



GENDER & VULNERABLE POPULATION INCLUSION IN ASCs SERVICE PROVISION

PRIORITIES IN SERVICE DELIVERY DURING THE FULL-SCALE INVASION OF UKRAINE

UKRAINE - SWEDEN, 2023

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Acronyms & Abbreviations

ASCs	Administrative Service Centers
CSOs	Civil Society Organisations
GBV	Gender-based violence
HROMADA	Local authorities (An administrative division or territorial community. Municipality. (Literal translation = Community)
IDPs	Internally Displaced Persons
IOM	International Organization on Migration
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+
LSG	Local Self-Governance
MNCH	Maternal, New-born, and Child Health
PROSTO	SALAR project supporting services accessibility in Ukraine
PSEAH	Protection against Sexual Exploitation, Abuse and Harassment
SADDD	Sex, age- and disability disaggregated data
SALAR	Swedish Association of Local Authorities and Regions
SEAH	Sexual Exploitation, Abuse and Harassment
SGBV	Sexual gender-based violence
Sida	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health/Rights
ToR	Terms of Reference
U-LEAD	Ukraine – Local Empowerment, Accountability and Development Programme
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization
WPS	Women, Peace & Security



CONTENTS

Acronyms & Abbreviations	1
1. Report summary	3
2. Background	4
3. Objectives and Goals	4
4. Methodology & Approach	4
5. Gender/Intersectional Analysis	5
6. Analysis, Internal needs (ASCs)	6
6.1. Workload	6
6.2. Technical needs	8
6.3. Psychosocial needs	10
6.4. Financial needs	12
7. Analysis, External needs	12
7.1. Internally Displaced Persons (IDPs)	15
7.2. Veterans	15
7.3. Elderly populations/Rural communities	16
7.4. Disabilities, physical/mental unhealth, and caregivers	17
7.5. Children	18
7.6. Socioeconomic vulnerable groups	19
7.7. Other minority groups	20
8. Recommendations	21
8.1. Technical measures	21
8.2. Organizational and training measures	24
8.3. Psychosocial measures	26
8.4. Information measures	27
8.5. Dialogue and collaborative measures	28
9. Conclusions	32
10. Appendices	32
Appendix A Recommendations – short version	32
Appendix B Interviewees, regions, and questions	32
Appendix C Limitations of the study	32
Appendix D Testimonies from respondents	32
Appendix E Workshop presentation	32
Appendix F Bibliography	32



1. Report summary

This report presents the findings of a gender- and intersectional analysis on the current situation of service delivery during the context of wartime in Ukraine.

The report is based on interviews with service delivery providers in three regions of Ukraine - Kharkiv, Vinnytsia and Rivne regions - as well as with Civil Society Organizations (CSOs) with knowledge of gender, vulnerable populations, and service delivery. The interviews were conducted in Jan-Feb 2023.

The objective of this assignment is to develop concrete and practical recommendations for inclusive service provision during war times in Ukraine.

The report summarizes the most pressing needs of service delivery providers (i.e., staff at Administrative Service Centers, ASCs) and service beneficiaries (i.e., citizens and communities) in Ukraine during wartime. The report was commissioned by the PROSTO project (SALAR’s project supporting services accessibility in Ukraine).¹

A key objective is to provide local self-governments (LSGs/municipalities) and ASCs with valuable insights for their strategic and operational planning.

The report presents a total of 33 practical recommendations for LSGs’/ASCs consideration – and can serve as background information on what priorities and investments should be made, considering available resources and budgets. The end goal is to ensure that as many of the most pressing needs of the Ukrainian people - not least the needs of the most vulnerable populations - are attended to.

The report’s most important section is therefore found under heading **#8 Recommendations**. A short version of recommendations can be found in **Appendix A**.

Implementing as many recommendations as possible is likely to bring positive long-term effects on service delivery and ensure that all citizens’ needs in Ukraine are met as optimally as possible - during the very real challenges and trauma of war.

Recommendations are divided into the following 5 themes:

1. **Technical measures**
2. **Organizational and training measures**
3. **Psychosocial measures**
4. **Information measures**
5. **Collaborative measures (ASCs/LSGs/CSOs/PROSTO + citizen dialogues)**

¹ <https://salarinternational.se/projects/projekt/ukrainelocalempowermentaccountabilityanddevelopmentprogramme.737>



2. Background

The initiative of this assignment came as a result of two previous national gender analysis of ASC activities in the context of war, conducted by the project PROSTO in April and November 2022^{2, 3}.

These analyses revealed a need to further analyze and address the specific needs of various intersectional groups, and their access to service delivery during wartime. The findings also indicated a knowledge gap among ASC staff as to the relevance of including a gender-responsive approach to service delivery.

3. Objectives and Goals

The objective of this assignment is to develop concrete and practical recommendations for inclusive service provision during war times in Ukraine.

The report seeks to identify the impact of the war on service provision from a gender and intersectional perspective, and to identify the support needed for both ASCs (service providers) and communities (service beneficiaries), to:

1. Strengthen gender-responsive service provision at the local level
2. Strengthen service provision for vulnerable populations in Ukraine
3. Meet the expressed needs and priorities of service delivery staff during wartimes

The objectives and goals fall under the umbrella of ensuring human rights, gender equality, and sustainability for Ukraine long-term. Thus, the medium- and long-term recommendations are not necessarily less urgent than the short-term recommendations.

An analysis of what needs and recommendations should be prioritized first - in accordance with available resources and practical feasibility - should be made by LSGs and ASCs in collaboration. Preferably, this prioritization should be made with a participatory approach that includes citizen- and CSO dialogues. The PROSTO project can also serve as a dialogue and collaborative resource.

4. Methodology & Approach

The analysis is built on information collected in eight interviews conducted with ASC service delivery staff in three regions. Interviewees included both leadership and management roles (Heads of ASCs), and staff members (Service Administrators).

The following regions were included – representative of different challenges:

1. **Kharkiv region** – East, a recently liberated and de-occupied region
2. **Vynnytsia region** – West/Central region (towards Moldova), with a large influx of IDPs
3. **Rivne region** – West/Central region (towards North/Belarus), large influx of IDPs

² Gender Prompt Analysis, PROSTO project. Operational Gender Analysis of the TSNAP in a condition of full-scale war. April 2022

³ Gender Monitoring of ASC activities in the context of Russia's full-scale invasion of Ukraine, PROSTO project. Nov 2022.



Note: Some interviews were rescheduled several times due to air raids over Ukraine - where both interviewees and interpreters had to seek shelter for safety.

Information was also collected through interviews with two Civil-Society Organizations (CSOs), with extensive knowledge of gender mainstreaming, human rights, local self-governments (LSGs) and Administrative Service Centers (ASCs). The CSO interviews gave a broader picture of needs of the most vulnerable groups, who may not even make it to ASCs themselves. An extensive desktop review was also undertaken.

The methodology used for the interview process was semi-structured interviews. The methodology used for the gender/intersectional analysis was SALAR's 4R method for gender mainstreaming.

The report is focusing primarily on small and middle-sized municipalities of Ukraine.

More information can be found in the Annexes:

- A detailed description of interviewees/respondents, regions included, interview questions/topics of investigations, and a map of Ukraine are found in **Annex B**.
- An analysis of the limitations of the study are found in **Annex C**.

5. Gender/Intersectional Analysis

Effects of the war on gender equality and vulnerable populations:

The full-scale Russian invasion is having devastating effects on Ukraine, resulting in millions of refugees, internally displaced people (IDP), and growing humanitarian needs.

It is evident that the war is impacting women and men in different ways. As previous gender analyses have indicated, the war is worsening pre-existing inequalities, such as women performing even more unpaid labor, having less access to employment and capital, and becoming more vulnerable to S/GBV.⁴

A gender analysis includes the specific needs of *all genders* - women/men, girls/boys, and others. Thus, men's specific vulnerabilities, such as being conscripted as soldiers, risking disability and trauma, while also being more prone to *not* seek help for mental unhealth (risking self-medication with alcohol or drugs instead) are also examples of gendered issues that can become problematic long-term if left unaddressed. LGBTQIA+ persons have yet other specific needs, as noted in the recommendations.

In times of extreme societal upheavals and crisis, such as during armed conflicts and wars, traditional gender roles tend to become strengthened and gender inequalities be further exacerbated – if not addressed appropriately.

Likewise, during wartime, already vulnerable populations often become susceptible to further vulnerabilities - if appropriate and proactive measures are not taken. As an

⁴ Gender Prompt Analysis, PROSTO project. Operational Gender Analysis of the TSNAP in a condition of full-scale war. April 2022; Gender Monitoring of ASC activities in the context of Russia's full-scale invasion of Ukraine, PROSTO project. Nov 2022; PROSTO Project – Situation Analysis for ASC in Ukrainian hromadas March – April 2022, p. 10



example, a person with a disability, or an elderly person in a rural community, will risk further marginalization/not having their needs met, due to the consequences of war, e.g.; family members/caretakers may have fled as refugees/IDPs, care facilities may have closed/been damaged, there may be a lack of electricity, food, water, health care or medicines, and/or damages to infrastructure further restricting mobility and access to service delivery.

Vulnerable populations include various intersectional groups, amongst others:

- IDPs (Internally Displaced People)
- veterans
- the elderly (and caretakers)
- rural populations (*further marginalized by destruction/damages in infrastructure*)
- disabled individuals (and caretakers)
- children (and caretakers)
- individuals suffering from physical or mental unhealth (and caretakers)
- socioeconomically vulnerable individuals (*single parent households, the unemployed, persons living in poverty or financial insecurity also before the war*)
- other marginalized groups, e.g., minority groups, LGBTQIA+ communities, persons without documentation etc.

6. Analysis, Internal needs (ASCs)

The internal needs refer to the needs and priorities of service providers, i.e., ASC staff. The analysis is divided into the following four areas:

6.1. Workload, 6.2. Technical needs, 6.3. Psychosocial needs, 6.4. Financial needs.

6.1. Workload

Both Heads of ASCs and administrative service personnel interviewed stated that they currently have a much more manageable workload than they did at the start of the war. The most common phrase used was “We can handle it.”

However, the workload and overall situation for ASC staff was extreme last year, with respondents reporting that they sometimes worked between 6am and midnight, sometimes throughout the night (to have increased access to electricity).⁵

The fact that the workload situation is, in comparison, better today than it was at the start of the war does not translate to the workload being manageable long-term. “Coping” is not the same as doing well or thriving.

Personal engagement of ASC staff - “We go through this together, in dignity”

A noteworthy recurrence present in all ASC staff interviews was the personal engagement and dedication of staff members to their work. ASC staff expressed a deep individual willingness and commitment of wanting to serve their communities with the best service delivery possible.

⁵ Оперативний гендерний аналіз діяльності ЦНАП в умовах повномасштабної, війни 2022.



It is obvious that in this time of crisis, the efforts of ASC staff to provide services at the very best of their abilities go beyond that of a job description and becomes mixed with a sense of duty and an inner calling to be part of the solution for the most well-functioning situation for Ukrainians during the overall traumatic time of war.

It is also noteworthy that most recommendations given by ASC staff were not around seeking solutions to their own situations/intense workload, but to seek solutions for how service recipients could get improved access to service delivery during the current context and challenges of war.

The most common statement of ASC staff:

“We just want to be able to give the best service delivery we can, to serve the people in the best way we can - and in a timely manner. We are going through a war; we want to go through this together with dignity.”

This dedication of ASC staff is important to note because *the personal commitment of ASC staff, although impressive, also poses a risk of long-term burnout.*

To avoid the risk of exhaustion and staff burnout - it is crucial that as many of this report’s recommended measures as possible will be implemented, as soon as possible (as resources allow) by the stakeholders in power - whether local or state authorities.

A proactive investment in ASC staff directly translates to an investment in well-functioning service delivery of Ukraine long-term.

Gender- and intersectional analysis:

An overall observation during interviews with ASC staff is a general lack of awareness amongst staff as to the importance of looking at gender-specific needs.

Although there is an innate understanding as to specific needs of other groups, i.e., why groups such as the elderly, or persons with disabilities, may have specific needs that need special attention – the overall understanding of different needs based on gender, i.e., of men/women, girls/boys, and non-binary individuals tends to be much lower.

In response to questions regarding gender, many ASC staff members stated, *“there is no difference”,* or *“there is a war, everyone has the same needs”*. Some gender differences are recognized, such as the greater workload of women as caregivers and as visitors to ASCs, and women’s specific needs relating to maternity services for example.

Yet, the deeper understanding of gender-specific needs, including the recognition of differences in decision-making power, access to jobs and money, the high costs of S/GBV on women, or the higher risks of men to not seek help for mental unhealth etc. - remains quite low.

According to the CSO respondents interviewed, there is also a lack of gender mainstreaming of service delivery in general. CSOs state that although policies tend to be gender mainstreamed at higher policy levels - there is a lack of gender mainstreaming of the more practical and hands-on day-to-day activities. For example,



instructions and directives to service delivery (as provided by LSGs to ASCs, i.e., instructions as to how service delivery should be performed) need to be gender mainstreamed – as do *service delivery documents and forms* - to ensure a gender and intersectional perspective to service delivery from the start.

Increased traditional gender roles/division of labor + quadruple work burden of women:

There is a clear gender aspect to ASC service delivery as both most service providers, and most ASC visitors are women.⁶ This was the case also before the war and has only increased since the invasion. The reasons are manifold, amongst them:

1. Tradition of more women employed in ASCs

There have always been more women employed in ASCs than men. (Of the three ASCs interviewed, two had only women staff, while one had two men out of 12 employees.)

2. Strongly divided gender roles/division of labor – increased since the war

Strongly divided gender roles in Ukraine entail that more women take care of affairs concerning children, family, and the home - including administrative tasks. When asked why, one ASC staff member said, *“maybe the men are just lazier.”* Another said, *“women always deal more with paperwork, also before the war.”* Since the war broke out – division of gender roles have further increased, as more men are – in the words of ASC staff *“away protecting the motherland”*. Meanwhile, more women and children have left the country as refugees, are IDPs, and are often left alone caring for children and homes. This means that even more women than men than usual currently visit ASCs as they are also handling service delivery errands for their husbands, boyfriends, and brothers.

3. The quadruple work burden of women

Many ASC staff members are themselves left to care for their families as more men are fighting in the war - adding to the overall *double burden* of paid and unpaid labor. Already prior to the war, Ukrainian women spent 24.6 hours per week on unpaid labor, compared to men’s 14.5 hours.⁷ Now, this burden has increased. Moreover, the added workload is often *tripled* – as many women now also perform more communal and volunteer work, often after workhours. If counting the reproductive burden for pregnant women, or women with young babies, this could entail a *quadruple burden*.

For recommendations addressing the issue of workload, see **heading #8**.

6.2. Technical needs

Because most service providers (ASC staff) and service beneficiaries (ASC visitors) are women, there is an inherent gender component to everything related to service delivery in Ukraine. Even though technical needs may not seem gendered at first glance, they are, as they directly affect the daily lives of primarily women. Thus, improving technologies facilitating service delivery will improve the lives of mostly women. As noted in the PROSTO monitoring report from Nov 2022, “restoring access to

⁶ PROSTO Project – Situation Analysis for ASC in Ukrainian hromadas March – April 2022, p. 10

⁷ <https://www.fao.org/3/cb9449en/cb9449en.pdf> FAO (7 April 2022) Gender related impacts of the Ukraine conflict.



administrative services is one of the top priorities for liberated communities.”⁸

A crucial aspect to alleviate stress brought on by the increased workload for ASC staff is to ensure that technical needs are provided for, that stolen or damaged technology is quickly replaced, and that systems are upgraded, and unified - as technical improvements speed up the time it takes for staff to provide service delivery.

More efficient service delivery also benefits visitors, predominantly women (children) who visit ASCs. Thus, all recommendations relating to technical needs, i.e., having the right equipment, access to mobile kits, electronic systems for making appointments, unified collection of sex-disaggregated data and work experience, gender mainstreamed routines for all ASCs – all have a gendered dimension.

Following are testimonies from ASCs, referring to technical needs: (More in Annex D.)

Testimonies Rivne region ASC:

“It is much better now than at the beginning of the war when our ASC could not operate at all. We became a humanitarian house due to the strong changes in demographics and migration, with many new vulnerable groups. Now we have regained functionality of our registers. But our registers are old – we have outdated equipment that slows us down. Our most urgent need is upgrading our equipment.”

“Lacking a mobile unit slows us down. We need a mobile unit so we can pay visits to those who cannot come to the ASCs themselves. Go to where the senior people live, or people with disabilities and visit their homes. Some communities got funding from international donors for such mobile kits, like in the East and the South. But donors don’t help with this for us in the West. During Martial Law, the community has blocked further expenditures. Right now, we must violate legislation by providing documents to relatives and neighbors who deliver and bring them back here to be processed. But we have no funding for a mobile unit and cannot reach the elderly/disabled community in any other way.”

“Women have always done more paperwork than men. Now, during war, they must do even more with more men being away. Having an electronic waiting system and being able to make electronic appointments would save women time and stress. We do have a child corner for children who come to the ASC with their mothers, but mothers with newborns do not want to bring their newborns here. Also, a system like that would lessen the stress for administrators, not having to see people waiting so long. We want to be proud of the work that we do.”

Testimonies, Vinnytsia region ASC:

“I have asked for a mobile unit for two years. We are always rejected as the less developed community get them first. But we have seven villages that we need to reach and need one too.”

“What we really need is a modernization to the equipment and the processes. New software. More automated processes. Increased interactions and exchange of information between ASCs.”

Testimonies, Kharkiv region ASC:

“We were under occupation between 2 March – 8 Sept and the ASC was not able to reopen until 2 Oct (2022). It is true that our staff members reduced, before the war we were 6 and now we are 4, all women. But before we had 1000 errands per month. Now, since half the population have left and we went from 50 000 to 25 000 people, we also have less errands, maybe 300 per month now. We can only provide 187 services still as we are under Martial Law. So, we can handle the workload. But it’s a difficult psychological position, to have gone through the occupation. And worrying about the future. We only want peace.”

“In the beginning we started to work without equipment, as it was destroyed and stolen by the occupants. We are very grateful to PROSTO as we now have 3 laptops and can work. We can now provide 106

⁸ PROSTO Monitoring Report. An analysis of the status and needs of liberated territorial communities, Nov 2022



services. The most popular services are social services, registration of IDPs, subsidies, businesses trying to reestablish, people registering damaged property.”

Note: Since these interviews in the last days of January 2023, Russia has once again launched attacks on the Kharkiv region, in early February 2023.

For recommendations addressing technical needs, see **heading #8**.

6.3. Psychosocial needs

Without need for further explanation, the psychosocial needs of ASC staff and communities are substantial due to Russia’s full-scale invasion of Ukraine in Feb 2022.

The staff of ASCs are in many ways doubly affected – on the one hand themselves affected by the war, and on the other hand, as service providers who are in daily contact with people seeking assistance due to traumatic experiences caused by the war.

There is therefore an added psychosocial aspect of service delivery during wartime where ASC staff are required to go beyond the roles of being service deliverers and act as psychological supporters.

The risks of so-called secondary trauma* for ASC personnel are therefore substantial. Many interviewees expressed that a major change in daily tasks compared to before the war involves listening to the stories and unfulfilled needs of often traumatized individuals. This, in combination with dealing with the increased workload and fewer staff members, becomes stressful over time. As more women than men work at ASCs there is a gendered dimension to the need of psychosocial training and support.

Many ASC staff members are simultaneously the main caregivers of their children, families, and homes, while also engaging in volunteer work outside of work, making them susceptible to large work burdens at work, at home, and as volunteers. *All ASC staff confirmed they would like to have additional psychological training and support.*

Psychosocial support is also needed for service recipients. ASC respondents confirmed that there are psychosocial services available that they can refer people to (counseling offered by the state and/or humanitarian aid (by international donors and civil society.))⁹ It is difficult to gauge if the access to psychosocial services offered is sufficient.

Some ASC staff suggest that psychological services could be further integrated and offered through the ASCs. And/or by using ASCs’ premises to a higher extend.

⁹ Ukrainian Women’s Congress (UWC) March-April 2022.



*** What is Secondary Trauma?**

Otherwise known as compassion fatigue, second-hand PTSD, and secondary traumatic stress disorder. Secondary trauma refers to a form of distress or trauma that is experienced indirectly by hearing details of or witnessing the aftermath of a traumatic experience by another person.

The term secondary traumatic stress disorder was a concept developed by trauma specialists in the early 1990s to better understand and **explain why service providers exhibited symptoms of PTSD without having experienced trauma first-hand.**

Secondary trauma is especially common among various professionals who work with people who have experienced trauma, including physicians, psychotherapists, **human service workers**, and first responders. The terms vicarious traumatization/secondary traumatic stress are often used interchangeably. Vicarious trauma is the process of change that results from frequent exposure to or engagement with trauma survivors, that is, a person who frequently interacts with survivors of traumatic experiences.¹⁰

Testimonies around psychosocial needs:

Testimonies Kharkiv region ASCs (occupied by Russia Feb-Sep 2022, recently deoccupied):

“Both men and women are exhausted and anxious. The war still goes on. There is shelling, air raids. We’re still dealing with it. For now, what people really need is peace.”

“We deal with traumatized people every day. We had people come here with no clothes or shoes. Their homes are destroyed, people have nowhere to live.”

“Out of the 50 000 people who lived here, only half are still here. Half our community, most of the young families left. Only the elderly, those too sick to leave, or who can’t afford leaving are still here.”

“But things are getting better now. Now we have everything we need - we have enough food and medicines. Some stores are reopening. The hospital is rebuilt, and doctors are back.”

Testimonies, Rivne region (large influx IDPs):

“Many of my girls worry a lot about their husbands, boyfriends, fathers, and brothers who are fighting to protect the Motherland. We love our work, but we also worry about our families and loved ones. Each time there is an air raid, we run to check on our children at schools and preschools. We try to support each other. I try to make room for us to have some tea and biscuits and a moment to talk and laugh together. I tell my girls “We’ve been through everything; we can handle this.” /Head of ASC

“All our staff is multi-functioning, we provide service delivery, but we also act as psychologists as our ASC is also the place that responds to all needs in our community. We are trying to make our ASC a meeting points where ALL needs can be met. We could even possibly provide more humanitarian aid. We must see what is possible with new legislation as to who can disseminate humanitarian aid. It could help ease people’s needs, worries, and concerns.” /Administrator

“Our ASC received a 2-hour psychological training. It helped us so much! We learned about how to care for ourselves to cope better, as we are also experiencing this situation. We got very concrete and practical skills to use. We also learnt that although we always need to listen to the needs of the people who come to us for help and seek to help them to the best of our ability - we also need to learn to keep a certain distance as to not let things get to us to the extent that we fall into their despair and sadness - cause then we cannot help them. We need to stay strong and remain positive to be able to keep providing services for others.” /Admin

“We are all women here. We do not want to bring the negativity home, to our children and families, but come home to our families with a smile. Some of us have family members at the front who we worry about. My

¹⁰ <https://www.banyanmentalhealth.com/2022/03/02/secondary-trauma-symptoms/>



colleague's son is in Soledar now. Another had two brothers at the front, one is already gone. Each of us knows what war is. What volunteering during war is. I think all ASC staff should receive such psychological training." /Administrator

Testimony, Vinnytsia region ASC (male service administrator) (large influx of IDPs):

"We always had a big workload, but now the load work has increased even more. What really has changed a lot is the psychological needs of people, we need to hear them out, to listen to them."

For recommendations addressing psychological needs, see **heading #8**.

6.4. Financial needs

The topic of financial needs of ASC staff is included in this report because ensuring that ASC staff can cope financially (cover increasing costs of living), is an important factor to psychosocial wellbeing and long-term sense of safety/coping. Financial resilience translates into psychosocial safety.

None of the interviewees of ASC staff actively complained about their wages, not even in cases where the pay has been reduced (while the workload has increased.)

One respondent answered the question about reduced pay/financial security by pausing and then saying, *"We do our work with as much dignity as we can, and we really do want to give people the best service possible."* Another said *" We get the same salary as before, and yes, we do more work – but the problem is that all costs have risen. Everything is more expensive now, food, housing, electricity – the same salary simply is not covering the new costs."*

Like the majority of local government employees, ASC staff are facing a decline in real income due to inflation and reduced bonuses. Most non-managerial positions in local self-governments are held by women, so their welfare is affected even more. This is an important aspect in further economic recovery and the adoption of legislation on service in local self-government bodies, which will set out updated approaches to salaries for local government employees.

It is to be recognized that there is an almost endless list of needs and expenses in Ukraine currently, due to the war, yet the psychosocial wellbeing and long-term stamina of ASC staff is an investment in service delivery long-term.

For recommendations addressing financial needs, see **heading #8**.

7. Analysis, External needs

External needs refer to the needs and priorities of service beneficiaries/ recipients, i.e., the Ukrainian citizens and community members. The analysis on external needs for vulnerable populations in this report is divided into the following groups:

- 7.1. IDPs (Internally Displaced Persons)
- 7.2. Veterans
- 7.3. Elderly / Rural populations (and caregivers)
- 7.4. Persons with disabilities, physical/mental unhealth (and caregivers)
- 7.5. Children (and caregivers)
- 7.6. Socioeconomically vulnerable groups
- 7.7. Other minority groups, i.e., LGBTQIA+ community, ethnic minorities



Gendered dimension of the war – current statistics (estimates):

The following statistics are estimates as of Feb 24th, 2023 – one year into the war:

Population of Ukraine, prior to 24 Feb, 2022	41 million ¹¹
Gender balance	Men 46 percent, Women 54 percent
Life expectancy (Majority elderly population)	Women +10 years longer than men ¹²
Refugees, left Ukraine (women/children)	5,5 million (March 2022) ¹³ (90 percent)
IDPs (IDPs that are women)	5,3 million, Jan 2023) ¹⁴ (60 percent) (7.7 million in April 2022) ¹⁵ (60 percent)
Living with a disability	2,7 million (6 percent of population) ¹⁶
Children with disabilities	162,923 children ¹⁷
Estimated # soldiers serving in the war.	500 000 ¹⁸
Gender balance Ukrainian armed forces	Men 78%, Women 22% ¹⁹
Estimated unemployment (NBU, Feb 2023)	26 percent in 2023 ²⁰
Forecast unemployment	Decrease to 20%, 2024, 17,6%, 2025

As the statistics above indicate – there is a clear gendered dimension to the war.

During wartime, men are seen as protectors of the Motherland and under Martial Law, all men aged 18-60 are required to stay in Ukraine and cannot leave as refugees.

Meanwhile, of the 5,5 million refugees that left Ukraine during the first month of war, 90 percent were women and children. The latest report from the International Organization of Migration (IOM) from Jan 23, 2023, estimated 5,3 million IDPs in Ukraine, of whom 60 percent are women.²¹ (There were already 1.5 million displaced people in Ukraine from the 2014-conflict, of whom an estimated 60 percent are female.)²²

One concern with the division of gender roles caused by the war is that women will be increasingly seen in traditional gender roles as caregivers of children, and/or as in need of protection. This exacerbated stereotypical roles could have long-term negative effects and pose a risk of backlash to gender equality in Ukraine.

On the other hand, women are also increasingly active as soldiers to a greater extent than before the war, and many women have taken on leadership roles in communities.

¹¹ <https://www.rsgs.org/blog/the-war-and-the-future-of-ukraines-population> Dr Sarah Christison, Dr Chia Liu, Dr Júlia Mikolai, Professor Hill Kulu, School of Geography and Sustainable Development, University of St Andrews, and ESRC Centre for Population Change. July 2022.

¹² https://www.care-international.org/files/files/Ukraine_Rapid_Gender_Analysis_Brief_CARE.pdf CARE International. March 2022. Rapid Gender Analysis Ukraine.

¹³ <https://news.un.org/en/story/2022/03/1114592> (United Nations, 24 March 2022. “One month of war leaves more than half of Ukraine’s children displaced.”)

¹⁴ <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-12-16-23-january-2023>

¹⁵ <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-3-11-17-april-2022> (IOM, 17 April 2022. Ukraine Internal Displacement Report.)

¹⁶ https://www.care-international.org/files/files/Ukraine_Rapid_Gender_Analysis_Brief_CARE.pdf CARE International March 2022 Rapid Gender Analysis Ukraine (Based on State Statistics Service)

¹⁷ https://www.care-international.org/files/files/Ukraine_Rapid_Gender_Analysis_Brief_CARE.pdf CARE International. March 2022. Rapid Gender Analysis Ukraine.

¹⁸ <https://www.statista.com/statistics/1296573/russia-ukraine-military-comparison/#:~:text=Ukraine's%20Army%20counted%20approximately%20500,of%20the%20country's%20reserve%20forces.> “Comparison of the military capabilities of Russian and Ukraine as of 2023.”

¹⁹ <https://www.washingtonpost.com/world/2022/07/03/ukraine-military-women-record-numbers-medics/> ; <https://www.msnbc.com/know-your-value/out-of-office/war-ukraine-against-russia-how-women-soldiers-are-fighting-back-n1299012>

²⁰ <https://interfax.com/newsroom/top-stories/87623/> Source: National Bank of Ukraine, NBU. 3 Feb 2023.

²¹ <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-12-16-23-january-2023>

²² <https://www.unhcr.org/ua/en/resources/idp-dashboard> UNHCR, 5 March 2021. Registration of Internal Displacement in Ukraine.



Gender- and intersectional response – service delivery testimonies

Increased dialogue and collaboration between ASCs and LSGs – with a participatory approach of inviting CSOs and citizens to dialogue – is vital to safeguard the most efficient service delivery possible and to ensure inclusive, democratic participatory decision-making of all groups in society also during wartime.

It is therefore crucial that women participate in democratic decision-making, peacebuilding and reconstruction, both during and after the war – in accordance with UNSCR 1325, Women, Peace & Security (WPS).²³

The Ukrainian National Action Plan on WPS was renewed 2020 and should be harmonized with LSG decisions for inclusive peacebuilding and reconstruction.²⁴

The following are testimonies regarding changes to decision-making power and the prevalence of S/GBV caused by the war:

Four testimonies regarding gender and decision-making powers in wartime:

Testimony from Kharkiv region ASC:

“As often during wartime and conflicts, the elected officials become those of martial law – and they are more often men, as is the case here. All heads of the military administration are men. They decide about the budgets now. But more men held political or managerial positions also before the war. 2 women in managerial positions before the war have left. The staff of the Hromada was 200 before the war, now only 60 remain. But we still have 2 women decision-makers, the Deputy Head of the Hromada, in charge of social affairs, health care and education. And the Head of the Financial unit.”

Testimonies from UN Women, Rapid Gender Analysis May 2022²⁵:

“The decision-making process has changed. Leading positions are held exclusively by men, as a requirement of wartime, and [the process] here is not very democratic. Instead, many issues are resolved via directives.” / Representative of a women’s CSO

“In the context of hostilities, the role of military and law enforcement agencies in making decisions that affect the life of the city has increased. The influence of men has increased. [...] But women have also become more visible in terms of leadership in the humanitarian response, [particularly on] social issues, local assistance [and] health services.” / National government representative

“Women in our country became more active, began to create cells and networks, and began to manifest themselves more as leaders. [...] They come after work and continue working. We call them the ‘Women’s Battalion’. They have their own Telegram channel, [and] produce a lot of publications. People follow them and respond to their proposals.” / Representative from Regional administration.

Three testimonies regarding Sexual/Gender-based Violence (S/GBV):

Testimony from Rivne region ASC:

“The issue of S/GBV is a very sensitive topic. Most people do not mention why they are seeking psychological help - normally they do not say why. But sometimes people whisper in our ears. We usually refer to CSOs, or shelters, give out numbers to hotlines, and health care. But it would be nice to have everything written down in pamphlets or leaflets as easy-access information to hand out. We would also need a separate room for private discussions when someone seeks our help for sensitive topics.”

²³ <http://unscr.com/en/resolutions/doc/1325>

²⁴ <http://1325naps.peacewomen.org/wp-content/uploads/2022/10/Ukraine-NAP2.pdf>

²⁵ <https://www.unwomen.org/en/digital-library/publications/2022/05/rapid-gender-analysis-of-ukraine>



“It’s the Ukraine mentality – we don’t tell about such things. If we notice obvious cases, we advise a hotline. But yes, I think putting up posters in bathrooms with information as to where to seek help could be very good – since many don’t want to ask.”

Testimony Vinnytsia region ASC – regarding S/GBV:

“We have no requests regarding S/GBV. We do have information campaigns, 16 days of Activism etc. We also provide information and there is a lot of information at the City Council website, with phone numbers of services offered.”

7.1. Internally Displaced Persons (IDPs)

One of the greatest impacts of the war has been the need for people to flee their homes, either by leaving the country as refugees abroad, or to flee within the country as Internally Displaced People (IDPs.) The needs of these groups are enormous – *requiring new and innovative solutions for efficient service delivery for ASCs.*

One major change as to service delivery has been registering IDPs and serving as information hubs to newly arrived IDPs - informing them on where to find humanitarian services, psychological services, shelter, school placements, list work experience, etc.

The exact and current numbers of refugees and IDPs are uncertain. One reason for this is the difficulty of keeping accurate statistics. Ukraine lacked a proper census also prior to the war (the current census is from 2002, over 20 years old.) Another reason is the ongoing, and continuously changing nature of the war itself, with people continuously on the move. The latest report from International Organization of Migration (IOM) from Jan 23, 2023, estimated 5,3 million IDPs in Ukraine.²⁶ (The number in April 2022 was 7,7 million.) Of all IDPs, at least 60 percent are women.

As some IDPs are forced to leave their homes without documentation, or lose it while fleeing, some IDPs do not have the necessary documentation with them needed to apply for passports or humanitarian assistance. For those who do not have the means to pay the fees for new documentation, such payments might be covered through social support (or such administrative services might be free of charge for them). This issue could be additionally discussed at policy level. There is a gender- and intersectional dimension to this need as most IDPs are women and children, and as most of those who struggle socio-economically also are women and/or minority groups. For recommendations addressing the needs of IDPs, see **heading #8**.

7.2. Veterans

It is vital to foresee that the men and women currently serving at the frontline and in the Ukrainian army are likely to have specific needs during and after the war. Unfortunately, it is likely that many of them may suffer disability, physical illness, and mental unhealth/PTSD (Post-traumatic stress disorder).

It should be noted that many women serve as Protectors of the nation. The Ukrainian army has a relatively high number of women soldiers, with an estimated 22% of those

²⁶ <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-12-16-23-january-2023>



serving in the army being women.²⁷ (Compared to 15-17% before the war.) The number of persons in Ukraine’s army is estimated at 500 000 (of which 250 000 are active soldiers, 200 000 reserve forces and 50 000 paramilitary units.)²⁸

Future needs of veterans are likely to include increased care needs for disabilities and injuries, and increased psychological care needs and PTSD treatment. Such services should preferably be offered as early as possible, to lessen risks of drug- and alcohol addiction, S/GBV, increased societal violence, and/or veterans’ increased risks of suicide.

It is important to note that the needs of female and male veterans may differ. Since less men than women tend to seek mental health services themselves (due to masculinity norms implying that men should cope alone), such services should be actively offered.

To prepare for, and proactively offer adequate services for veterans, several of the recommendations include short-, medium and long-term measures to ensure optimal quality of life for veterans, whom the Ukrainian people refer to as “our heroes.”

Testimony Civil society organization:

“The civil society cannot manage to provide and cover all the need for psychological support long-term. The international community, donors and the state need to get involved and hire more professional psychologist, with a salary, to be able to offer such training and treatment long-term. We need to be prepared for when men and women return home from the frontline – after our victory - to assist them with trauma treatment for PTSD.”

For recommendations addressing the needs of veterans, see **heading #8**.

7.3. Elderly populations/Rural communities

Another consequence to the war is the added vulnerability of the elderly population (senior citizens), who due to their age, perhaps also health, mobility, and access to resources, have not been able to flee as refugees or IDPs. As many young families have fled, the elderly population is more likely to have lost family members and caregivers and to be more susceptible to unfulfilled caregiving needs, as well as increased isolation, loneliness, and vulnerability.

As Ukraine is a country with immense gender differences in life expectancy (women live a full 10 years longer than men) – the elderly population has a gendered dimension to it, with most of the elderly being women.²⁹ Because women’s life expectancy is so much higher than men’s, the Ukrainian population is made up of 54% women and 46% men.³⁰

Because many young women and children have left as refugees, there is a risk that many will not return to Ukraine (with husbands joining them abroad after the war.) This

²⁷ <https://www.washingtonpost.com/world/2022/07/03/ukraine-military-women-record-numbers-medics/> ; <https://www.msnbc.com/know-your-value/out-of-office/war-ukraine-against-russia-how-women-soldiers-are-fighting-back-n1299012>

²⁸ <https://www.statista.com/statistics/1296573/russia-ukraine-military-comparison/#:~:text=Ukraine's%20Army%20counted%20approximately%20500.of%20the%20country's%20reserve%20forces.>

²⁹ https://www.care-international.org/files/files/Ukraine_Rapid_Gender_Analysis_Brief_CARE.pdf CARE International. March 2022. Rapid Gender Analysis Ukraine.

³⁰ https://www.care-international.org/files/files/Ukraine_Rapid_Gender_Analysis_Brief_CARE.pdf CARE International. March 2022. Rapid Gender Analysis Ukraine.



scenario poses a long-term risk of demographical challenges, with less caregivers of the elderly, and less babies being born to care for an aging population.

This would bring both a declining and an unbalanced demography to Ukraine, further increasing the vulnerability of elders. One estimate project that adults over 60 may, in this case, make up most of the population in Ukraine.³¹ This would cause great economic strains on the remaining younger population. (Refugees *could* return in large numbers.)

Rural Inhabitants is another group that has become increasingly vulnerable due to the war. One reason is the damages to infrastructure and roads, further worsening rural communities' accessibility to service delivery. Landmines may further restrict mobility. (And the ability to farm land/agriculture (possibly leading to declines in food supplies).

Rural populations tend to have many elderly inhabitants - of whom most are women. This group is one of the most vulnerable populations in Ukraine as it faces a lack of service delivery, access to infrastructure, electricity and even internet access.³² This group is in more need than ever of service delivery accessibility – making the mobile units of ASCs a crucial investment.

For recommendations addressing the needs of elderly/rural populations, see **heading #8**.

(Note: In Donetsk and Luhansk oblasts, 71 percent of heads of households in government-controlled areas are female. For the age of 60+, the share is 88 percent.³³)

7.4. Disabilities, physical/mental unhealth, and caregivers

Yet another group increasingly vulnerable due to the war are persons with disabilities and persons suffering physical or mental unhealth. These groups often have restricted mobility, cannot flee and are at high risk of not being able to access important services such as health care and humanitarian aid.

A vulnerable group often forgotten in this context are the caregivers of such individuals – most of whom are women. When regular structures such as care facilities close due to the war, an increased burden falls on caregivers - sometimes making it impossible for caregivers to seek refuge and shelter themselves. The increased caregiving burden also increases the risk of not being able to keep jobs, making them and their families more susceptible to falling into long-term poverty.

Three testimonies regarding disabilities and caregiving:

Testimony Vinnytsia region ASC:

“Since the war, we have more and more people with disabilities, people wounded in the war. We need to get better at offering the right services, and rehabilitation, to these people.”

“People with disabilities have difficulties accessing transportation and are unable to leave their homes and seek safer housing. Due to the stigma around disability and the lack of specialized services, adults

³¹ <https://www.rsgs.org/blog/the-war-and-the-future-of-ukraines-population> Dr Sarah Christison, Dr Chia Liu, Dr Júlia Mikolai, Professor Hill Kulu, School of Geography and Sustainable Development, University of St Andrews, ESRC Centre for Population Change. July 2022.

³² United Nations (Dec 2021) Operationalizing Leaving No One Behind Approach in Ukraine.

³³ HNO Ukraine 2022 from <https://www.unwomen.org/en/digital-library/publications/2022/05/rapid-gender-analysis-of-ukraine> UN Women Rapid Gender Analysis. 4 May 2022.



and children with disabilities are often placed in institutions away from home. /UNICEF³⁴

"I was forced to give up my job because I have to constantly take care of my son, who has a disability and whose condition has deteriorated due to stress." /Caregiver, single mother³⁵

For recommendations addressing the needs of persons with disabilities, physical or mental unhealth, including caregivers, see **heading #8**.

7.5. Children

One group highly affected by the war not to be forgotten is children. Children who experience war are likely to suffer trauma and may need long-term psychological counseling and treatment, both during and after the war.

A Feb 2023 report from Save the Children stated that during this first year of war – children in Ukraine have spent on average 920 hours in shelters.³⁶ Children from occupied regions, for example Kharkiv region, have already endured 1700 air raid alarms, lasting around 1500 hours in total - during this first year of war.

Air raid sirens warn civilians of a missile strike or shelling threat, prompting them to take shelter. Families and children may end up spending up to 8 hours underground unable to leave due to continuous missile attacks. The stress of everyday life under bombardment is leaving a heavy toll on children's and parents' mental health and psychosocial conditions.

Children in occupied areas, or who had to flee as refugees and IDPs, are perhaps the most affected children - but all children in Ukraine are greatly impacted by the war and are likely to be in need of psychological support/ PTSD treatment in the future.

The World Health Organization (WHO) estimates that one in five people who experience conflict is at high risk of developing mental disorders and unhealth, with symptoms growing more severe as hostilities wage on.³⁷

To regain a sense of normality as soon as possible is crucial, which is why the reopening of schools and preschools should be prioritized, as soon as feasible.

Testimonies regarding the effects of conflict on children's mental health

"Children become frightened—their psyche is vulnerable to very strong stress. As soon as my child hears the siren, he starts crying." /Single mother

"This situation has had a serious psychological impact on children. Because the explosions are heard near our house, the constantly tense situation affects the children—the sirens are daily and practically every minute. When children must get up in the middle of the night to go to a shelter, it is clear that they are being affected. I think that when this is all over, it will be necessary to carry out some psychological work with the children in order to get them out of this state." /Man living in a war-affected area /From UN Women's Rapid Gender Analysis, 4 May 2022

For recommendations addressing the needs of children, see **heading #8**.

³⁴ <https://www.unicef.org/ukraine/en/press-releases/disability-day-2021> UNICEF. 2 Dec 2021. "On the Day of Persons with Disabilities, the Verkhovna Rada Was Reminded of the Rights of Children by the UNICEF Initiative."

³⁵ <https://www.unwomen.org/en/digital-library/publications/2022/05/rapid-gender-analysis-of-ukraine>

³⁶ <https://www.savethechildren.net/news/over-900-hours-underground-children-ukraine-endure-life-bunkers-war-enters-second-year>

³⁷ New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis, Lancet. July 20, 2019. <https://pubmed.ncbi.nlm.nih.gov/31200992/>



7.6. Socioeconomic vulnerable groups

The war has already caused immense financial burdens for the Ukrainian people. Apart from destruction of property, homes, businesses, agricultural lands, and immense environmental damages, people have had to flee for their lives. Often, they had to leave behind also their places of employments, while businesses and workplaces have shut down due to the war. According to the Ministry of Economy in Ukraine, over 5 million Ukrainians had lost their jobs by the end of 2022.³⁸

Unfortunately, these numbers – immense as they are – might not be the worst-case scenario. Depending on how long the war will continue, and how well the Ukrainian economy will manage through the conflict, there is a tangible risk of an even higher number of unemployed individuals, even the risk of a full economic collapse.

As women were already less employed than men before the war, being paid less than men, more often active in the informal or shadow-economies and having less capital and savings than men – women are more financially vulnerable than men from the start and are therefore more likely to fall into poverty sooner than men.

Also, as more women are IDPs, they are more affected by the disruption to paid work.

Testimony respondent from Civil society:

“There needs to be individual assessment of needs for financial support. Sometimes an IDP can have greater access to resources than someone from the community who, already before the war, was struggling financially, such as single mothers, the unemployed, or other vulnerable groups. We also need to expand our focus as to aid. It is not enough with clothes and foods – we need to increase our strategic help, how to access legal aid, how to start a business, how to receive vocational training to support oneself and one’s children long-term.”

Even before the war, women constituted 54 percent of people in need in Ukraine, and 71 percent of all heads of households were women. Many women are thus the main breadwinners of their families.³⁹ Yet, traditional gender roles still imply that men are considered main breadwinners, which can mean that when jobs become scarce, remaining jobs tend to go to men first.

As many schools and preschools are still closed or offer either full or part-time online schooling, and women are viewed as main caregivers, women’s paid employment is further impeded by having to care for home-schooling needs, or by having their children at home, making it more difficult to work.

Many Ukrainians who can work remotely (RWP, Remote Workplaces) have been able to keep their jobs to a higher extent despite the outbreak of war. One such group is IT-sector workers, of which many are men. Women more often work in service jobs and on-site jobs that are not as secure during the war or are IDPs or refugees.

Therefore, vocational training for women in areas or fields with larger opportunities for employment under current circumstances should be investigated and implemented.

³⁸ <https://www.pravda.com.ua/eng/news/2022/11/20/7377168/>; <https://www.me.gov.ua/News/Detail?lang=uk-UA&id=21e94812-7fab-44e1-b8c0-2d5d544b937a&title=Sogodni>

³⁹ OCHA. February 2022. Humanitarian response plan Ukraine.



Displaced women need special access to vocational training to find new livelihood opportunities that fit their changed context.⁴⁰

It is vital to foresee the risks of more women/children risk falling into poverty and employ strategies to proactively counteract and mitigate this risk. For recommendations addressing the needs of socioeconomically vulnerable groups, see **heading #8**.

7.7. Other minority groups

There are additional minority groups to consider who may have specific needs due to the war. One such group is the LGBTQIA+ community, many of whom risk facing increased discrimination because of the war. This heightened risk may include safety risks, but also discrimination in access to housing or shelter.⁴¹

Another such group are Ukraine's 130 ethnic groups, some with minority languages.

*"Ukraine had more than 130 ethnic groups and many minorities language groups.⁴² The Roma, with a population of up to 400,000 living in Ukraine,⁴³ formed the largest ethnic minority population and faced significant discrimination. Other groups included Ukrainian nationals with diverse ethnic backgrounds and third country nationals, including international students, labor migrants, refugees, and asylum seekers as well as different stateless populations who lack civil status documentation."*⁴⁴

*"Pre-war estimates of the Roma employment rate in Ukraine range from 22 percent to 38 percent, with a lower employment rate among women. Prior to the escalation of the war, Roma women and men experienced discrimination in the labor market. The lack of civil status documentation and low education levels particularly among Roma women diminishes their ability to secure employment, with the conflict only further exacerbating existing discrimination."*⁴⁵

This report is based on interviews with a very limited number of respondents. Two of these had very different responses to the inquiry on the vulnerability of the Roma community, and the group's access to documentation and information:

Testimony, Kharkiv region ASC:

"Roma communities often come to our ASC. Only last week, entire families came to get passports, and requested access to all social services – they are the first ones who come to get these services. They are very persistent and know all their rights – they have better knowledge of what services they can get than the majority groups of Ukrainians."

Testimony, Civil society representative:

"Roma communities often lack access to services and are often discriminated against. Some Roma community members may also lack access to birth certificates or other documentation needed to

⁴⁰ <https://www.unwomen.org/en/digital-library/publications/2022/05/rapid-gender-analysis-of-ukraine> UN Women. 4 May 2022. Rapid Gender Analysis of Ukraine.

⁴¹ <https://www.unwomen.org/en/digital-library/publications/2022/05/rapid-gender-analysis-of-ukraine> UN Women. 4 May 2022. Rapid Gender Analysis Ukraine, p. 25.

⁴² <https://2001.ukrcensus.gov.ua/> State Statistics of Ukraine (2001) All-Ukrainian Census

⁴³ <https://rm.coe.int/almanac-kyiv-international-forum-on-roma-inclusion-eng/1680a3ba57?fbclid=IwAR2YXCCryzomNp8A-mjZHoNUX5L375S6tWwtq76MunMYzunJ9zwR3bfctQ> Council of Europe (2021). Kyiv International Roma Inclusion.

⁴⁴ <https://www.unwomen.org/en/digital-library/publications/2022/05/rapid-gender-analysis-of-ukraine>

⁴⁵ https://www.reyn.eu/national_networks/ukraine/ Romani early years network (2015) Roma population in Ukraine



get access to passports (to leave the country as refugees), or other documentation needed to qualify for IDP services and support. Sometimes they may not know how to read or write and may need to get information in other ways. There needs to be different strategies to reach out with service delivery for different groups.”

Minority groups are likely to require special assistance in some cases, to ensure access to documentation (e.g., passports), or in obtaining information in other languages.

For recommendations addressing the needs of other vulnerable groups, including the LGBTQIA+ community, ethnic minorities and others see **heading #8**.

8. Recommendations

The following are 33 recommendations, i.e., active measures, to strengthen equal access to service delivery during wartime, and/or to proactively mitigate negative long-term risks of vulnerable groups caused by the war. They are categorized into 5 themes:

1. **Technical measures**
2. **Organizational and training measures**
3. **Psychosocial measures**
4. **Information measures**
5. **Dialogue and Collaborative measures (ASC/LSG/CSO/PROSTO + citizen dialogues)**

Recommendations are also listed as short-term (immediate gains), medium-term (to be implemented as soon as feasible/budgets allow), and long-term (preventative and proactive measures). Medium- and long-term recommendations are not necessarily less important, as preferably all measures should be implemented as soon as possible to mitigate long-term negative societal developments in Ukraine caused by the war.

8.1. Technical measures

Short-term:

#1. Upgrading (and replacing) ASC technical equipment + relevant IT tools

ASC respondents consistently noted that the technical equipment is outdated and inefficient, often slowing them down. For ASCs in regions that have been occupied by Russian forces, the equipment may have been stolen and/or destroyed – in which case the need for replacement of equipment is of the utmost urgency.

One of the most requested measures asked for by ASC staff regarding how they could cope better with the current workload and ensure efficient service delivery was the upgrading (and replacement) of the technical equipment.

Newer equipment and software would speed up ASC’s ability to provide services, leading to lower stress caused by the large workload/long lines of people waiting. More automated services would also alleviate the increased work burden of ASC staff.

(Note: ASC respondents in Kharkiv noted that not all technical registers work = not all services can be provided to the full extent yet, such as the civil registry services.)



#2 Mobile units and mobile kits for all ASCs

Mobile units and kits, including mobile transportation/vans, are crucial for ASCs to ensure service delivery to the most vulnerable populations, e.g., the rural population, the elderly, or disabled or sick individuals who cannot themselves come to ASCs. Individuals suffering mental unhealth or trauma may also benefit from mobile units.

Of the three ASCs/regions interviewed, only one already had a mobile unit. Another was awaiting the arrival of a mobile unit. The third said that although they had applied for a mobile unit for years, they had not been approved as limited resources prioritize the more rural communities.

The ASC that had not been approved a mobile unit maintained that for them to reach all citizens/residents of their region, it is necessary to have such a unit.

The recommendation is therefore to, as soon as possible, prioritize mobile units for all regions/ASCs - perhaps by uniting forces with the donor community who could fund more such units, should State funds be unable to provide them for all ASCs.

Note: Kharkiv region respondents noted that even when they get access to a mobile unit, some difficulties may remain in reaching people due to damages to infrastructure.

#3. A system for electronic appointments at all ASCs

There is a two-folded gendered dimension to providing a system enabling service recipients to make electronic appointments for ASC service delivery in advance:

I. As most service recipients are women, the possibility to make an appointment would save women valuable time not having to stand in line, or travel to an ASCs only to not get serviced that day. As women often bring children to ASCs, there would also be less stress entailed if the service delivery errand can be resolved in a timelier manner.

II. As most service providers are women, not having to work under the pressure of seeing long lines/queues of women (with children) waiting, would help alleviate a daily stressful work environment. As ASC staff expresses much care and concern for service beneficiaries, this method would help staff feel more in control of their work situation. It would also give staff opportunities to space out the flow of visitors throughout the day.

One of the three ASCs interviewed already had this service in place, the other two expressed the need for it.

#4. Energy independence of ASCs

ASC staff requested energy independence of ASCs as one of the measures to prioritize. Being energy independent would mean that the registers could work also during the frequent power outages – improving efficiency and lowering stress. It would also alleviate staff from having to work after-hours/during nighttime to access electricity when more available (or make up for hours lost during daytime outages.) This would contribute to lowering the risks of staff burnout, while ensuring consistent service delivery for service beneficiaries.

Note: All technical recommendations above benefit also service beneficiaries.



Medium-term

#5. Availability of an individual room at ASCs for dialogues on sensitive matters

The ASC staff reported that not many visitors come to them for assistance with matters of S/GBV (Sexual/Gender-based violence). However, as one respondent put it; *“Sometimes, if it is obvious to us that someone is a victim of abuse, then we give them such information without them asking.”* Another respondent said, *“ Sometimes we need to discuss a sensitive matter that cannot be discussed with other clients in the same room. As we do not have access to a separate room, we invite the person to the staff room to be able to have a conversation in private.”*

Several respondents reported it would be helpful for ASCs to have access to a separate small room for private dialogues on sensitive matters.

#6. More services available online/digitally, and ASCs using more IT tools in their work

ASC staff would like to have an improved online/digital system, including an administrative chat bot that could provide standard answers to the most common questions and requests (FAQs).

The chat bot should also be able to provide links for documents that can be downloaded. (This function would mean that service recipients could get access to needed documents/forms in advance and not have to make two trips to ASCs.). Such bots are already existing and could be popularized in the ASCs.

More services available digitally has a gendered dimension, as it would save service recipients’ time (mostly women) and reduce the workload of ASC staff (mostly women). It could include an expansion of services available via the already existing Diia-system.

Further, if the digital services could be constructed in a way that each individual needs to identify him/her/themselves - this may also “force” more men to care for their own service delivery errands and needs, relieving women of some of these chores.

For the men and women at the frontline/in armed service, this function would give them the ability to care for their own errands while away.

Note: One ASC interviewed stated they already have a chat bot. (Vinnytsia region). This chat bot also offers an electronic waiting system, that can be accessed with a QR-code.

#7. Include sex-disaggregated data collection into new online/digital services from the start, and include non-binary individuals

New online/digital services should include sex-disaggregated data collection from the start. They should further include not only the genders men/women, but also an option of “other” to better include the LGBTQIA+ community. Data collection should further include other features/characteristics, according to the *Order of the Ministry of Social Policy dated 12/27/2022 No. 359 “On the approval of Methodological recommendations for the implementation of a gender approach and an approach based on the observance of human rights at the level of territorial communities”¹⁴⁶*

¹ <https://www.msp.gov.ua/documents/6267.html>



8.2. Organizational and training measures

Short term

#8. Systematically collect sex-disaggregated data + age, disability, and work experience at all ASCs

Preferably, a unified system should be put in place at all ASCs (see recommendations #1 and #31). If this is not possible, *unified instructions/directives* (from LSGs to ASCs) should be issued that request all ASCs to systematically collect and register similar sex-disaggregated data (preferably in a manner that could be shared between ASCs). This data should include “other” as an option to men/women.

Preferably, additional data should be collected in a unified manner, e.g., SADDD (Sex-, age- and disability disaggregated data. Further, all ASCs should also collect work experience data (of both innate community members and IDPs).

Currently, some ASCs collect such data, while others do not. But there is no unified system transparently sharing data, nor unified instructions/directives/ guidelines.

All three ASCs interviewed stated that they already collect both sex-disaggregated, and work experience data. However, previous PROSTO monitoring noted such data is not being collected by all ASCs.

For all gender mainstreaming efforts, the first step is collecting sex-disaggregated data - as without data it is impossible to measure gender differences or note improvements or backlashes to gender equality. All ASCs should therefore be encouraged (or if necessary, demanded to), collect sex-disaggregated data for *all service delivery errands*.

Further, collecting data on work experience, for job-matching, should be done without biases as to stereotypical gender roles/division of labor expectancies. If there are more job openings in reconstruction or IT- women should be offered such jobs (with vocational or on-the-job training if necessary). Likewise, if there is a job-opening at a preschool, also a man should be offered this job-opportunity.

The same goes for vocational training opportunities. Increased vocational training for women within IT/tech sector could be considered. Many IT jobs can be done remotely and may help mitigate risks in case the war lasts for a long time, if the Ukrainian economy collapses further, or if national unemployment rates remain high.

Gender and intersectional training for ASC staff and LSGs (including collaborations and exchanges of information with employment agencies) could also be useful to reduce the risk of gender biases.⁴⁷

#9. Gender mainstream ASC instructions/directives and service documents

According to the CSOs interviewed, although policies are often gender mainstreamed, there is a lack of gender mainstreaming as to the *practical instructions/directives from LSGs to ASCs* (hands-on instructions as to how service delivery should be performed). This should also include the development/creation of service documents and forms.

⁴⁷ <https://www.dcz.gov.ua/analitics/67>



According to CSOs, many ASC staff follow instructions/directives to service delivery exactly as provided by LSGs. The link between the theoretical concepts of gender and intersectional responsiveness are often not translated into practice.

One recommendation is therefore to gender mainstream also the *instructions/directives to ASCs as to exactly how service delivery should be performed with a gender- and intersectional approach, and in the development/creation of forms and documents* to ensure a gender and intersectional perspective in the practical implementation of service delivery from the start.

#10. Continuous training opportunities and experience exchange for ASC staff

Continuous training for ASC staff, both for psychological needs and other training opportunities, is highly appreciated by the staff. (Also, for new equipment and/or services.) ASC staff stated that *all training opportunities are always welcome*.

There may also be opportunities to improve exchanges of experiences between ASCs to share best practices and professional support for ASC staff members.

Medium-term:

#11. Offer all ASC staff training on inclusive service provision (non-discriminatory, gender- and intersectional responsive service delivery)

Civil society organizations recommend training for ASC staff on how to offer service delivery in an inclusive, gender- and intersectional-responsive, non-discriminatory way. Such training will increase the chances that all citizens will get equal access to service delivery, regardless of gender, age, ethnic, religious or minority background, sexual identity or orientation, disability (visible or invisible), socio-economic background etc.

#12. Continuously train ASC staff on gender and gender mainstreaming, including intersectional needs of vulnerable populations

The interviews with ASC staff showed that there is no lack of engagement and commitment on behalf of ASCs to provide the best possible quality of services to their communities. However, there is a need for more in-depth training on understanding gender, the importance of having a gender-perspective, learning how to gender mainstream service delivery, and a more in-depth understanding of intersectional needs of vulnerable populations. A deepened understanding would optimize service delivery.

Many respondents did not see gender as especially relevant and often answered *“there is no difference for men and women”*. Facts such as there being mostly women who work at and visit ASCs are overlooked as simply “normal” (this is the way it has always been, even before the war). The same goes for other “facts”, e.g., women providing more unpaid labor than men, more women living in poverty, being victims of S/GBV, more single parents being women, men’s shorter life expectancy etc.

ASC staff may also lack the awareness of gendered risks. For example, that more men/boys risk not getting adequate help for psychological services (or physical ailments) as masculinity norms often keep them from seeking such help. Leading to higher risks of mental unhealth, depression, alcohol- or drug dependency, violent behavior, or other risk-behaviors. These risks are likely to increase due to the traumas of war, for both those fighting in the war, and for men/boys experiencing the war. The risk also increases



when men are unable to live up to traditional ideas of “what real men are supposed to do” such as being main breadwinners for their families, which may not be feasible in times of war and economic crisis.

Since the ASC staff does not always see the need for a gendered/intersectional approach to service delivery (or in recognizing/mitigating certain risk-factors of visitors) - there is a need for continuous gender training (with an intersectional approach).

8.3. Psychosocial measures

Short-term:

#13. Offer psychological training for all ASCs/ASC staff

This recommendation may be one of the most important ones and should be prioritized. ASCs who have not yet received such training, should be offered such training first.

#14. Financial support to ASC staff

Like other employees of local self-government bodies, ASC employees face problems with the actual decrease in income (due to inflation, cancellation/reduction of bonuses). LSGs and their management are better aware of the living conditions of ASC employees and their families and can seek individual approaches to salaries/financial support for staff during the war to retain specialists and provide them with at least basic living conditions.

Medium-term:

#15. Offer opportunities for additional psychosocial support, available upon request

If/when resources allow, offering individual or group counseling for ASC staff who are struggling to cope personally, and/or who are at high risk for long-term burnout should be considered. (A step beyond R#13, of a one-time training for staff-members.)

Long-term

#16. Offer psychological support to service recipients through ASCs

(Possibly online, and/or IRL professional resources at ASC facilities after-hours)

This recommendation will help both service providers and recipients as it gives ASC staff a concrete resource/service to share with service recipients.

The need for psychosocial support is already severe and is likely to be so long-term - as tends to be the case for inhabitants of any country having experienced armed conflict. One way to help mitigate long-term risks of not getting adequate psychological support to trauma is to prepare for training/counseling opportunities early, to lessen long-term societal negative effects of trauma, i.e., mental unhealth, increased S/GBV, addiction etc.

Veterans is a group that will have specific needs of trauma-treatments. New statistics show that 22 percent of those serving in the Ukrainian army are women (up from 15-17 percent before the war broke out).⁴⁸ The returning army may have different needs in trauma treatment depending on gender and experiences during the war.

One long-term possibility could be to consider if ASCs could offer a service in the form

⁴⁸ <https://www.washingtonpost.com/world/2022/07/03/ukraine-military-women-record-numbers-medics/>
<https://www.msnbc.com/know-your-value/out-of-office/war-ukraine-against-russia-how-women-soldiers-are-fighting-back-n1299012>



of online training for psychological support as a free service offered to citizens. Another possibility is to consider if the ASCs' premises could be used as facilities where psychological training/counseling could take place (after service hours), to ensure long-term psychological care accessibility for veterans and communities.

8.4. Information measures

Short-term:

#17. Disseminate information on protection against human trafficking as part of the passport and ID application process.

As one of the services offered by ASC is the production and dissemination of passports and ID-cards used for identification when traveling, the ASCs can play an important role in the prevention of human trafficking.

Women's rights organizations are already active in the production of leaflets and information on the risks of falling victim to human trafficking (often for purposes of sexual exploitation/prostitution) - including advice on how to protect oneself and information on where to seek help (both within the country and abroad). Such information campaigns are currently mostly active at border crossings. (One resource is called "Safe Women")

However, the women, girls, and boys (and young men) who are most vulnerable to human trafficking and sexual exploitation, could already be in the hands of traffickers at this point. ASCs can play an important role in anti-trafficking campaigns by providing such information already during the application process/dissemination of traveling identification documents.

Through a collaboration between ASCs and women's organizations who already have the knowledge of such campaigns - simple information leaflets (even one-page notes that could be placed inside the passport) could be disseminated with every single passport or ID-card produced. As it is difficult to gauge who might be a potential victim of trafficking, this way the information is given out to all Ukrainians proactively.

#18. Train ASC staff in recognizing signs of S/GBV and human trafficking

A respondent from the women's rights civil society movement suggested that all ASC staff should get trained in learning how to spot potential victims of S/GBV and human trafficking. By learning how to recognize warning signs, for example, if accompanied by someone who will not let them out of their sight, ASC staff can demand a separate meeting with the client in private and provide information/assist in seeking help.

#19. Disseminate digital and physical information regarding S/GBV services

The ASCs are also important venues for distribution of information to women who are victims of S/GBV (Sexual/Gender-based violence). ASCs can share life-saving information on domestic violence services (shelters), and/or how to file a report for S/GBV crimes, and how to report SEAH abuse.

This information can be given out by Service providers in the form of leaflets, or verbal information – but since women may be accompanied by their abusers or traffickers, it is important to also post such information in places where victims can access the information (or make a call) in private. The bathroom stalls at ASCs are important places to hang posters with contact information for women's shelters, domestic violence services, contact information to Police and CSOs supporting victims of SGBV/trafficking.



(Phone numbers listed should be free of charge, not be traceable or show up on a phone bill - as this otherwise could cause an increased risk for victims seeking help.)

#20. Disseminate digital and physical information regarding psychological resources

Information regarding where to find psychological services should be available both online in digital format, and in physical form (leaflet, brochure, or one-pager.) This would also alleviate the ASC staff from resharing such information verbally/finding enough time to be a listening ear to often traumatized ASC visitors while also having to provide service delivery. Already-available information would alleviate stress for ASC staff in two ways, one; less secondary trauma, two; more time for their service delivery task/reducing the workload.

The information should also include contacts for psychological services and trauma treatment for children – as noted a population highly likely in need of psychological counseling and trauma-treatment.

#21. Produce/disseminate digital and physical info regarding humanitarian aid

Information regarding humanitarian aid should also be available both in digital and physical forms (leaflets or brochures). Information should summarize all aid available for communities and IDPs. It can include where to seek humanitarian aid, psychological help, cash support, legal help etc., with clear links and contact information.

Medium-term

#22. Ensure a participatory approach with communities through citizen dialogues

It is important for ASCs and local authorities (including military administrations) to maintain an open dialogue with the community and continue a participatory approach during the war through citizen dialogues when possible (considering safety).

These meetings (and/or surveys of needs) and dialogues should have a gender- and intersectional approach, ensuring that all groups in society are invited, listened to, and heard. Only by listening to all voices, and different groups, will the authorities get access to vital input of the various needs in the community. This input is crucial for decision-makers to make the wisest decisions as to budget allocations and meet the most pressing needs of the community. This is even more important in a conflict/war setting.

#23. Survey citizens/communities – including veterans - and implement an Action Plan

A survey of citizen/community needs could also be conducted as a collaboration between LSGs/ASCs to inquire about the changed needs/priorities of service beneficiaries due to the war. There should be a special focus on needs of vulnerable populations - including the specific needs of veterans.

The results of the citizen/community survey could be transferred into an Action Plan, responding to these needs. These could then be implemented by ASCs.

8.5. Dialogue and collaborative measures

Short-term

#24. Dialogue and collaboration between LSGs and ASCs to ensure specific protection needs of women, girls, boys and LGBTQIA+ during wartime



The vulnerability of already vulnerable groups tends to increase during armed conflicts. Women and children (girls and boys) and the LGBTQIA+ community may require specific attention to needs such as:

- Gender-specific health care needs, i.e., sexual and reproductive health rights (SRHR), and maternal, newborn and child health (MNCH)
- Access to safe, and sex- and family segregated shelters
- Access to WASH services, such as menstrual health and hygiene needs
- Address dietary needs of pregnant/breastfeeding women and newborns
- Recognizing also the high risk of SEAH of boys
- LGBTQIA+ specific needs, possible extended safety protocols, access to hormonal treatments etc.

#25. Dialogue and collaboration between LSGs, aid providers and ASCs, to ensure gender- and intersectional responsive humanitarian aid, including awareness of PSEAH (Protection against Sexual Exploitation, Abuse & Harassment)

Humanitarian aid should be distributed using gender markers, to collect data on the allocation of funds for humanitarian interventions.

Humanitarian aid should also take into consideration safety issues with a gender-sensitive approach, including raising awareness of PSEAH (Protection from Sexual Exploitation, Abuse and Harassment). I.e., ensuring that people in vulnerable situations such as IDPs have information on their rights to safe humanitarian assistance, including information on *how to report misconduct*.

Children - both girls and boys - should be included in receiving such information as children unfortunately often become victims of SEAH in conflict settings.

Medium-term

#26. Dialogue and collaboration between LSGs and CSOs (gender & intersectional experts) to apply and, if necessary, amend the *Methodology for needs assessment*

CSOs see a need for local authorities to apply the Methodology for needs assessment regarding how to improve individual needs assessment to enable the distribution of financial support to those most in need.⁴⁹

(Sometimes an IDP can have more access to resources than someone from the community who, already before the war, was struggling financially, e.g., single mothers, the unemployed, or other vulnerable groups.) The needs assessment method could be co-created by LSGs and CSOs/Academia (gender and intersectional experts).

CSOs also emphasize the need to expand the focus of what “aid” means. Long-term, it is not enough to focus on immediate needs such as food, clothes or even shelter. Long-term, strategic aid efforts need to be increased, where “aid” includes vocational training and training on how to start a business etc., to enable self-sufficiency long-term.

CSOs point out that ASCs are important actors in this work as they are not merely service providers - but also witnesses of citizens’ needs. ASCs’ knowledge/input is therefore crucial for LSGs to make the most appropriate/needed decisions.

⁴⁹ According to the Order of the Ministry of Social Policy dated January 20, 2014, No. 28 "On approval of the Procedure for determining the needs of the population of an administrative-territorial unit in social services":

<https://zakon.rada.gov.ua/laws/show/z0253-14#top>



#27. Collaborate within the LSGs in informing citizens about the reopening of schools, preschools, elderly care, care facilities for the sick or disabled.

Accelerating the reopening of physical caregiving and learning institutions is a priority. Children who can return to school is given a sense of normalcy in a world turned upside down and help alleviate mental unhealth. It will also relieve women of unpaid caregiving duties and allow them to return to, or seek, paid work. Many of these caregiving or learning institutions (i.e., schools) are also women's places of employment, making this strategy a double win.

Note - intersectional importance: Groups such as single mothers, parents to disabled children, or IDPs are extra vulnerable to the public closure of care facilities, as they are a prerequisite to engage in the paid labor market/not risk falling into long-term poverty.

#28. Dialogue and collaboration between LSGs and ASCs regarding need for vocational training and employment opportunities - can be informed of/advertised at ASCs

Local authorities should, as soon as is feasible, seek to offer vocational training opportunities for those who have lost their income/employment due to the war, and strive to create new jobs to lessen the risks for a deepened, long-term economic crisis. ASCs can inform of/advertise these training or employment opportunities. They should be offered men and women on an equal opportunity basis, and not be subject to biases based on traditional gender roles.

#29. Overall increased dialogue and collaboration between ASCs, civil society & LSGs

Both respondents from civil society spoke of the need for increased dialogue and collaboration between ASCs and CSOs. One respondent noted that ASCs should increase consultations with regional CSOs for increased awareness of all citizens'/communities' needs.

Such collaboration could strengthen the participatory, democratic approach and improve equal access to service delivery. For example, vulnerable populations could be invited to the ASCs to discuss their needs directly with ASCs and LSGs. Focus groups could also be arranged on specific topics (when possible considering safety).

A practical example: A CSO shared that civil society is currently doing a *Mapping of all organizations in Ukraine offering S/GBV services*. A collaboration between civil society and ASCs - both in collecting information for the mapping, and in disseminating the final mapping/information of resources available - would be greatly beneficial for all.

#30. Dialogue with Local authorities and Military administrations re the need to safeguard women's participation in decision-making, including peacebuilding and reconstruction (Women, Peace & Security, WPS)

During armed conflicts, it is common for women to lose decision-making positions, for example, if decisions and budgets are transferred from democratically elected politicians to Martial Law systems/Military administrations, usually consisting of mostly men.

Military administrations' budget-decisions and priorities tend to have negative impacts on the needs of women and vulnerable groups. It is therefore crucial to maintain a dialogue between LSGs, military administrations (and ASCs) to safeguard women's participation in decision-making long-term. (Including promoting gender budgeting.) Likewise, it is crucial that LSGs enforce their commitment to, and demand of, adhering



to the UNSCR 1325, Women, Peace & Security Agenda (WPS), that Ukraine has signed.⁵⁰ And to adhere to the current 1325 National Action Plan of Ukraine (2020-2025)⁵¹, to ensure women's participation in both inclusive peacebuilding and reconstruction.

Long-term

#31 Dialogue and collaboration within LSGs for rapid rebuilding of infrastructure to ensure service delivery accessibility to vulnerable groups.

Dialogue and collaborate within/between local authorities regarding the most pressing needs for rapid reconstruction of infrastructure (including removal of landmines) to ensure service delivery accessibility to the most vulnerable citizens. (I.e., rural populations, the elderly, individuals with restricted mobility, disability, unhealth, caregivers etc.) Many of these individuals - both amongst those in need (i.e., the elderly) and the caregivers of vulnerable populations - are women.

#32. Information campaign/community dialogues re the increased need to share women's quadruple work burden = engaging men to share caregiving burdens

LSGs should strive to create dialogue/information campaigns around the greater workload of women due to the war (the quadruple burden of paid, unpaid, reproductive, and communal workloads) – to encourage more men to step up in sharing the increased workload – such as the unpaid labor of caring for children/house chores, humanitarian volunteer work and caregiving duties of the elderly, disabled and sick individuals.

Note: Many men already engage in unpaid labor/humanitarian aid work – i.e., including rebuilding etc. Yet, many interviewees confirm that the overall workload of women - due to their quadruple work burdens - is greater now than before the war. Men who already share unpaid care burdens can become spokespersons to encourage other men.

#33. Collaborate within LSGs for funding for veterans' psychological counselling/PTSD trauma treatment. Also, men who tend not seek mental health care should be targeted.

Veterans need to be offered psychological counselling and PTSD treatment as soon as is feasible. 75 percent of the Ukrainian army are men, many of whom may return home suffering from PTSD. Without counselling, there is an increased risk of long-term mental unhealth, alcohol or drug abuse, even suicide. There is also a risk for increased violence, including intimate partner violence (IPV) and S/GBV.

Men and boys in general – who tend to not seek mental health care services themselves – should also be targeted in mental health care campaigns/services offered.

During and after wars, there is an immanent risk of increased cases of mental unhealth amongst the general population, risks also increasing in times of economic and financial crisis. There is an especially heightened risk amongst men, who, if they cannot live up to masculinity norms such as being providers for the family risk engaging in negative behaviors. Women's organizations and shelters had already noted a stark increase in cases of GBV in Ukraine already during Covid (as in all over the world).⁵² To mitigate these risks of increases in mental unhealth amongst veterans and men, it is advisable to offer free psychological counseling for all veterans, and for men. These interventions are

⁵⁰ <http://unscr.com/en/resolutions/doc/1325>

⁵¹ <http://1325naps.peacewomen.org/wp-content/uploads/2022/10/Ukraine-NAP2.pdf>

⁵² <https://www.unwomen.org/en/digital-library/publications/2022/05/rapid-gender-analysis-of-ukraine>



especially important in countries with strong traditional masculinity norms - as men are less likely to themselves seek out psychological services.

Although it is not the role of ASCs to provide ongoing counseling for veterans or men, the ASCs could be an important disseminator of information of such services.

The information should also be widely shared with women visitors to ASCs, who could share the information with the men in their lives.

The information could also be offered on posters in the ASC bathroom stalls (both the men's and the women's), with contact information for services offered. Here, visitors can see the information without having to ask for the service. Information could also include services for help with alcohol or drug addiction.

9. Conclusions

This report has presented the most current findings from a gender- and intersectional analysis on the current situation of service delivery during the context of wartime in Ukraine. The report seeks to summarize the most pressing needs of both service delivery providers (Staff at Administrative Service Centers, ASCs) and service beneficiaries (citizens and communities) in Ukraine.

The most pressing needs identified in the analyses have been summarized and translated into recommendations within the five categories 1) Technical measures 2) Organizational and training measures 3) Psychosocial measures 4) Information measures, and 5) Dialogue and collaborative measures.

The recommendations can function as a base for continued analyses and dialogue for LSGs and ASCs in their strategic and operational planning to ensure a gender- and intersectional responsive approach to service delivery. Next steps could entail further analysis on what needs and recommendations should be prioritized first - in accordance with available resources and practical feasibility.

Implementing the recommendations of this report is likely to have positive long-term effects not only on service delivery, but also ensuring that citizens' needs in Ukraine are met as optimally as possible during the new and challenging context of war.

The implementation of recommendations can help mitigate risks of secondary, long-term negative effects caused by the war – and assist Ukraine to rebuild and remain as strong as possible despite the enormous challenges brought on by the war.

10. Appendices

Appendix A [Recommendations – short version](#)

Appendix B [Interviewees, regions, and questions](#)

Appendix C [Limitations of the study](#)

Appendix D [Testimonies from respondents](#)

Appendix E [Workshop presentation](#)

Appendix F [Bibliography](#)