

# Humanitarian analysis through gender lenses

August 2021



**Women and children represent 68 per cent of all conflict-affected population.** Over 240,000 children living near the “contact line” are regularly exposed to shelling, landmines, and explosives remnants of war (ERW). Women and children living in isolated settlements often experience limited access to reproductive health services due to security reasons, unavailability of public transport and very often unaffordability. Pregnant and breastfeeding women continue to face compromised access to reproductive health and referral services, to antenatal and postnatal care and safe birthing practices. Women and children affected by problems related to war-related traumas and injuries require continuous medical care, Psychosocial Support Services (PSS) and regular examination of their condition.<sup>1</sup>

**Elderly people constitute 38 per cent of the population in conflict-affected areas.** This is much higher than in the rest of Ukraine, where the proportion of elderly is estimated at 17 per cent. Women represent

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<sup>1</sup> OCHA Ukraine. (2021). *Humanitarian Needs Overview Ukraine*

the majority of older people (with estimates ranging from 56% to 76.3%) in the region.<sup>2</sup> Elderly people face higher prevalence of comorbidities, including chronic diseases, mental health issues, and disabilities. According to the latest assessment by HelpAge International during April and May 2020: 99 per cent of the elderly population in the Government-Controlled Areas (GCA) have at least one chronic disease, 87 per cent have limited mobility and require assistive devices, 92 per cent report issues with access to medical facilities and medicines. The majority of elderly people (87.25% of elderly women and men) reported reliance on one source of income (pension) and having debts for utilities, which might impede mobility and access to health information and health care services.<sup>3</sup>

**People with disabilities constitute a high number of conflict-affected population and face increased barriers in accessing health.** The percentage of people with disabilities is disproportionately high in areas close to the “contact line” where almost 15 per cent of the population has a disability compared to an average of 6 per cent across Ukraine.<sup>4</sup> People with disabilities face additional barriers accessing basic services relating to the infrastructural accessibility of facilities and transportation to and from facilities.<sup>5</sup> Many people with disabilities are unable to obtain the required documents to prove their disability, injury or sickness, further complicating their access to healthcare services.<sup>6</sup>

**Women in conflict-affected areas face increased risk of domestic, sexual and gender-based violence (SGBV),** which has further exacerbated since the outbreak of the pandemic. Women and girls are at a higher risk of violence from their intimate partners and other forms of domestic violence as tensions in the household rise. This can be attributed to forced confinement compromising people’s physical, mental and psychological health. According to UN women, reports of domestic violence have doubled since the beginning of the COVID-19 pandemic.<sup>7</sup> According to an NGO survey of victims, unemployment and alcohol abuse were named as main factors of domestic violence, along with confinement in one space due to the quarantine.<sup>8</sup> Due to the fact that the Istanbul Convention has not been ratified in Ukraine, little was done to provide legislative and programmatic measures to ensure that victims have access to health services and social services and that these services have the necessary resources and trained professionals to provide the much needed assistance and guidance to victims. Women and girls are also more vulnerable to resort to negative coping strategies such as transactional sex which often results in unwanted pregnancies and abortions, as well as increased risk of sexual transmission of HIV and sexually transmitted infections (STIs) in the affected regions.<sup>9</sup>

**Women working in health care and patient care continue to face discrimination.** Women make up more than 80 per cent of full-time health workers. However, salaries in the healthcare sector are one of the lowest among all industries (in 2018: UAH 5,723 per month for women, UAH 6,441 for men). The gender

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<sup>2</sup> *Assessment of Patient Barriers to Healthcare in the Conflict Impacted Areas of Eastern Ukraine.* (2021, June 25).

<sup>3</sup> OCHA Ukraine. (2021). *Humanitarian Needs Overview Ukraine*

<sup>4</sup> Ibid

<sup>5</sup> *Assessment of Patient Barriers to Healthcare in the Conflict Impacted Areas of Eastern Ukraine.* (2021, June 25)

<sup>6</sup> OCHA Ukraine. (2021). *Humanitarian Needs Overview Ukraine*

<sup>7</sup> UN Women, ‘Rapid Gender Assessment’, May 2020

<sup>8</sup> Right to Protection, Карантин і домашнє насильство. Який між ними зв’язок? [The quarantine and domestic violence: What is the relationship between them?], 16 November 2020, available at <https://r2p.org.ua/karantyn-i-domashnye-nasylstvo-yakyj-mizh-nymyzyvazok/?fbclid=IwAR3bBQ83klcMLI5lnb6tEPZDTR14mjsKGZw98TKjdOMFWdeYatac15Kklvc>.

<sup>9</sup> OCHA Ukraine. (2021). *Humanitarian Needs Overview Ukraine*

pay gap is 11.1 per cent. In Ukraine, the system of providing professional social services by the state is underdeveloped, the number of social workers has been constantly declining during the reforms and amounted to 83.9 thousand in 2018. Women make up more than 80 per cent of full-time social workers. Thus, in the period of COVID-19 pandemic, they are exposed to the risk of disease while providing food, medicines, care for single elderly people, people with disabilities and so on. Due to the insufficient level of development of the social services system, women are the primary unpaid caregivers for patients and people with disabilities - children, parents and relatives, and the state provides them with very little support.<sup>10</sup>

**Roma women and girls faced the risk of additional marginalization owing to intersectional discrimination during the COVID-19 pandemic.**<sup>11</sup> Roma women with children have been disproportionately affected by the Cabinet of Ministers Resolution No. 632 that reduced coverage of social security payments for single parents. Without social assistance, the Roma women faced difficulties in providing for their children's essential needs, including food and clothing, and in ensuring they could continue their education. Prior to the pandemic, Roma communities in Ukraine faced endemic discrimination and social exclusion, including lack of access to adequate healthcare, water and sanitation, food security and education. Many Roma families do not have access to adequate housing and live in overcrowded households without access to running water and sanitation, making it difficult to comply with preventative hygiene measures.<sup>12</sup>

**The places of detention in non-Government Controlled Areas (NGCA) have not been adequately assessed by international humanitarian organizations and lack appropriate healthcare.** According to reports from NGOs, gender-based, sexual violence against prisoners, as well as disregard for women's hygiene and unsanitary conditions remain a serious problem in places of detention.<sup>13</sup> Representatives of the International Committee of the Red Cross mission still do not have access to places of detention in certain districts of Donetsk and Luhansk regions. Due to the absence of access to places of detention in territory controlled by self-proclaimed 'republics', there is only fragmented information on the impact of COVID-19 there. Information received by OHCHR indicated that detainees were not provided with adequate healthcare services and PPE in places of detention in both "Luhansk People's Republic (LPR)" and "Donetsk People's Republic (DPR)". In particular, there were concerns regarding lack of information about the health status of detainees and prisoners provided to families, significant shortage of essential medicines and healthcare staff in detention facilities, and lack of access to external medical specialists and institutions for detainees, even those suffering from critical medical conditions.<sup>14</sup>

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<sup>10</sup> Kyseliova Oksana, Гендерний вимір пандемії COVID-19 [Gender dimension of the COVID-19 pandemic], May 2020, available at [https://mof.gov.ua/storage/files/covid\\_final.pdf](https://mof.gov.ua/storage/files/covid_final.pdf).

<sup>11</sup> UN Women, Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine, May 2020, p. 58.

<sup>12</sup> OHCHR, Impact of COVID-19 on Human Rights in Ukraine, December 2020, available at [https://ukraine.un.org/sites/default/files/2020-12/Ukraine\\_COVID-19\\_HR\\_impact\\_EN.pdf](https://ukraine.un.org/sites/default/files/2020-12/Ukraine_COVID-19_HR_impact_EN.pdf)

<sup>13</sup> East Ukrainian Center for Public Initiatives, Війна без правил: гендерно-обумовлене насильство, пов'язане зі збройним конфліктом на сході України [War Without Rules: Gender-Based Violence Related to the Armed Conflict in Eastern Ukraine], 2017, available at [https://ifp.org.ua/system/reports/files/110/uk/gon\\_151117.compressed.pdf](https://ifp.org.ua/system/reports/files/110/uk/gon_151117.compressed.pdf)

<sup>14</sup> OHCHR, Impact of COVID-19 on Human Rights in Ukraine, December 2020, available at [https://ukraine.un.org/sites/default/files/2020-12/Ukraine\\_COVID-19\\_HR\\_impact\\_EN.pdf](https://ukraine.un.org/sites/default/files/2020-12/Ukraine_COVID-19_HR_impact_EN.pdf)

**Women and elderly population, who comprised the majority of those crossing the contact line before the COVID-19 lockdown, were particularly affected by restrictions imposed by the Government of Ukraine and the self-proclaimed ‘republics’ in March 2020.** Even with the partial re-opening of EECs in June 2020, the number of monthly crossings remained well below pre-pandemic levels. In Donetsk region, the average monthly number of crossings from June 2020 to October 2020 decreased 375-fold compared with the same period of 2019. The situation with crossings in Luhansk region was better, but even in August and September 2020 (months with the highest numbers of crossings since March), average numbers of crossings were 75 per cent lower than during the same months of 2019.<sup>15</sup>

**The conflict exacerbates the risks of human trafficking, especially for women and girls who are reported to be recruited for sex labor trafficking.** Ukrainian children are also at risk of being subjected to forced begging, sex, and labor trafficking. A 2019 IOM survey of over 2,000 vulnerable youths in the country found that 40 per cent declared being ready to accept at least one offer that may lead to their involvement in human trafficking. In NGCA, there are reports of children being used as soldiers, human shields, informants, and checkpoint guards by armed secessionists.<sup>16</sup>

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<sup>15</sup> OHCHR, Impact of COVID-19 on Human Rights in Ukraine, December 2020, available at [https://ukraine.un.org/sites/default/files/2020-12/Ukraine\\_COVID-19\\_HR\\_impact\\_EN.pdf](https://ukraine.un.org/sites/default/files/2020-12/Ukraine_COVID-19_HR_impact_EN.pdf)

<sup>16</sup> Acaps, Brief note, 4 November 2019, available at [20191104\\_acaps\\_briefing\\_note\\_ukraine\\_conflict\\_in\\_donetsk\\_and\\_luhansk.pdf](https://www.acaps.org/sites/default/files/20191104_acaps_briefing_note_ukraine_conflict_in_donetsk_and_luhansk.pdf)