\\_2018.pdf](http://www.ukrstat.gov.ua/druk/publicat/kat_u/2019/zb/07/zb_EAN_2018.pdf)

28. Ukrainian Centre of Public data, Women and men in leadership positions in Ukraine. Statistical analysis of business registration data, 2017. Available at: <https://socialdata.org.ua/edrpou-gender/>

owners (28.7%), followed by owners of medium businesses (27.4%), with 22.7% of women who own small businesses, and 22.7% of women are big business owners.<sup>29</sup> There are even fewer top managers among women: in small businesses – 16%, in big businesses – 18.4%, in medium-sized – 24.9%. The biggest number of women-managers is in micro-businesses – 26.8%.

Based on the data from the State Statistics Service, it can be assumed that the above imbalance is caused both by women's lower economic activity and by the status of working women: they are more likely to be employees while the percentage of the self-employed and managers/employers among them is smaller than that among men.<sup>30</sup>

**Women are mainly employed in public sector where salaries are generally lower, which leads to horizontal employment segregation.** In early 2019, women prevailed in healthcare and social welfare sectors (83.1% of the number of registered regular employees); in education (78.0%); in finances and insurance (71.9%); in arts, sports, entertainment and recreation (68.0%); in public administration and defence sector, compulsory social insurance (67.5%); temporary accommodation and catering (67.3%); professional, scientific and technical services (54.3%); and in wholesale and retail trade (53.5%). Most of the jobs in these sectors are low-paid, except for finance and insurance, as well as public administration and defence where salaries have been rising recently.

**Frontline-workers engaged in healthcare and social services, are mostly women.** In the pandemic situation caused by COVID-19, healthcare and social workers are at a particular risk, most of them being women. In 2018, the number of registered regular

employees in this field was 959.2 thousand, with 797.0 thousand women. In 2018, a share of women working in health care and social welfare sectors was 83.1%, of which 82.8% were directly employed in health care.<sup>31</sup>

**Women are engaged in most sectors that entail direct contact with service recipients. In the pandemic situation they are at an increased risk of infection.**

Women are engaged in catering and other vital sectors (food industry, trade, banking, pharmaceuticals, etc.) Thus, 67.3% women work in the temporary accommodation and catering sector; 71.9% – in finance and insurance; 67.5% – in public administration, defence and compulsory state social insurance.<sup>32</sup>

**Men are mainly engaged in private-sector economic activities where salaries are higher.** Thus, in early 2019, men were involved in construction industry (81.0% of the number of registered regular employees); agriculture, forestry, fishery and fish farming (69.6%); transport, warehousing, postal and courier activities (62.3%); industry (61.4%); administrative and support service activities (58.3%); real estate sector (56.7%); information and telecommunications (52.2%); and in other service provision industries (50.7%).<sup>33</sup>

**Moreover, gender wage gap has been observed in all sectors of economic activity,** causing a situation where women are generally engaged in low-paid economic activity; and there is also a gender wage gap in all sectors with above-average salaries. The only exceptions are public administration and defence, as well as compulsory social insurance sector where public servants' salaries have seen a rapid rise recently, with a wage gap being only 4.5% in 2019.

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29. 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/>

30. Ukrainian Centre of Public data, Women and men in leadership positions in Ukraine. Statistical analysis of business registration data, 2017. Available at: <https://socialdata.org.ua/edrpou-gender/>

31. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, Kyiv, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

32. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, Kyiv, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

33. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, Kyiv, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

**Because of gender pay gap, women have limited opportunities to make savings and are more vulnerable in the situation of the economic crisis.**

As a result of systemic and structural gender discrimination in the labour market average gender pay gap was 22.3% in 2018<sup>34</sup>; in 2019 it went slightly up reaching 22.8%. In 2019, the largest gender pay gap was observed in the following areas: finance and insurance (36%); arts, sports, entertainment and recreation (36%); industry (26%); and transport and warehousing (23%).<sup>35</sup> Notably, one of the largest gender pay gaps (36%) is seen in the sectors where wages are the highest, in particular finance and insurance (in 4th quarter of 2019 – 17,569 UAH for women and 26,358 UAH – for men).<sup>36</sup>

**Older women are more marginalized and economically vulnerable than older men.** Gender wage gap leads to gender pension gap. Statistics say that in 2018 gender pension gap in Ukraine was 32.1%.<sup>37</sup> Considering the fact that number of women of retirement age is higher than that of men, women are more dependent on state pension and social policy measures.

**Women are more dependent on social assistance and social services than men and constitute the majority of low-income population applying for state social benefits.** Most of the people identified and registered as those in difficult life situation and in need of social services were women. In 2018, 1,205.5 thousand people were registered as recipients of assistance in the territorial social services centres with 870.9 thousand among them were women, which means that share of women among those

identified and registered as in difficult life situation and in need of social assistance was 72.2%<sup>38</sup>. The high proportion of women among those receiving social services and benefits is partly due to the fact that men are less likely to apply for assistance.

**Women constitute the majority of people applying for targeted in-kind aid and cash assistance.**

In 2018, 537.8 thousand people were identified and registered as seeking in-kind and cash assistance, with 392.5 thousand of them being women, amounting to 73% of women among all registered assistance seekers<sup>39</sup>.

**It is mainly women who take care of children and older family members, so in the situation of quarantine, when social infrastructure is inaccessible, they assume the role of educators and caregivers.**

The survey shows that mothers who work from home and have preschool and primary school age children face double burden due to balancing paid and care work: 74.4% of respondents from this group said they were providing this care mainly on their own. Moreover, 78.9% of female respondents who have school age children noted that it was mostly them who were engaged in educating their children during this period (for more details see Section 4.4). It should be noted that among all households in which a child is brought up by a single parent or without parents, single mothers make up 92.2%<sup>40</sup> and they are the ones who in the situation of the economic crisis caused by COVID-19 experience double burden of house and care work and limited financial resources. In 2018, there were 14,934.9 thousand households registered in Ukraine wherein

34. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, Kyiv, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

35. Ukraine, State Statistics Service. Women and men. Statistical Bulletin, Kyiv, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

36. UN Women estimates on average monthly wages by gender and types of economic activity for the quarter, 2019. Available at: <http://www.ukrstat.gov.ua>

37. Ukraine, State Statistics Service. Social protection in Ukraine. Statistical Bulletin, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

38. Ukraine, State Statistics Service. Social protection in Ukraine. Statistical Bulletin, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

39. Ukraine, State Statistics Service. Social protection in Ukraine. Statistical Bulletin, 2019. Available at: [http://ukrstat.gov.ua/druk/publicat/kat\\_u/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

40. 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/publzhahist\\_u.htm](http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm)

37.8% were households with children. The share of households with children varies across regions. The largest percentage is typical for Zakarpattia (54.9%) and Chernivtsi regions (51.3%), while the lowest is typical for Luhansk (25.7%), Poltava (32.2%) and Donetsk (32.4%) regions. In households with children, women play the role of educators and caregivers during the quarantine. 52.5% of households are headed by women, with 23.2% of households headed by women aged 59+. 14.7% of households are headed by men aged 60+.

**The quarantine also exacerbates the problem of gender role distribution in the family, as the major burden of unpaid care work during the quarantine also lies on women.** The survey conducted by the pollster “Rating” between 21 and 25 February 2020 demonstrated the following: women (64%) cook more often in a family/couple. Only about a quarter of respondents noted that this role in their couple is shared equally. The survey confirmed that gender stereotypes, patriarchal social norms and perceptions of gender role distribution are deeply rooted in Ukrainian society. Respondents believe that responsibilities for childrearing and domestic work are assigned to women (52% and 43% respectively). At the same time, as regards childrearing, unlike household chores, respondents said more often that this role was shared equally in their couple. As to the availability of free time, the respondents’ answers were divided as follows: 33% of women expressed the same opinion, 30% of men and 28% of both genders. However, the obligation to be the head of the family (couple) is somewhat more commonly attributed to men. This opinion was expressed by 39% of respondents. Women are viewed as the head in a couple by 29% of respondents and 29% respondents are in favour of opinion that this role is shared equally. More than half of respondents believe that in their family (couple) a man earns more than a woman, 23% said that

women earn more and 17% believe that they both make more or less equal earnings.<sup>41</sup>

**Risks for women to be subjected to domestic violence are higher in the context of quarantine measures and restrictions** – gender-based and domestic violence are the most persistent violations of women’s rights in Ukraine. According to statistics, most victims of domestic violence are women and most perpetrators are men. According to official crime statistics,<sup>42</sup> women and girls constitute the majority of registered victims of rape (86.3%), victims of domestic violence (78.1%) and victims of human trafficking (55%); 827 women became victims of crimes against life and health (murder, grievous bodily harm), constituting 22.3% of all victims in 2018. 2,086 cases of domestic violence, 276 cases of rape, 319 cases of grievous bodily harm and 429 murders committed against women were registered in Ukraine in 2019. Data on gender-based and domestic violence situation during the quarantine vary. Thus, according to the Office of Precinct Police Officers of the Department for Crime Prevention of the National Police, between 12 March and 7 April 2020 about 1,500 calls were received daily on the National Police 102 hotline, which were preliminarily qualified as domestic violence, while between 1 and 11 March about 1,600-1,650 of such calls were received.<sup>43</sup> It should be noted that these statistics include cases of gender-based violence and domestic violence both of administrative and criminal nature. According to the records of the Domestic Violence Hotline provided by NGO “La Strada Ukraine”, between 13 March and 12 April 2020 2,052 calls regarding domestic violence were registered. Also, as of 31 March 2020, specialized government-supported 15-47 hotline launched on 11 February 2020 to deal with reports regarding trafficking in human beings, domestic violence and violence on the basis of sex received 1,548 calls, including 1,400 regarding domestic violence.<sup>44</sup>

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41. Rating Group Ukraine, The role of women in the Ukrainian society, 21-25 February 2020. Available at: [http://ratinggroup.ua/ru/research/ukraine/rol\\_zhenshin\\_v\\_ukrainskom\\_obschestve.html](http://ratinggroup.ua/ru/research/ukraine/rol_zhenshin_v_ukrainskom_obschestve.html)

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

43. Ukraine, National Police, 10 April 2020. Available at: <https://www.npu.gov.ua/news/preventivna-robota/z-pochatku-roku-policzejski-prityagnuli-do-administrativnoji-vidpovidalnosti-34-tisyachi-osib-za-vchinennya-domashnogo-nasilstva/>

44. Ukraine, Ministry of Social Policy, 10 April 2020. Available at: <https://www.msp.gov.ua/news/18494.html>

**Internally displaced women experience particular challenges due to additional problems in access to resources and public services in the context of quarantine.** As of December 2019, the Ministry of Social Policy has registered 1.4 million internally displaced persons throughout the country. The armed conflict and the economic crisis have deepened gender inequality and affected the realization of human rights. The vulnerability of the population to poverty, discrimination, human trafficking, sexual violence and abuse against women is increasing in conflict-affected areas. Women, constituting the majority of internally displaced persons (60%), face multiple discrimination in access to economic resources, public services and decision-making process. According to ILO, only 43% of women vs 58% of men confirmed that they had paid work. Among the unemployed internally displaced persons actively seeking work, 85% were women and 15% were men. Also, there was a difference in the share of men and women that experience challenges in finding a job: 92% of women and 84% of men reported having such challenges.<sup>45</sup>

**Women with disabilities and women who raise child/ren with disabilities have additional restrictions in access to health and social services during the quarantine.** There are 2.8 million people with disabilities in Ukraine and more than 1 million among them are women of working age. Only a third of them have a job, all others seek employment. In the context of quarantine, women and men with disabilities experience economic difficulties due to the need to buy medicines, food, etc. During quarantine, women with disabilities have faced additional burdens and challenges due to limited access to reproductive health services. It is mainly women who care for children and family members with disabilities. In the context of quarantine measures, when children stay at home, the burden on women, including women with disabilities, is increasing. The

number of single mothers in Ukraine that have children with disabilities increases every year. Women with disabilities represent a diverse group of individuals with different identities, for example, different ethnic, religious and racial background; migrants and internally displaced women; LGBT women; women living with or suffering from HIV; young and older women; single mothers and widows, etc. In all regions of the country, women with disabilities do not have access to adequate medical services; they are abused and excluded from the resources distribution in their communities and families.<sup>46</sup> Public transport, buildings and infrastructure, the capacity of public services and other service providers to meet the needs of people with various disabilities do not comply with basic standards both in urban and rural areas. This situation is further aggravated during quarantine measures.

**National minorities, in particular Roma communities, are the most affected populations in the context of quarantine.** They often lack civil status documents. This creates difficulties in access to quality education and employment, health services and other related services.<sup>47</sup> Roma women are particularly vulnerable among the internally displaced people (IDPs), especially when pregnant or have to take care of their children. About 55.6% of the displaced Roma interviewed by International Charitable Organization Roma Women Fund “Chiricli” were not registered as IDPs fearing consequences, such as confiscation of their property by the police or other authorities. Internally displaced Roma face particular challenges in access to humanitarian aid due to the lack of civil status documents and valid residence documents confirming their displacement from the eastern part of Ukraine. Due to system barriers in access to civil registration Ukraine lacks comprehensive data on the number and status of Roma women and men including disaggregated data and socio-economic situation.

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45. National Monitoring System Report on the Situation of Internally Displaced Persons, September 2019 (unpublished)

46. UN Women, Issue brief: Making the SDGs count for women and girls with disabilities. Available at: <http://www.unwomen.org/en/digital-library/publications/2017/6/issue-brief-making-the-sdgs-count-for-women-and-girls-with-disabilities>

47. Written Comments of the European Roma Rights Centre and the International Charitable Organization Roma Women Fund “Chiricli” Concerning Ukraine For Consideration by the Committee on the Elimination of All Forms of Discrimination against Women, Kyiv-Budapest, 2016. Available at: [https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/UKR/INT\\_CEDAW\\_NGO\\_UKR\\_26221\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/UKR/INT_CEDAW_NGO_UKR_26221_E.pdf)

## 2.3

### Political representation

**Women have less influence on developing strategy against negative impacts of COVID-19 and have more limited opportunities to declare their needs and problems due to low representation in elected government authorities at all levels.** Women's participation in decision-making process is gradually increasing in elected bodies but still remains low at the level of regions, cities and communities. The number of women in parliament and government has increased since the last parliamentary elections held on 21 July 2019. 20.5% of women were elected as Members of the Parliament (the Verkhovna Rada of Ukraine) and 20.2% became members of the Cabinet of Ministers. However, there are no women among heads of regional state administrations. There are no data on the number of women among mayors. According to Central Election Commission, women constitute 46.6% among the members of all local councils. The highest number of women is in village councils (53.7%), while in regional councils the share of women is only 15.4% and in district councils there are 24.4% women councillors.<sup>48</sup>

One of the gender issues that arose due to decentralization was the reduction in the number of women-heads of amalgamated territorial communities with greater financial and resource support.<sup>49</sup>

## 2.4

### Brief conclusions to this Section

The analysis of gender gaps in the demographic structure of the Ukrainian population at the time of the COVID-19 outbreak indicates a serious risk the pandemic spread is posing for women, as they prevail in age group 65+. The analysis of socio-economic

gaps shows that in the context of economic crisis caused by restrictive measures women become more vulnerable than men as most of them work in public sector where financing can be substantially reduced due to redistribution of budget funds for

Only 15-23% of ATC heads are women (according to 2018 elections results).<sup>50</sup> Although national response to COVID-19 is coordinated by the Office of the Vice Prime Minister, who is also the central focal point for gender policy, there is lack of evidence that the gender mechanism at national, regional and local levels was involved in COVID-19 prevention and response planning. For example, the Government Commissioner for Gender Policy was not included in the Interagency Working Group for conducting comprehensive analysis of effective response by the health care system to the COVID-19 outbreak, despite a separate letter requesting to include her in this group.

Undoubtedly, meaningful participation of women from different groups in the decision-making process is important for making well-considered steps, ensuring equal distribution of resources and access to services to overcome impacts of COVID-19 in Ukraine. Moreover, women who face multiple forms of discrimination, including women with disabilities, are almost completely excluded from decision-making processes<sup>51</sup> and not able to adequately declare their needs and problems in the coronavirus-related situation.

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

49. UNDP, Analysis of the Integrity and Inclusiveness of the Democratic Process in Ukraine. Available at: [https://www.ua.undp.org/content/ukraine/en/home/library/democratic\\_governance/integrity-and-inclusiveness-of-the-democratic-process-in-Ukraine.html](https://www.ua.undp.org/content/ukraine/en/home/library/democratic_governance/integrity-and-inclusiveness-of-the-democratic-process-in-Ukraine.html)

50. Gurt, Gender issues in local self-government at the level of united territorial communities in Ukraine. Available at: <https://gurt.org.ua/news/informator/49843>

51. 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>



anti-pandemic measures. Women have lower salaries and pensions, therefore they have less savings and cannot stay out of work for a long time. Among recipients of social services and assistance, the share of women is  $\frac{2}{3}$ , and in the context of crisis, social protection measures and certain social services may also be reduced. The most affected in the context of crisis will be self-employed women working in the informal economy (without social protection) who

make up 74% of all involved, small and medium-sized businesses and especially micro-businesses, where the share of women is almost 30%. During quarantine, the most vulnerable women, such as IDPs, Roma women, women with disabilities, besides the abovementioned problems, might face additional challenges related to residence registration, lack of work and livelihoods, limited access to medical and social services.

# 3.

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



### 3.1

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

More than 40 national-level normative-legal acts were adopted in Ukraine between 7 February and 9 April in order to ensure the regulation of response to the spread of coronavirus disease (COVID-19). In particular, restrictive measures aimed to prevent COVID-19 occurrence and spread were introduced by adopting a number of legal acts of the Verkhovna Rada of Ukraine, the Cabinet of Ministers of Ukraine and certain ministries pursuant to the decision of the National Security and Defence Council of Ukraine of 13 March 2020 “On Immediate Actions to Ensure National Security in the Context of Outbreak of COVID-19 Acute Respiratory Disease Caused by Coronavirus SARS-CoV-2”,<sup>52</sup> enacted by Presidential Decree No. 87/2020 of 13 March 2020.<sup>53</sup>

According to the Law of Ukraine “On Equal Rights and Opportunities for Women and Men” of 8 September 2005, all draft legal acts are subject to gender analysis of legislation. However, there is no mechanism for such expert review of draft legal acts initiated by the President or MPs, and the mechanism applied by the Cabinet of Ministers of Ukraine and other CEAs is insufficient. Therefore, the majority of the above mentioned regulations, though not explicitly discriminatory towards women, do not take into account their specific needs in the context of the pandemic and implemented restrictive measures. However, a high risk faced by women, especially from vulnerable groups, during the outbreak of

COVID-19, highlights additional gender and human rights aspects to be considered when ensuring the relevant legal framework.

Thus, women, who constitute the majority of health-care professionals and social workers, are at the frontline fighting the COVID-19 pandemic and face higher risks of infection. Women perform a disproportionate share of unpaid domestic work and care for family-members. Self-employed women living in small towns and villages and working in small and micro-businesses or receiving low daily wages face increasingly serious socio-economic challenges during the pandemic outbreak which pose a major threat to their social and economic stability. Therefore, these groups of women require special protection measures in the context of the pandemic.

The analysis of anti-pandemic legal acts reveals that during the review such aspects of women’s rights were not taken into account. Thus, women, especially from vulnerable groups, face indirect discrimination within the meaning of Article 1 of the Convention on the Elimination of All Forms of Discrimination against Women: at first glance, gender-neutral rules and regulations do not consider their specific status and needs, in violation of the principle of equal rights and opportunities for women and men.

It should be noted, however, that certain legal acts<sup>54</sup> only partially consider special aspects of needs of

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52. Ukraine, Decision of National Security and Defence Council “On Immediate Actions to Ensure National Security in the Context of Outbreak of COVID-19 Acute Respiratory Disease Caused by Coronavirus SARS-CoV-2” of 13 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/n0002525-20>

53. Ukraine, Decree of the President of Ukraine No. 87/2020 “On the Decision of the National Security and Defence Council of 13 March 2020 “On Immediate Actions to Ensure National Security in the Context of Outbreak of COVID-19 Acute Respiratory Disease Caused by Coronavirus SARS-CoV-2” of 13 March. Available at: <https://zakon.rada.gov.ua/laws/show/87/2020#n2>

54. 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>

women and men from certain vulnerable groups. In particular, the support to pensioners at the legislative level includes the following:

- additional payment of UAH 500 monthly to pensioners over 80 years old with a pension not exceeding UAH 9,205;
- prescheduled 11% indexation of pensions;
- raising the minimum pension to UAH 2,100 for persons with long seniority (30 years for women and 35 years for men).

Moreover, some social issues of vulnerable groups were resolved through decisions of the Cabinet of Ministers of Ukraine<sup>55</sup>, in particular:

- one-time payments of 1,000 UAH to: pensioners, whose pension does not exceed 5,000 UAH; persons born with a disability and children with a disability; persons that are not eligible for pension and persons with disabilities (will enter into force after appropriate amendments have been made to the State budget);
- new reduced processing time for unemployed status – from the date the application was submitted to the employment agency;
- additional compensation to the recipients of housing subsidies;
- 300% salary premium for health care workers who provide medical care to patients with COVID-19 (will enter into force upon relevant amendments to the state budget);
- use of the Reserve Fund resources for providing PPE to workers of the State Emergency Service, the State Border Guard Services, the National Police, the National Guard, the Ministry of Internal Affairs, the State Criminal Enforcement Service (thus, law enforcement women-officers who are also in high risk group received additional protection).

**The analysis of some orders of the MoH and the Ministry of Education and Science<sup>56</sup>** indicates that

certain aspects of the coronavirus spread prevention were addressed, though adequate assessment of all implications of such preventive measures on some vulnerable groups in line with the human rights-based approach was not conducted. For example, the challenge of providing remote learning in rural schools and for children from low income families was not taken into account; neither was the inability/difficulty to obtain adequate medical services for individuals discharged from hospitals early to free up extra vacant beds; due to cancellation of public transport services, individuals requiring special medical procedures outside the place of residence cannot get access to them.

The implementation of the above mentioned legal acts has highlighted the problem of inadequate regulatory support for the social services sector. Thus, due to the need to free up beds in hospitals, individuals in need of special care were discharged, including older people eligible for residential care services. The attempt to place one of such patients in a care home for the elderly failed: he was turned down because the Law of Ukraine “On Social Services” does not provide Method of calculating average monthly joint family income for providing social services as it is impossible to determine the source of financing for such service – state budget funds or a differentiated payment (Article 28 (4) (1) of Final Provisions of the Law of Ukraine “On Social Services”).<sup>57</sup>

There is also a risk of loss of revenue from personal income tax for local budgets as unemployment rates increase. This can create challenges for local authorities in performing their functions, including provision of social services. Insufficient revenue from unified social security tax can affect unemployment benefits as the revenues from this tax are used to fund State Employment Agency programs. As already mentioned, the percentage of unemployed women is higher than that of men.

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55. See the list of analysed Resolutions and Directives of CMU in Annex 2.

56. See the list of analysed orders in Annex 2.

57. Ukraine, Law of Ukraine “On Social services” of 17 January 2019. Available at: <https://zakon.rada.gov.ua/laws/show/2671-19>

Another social aspect that was not properly considered in assessing the impact of regulatory measures was the risk of increased level of domestic violence. There is a direct correlation between stress, unmet needs and domestic violence. The existing prosecution mechanism does not take into account such situations as quarantine, leading to possible escalation of violence, as perpetrators and victims are in close contact 24 hours a day.

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 then adversely affected. Those groups were the following: **single mothers and fathers** (they have to go to work and leave children unattended at home), **Roma** (many of them don't have access to safe water and basic services), **persons with disabilities** (for example, although visually impaired

persons should be accompanied in visiting hospital, it was restricted due to quarantine), **self-employed persons** (ban on working for beauty and hairdressing salons and mobile catering led to loss of earnings), **individuals in need of special medical procedures** (challenges with transportation) and **victims of domestic violence** (referral mechanism was not fully available in all regions due to quarantine measures). Also, in the situation of COVID-19 spreading, **front-line social workers providing services and postal workers delivering mail and pensions were not provided with any hazard pay**, unlike medical staff.

Amid such socio-economic challenges, not only strategic actions of the state but also the proactive position of businesses and the public sector become crucial. Partnership between government and private sector has proved to be the most efficient tool. An example of such a social initiative is the support by the Ukrainian Ministry of Social Policy of the "ATB" grocery store chain in providing food kits to single elderly people, that mainly include women and persons with disabilities.

### 3.2

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

This research included analysis of 152 decisions of local self-governments published on the websites of 24 regional state administrations and of Kyiv City. In general, most of the directives have been adopted to implement the decisions of the Cabinet of Ministers of Ukraine on introducing restrictive quarantine measures: restrictions on stay in public places, limitation of public gatherings, suspension of passenger transportation, restrictions on business activities, etc. The analysis of these documents showed that **most of the regulations issued by RSAs did not take into account special needs of vulnerable groups**. However, there is a **number of positive examples** where decisions address the needs of certain vulnerable groups, namely in **Dnipropetrovsk, Mykolaiv, Odessa, Poltava, Sumy, Ternopil, Kherson regions and Kyiv City**.

*Dnipropetrovsk region.* The procedure was adopted on providing assistance to low-income individuals in the form of essential goods during the quarantine introduced against the spread of COVID-2019. According to this directive, low-income populations include older people living alone in the household; persons with disabilities in need of care from others; and low-income families who will be receiving assistance in the form of basic necessities. The region's reserve fund allocated UAH 6,720.00 thousand.<sup>58</sup>

*Mykolaiv region.* The region's reserve fund allocated UAH 2,939.43 thousand for providing accommodation and meals for people who will be involved in the implementation of measures to counter the spread of COVID-19 acute respiratory disease caused by the coronavirus SARS-CoV-2 in the territory of the

58. 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/>

Mykolaiv region and for persons requiring observation (isolation).<sup>59</sup>

*Odessa region.* UAH 2,100.00 thousand has been allocated for the reimbursement of accommodation and meals for persons under mandatory observation (isolation) with suspected COVID-19 acute respiratory infection caused by the coronavirus SARS-CoV-2 in facilities specifically designated for this purpose.<sup>60</sup>

*Poltava region.* The decision was adopted to organize home deliveries of food, basic necessities and medicines and mobile vending in remote settlements of the region.<sup>61</sup>

*Sumy region.* There was no unified program adopted, but Directive No. 140-OD of 7 April 2020 provided certain elements of social protection.<sup>62</sup> According to the this document, the heads of raion (district) state administrations and the Department of Social Protection of Sumy Regional State Administration should recommend that the mayors and heads of amalgamated territorial communities take additional steps to identify older single persons and older people living alone; persons with disabilities; and people who are in self-isolation, in need of and organize services and proper social support to them and organize proper social accompaniment.

*Ternopil region.* The reserve funds were allocated to purchase coffins for burial of those who died of the

COVID-19 acute respiratory disease caused by the SARS-CoV-2 coronavirus, including: single persons and persons whose bodies their relatives refused to bury, in accordance with the approved List of urgent (priority) actions to mitigate the regional natural biomedical emergency. This List has not been analysed because the text on the website is not accessible.<sup>63</sup>

*Kherson region.* The regional administration approved the Program of Response to the Coronavirus Acute Respiratory Disease caused by SARS-CoV-2, which aims to implement priority measures to curb the spread of COVID-19 in Kherson region; to diagnose and provide timely medical care to patients. This program contains important support measures for healthcare workers. In particular, free transportation of healthcare workers to healthcare facilities; accommodation of medical workers that provide care to COVID-19 patients; meals for in-patients and medical staff providing care to COVID-19 patients; signing contracts between health insurance companies and healthcare facilities for insurance of medical staff involved in combating COVID-19.<sup>64</sup>

*Kyiv City.* The city budget was redistributed and additional payments were envisaged to healthcare workers (from 1,000 UAH for technical staff to 4,000 UAH for doctors), social workers (2,000 UAH) and purchasing food packages for single older people.<sup>65</sup>

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

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

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

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

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

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

65. 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>

### 3.3

## Gender analysis of structural subdivisions of the agencies that ensure the protection of the population in the context of the COVID-19 pandemic (including dedicated temporary commissions, committees, work groups at the level of RSAs and ATCs)

### Regional state administrations

The key agency for coordinating government actions to prevent the spread of the COVID-19 pandemic in Ukraine is the Anti-Crisis Headquarters for responding to COVID-19 Acute Respiratory Disease Caused by Coronavirus SARS-CoV-2. This Anti-Crisis Headquarters were established by Decree No. 03 of the Cabinet of Ministers of Ukraine of 03 February 2020.<sup>66</sup> The document does not contain the mandate of this agency, but it does lay down the 2020 National Action Plan for Anti-Epidemic Measures to prevent the spread in Ukraine of COVID-19 acute respiratory disease, caused by the SARS-CoV-2. The staff of the headquarters includes representatives of almost all key ministries and agencies involved in response to this situation, except for the Ministry of Social Policy, the Parliamentary Commissioner for Human Rights, the Government Commissioner for Gender Policy, the Government Commissioner for the Rights of Persons with Disabilities and the Presidential Commissioner, which resulted in lack of inclusion of the needs of women and men, especially from vulnerable groups, in developing of the above-mentioned Plan. Gender composition of the Headquarter is noteworthy: of 33 members where there are only six women. Three of them were included by virtue of their positions while three others – by consent.

The Presidential Decree No. 88/2020 of 16 March 2020 “On Coordination Council on countering the spread of COVID-19”<sup>67</sup> established the Advisory Unit under the President of Ukraine with the main task to monitor the situation and develop proposals for the implementation of effective counteraction measures against the spread of COVID-19 in Ukraine.

The mandate of the Coordination Council is not wide-ranging and includes only two points:

- to routinely obtain information, documents and materials from state authorities and local government, enterprises, institutions, organizations;
- to arrange meetings of members of ministries, other central and local executive authorities, heads of state-owned enterprises, institutions and organizations to hear information on matters within competence of the Council.

The analysis of the Coordination Council’s composition indicates the risks of not taking into account the socio-economic needs of boys and girls, women and men, as well as human rights when developing measures to curb the spread of the coronavirus disease in Ukraine. In particular, neither education sector, nor national human rights mechanisms and the economic sector is represented. The gender composition of the Coordinating Council is also noteworthy – there is only one woman among 17 members.

The analysis of the composition of the respective headquarters, commissions or expert groups created under the regional state administrations indicates lack of focus on issues of gender equality and social protection of the population in the context of restrictive measures. Thus, out of 25 analysed administrative-territorial units, none of them included gender advisers, 9 did not include the Department of Social Protection (Dnipro, Ivano-Frankivsk, Kherson, Rivne, Sumy, Vinnytsia, Volyn, Zakarpattia, Zaporizhzhia) in the composition of

66. 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>

67. Ukraine, Decree of the President of Ukraine No. 88/2020 “On Anti-COVID-19 Coordination Council” (amended) of 16 March 2020 and 17 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/88/2020>

such bodies and 12 of them did not include the Department of Education and Science (Dnipro, Ivano-Frankivsk, Kharkiv, Kherson, Kirovohrad (renamed to Kropyvnytskyi), the city of Kyiv, Poltava, Rivne, Vinnytsia, Zakarpattia, Zaporizhzhia, Zhytomyr and the city of Kyiv).

There are regions with several dedicated bodies: working group on prevention of the spread of COVID-19 in the territory of Dnipropetrovsk region and expert working group on supervision of anti-coronavirus measures under regional state administration and regional council), Ivano-Frankivsk (Temporary Regional Anti-Epidemic Commission, Regional Emergency Response Headquarter and Information and Analysis Centre for Rapid Response and Counteracting Coronavirus Infection (COVID-19), Kyiv region (Temporary Anti-Epidemic Commission and Operational Headquarter to prevent cases and curb the spread of disease caused by the novel coronavirus 2019-nCoV within the Kyiv region), Kirovohrad region (region capital renamed to Kropyvnytskyi) (Operational Headquarters to curb the spread of Acute Respiratory Disease COVID-19 caused by coronavirus SARS-CoV-2 within the region territory, Evacuation Commission and Regional Commission on Technogenic and Environmental Safety and Emergencies), Sumy region (Temporary Anti-Epidemic Commission and Regional Interagency Operational Headquarter on Counteracting Coronavirus SARS-CoV-2), Kharkiv region (Coordination Council on Countering COVID-19 Acute Respiratory Disease and Emergency Response Headquarters), Zakarpattia region (Temporary Anti-Epidemic Commission and Regional Commission on Technogenic-Environmental Safety and Emergencies), Zaporizhzhia region (Regional Anti-Crisis Headquarters on Combating Coronavirus Infection COVID-19 and Regional Emergency Response Headquarters), Chernihiv, Chernivtsi, Kherson, Kyiv City, Lviv, Mykolaiv, Odesa, Rivne and Ternopil regions have created one emergency response body in each region. Some regions abolished such bodies by revoking the respective resolutions (Zhytomyr, Luhansk, Sumy). At the time of the study there was no information on the RSA website regarding set-up of any agency in Donetsk region.

With regard to the gender composition of these bodies, in most cases gender parity was not maintained – on average, women constitute about 20% of the total agency composition.

### Amalgamated Territorial Communities

The data were collected through the analysis of information from open sources and by means of short phone interviews with ATC heads in 28 amalgamated territorial communities in Chernivtsi, Sumy, Volyn, Kherson, Donetsk, Luhansk and Zaporizhzhia regions. The regions were selected taking into account project activities and the partnership network of UN Women in Ukraine. The data were collected between 06 and 08 April 2020 in the communities of Sumy (n=3), Volyn (n=3), Chernivtsi (n=3) and Kherson (n=4) regions, between 22 and 24 April – in the communities of Donetsk (n=4), Luhansk (n=6) and Zaporizhzhia (n=5) regions.

### Gender composition of anti-coronavirus operative response headquarters in the communities

To minimize risks of COVID-19 for the period of quarantine set by the Cabinet of Ministers of Ukraine, the communities took the decisions to establish the bodies to prevent COVID-19. The most common institutional mechanism for coordination and prevention of the spread of coronavirus is operative response headquarters and temporary anti-epidemic commissions for preventing of the transfer and spread of acute respiratory disease caused by SARS-CoV-2. Some communities did not create dedicated bodies: in such cases supervision and coordination of COVID-19 prevention and response measures is done by the heads of communities.

The analysis has shown that in two thirds of cases such anti-coronavirus bodies are headed by men (they are generally heads of the ATCs or their deputies.) However, in most communities, the gender composition of the COVID-19 response bodies is close to parity. This is due to the fact that these bodies include employees of the executive bodies of councils, institutions and organizations operating in communities. Moreover, this gender distribution corresponds to the current composition of local councils, where women make up an average of 40-60% of councillors (depending on the community).



The analysis has demonstrated that none of the headquarters include gender experts, and members of such bodies generally lack required knowledge on gender policy. This is due to objective reasons, including: low capacity of human resources in small communities with lack of relevant experts as well as absence of gender consultative-advisory bodies or their low activity in the communities where they are in place. There is no mechanism of interaction between the dedicated commissions, operational headquarters on prevention of the spread of COVID-19 and women's NGOs and representatives of vulnerable groups. However, there are some positive examples, such as Vyzhnytsia community in Chernivtsi region.

Despite having the existing good practices at their disposal, most ATCs do not collect data disaggregated by sex, age, state of health and other socio-demographic profile, do not conduct gender analysis of needs at the stages of development, implementation and assessment of measures and decisions aimed to providing basic social services for women and men, especially from vulnerable groups.

Consequently, needs of vulnerable groups, such as women's access to urgent reproductive services (preterm delivery, termination of pregnancy, contraception and other urgent conditions), access to care services for minor children, elderly parents or family members with disabilities for mothers and fathers who provide care of such persons and have to work during the quarantine situation, as well as access to services on protection against domestic and gender-based violence are not primary focus of such commissions and headquarters.

#### Changes in work schedule of the village/settlement Councils, their subdivisions and municipal services for the period of quarantine. Restrictive measures within communities

All analysed ATCs have changed their work schedules by introducing remote work and online services.

During quarantine, village councils' staff work remotely or have flexible hours (22 communities out

of 28). Categories of employees that work remotely include women with school age and preschool age children, workers with chronic illnesses, and those caring for elderly or sick family members. At the same time, certain categories of employees are to continue work as usual, using PPE. Only some categories of employees took leave, including unpaid leaves, employees of cultural institutions, preschool childcare facilities, etc. among them.

Importantly, most communities promptly responded to the need for urgent decisions. Extraordinary sessions of local councils were held in most of them. Predominantly, those were closed sessions without public participation, but part of communities held remote meetings. Others held sessions in a regular way observing all necessary social distancing requirements and with the use of PPE. Such sessions were held before stricter quarantine measures were enacted. At the same time, some ATCs did not hold sessions with public participation or other community-based events.

Meetings with community members are also held remotely and mostly by appointment via e-mail or phone (by sphere of inquiry). All information is posted on community websites. There are administrative service centres (ASC) functioning in all ATCs to provide administrative services as defined by the Cabinet of Ministers of Ukraine for the period of quarantine.<sup>68</sup>

In some communities, meetings with individual members of public are limited and are usually held to handle urgent issues. According to the resolution of the Cabinet of Ministers of Ukraine No. 211 of 11 March 2020 "On prevention of the spread on the territory of Ukraine of acute respiratory disease COVID-19, caused by coronavirus SARS-CoV-2" all local communities have adopted relevant resolutions on restrictive measures within the communities (see Annex.) In particular, restrictions apply to the operation of markets and shops (except groceries and household stores), beauty salons, saunas, bath-houses, beauty and massage rooms; stay in public places without PPE, moving in a group of more than two persons; presence of unaccompanied persons

68. Ukraine, Cabinet of Ministers, Resolution No. 211 "On amendments to Resolution No. 211 of 11 March 2020 issued by the Cabinet of Ministers of Ukraine" of 20 March 2020. Available at: <https://zakon.rada.gov.ua/laws/show/242-2020-%D0%BF>

under the age of 14 in public places; visiting parks, squares, recreation areas, sports grounds; work of business entities, which entails access of visitors (restaurants, shopping malls); visits to institutions that provide social services (palliative care, social protection), etc.

Along with the above steps, some communities have applied other restrictive measures. Thus, on 28 March 2020, in the territory of Luhansk and Donetsk regions, by the decision of the Environmental Protection Headquarters in accordance with the Special Procedure a so-called “red” regime was introduced, which restricts free movement and will remain in force until cancelled by a separate order of the Environmental Protection Headquarters. A special pass is needed to cross the line of the Joint Forces Operation which can be obtained through an online application at RSA web portal. At the same time, in order to prevent the deterioration of the economic situation in the region, it is possible for business entities to carry out logistics operations, namely export/import of finished products, equipment, raw materials, movement of specialists providing engineering or other services, without a special permit upon the provision of relevant contractual documents, Bill of Lading/Goods Dispatch Note for cargo or delivery of services/works.

### Challenges

Most ATCs have reviewed their budgets to allocate funds for measures to prevent and respond to COVID-19 disease cases.

The common pressing problem is the decrease of local budget revenues due to decreased business income of individual entrepreneurs and legal entities, tax breaks and relief measures for lease of land and rent of premises. Possible solutions can include the possibility of instalments granted by the Treasury, obtaining loans for wages and salaries and protected budget items and cuts on certain budget expenditures (there is a risk this will lead to underfunding of the social sector).

The following challenges that ATCs face were revealed:

- rise in price level and shortage of PPE/ sanitizers, medication;
- closure of kindergartens, transition to distance learning – for parents who continue to work;
- loss of income opportunities – for private entrepreneurs;
- absence of transportation, in particular lack of transport – which led to inability of individuals with chronic diseases to regularly visit doctors and healthcare institutions;
- lack of PPE – for community members and doctors;
- increase in mental and emotional tension in people’s lives due to financial problems, job loss, quarantine, escalation of domestic violence, etc.

### Positive practices

Despite the challenges caused by COVID-19, the analysis found a number of positive practices of how vulnerable groups of women and men can be supported:

- The staff of the territorial centre provide assistance to vulnerable populations in paying utilities; home deliveries of medication and food; awareness raising on compliance with the rules of self-isolation in quarantine.
- Assistance is provided to the community members seeking help (Zvanivka, Donetsk region).
- Hotline is created to assist citizens 80+, older people in need of care, persons with disabilities (Siversk, Donetsk region).
- For the patients in need of haemodialysis, the transportation to hospitals by a village council vehicle was arranged so they could timely undergo procedures (Krasnopillia and Stepanivka ATCs, Sumy region).
- Delivery of food kits to low-income families, single elderly people and other vulnerable groups (under the charity project of the Ministry of Social Policy and the “ATB” chain of grocery stores).
- People from vulnerable categories seek help from neighbours, village councils. There are 4 social workers operating in the community from the district employment centre and partially financed by the community, who help vulnerable people,

provide assistance in yard work and gardening, provide firewood, etc. (Privillia, Luhansk region).

- The village council has compiled a list of vulnerable people, with councillors volunteering to deliver food packages, provided by businesses (“ATB”) (Shulginka ATC, Luhansk region).
- Social mobile groups were created to provide vulnerable populations and older people with food, medicines and basic necessities (Bekhtery ATC, Kherson region).
- So-called “social taxi” service was created in one of the communities to provide transportation support to people with disabilities. Food purchased by educational facilities that was left unused due to quarantine was given away to low-income people (Vyznytsia ATC, Chernivtsi region).
- In some communities landowners pulled together to deliver necessary assistance to vulnerable people (including those with limited mobility) – food, medicines and basic necessities (Ostrykivka ATC, Zaporizhzhia region).
- Transportation of healthcare workers to the hospitals was arranged (Kniahynynok ATC, Volyn region), etc.

### 3.4

## The problem of gender-based domestic violence due to social isolation and quarantine

Social isolation measures have led to an increase in domestic violence. According to the records of the Domestic Violence Hotline provided by NGO “La Strada Ukraine”, 2,051 calls reporting domestic violence were registered in one month of the quarantine (12 March – 12 April 2020), while in February only 1,273 calls were registered. According to Ukrainian Foundation for Public Health, during quarantine the number of calls to daytime crisis centres has increased. Thus, as of early April 2020, the total number of psychological consultations provided to people affected by domestic violence, increased by 35%, compared to the data recorded as of early March 2020.

Data from the Departments of Social Protection of Luhansk and Donetsk regions show an increase in cases of domestic violence due to the introduction of social isolation and quarantine measures, as compared to the same period last year.<sup>69</sup> Thus, 1,069 reports of violence were recorded in Luhansk region in the first quarter of 2020, as compared to 748 in the 1st quarter of 2019. Out of 1,069 cases in the first quarter of 2020, reports were received: from children – 21; from women – 828; from men – 215. In Donetsk region 1,970 reports were recorded

in the first quarter of 2020, as compared to 1,196 reports in the first quarter of 2019. Out of 1,970 cases in the first quarter of 2020, reports were received: from children – 8; from women – 1,758; from men – 204. Rapid analysis 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 in the communities of Donetsk and Luhansk regions, which was conducted by UN Women in Ukraine between 26 March and 2 April 2020, demonstrate an increase of physical and psychological violence in conjunction with the escalation of domestic economic violence during the pandemic. Moreover, the analysis showed an increase in domestic violence against children and older people.

Some victims stated that their access to information is often limited by the controlling behaviour of the abuser and that their relatives and friends are the only channel of communication. Therefore, many victims have limited information on protection against COVID-19 and available services for prevention and response to domestic violence. Victims mention the police as the main anti-domestic violence agency. Data obtained from interviews

69. According to data provided by the departments of social protection of Luhansk and Donetsk regions.

with victims of domestic violence from Donetsk, Luhansk and Zaporizhzhia regions illustrate that in case of the police involvement, perpetrators are usually brought to administrative liability – imposing a fine together with a verbal warning which does not stop domestic violence in future. In the context of lack of shelters for domestic violence victims, restrictive measures against the perpetrators are the only tool to stop domestic violence and ensure the protection of victims' life and health.

### 3.5

## Analysis of the informational support to the population at the level of state ministries and agencies as well as local governments (based on the analysis of websites of ministries, agencies, RSAs and some ATCs)

### The Ministry of Health

The information from the MoH on the situation with COVID-19 and relevant precautionary measures in Ukraine is ample and provided in a timely and systematic manner. All updates, advice and clarifications are published on a dedicated [website](#) as well as circulated via social media. The published information is properly visualized and clearly structured into sections.

At the same time, the available operative data on cases/deaths/recovery published and disseminated by the Ministry are mostly not gender-sensitive. The Ministry provides data disaggregated only in regard to persons who died as a result of complications caused by the COVID-19 disease. At the same time, there is no access to sex and age-disaggregated statistics in a user-friendly format so that it could be possible to analyse and monitor dynamics. Moreover, the website on COVID-19 situation contains only general information on providing assistance to pensioners and people who lost their jobs, but there is no analysis on urgent needs of the most vulnerable populations related to preventive measures against the spread of COVID-19, no analysis of economic impact and potential risks for victims of domestic and gender-based violence in the context of quarantine.

### The Ministry of Social Policy

The Ministry is fully committed to providing information regarding the risks faced by vulnerable groups

According to the Ministry of Social Policy of Ukraine, since 16 March 2020, for nearly a month of lockdown, mobile teams have conducted more than 2,400 telephone and online consultations: more than a half of them (over 55%) related to domestic violence and violence beyond family. More than 20% of online consultations were devoted to informing about quarantine measures to combat COVID-19 and psychological support to the population.

during the pandemic and the related restrictive measures, as well as the steps to be taken to minimize such risks, on its website and on social media pages.

In addition, the Ministry has created a new hashtag theme on Facebook *#Thank you, social workers*. Its purpose is to tell about social workers who, together with healthcare professionals, are at the frontline of response to challenges in the context of the coronavirus infection and who bear special responsibility for the lives and safety of people during quarantine.

The Ministry of Social Policy also launched the informational [online-platform](#) *“Dopomoga Poruch”* (Help is nearby) for providing targeted assistance to vulnerable populations during quarantine. The project brings together efforts of charitable organisations and NGOs, businesses, volunteers, active citizens, public authorities and local self-governments to identify people's needs through hotlines, requests for help and providing them with necessary assistance.

### Regional state administrations

In general, informational support from regional state administrations on the COVID-19 coronavirus situation is unsystematic and unstructured. The most complete information is provided by the website of the Kyiv City State Administration, where all advice, explanations and recommendations are clearly structured into thematic sections on the spread of virus, preventive measures, medical care, etc. As

for local governments, there are only nine regional state administrations (Chernihiv, Dnipropetrovsk, Donetsk, Zaporizhzhia, Kherson, Odessa, Rivne, Sumy and Vinnytsia) which provide information on the pandemic and related restrictive measures on their official websites in dedicated information sections. At the same time, information in these sections is mostly incomplete and is not user-friendly. Moreover, there is no visual information on COVID-19 spread – only two websites of RSAs (Zaporizhzhia and Sumy) out of nine mentioned above, use infographics and video materials of MoH about prevention measures and myths around the virus.

At the same time, most RSA websites (15) publish information on the pandemic and implemented restrictive measures in the general news section focusing on the latest data about number of cases in region, change in work schedule and operation of local authorities in the context of quarantine, level of equipment of local health facilities and anti-epidemic measures.

In general, none of the 24 RSA websites contain clear and detailed information on the risks of vulnerable populations (older people, pregnant women, people with disabilities, people living with HIV/AIDS, Roma, internally displaced persons) in the context of the pandemic, about measures on ensuring regular access of these groups to specific services, as well as advice and protocols in case of infection. Moreover, information on COVID-19 posted on RSA websites is not gender-sensitive and does not include sex-disaggregated data on prevalence rate. Only the Kyiv City State Administration provides the data on the number of infected people at the meetings, on its web-site and through the channel of Vitaliy Klitchko (the mayor of Kyiv) in Telegram. At the same time, the RSA does not provide disaggregated information on economic impacts of the pandemic, on burden of domestic work, etc. Consequently, there is also no systematic information on the procedure for women working in the informal sector who do not have health insurance and social protection, as well as for victims of domestic and gender-based violence in the context of limited access to social services and justice. One of a few positive examples in this regard

is that Kyiv City State Administration has created [virtual platform](#) for emotional support, which allows to receive individual consultation from a professional psychologist and coach on emotional intellect.

### Amalgamated Territorial Communities

In general, informational support from surveyed ATCs on the COVID-19 coronavirus situation is mostly limited and unsystematic. Thus, out of 28 ATCs only 3 placed a dedicated informational block on their websites containing a list of official information resources, government regulations concerning combating COVID-19 in Ukraine, infographic developed by the Ministry of Health with advice on how to prevent getting infected and how to act if symptoms appear. Five of the assessed communities did not publish any information on their websites regarding the pandemic and related restrictive measures. Most pilot communities publish unsystematic and unstructured information on the COVID-19 situation, focusing on operative data about the infected, information on the disinfection measures taken and the procedure for receiving social benefits in the context of quarantine.

In general, the information posted on the 28 ATC websites is gender insensitive and does not contain clear and detailed facts on the risks faced by vulnerable populations, as well as advice on how to act in the context of challenges due to restrictive measures in the pandemic situation. Only some ATCs specify the steps taken to provide support to “groups at risk”, including the unemployed, large families with many children, combatants, older people, entrepreneurs and farmers. At the same time, it should be noted that the websites of 6 ATCs post messages on increased risks of the escalation of domestic violence during quarantine, as well as advice for those affected on what actions to take. Some positive examples in the context of informational support for vulnerable groups are the community of Rubizhne in Luhansk region, which provides information in a convenient format for the visually impaired; and Bilenke ATC in Zaporizhzhia region, which posted tips on the algorithm of actions for people taking insulin.

## 3.6

### Brief conclusions to this Section

Gender analysis of the legislation, of the newly-established dedicated agencies and measures taken by authorities and local self-governments has demonstrated inclusion of some vulnerable groups. However, in developing and adopting steps to prevent the spread of COVID-19 in Ukraine, the requirements of international and national normative commitments of Ukraine on gender equality and human rights are not fully considered. These documents include in particular, the Convention on the Elimination of Discrimination against Women, Beijing platform of action, Sustainable Development Goals, and the Law of Ukraine on Ensuring Equal Rights and Opportunities for Women and Men of 8 September 2005, etc. Inefficiency of the mechanism of gender analysis of draft legislation in line with the requirements of the law, has led to a lack of gender mainstreaming in the crisis situation, which causes worsening of the situation of women, especially from vulnerable groups.

Data disaggregated by sex, age, and other socio-demographic characteristics and gender-specific data were not used in analysing the needs of vulnerable groups. Some decisions therefore lead to denial of access to basic services for such categories as people in need of residential care homes for the elderly, facilities for children from poor families in difficult life situations, due to legal gaps (the Law of Ukraine “On social services” is not supported by the Methodology for the calculation of monthly average joint household income).

Structural subdivisions of the agencies that ensure the protection of the population in the context of COVID-19 pandemic at the central level, as well as dedicated temporary commissions, committees, working groups at the level of RSAs and ATCs are not always gender balanced, which reflects representation of women at a decision-making level.

These bodies also do not always include representatives of gender consultative-advisory councils, gender experts and/or gender advisers. The analysis showed that none of the headquarters in the surveyed ATCs include gender experts, and members

of such bodies generally lack necessary knowledge on gender policy. This is due to such objective factors as insufficient level of human resources in small communities and lack of relevant experts. There is also lack of interaction mechanism between the established commissions, operative response headquarters for prevention of the spread of COVID-19 and women’s NGOs and representatives of vulnerable groups. In addition, there is no well-established mechanism for interaction of newly-created dedicated bodies with women’s and human rights NGOs, including representatives of vulnerable groups.

Lack of expert support and cooperation leads, among other things, to the lack of practice in collecting and analysing gender data and does not allow to see the specific needs of vulnerable women and men. Therefore, needs, such as access of women to essential reproductive health services (premature birth, termination of pregnancy, contraception), and services of response to domestic and gender-based violence, childcare services for single parents, that have to work during quarantine; for women and men that are single caregivers for children or family members with disabilities, remain out of focus of operational response bodies.

It should be noted that most ATCs have reviewed their budgets to allocate funds for measures to prevent and respond to the COVID-19 disease cases. Common problems for all communities are a decrease in local budget revenues due to reduced incomes from business of individuals and legal entities, tax breaks and relief for rent of premises and lease of land. ATCs have faced new challenges in their work: providing newly required assistance to women and men with chronic diseases; addressing needs of different vulnerable groups in decision making, which was not the case before; addressing urgent public issues without holding council sessions; arranging transportation to workplace for health and social workers, placing lonely elderly person in residential care facilities; lack of protection system for doctors; seeking additional resources for operating at checkpoints.

# 4.

THE ANALYSIS OF FINDINGS  
OF THE SURVEY AMONG WOMEN  
AND MEN CONCERNING THE IMPACT  
OF PREVENTIVE MEASURES TO  
CURB THE SPREAD OF COVID-19



## Characteristics of those surveyed

Between 1 and 7 April 2020 3,310 female respondents and 528 male respondents 18+ who live in all regions of Ukraine, in different types of settlements, and have access to the Internet were surveyed by means of online method based on self-selection (through open invitation to participate). Online method of collecting data is chosen in view of the rapid nature of the research and in line with the guidelines of the European Society of Marketing Research Professionals (ESOMAR) on social distancing requirements in the context of COVID-19 of 24 March 2020. The limitations of this method of research are a certain inconsistency of characteristics of those interviewed with the socio-demographic structure of the population in regions, first of all by age (a shift towards young and middle age) and educational level (a shift towards respondents with higher level of education).

### Women surveyed (n=3,310)

**By regions:** 20.8% of female respondents represent western Ukraine (Volyn, Rivne, Ivano-Frankivsk, Ternopil, Zakarpattia, Chernivtsi regions), 21.1% – central regions (Vinnytsia, Khmelnytsky, Kirovohrad, Cherkasy, Poltava), 15.3% – northern regions (Kyiv, Chernihiv, Sumy, Zhytomyr), 14.3% – eastern regions (Kharkiv, Dnipropetrovsk, Zaporizhzhia), 16.0% – Donbass (controlled by the territories of Luhansk and Donetsk regions), 12.6% – southern regions (Mykolaiv, Odesa, Kherson).

**By age:** a share of women aged 18-35 is 44.7%, 36-50 – 42.5%, 51+ – 12.7%. Average age of respondents – 38.

**By settlement type:** 31.4% of the interviewed women live in a regional centre or in the city of Kyiv, 17% – in a city with a population over 100 thousand, 19.5% – in a city with a population up to 100 thousand, 9.9% – in an urban-type settlement and 22.2% – in a village. The total share of urban population (cities and urban-type settlements, according to the classification of the State Statistics Service) is 77.8%, rural population – 22.2%.

**By education:** 74.8% of the respondents have completed higher education.

**By marital status and children:** 19.3% are single, without a partner; 66.8% are married, living with a partner; 1.8% still legally married but separated; 9.2% divorced, 2.9% – widowed. 32.4% women have one child under the age of 18, 18% – two children of that age, 3.4% – three and more children of that age. Among the mothers surveyed, 19% have children under the age of 3, 31% have children aged 4-7, 30% – aged 8-12; 20% have children over 13.

### Men surveyed (n=528)

**By age:** a share of men aged 18-35 is 42.4%, 36-50 – 37.7%, 51+ – 19.9%. Average age of respondents – 39.7.

**By regions:** 31.3% of respondents represent the western region, 25% – the central region, 15.3% – the north, 9.7% – the east, 8.1% represent Donbas (Government-controlled areas (GCA) of Luhansk and Donetsk regions), 10.6% – the south.

**By settlement type:** 40.3% of the interviewed men live in a regional capital or in the city of Kyiv, 16.5% – in a city with a population over 100 thousand, 15.7% – in a city with a population up to 100 thousand, 8.5% – in an urban-type settlement and 18.9% – in a village. The total share of urban population (cities and urban-type settlements) among interviewed men is 81%, rural population – 18.9%.

**By education:** 66.3% have completed higher education.

**By marital status and children:** 22.4% are single, without a partner; 56.9% are married, living with a partner; 2.1% still legally married but separated; 6.5% divorced, 0.9% – widowed. 29.5% men have one child under the age of 18, 14% – two children of that age, 2.8% – three and more children of that age.

By means of semi-structured phone interviews the survey was conducted with 77 women from 7 regions (Volyn, Donetsk, Zaporizhzhia, Luhansk, Sumy, Kherson and Chernivtsi) – vulnerable women and those facing multiple forms of discrimination. These groups are represented by: women veterans; women raising children alone; women living with



HIV/AIDS; women with disabilities and/or chronic diseases; Roma women; older women (65+); self-employed women; women taking care of family members with disabilities; others. Recruiting female

informants is done based on informed consent under the partnership agreements of UN Women, with additional disaggregation by region and settlement type.

## 4.1

### Awareness on COVID-19 (based on the online questionnaire)

Timely and accessible information is an important component of the emergency response system of state authorities and local self-governments. The set of questions concerned self-assessment of awareness on COVID-19 and main sources of information on the current situation.

Awareness on the situation with the spread of COVID-19 in the country, region and settlement was defined through self-assessment on a scale from 1 to 5, where 1 – I know virtually nothing, 5 – I know a lot. Average awareness level of women on the situation in the country is 3.8, in the region – 3.5, in the settlement – 3.3. (Table. 4.1.1)

**TABLE 4.1.1.**  
Self-assessed average awareness level of the interviewed women regarding the spread of COVID-19 on a scale from 1 to 5 (where 1 – “Know virtually nothing”, 5 – “Know a lot”), n=3310

	Average value
How would you rate your awareness on COVID-19 in the country?	3.76
How would you rate your awareness on COVID-19 in your region?	3.50
How would you rate your awareness on COVID-19 in your settlement?	3.31

**TABLE 4.1.2.**  
Self-assessed average awareness level of the interviewed men regarding the spread of COVID-19 on a scale from 1 to 5 (where 1 – “Know virtually nothing”, 5 – “Know a lot”), n=528

	Average value
How would you rate your awareness on COVID-19 in the country?	3.89
How would you rate your awareness on COVID-19 in your region?	3.58
How would you rate your awareness on COVID-19 in your settlement?	3.37

Among the men surveyed, self-assessed awareness is *somewhat* higher. It should be noted that this is not about *de-facto* awareness, but the subjective assessment of it. (Table 4.1.2)

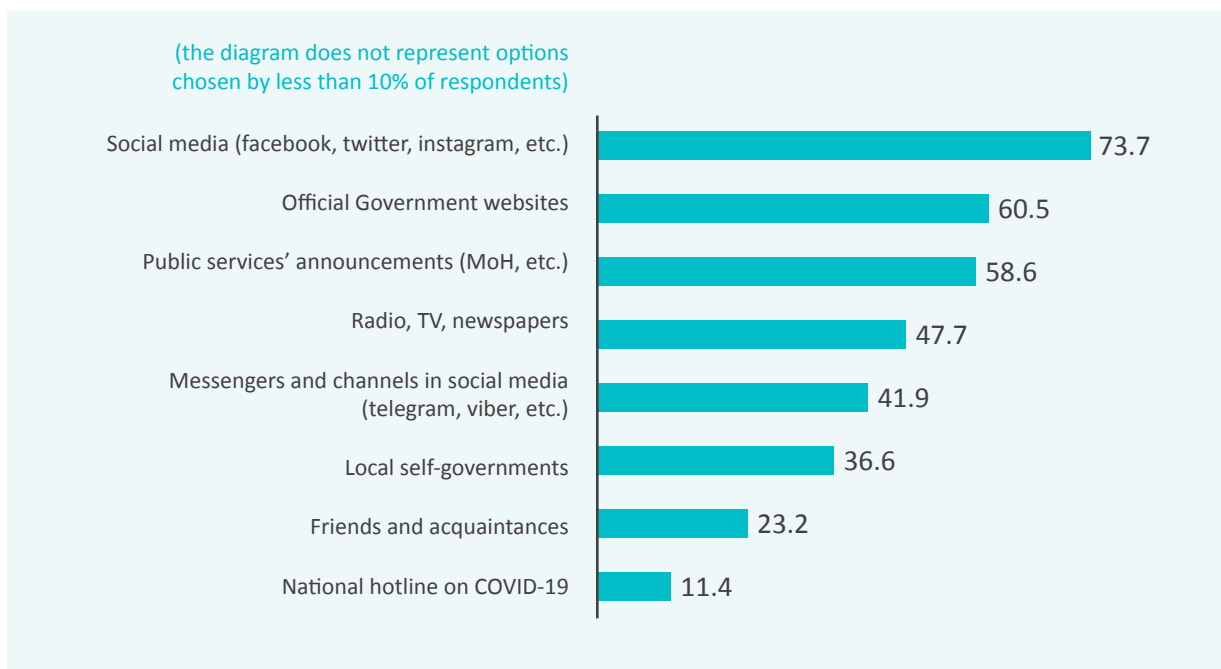
subjective and objective awareness of other respondent groups (primarily rural women and men aged 65+) might be lower.

We believe that the shift towards fairly high awareness of both women and men might be due to the specificity of online survey that covered respondents who use the Internet and social media, through which the recruiting was done. Therefore, both

Main sources of information on the current situation for almost two thirds of surveyed women are social media. At the same time, more than half of those interviewed indicated official websites and reports as such sources. (Fig. 4.1.1)

FIGURE 4.1.1.

**Distribution of answers of women to Question “What is your main source of information regarding COVID-19 in Ukraine (risks, recommended action, etc.)?”, %**



At the same time, there are some discrepancies regarding channels of receiving information between female respondents living in urban and rural areas. Thus, official Government websites are a source of information regarding COVID-19 for 54.8% interviewed female residents of villages and for 62.2% residents of cities, while TV, radio and newspapers – for 59.5% vs 44.3% respectively. Local self-governments are a more common source of information in rural areas (43.1% vs 34.8% in cities). More often, rural women interviewed

mention family doctor as a source of information – in 15.4% versus 8.4% among urban women.

The survey shows some gender differences in channels for receiving information on COVID-19. Thus, female respondents are more oriented to official channels, such as official government websites (60.5%) and public service announcements, such as the MoH (58.6%), as compared to men (51.5 vs 50.2 % respectively).

## 4.2

### **Access to resources and services during preventive measures. Protection level (based on the online questionnaire)**

As a result of restrictive measures introduced to curb the spread of infection, many women and men experience multiple problems in everyday life in access to essential resources, goods and services.

The set of questions concerned problems of access to food and health supplies, to health and social services, as well as changes in household income from various activities, pensions and other social benefits.

#### **Access to health items and hygiene and sanitary supplies**

Most respondents (78.9%) indicated that as a result of COVID-19 in Ukraine they have faced difficulties with purchasing health supplies, masks and gloves. Every fifth female respondent (20.4%) faced difficulties with buying hygiene and sanitary products (soap, cleaning supplies, personal hygiene products, etc.)

Difficulties with buying/access to health supplies, buying masks and gloves were more often faced by female respondents living in the city of Kyiv (86.2%). Women from Donbas (24.3%) *somewhat* more often indicated that they were unable to purchase hygiene and sanitary products.

#### Access to goods and services

17.2% women surveyed were not able to seek or access social services for themselves or their family members. 10.7% respondents had to wait longer than usual for medical help and 6.2% women were denied health care service for themselves or a family member. In addition, 8.9% women complained that they were unable to buy food and 4.8% women complained about restricted water supply or access to drinking water in the context of COVID-19 in the country. Problems with water supply and/or access to drinking water were experienced somewhat more by female respondents living in Donbas (7.5%) and

the southern part of the country (7.4%) compared to 4.8% among all interviewed women.

Of all women surveyed, 8.9% said they were unable to buy food, and 17.2% reported having difficulties in accessing social services. These problems are somewhat more acute for women living in Donbas (11.1 and 26.0% respectively), as well as for women who have three or more children under 18 (15.3 and 32.4% respectively).

More than half of women (60.2%) who participated in the online survey have experienced restrictions in using public transport. These restrictions were *somewhat* more likely to cause difficulties for women in Kyiv (66.2%), as well as for women living in rural areas (64.9%).

Findings of the online survey show that difficulties, limitations and inconveniences of the interviewed men and women in the situation of COVID-19 in Ukraine are similar. (Table 4.2.1)

**TABLE 4.2.1.**  
**Distribution of answers to Question “As a result of COVID-19 in Ukraine, what kind of difficulties have you personally experienced?”, % (n<sup>women</sup>=3,310, n<sup>men</sup>=528)**

	Women	Men
Difficulties with buying/access to health supplies, masks, gloves, etc.	78.9	77.8
Restrictions on using public transport	60.2	62.7
Unable to buy hygiene and sanitary products (soap, cleaning supplies, personal hygiene products, etc.)	20.4	24.2
Unable to seek and receive social services for myself and/or my family members	17.2	20.6
Longer than usual wait times to visit doctors/seek medical care	10.7	12.5
Unable to buy groceries	8.9	11.6
Denial of medical care to myself or a family member	6.2	6.3
Problems with water supply and/or access to drinking water	4.8	4.4

#### Fears and concerns about job loss

Fears and concerns about job loss since the spread of COVID-19 in Ukraine have been experienced by 42.8% of the interviewed women. These fears are equally prevalent in all age groups of women. However, these concerns are somewhat more prevalent among urban women respondents (43.1%) than rural women (38.3%).

42.8% of women referred to their fears about loss of their businesses or income sources due to the spread of COVID-19 in Ukraine. These fears are also more common for women living in cities (45.4%) than for women living in rural areas (33.5%).

FIGURE 4.2.1.

Distribution of answers to Question “Since the spread of COVID-19 in Ukraine, have you experienced worries/fears/concerns/anxiety related to...?”, % (n<sup>women</sup>=3,310, n<sup>men</sup>=528, % of those, who answered “yes”)

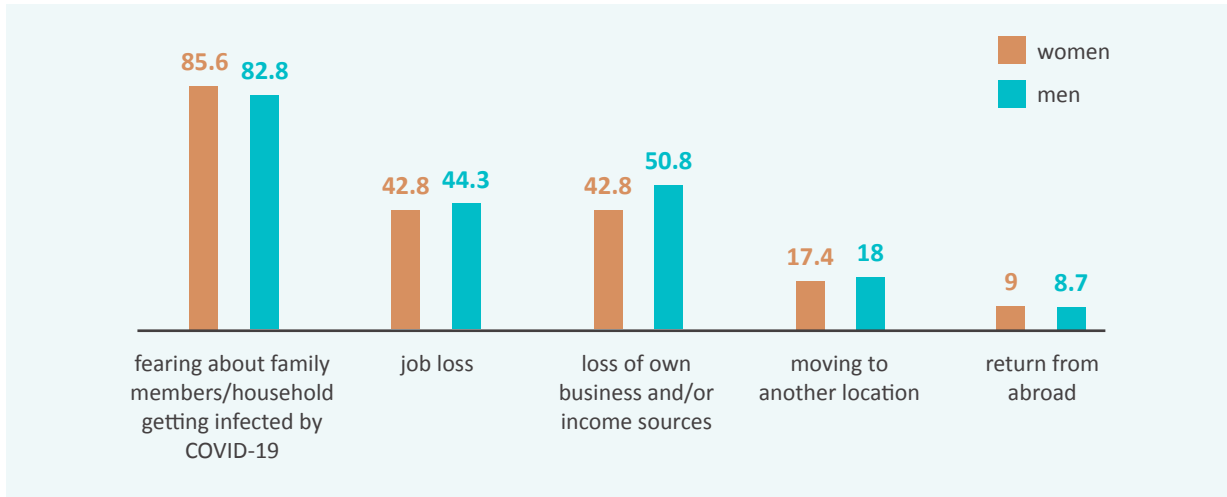
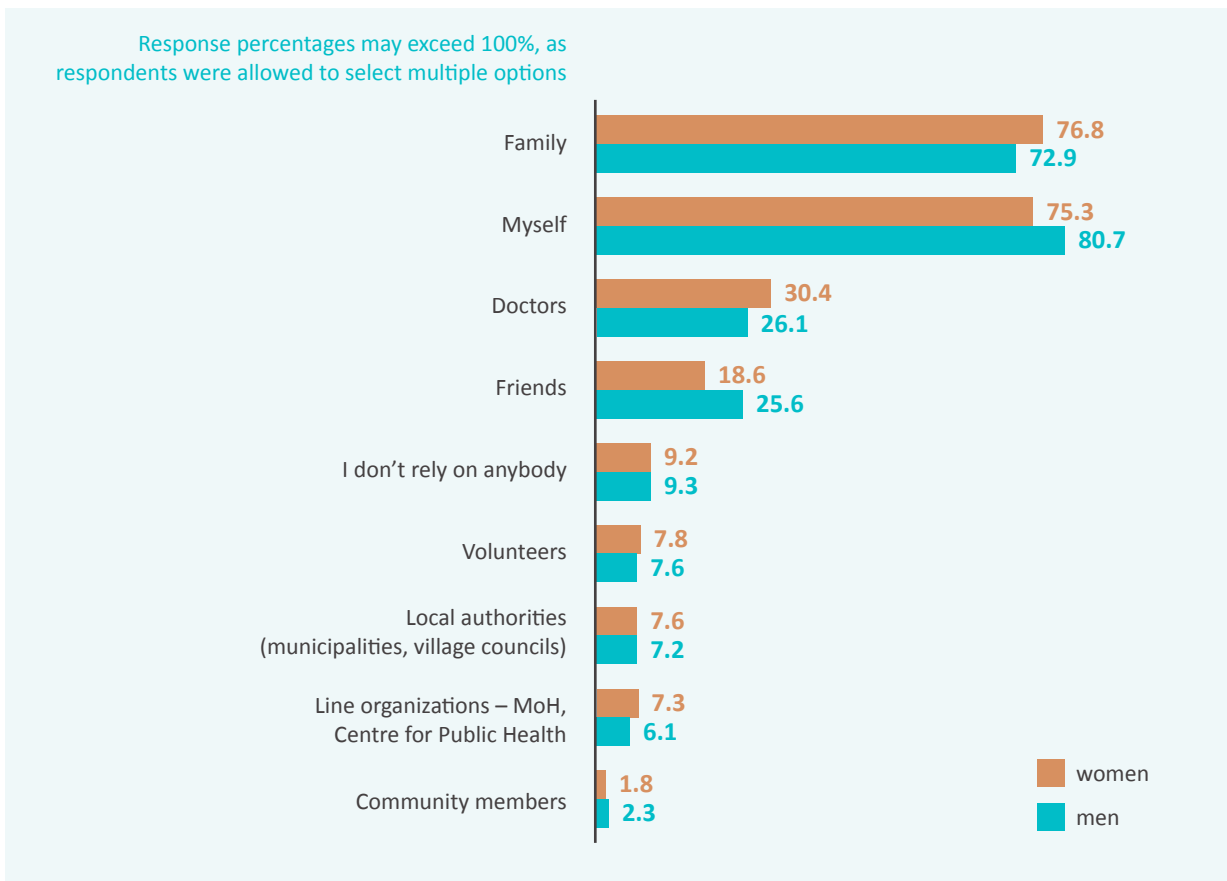


FIGURE 4.2.2.

Distribution of answers to Question “In the current situation, whose support do you mainly rely on?”, % (n<sup>women</sup>=3,310, n<sup>men</sup>=528)



Worries and fears of men and women in the context of COVID-19 are similar, but male respondents are slightly more concerned about the potential loss of their own businesses or income sources (50.8%) compared to female respondents (42.8%). (Fig. 4.2.1).

In the context of COVID-19 in Ukraine, interviewed women in the first place rely on family (75.8%)

### 4.3

## Economic implications of preventive measures. Employment analysis (based on the online questionnaire)

Gender inequality in labour market (e.g. concentration of women in low-paid sectors, gender pay gap), lower pensions for older women, poverty feminization, high poverty of families with children (particularly single mothers) make women more vulnerable in the context of challenges in employment and business activity, that are caused by restrictive measures in due to COVID-19.

The questions of the online survey concerned the employment status of respondents before COVID-19, how this status has changed in the context of restrictive measures, anticipated changes in earnings and their financial situation, and whether PPE is accessible to women and who provides to those employed in health care, social welfare, food trade, etc.

### Assessment of changes in employment and incomes

Prior to COVID-19 50% of women participants of the online survey worked as hired employees in public or municipal sector and 15.7% in – private sector. 11.6% of women had own businesses or were self-employed and 2.7% of them had employees (among them, only 4.4% of women have had unregistered businesses). 11.9% of women surveyed did not work – students, retired women, women looking for a job or women not working due to illness, trauma or/and disability.<sup>70</sup>

and self (75.3%), in the second place – on doctors (30,4%) and in the third place – on friends (18.6%). (Fig. 4.2.2) This priority order is also typical of men, but men are more likely to rely on themselves (80.7%) than on their family (72.9%) and more on friends comparing to women (25.5 and 18.6% respectively).

44,6% of female respondents in answering Question “As a result of COVID-19, has the number of hours devoted to paid work changed?” specified that their workload in hours remained unchanged, and these were mostly respondents working in the public sector (53,2%). One in five women surveyed indicated that the number of their work hours decreased (20.5%) – those are mainly women who own a business and hire employees (41.1%). 16.5% of women specified that the number of hours at work increased.

5.6% of women said they were sent on unpaid leave by their employer. This is especially true for women who worked in privately-owned businesses or in the private sector (15.4%). This percentage is close to the results of a poll conducted by the Kiev International Institute of Sociology in the first part of April 2020: 5% of those surveyed (women and men) indicated that they were sent on unpaid leave.<sup>71</sup>

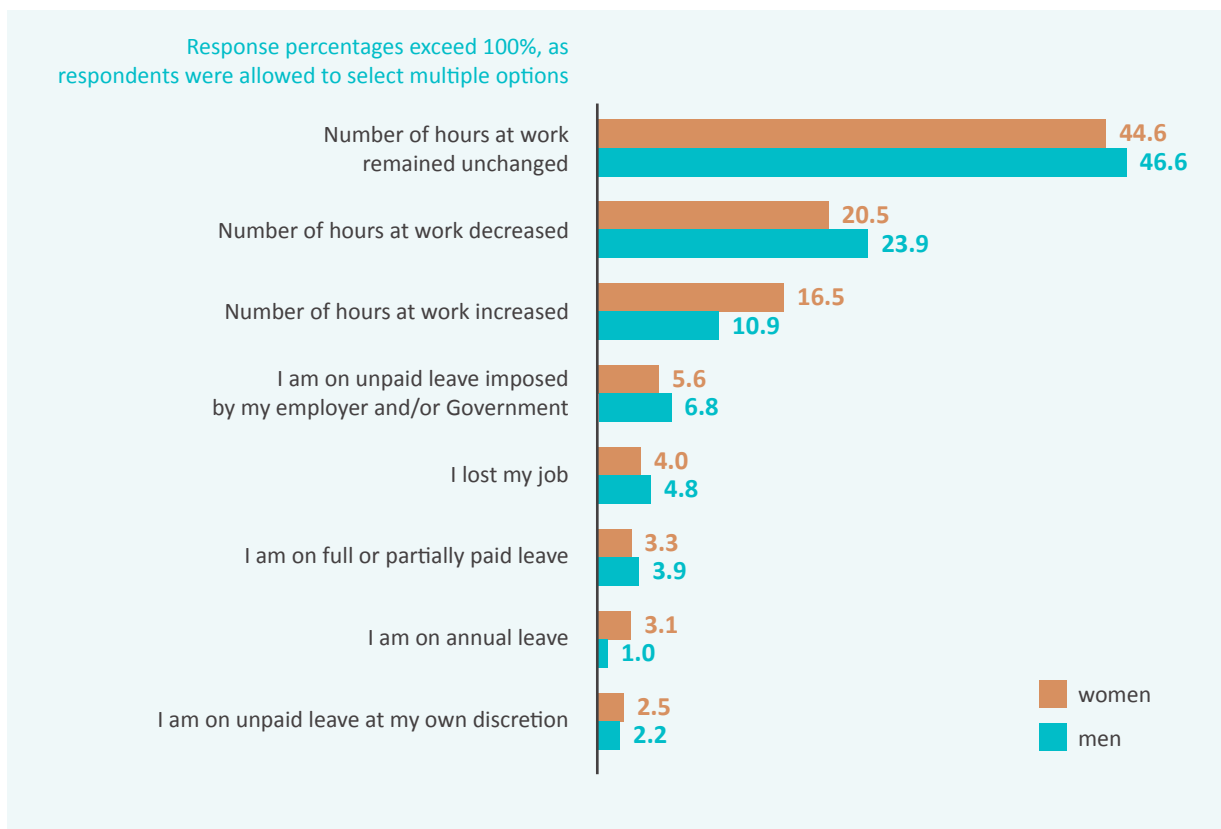
4% of female respondents reported that they had lost their jobs since the spread of COVID-19 in Ukraine; these were mostly self-employed women (16.7%) and women who owned a business (11.7%); they are also women with children (16.7%). No significant gender differences were found in these changes, except for the position of “increase in the number of working hours”, which is more often mentioned by women (this issue requires further research) (Fig. 4.3.1).

70. The analysis of employment status does not include those respondents who chose the option “other”, so the response percentages do not make up 100%.

71. Kyiv International Institute of Sociology. Assessment of the success of the government and the public response to the coronavirus epidemic and political events in the country, 14 April 2020. Available at: <https://www.kiis.com.ua/?lang=ukr&cat=reports&id=930&page=1>

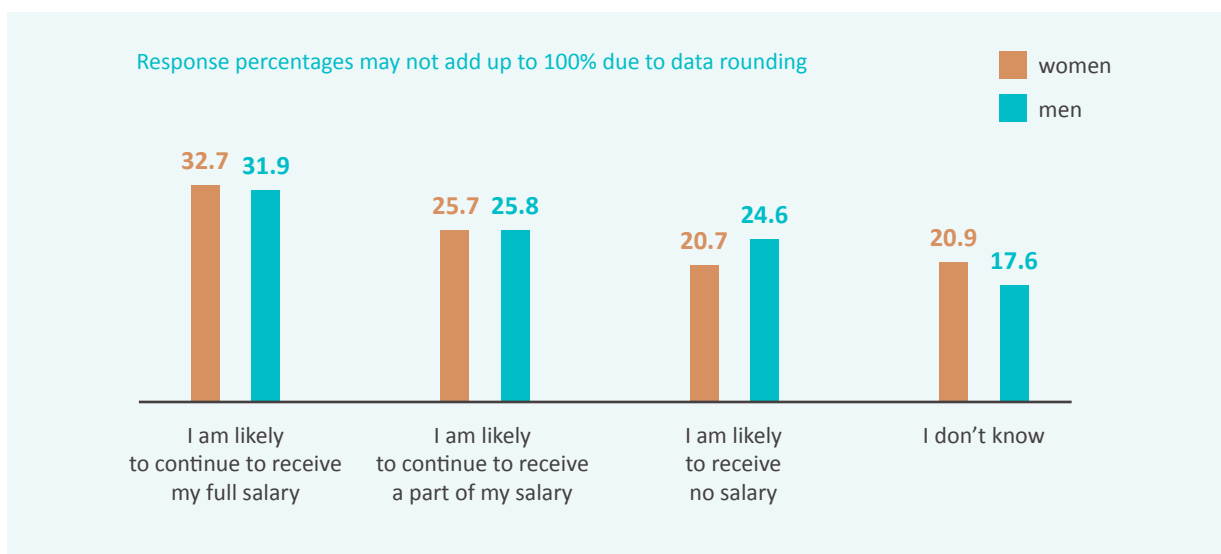
**FIGURE 4.3.1.**

**Distribution of answers to Question “Since the spread of COVID-19, has the number of hours devoted to paid work changed?”, % (n<sup>women</sup>= 2,560, n<sup>men</sup>= 414)**



**FIGURE 4.3.2.**

**Distribution of answers of respondents to Question “If restrictive measures continue, what would most likely happen to your earnings?”, % (n<sup>women</sup>=2,560, n<sup>men</sup>=414)**



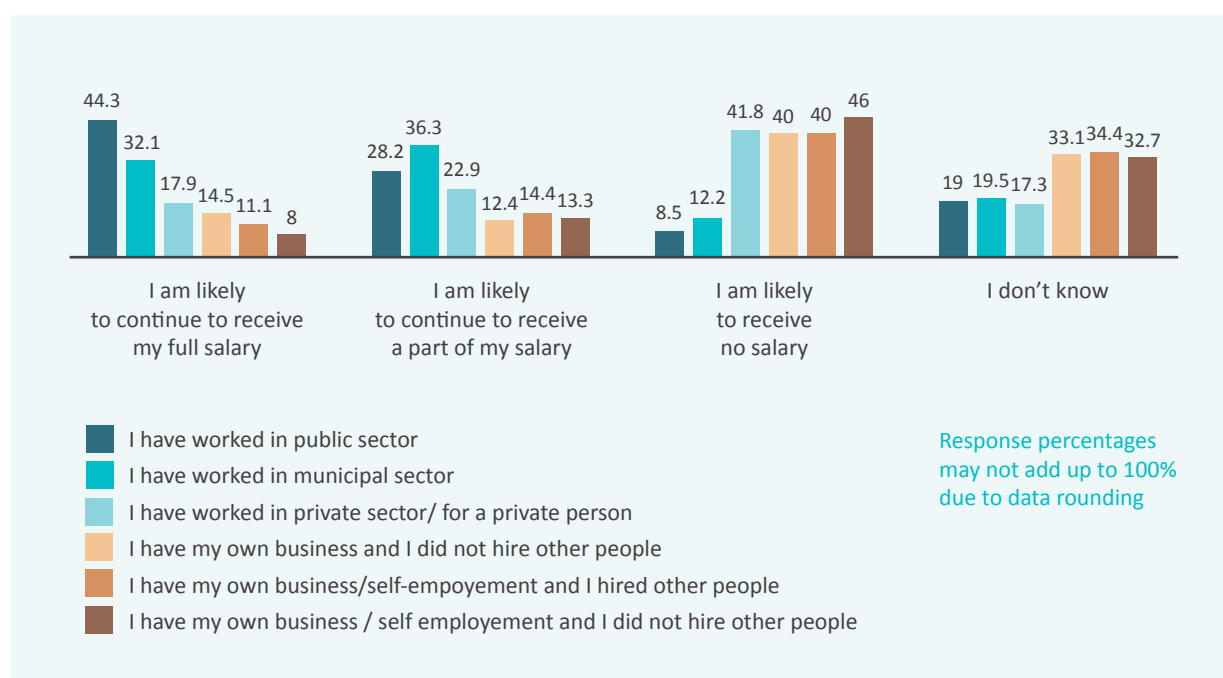
The share of young men aged 18-35 years (45.2%) is higher in the age groups that are uncertain about earnings, compared to the share of middle-aged men (27.4%) and older men (27.4%), and among the female respondents uncertain about earnings the highest is the share of women aged 36-50 (47.2%), compared with young women (39.1%) and senior women (13.7%).

The assessment by women of the likelihood of their earnings staying on the same level depends to some extent on the sector and form of ownership of the institutions and organizations where they work. 44.3% of women working in the public sector and

32.1% of women working in the municipal sector have higher confidence in their earnings staying on the same level, unlike female respondents, 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.

Female respondents who own a business and are self-employed are four times more likely than women employed in the public and municipal sectors to say that they may lose their earnings. Similar dynamics is observed with self-employed women. (See Fig. 4.3.3)

**FIGURE 4.3.3.** Distribution of answers of working women to Question “If restrictive measures continue, what would most likely to happen to your earnings?”, by employment sector, % (n=2,560)



It was also found that confidence of the surveyed urban women regarding getting full pay was lower than the expectations of rural women. (See Fig. 4.3.4)

**Likely strategies to support financial situation in case if COVID-19 related restrictive measures continue**

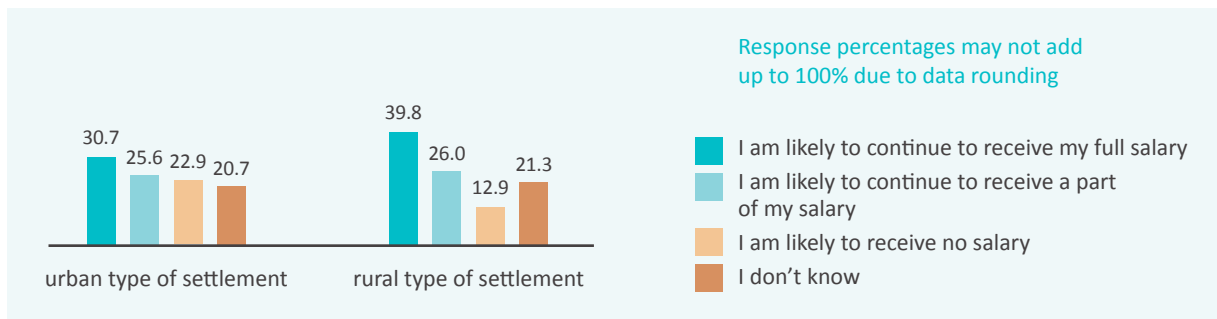
If COVID-19 related temporary restrictive measures continue in Ukraine, in general, 81.8% of women interviewed think that they will have to save on

food to some extent (54.1% – “Yes”, 27.1% – “To some extent”).

77.4% of women surveyed said there was a high likelihood of difficulties in paying rent and utilities, more often mentioned by older women (82.8%); women with two children (80.6%), or three and more children under the age of 17 (83.5%), and women living in Donbas (86%).

**FIGURE 4.3.4.**

**Distribution of answers of working women to Question “If restrictive measures continue, what would most likely happen to your earnings?” by settlement type, where the respondent lives, % (n=2,560)**



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 two (85.1%) or three 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%). 74% of women are going to use

existing savings if restrictive measures related to the COVID-19 continue.

Less than half of women surveyed (44.1%) believe that their financial situation will remain unchanged.

43.4% of women are going to seek help from relatives and friends and only 23.8% will seek help from local authorities to support their financial situation. (Table. 4.3.1)

**TABLE 4.3.1.**

**Assessment by female respondents of likely strategies to support financial situation in case if COVID-19 related restrictive measures continue in Ukraine, %**

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

	No	Most likely	To some extent
I will have to save on food (n <sup>women</sup> =3,151)	18.2	54.1	27.7
		81.8	
It would be difficult for me and my family to pay for rent and utilities (n <sup>women</sup> =3,120)	22.6	49.5	27.9
		77.4	
It would be difficult for me and my family to keep up with basic expenses (food, hygiene products, etc.) (n <sup>women</sup> =3,131)	23.2	44.0	32.8
		76.8	
I will use existing savings (n <sup>women</sup> =3,079)	26.0	46.9	27.1
		74	
I will have to reduce health services (n <sup>women</sup> =3,045)	32.0	37.9	30.1
		68	
It will remain unchanged (n <sup>women</sup> =2,882)	55.9	14.6	29.5
		44.1	
I will have to seek help from relatives and friends (n <sup>women</sup> =3,021)	56.6	20.3	23.1
		43.4	
I will have to seek help from the local authorities (n <sup>women</sup> =2,975)	76.1	7.8	16.0
		23.8	



Interviewed men are somewhat 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. (Table. 4.3.2) Similar data were obtained as a result of a representative poll conducted by Rating Group in the first half of April 2020: 85% women and 77% men specified that they had started to save money since the beginning of the quarantine.<sup>72</sup>

**TABLE 4.3.2.**

**Assessment by male respondents of likely strategies to support financial situation in case if 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 to happen to your financial situation in a month's time?")*

	No	Most likely	To some extent
I will have to save on food (n <sup>men</sup> =505)	27.7	44.2	28.1
		72.3	
It would be difficult for me and my family to pay rent and utilities (n <sup>men</sup> =503)	34.6	40.6	24.9
		65.5	
It would be difficult for me and my family to keep up with basic expenses (food, hygiene products, etc.) (n <sup>men</sup> =505)	29.7	34.9	35.4
		70.3	
I will use existing savings (n <sup>men</sup> =501)	21.2	50.7	28.1
		78.8	
I will have to reduce health services (n <sup>men</sup> =495)	39.4	33.9	26.7
		60.6	
It will remain unchanged (n <sup>men</sup> =485)	52.2	18.1	29.7
		47.8	
I will have to seek help from relatives and friends (n <sup>men</sup> =495)	60.6	18.8	20.6
		39.4	
I will have to seek help from the local authorities (n <sup>men</sup> =488)	76.4	10.7	12.9
		23.6	

A comparative analysis of answers of women and men to likely financial support strategies if restrictive

measures related to COVID-19 continue is provided in Table 4.3.3.

72. Rating Group Ukraine, Ukraine on quarantine: Monitoring of public attitudes, 14 April 2020. Available at: <http://ratinggroup.ua/ru/research/ukraine/7ffb32fbac0ba2a21713d0a9f2c5d5.html>

**TABLE 4.3.3.**

**Assessment by the interviewed women and men of likely strategies of financial support if restrictive measures related to COVID-19 continue in Ukraine, %**

(distribution of answers to question “If restrictive measures related to the spread of COVID-19 continue, what would most likely happen to your financial situation in a month’s time?”, response percentages may not add up to 100% due to data rounding)

	“Most likely” + “To some extent”		“No”	
	Women	Men	Women	Men
I will have to save on food	81.8	72.3	18.2	27.7
It would be difficult for me and my family to pay rent and utilities	77.4	65.5	22.6	34.6
It would be difficult for me and my family to keep up with basic expenses (food, hygiene products, etc.)	76.8	70.3	23.2	29.7
I will use existing savings	74	78.8	26.0	21.2
I will have to reduce health services	68	60.6	32.0	39.4
There will be no change	44.1	47.8	55.9	52.2
I will have to seek help from relatives and friends	43.4	39.4	56.6	60.6
I will have to seek help from the local authorities	23.8	23.6	76.1	76.4

**Assessment of impact on household resources**

Next question was about the impact of the situation on household resources. 35.6% of women surveyed reported a decrease in income from paid work, 19.5% of women refer to a decrease in income or

earnings from family businesses. (Table. 4.3.4) No gendered specificities were identified in the distribution of answers to this question: men’s views are close to those of women.

**TABLE 4.3.4.**

**Assessment by interviewed women of the impact of COVID-19 in Ukraine on household resources, % (N women=3,310)**

(answers of female respondents to Question “As a result of COVID-19 in Ukraine, how have the following household resources been affected? ”, Response percentages may not add up to 100% due to data rounding)

	Increased	Decreased	Unchanged	Not an income/ source
Income/earnings from a paid job	1.4	35.6	46.5	16.6
Pensions and other social payments	2.1	2.9	27.9	67.1
Income/earnings from family business	0.8	19.5	7.4	72.2
Income/earnings from farming	0.3	9.1	9.5	81.1
Income from selling products from farming, raising cattle or fishing	3.1	8.5	18.7	69.6
Support from family/friends (money, food, etc.)	3.8	9.2	14.5	72.5
Money transfers received from people living abroad	1.0	4.8	7.0	87.2
Government support (cash or in kind)	1.7	2.4	8.1	87.9
Support/Charity from NGOs or other organizations	2.2	2.1	5.5	90.2

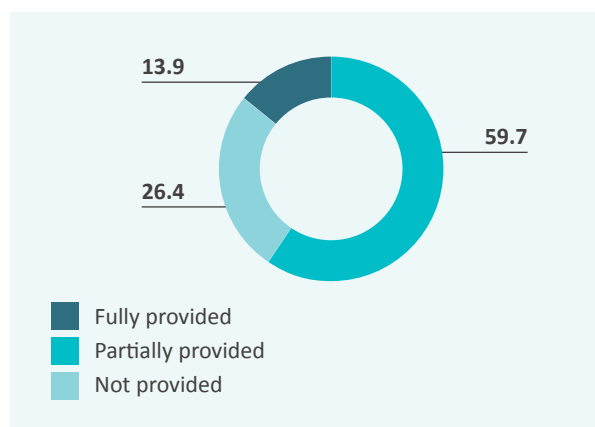
Only 5.4% of women interviewed, since the COVID-19 spread, have received support from Government, local authorities, NGOs, 4.8% of women surveyed received health supplies (gloves, masks, sanitizers, etc.) and 0.6% women received both food and health supplies. Answers of men were almost identical.

**The situation of women-frontline workers engaged in services related to the high risk of COVID-19 infection due to their professional responsibilities**

A separate set of questions concerned women-frontline workers engaged in so called critical sector, including jobs linked to the high risk of COVID-19 infection due to their professional responsibilities. They are mainly women who provide health and social services, work in trade, transportation, in law enforcement and judiciary. In total, 28.4% (n = 940) women among those surveyed work in such fields. Among them, 7.7% of women are healthcare professionals – doctors, nurses, etc.; 92.3% – working in other sectors.

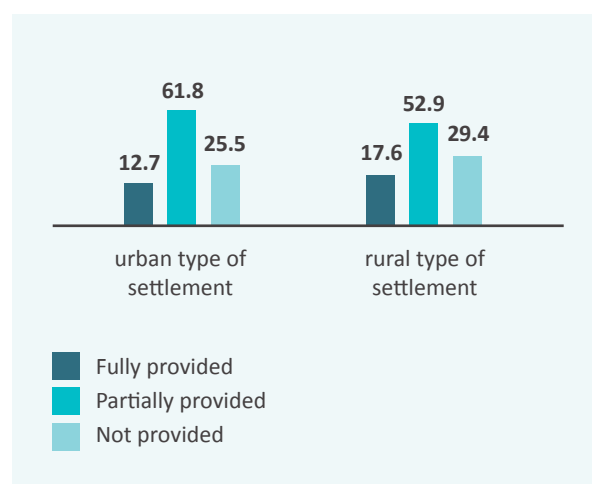
Only 13.9% of women who participated in the survey and work in healthcare said they were fully provided with PPE (masks, gloves, etc.). 59.7% of female respondents who work as doctors, nurses or paramedics, are only partially being provided and 26.4% of female respondents are not being provided with protective equipment at all. (Fig. 4.3.5)

**FIGURE 4.3.5.**  
The degree to which female respondents – healthcare professionals are provided with personal/professional protective equipment (masks, gloves, protective clothing, etc.) at the workplace, % (n =72)



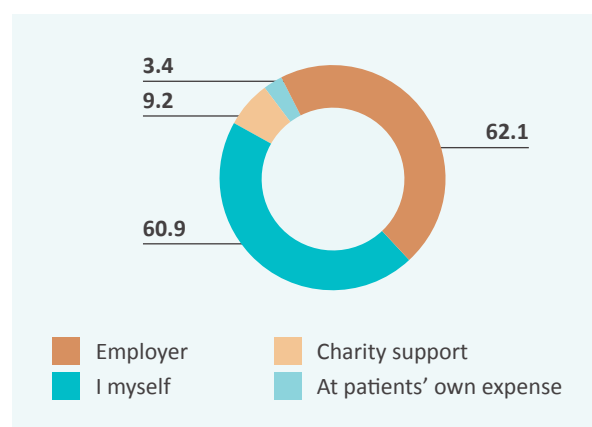
The survey identified that the degree to which surveyed women-healthcare professionals are provided with protective equipment depends on the type of settlement: this degree is somewhat higher in cities. (Fig. 4.3.6)

**FIGURE 4.3.6.**  
The degree to which female respondents-healthcare professionals are provided with personal/professional protective equipment (masks, gloves, protective clothing, etc.) at the workplace, depending on the type of settlement, % (n =72)



**FIGURE 4.3.7.**  
Distribution of answers from interviewed female healthcare professionals to question «Who has provided you with PPE (gloves, masks etc.)?», % (n =72)

Response percentages may exceed 100%, as respondents were allowed to select multiple options



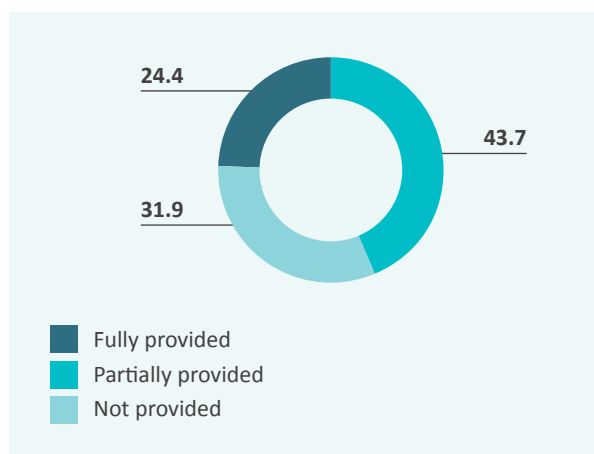
Providing PPE to women working as doctors, nurses or paramedics is almost equally shared initiative of employers and women themselves. (Fig. 4.3.7)

Among women workers in other fields at heightened risk of COVID-19 coronavirus infection, only 24.4% of respondents said that they were fully provided with PPE. 43.7% of female respondents in this group, according to them, are partially provided and 31.9% of female respondents are not provided with protective equipment at all. (See Fig. 4.3.8)

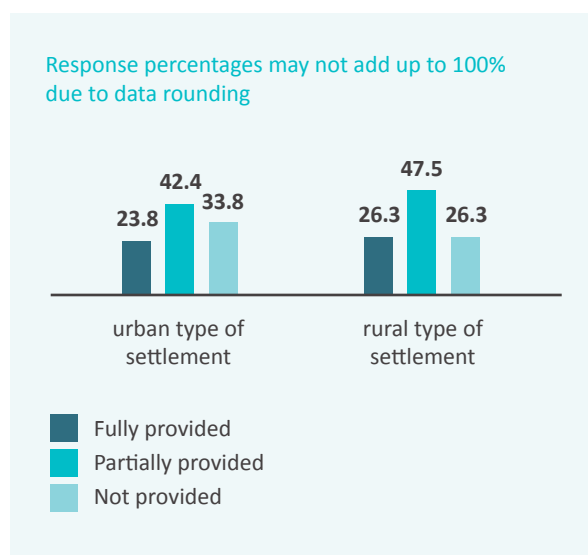
No significant differences in the subjective level of provision of this equipment were found in different types of settlements, although urban residents are somewhat more likely to speak about not being properly equipped. (Fig. 4.3.9)

In most cases (74.5%), women in this group provide themselves with PPE – masks and gloves. Employers provide them with this equipment in a third (35.5%) of cases, and donors in only 5.6% cases (see Fig. 4.3.10). According to the survey, in these sectors of services, employers are more likely to provide women-workers with individual protective equipment in privately owned business (39.3%) compared to state-owned ones (19.3%), municipal (28.6%) and small businesses (19.6%).

**FIGURE 4.3.8.**  
The degree to which female respondents that work in trade, public transport, law enforcement and judiciary, and social service are provided with PPE (masks, gloves, protective clothing, etc.) at the workplace, % (n =868)

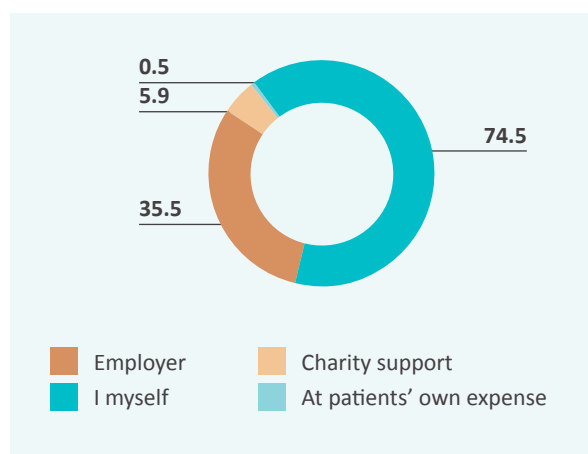


**FIGURE 4.3.9.**  
The degree to which female respondents that work in trade, public transport, law enforcement and judiciary, and social services are provided with PPE (masks, gloves, protective clothing, etc.), at the workplace, % (n =868)



**FIGURE 4.3.10.**  
Distribution of answers from female respondents that work in trade, public transport, law enforcement and judiciary and social services to Question «Who has provided you with PPE (masks, gloves, etc.) at the workplace?», % (n =868)

Response percentages may exceed 100%, as respondents were allowed to select multiple options



## 4.4

### Distribution of gender roles and responsibilities

Care work includes the full range of housework (cooking, cleaning, etc.) as well as caring for children and other family members (the elderly, the sick). Traditionally, most of these responsibilities in Ukrainian families lie on women. As noted in Section 2, according to the results of sociological research conducted prior to the aggravation of the situation with COVID-19, 83% of men and 84% of women believe that the main task of women is to take care of home and family; 52% of the respondents indicated that mainly the woman is responsible for bringing up children in their family and 64% – that the woman does the cooking.

Restrictive COVID-19-related measures have created additional challenges and increased the burden on people with family responsibilities, especially women.

The amount of domestic work has increased in the context of all family members staying at home. Women working from home have to balance paid work, household chores and caring for children who stay at home due to quarantine-related closures of educational institutions. The lack of advanced forms of remote learning for schoolchildren has caused extra challenges first of all for families and women who must assist their children in learning at home.

A set of questions concerned self-assessment of changes in time spent on different types of care work, changes in the distribution of family roles and the participation of other household members in household chores, as well as resources relied on by female respondents working at home and out of home, in caring for preschool age children, and arranging and assisting school age children in remote learning.

More than half of the respondents noted an increase in time, and a significant proportion of women surveyed said that the amount of time they spend on cleaning (63.5%) and cooking (50.5%) has increased. This burden has expectedly increased due to the fact that most family member stay at home for an extended period of time. It can be assumed that time spent on certain activities is depends on presence and number of children under 18 in the family. Thus, among the surveyed mothers of one child, 51.4% reported an increase in time devoted to cooking, among mothers of two children – 61.8%, among mothers of three and more children – 68.5%.

53.3% of respondents noted an increase in time spent on affective and emotional support for adult family members. In the context of traditional distribution of gender roles women are the ones who are expected to provide emotional comfort to family members. Due to the lack of well-developed institutes of mental health assistance and a low culture of seeking such assistance in emergencies, it is mainly women in the families who compensate this gap with their emotional work.

There are also significant differences in the answers of women and men regarding the increase in time spent on different types of care work (Table. 4.4.1, Fig. 4.4.1). Similar data on such discrepancies were also obtained through a representative sociological survey conducted by the sociological group “Rating” between 1 and 2 April 2020: women were more likely to note that since the start of quarantine they have been doing more cleaning, house work and cooking, compared to men.<sup>73</sup>

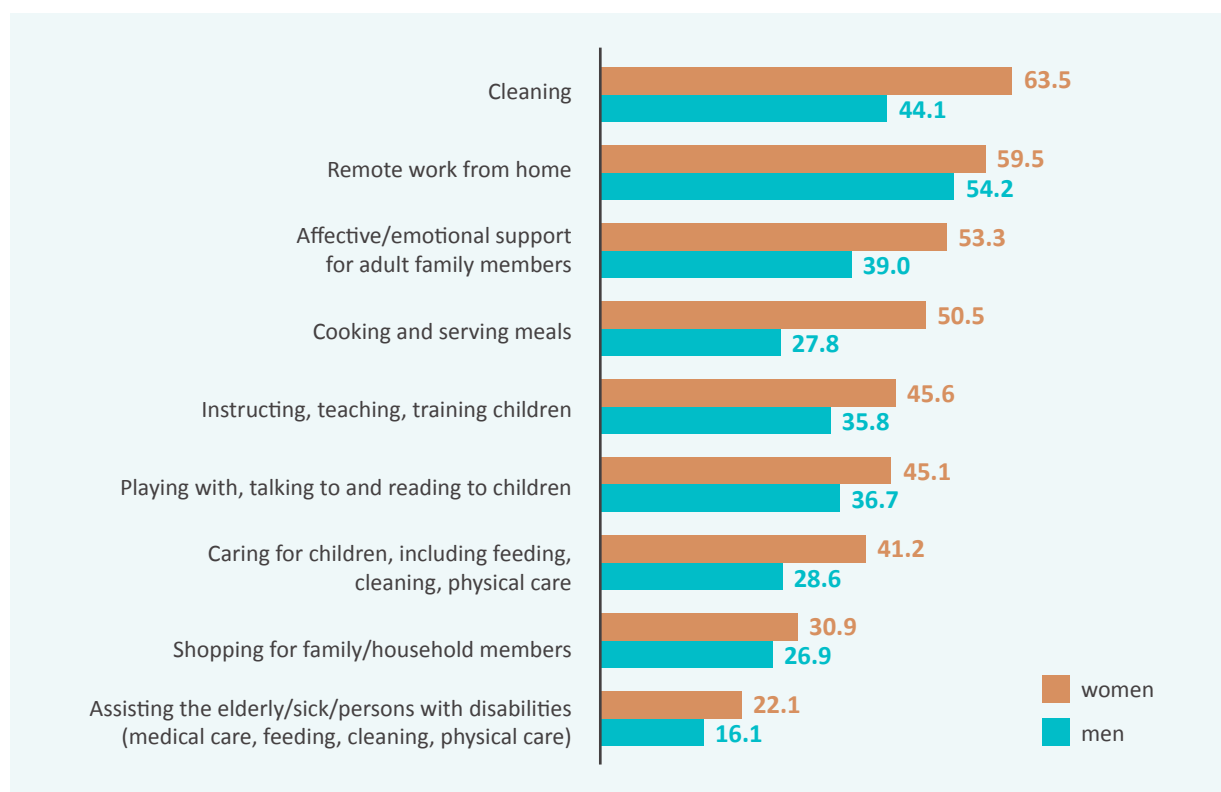
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73. Rating Group Ukraine, Emotions and behaviour of Ukrainians during quarantine: special project, 6 April 2020. Available at: [http://ratinggroup.ua/research/ukraine/emocii\\_i\\_povedenie\\_ukraincev\\_na\\_karantine\\_specialnyy\\_proekt.html](http://ratinggroup.ua/research/ukraine/emocii_i_povedenie_ukraincev_na_karantine_specialnyy_proekt.html)

**FIGURE 4.4.1.**

**Activities with the increased number of hours devoted to them, according to women, %**

(distribution of answers to Question “As a result of COVID-19 in Ukraine, has the number of hours devoted to the following activities changed?” among those respondents, who have selected option “Increased”)



**TABLE 4.4.1.**

**Comparative analysis of distribution of answers from respondents to Question “As a result of COVID-19, has the number of hours devoted to the following activities increased?”, % (n<sup>women</sup>=3310, n<sup>men</sup>=528)**

(response percentages may not add up to 100% due to data rounding)

	I do not usually do it		Increased		Unchanged		Decreased	
	Women	Men	Women	Men	Women	Men	Women	Men
Cooking and serving meals	5.0	22.7	50.5	27.8	42.8	47.7	1.7	1.7
Cleaning	2.6	12.5	63.5	44.1	32.3	41.3	1.6	2.1
Shopping for family/household members	8.1	14	30.9	26.9	41.1	45.1	19.9	14
Playing with, talking to and reading to children	27.4	32.6	45.1	36.7	25.1	27.7	2.5	3.0
Instructing, teaching, training children	29.5	34.3	45.6	35.8	22.8	27.1	2.1	2.8

	I do not usually do it		Increased		Unchanged		Decreased	
	Women	Men	Women	Men	Women	Men	Women	Men
Caring for children, including feeding, cleaning, physical care	31.6	39.6	41.2	28.6	25.4	29.5	1.7	2.3
Assisting the elderly/sick/ persons with disabilities (medical care, feeding, cleaning, physical care)	43.0	44.7	22.1	16.1	32.3	35.6	2.7	3.6
Affective/ emotional support for adult family members	16.9	25.6	53.3	39.0	27.8	33.0	2.0	2.5
Remote work from home	21.5	22.0	59.5	54.2	14.9	19.7	4.1	4.2

While the burden of domestic work and care responsibilities on female respondents has increased, there are some positive shifts as regards 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; 31% specified,

that their daughter/s help them more; 26,9% specified, that their son/s help them more; 24,3% – that other household members help them more. Using services of hired workers is still not typical and has been a rare practice for Ukrainian households both prior to and since the start of restrictive measures related to COVID-19.

**TABLE 4.4.2.**  
**Resources of care for preschool and primary school age children for mothers and fathers working outside the home, %**

*(Distribution of answers to Question: "If you currently work OUTSIDE THE HOME and have PRESCHOOL AGE and/or PRIMARY SCHOOL AGE CHILDREN, who mainly cares for them during COVID-19 quarantine at educational institutions?"; n<sup>mothers</sup> = 672, n<sup>fathers</sup> = 140. Response percentages by column of the table exceed 100%, as respondents were allowed to select multiple options)*

	Women	Men
Partner	36.5	74.3
Former partner (with whom respondents are divorced or separated)	1.3	6.4
(Great-)grandmothers, (Great-)grandfathers	49.3	25.7
Hired workers	2.5	2.9
Neighbours	2.4	2.1
Older children, siblings	28.9	8.6
Other relatives	9.4	7.9

The main source of support for mothers who continue to work in the context of quarantine-related school closures is traditionally help of older relatives – 49.3% of the surveyed women said that (great) grandmothers and (great)grandfathers mainly care for preschool and primary school children while they work outside the home. 36.5% of the respondents

rely on the participation of their partner in caring for the child, 28.9% – for the participation of older children. Gender disparities can also be observed: men are much more likely to rely on the prevailing involvement of the wife/partner in caring for children in situations where they work outside the home. We assume that this is a consequence of a

rather widespread model of gender role distribution in the family, where the role of breadwinner is assigned to men and women are responsible for everyday care of children. (Table. 4.4.2)

The survey shows that mothers who work from home and have preschool and primary school age children face double burden due to balancing paid and care work: 74.4% of respondents from this group said they provided this care mainly by themselves. There were significantly fewer of those – 44.4% among men in this group (n = 162).

Further challenges are created by the lack of advanced forms of remote learning for schoolchildren during the quarantine, which adds excessive hours and increases burden on parents and, most of all, on mothers. 78.9% of female respondents who have school age children said that during this period it was mainly them who was engaged in schooling their children. And the answers of men confirm this trend – in families with schoolchildren women mainly supervise children’s learning during the quarantine. (Table. 4.4.3)

**TABLE 4.4.3.**  
**Resources of care for preschool and primary school age children for mothers and fathers working outside the home, %**

*(Responses of women-mothers and men-fathers of school age children to Question “Which of your family members are **mainly** involved in homeschooling of child/ren during the quarantine (supervision over learning, assistance with homework)?”, % (n<sup>mothers</sup>= 1,395, n<sup>fathers</sup> =195. Response percentages exceed 100%, as respondents were allowed to select multiple answers)*

	Women	Men
Partner (spouse)	14.1	66.7
Ex-partner (if respondents are divorced or separated)	0.6	5.6
(Great-)grandmothers/ (Great-)grandfathers	9.6	9.2
Hired workers	0.6	2.1
Older children	6.7	6.7
Other relatives	1.1	2.6
I on my own	78.9	32.3

### Domestic Violence and Abuse

Numerous studies show that the prevalence of domestic violence increases in times when households are in stressful situations. At the same time, access of victims of violence to justice and social services in the context of measures to combat the spread of infection may be restricted (for example, because of the inability to get to the shelter by public transport, find a safe place – at work, with relatives or friends).

58 women (1.8% of respondents) and 7 men (1.3% respondents) have mentioned that they experienced domestic violence against them or their family or household members since the spread of COVID-19 in Ukraine. Another 4.6% women and 3.8% men

have mentioned that such cases happened to 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 identification of groups that are marginalized and stigmatized need to be studied further.



## 4.5

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

Data were collected through the telephone interview between 28 March and 2 April 2020, using a special guide for a semi-structured interview (see Annex), when women openly expressed their most pressing concerns. In total, 77 interviews were conducted with the following vulnerable groups of women: Women-military 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.); women-entrepreneurs and self-employed women.

Target groups were selected based on their vulnerability prior to the start of restrictive measures in the context of COVID-19, such as dependency on external circumstances, being in need of support, lack of sufficient resources that could carry them through in crisis, in particular sustainable income and savings. The situation of some of these groups of women was particularly dependent on social benefits, social and health services, since women make up more than 2/3 of people in difficult life situations and in need of social services and more than 2/3 of recipients of targeted and cash assistance (as noted in Section 2).

Despite the specific nature of vulnerability, women face common challenges.

#### Common challenges

**Loss of income and lack of resources.** The vast majority of female informants reported that they were most concerned about the loss of job, salary/income or its part. As noted in Section 2, it is largely women who are responsible for addressing everyday problems of families, so they might be the first to feel the loss of financial resources. Online survey also

demonstrated that women are more likely than men to say that if restrictive measures continue, they will have to save on food and will experience difficulties in paying rent and utilities. Therefore, women-heads of households living in extreme poverty are experiencing additional burden (for example, planning a food ration, saving on food, repairing clothes, etc.) The most acute problem for 54% (42 of 77 respondents) among vulnerable women surveyed through phone interview is the lack of financial resources to meet basic needs – purchasing food, medicines, hygiene and sanitary products, and paying utilities:

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*“I understand the need to continue the quarantine, but I totally don’t understand what money to live on.” (Tetiana, 47, single mother, lost her job)*

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**Restricted or, at times, total lack of ability to purchase protective equipment to prevent infection.** This was reported by 78% women surveyed online, and 23 out of 77 of those interviewed by phone. Women say there are no masks, gloves, hand sanitizers in pharmacies. However, the extreme poverty of some groups limits their ability to protect themselves from infection even when such means are available, as their prices have increased significantly:

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*“Financial problem is always acute. Imagine that you have come to the shop in a wheelchair. After leaving the shop you need to clean and disinfect it. For this, you have to have relevant means, and they are quite pricy.” (Liubov, 59)*

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**Concerns, anxiety about health of the close ones.** According to telephone interviews, 52% of women surveyed (or 40 out of 77 respondents) feel constant anxiety, stress and fear for their health, the health of their children and relatives. This is mostly due to the traumatic experiences faced by IDP women, and the fear of women working in the social sector due to lack of adequate PPE.

**Public transport restrictions** 60.2% of women surveyed online indicated that they were affected by restrictions on the use of public transport, and these problems are relevant to rural women (64.9%). Also, in telephone interviews, 26 out of 77 women indicated this problem as acute, since they do not have a vehicle in their households and do not have financial means to use a taxi, unlike those residing in cities. Restrictions in the use of public transport create particular challenges primarily for women living in villages: difficulties in getting to work, to grocery stores and non-food shops to buy personal hygiene items, routine healthcare services (scheduled medical checks and consultations, in particular for women with chronic diseases and pregnant women), etc.

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*“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)*

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**Lack of access to necessary healthcare and social services is a common challenge to different groups of women:**

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

*“Personally, I need a 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 this case.” (Olena, 71, Luhansk region)*

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**Increased burden of household and care work at home.** Online survey has shown an increase in the burden on women in terms of almost all kinds of house and care work in the context of COVID-19, especially in the context of the closures of educational institutions. 13 out of 77 women interviewed

(16%) mentioned this as a problem. A relatively small share of women who reported this problem as relevant, compared to online survey method, is due to the fact that the interview was semi-structured, and the informants could freely voice the most urgent problems, without pre-formulated answer options. Considering risks of increased poverty and restricted access to vital resources, it is likely that this issue seems less relevant to women informants.

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*“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)*

*“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 already increased a lot.” (Olena, health worker)*

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

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**Challenges specific for vulnerable groups**

The interviewing technique focused on the particular challenges faced by vulnerable groups, taking into account the specificity of such vulnerability. Some groups of women represented several groups at the same time and faced multiple forms of discrimination, for example, an IDP woman with many children, an elderly woman with chronic illnesses, a single mother-healthcare worker, and so on.

**Roma women**

Due to the daily practice of discrimination and exclusion, many Roma women become particularly vulnerable in the context of the nationwide quarantine as they don’t have financial resources to buy food, PPE (masks, gloves and sanitizers) and hygiene products; they don’t have adequate access to healthcare services, education and accessible (in Roma language) information on disease prevention protocol in case of suspected coronavirus infection. Most Roma mothers are not able to support

remote learning for their children due to lack of technical capacity (lack of mobile phones, computers and access to the Internet). In addition, some Roma women are illiterate and therefore cannot assist their children with homework and supervise their learning.

The main problem that interviewed Roma women may face due to continuing nationwide quarantine is the lack of vital resources. In the context of the nationwide quarantine Roma women have no opportunities whatsoever to earn money to buy even basic food. One reason is the lack of public transport, which makes usual, everyday survival strategies impossible.

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*“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)*

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Some informants try to survive through barter exchange with residents of nearby settlements.

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*“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)*

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For the vast majority of those surveyed, the main source of income is collecting and selling metal scrap. They are afraid to leave their camp and the settlement where they live, because of fear of being infected with a coronavirus, as they are not able to buy PPE (masks, gloves).

Stigma is another challenge for Roma communities, including women.

One of the informants complained that the villagers considered her and other Roma to be carriers of coronavirus infection and did not allow them to go to the grocery stores and pharmacies located in the village.

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*“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)*

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A particular challenge for women, including for this group, is lack of access to financial social assistance, social benefits. For two of the interviewed Roma women collecting documents for social benefits, for example, those for single mothers, has proved to be an issue since village councils and other authorities are closed for quarantine, and the villagers cannot submit inquiries or applications. They can’t go to the nearest town, as bus connection between cities and villages is suspended.

### Women with disabilities

In addition to the problems common to other women’s groups and problems that were common before the COVID-19, the representatives of this group face additional challenges: lack of access to basic medical and sanitary goods, risks in case of need for medical help, additional risks of infection, etc.

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*“There is a problem with supply of protective means, sanitizers, hygiene products. After 2 weeks of the quarantine, we have finally received 50 masks from an NGO, which we are unable to distribute because the transport is not functioning. And it’s not the authorities that took care of us. Those were entrepreneurs who had made them and provided 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 in diapers and bandages for those bound to bed. People get bedsores. Women need personal hygiene products. In normal times it was easier to solve these problems, and now it is much more complicated.” (Oksana, 59, a disabled woman, Chernivtsi)*

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Women-informants with a visual disability report their anxiety about the additional risk of infection because they move using their hands. In the context of national quarantine women with disabilities experience specific problems and psycho-emotional burden – due to chronic diseases, regardless of age, they belong to the most vulnerable category.

In some cases, women/girls with disabilities experience double or even triple vulnerability. This was also emphasized by Tetiana Barantsova, the Government Commissioner for the Rights of Persons with Disabilities. Women with disabilities have difficulty in protecting themselves from viruses due to weakened immunity; it is impossible to additionally protect themselves, because, for example, when moving in a wheelchair, it is hard to keep your hands protected, even with gloves on.

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*“And you go to the supermarket, well, almost any disabled person with a mobility issue who uses any assistive mobility devices will tell you, you still touch the floor to move, touch the place where the baskets are stacked, that is, you touch a lot more items than people who do not need extra help.” (Victoria, 25, Kyiv)*

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There are additional challenges related to the possible illness and hospitalization of people with disabilities in particular nosology groups:

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*“If a visually impaired person goes to hospital, in this lock-down situation they are left unaccompanied. Our hospitals are not equipped for people like this. You cannot take medications on your own, you have to take somebody’s word for that that you are being given those medications you need, and you cannot use the washroom without assistance. When you can’t talk, you can at least write. Excuse me, I’m going to cry again.” (Oksana, 59, a woman with a disability, Chernivtsi)*

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According to Tetiana Barantsova, the Government Commissioner for the Rights of Persons with Disabilities, the situation is even harder for women living on the contact line. Difficulties are mainly related to limited access to health care and consultations due to transport restrictions. Poor Internet connection and lack of computer equipment do not allow to receive timely information, to keep up-to-date regarding developments related to the prevention of COVID-19, to participate in online meetings organized by civil society organizations and other institutions. The Commissioner also noted that such problems exist for women in rural areas in general, but are particularly acute on the contact line.

The Government Commissioner for the Rights of Persons with Disabilities specifically noted that among the problems that have become more acute during the pandemic was the inability to receive required assistance. This situation is caused by the need to keep social distancing during interaction, and therefore prevents women with visual or hearing impairments, walking impairment, etc. to receive usual help from people (assistance in getting around). The architectural inaccessibility of pharmacies, shops, etc. also remains a problem.

#### Women living with HIV/AIDS and/or diagnosed with chronic diseases

Women with chronic illnesses cannot access required medical services, as well as specialized goods, food items. They have also encountered the problem of **availability of necessary medications** or noted price increases for these. The problem of availability of medications is particularly acute for women who are in constant need of certain medicines because these are not supplied to pharmacies in small towns and villages. This problem exists not only with imported medications but also with those manufactured in Ukraine.

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*“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 special departments of 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)*

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

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A woman living with HIV fears that if quarantine measures continue, she will not be able to attend the syringe exchange station and exchange used syringes for new ones for free, and will not be able to eat properly to maintain low immunity. Women living

with HIV reported specific challenges: their concerns about interrupting ARV therapy, about possible problems with disclosure of status after a long period of stay of household members in a shared space; about impossibility of registration and re-registration of disability groups, certificates, benefits and other necessary healthcare and social services.

#### Internally displaced women (IDP women)

**Women make up 58% of internally displaced persons in Ukraine.**<sup>74</sup> Like other vulnerable groups, IDP women experience increased levels of anxiety and fear, and need psychological support. All women surveyed in this group reported this (n= 18). However, previous traumatic experiences exacerbate this condition: most informants (14 out of 18) **compared the situation with 2014 when they had to leave their homes and move to Ukraine-controlled territory. An increased level of anxiety** due to fear for the future of the close ones: both of those who live with them and those who remained in non-Government controlled territory, primarily their parents, and inability to help them.

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*“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)*

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The particularity of this group is also living in rented accommodation: more than half of the interviewed women live in such dwellings. This creates additional anxiety about the inability to pay rent due to reduced earnings and income. Every other woman indicated that **job loss or partial loss of income makes it impossible to pay rent and utilities.**

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*“My employer has now sent me home to lock-down 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)*

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#### Women-frontline workers engaged in services related to the high risk of infection

Online survey showed that, at the time of the interview workers in the sectors with high risk of infection were, as they say, insufficiently provided with PPE (masks, gloves, sanitizers, etc.).

The situation of healthcare professionals, 82.8% of which are women, is particularly grave (as noted in Section 2). As a reminder, only 13.9% of women who took part in the online survey and worked in healthcare said that they were fully equipped with PPE, with employers covering half the cost and women employees – the other half. Among women working in other sectors with increased risk of infection (social workers, salespersons at grocery stores and pharmacies, etc.), only 24.4% of respondents said that they were fully provided with PPE, with vast majority purchasing PPE at their own cost.

Telephone interviews confirmed these dynamics. Almost all of the informants reported problems with the lack of necessary amount of PPE. In some cases, this can life and health of these women at risk (especially those working as nurses and doctors that contact the infected people). **The need to buy PPE at their own expense puts an additional financial burden** on already limited salary of these workers.

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*“I have been given two masks for the whole period of lock-down, one single-use medical robe, which has already become multi-use and some shoe covers. They told us that, if we needed more, to buy them ourselves. But they forgot to tell us what money to buy them with. I have worked as a nurse for years and my salary is minimal. It’s just as well there is special transport to take us to work.” (Natalia, 46, a nurse, Chernivtsi region)*

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Women in this group are at increased risk of passing infection to their close ones and children. Almost every woman has mentioned this fear.

Particularly acute for the representatives of this group, and especially for single mothers who are

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74. Ukraine, Ministry for Reintegration of the Temporarily Occupied Territories “The Importance of Rights of Women - Internally Displaced Persons”, 4 September 2019. Available at: <https://mtot.gov.ua/vajlivist-prav-jinok-vnutrishno-peremischenih-osib-vpo>

unable to work remotely, is the problem of caring for pre-school and school children in the context of quarantine:

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*"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." (Tetiana, 39, social worker)*

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### Women raising children alone and mothers with many children

Due to the quarantine in educational institutions and lack of childcare resources (*assistance from relatives, inability to get a leave*) many women raising children alone, who have to work outside home, **have to take children to work with them or to seek by themselves other childcare resources** (*relatives, women neighbours, etc.*).

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*"I am raising a 4 year old child alone, 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)*

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Furthermore, as a result of the quarantine measures, low-income and large families have **faced further challenges due to inability to use the services of free meals for children in educational institutions:**

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

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### Women subjected to home violence

Domestic violence situation is exacerbated during quarantine. This is demonstrated by the number of calls to the relevant hotlines. 1.8% of women and 1.3% men surveyed online reported domestic violence against them or their family or household members since the spread of COVID-19 in Ukraine. Another 4.6% women and 3.8% men have mentioned that such cases happened to their friends or neighbours.

Some informants interviewed by phone indicated the **increased numbers of domestic psychological violence**, as well as a fear of **possible physical violence in the future to add to it**.

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*"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)*

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### LGBTIQ women

Restrictive measures in the context of COVID-19 associated with the prolonged stay of family members in a shared space, and increased overall stress, may escalate domestic violence, including psychological abuse, against LGBTIQ persons, especially where there is lack of acceptance of person's sexual orientation and gender identity by the family.

One of LGBTIQ women **became more often humiliated and harassed** by her relatives **because of her sexual orientation**.

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*"They try to forbid me to talk to my girlfriend on the phone, I hide to talk to her because I don't want the child to hear some bad things about me and about my girlfriend. I have to take more yelling and humiliating now." (Hanna, 34)*

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### Servicewomen and women-military veterans

A specific feature of this group is the **concern about the prevalence of COVID-19 in the Armed Forces of Ukraine**. They also worry that the pandemic has

**diverted public attention from resolving the armed conflict** and that Ukraine's patriotic positions will be surrendered. This adds to psychological stress. The servicewomen also encountered the problem of being forced to take a vacation instead of being given an opportunity to work remotely. During the phone interview with servicewomen one of the women veterans expressed her willingness to work to combat the spread of the infection. This should be taken into consideration, including understanding that a vulnerable group is also an agent of change.

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*"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)*

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### Self employed women and women entrepreneurs

The crisis caused by the pandemic will affect all sectors of the economy. The challenges also apply to self-employed women and women entrepreneurs. Researches show that women make up more than 60% of executive positions in legal entities in tourist services, operation of theatres and concert halls, education, hairdressers' and beauty salons— the fields that will lose their revenues first.<sup>75</sup> Women are also the vast majority of self-employed (FOPs) involved in the trade of clothing, footwear, foods, including at markets and informal markets – and during the quarantine these kinds of trade are restricted or suspended. Often, retired women work in this field. Therefore, these restrictions may aggravate their situation.

These risks and challenges were also confirmed by telephone interviews. More than half of women-entrepreneurs had to cease their activities (13 out of 23), another quarter had to use a different form or channel (6 out of 23), but they are losing part of their income, mainly due to inability to sell goods. Rural women reported weak access to the Internet

and lack of computer equipment to find other sales channels. Inability of business owners to pay salaries to employees leads to the situation where they have to pressure them to take unpaid leave or significantly reduce salaries.

Rural women entrepreneurs and farmers indicated an **increase in physical burden due to inability to hire employees:**

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*"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)*

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Landlords still demand rents, they only agree to either a deferral or a partial reduction. Some respondents are worried about the payment of the USC (Unified Social Contribution) for the period of restrictive measures (although abolished for the period from 1 March to 30 April 2020).<sup>76</sup> One of the respondents expressed concern that despite the adopted relief measures, penalties would be charged for non-payment of the USC, which may indicate a lack of confidence in the government's decisions. Entrepreneurs are concerned about how to continue their business after quarantine ends in view of the loss of customers and decreased purchasing power of the population.

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75. Ukrainian Centre of Public data, Women and men in leadership positions in Ukraine. Statistical analysis of business registration data, 2017. Available at: <https://socialdata.org.ua/edrpou-gender/>

76. Ukraine, 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, <https://zakon.rada.gov.ua/laws/show/533-20>

**TABLE 4.5.1.**  
**Problems faced by vulnerable women (n=77)**

Problems	Number of those affected, N	Number of those affected, %
Loss of income and part of income (including loss of income of working pensioners)	42	54
Lack of PPE (masks, gloves, hand sanitizers)	23	30
Lack of access to basic needs: food, medicines, sanitizers	18	23
Restricted movement due to lack of transport connection	26	33
Increased burden (house work, care for children and elderly parents)	13	16
Increased workload	3	4
Rise in domestic violence due to staying at home	4	5
Lack of money to pay rent	2	3
Restricted access to healthcare facilities	10	13
Inability to buy non-food items	7	9
Non-compliance with COVID-19 requirements by other community members (no mask, no distancing in groceries, visiting parks, children's and sports playgrounds)	11	14
Mental problems – fears, depression, stress	40	52

**TABLE 4.5.2.**  
**Problems that vulnerable women may face (n=77)**

Problems	Number of those affected, N	Number of those affected, %
Worsening financial situation	22	29
Worsening health	19	24
Lack of resources to keep up with basic expenses (food, medicines, utilities, hygiene products)	16	21
Risk of increased unemployment	11	14

## 4.6 Brief conclusions to this Section

### Information

Timely and accessible information is an important component of the emergency response system of state authorities and local self-governments. Awareness of both women and men interviewed on the current COVID-19 situation is quite high. This is expected in the context of the specifics of the online survey that covers Internet users. Main sources of information on the current situation for almost two thirds of surveyed women are social media. At the same time, more than half of those interviewed indicated official websites and reports as such

sources. Female respondents were somewhat more oriented on official channels, such as official government websites and public service announcements, compared to men.

Lack of reliable, accessible and high-quality information can adversely affect the behaviour patterns of different groups of women and men in emergency situations, including safeguarding against getting infected, the need to comply with the quarantine measures, myths about treatment and infection



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

### Access to goods and services

Difficulties, restrictions and inconveniences in access to food, health supplies, healthcare and social services in the context of restrictive measures in Ukraine related to COVID-19 are similar for both women and men interviewed. 78% of women surveyed online, as well as 23 of 77 those interviewed by phone, mentioned restrictions or, in some cases, complete lack of availability of means of protection. Women say there are no masks, gloves, hand sanitizers in pharmacies. However, the extreme poverty of some groups limits their ability to protect themselves from infection even when such means are available, as their prices have increased significantly. 60.2% of women surveyed online indicated that they were affected by restrictions on using public transport, and more frequently these problems were relevant to rural women interviewed (64.9%). In telephone interviews, 26 out of 77 women indicated this problem as acute, since they do not have a vehicle in their households and do not have financial means to use taxi, unlike those residing in cities. Restrictions in the use of public transport create particular challenges primarily for women living in villages: difficulties in getting to workplaces, in access to grocery stores and non-food shops to buy personal hygiene items, in receiving timely healthcare services, etc.

### Multiple discrimination of women

The situation of women facing multiple discrimination is extremely difficult. The problems they face on a regular basis (access to services, poor financial situation, restrictions on movement, stigma, etc.) have aggravated in the crisis situation. Some vulnerable women (such as women with disabilities, women with chronic illnesses and HIV) cannot access necessary healthcare services (such as regular check-ups), as well as specialized goods, food, and they risk interrupting needed therapy, etc. High risk of deterioration of health, especially for women

with disabilities, women with diagnosed chronic diseases, elderly women (65+) due to inability to visit specialized doctors or to undergo regular medical examination, also due to restrictions of transport connection. Several women with disabilities and women with children with disabilities during phone interview noted that they had to renew their status during the quarantine period, but there is no such possibility. This situation can lead to the suspension of payments, which is the basis of their income. In addition to the worsening financial crisis and problems with obtaining personal documentation, Roma women have faced stigma and discrimination in their communities (they are not allowed to pharmacies and grocery stores).

### Support and coping strategies

**1** Projective strategies to support financial situation in case if COVID-19 related restrictive measures continue are different between men and women. Men are less likely than women to say that they might have to start saving on food, that it would be difficult to pay rent or utilities and to cover basic expenses. This may indicate a lesser degree of their involvement in addressing everyday concerns of the household or a lesser degree of financial anxiety and uncertainty in the context of COVID-19 in Ukraine.

**2** Online survey also demonstrated that women are more likely than men to say that if restrictive measures continue, they will have to save on food and more likely to report difficulties in paying rent or utilities. Therefore, women-heads of households living in extreme poverty, are experiencing additional burden (for example, planning a food ration, saving on food, repairing clothes, etc.) The most acute problem for 54% (42 of 77 respondents) among vulnerable women surveyed through the phone interview is the lack of financial resources to meet basic needs – buying food, medicines and hygiene and sanitary products.

**3** A large share of the interviewed women entrepreneurs had to stop their business because of lack of income and the loss of a large number of clients. Particularly difficult is the situation of rural women entrepreneurs.

**4** As for women, who had already been in extreme poverty before the restrictive measures began, the current situation has pushed them to the limits. For example, Roma women have no possibilities to earn money even for essential food. Some informants try to survive through barter exchange with residents of nearby settlements.

#### Difficulties with paying rent and utilities

These difficulties are especially acute for IDP women and families, which generates additional anxiety about the inability to pay rent due to reduced earnings/income. Every other IDP woman indicated that **job loss or partial loss of income make it impossible to pay rent and utilities.**

#### Mental state, fears and concerns

**1** Online survey found that women and men were equally concerned about the health of their close ones.

**2** The concerns about the economic situation with COVID-19 are gendered. While fears of female and male respondents about the health of their close ones are almost identical, fears about possible loss of their businesses or sources of income in the continued COVID-19 situation, and therefore the loss of a “breadwinner” status, cause somewhat greater concern among the interviewed male respondents: 50.8% of men vs 42.8% of women, respectively, reported such fear. Some of these concerns relate to the particularities of the situation of women and men in the labour market. Thus, in the age groups of working respondents who are unsure about keeping their earnings, the share of young men aged 18-35 is prevailing, while among women the prevailing share is in age group 36-50. These data indicate a tendency to increased risk for young men and middle-aged women in the labour market.

**3** Some groups of women surveyed through phone interview experience additional psychological tension and stress. These are primarily healthcare professionals who fear getting infected and passing infection to their close ones due to the lack of access to PPE; IDP women, who compared the situation with 2014 when they had to leave their homes and move to Ukraine-controlled area. Also, there is **an increased level of anxiety** due to fear for

future of the close ones: both of those who live with them and of the ones who remain in non-Government controlled territory and inability to help them.

**4** In view of the lack of well-developed institutes of mental health assistance and a low culture of seeking such assistance in emergency situations, in families it is mainly women who compensate this gap with their own emotional work: 53.3% female respondents and 39% male respondents of the online-survey indicated that since COVID-19 restrictive measures were introduced they have been devoting more hours to affective/emotional support for adult family members. Therefore, it is important to work towards development of mental health services.

#### The situation of women-frontline workers engaged in services related to the high risk of infection

The Survey identified that women-frontline workers engaged in areas related to the high risk of infection are poorly equipped with PPE (masks, gloves). Thus, according to the surveyed healthcare professionals, only 13.9% of them were fully equipped with such protective means, and some of these were acquired by the workers themselves at their own expense. Among interviewed women working in other sectors (social services, transportation, salespersons, etc.), only 24.4% of respondents said that they were fully equipped with PPE, and they mostly purchased these items themselves. Therefore, priority should be given to providing workers at high risk of infection (especially healthcare professionals) with PPE, and to arrange rapid assessment of the real needs in such equipment.

#### Challenges for women with family responsibilities

**1** Restrictive COVID-19-related measures have created additional challenges and increased the burden on people with family responsibilities, especially women. Women are much more likely than men to report increase in hours devoted to almost all household chores and care work since implementation of restrictive measures as a result of COVID-19. Mothers who work from home and have preschool and primary school age children have faced double burden due to combination of paid and care work: 74.7% of the respondents in this group said that they care for their children themselves (compared to

44.4% of men in the same group). The main source of support for mothers who continue to work in conditions of school closures is traditionally the help of older relatives. Therefore, working towards nurturing a culture of equal distribution of family responsibilities between men and women is relevant.

**2** While the burden of domestic work and care responsibilities on female respondents has increased (a total of 56.3% women interviewed noted such an increase), there are some positive shifts as regards 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.

**3** A further challenge for families with children is the need to support remote learning of the schoolchildren. In particular, the lack of advanced forms of remote learning for school-age children adds extra hours and excessive burden on parents and, most of all, on working mothers of school-age children who continue to work. Thus, 78.9% of female respondents who have school age children said that during this period it was mainly them who was engaged in schooling children. Men's answers confirm these dynamics. It is important therefore to strengthen the work of the Ministry of Education and Science of Ukraine and educational institutions towards systematic work on the organizing remote learning for schoolchildren. In particular, it should be noted that the lack of such work causes excessive burden on parents by adding extra hours and, most of all, the mothers who continue to work and have school-age children, in terms of educational content (assistance with homework, clarification of learning materials) and in terms of organizational aspects of learning (lack or absence of a regular schedule of classes, a large number of different forms of control and technical platforms, etc.).

**4** **Groups of women working outside the home, in particular those engaged in healthcare, social and other service provision, are of particular concern.** Increased burden, primarily on women-frontline workers engaged in medical treatment of those with COVID-19 infection, needs to be further explored, namely arranging care for their children in the quarantine at preschool and school facilities, balancing paid work and caregiving responsibilities (household and care work) in the context of increased intensity of professional activity and lack of adequate rest, etc.

#### Quarantine in educational institutions

Quarantine in preschools and schools not only exacerbated the problem of balancing paid and care work (due to the need to arrange home-schooling), but also amplified the issue of social inequality. Thus, not all families have computer equipment to ensure learning (for example, Roma women) or not enough of it to organize learning for several children (especially in large families with many children). Furthermore, as a result of the quarantine measures, low-income and large families have **faced further challenges due to inability to use the services of free meals for children in educational institutions.**

#### Domestic violence

58 women (1.8% of respondents) and 7 men (1.3% of respondents) have mentioned that they experienced domestic violence against them or their family or household members since the spread of COVID-19 in Ukraine. Another 4.6% women and 3.8% men have mentioned that such cases happened to their friends or neighbours. 13.5% of female respondents said that they had felt an increase in violent, biased attitude (e.g. racism, xenophobia) in the area they live in after the spread of COVID-19 in Ukraine. Particularly important issue for addressing difficulties caused by the COVID-19 in Ukraine should be preventing and combating gender-based and domestic violence and consistent monitoring of the dynamics of domestic violence during emergencies.

# OVERALL CONCLUSIONS



## 1 Conclusions concerning legislation, program activities and use of gender data

**1.1.** In developing and implementing steps to prevent the spread of COVID-19 in Ukraine, 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, the Sustainable Development Goals and Law of Ukraine on Ensuring Equal Rights and Opportunities for Women and Men, have not been fully taken into account. Despite partial inclusion of some groups of women (for example, women-healthcare workers, persons with disabilities and women-pensioners), limited application of gender analysis of draft legal acts that were developed and adopted as part of response to the pandemic, excluded many other vulnerable groups facing heightened risks in the context of the COVID-19 outbreak. At the same time, failure to consider this gender aspect leads to aggravation of the situation of the categories mentioned.

**1.2.** Enacted steps do not take into account gaps in health- and education-related legislation, which complicates provision of necessary services to vulnerable populations. This includes, inter alia, introduction of measures to provide additional hospital beds. Thus, due to the requirements to increase the number of vacant beds in hospitals, individuals in need of special care were discharged, in particular older people who were eligible to obtain services of a residential care facilities for the elderly. Pursuant to the Law of Ukraine “On Social Services”, the Methodology for the calculation of monthly average joint household income has not been developed or approved, which makes it impossible to receive such service in residential care facilities.

During quarantine, the most vulnerable women, such as IDP women, Roma women, women with disabilities, besides the above-mentioned problems, face additional challenges related to residence registration, lack of work and livelihoods, limited access to health care and social services.

**1.3.** Sex-disaggregated data are necessary for understanding of epidemiological, social and economic risks and assessment of impact of COVID-19 on women and men. Gender analysis of directives adopted by 24 RSAs and by the city of Kyiv, as well as by other surveyed communities, as part of response to COVID-19, identified that data desegregated by sex, age and other social-demographic characteristics, including gender indicators, were not applied. This leads to exclusion of vulnerable women and men.

**1.4.** Some regions are taking efforts to address the needs of particularly vulnerable populations. These are the positive examples of Dnipropetrovsk, Mykolaiv, Odesa, Poltava, Sumy, Ternopil and Kherson region and the city of Kyiv. They are mainly focused on protecting and providing assistance to healthcare workers, the elderly, low-income population groups, persons registered at territorial service centres, the majority of which are women.

**1.5.** Most assessed ATCs have reviewed their budgets so as to allocate funds for measures to prevent and respond to COVID-19 disease cases. However, a common problem for these ATCs is a decrease in local budget revenues due to reduced income from business of individuals and legal entities, tax breaks and relief for rent of premises and lease of land.

## 2 Conclusions concerning the COVID-19 emergency response bodies

**2.1.** Gender analysis confirmed the relevance and the negative multiplying effect of low participation of women, especially from vulnerable groups, in decision making both at the national and local levels. Limited participation of women in decision-making processes does not allow them to influence

policy making at the national and local levels, the adoption of relevant legal acts inclusive of the needs of women and most vulnerable populations, and to mitigate negative economic consequences that might be anticipated after the quarantine measures are lifted.

**2.2.** Structural subdivisions of the agencies that ensure the protection of the population in the context of COVID-19 pandemic at the central level, as well as dedicated temporary commissions, committees, working groups at the level of RSAs and ATCs are not always gender balanced, which may occur due to the women's representation at a decision-making level.

**2.3.** The assessed structural subdivisions mostly do not include gender experts and/or gender policy advisers. This is due to the objectively low level of human resource in small communities, and lack of relevant experts. There is no mechanism of interaction between the dedicated commissions, operative headquarters on prevention of the spread

of COVID-19 and women's NGOs and representatives of vulnerable groups.

**2.4.** The mechanism of interaction between the created emergency bodies and women's and human rights NGOs, including vulnerable groups is generally not in place; the possibility of creating new gender consultative-advisory bodies and/or cooperating with the existing ones has not been used.

**2.5.** Lack of expert support and cooperation leads, among other things, to the lack of practice in collecting and analysing gender data and non-inclusion of the specific needs of vulnerable women and men in decision-making. In general, gender mainstreaming is not the focus of -emergency response bodies.

### 3 Conclusions concerning demographic and socio-economic gaps

**3.1.** The analysis of demographic data disaggregated by sex showed that women make up almost two thirds of the retirement age population in Ukraine. In addition, the number of migrant women working in Western European countries, including Italy (where today the rates of coronavirus incidence are top third in the world), far exceeds the number of men.

**3.2.** The analysis of social indicators shows that women to a greater extent than men depend on social benefits and services, as they make up the majority of low-income people. Two-thirds of people, who find themselves in difficult life situations, need social services and are recipients of targeted and cash assistance, are women. Therefore, in a crisis situation, women's dependence on assistance from the State will increase.

**3.3.** Quarantine in Ukraine will see a decline in employment, rise in unemployment and partial unemployment, which will subsequently lead to reduced work hours and wages. It will especially affect women who have lower employment and wage rates than men.

**3.4.** Considering that gender wage gap is 22.8%, it also leads to gender pension gap – at the level of more than 32.1%. Consequently, women have

more limited opportunities to make savings, which makes them more vulnerable in the context of the economic crisis as they can't afford to stay out of work for extended periods of time.

**3.5.** Vertical and horizontal employment segregation in Ukraine will deepen during the crisis, as women, who mostly work in the public sectors – healthcare, social welfare and education – may experience delays in salary payments and staff reductions in the context of budget cuts with funds being redirected to overcome negative effects of the coronavirus spread.

**3.6.** The analysis of economic indicators shows that Ukraine experiences structural disproportions and gender gaps in employment, wages, pensions of women and men, which are further exacerbated during the economic crisis caused by COVID-19 restrictive measures, leading to deeper poverty, restricted access to resources and services and social insecurity of women.

**3.7.** In the context of quarantine, vulnerable groups of women face multiple discrimination in access to economic resources, public services and decision-making. Thus, women are the majority (60%) among internally displaced people. Many of them live in rented accommodations. Every second

IDP woman indicated that job loss or partial loss of income makes it impossible to pay rent and utilities. Women with disabilities have additional restrictions on access to health and social services during the quarantine. They are experiencing economic difficulties due to the need to buy essential medications, food, etc. Moreover, use of public transport, buildings and infrastructure, the capacity of social services and other service providers to meet the needs of people with different types of disability during quarantine are limited.

**3.8.** Women in Ukraine are concentrated mainly in the micro and small businesses, which puts them at a greater risk of loss of income due to reduced consumption of goods and services as a result of restrictive measures because of COVID-19. Women are more often engaged specifically in informal economy, hence, in the absence of social safeguards they become more vulnerable in a situation of sudden loss of income.

**3.9.** The majority of people engaged in the sectors that are most likely to suffer from shutdown during quarantine measures (catering, leisure and tourism) are women and young people. Many jobs are likely to be cut. Thus, in the age groups of male respondents who continue to work and are unsure about keeping

their earnings, the share of young men between 18-35 is prevailing, while among female respondents – a share of women aged 36-50.

**3.10.** The COVID-19 pandemic and relevant restrictive measures, aimed at social isolation, have led to an increase in domestic violence, including that against children and the elderly. There is a direct correlation between stress, unmet needs and domestic violence. Legal liability mechanism does not take into account such situations as quarantine, leading to possible escalation of violence, as perpetrators and victims are in close contact 24 hours a day. Besides, in the regions where no shelters exist for victims of domestic violence, they are unable to access safe living conditions.

**3.11.** Taboo on the problem of gender-based and domestic violence in Ukrainian society and low awareness of available relevant assistance in the context of rise in domestic violence and restrictions on access to services during quarantine measures exacerbates the problem of providing assistance to women – victims of such violence. Children and the elderly are also more likely to be subjected to domestic violence in this situation, but this assumption needs to be further studied.

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

**4.1.** In the context of economic crisis caused by restrictive measures introduced to curb the spread of COVID-19, many women experience multiple problems in everyday life in terms of access to important resources, goods and services. 76.8% of female respondents from vulnerable groups expect difficulties in keeping up with basic expenses associated with buying food and other basic necessities. According to the phone survey, if nationwide quarantine continues in April – May, most of the interviewed women from vulnerable groups indicated that they would not have enough financial resources to buy food, vital (essential) medicines, PPE (masks, gloves, antiseptics/hand sanitizers), as well as personal hygiene products, etc.; pay rent for commercial premises (or shopping space)

and housing; pay utility bills or make other regular monthly payments.

**4.2.** In the context of the spreading pandemic, the role of the social service system is increasing, as it provides support and social services to vulnerable populations. Vulnerable groups of women and men (including the elderly and persons with disabilities, limited mobility groups, etc.) are in need of ongoing assistance from institutions and civil society organizations that provide home-based social services. Failure to provide such community-based services can lead to the exclusion of this category of people, which in turn will negatively affect their health. Ensuring uninterrupted delivery of social services means that LSGs should create opportunities to

provide such services and ensure safe working conditions for their employees.

**4.3.** Due to the imposed nationwide quarantine, ATCs face new challenges in their work, in particular providing assistance to women and men who have chronic illnesses in the situation where vital medications are not imported or necessary transportation is absent; doctors-specialists are overwhelmed with work; addressing urgent public issues without holding council sessions; arranging transportation of health and social workers to their workplaces; lack of protection system for health and social workers; seeking additional resources for work of checkpoint.

**4.4.** Most ATCs have their own good practices in assisting the affected population and addressing the needs of vulnerable populations: creating mobile teams of social workers; social taxi to deliver food kits to those who are at the highest risk of finding themselves in difficult life circumstances; business people subsidizing free bread or bread at preferential prices ; unused food from closed educational facilities

given away to low-income persons; providing subsidies for utilities ; delivering food and essential goods to the community and vulnerable groups; arranging transportation of healthcare workers to the hospital; arranging transportation of haemodialysis patients; mobile pharmacy units.

**4.5.** In view of lack of well-established institutes of mental health assistance and a low culture of seeking such assistance in emergencies, mainly women compensate this gap with their own emotional work: 53.3% female respondents that were surveyed online indicated that since COVID-19 restrictive measures they have been devoting more hours to affective/emotional support for adult family members.

**4.6.** Additional attention is required to restrictions on access to the services that have transitioned online in the context of quarantine. This can have negative impact on women in need of assistance with physical or mental health issues who do not have access to a reliable mobile connection or the Internet.

## 5 Conclusions concerning unpaid domestic work and gender role distribution

**5.1.** Women in Ukrainian families do most of the caregiving (house and care) work. In the situation of quarantine this burden is increasing. Women working from home have to balance paid work, household chores and assistance in schooling to children staying at home due to quarantine. However, almost a third of women surveyed by means of the online questionnaire indicated that their partner's involvement in household and care work has increased.

**5.2.** It is noteworthy, that among single parents who raise children alone 92.2% are single mothers who, in the situation of economic crisis due to COVID-19, experience double burden of household and care work along with limited financial resources.

**5.3.** A further challenge for families with children is the need to provide support to their children with learning at home. In particular, the lack of advanced forms of remote learning for children and absence of a unified approach to such learning leads to excessive hours of workload on parents and, most of all,

on working mothers of primary and middle school age children and of children with special education needs. The main source of support for such mothers in the context of quarantine in schools is traditionally help of older relatives. Online learning requires a computer/tablet and access to the Internet. This is likely to increase inequality in education of children from low-income families and those from rural areas.

**5.4.** As a result of the quarantine measures, many low-income and large families have faced further challenges due to inability to use such service as free meals for children in educational institutions.

**5.5.** In view of lack of well-developed institutes of mental health assistance and a low culture of seeking such assistance in emergencies, mainly women in the compensate this gap with their own emotional work: 53.3% female respondents indicated that since COVID-19 restrictive measures they have been devoting more hours to affective/emotional support for adult family members.



## 6 Conclusions on access to information and communication

**6.1.** The analysis of informational support to the population at the level of ministries shows that the information disseminated by the Ministry of Health regarding COVID-19 in Ukraine and relevant preventive measures, is sufficiently prompt and consistent, however, operative data on persons infected/dead/recovered, which are published and disseminated by the Ministry, are gender insensitive and not sex-disaggregated.

**6.2.** Informational support of the population and communication strategies in the context of COVID-19 at the national, regional and local levels are not oriented to the needs of target groups and do not take into account their specificities (interests, biases, stereotypes, fears and limitations). Findings of the online survey showed that the principal source of information for respondents about the current COVID-19 situation were mainly social media, official websites and the announcements of public agencies, which minimizes access to targeted and empathic communication and support during the coronavirus period.

**6.3.** In informing the public consideration is not given to the fact that effective communication should be proactive and accessible, so as to encourage the public to promptly adopt defensive behaviours, reduce health risks, eliminate confusion and make better use of resources. The information messages are repetitive and unvaried and follow the same pattern mainly replicating generic recommendations and instructions and do not contain specific information on the risks faced by vulnerable populations in the context of COVID-19 pandemic. This can adversely affect the behavioural patterns of different groups of women and men in emergencies, including those related to safeguarding against getting infected, the need to comply with the quarantine measures, myths about treatment and infection and stigmatization of patients, etc.

**6.4.** Failure to take into account cultural, linguistic, and socio-economic particularities of communities may at times limit spreading of information on prevention and the ability of reach out to isolated/remote populations (such as Roma), which is crucial

in the first phases of emergencies, which include the COVID-19 pandemic.

**6.5.** The information campaign at regional and community level illustrates insufficient coordination and partnership between the authorities, healthcare institutions, the private sector, as well as opinion leaders, for the consolidation of their communication potential, which leads to loss of potential benefits in providing information to the population, continuity and consistency of advocacy work. There is a lack of coordinated communications by local authorities, municipal services, public organizations, public leaders on the specificity of the disease, including the nature of its transmission, clinical severity, treatment and prevention options, available sources of emergency care, resources to meet the urgent non-pandemic needs for health and social care and resources for self-care for patients. There is also a lack of information on screening of community members for COVID-19, contact details of doctors who can provide recommendations to the population; information on self-isolation during COVID-19, vaccination during the pandemic, pregnancy, labour and birth with coronavirus; information on coronavirus disease, cardiovascular diseases and immunodeficiency conditions, etc.

**6.6.** When informing the population on COVID-19 the assessed communities rarely use communication channels with feedback and/or personalized sessions with community members, which precludes them from regular monitoring of public opinion as well as that of target groups' and how they perceive information provided by the authorities, as well as from taking appropriate steps to improve understanding by the recipients. Taking into consideration relative trust of women and men in doctors as the hope in the context of COVID-19 and based on online survey and reports on communities' web pages, healthcare workers are not always agents of raising awareness on COVID-19 for local community members due to a number of circumstances – the culture and practice of reaching out to the community through opinion leaders are not rooted, there's lack of relevant communication forums, diminished trust in healthcare workers, etc.

## 7 Conclusions on the situation of women-frontline workers engaged in services related to the high risk of infection

**7.1.** The Survey identified that women- frontline workers engaged in the sectors related to the high risk of infection, particularly healthcare personnel, are poorly provided with PPE (masks, gloves). This raises the risk of infection for them and their families, and increases distress and anxiety, which can negatively affect their professional motivation. It should be noted that women are those who work at the frontline of fight against the pandemic, as most of healthcare and social welfare staff are women – 83.1%. They are particularly at risk and will need additional protection.

**7.2.** Groups of women working outside the home, especially those engaged in healthcare, social and other services, are of particular concern. Increased burden, primarily on women-frontline workers engaged in medical treatment of those with COVID-19 infection, needs to be further explored: arranging care for their children in the quarantine at preschool and school facilities, balancing paid work and caregiving responsibilities (household and care work) in the context of increased intensity of work and lack of adequate rest, etc.

# RECOMMENDATIONS



The assessment reaffirmed the importance of integrating gender approach in the development of strategies and policies at the state and local levels, including strategies for responding to and exiting the crisis caused by COVID-19, as well as the development of appropriate measures to protect the most vulnerable populations during quarantine and the post-quarantine period.

The rapid gender impact assessment of the situation and needs of women in the context of the situation with COVID-19 in Ukraine enables formulating a number of recommendations, which for the purposes of their better targeting are grouped by key stakeholders: state authorities, regional state administrations, local self-governments, civil society and international organizations.

## Recommendations to state authorities

**1.** The President of Ukraine should amend Decree No. 88/2020 “On Anti-COVID-19 Coordination Council” of 16 March 2020, with regard to membership composition of the Coordination Council and to include the acting Minister of Education, the Ukrainian Parliament Commissioner for Human Rights (Ombudsman), the Government Commissioner for Gender Policy, the Commissioner of the President of Ukraine for Children’s Rights and the Commissioner of the President of Ukraine for the Rights of Persons with Disabilities. Also include the following item into the list of competencies of the Coordination Council: “Based on the analysis of the obtained information, documents and materials submit to the President of Ukraine recommendations and proposals on implementation of effective measures aimed at combating COVID-19 in Ukraine.”

**2.** The Cabinet of Ministers of Ukraine should amend Resolution No. 93-p of the Cabinet of Ministers of Ukraine “On prevention of the spread of COVID-19 acute respiratory disease within Ukraine caused by the SARS-CoV-2” of 03 February 2020 with regard to the membership composition of Anti-Crisis Headquarters on responding to the spread of COVID-19 acute respiratory within Ukraine caused by the SARS-CoV-2 and include the Minister of Social Policy or her Deputy, the Government Commissioner for Gender Equality Policy, the Government Commissioner for the Rights of Persons with Disabilities, the Ukrainian Parliament

Commissioner for Human Rights (Ombudsman) and the Commissioner of the President of Ukraine for Children’s Rights.

**3.** The Cabinet of Ministers of Ukraine in drafting and adopting regulations on prevention of the spread of COVID-19 acute respiratory disease in Ukraine should be guided by international and national obligations which regulate gender equality and human rights, including under the Convention on the Elimination of All Forms of Discrimination against Women, the Beijing Platform for Action and the Sustainable Development Goals, and the Law of Ukraine “On Equal Rights and Opportunities for Women and Men.” Enhance control over the implementation of the procedure for conducting gender analysis of all draft legal acts in accordance with the Law of Ukraine “On Equal Rights and Opportunities for Women and Men” of 8 September 2005, Resolution No. 950 of the Cabinet of Ministers of Ukraine “On Approval of the Regulation of the Cabinet of Ministers of Ukraine” of 18 July 2007 and Resolution No. 977 of the Cabinet of Ministers of Ukraine “Issues of Conducting Gender Analysis of Legislation” of 28 November 2018; and over the application of the Order of the Ministry of Social Policy of Ukraine No. 86 “On approval of the Instruction on the integration of gender approaches in the development of normative-legal acts” of 7 February 2020.

**4.** The Cabinet of Ministers of Ukraine should draft amendments to the Law of Ukraine “On the State Budget of Ukraine for 2020” regarding the introduction of a separate subvention to local budgets for the implementation of gender-sensitive measures to combat COVID-19 disease and ensure taking into account the rights and interests of vulnerable groups of women and men.

**5.** The Cabinet of Ministers of Ukraine should initiate amendments to the legislation regarding the implementation of gender quotas and including persons responsible for the implementation of gender policy when establishing emergency (crisis) response bodies, as well as mandatory involvement of human rights organisations and women’s organisations in decision-making.

**6.** The Cabinet of Ministers of Ukraine should ensure preliminary consultations with healthcare and social workers when drafting legal acts on preventive and restrictive measures aimed to curb the spread of COVID-19 (consultations with members of trade unions of healthcare professionals and women-healthcare workers), since they make up 83.1% of healthcare staff). This will not only promote well-grounded, gender-sensitive decisions but will also ensure involvement and support from healthcare staff, and improve internal coordination of work.

**7.** The Ministry of Health of Ukraine in concert with other CEAs should develop proposals on the procedure for funding the transportation of medical staff to health facilities and provide families of healthcare workers with PPE. The Cabinet of Ministers of Ukraine should initiate relevant amendments to the legislation.

**8.** The Ministry of Social Policy together with other CEAs, for the purpose of paragraph 8(8) of Final and Transitional Provisions of the Law of Ukraine “On Amendments to Certain Legal Acts of Ukraine aimed at providing additional social and economic safeguards related to the spread of coronavirus disease (COVID-19)” of 30 March 2020 should develop proposals regarding the system of additional payments for social workers involved in providing social assistance or casework. The Cabinet of Ministers of Ukraine should initiate amendments to

the Law of Ukraine “On the State Budget for 2020” regarding financial coverage of extra payments to social workers.

**9.** The Ministry of Social Policy, for the purpose of paragraph 4(1) of Section 7 of the Final Provisions of the Law of Ukraine “On Social Services” of 7 January 2019, should develop and approve the Methodology of calculating monthly average joint family income for providing social services.

**10.** To further improve the mechanism for addressing needs of different groups of women and men, it is advisable, when adopting legal acts:

- amend paragraph 1 of Article 91 of the Law of Ukraine “On the Regulation of the Verkhovna Rada of Ukraine” and include gender impact assessment as obligatory element of the guidance note for drafting laws;
- improve the mechanism of gender analysis of legislation the Cabinet of Ministers of Ukraine should amend the CMU Resolution No. 950 “On Approval of the Regulation of the Cabinet of Ministers of Ukraine” of 18 July 2007 and the CMU Resolution No. 997 “Issues of Conducting Gender Analysis of Legislation” of 28 November 2018, and include gender impact assessment as a mandatory support document to draft regulations of the CMU, Ministries and other central executive authorities.

**11.** The Ministry of Finance of Ukraine in concert with the Ministry of Infrastructure of Ukraine should develop and implement system of extra payments – at the rate of 100% of monthly salary considering the supplements to salaries – for employees of JSC “UkrPoshta” who ensure delivery of pensions.

**12.** The Ministry of Economic Development, Trade and Agriculture of Ukraine, State Employment Service with the involvement of the Confederation of Employers of Ukraine (upon consent) and the Association of Employers of Ukraine (upon consent) should analyse official data of the state employment service, disaggregated by sex, on individuals who were laid off or fired during the quarantine and lost their jobs, as well as migrants who returned to Ukraine, taking into account education level, specialization

profile and work experience, and develop Program on Post-Quarantine Women Employment Generation and Employment Program for those who lost their jobs due to quarantine measures. Initiate relevant amendments to the legislation.

**13.** The Ministry of Social Policy of Ukraine, in concert with other relevant state bodies should develop social support targeted programs during quarantine measures and in post-quarantine period for the most vulnerable women: women with disabilities, IDP women, women-frontline workers engaged in areas related to the high risk of infection (working in healthcare facilities, providing social services, trade, etc.), women from national minorities during quarantine measures and in the post-quarantine period. Initiate relevant amendments to the legislation.

**14.** The Ministry of Social Policy of Ukraine in coordination with relevant state and local authorities should ensure non-stop work of shelters and other facilities which provide support to victims of gender-based violence; ensure programs for perpetrators; take necessary measures to prevent COVID-19 in the facilities and provide access to testing where required. In the regions where such facilities are not available, ensure their establishment and provide them with adequate resources.

**15.** The Ministry of Internal Affairs of Ukraine, the Ministry of Social Policy of Ukraine, the Ministry of Culture and Information Policy of Ukraine, the Ministry of Development of Communities and Territories of Ukraine, the Ministry of Digital Transformation of Ukraine, RSAs and LSGs should disseminate information on gender-based and domestic violence, legal safeguards to protect victims from perpetrators and publish information on available and resource-efficient services.

**16.** The Ministry of Internal Affairs of Ukraine should ensure the collection of data disaggregated by sex on the number of calls to government hotlines and directly to 102 line, in order to monitor the dynamics in the number of registered cases of domestic violence.

**17.** The Ministry of Health of Ukraine should develop care protocol that includes safe quarantine measures

and access to testing for those women who cannot be allowed to stay in shelters for victims of domestic violence due to the virus impact.

**18.** The Ministry of Social Policy of Ukraine should analyse data regarding effectiveness of protection measures against gender-based and domestic violence, which are provided by authorities and local self-governments, and develop amendments to the legislation for providing a set of services that aim to protect against domestic violence in the quarantine situation.

**19.** The Ministry of Health of Ukraine, together with relevant state and local authorities should develop a special observation protocol for doctors who provide treatment to patients with coronavirus infection (e.g. as in Cherkassy region). This mechanism helps not only to ensure the best work and rest schedule for workers, but also to protect their families from possible COVID-19 infection.

**20.** The Ministry of Health of Ukraine should publish data on COVID-19 disaggregated by sex and age.

**21.** The Ministry of Finance of Ukraine in concert with the Ministry of Economic Development, Trade and Agriculture of Ukraine and relevant state executive authorities and banking sector should develop Debt Restructuring Programs for self-employed women and most vulnerable women to settle outstanding loan obligations that have arisen during quarantine.

**22.** The Ministry of Economic Development, Trade and Agriculture of Ukraine and the Ministry of Finance of Ukraine should develop Women-Entrepreneurs Support Programs during the period of restrictive measures: cancellation or deferral of rent payment for premises, warehouses, market spaces; post-quarantine support programs: providing of state grants and partial coverage of loan interests for the purpose of women's businesses development and support, training programs and consultations on business start-up and development. Relevant amendments to the legislation should be initiated where required.

**23.** The Ministry of Economic Development, Trade and Agriculture of Ukraine in collaboration

with other responsible authorities should develop proposals to introduce moratorium on eviction due to rent and mortgage debts and deferral of rent and mortgage payments for those directly or indirectly affected by the virus and for vulnerable persons. The Cabinet of Ministers of Ukraine should initiate relevant amendments to the legislation.

**24.** The Ministry of Education and Science of Ukraine should enhance systemic work on arranging remote learning for school-age children. While preparing online learning strategies, it should be taken into consideration whether it is possible to provide access to laptops and the Internet for families with children which cannot afford this equipment (including low-income families living in rural areas, families with many children and others), and children with special education needs.

**25.** The Ministry of Education and Science of Ukraine should ensure monitoring and response by teachers to domestic violence against children and communicate on a systematic basis with parents about making accessible online or remote learning both for girls and boys, and spread the information, on domestic violence among schoolchildren as part of online learning.

**26.** The Ministry of Social Policy of Ukraine should initiate amendments to Resolution No. 68 of the Cabinet of Ministers of Ukraine “Some Issues on Providing Care Services of children under 3 “Municipal Nanny” of 30 January 2019 and consider a procedure of access to this service for women/men with preschool and primary school age children and are involved in providing health care, social and other services. Funding should be allocated from the Reserve Fund or the Coronavirus Response Fund.

**27.** The State Statistics Service of Ukraine should conduct separate statistical survey on the screening of persons in need of social protection in the context of quarantine measures (including surveys on the incomes, wages, the needs for social services and social cash and in-kind assistance, etc.); all survey data should be sex and age-disaggregated.

## Recommendations to regional state administrations

**28.** Ensure gender balance and include representatives of the Department of Social Protection, Department of Education and Science, members of advisory units, gender experts, women’s and human rights organizations into relevant headquarters, temporary commissions, committees, working groups for combating the spread of acute respiratory diseases COVID-19 in Ukraine and into other auxiliary bodies for fighting with the coronavirus disease at regional level.

**29.** Conduct gender impact assessment of regional policies and restrictive measures aimed to curb the spread of COVID-19 on women and men by regions and highlight vulnerable groups who need priority social support.

**30.** Conduct gender analysis of the policy for the purpose of taking into account interests of and ensure socio-economic support for the vulnerable groups mostly affected in the quarantine and post-quarantine periods. Develop and adopt regional social support programs for vulnerable women and men for the quarantine and post-quarantine periods. Involve women’s and other human rights NGOs, gender consultative-advisory bodies, gender advisers, women and men from vulnerable groups in developing such programs.

**31.** Conduct gender analysis and amend Regional Development Strategies and Action Plans on Regional Development Strategies Implementation till 2027, as well as city and community strategies in collaboration with gender consultative-advisory bodies, experts and members of women’s and other human rights CSOs, in particular, with women-representatives of vulnerable groups, for consideration of practical and strategic gender needs.

**32.** Establish gender consultative-advisory bodies in those RSAs and ATCs where they are not created.

**33.** Review and improve services provision mechanism (legal, medical, psychological and social) for

victims of gender-based and domestic violence at regional level in the context of nationwide quarantine. Ensure coordination of work with relevant structural subdivisions of regional state administrations and regional departments of ministries in accordance with the Law of Ukraine “On Preventing and Combating Domestic Violence” of 7 December 2017.

**34.** Provide public access to up-to-date information on COVID-19. All information shall be available in minority languages as well as accessible for people with visual or hearing impairments, etc. Maintain reliable and uninterrupted Internet access and take measures to ensure access to the Internet for low-income population. Furthermore, it is important to inform IDPs on the possibility of accommodation in collective centres (<https://mtot.gov.ua/ua/informacija-schodo-misc-kompaktnogo-projivannja-mkp-vnutrishno-peremischenih-osib>) and to create preferential conditions for accommodation for the period of quarantine and economic crises.

**35.** Disseminated information materials should not reproduce gender and other stereotypes about women and men and should include sex and age-disaggregated data indicating prevalence rate, economic effects of the epidemic, prevalence of gender-based violence and domestic violence and the 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 informational needs.

**36.** 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, messengers, media, etc.) to raise awareness on COVID-19 in Ukraine and related interim measures, as well as services and support provided by state institutions.

**37.** Establish the system for feedback and monitoring of public perception of the information

regarding COVID-19, and for monitoring and response to dissemination of inaccurate information and rumours.

## Recommendations to local self-governments

**38.** Ensure gender balance and include representatives of the Department of Social Protection, Department of Education and Science, the Commissioners for equal rights and opportunities of women and men, members of consultative advisory bodies, gender experts, women’s and human rights organizations into relevant headquarters, temporary commissions, working groups for combating the spread of acute respiratory diseases COVID-19 in Ukraine and into other auxiliary bodies for fighting with the coronavirus disease at the local level.

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

**40.** Conduct gender impact assessment of local self-government policies, local development strategies and restrictive measures aimed to curb the spread of COVID-19 among women and men by cities, towns, villages and amalgamated communities and highlight vulnerable groups who need priority social support.

**41.** Conduct gender analysis of the policy for the purpose of taking into account interests of and ensure socio-economic support for the vulnerable groups that were mostly affected in the quarantine and post-quarantine periods. Develop and adopt local social support programs for vulnerable women and men for the quarantine and post-quarantine periods. Involve women’s and other human rights NGOs, gender advisers, women and men from vulnerable groups in developing such program.

**42.** In collaboration with gender consultative-advisory bodies, experts and representatives of women’s and other human rights NGOs, including representatives of vulnerable groups, conduct gender analysis and amend Strategies and Action Plans for the implementation of city and community



development strategies, with the purpose of inclusion of short- and long-term gender needs.

**43.** Hold consultations on gender assessment results with gender consultative-advisory bodies, experts and representatives of women's and other human rights NGOs, including representatives of vulnerable groups for inclusion of their needs when planning, implementing and assessing quarantine measures and local policy making.

**44.** Establish gender consultative-advisory bodies in the communities where they are not created.

**45.** Develop measures to address needs of vulnerable women, in particular, older women, women with disabilities, Roma women and other ethnic minorities, rural women, single mothers, families living below the poverty line in the post-quarantine period and include them in the operative action plan for combating COVID-19.

**46.** Provide frontline workers engaged in the sectors related to the high risk of infection (working in healthcare facilities, providing social services) with PPE, conduct proactive testing on COVID-19 and ensure transportation to their working places and back home.

**47.** Collect data, identify needs in partnership with women's organizations and ensure uninterrupted provision of social and health services for women and men from vulnerable groups (including older people, persons with disabilities and low-mobility groups, etc.), who need regular assistance from institutions, NGOs. Ensure transportation of individuals with chronic diseases in need of special medical procedures to the relevant institutions and back home (in particular, this relates to transportation of haemodialysis patients to district hospitals) and ensure ongoing deliveries of medicines to individuals with chronic diseases.

**48.** Enhance work of administrative service centres to provide access for persons with disabilities and other vulnerable groups to necessary administrative services both online and directly at the institution to ensure that all such categories have access to these services during quarantine measures.

**49.** Enhance work of territorial centres providing social services to meet needs of women registered as those in difficult life situations, women in need of in-kind and cash assistance, as their share is more than 2/3 of all assistance recipients in Ukraine.

**50.** Create single coordination centres under the relevant LSGs, which could organize distribution of essential food kits for vulnerable residents of cities and communities, based on the positive example of a single coordination centre created at the city of Kyiv State Administration.

**51.** Social work services and Children's services should facilitate coordination for the purposes of regular social and psychological support of families and monitoring the prevention of child abuse. In this regard, provide employees of relevant services with PPE (masks, gloves, hand sanitizers).

**52.** Ensure efficient operation of system for early identification of cases of domestic violence, in particular by cooperating with local self-governments, the police and CSOs in monitoring of families with domestic violence background and those at risk (where a family member is an alcohol or drug addict, released from prison, unemployed, mentally ill, etc.), as well as raise their awareness on available mechanisms for combating domestic violence, including the available health care, social and legal assistance. Avoid reducing financial resources allocated to combating domestic violence and diverting them to other urgent needs during the COVID-19 pandemic.

**53.** 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 a feeling of isolation. Specifically inform older women and women with disabilities about such telephone line available for them.

**54.** Initiate Post-quarantine Women's Entrepreneurship Development and Support Programs, which would include: arrangement of specific business

training programs for women (including documentation for obtaining loans and investment funds), providing consultations for women entrepreneurs on matters of market analysis, identification of business niches, holding information campaigns intended to engage women entrepreneurs.

**55.** Develop long-term projects on social infrastructure development, which aim to create favourable conditions for balancing work and family responsibilities, to provide support to working women with children and other groups of workers that have family responsibilities (e. g. those who give care to elderly family members or persons with disabilities.)

**56.** On a regular basis inform and raise awareness regarding the current coronavirus situation within the relevant territory; quarantine restrictions imposed (*providing detailed clarifications to residents*); legislative changes (administrative responsibility for quarantine violations; timeframes extension for administrative and other services; avoiding the termination of housing subsidies, registration of the unemployed, etc.) Use varied information channels (*official website of village council, social media – Facebook/Telegram, informational leaflets (in Braille, Romany languages, when possible), hotline*) to accommodate specific needs of community members.

**57.** Intensify awareness raising campaign on combating gender stereotypes, gender-based and domestic violence and discriminatory social and cultural norms, as well as raise awareness on women's socio-economic vulnerability in the context of the imposed restrictive measures. In this regard, strengthen cooperation with local radio and printed media that are the most common sources of information for community members.

**58.** Conduct regular advocacy work with residents/ community members as for the compliance with quarantine rules (*wear masks in public spaces, keep social distance in the grocery shops, observation for residents who returned from abroad*).

**59.** Identify and actively involve women-opinion leaders (women -community leaders, women-mobilizers, women-religious leaders, women- healthcare workers, women-teachers, etc.) in awareness raising

process. In order to build dialogue and increase confidence, engage members of particular communities in dissemination of information within the group (priests among parishioners, youth activists among adolescents, women-members of ethnic minorities – among community population, etc.) Actively involve volunteers in dissemination of information (individual outreach to older people, leaflets distribution, etc.), community mobilization and providing psychological support.

## Recommendations to civil society

**60.** Use the developed methodology on information collection to conduct a more in-depth assessment of the needs of different groups of women, including those not covered by the assessment, for further project work.

**61.** Develop projects to support vulnerable groups of women in the quarantine and post-quarantine period, taking into account problems identified by RGA.

**62.** Enhance work with state and local authorities on amending regional and local development strategies, in light of COVID-19 related challenges, especially for vulnerable women.

**63.** Carry out gender monitoring of budgets at all levels, including with a view to making changes that aim to reduce the impact of COVID-19 on vulnerable groups of women.

**64.** Enhance work with state and local authorities towards integration of gender approach in policies and decisions, formulating gender-responsive programs and development plans, particularly in light of COVID-19 related challenges for vulnerable women.

**65.** 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.

**66.** Strengthen cooperation with female activists and opinion leaders towards mobilization of vulnerable groups to represent their interests in community decision-making; build on the RGA results to increase their awareness on the possibilities of gender

analysis and its integration into project implementation, including in cooperation with the authorities.

**67.** Develop cooperation with other civil society organizations, including women's organizations, for shaping a common forum for promoting gender perspective in programs for empowerment of vulnerable groups of women.

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

## Recommendations to international organisations

**69.** Provide financial assistance to the Government of Ukraine for the purpose of implementing stabilization measures in response to the impact of COVID-19 subject to strict gender impact assessment of such measures and involvement of national gender mechanism for their development and consultations with women's and human rights organizations.

**70.** Provide technical and financial assistance to local government authorities for conducting gender impact assessments and implementation of practical and strategic gender-sensitive programs, activities and services to prevent and respond to spread of COVID-19 and mitigate its impact on vulnerable populations, including programs on combating gender-based violence, providing gender-sensitive social services for vulnerable populations, supporting women's entrepreneurship, awareness-raising on gender issues of COVID-19 spreading.

**71.** Develop technical support programs for vulnerable women and men, taking into account their characteristics and needs: women with disabilities,

IDP women, women-frontline workers engaged in sectors related to the high risk of infection (working in healthcare facilities, providing social services) and to other vulnerable groups of women during quarantine measures.

**72.** Develop technical support programs aimed at women's online training and using remote learning tools.

**73.** With engagement of State Statistics Service of Ukraine initiate technical support programs in the sphere of national statistics on improvement in collection and processing of sex and age-disaggregated data at the state and local levels to inform the analysis of gender disproportions and better understanding of the needs of women and men in providing state and local services.

**74.** Develop technical support programs for entrepreneurs that would include options of obtaining low interest loans and training programs for building business skills, etc.

**75.** Develop capacity building programs for NGOs working with vulnerable population in communities with regard to their participation in processes of community management planning, implementation and monitoring.

**76.** Develop technical support programs and grant programs for CSOs working with vulnerable groups, in particular, in the sphere of awareness raising about needs of people with disabilities and their families in the context of quarantine measures.

**77.** Develop technical assistance programs to create an interactive information platform for collecting and visualizing sex and age-disaggregated data, in particular on domestic violence.

# ANNEX 1

## National and international legal frameworks on gender equality

### Ukrainian legislation

- The Constitution of Ukraine (of 28.06.1996 No. 254к/96 VR);
- Law of Ukraine on Ensuring Equal Rights and Opportunities for Women and Men (No 2866-IV of 08.09.2005);
- Law of Ukraine on the Principles of Prevention and Combating Discrimination in Ukraine (No 5207-VI of 06.09.2012);
- Law of Ukraine on Civil Service (No 889-VII of 10.12.2015);
- Decree of the President of Ukraine “On Approval of the National Human Rights Strategy” (No. 501/215 of 25.08.2015);
- Decree of the President of Ukraine “On the goals of sustainable development of Ukraine for the period up to 2030” (of 30.09.2019 No. 722/2019);
- Resolution of the CMU “On Approval of the State Social Program for ensuring equal rights and opportunities for women and men” (No 273 of 11.04. 2018);
- Resolution of the CMU “The issues of conducting gender legal analysis” (No 997 of 28.11.2018);
- Resolution of the CMU No. 1066 “On amendments to some resolutions issued by the Cabinet of Ministers of Ukraine” of 04 January 2019.
- The CMU Order “On Approval of the Action Plan for the Implementation of the National Human Rights Strategy” (No 1393-p of 23.11.2015);
- Order of the CMU “On Approval of the National Action Plan for Implementation of United Nations Security Council Resolution 1325 on Women, Peace and Security for the period up to 2020” (No. 113-p of 24.02.2016);
- Order of the CMU “Some Issues of Public Administration Reform” (Strategy of Public Administration Reform of Ukraine for 2016 – 2020) (No. 474-P of 24.06.2016);
- Order of the CMU “On Approval of the Strategy for Reforming the System of Public Financial Management for 2017-2020” (No 142/02 of 08.02.2017);
- Order of the CMU “On Approval of the Action Plan for Implementation of the Strategy for Reforming the System of Public Financial Management for 2017-2020” ( 415-217-P of 25.05.2017);
- Order of the CMU “On Approval of the National Action Plan for implementation of recommendations provided in the Concluding Observations of the UN Committee on the Elimination of Discrimination against Women to the eighth periodic report of Ukraine on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women for the period up to 2021” (No. 634-p of 05.09.2018);
- Order of the Cabinet of Ministers of Ukraine “On approval of the Concept of the State social program on preventing and combating domestic and gender-based violence for the period up to 2023” (of 10.10.2018 No. 728-p);
- Order of the Cabinet of Ministers of Ukraine “Issues of data collection for monitoring the implementation of sustainable development goals” (of 21.08.2019 No. 686-p);
- Order of the Ministry of Justice of Ukraine “On Approval of Methodological Recommendations for conducting Gender Legal Analysis of Legislation and Draft Normative-Legal Acts, Recognizing as Void of the Order of the Ministry of Justice of Ukraine No. 42/5 of 12 May 2006” (No. 3719/5 of 27.11.2018);
- Order of the Ministry of Finance of Ukraine “On Approval of Methodological Recommendations for Implementation and Application of Gender-Based Approach in Budgeting Process” (No 1 of 02.01.2019);

- Order of the Ministry of Social Policy of Ukraine “On approval of methodological recommendations for assessing the gender impact of sectoral reforms” (No. 257 of 14.04.2020);
- ASSOCIATION AGREEMENT between Ukraine, the European Union THE EUROPEAN ATOMIC ENERGY COMMUNITY (No. 1678-VII of 16.09.2014).

#### International legal instruments ratified by Ukraine

- Universal Declaration of Human Rights (1948);
- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950);
- International Labour Organization Conventions (1950-2000);
- European Social Charter (1961);
- UN International Covenant on Civil and Political Rights (1966);
- UN International Covenant on Economic, Social and Cultural Rights (1966);
- UN Convention on the Elimination of All Forms of Discrimination against Women CEDAW (1979);
- UN Convention on the Rights of the Child and its two Optional Protocols (1989);
- UN Declaration on Social Progress (1993);
- Vienna Declaration of Human Rights (1993);
- Beijing Declaration and Platform for Action and other outcome documents adopted at the Fourth World Conference on the Status of Women, Action for Equality, Development and Peace (1995);
- European Declaration on Equality between Women and Men (1998);
- European Social Charter (1999);
- UN Millennium Declaration, approved by the UN General Assembly resolution (2000);
- Outcome document of the special session of the UN General Assembly on Women in 2000: Equality between women and men. Development and Peace in the 21st Century” (2000);
- UN Security Council Resolution 1325 (2000);
- UN General Assembly resolutions “Transforming our world: the 2030 agenda for sustainable development” (2015);
- The Council of Europe Gender Equality Strategy 2018-2023 (2018).

# ANNEX 2

## Assessed legislation for introduction of preventive measures to overcome COVID-19

- 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.
- The 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.
- Law of Ukraine “On Amendments to Certain Laws of Ukraine Concerning the Treatment of Coronavirus Disease (COVID-19)” of 30 March 2020.
- 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.
- Law of Ukraine “On Amendments to the Law of Ukraine “On the Protection of the population from infectious diseases” on Preventing the Spread of the Coronavirus Disease (COVID-19)” of 13 March 2020.
- Decree of the President of Ukraine No. 87/2020 “On the Decision of the National Security and Defence Council of 13 March 2020 “On Immediate Actions to Ensure National Security in the Context of Outbreak of COVID-19 Acute Respiratory Disease Caused by Coronavirus SARS-CoV-2” of 13 March 2020.
- Decree of the President of Ukraine No. 88/2020 “On Anti-COVID-19 Coordination Council” of 16 March 2020, as amended on 17 and 23 March 2020.
- Resolution of the Cabinet of Ministers of Ukraine No. 211 “On preventing the spread of COVID-19 in Ukraine” of 11 March 2020 (as amended by Resolutions of the Cabinet of Ministers of Ukraine No. 215 of 16 March 2020; No. 239 of 25 March 2020; No. 241 of 29 March 2020; No. 242 of 30 March 2020; No. 262 of 08 April 2020.
- Resolution No. 240 of the Cabinet of Ministers of Ukraine “On preventing the spread of COVID-19 acute respiratory disease caused by the SARS-CoV-2 in Ukrainian nuclear power stations” of 16 March 2020.
- Resolution No. 245 of the Cabinet of Ministers of Ukraine “Some issues of application of restrictive anti-epidemic measures aimed at preventing the spread of COVID-19 acute respiratory disease caused by coronavirus SARS-CoV-2” of 25 March 2020.
- Resolution No. 246 of the Cabinet of Ministers of Ukraine “Some issues of remuneration of health and other workers that are directly involved in the elimination of acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2” of 23 March 2020.
- Resolution No. 247 of the Cabinet of Ministers of Ukraine “Issues of granting of housing subsidies” of 25 March 2020.
- Resolution of the Cabinet of Ministers of Ukraine No. 244 “On Amendments to the Procedure for Registration, Re-registration of the Unemployed and Keeping Records of Job Seekers” of 29 March 2020.
- Resolution of the Cabinet of Ministers of Ukraine No. 251 “Some issues of increasing payments of pension and providing social support to certain categories of the population in 2020” of 1 April 2020.
- Resolution No. 93-p of the Cabinet of Ministers of Ukraine “On prevention of the spread of COVID-19 acute respiratory disease caused by the SARS-CoV-2 in Ukraine” of 03 February 2020, as amended on 05 March 2020.
- Order of the Cabinet of Ministers of Ukraine No. 287-p “On temporary restriction of crossing the state border, aimed at preventing the spread of acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2” of 14 March 2020
- Order of the Cabinet of Ministers of Ukraine No. 288-p “On temporary closure of some checkpoints and border control points at the state border and

termination of pedestrian traffic through them” of 13 March 2020.

- Order of the Cabinet of Ministers of Ukraine No. 318-p “On the allocation of funds from the reserve fund of the state budget” of 18 March 2020.
- Order of the Cabinet of Ministers of Ukraine No. 326-p “On the allocation of funds from the reserve fund of the state budget” of 20 March 2020.
- Order of the Cabinet of Ministers of Ukraine No. 337-p “On measures to protect public order and ensure public safety, aimed at preventing the spread in Ukraine of acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2” of 23 March 23 2020.
- Order of the Cabinet of Ministers of Ukraine No. 339-p “On measures to ensure public safety and order, which aim to prevent the spread of acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2” of 23 March 2020.
- Decision of the National Security and Defence Council of 13 March 2020. “On Immediate Actions to Ensure National Security in the Context of Outbreak of COVID-19 Acute Respiratory Disease Caused by Coronavirus SARS-CoV-2”.
- Order of the Ministry of Health No. 722 “Organizing medical care for patients with coronavirus disease (COVID-19)” of 28 March 2020.
- Order of the Ministry of Health No. 768 “On approval of the List of positions of medical and other personnel directly involved in the elimination of the epidemic and implementation of measures to prevent the spread of acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2 and treatment of patients with acute respiratory disease COVID-19, caused by the coronavirus SARS-CoV-2, which is paid in the amount of three salaries (tariff rates) for March 2020” of 2 April 2020.
- Order of the Ministry of Health No. 698 “On approval of Interim measures in health care facilities to ensure their readiness to provide medical care to patients with acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2” of 23 March 2020.
- Order of the Ministry of Health No. 663 “On the optimization of measures to prevent the introduction and spread of cases of COVID-19 in Ukraine” of 13 March 2020.
- Order of the Ministry of Education and Science No. 406 “On organizational measures to prevent the spread of coronavirus COVID-19” of 16 March 2020.
- Order of the Ministry of Education and Science No. 1 / 9-182 “On the organized completion of the 2019/2020 academic year and enrolment in general secondary education” of 31 March 2020.
- Order of the Ministry of Education and Science No. 1/9-177 “On the organization of the educational process in institutions of professional (vocational) education for the period of quarantine” of 26 March 2020.
- Order of the Ministry of Education and Science No. 1/9-176 “On the organization of the educational process for the period of quarantine” of 25 March 2020.
- Order of the Ministry of Education and Science No. 1/9-165 “On the inadmissibility of forced eviction of students or giving such notice or recommendations to students” of 18 March 2020.

# ANNEX 3

## Online Questionnaire

UN Women in Ukraine is conducting online survey of the impact of COVID-19 on everyday life of Ukrainians.

The findings of this Survey will help to appropriately develop further programming and provide recommendations to authorities concerning the current situation.

Completing this survey should take you no more than 15 minutes.

Online survey is name-blind.

You need to respond to each of the survey questions.

Thanks in advance for your sincere answers and for engaging your family, friends and co-workers in the Survey.

If you would like to know the results of the survey weeks, you can leave your e-mail in this Questionnaire or check: <https://data.unwomen.org/>.

STAY SAFE!

### A1. In which region you currently live?

*Select only one option*

- |                    |                 |               |                  |
|--------------------|-----------------|---------------|------------------|
| 1. Cherkasy        | 8. Kherson      | 15. Mykolaiv  | 22. Volyn        |
| 2. Chernihiv       | 9. Khmelnytskyi | 16. Odesa     | 23. Zakarpattia  |
| 3. Chernivtsi      | 10. Kigovohrad  | 17. Poltava   | 24. Zaporizhzhia |
| 4. Dnipropetrovsk  | 11. Kyiv        | 18. Rivne     | 25. Zhytomyr     |
| 5. Donetsk         | 12. Kyiv City   | 19. Sumy      |                  |
| 6. Ivano-Frankivsk | 13. Luhansk     | 20. Ternopil  |                  |
| 7. Kharkiv         | 14. Lviv        | 21. Vinnytsia |                  |

### A2. Indicate the type of the settlement you currently live in:

*Select only one option*

1. Regional capital and the city of Kyiv
2. The city with the population over 100,000
3. Other city
4. Urban-type settlement Village

### A3. How old are you at the moment: \_\_\_\_\_

### A4. What is your marital status

*Select only one option*

1. Single/I do not have a partner
2. Married
3. Living with a partner
4. Still legally married but separated
5. Widowed
6. Divorced



**A5. Your sex:**

*Select only one option*

1. Female
2. Male

**A6. What is the highest level of education that you have?**

*Select only one option*

1. Primary (less than 9 grades)
2. Incomplete secondary education (certificate for 8-9 grades of school)
3. Vocational education on the basis of incomplete secondary education, without getting complete secondary (on the basis of 10-11 grades)
4. Complete secondary education (10-11 grades)
5. Vocational education on the basis of complete secondary education (on the basis of 10-11 grades)
6. Incomplete higher education (Junior Specialist – diploma of the technical school, college)
7. Complete higher education (Bachelor, Specialist, Master)
8. Academic Degree (Associate Professor, Doctor, PhD)

**B1. How would you rate your awareness on the following matters (scale 1-5, where 1 – “Know nothing”, 5 – “Know nearly everything”)\***

*Select only one option in each row*

Spread of COVID-19 in the country	1	2	3	4	5
Spread of COVID-19 in your region	1	2	3	4	5
Spread of COVID-19 in your settlement	1	2	3	4	5

**B2. What is your main source of information regarding COVID-19 in Ukraine (risks, recommended preventive actions and recommended coping strategies)?**

*Select all of the possible options*

1. Official Government websites
2. Radio/Television/Newspapers
3. Public service announcement (e.g. MoH, Centre for Public Health)
4. Social media (Facebook, Twitter, Instagram, etc.)
5. Messengers in social media (Telegram, Viber, WhatsApp)
6. Local self-governments
7. Friends/acquaintances
8. Family doctor
9. NGO/CSO
10. National COVID-19 Hotline
11. Other
12. Do not know about COVID-19

**B3. How would you rate the information you receive regarding the spread of COVID-19 in Ukraine?**

*Select only one option*

1. Information is clear and helped me
2. Information is clear, but it came too late
3. Information is confusing, contradictory
4. I did not receive any useful information

**C1. Are you currently covered by any form of health insurance?**

*Select only one option*

1. Covered by health insurance
2. Not covered by health insurance
3. I don't know

**C2. Have you been receiving any support from the Government, local municipalities, NGOs etc. (food, health supplies, etc.) since the spread of COVID-19 in Ukraine?**

*Select only one option*

1. Yes, only food
2. Yes, only health supplies (gloves, masks, sanitizers, etc.)
3. Yes, food and health supplies (gloves, masks, sanitizers, etc.)
4. No

**C3. As a result of COVID-19 in Ukraine, did you (personally) experience any of the following difficulties:**

*Select only one option in each row*

Difficulties with buying/access to health supplies, buying masks, gloves, etc.	Yes	No	Not applicable
Longer than usual wait times to visit doctors/seek medical care	Yes	No	Not applicable
Denial of medical care to myself or a family member	Yes	No	Not applicable
Unable to buy hygiene and sanitary products (soap, personal hygiene products, etc.)	Yes	No	Not applicable
Restrictions on the use of public transport	Yes	No	Not applicable
Problems with water supply and/or access to drinking water	Yes	No	Not applicable
Unable to buy food products	Yes	No	Not applicable
Unable to seek and receive social services/ support for myself and/or my family members	Yes	No	Not applicable

**C4. Due to the spread of COVID-19 in Ukraine, are any of the following experiences relevant for you:**

*Select only one option in each row*

Illness of a family/household member		
Loss of own business/income sources		
Moving to a different location within the same country		
Return to the country from abroad		

**C5. As a result of COVID-19 in Ukraine, how have the following household resources been affected?**

*Select only one option in each row*

Income/earnings from farming	Not an income source	Increased	Unchanged	Decreased
Income/earnings from family business	Not an income source	Increased	Unchanged	Decreased
Income/earnings from a paid job	Not an income source	Increased	Unchanged	Decreased
Food from farming, raising animals or fishing	Not an income source	Increased	Unchanged	Decreased
Money transfers received from people living abroad	Not an income source	Increased	Unchanged	Decreased
Support from family/friends in the country (money, food, etc.)	Not an income source	Increased	Unchanged	Decreased
Pensions and other social payments	Not an income source	Increased	Unchanged	Decreased
Government support (cash or in kind)	Not an income source	Increased	Unchanged	Decreased
Support/Charity from NGOs or other organizations	Not an income source	Increased	Unchanged	Decreased

**C6. In the current situation, whose support do you mainly rely on?**

*Select a maximum of 3 options*

1. Only myself
2. Family
3. Friends
4. Doctors
5. Local authorities (municipality, village council)
6. Line organizations – ministry of health, centre for public health
7. Community members
8. Volunteers
9. I don't rely on anyone
10. Other (specify)

**C7. Have you felt increase in abuse, prejudice (e.g. racism, xenophobia) in the area you live since the spread of COVID-19 in Ukraine?**

1. Yes
2. No
3. I do not know
4. I refuse to answer

**C8. Have you personally or your family/household members have experienced domestic violence since the spread of COVID-19 in Ukraine?**

1. Yes
2. No
3. I do not know
4. I refuse to answer

**C8.1. Please tell us, whether your neighbours or people you know have experienced domestic violence since the spread of COVID-19 in Ukraine?**

1. Yes
2. No
3. I do not know
4. I refuse to answer

**C9. If yes, did you or another person who has experienced violence accessed and/or sought for support from government or civil society organizations?**

1. Yes
2. No
3. Such service doesn't exist
4. I do not know
5. I refuse to answer

**D1. How would you best describe your employment status during a typical week prior to the spread of Covid-19 in Ukraine?**

1. I worked for an individual/state agency or private company/household
2. I had my own business/was self-employed and I employed other people
3. I had my own business/was self-employed and I did not employ other people
4. I helped (without pay) in a family business
5. I did not work and was not looking for a job and I was not available to work
6. I did not work, but I am looking for a job and I am available to start working
7. I do not work, I am a pensioner
8. I study full time
9. I do not work, I have a long-term health condition, injury, disability
10. Other

**D2. Is your business formally registered?**

1. Yes
2. No
3. I don't own a business

**D3. Who pays contributions toward pension on your behalf?**

1. My employer
2. Myself
3. Nobody
4. I do not know

**D4. Since the spread of COVID-19 in Ukraine, has the number of hours devoted to paid work changed?**

*Select only one option*

1. No change
2. Number of hours at work has decreased
3. Number of hours at work has increased
4. I am on unpaid leave imposed by my employer and/or Government
5. I lost my job
6. I am on unpaid leave at my own discretion
7. I am on full or partially paid leave
8. I am on annual leave

**D5. If restrictive measures continue, what would most likely to happen to your earnings?**

*Select only one option*

1. I am likely to continue to receive my full salary
2. I am likely to continue to receive a part of my salary
3. I am likely to receive no salary.
4. I don't know

**D6. If restrictive measures related to the spread of COVID-19 continue, what would most likely to happen to your financial situation in a month's time?**

*Select only one option in each row*

It would be difficult for me and my family to keep up with basic expenses (food, basic necessities)	Yes	Somehow	No
It would be difficult for me and my family to pay rent and utilities	Yes	Somehow	No
I will have to save on food	Yes	Somehow	No
I will have to reduce health services	Yes	Somehow	No
I will have to seek help from relatives and friends	Yes	Somehow	No
I will have to seek help from the local authorities	Yes	Somehow	No
I will use existing savings	Yes	Somehow	No
There will be no change	Yes	Somehow	No

**D7. Do you work in a sector with a heightened risk of being infected with COVID-19 coronavirus due to professional responsibilities (healthcare, trade, public transport, law enforcement and judiciary, social services, etc.)?**

1. Yes
2. No

**D8. Select a professional area you work in:**

1. I am a healthcare professional – doctor, nurse, paramedic
2. I work in a sector that provides services during temporary measures (trade, public transport, law enforcement and judiciary, social services , etc.)

**D9. If you work as a doctor/nurse/paramedic, are you provided with personal protective equipment (gloves, masks etc.) AT THE WORKPLACE?**

1. Fully provided
2. Partially provided
3. Not provided

**D10. Who has provided you with PPE (gloves, masks etc.) AT THE WORKPLACE?**

1. Myself
2. My employer
3. Charity
4. At the expense of clients/patients

**D11. If you work in a sector that provides services during temporary measures (in trade, public transport, law enforcement and judiciary, social service provision, etc.), have you been provided with personal protective equipment (gloves, masks etc.) AT THE WORKPLACE?**

1. Fully equipped
2. Equipped/partially
3. Not equipped

**D12. Who has provided you with PPE (gloves, masks etc.) AT THE WORKPLACE?**

1. Myself
2. My employer
3. Charity
4. At the expense of customers/patients

**E1. As a result of COVID-19, has the number of hours devoted to the following activities changed?**

*Select only one option in each row*

Cooking and serving meals	I do not usually do it	Increased	Unchanged	Decreased
Cleaning the house	I do not usually do it	Increased	Unchanged	Decreased
Instructing, teaching, training children	I do not usually do it	Increased	Unchanged	Decreased
Caring for children, including feeding, cleaning, physical care	I do not usually do it	Increased	Unchanged	Decreased
Affective/emotional support for adult family members	I do not usually do it	Increased	Unchanged	Decreased
Playing with, talking to and reading to children	I do not usually do it	Increased	Unchanged	Decreased
Assisting the elderly/sick/persons with disabilities (medical care, feeding, cleaning, physical care)	I do not usually do it	Increased	Unchanged	Decreased
Shopping for my family/household members	I do not usually do it	Increased	Unchanged	Decreased
Remote work from home	I do not usually do it	Increased	Unchanged	Decreased

**E2. Since the spread of COVID19 in Ukraine, which household activity have you spending the most time for?**

*Select only one option*

1. Cooking and serving meals
2. Cleaning the house
3. Shopping for my family/household members
4. Collecting water/fuel
5. Playing with, talking to and reading to children
6. Instructing, teaching, training children
7. Caring for children, including feeding, cleaning, physical care
8. Assisting the elderly/sick adults or persons with disabilities (medical care, feeding, cleaning, physical care)
9. Affective/emotional support for adult family members
10. Remote work from home

**E3. Since the spread of COVID-19 in Ukraine, has the burden of responsibilities within the household changed?**

*Select only one option in each row*

My partner helps me more with household chores and caring for family	Yes	No	Not applicable
My daughter(s) helps me more with household chores and caring for family	Yes	No	Not applicable
My son(s) helps me more with household chores and caring for family	Yes	No	Not applicable
Other family members help me more with household chores and caring for family	Yes	No	Not applicable
A hired domestic worker/babysitter/nanny help me more	Yes	No	Not applicable
I am on my own, no one else can help me with household chores and caring for family	Yes	No	Not applicable

**E4. How many persons live with you (excluding yourself)?**

*Select only one option in each row*

aged 18-64	0	1	2	3 and more
aged 65+	0	1	2	3 and more
those in need of care (such as persons with temporary limited mobility, persons with disability, etc.)	0	1	2	3 and more

**E5. Indicate the number of children under 17 in your family, including:**

1. I DO NOT HAVE CHILDREN
2. 1
3. 2
4. 3 and more

**E6. Indicate the age of your youngest child:**

1. 0-3
2. 4-7
3. 8-12
4. 13+

**E7. If you currently work OUTSIDE THE HOME and have PRE-SCHOOL AGE and/or YOUNGER SCHOOL AGE CHILDREN, who mainly cares for them during COVID-19 quarantine closure of educational institutions?**

1. I DO NOT WORK OUTSIDE THE HOME or I DO NOT HAVE CHILDREN OF SUCH AGE
2. Partner (spouse)
3. Ex-partner (if you are divorced or separated)
4. (Great-)grandmothers/ (Great-)grandfathers
5. Hired workers
6. Neighbours
7. Older children
8. Other relatives

**E8. If you currently work FROM HOME and have PRE-SCHOOL AGE and/or YOUNGER SCHOOL AGE CHILDREN, who mainly cares for them during COVID-19 quarantine closure of educational institutions?**

1. I DO NOT WORK FROM HOME or I DO NOT HAVE CHILDREN OF SUCH AGE
2. I do it on my own
3. Partner (spouse)
4. Ex-partner (if you are divorced or separated)
5. (Great-)grandmothers/ (Great-)grandfathers
6. Hired workers, babysitters
7. Neighbours
8. Older children
9. Other relatives

**E9. Which of your family members are mainly involved in schooling of child/ren at home during the quarantine (supervising study, assistance with homework)?**

1. I DO NOT HAVE CHILDREN OF SUCH AGE
2. I do it on my own
3. Partner (spouse)
4. Ex-partner (if you are divorced or separated)
5. (Great-)grandmothers/ (Great-)grandfathers
6. Hired workers
7. Neighbours
8. Older children
9. Other relatives
10. Nobody, the child/children study on their own

**If you would like to know the summarized results of the survey, please, share your e-mail address. You can also engage your household members aged 18+ (men and women) in this Survey.**

**UN Women in Ukraine would like to thank you!**



# ANNEX 4

## Guide and instruction for interviewing target groups

Period: 28 March – 2 April 2020

The estimated duration of the interview is up to 15 minutes (if you feel that the respondent is ready for a longer meaningful conversation, which is important for the research, you should not deliberately stop the interview.).

### Important!

1) During the first contact with the informants, we brief them on the purpose of the survey, let them know that participation is voluntary and that the interview is anonymous;

2) We do not indicate or collect personal information about the respondents. In the text, if necessary, you can use a made-up name;

3) The choice of language for the interview should be one the informant is comfortable with.

**Key interview questions (this means you can also ask clarifying questions):**

**1.** “What problems do you face as a result of the coronavirus pandemic and restrictive measures?”

**2.** “What problems you may face in the nearest future as a result of the continuation of restrictive measures?”

**3.** “What support do you need in this regard? What actions of the authorities could improve the situation for you personally?”

### Target groups:

- Women veterans and servicewomen;
- Roma women
- Female residents of borderline settlements and those on the contact line;
- Older women (65+);
- IDP women;
- Women living with HIV/AIDS;

- Women diagnosed with chronic diseases;
- Women with disabilities (walking disabilities and/or other nosologies) and/or other limited mobility groups;
- Single mothers actually raising children alone;
- Pregnant women;
- Women with many children;
- Women raising children alone;
- Women-caregivers of children with disabilities or family members with disabilities and/or with chronic diseases;
- LBTQI+;
- Women-frontline workers engaged in services related to high risk of infection (healthcare workers, as well as salespersons in grocery stores, social workers, police officers etc.);
- Women entrepreneurs/self-employed, including casual workers, those engaged in subsistence farming, etc.

### Guidance for interviewers:

1) Kindly focus on the specific situation of particular vulnerable groups. For example, if the respondent is pregnant, ask what the challenges are for her primarily as a pregnant woman. Problems may be related to: access to vital services (medical, social, administrative, educational, public transport), goods (e.g. necessary medications or hygiene products), financial problems and balancing work and care for children (for certain categories of women, for example, especially for single mothers), rise in domestic violence, etc. depending on the specific context.

2) when speaking to the respondents it is important to clarify with them why the problems arose or aggravated – closure of borders, closure of schools and kindergartens, closure of companies where they

worked, restrictions on receiving services or use of public transport, shutdown of particular stores, etc.

Please, provide the texts of interviews in writing (Word format) in the language used by the respondent. If possible, provide a verbatim transcript, though you may also make a summary. We will appreciate direct quotations from the first person (they will make the study more “live”).

We request that you provide information on each interview according to the following scheme:

1) respondent’s details: made-up name, age, what vulnerable group (or groups) she represents, where resides (region and type of settlement – city or village). For example, a) Svitlana, 31, pregnant, Sumy region, city-regional capital; b) Victoria, 39, living with HIV, Chernivtsi region, village.

2) question asked (in italics), the respondent’s answer.

# ANNEX 5

## Questionnaire for interviews with key informants

1. Have the Operational Headquarters for preventing the spread of COVID-19 been created in the Amalgamated Territorial Community (ATC)? If so, who are members of the staff of Headquarters (disaggregated by function and genders)?

2. Is there a person/specialist/expert with the knowledge of gender equality/gender analysis/gender-responsive budgeting in the Operational Staff?

*Additional question:* Чи забезпечуються представники/ці Оперативного штабу індивідуальними засобами захисту/антисептичними засобами від можливого зараження коронавірусом COVID-19?

3. Has the work schedule of the village/settlement Council, its subdivisions and related municipal services been changed for the period of quarantine until 24 April 2020:

- employees have transitioned to remote work (including work from home online);
- premises of the village/settlement council are not open for public and visits and meetings with individual village/settlement residents have been suspended;
- meetings, public hearings, discussions and council coordination meetings etc. cancelled.

4. How has the work schedule of the municipal services managed by the village/settlement Council changed? Are their employees involved in preventive measures against the spread of COVID-19?

*Additional question:* Describe the availability and quality of their service.

*Additional question:* Are the employees of the municipal services being provided with the personal protective equipment/sanitizers to prevent them from becoming infected with the COVID-19?

5. Are village/settlement Council sessions held? In what form (closed or open sessions)?

*Additional question:* Gender composition of the village/settlement Council.

6. Has the Head of the council issued any directives on restrictive measures in the ATC to prevent the spread of COVID-19? If yes, what restrictive measures are in place that affect the residents of the ATC?

7. How were the interests of vulnerable persons (e.g. lonely retired women/men and girls/boys/ women/men with disabilities, families that have children with disabilities) included (or taken into consideration) in developing and implementing restrictive measures in the ATC?

*Additional question:* Has there been a need for additional resources during the quarantine, to provide for essential needs of vulnerable women and men? If so, what are the resources required?

*Additional question:* What steps are being taken by the village/settlement Council in order to help vulnerable persons (e.g. lonely retired women/men and girls/boys/ women/men with disabilities) to survive quarantine/to comply with the self-isolation advice of the Ukrainian Ministry of Health?

The answer to the additional question will help to form case studies of good practices (for example, in many cities social workers' task forces are being created to provide food kits or relief items to women and men with disabilities, retired or lonely).

8. How do the authorities respond to individuals or vulnerable groups seeking assistance?

9. Challenges/difficulties/problems faced by the ATC in the context of quarantine.

*Backup additional question:* What is permanent population as of 01 January 2020 (distributed by settlements included in the ATC):

- girls/boys
- women/men.

*Additional question:* What is the number of women/men in age category 30-60?





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