



## ACTION BRIEF



# A BRIEF ANALYSIS ON THE GENDERED IMPACTS OF THE CRISIS IN UKRAINE: A FOCUS ON MOLDOVA

Photo: UN Women

## I. BACKGROUND

As of 13 May, 6.1 million refugees have already fled Ukraine<sup>1</sup>, and the number of internally displaced people (IDPs) has reached 7.7 million.<sup>2</sup> Of those who have fled the country, it is estimated that 90 per cent are women and children, while most men aged 18–60 are required to stay behind under martial law.<sup>3</sup> Based on current data from the International Organization for Migration, 60 per cent of the adult internally displaced population are female, while 40 per cent are male.<sup>4</sup>

On 24 February the Government of the Republic of Moldova declared a state of emergency, following the outbreak of hostilities in neighboring Ukraine. Authorities established a special regime of entry and exit from the country, special measures for the protection of refugees, the protection of the population and of the country's institutions. The Government has declared its readiness to receive refugees from Ukraine and is cooperating with the UN, as well as local and international organizations to respond to the unfolding crisis.<sup>5</sup> As of 22 April, Moldovan

authorities have reported 430,226 arrivals from Ukraine, of whom 393,192 are Ukrainian refugees and 37,034 third-country nationals (TCNs).<sup>6</sup>

## II. MAIN DISPLACEMENT TRENDS IN MOLDOVA AT A GLANCE

Between 9 March and 22 April 2022, UN Women and IOM had undertaken a [survey](#) to assess the needs and vulnerabilities of refugees and third-country nationals (TCNs) fleeing into the Republic of Moldova from Ukraine. The survey assesses responses from interviews conducted between 9 March and 22 April 2022 with 9,978 respondents (19.8% men and 80.2% women), out of whom 9,045 were interviewed at four Moldovan border crossing points and 933 were interviewed in refugee accommodation centres (RACs) and private accommodation.

Of the 9,978 respondents, 97 per cent were Ukrainian and 3 per cent were either Moldovans (0.7%) or third-country nationals (2.3%). Among TCNs, the top countries of reported nationalities were Russian Federation (24%), Azerbaijan (24%), Georgia (8%), Belarus (5%), Israel (5%) and Armenia (4%), representing together 71 per cent of all TCNs.

The main intended destination was the Republic of Moldova for 29 per cent of all refugees and TCNs, followed

1 UNHCR (8 April 2022). Ukraine Refugee Situation. Available at: [link](#).  
2 IOM (17 April 2022). Ukraine Internal Displacement Report Round 3. Available at: [link](#).  
3 United Nations (24 March 2022). "One month of war leaves more than half of Ukraine's children displaced." Available at: [link](#).  
4 IOM (17 April 2022). Ukraine Internal Displacement Report Round 3. Available at: [link](#).  
5 UN Women factsheet on Gender Data on Refugees at a Glance: The Republic of Moldova. Available at: [link](#).

6 UN Women and IOM "Displacement Survey Overview: Ukrainian Refugees and Third-Country Nationals". Available at: [link](#).

by Germany (15%), Romania (11%), Slovakia (8%), Poland (4%), Italy (3%), Bulgaria (2%), and many other countries in Europe, Central Asia and North America. The final destination was unknown at the time of the survey for 3 per cent of respondents. The share of those reporting to be intending to stay in the Republic of Moldova where higher among those staying in private accommodations (67%) and among those in transit areas and locations in Chisinau (37%). Germany was most frequently more mentioned as a destined location among those in transit locations in Chisinau (18%) than in other location.

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**“As a single mother, without any support, with four children, I just couldn’t manage to find food to buy. When the bombs started to fall closer to our house, I found a way to flee. We left at 7 in the morning. In 24 hours, we reached Moldova. In Moldova, I was surprised by people’s kindness; volunteers gave us food, hot drinks and provided us with winter clothes. My children hadn’t eaten in a week. I feel safer here. My eyelid stopped ticking. I don’t have panic attacks or nervous breakdowns. I am calm.”**

Vera from Kyiv

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Women and girls account for 80 per cent of all refugees. It was noticed that there are more men refugees (double the usual percentage, standing at 34.6%) at exit border points towards Romania compared to other locations where the share was between 14.7 to 16.4 per cent. This can be due to a higher tendency of male refugees and TCNs to move outside of Moldova, towards/through the border with Romania. The average age for all respondents was 42 years old and it has increased from 41 to almost 43 years in the last period of the data collection (after 4 April). Men were 45 years old on average, while women 41 years old. More specifically, one quarter (25%) of men respondents were 60 years old or more, compared to 12 per cent of the women. Some 38,704 TCNs of 147 different countries/nationalities were registered at entry from Ukraine so far and the majority were adult men (60%).<sup>7</sup>

The vast majority of respondents declared to be travelling with a group (82%), mostly comprised of family members (93%). Of the 16 per cent of women who reported to be travelling alone, most were young women aged 18-39 (42%) or were older women aged 60 and above (24%). Among those travelling with a group, 88 per cent of women were travelling with family and 14 per cent with relatives. Most respondents were travelling with at least

one child under the age of 18. Additionally, 20 per cent were also travelling with pets.

### III. GENDERED IMPACTS OF THE CRISIS IN THE REPUBLIC OF MOLDOVA

Based on preliminary data collection (a series of UN Women [surveys](#)) and meetings that UN Women had with women-led organizations in Moldova, the ongoing crisis is creating and exacerbating gender-specific risks and vulnerabilities and is resulting in higher scale of humanitarian needs among women, girls, men and boys.<sup>8</sup>

Access to food remains as a priority, particularly for refugees living in private accommodation. Women emphasize the need for food security support that fits the nutritional needs of different family members including pregnant and lactating women, women and girls with disabilities, the older people and children.

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**“In front of me I had a huge baby bump, a 3-year-old and an enormous concern: to seek safety—anywhere, but safe. A place where my little girl will not tremble to the sounds of bombs and gunfire. Our trip to Moldova was long and exhausting. Despite the freezing temperatures and the fact that I had nowhere to go, I held my daughter’s hand—we were together and out of harm’s way, which was all I needed.”**

Svetlana from Kotovsk

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About 23 per cent of refugees (mostly women) reported to be travelling with/ or to have a serious health condition (chronic diseases, disability, wounded). Among those in refugee accommodation centres (RACs) and private accommodation, 15 per cent reported having at least one person with a disability; and 3 per cent were travelling with a pregnant woman. Access to primary, secondary and tertiary health care services remains a challenge particularly for women refugees with chronic diseases (diabetes, epilepsy, etc.) and women cancer patients and survivors. Increased efforts are being done by the Ministry of Health and supporting agencies to increase distribution of essential and mental health medicines through the national health

<sup>8</sup> Definition according to IASC Gender in Humanitarian Action Handbook “refer to women and men of: (a) different ages, understanding that gender roles and responsibilities change across the life cycle; (b) diverse backgrounds, understanding that sexuality, ethnicity, nationality, disability, belief, civil or economic status, norms and cultural and traditional practices etc. can be barriers or enablers, depending on context; and (c) different experiences, understanding that experiences of marginalization are heterogeneous. Marginalization derives from multiple and intersecting factors”.

<sup>7</sup> IOM (16 May 2022). Displacement Analysis Third-County Nationals. [link](#).

facilities. Referral pathways are being discussed and will need to be developed for cancer patients accommodated in RACs and their treatment through Institutes of Oncology. Securing women's and girls' easy access to sexual and reproductive health services remains critical particularly for pregnant and lactating women and female adolescents. Providing specific responses to protect families from the spread of COVID-19 in host communities and RACs, particularly if there is a new wave of COVID-19, is a key priority.

Refugee and displaced women's and children's access to mental health and psychosocial support (MHPSS) remains limited. Women's organizations reported the need to provide structured psychosocial assistance for women and children who fled the war as one of the key priorities. 14% of refugee women had expressed a need for psychosocial assistance compared to only 10% of men. Overall, refugees hosted in RACs reported a higher need for psychosocial counselling.

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**“Because of the bombing, my children couldn't sleep and we were all exhausted. I understood there was no other option for our safety than fleeing Ukraine. Until we reached the border, I drove with open windows to make sure it was visible that there were children in the vehicle. I could only breath easily once we got to the other side of the border.”**

Snejana from Odessa

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According to UN Women survey data<sup>9</sup>, about 60% of refugees were employed before fleeing Ukraine. Although for many refugees, the average duration of the stay in Moldova is about three weeks, almost 40% of all refugees expressed willingness to start searching for a job and 3% have started working in Moldova. On average, 38% of women refugees are interested in finding a job. The expressed willingness varies significantly among different age groups, with the highest rate for women aged 30 to 49 and the lowest for older women. Also, 40% of women with children, who are the majority among refugees, are considering working while staying in Moldova. Having to provide for their families in the absence of men and with scarcity of childcare support options, refugee women's care burden has/is expected to increase significantly in Moldova. Displaced and refugee women had also highlighted the need for cash assistance which is seen as essential to support women attend to the immediate needs of their families. While it is important not to encourage cash dependency among

refugees, ensuring that conditional and unconditional cash assistance is available can help stabilize families' livelihood conditions, improve health condition, education enrollment and wellbeing status for all members of the household, increase women's resilience, and protect them and families from resorting to negative coping mechanisms (i.e. drug use, school dropout).

Displaced and refugee women have also reported the need for non-food items (NFIs) and dignity/hygiene kits that are gender and age sensitive and consider the needs of all, including female adolescents. Women refugees living in private accommodation seem to have benefited far less from hygiene kits, as 38% reported to be receiving those compared to 76% of refugees interviewed at RACs. This could be partially attributed to lack of information about available humanitarian services for women hosted in private accommodation and also to the geographic location of distribution points for those living outside Chisinau and other cities. With regards to NFIs, women in RACs reported higher need and less access compared to those in private residence.

Although some progress has been recorded over the years, deeply rooted patriarchal social norms and gender stereotypes shape social relations in the Republic of Moldova.<sup>10</sup> Gender roles are traditional, and women are expected to be primarily caretakers which might place specific traditional and stereotypical exceptions on Ukrainian and TCNs women refugees when it comes to their gender roles, unpaid care work and participation in the labour force. This can limit their potential and access to equal opportunities.

The vast majority of refugees are women and children due to the Ukrainian authorities' ban on men to flee, which increases the risks of gender related protection concerns. Domestic violence is widespread regionally and in Moldova. It is well-known that conflict and displacement are main drivers for increasing the incidence of gender-based violence (GBV), particularly domestic violence and conflict-related sexual violence. It is safe to assume that already reported incidence of GBV against displaced and refugee women in Moldova is increasing as a result of the crisis. Risks of conflict related sexual violence continue to be a concern. Sexual violence as a weapon of war has been already reported inside Ukraine.<sup>11</sup> Months into the crisis, no service providers are performing Clinical Management of Rape (CMR).<sup>12</sup>

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<sup>10</sup> UN Women, “Republic of Moldova: Country Gender Equality Brief”, October 2021.

<sup>11</sup> Insecurity Insight (April 2022). Sexual Violence and the Ukraine Conflict. Available at: [link](#); cited in [UN Women and Care, “Rapid Gender Analysis of Ukraine”](#), May 2022

<sup>12</sup> Atria Mier & Jara Henar “Rapid Gender Analysis, Moldova, – [Ukrainian crisis]”, ActionAid, April 2022.

<sup>9</sup> Under finalization.

Risks of trafficking remain high. There are unaccompanied teenagers and children among refugees. People with less economic and informational resources are at higher risks. This includes Roma population, poor women with dependents, women heads of households, persons with disabilities/women and girls with disabilities, people crossing illegally, LGBTQIA+ (for instance Ukrainian transgender women are crossing through the woods, as their IDs do not match their gender identities).<sup>13</sup>

Some groups are more at risk of discrimination and being left behind. Roma population are segregated in separate targeted shelters. Most of the Roma population crossing the borders does so with low economic resources and lack of accurate (if any) information on asylum processes across European countries, services provided and options available.<sup>14 15</sup> This impact is particularly disproportionate for Roma women who are at higher risk of facing poverty and marginalization. They also face difficulty accessing civil status documentation which with the prevailing gender stereotypes within the Roma community affect girls' access to education and women's employment prospects.

Similar to other contexts where there is widespread displacement and an influx of refugees who are in need of immediate humanitarian assistance, some of which has to be provided at RACs and at borders/cross-borders, the risks of incidence of sexual exploitation, abuse and harassment (SEAH) remains high.

Overall, service providers and early responders, such as RACs teams, must be trained on quality multisectoral and gender responsive services. Offering those services requires offering trainings on gender concepts, GBV detection, GBV case management and referral pathways, child protection, structured psychosocial assistance among others. GBV and protection from sexual exploitation, abuse and harassment (PSEAH) trainings are already ongoing, while the development of tailored capacity building on gender in humanitarian action by the Gender Task Force (GTF) is underway. Setting GBV protocols and standard operating procedures is also being developed by the GBV sub-working group.

#### IV. THE GENDERED IMPACTS OF THE CRISIS IN UKRAINE

According to the [Rapid Gender Analysis by UN Women and CARE](#) issued in May 2022, the crisis in Ukraine is largely exacerbating pre-existing gender and intersectional

inequalities and discrimination. In recent years, there has been notable progress towards gender equality and women's empowerment (GEWE) in Ukraine, but women still face numerous barriers to their full, equal and meaningful participation in society. The ongoing crisis is revealing further exacerbation of gender inequities, particularly among women facing multiple forms of discrimination. Women's care burden has increased significantly, with the lack of access to education facilities due to security risks, women's engagement in volunteer activities and men's absence due to engagement in the armed forces. The war is expected to increasingly impact unemployment rates among all categories of the population and will likely continue to push women into the unprotected informal sectors of the economy. Poverty and dependency on social payments, especially among female-headed households, will be expected to increase. The crisis is quickly revealing the different needs of women and men, girls and boys. The data confirm that the impact of the war is particularly disproportionate for marginalized groups, such as female-headed households, IDPs, Roma people, LGBTQIA+ and people with disabilities. Women facing multiple forms of discrimination, such as women from minority groups, face particular challenges in accessing humanitarian support and have increased protection needs. The impacts on mental health are a key area of concern. Expectations on traditional gender roles are likely to have compounding impacts, with women more likely to take on additional emotional care responsibilities within the family and men less likely to seek support for mental health concerns.

While men's lives are deeply impacted by the conscription requirement, the multisectoral impact of the crisis is affecting women disproportionately. Women constitute the majority of those displaced within and outside of the country, and they face significantly increased safety and protection risks. Incidents of GBV, particularly domestic violence and conflict-related sexual violence, are reportedly increasing, but services for GBV survivors are not provided in full. In many parts of Ukraine, the police are no longer responding to cases of domestic violence. Women are also confronted with particular challenges in accessing necessary services and are experiencing a greater loss in sources of livelihoods. At the same time, they face increased pressure to provide for their families while male family members are involved in defense activities. These compounded pressures on women mean that they are disproportionately affected by the crisis.

The RGA reveals that women are performing vital roles in the immediate humanitarian response in local communities. Women's CSOs and women volunteers are mobilizing quickly to ensure that their communities and IDPs receive

<sup>13</sup> Ibid.

<sup>14</sup> Atria Mier & Jara Henar "Rapid Gender Analysis, Moldova, – [Ukrainian crisis]", ActionAid, April 2022.

<sup>15</sup> Ibid and UN Women and Care Rapid Gender Assessment, May 2022.

the support they need to access critical services and humanitarian aid. Women’s leadership and their role in decision-making has increased at the family level and partially at the community level, with women reporting that they participate on equal terms in family decisions in response to the crisis.

## V. KEY PRIORITIES FOR GENDER RESPONSIVE REFUGEE RESPONSE

### Overarching priorities:

- The use of sex- and age-disaggregated data (SADD) and gender analysis are some of the most effective ways to promote gender equality as well as attend to the unique needs of women, men, boys, and girls in humanitarian efforts. The systematic collection and analysis of context-specific SADD is key to inform humanitarian programming.
- Humanitarian actors should ensure the participation of women’s organizations in Moldova in refugee response planning and decision-making. All humanitarian actors should ensure the full engagement of women and local women’s organizations from the onset of the refugee response planning process discussions on prioritization, costing and resource allocations across different sectors.
- Humanitarian actors should promote increased humanitarian financing to local women’s organizations, including identifying financing opportunities for women’s organizations along the humanitarian-development-peace nexus.
- The imperative of building the capacities of humanitarian actors including women-led organizations, sector leads, and early responders on gender concepts, GBV detection, GBV case management and referral pathways, child protection, structured psychosocial assistance among others to service providers and early responders.

### Sector-specific gender targeted responses:

#### Multisectoral Protection services:

- Ensure refugee women’s access to identification papers, legal aid, and information on humanitarian services particularly on GBV, health and MHPSS.
- Provide quality and survivor-centred gender-based violence prevention and response services for displaced and refugee women in RACs, private accommodation and at brooder crossings. Also provide sheltering<sup>[1]</sup> and reintegration service to women and girls survivors of GBV.

- Ensure that safe and accessible mental health and psycho-social support (MHPSS) services are available for women in all locations. Provide both offline and online services to mitigate access issues, especially if caused by barriers to movement for the older people and persons with disabilities.

#### Health:

- Provide health and sexual and reproductive health services particularly for the most vulnerable groups such as pregnant and lactating women, older women, women cancer patients, and women with disabilities and chronic diseases.

#### Shelter and NFI:

- Provide age-appropriate and gender sensitive NFIs and dignity/hygiene kits, particularly to those in private accommodation and RACs.

#### Livelihood and Cash:

- Provide refugee women with opportunities to access skill- development trainings as well as short or longer term income-generation opportunities, that are tailored to market demand and potentially the private sector.
- Ensure that livelihood and cash programming includes provisions for childcare and flexible working modalities particularly for women heads of households.
- Prioritize the provision of regular conditional (cash for work) and unconditional cash assistance to refugees staying in private accommodation and RACs to support women’s self-sufficiency and resilience.

<sup>[1]</sup> At safe houses/centres

## VI. UN WOMEN MOLDOVA COUNTRY OFFICE RESPONSE

- In response to the crisis, UN Women in Moldova will leverage its normative, coordination and operational mandate to ensure that refugee response is gender responsive, address the needs and priorities of women, girls, men and boys in all their diversity and capitalize on their capacities and skills.
- UN Women in Moldova will adopt the humanitarian-development-peace nexus ensuring that humanitarian action, development and peace interventions are informed by an intersectional understanding of gender specific vulnerabilities and promote the participation and leadership of women and girls in humanitarian, relief, recovery, development and peacebuilding efforts.

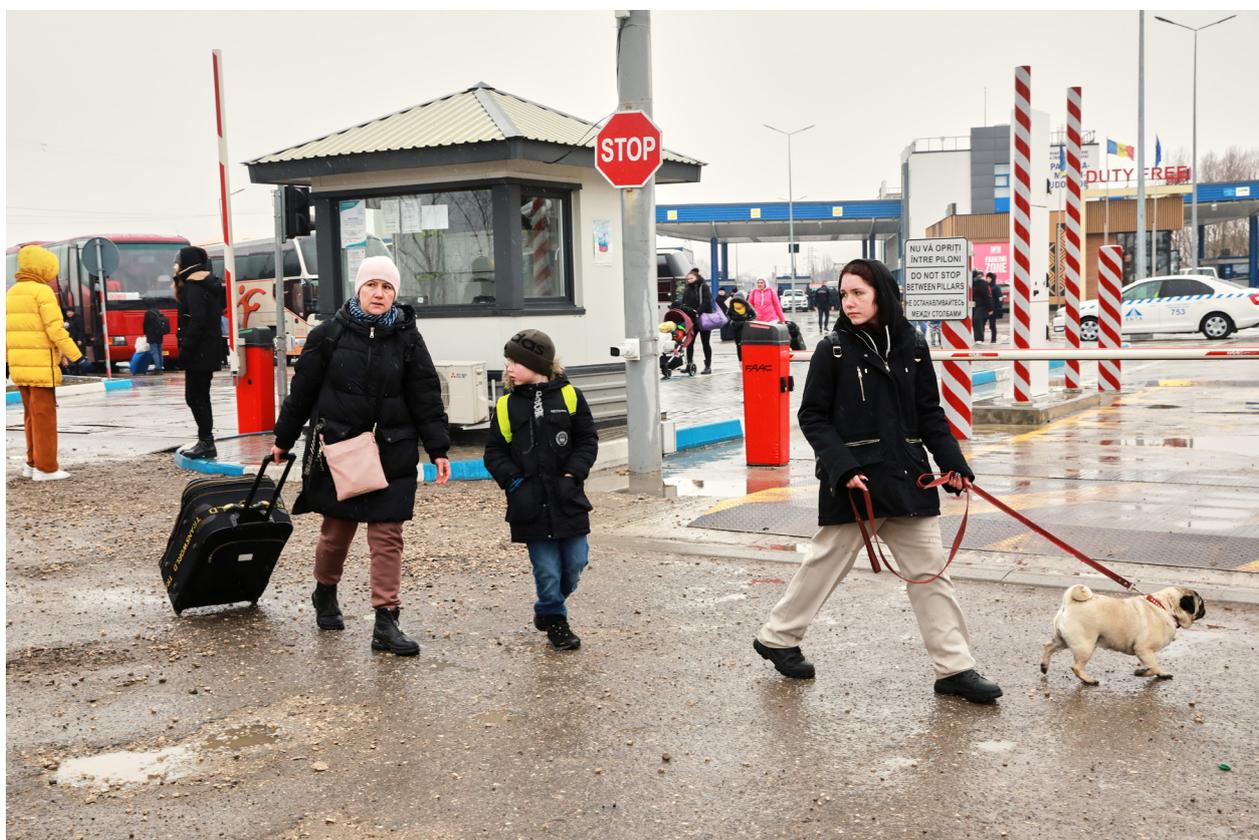
### Coordination specific actions:

- In the frame of overall refugee coordination structure, UN Women provides technical gender expertise and policy advice to humanitarian sectors and working groups on gender in humanitarian action.
- The Gender Task Force (GTF) is established and is being co-chaired by UN Women and Gender Equality Platform. 50 representatives from Government, UN, INGO and local women's organizations, including grassroots, take part in the GTF to work on the refugee response hand in hand.
- Under the leadership of the GTF, UN Women is developing capacity building for sector members and early responders, on gender in humanitarian action.
- UN Women is working on the production of sex- and age-disaggregated data (SADD) and gender analysis to inform humanitarian planning, programming and monitoring.
- GTF is reviewing sector and inter-sectoral assessments and tools (i.e. Multi-sectoral Needs Assessment (MSNA))

to ensure that the assessments methodologies include tools to collect SADD and gender indicators.

### Operational response:

- UN Women re-purposed existing programmes and funds to provide immediate assistance and advocated for the opening of special window of the [Women's Peace and Humanitarian Fund \(WPHF\)](#) for women's organizations in Moldova.
- In response to the crisis, UN Women will focus on providing community-level gender responsive GBV services (multi-sectoral responses including GBV case management, legal assistance, psychosocial assistance, sheltering, and referral).
- UN Women will provide refugee women with opportunities to access skill- development trainings as well as short- or longer-term income-generation opportunities, that are tailored to market demand and potentially the private sector.
- UN Women will assess the possibility of providing cash-based interventions, mainly cash for work, and other livelihood interventions.



A scene from the Palanca-Maiaki-Udobnoe border crossing point, between the Republic of Moldova and Ukraine on 1 March 2022. Photo: UN Women/Aurel Obreja