

ASSESSMENT OF THE IMPACT OF COVID-19 ON HOUSEHOLDS IN VULNERABLE SITUATIONS IN UKRAINE

Final DRAFT Report

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Disclaimer

The following report was prepared in December 2021. Its findings, conclusions and recommendations reflect the conditions of households in vulnerable situations prior to the Russian aggression on 24 February 2022 and therefore do not describe the impact of the war on them.

The opinions and conclusions expressed in the report are the views of the authors of the publication and do not necessarily coincide with the official position of UNDP or other UN agencies.

ACRONYMS AND ABBREVIATIONS

BMO	business membership organization
CSO	civil society organization
FAO	Food and Agriculture Organization of the United Nations
GDP	gross domestic product
IDP	internally displaced person
ILO	International Labour Organization
IOM	International Organization for Migration
KII	key informant interview
MSME	micro, small, and medium enterprise
NGO	non-governmental organization
PPE	personal protective equipment
PPP	purchasing power parity
SSU	Sumy State University
UAH	Ukrainian hryvnia
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USD	United States dollar

I. EXECUTIVE SUMMARY

Background. Nearly two years into the COVID-19 pandemic, the United Nations Development Programme (UNDP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and the Food and Agriculture Organization of the United Nations (FAO) conducted the second round of an assessment to study the socioeconomic impact of COVID-19 on households in vulnerable situations in Ukraine focusing on the knowledge gaps identified by the first assessment and through a review of existing studies and reports.

Objective. The objective of the new assessment was to provide insights on whether the poor and other vulnerable households were (i) continuing to be disproportionately affected by the COVID-19 pandemic and whether there were groups among them that were worse off; (ii) recovering from the eventual loss of jobs and a reduction in incomes and whether their coping mechanisms were being effective; and (iii) able to access social assistance made available by the government, civil society organizations (CSOs), and other local non-state entities, in collaboration with international partners, and whether this was relevant and appropriate to their differentiated needs or if improvements were possible. The assessment was also to enquire into the perceptions of poor and other vulnerable households and those of their main service providers as to what would help them the most to cope with future crises and strengthen their resilience. These insights would assist with formulating recommendations that could guide policymakers and programming in this regard.

Areas of investigation. The assessment investigated three main areas – the impact of COVID-19, resilience, and recovery trends – to formulate conclusions and recommendations useful for policymaking and programming purposes.

Methodology. The assessment was executed in two stages. The first involved a desk review of available studies and assessments to gather and capitalize on existing intelligence and identify knowledge gaps. The second involved the preparation and conduct of a nationwide household survey aimed at filling those gaps. The survey targeted members of vulnerable groups identified through two different income thresholds. Their answers were compared with those of a control group composed of randomly selected households. Survey findings were triangulated with the desk review findings and those of key informant interviews (KIIs) conducted with representatives of governmental and non-governmental organizations (NGOs) providing services to members of vulnerable groups.

Contents of the report. This report presents the findings emerging from the research conducted through both stages with the annexes presenting further details on the methodology and approach followed for the conduct of the survey and KIIs, findings emerging at the regional level, as well as the knowledge gaps identified by the desk review.

Conclusions. The assessment came to three main conclusions:

- (i) Two years into the pandemic, the impact of COVID-19 on society and the economy continued to be pervasive and especially hard on those households in situations of vulnerability. These households are worse off across all impact domains – employment, income, food security, intrahousehold distribution of domestic and care work, purchasing power, access to basic services, re-skilling and upskilling opportunities. Clear are the signs relating to difficulties in recovering with a loss of jobs remaining permanent for over a third of the poor households.
- (ii) Among the vulnerable groups, the COVID-19 pandemic hit some the hardest: socioeconomic groups whose vulnerabilities intersect with drivers of spatial inequalities and continue to remain excluded from the social protection system due to structural barriers.
- (iii) Poor and other vulnerable groups were not as resourceful and capable of adaptation as the rest of

the population at the time of hardship and struggled with accessing opportunities for recovery or did not get as much from them. As a result, local strategies targeting them specifically and addressing their specific recovery needs are necessary to offset the inequalities exacerbated by the pandemic.

Recommendations. The assessment offers five main recommendations for consideration:

- (i) Organize awareness-raising and informational campaigns relating to the importance of vaccination against COVID-19, as without a fully vaccinated population, the country will not be able to lift the containment measures and fully promote economic recovery.
- (ii) Develop gender-responsive strategies that specifically target the poor and other groups in vulnerable situations and integrate these strategies within local social and economic development planning processes.
- (iii) Support the digitalization of vulnerable families to enable greater inclusivity and equity.
- (iv) Expand access to public services and infrastructure for families in the most vulnerable situations in underserved areas to fight spatial inequity.
- (v) Adopt a territorial approach to linking the delivery of social services with gender-responsive employment generation and local economic development to ensure increasingly inclusive, resilient, and equitable development outcomes.

II. INTRODUCTION

A. Background

Steady but moderate growth. Ukraine recorded moderate economic growth rates in the five years preceding the pandemic reaching 3.2 percent in 2019, thanks to good agricultural harvests, progressively rising export commodity prices, and the steady performance of sectors dependent on domestic consumption. Poverty rates decreased to 17.8 percent from a peak of 26.9 percent in 2015 thanks to a series of reforms that expanded access to economic opportunities and social assistance and increased the minimum wage.

Macroeconomic management. Sound fiscal and monetary policies resulted in a sharp reduction in Ukraine's external and internal imbalances. Prudent macroeconomic management helped reduce public debt to 50 percent of the gross domestic product (GDP) and inflation to 4.1 percent, with international reserves recovering.

Conflict in eastern Ukraine. The response to the humanitarian and economic crisis caused by the conflict in eastern Ukraine and the territorial loss of the Crimean Peninsula due to Russia's annexation negatively affected the ability to implement reforms. The crisis absorbed significant fiscal and international aid resources, which diminished the financial space.

Impact on the economy. The COVID-19 pandemic had a devastating impact on both the economy and society and contributed to focusing policy priorities away from deep structural reforms. The economy recorded a drop in all sectors but especially manufacturing and agricultural production in 2020 and the first half of 2021. GDP declined by 4.4 percent in 2020. It grew less than expected in 2021 (3.4 percent), due to the impact of the various infection waves with the autumn 2021 wave being the biggest, both in the number of cases (25 000 per day at the peak) and of deaths (700 per day at the peak). Manufacturing production has not returned to its pre-COVID level and was still 6 percent below it in November 2021 while the production and exports of agricultural products bounced back, thanks to a good cereal harvest.

Delays in the vaccination programme. The vaccination programme experienced delays, only starting in February 2021. By the end of the year, about a third of the population had been vaccinated, a rate too low to help mitigate the health risk and remove lockdown and other containment measures in support of economic activity.

Impact on households. The acceleration in inflation since the end of 2020 (with energy prices rising, particularly as the result of higher taxes) hit household spending along with the reduction in output and trade, which contracted employment and incomes. The most affected were the high-contact sectors that came to a standstill for the duration of the various lockdowns leading to temporary and permanent losses of jobs and incomes. The number of people living under the poverty line is estimated to have increased from 6 to 9 million in early 2020 alone, as a result of the pandemic's aftermath.

Gender impact. The spread of the COVID-19 pandemic and the related restrictive measures exposed all groups of women to higher risks of losing incomes and savings; it significantly increased the burden of unpaid care work, exposed women and children to domestic violence, and exacerbated the vulnerabilities of those facing multiple forms of discrimination.

B. First wave survey

Scope and objectives. To offer an appropriate response to the country, the UNDP, in collaboration with UN Women and FAO conducted a survey to assess the socioeconomic impact of COVID-19 on micro, small, and medium enterprises (MSMEs) and households in Ukraine in the period April–July 2020. The assessment's objective was to investigate the direct and indirect impacts of the pandemic on MSMEs,

employment, living conditions, livelihoods, self-sufficiency, and decision-making for women and men, taking into account the type of settlement (urban, rural), age, and gender across all regions of Ukraine, with a focus on identifying eventual gender gaps.

Approach and methodology. This assessment involved the adoption of an approach that was both qualitative and quantitative and included a survey that reached 974 male and female owners of MSMEs and 1022 households in all 24 oblasts and the city of Kyiv randomly selected from phone databases and beneficiaries of projects supported by the UN agencies. The survey took place between 20 May and 3 June 2020 and comprised telephone interviews, complemented by in-depth interviews with 30 respondents from each income group to collect qualitative information.

Overall impact. The survey showed that nearly two-thirds of the MSMEs interviewed were forced to either fully or partly suspend operations, due to lower market demand, order cancellations, changes in logistics and supply chain functioning, and incapacity to meet the cost of procurement, utilities, rent, credit, and personal protective equipment (PPE).

Urban MSMEs. As in many countries, the quarantine restrictions overwhelmingly affected urban MSMEs and those owned by women and youth operating in the high-contact sectors, highly affected by the mobility restrictions.

Women and youth. Women and youth tend to find business opportunities in service sectors such as hospitality, catering, personal services, and retail trade. These were among the most affected by the lockdown measures. They also have less access to collateral that can be used to guarantee the repayment of bank loans. As a result, they rely on their savings or borrow money from family and friends to cushion crises.

Rural MSMEs. In terms of performance, rural MSMEs appeared to be better off than urban ones as only a quarter had to partly suspend operations. These suffered more from the disruption of supply chains and the lack of inputs for production. While for two-thirds of them, telecommuting was not an option, this was the case for half of the urban businesses.

Loss of turnover and reduction in personnel. Most MSMEs experienced a decrease in monthly turnover, pushing them to reduce the number of employees, working hours, or salaries, and shut down production lines or outlets either temporarily or permanently. MSMEs contribute to about 60 percent of employment and 20 percent of GDP in Ukraine. The effect was thus significant for both the economy and society.

Coping mechanisms. Most urban respondents indicated their intention to continue operating in the domestic market; two-thirds were contemplating diversifying goods or services or distribution channels or accelerating innovation; and some were considering a new business model or reducing the size of their business. Most urban businesses indicated they would not survive past September if the lockdown were to be further extended. In rural areas, half of the businesses were considering crop diversification to increase their resilience.

Informality and access to support. Despite the difficulties, entrepreneurs were unable to apply for support from the state, or other businesses, largely because they were operating in the informal sector, which is estimated to contribute to approximately 30–50 percent of GDP. Support that was identified as the most helpful included preferential tax policies and financing, especially if at subsidized rates.

Increased vulnerability. The survey revealed a significant level of widespread vulnerability, especially among households comprising two or more young children, the elderly, people living with disabilities or chronic illnesses, the unemployed, and those in need of psychological support, especially among the women members of households, due to the increased stress levels brought about at home by the pandemic.

Limited access to basic needs. Over half of the households in the sample experienced a decrease in income, particularly if the main breadwinner was a man.

Diminished food security. Concerns about being able to afford enough food or other basic needs increased when those in vulnerable situations headed or were among the members of households. This was true in all geographical areas. However, the frequency increased in rural and conflict-affected areas and among women.

Increased vulnerability in rural areas. While rural businesses revealed more resilience than their urban counterparts, the situation was reversed at the household level as rural households more often comprised unprotected workers, the elderly, and people living with disabilities and chronic illnesses. The diminished access to basic needs caused by the pandemic-induced supply chain disruptions, school closures, travel restrictions, and the overload of health care facilities increased the vulnerability of such households, especially when they resided in remote, disadvantaged, or conflict-affected areas. Here, before the pandemic, infrastructures and services were already scarce, absent, or in poor condition and the limited transportation and connectivity services further exacerbated these households' isolation and precariousness at the time of lockdowns. Older women living alone and mothers of many children from rural areas were some of the most affected.

Deteriorating mental health and increased domestic violence. Over a quarter of respondents, especially women, indicated the need for psychosocial support due to the stress the pandemic caused. Most were not able to fulfil such a need. Respondents reported an increase in the number of arguments and conflicts within their households and those of their neighbours and the increased burden in terms of unpaid care work for women with the closure of long-term, in-patient care facilities, childcare centres, and schools. Women revealed major pandemic-induced stress in terms of care-work responsibilities and pressure on them as breadwinners.

Increasing financial insecurity. With over half experiencing job loss or income reduction, especially in the east and the central regions of the country, being able to pay debt instalments, utility bills, and rent on time were among the top concerns respondents mentioned in addition to the difficulties of accessing state support.

Limited social protection. Fewer than one in ten households applied for social benefits, such as housing support, child support, additional social assistance, and unemployment benefits. In-depth interviews revealed that most respondents found applying for state support "too complicated" or "not worth it" knowing that the eligibility criteria would exclude them a priori. For example, unprotected workers were not eligible to obtain unemployment benefits when they lost their informal jobs. Urban households in the east of the country were those that were better able to obtain further COVID-19 assistance as the humanitarian aid delivery system was already in place to support the conflict-affected population.

Unprotected workers and informal businesses were the most impacted. The first assessment found that the COVID-19 crisis shone a spotlight on pre-existing problems including the difficulties in accessing COVID-19-related social assistance and support for MSMEs. This was true, especially for unprotected workers and unregistered businesses leading to their increased impoverishment and vulnerability both in urban and rural areas and especially in isolated, more disadvantaged areas.

Women were disproportionately affected. Due to the increased burden in terms of care work and the increased stress at home leading to more domestic violence cases, women were the worst off among the genders. Women entrepreneurs also reported facing more challenges and receiving less support to cope with the crisis. Despite the gendered impact of the pandemic, women remain underrepresented in the decision-making about the crisis response and post-pandemic recovery measures.

Focus on expanding access to basic rights and emergency assistance for the most vulnerable groups. The assessment encouraged removing the barriers to accessing assistance to avoid further impoverishment and ensure equitable recovery outcomes in the post-pandemic period. It also recommended making sure that representatives of vulnerable groups, women, and their organizations were involved in COVID-19 response formulation. This would help ensure that assistance was equitable and met the specific needs of men and women among vulnerable groups while alleviating vulnerable women's overload in the care economy.

Assessment gaps. To build forward better, the assessment also recommended focusing further assessments on the gender-differentiated impacts on groups in vulnerable situations.

C. Second wave survey

Nearly two years into the COVID-19 pandemic, UNDP, UN Women, and FAO agreed to conduct a new assessment that involved a second round of the survey to cover the knowledge gaps identified by the first assessment¹ as well as through a review of existing studies and investigations.

Scope. The scope of the new assessment was to specifically assess the gender-differentiated impact of the pandemic on groups in vulnerable situations, whether these groups' vulnerability had increased or whether they had managed to access support, strengthen their resilience, and recover from the crisis.

As an independent study on MSMEs was being conducted by the UNDP project *Strengthening SME Business Membership Organizations (BMOs)*, the UN sister agencies agreed to collaborate with this project, capitalize on the resources it had mobilized for its field survey, and expand the scope of the latter to integrate questions relating to MSMEs' recovery from the crisis therein.

Objective. The objective of the new assessment was to provide insights into whether poor and other vulnerable households were:

- *continuing to be disproportionately affected by the COVID-19 pandemic* and whether there were groups among them that were worse off;
- *recovering from the eventual loss of jobs and reduction in incomes* and whether their coping mechanisms were being effective; and
- *able to access social assistance* made available by the government, civil society organizations (CSOs) and other non-state entities, in collaboration with international partners, and whether this was relevant and appropriate to their needs or if improvements were possible.

People's perceptions. The assessment was also to enquire into the perceptions of poor and vulnerable households and those of their main service providers as to what would help them the most to cope with future crises and strengthen their resilience. This would assist with formulating recommendations that could guide policymakers and programming in this regard.

Areas of investigation. The assessment questions sought to provide answers specifically related to the following:

- *Impact trends.* Are poor and vulnerable households now faring worse or better or are they in the same circumstances as they were before the COVID-19 crisis? Are some groups faring better or worse than others?
- *Resilience and early recovery trends.* Are they adapting to their changed circumstances? What are the main coping strategies they are relying on to navigate the crisis? Are these strategies effective and helping to return to normalcy? What could improve them?
- *Policymaking and programming.* Are they getting access to assistance? Is this assistance easy to access, universal, appropriate (in terms of quantity) and meaningful (i.e., does it make a difference)? What would help them withstand this crisis better and strengthen their resilience to future ones?

Approach. The assessment team adopted a participatory approach. In addition to collaborating with the experts of each of the three UN agencies and the implementing partner, Sumy State University (SSU), it also collaborated with the government, in particular, the Office of the Prime Minister; the Ministry of Social Policy; State Statistical Services; the Ministry for Regional Development, Building, and Housing; the Ministry of Digital Transformation; and the Office of the Gender Equality Commissioner in the preparation of the study to ensure it responded to shared interests, helped fill common data gaps, and drew conclusions that were relevant to the policymaking and programming of all involved.

Methods and tools. The assessment used a combination of quantitative and qualitative methods of data collection, which involved the conduct of (i) a desk review; (ii) a phone survey with representatives of households (women and men) in vulnerable situations, triangulated with those of a control group; and (iii) semi-structured online and phone interviews with key informants, selected from representatives of organizations that are informed about, provide services to, or work with such groups.

Desk review. The desk review's objective was to identify data gaps in assessing how Ukrainian households and small businesses fared during the pandemic, and whether the ongoing response from the government and development and humanitarian agencies continued to be relevant and appropriate to their needs. This exercise helped define the scope of further data collection and analysis in terms of the impact of the pandemic, the resilience of vulnerable households, and programming priorities for UNDP, FAO, and UN Women. It is presented in Annex 3 of this report.

Implementation partner. The Sociological Laboratory of SSU's Center for Social Research conducted the household survey and in-depth KIIs in November and December 2021. The assessment team provided SSU with the terms of reference, conceptual framework, and questionnaires to be used for both the household survey and the KIIs.

Training. Before executing the survey, the SSU team project managers, analysts, and interviewers underwent training, including one by UN Women on the gender aspects of the assessment as well as the use of non-discriminatory and gender-sensitive communication in a survey.

Sampling. The study sample consisted of 800 respondents selected as follows:

- **Control group:** 200 households selected randomly from each oblast in Ukraine with quota distribution according to the number of households per oblast.^a
- **Target group:** 600 households selected randomly for each oblast in Ukraine with quota distribution according to the number of households per oblast with an average per capita monthly income up to UAH 5 000 (300) and from UAH 5 001 to UAH 10 000 (300).

International poverty and vulnerability lines. The International Extreme Poverty Line of USD 1.90 (purchasing power parity; PPP) per day and the Lower Middle Income Class Poverty Line of USD 3.20 a day could not be adopted by the assessment study as it would limit considerably the sample population and not provide any insight into the extent of poverty in Ukraine. Less than 0.1 percent of Ukrainians fall below the first and 0.2 percent below the second percentage.

National poverty line. The government uses a varying poverty line that indicates the minimum subsistence level; it amounted to UAH 2 270 per month in 2021, corresponding to about USD 4.50 per day in December 2021.

^a The team used the database of the State Statistics Service of Ukraine for this purpose (<http://www.ukrstat.gov.ua/>). The table was retrieved from http://www.ukrstat.gov.ua/operativ/operativ2019/gdvdg/vrd_reg/vrd_reg.htm in December 2021.

To facilitate the surveying team and international comparability, the assessment team used the thresholds of UAH 5 000 and UAH 10 000, which are broadly aligned with the international poverty and vulnerability lines between USD 5.50 and USD 13.00 a day.

Groups in vulnerable situations. Within these two groups, the assessment team was able to identify those households that tend to be in vulnerable situations, such as people living with disabilities, single mothers, households with high dependency rates, older persons, unprotected or unemployed workers, and people living in isolated rural areas or conflict-affected areas. The assessment did not engage respondents under 18 years of age.

Confidence level and margin of error. The confidence level applied was 85 percent and a margin of error of 5 percent. Random selection of sample units was implemented, which allowed the representativeness of the sample.^b

Objective of the KIIs. The objective of the in-depth KIIs was to triangulate the information obtained through the survey with the expert opinions of key informants working with the target group.

Specifically, the KIIs were to:

- appreciate how and to what extent the pandemic impacted the target group;
- understand the coping strategies prevailing among the target group and whether these were effective in cushioning the crisis and strengthening their resilience;
- identify the needs of the target group in terms of assistance and determine the adequacy and outreach of existing programmes; and
- obtain an expert opinion on the validity of the survey questionnaire and its capacity to capture the impact of the pandemic on the target group.

Conducting KIIs involved individual online meetings with key informants who were in constant contact with the target groups. Zoom and Google Meet platforms were used for this purpose.

The condition for the selection of key informants was the presence of a close connection with members of the target group of the survey and their ability to provide comprehensive information about the impact of the COVID-19 pandemic on them.

In total, 30 experts participated in the study. These included heads of charitable and public organizations that work with vulnerable population groups as well as oblast or municipality officers directly participating in the implementation of social policy and programming. A list of the organizations participating in the in-depth interviews is provided in Table A1 in Annex 1. A specifically designed questionnaire was used, which included open-ended questions grouped into several blocks of questions according to the following themes:

- ***Trends in the impact of the pandemic*** – the main problems caused by the pandemic, which vulnerable groups are affected the most.
- ***Trends in resilience and recovery from the pandemic*** – how households have adapted to changing circumstances related to COVID-19; key recovery strategies and resources to cope with the consequences of the pandemic; and effectiveness and opportunities for improvement of these interventions.
- ***Overview of assistance programmes for vulnerable groups*** – availability, accessibility, and

^b A special database of telephone numbers related to the area of residence was created for the study consisting of list of respondents who participated in previous survey conducted by SSU and partner organizations on various topics over the past seven years and voluntarily left their phone numbers to participate in subsequent surveys. The limitation that the economically inactive population is more keen on leaving a phone number than the active one must be taken in consideration as possibly influencing the margin of error. Further details on the sampling methodology are provided in Annex I.

relevance of assistance for target groups and types of assistance needed by the target group now and in the future.

III. DEMOGRAPHIC PROFILE OF HOUSEHOLDS

A. Age and gender of respondents

In all groups, the majority of respondents (from 64 percent to 76 percent) are women. The frequency of refusals to participate in the survey was higher among men. The most common reasons for refusing to be interviewed were work, inconvenience (being on the road, etc.), and lack of interest in the survey.

In terms of age, the sample is diverse in both the experimental and control groups and boasts representatives of all age groups, from 18 to 86 years. The most numerous in the control group and the poor households category are respondents aged from 18 to 35 years; in the vulnerable households, from 36 to 59 years. In general, the age distribution corresponds to the general age structure of the population in Ukraine.

B. Household size and composition

Differences in the size of households between the various income groups are insignificant. Households consisting of two, three, or four people predominate in all groups (Table 1). There is a slight predominance of the share of households with five and six or more people in the poor group, but the share of households with one person among low-income households is the same as in the control group. The most significant differences among the three groups in terms of the size of households relate to the presence and number of children. The higher the income group, the more likely the family is to have no children. Half of the poor families and nearly 60 percent of the other groups have no children while families with three or more children are found almost exclusively among the poor (Table 2).

TABLE 1 How many people, including you, live in your family?

Number of household members	Poor	Vulnerable	Control group
1	12.3%	8.0%	12.5%
2	24.3%	28.7%	30.0%
3	32.3%	33.0%	34.5%
4	19.7%	24.7%	16.5%
5	7.7%	3.3%	5.5%
6 or more	3.7%	2.3%	1.0%
N (number of respondents)	300	300	200

TABLE 2 Composition of households by the number of children under 18 years

	Poor	Vulnerable	Control group
0	49.0%	57.0%	59.0%
1	30.7%	29.0%	31.0%
2	17.0%	12.3%	8.5%
3	2.3%	1.7%	1.5%
4	0.7%	-	-
5 or more	0.3%	-	-
N	300	300	200

C. Household members in vulnerable situations

Income levels and vulnerability. Poor households are more likely to have members that are in vulnerable situations^c than the other two. The percentages are 72.3 percent for poor households, 66 percent for vulnerable households, and 61.5 percent for the control group.

Pensioners. The largest category of people in vulnerable situations constitutes pensioners. They make up almost one-third of all the households in the survey, with slightly higher frequency among the poor and vulnerable groups. The majority of pensioners in Ukraine are women, given their longer life expectancy.

Other categories of vulnerability and income levels. The frequency of the following categories of vulnerable members is distinctly higher, almost twice as high, among poor households:

- *unemployed* (18 percent among poor households vs 10 percent in the control group);
- *single parents* (5.7 percent among poor households vs 2.5 percent in the control group); about 95 percent of single parents are women in Ukraine;
- *persons on parental leave* (11% among poor households vs 3% in the control group); and
- *foster children* (1.7% among poor households vs 1% in the control group).

The distribution of categories of people in situations of vulnerability such as unprotected workers,^d internally displaced persons, and persons with disabilities or chronic diseases (e.g. diabetes, Alzheimer's disease and other types of dementias, asthma, cancer, arthritis) did not seem directly linked with the level of household income. However, households in the income bracket of USD 5.50–13.00 and those in the control group were more likely to have an ex-combatant as a member (Table 3).

TABLE 3 Does your family include members from the following categories?

	Poor	Vulnerable	Control group
Pensioner	32.0%	30.7%	27.5%
Unemployed	18.0%	10.7%	10.0%
Unprotected worker (works without an employment contract)	13.0%	13.3%	15.0%
Ex-combatant	3.3%	7.3%	9.5%
Internally displaced person	2.7%	1.7%	3.5%
Single parent	5.7%	2.3%	2.5%
A person with disabilities	12.3%	14.0%	9.0%
A person with chronic diseases^e	17.7%	17.0%	17.0%
A person on parental leave	11.0%	6.7%	3.0%
Foster child/children	1.7%	0.3%	1.0%
None of the above	27.7%	34.0%	38.5%
N	300	300	200

D. Gender roles and intrahousehold decision-making

^c As defined in the list in Table 3.

^d Those working without an employment contract.

^e For example, diabetes, Alzheimer's and other dementias, asthma, cancer, arthritis.

Making decisions together. About half of the respondents reported that they make decisions together in the family. This answer was chosen by both men and women in approximately equal proportions. However, it was more frequently chosen by men in poor and vulnerable households and by women in the control group.

Being excluded from decision-making. Fewer than one in ten respondents reported that the main decision-maker is one of their parents or in-laws. On average about one-third of respondents chose the answer “I make decisions in my family”. Among the poor households, this option was chosen almost equally by men and women. Among the vulnerable households and in the control group, men were more likely to choose this option. Less than 7 percent of men and about 12 percent of women answered that their spouse is the main decision-maker, with the latter being slightly higher among poor households (Table 4).

TABLE 4 Who is the main decision-maker in your family? (by gender)

Respondent	Poor		Vulnerable		Control group	
	Women	Men	Women	Men	Women	Men
We take decisions together	49.1%	51.4%	55.2%	64.9%	53.1%	45.8%
My husband/My wife	13.6%	6.9%	12.8%	3.1%	10.2%	4.2%
I make decisions	30.7%	33.3%	22.2%	27.8%	29.7%	44.4%
Child/stepchild/adopted child	1.3%	0.0%	0.5%	0.0%	0.0%	0.0%
Mother/father or mother-/father-in-law	4.8%	8.3%	9.4%	4.1%	7.0%	5.6%
Another family member	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%
N	228	72	203	97	128	72

E. Main breadwinners

Predominant gender roles. The main breadwinners are men in two-thirds of the respondents’ families (Table 5). There appears to be no significant link between the sex of the breadwinner and the family income level. However, there appears to be a major difference in terms of stability of income, at the time of crisis, when women were the main breadwinners. This is further elaborated in the section on impact on incomes.

TABLE 5 Please indicate the gender of the main breadwinner in your family

	Poor	Vulnerable	Control group
A woman	36%	32%	35%
A man	64%	68%	65%
N	300	300	200

Age of breadwinners. Between half and two-thirds of households answered that the breadwinner is between 36 and 59 years of age on average (Table 6). Among the poor households though, there is a much higher share of breadwinners over 60 years of age.

TABLE 6 The age of the person who earns the most in your family

	Poor	Vulnerable	Control group
18–35 years	36.7%	28.3%	35.5%
36–59 years	47.6%	63.0%	54.0%
60 years and older	15.7%	8.7%	10.5%
N	300	300	200

Education. Most breadwinners have attained tertiary education with a significantly higher incidence recorded in the control group (75 percent) compared to poor households (61 percent) showing a higher incidence of breadwinners with secondary (14.3 percent) and vocational (17 percent) education (Table 7).

TABLE 7 What is the level of education of the main breadwinner?^f

	Poor	Vulnerable	Control group
Secondary education	14.3%	13.3%	8.5%
Vocational education	17.0%	17.0%	10.0%
Incomplete tertiary/ basic higher education	7.0%	5.0%	6.5%
Tertiary education	60.7%	64.3%	75.0%
Other – incomplete secondary/I don’t know	1.0%	0.3%	-
N	300	300	200

Employment sectors. The largest employers are in the service and public sector among all three groups with employment in the public sector being prevalent among the groups in vulnerable situations with a frequency of nearly 40 percent (Table 8). Industry and construction sectors employ about one in five across the various income brackets while agriculture is the least frequent employer, employing 6 percent of the poor and 5 percent of the respondents in the other groups.

Minimum wage. These findings reflect the predominantly low wage levels, especially in the public and informal sectors despite major increases having been recorded in the past three years (Figure 1).

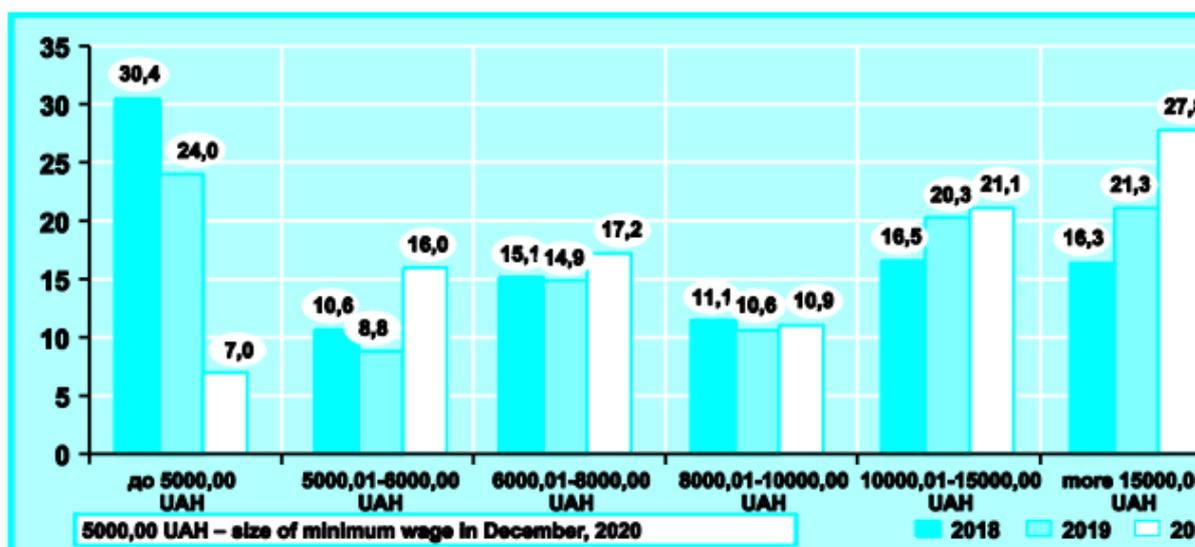
The Law of Ukraine "On the State Budget of Ukraine for 2021" No. 1082-IX of 15.12.2020 increased the minimum wage[§] from 1 January 2021, to UAH 6 000, and from 1 December 2021 to UAH 6 500 thus exceeding the official subsistence level for able-bodied persons of UAH 2 270 in 2021 by 2.6 times, and the actual subsistence level in March 2021 prices, including mandatory payments (UAH 5 444) – by 10.2 percent. [OBJ].

FIGURE 1 Distribution of protected workers in December of 2018–2020, by nominal wages

f

Percentages may not total 100 due to rounding here and elsewhere in the text.

[§] The Ukrainian minimum wage is based on the subsistence minimum which is, as defined in Article 45 of the Constitution, the reference income for securing living standards for all Ukrainians. The Parliament began setting the subsistence minimum in 2000 and since 2004 it has been part of the annual State Budget Law.



Source: SSU, Statistical Yearbook of Ukraine for 2020, page 66.

Minimum wage, economic participation, and migration rates. The low wage levels contribute to explaining the high migration rates, both permanent and seasonal, of 9 million people out of the 20 million comprising the labour force in Ukraine. They also explain the low economic participation rate, at 61.8 percent in December 2021, and the high share of unprotected work, which contributes to the generation of at least a quarter of the country’s GDP.² Furthermore, there is a gender gap in the economic participation level based on barriers being faced by women: unpaid domestic and care work and gender discrimination in the labour market.

Sectors generating unprotected work. The sectors that contribute the most to the shadow economy and unprotected work include agriculture (comprising forestry and fishing), construction, trade, transport, real estate, temporary accommodation and catering, and administrative and support services. However, key informants point out that the new jobs created by the digital economy are unprotected and often hide forms of exploitation of workers.

TABLE 8 What is the main breadwinner’s occupation?

	Poor	Vulnerable	Control group
Public sector (education, healthcare, etc.)	25.7%	39.3%	30.5%
Agriculture	6.3%	5.3%	5.5%
Industry	11.0%	10.3%	13.5%
Construction	8.0%	5.3%	8.0%
Provision of services (e.g. retail)	24.7%	25.3%	22.5%
Other	24.3%	14.3%	20.0%
N	300	300	200

Wages as main sources of (stable) income. The main sources of income among breadwinners of responding families are wages. The share (and financial security) increases with the increase in the income bracket. While 82–83 percent of breadwinners in vulnerable and control groups earn a wage, only 72.3 percent of them in poor households do as nearly one in five depends on a pension or other form of social assistance compared to fewer than one in ten in the vulnerable and control groups. They are also more likely to depend on agriculture as a form of self-employment than the other groups, which

rely more frequently than the poor, on non-agriculture-related self-employment. The percentages are 8.3 percent among poor households, 12 percent among vulnerable households, and 15 percent in the control group (Table 9).

TABLE 9 What are the main sources of income of the main breadwinner?

	Poor	Vulnerable	Control group
Income from wages	72.3%	83.0%	82.0%
Income from self-employment, business, etc. (not agriculture)	8.3%	12.0%	15.-%
Income from self-employment in agriculture	2.7%	1.3%	2.0%
Income from pensions and other social benefits	19.3%	8.3%	8.0%
Other	2.7%	0.7%	1.0%
N	300	300	200

Gender of breadwinners and income sources and levels. There are differences in terms of income sources and brackets depending on the gender of the breadwinner.

In the vulnerable and control groups, if women are the main breadwinners, nine out of ten earn wages, which tend to be more stable with respect to proceeds from businesses or self-employment.

Due to prevailing gendered work stereotypes, women are employed in low-paying but still steady jobs such as nursing or teaching. The first impact assessment also noted that women were less impacted in terms of income reduction than men for this reason.

The proportion of wage earners drops to eight out of ten if the main breadwinner is a man, as two out of ten are inclined to run the risks involved with self-employment in non-agriculture sectors in particular.

Among poor households, the situation is very different as the incomes of only six out of ten women breadwinners come from wages. For man breadwinners, this is so for eight out of ten, much like the men breadwinners in the other income brackets. Among the poor, over a third of women breadwinners (34.3 percent) depend on pensions and other social benefits for their livelihoods while only one out of ten men breadwinners do (Table 10).

TABLE 10 What are the main sources of income of the main breadwinner? By gender and income type

Income from wages						
	Poor		Vulnerable		Control group	
Breadwinner	A woman	A man	A woman	A man	A woman	A man
Yes	60.2%	79.2%	91.7%	78.9%	87.1%	79.2%
No	39.8%	20.8%	8.3%	21.1%	12.9%	20.8%
N	108	192	96	204	70	130
Income from self-employment, business, etc. (not agriculture)						
	Poor		Vulnerable		Control group	
Breadwinner	A woman	A man	A woman	A man	A woman	A man
Yes	4.6%	10.4%	6.3%	14.7%	8.6%	18.5%
No	95.4%	89.6%	93.8%	85.3%	91.4%	81.5%
N	108	192	96	204	70	130
Income from self-employment in agriculture						

	Poor		Vulnerable		Control group	
Breadwinner	A woman	A man	A woman	A man	A woman	A man
Yes	1.9%	3.1%	1.0%	1.5%	2.9%	1.5%
No	98.1%	96.9%	99.0%	98.5%	97.1%	98.5%
N	108	192	96	204	70	130
Income from pensions and other social benefits						
	Poor		Vulnerable		Control group	
Breadwinner	A woman	A man	A woman	A man	A woman	A man
Yes	34.3%	10.9%	8.3%	8.3%	11.4%	6.2%
No	65.7%	89.1%	91.7%	91.7%	88.6%	93.8%
N	108	192	96	204	70	130
Other						
	Poor		Vulnerable		Control group	
Breadwinner	A woman	A man	A woman	A man	A woman	A man
Yes	5.6%	1.0%	0.0%	1.0%	1.4%	0.8%
No	94.4%	99.0%	100.0%	99.0%	98.6%	99.2%
N	108	192	96	204	70	130

F. Geographic distribution of respondents

Figure 2 Ukraine's main macro-regions

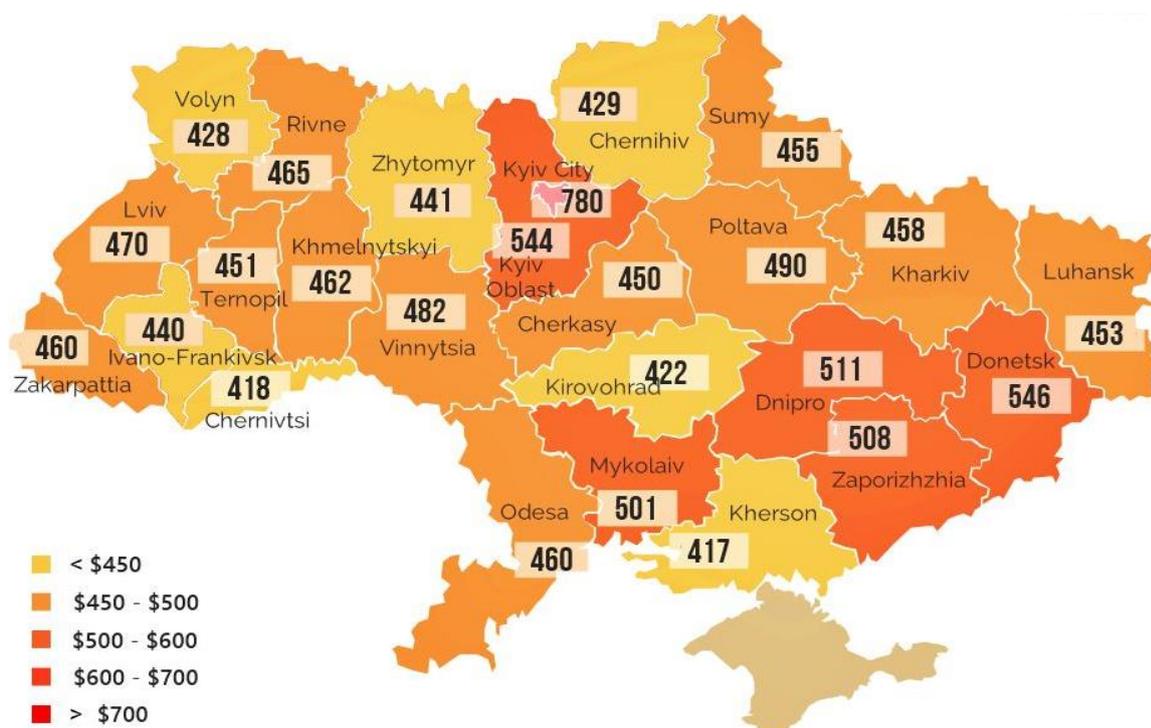


Source: Eurasian geopolitics, 2014-15 <https://eurasiangeopolitics.com/ukraine-maps/>

The geographical distribution of the survey respondents was established following the calculated quotas for each oblast for the poor, vulnerable, and control groups (Annex 1 provides further details on the methodology). The distribution of the sample units by main macro-regions (East, West, South, Centre), portrayed in Figure 2, mirrors the different population densities with a higher representation of

respondents from the West, Centre, and East regions. The composition by oblast reflects also their current overall income levels (Figure 3 and Table 11).

FIGURE 3 Average monthly salary (in USD by region, November 2021)



Source: Ministry of Finance of Ukraine, 2021.

TABLE 11 Regional distribution of respondents

	Poor	Vulnerable	Control group
West	27.7%	21.3%	23.0%
Centre	31.3%	28.3%	27.5%
South	12.3%	12.3%	11.5%
East	24.3%	28.3%	30.5%
Capital	4.3%	9.7%	7.5%
N	300	300	200

G. Urban and rural divide

FIGURE 4 Rural-urban typology of Ukrainian regions



Source: Elaboration based on data of State Statistics Service of Ukraine (2015).³

Income levels and area of residence. In terms of the distribution of urban and rural populations, about 70 percent of respondents live in urban areas in line with the current urbanization rate.⁴ However, there are substantial differences between the various income groups with the percentage of the inhabitants in rural areas being higher among the poor. Nearly a quarter (23 percent) of the poor live in rural areas while only a sixth of the other two groups do (with more women respondents in the vulnerable income group being in rural households). This confirms the higher vulnerability of households living in rural areas.

The share of respondents living in semi-urban areas is nearly the same in all groups at 10–11 percent. Respondents' answers on this topic reflect substantially the maps in Figures 2 and 3 and are summarized in Table 12.

TABLE 12 Which type of area do you live in?

	Poor	Vulnerable	Control group
Urban	66% (66% women respondents)	74.3% (79% women)	76.0% (74% women)
Rural	22.7%	14.7%	14.5%
Village of the urban type	11.3%	11.0%	9.5%
N	300	300	200

IV. MAIN IMPACTS

A. Employment and income

Income reduction and loss of employment. Nearly half (48.3 percent) of poor households reported a reduction in incomes (Table 13) and one in five reported that one or even two members lost their jobs (Table 14) because of the pandemic, starting with the first lockdown in March–May 2020. Rates for households from the vulnerable and control groups are substantially lower, 38.3 percent and 29 percent for reduction of incomes, and 15 percent and 12.5 percent for loss of employment, respectively. Less than 5 percent of the poor, 6 percent of the vulnerable, and 11.5 percent of the control group recorded an income increase.

TABLE 13 How has the average monthly income of your family changed after the strict lockdown in May 2020 compared to January 2020 (before COVID-19)?

	Poor	Vulnerable	Control group
Increased compared to January 2020	4.7%	6.0%	11.5%
Has not changed, the same as in January 2020	47.0%	55.7%	59.5%
Fell compared to January 2020	48.3%	38.3%	29.0%
N	300	300	200

TABLE 14 Are there people in your family who lost their jobs during the COVID-19 crisis? How many, including you?

	Poor	Vulnerable	Control group
Yes	18.0%	13.0%	12.5%
Yes, 1	16.0% (48 respondents)	12.0% (36 respondents)	12.0% (24 respondents)
Yes, 2	2.0% (6 respondents)	1.0% (3 respondents)	0.5% (1 respondent)
No	82.0%	87.0%	87.5%
N	300	300	200

Gendered impacts on incomes and employment. Households with women as the main breadwinners among the lower-income groups were more likely to report stable or increased incomes and no loss of employment (Table 15). In the control group, the trends are opposite: households with a man as the main breadwinner reported less vulnerability at the time of the pandemic in terms of income reduction or loss of employment (Table 16) than those with women as main breadwinners.

TABLE 15 How has the average monthly income of your family changed after the strict lockdown in May 2020 compared to January 2020 (before COVID-19)? Gender disaggregated data

Breadwinner	Poor		Vulnerable		Control group	
	A woman	A man	A woman	A man	A woman	A man
Increased compared to January 2020	6.5%	3.6%	7.3%	5.4%	7.1%	13.8%
Has not changed, the same as in January 2020	52.8%	43.8%	60.4%	53.4%	53.1%	59.5%

Fell compared to January 2020	40.7%	52.6%	32.3%	41.2%	33.1%	29.0%
N	108	192	96	204	70	130

TABLE 16 Are there people in your family who lost their jobs during the COVID-19 crisis? Gender disaggregated data

Breadwinner	Poor		Vulnerable		Control group	
	A woman	A man	A woman	A man	A woman	A man
Yes	13.0%	20.8%	13.5%	12.7%	15.7%	10.8%
No	87.0%	79.2%	86.5%	87.3%	84.3%	89.2%
N	108	192	96	204	70	130

Change of the main breadwinner. The main breadwinner did not change because of the pandemic in most households. It did for about 5 percent across income groups (in the control group 5.5 percent) and changed from a male to a female one (Table 17).

TABLE 17 Have the main breadwinners (those who earn the most) and the main decision-makers changed in your family as a result of the pandemic?

	Poor	Vulnerable	Control group
Yes, changed from a man breadwinner to a woman	4.7%	3.0%	5.5%
Yes, from a man breadwinner to another man in the family	0.7%	0.3%	-
Yes, from a woman breadwinner to a man	1.0%	1.7%	-
Yes, from a woman breadwinner to another woman in the family	0.3%	0.3%	1.0%
No change	91.3%	93.0%	92.0%
Missing	2.0%	1.7%	1.5%
N	300	300	200

B. Unpaid domestic and care work

Women's roles. The pandemic did not change the distribution of household chores among women and men. Women predominantly continued being in charge of the domestic and care work. Only one in five households in the vulnerable and control groups shares household chores equally among their adult members. The share among the poor is 7.3 percent (Table 18).

TABLE 18 Since the beginning of the pandemic (April 2020), who in your family has been primarily responsible for most household chores (such as cooking, laundry, and caring for children and the elderly)?

	Poor	Vulnerable	Control group
Mostly me	65.7%	48.3%	46.5%
Mostly my husband/wife/partner	12.0%	12.3%	13.0%
Head of the family (breadwinner)	-	-	0.5%
Wife of the head of the family	5.3%	7.3%	5.5%

Son or son-in-law of the head of the family	-	0.3%	-
Daughter or daughter-in-law of the head of the family	0.7%	-	-
Father or father-in-law/father-in-law of the head of the family	0.7%	1.0%	1.0%
Mother or mother-in-law/mother-in-law of the head of the family	8.3%	9.0%	12.5%
Distributed equally among adult family members	7.3%	21.7%	21.0%
Another family member	-	-	-
Housekeeper or another person (not a member of this family)	-	-	-
N	300	300	200

Increased burden. The first wave of the survey recorded a considerable increase in terms of unpaid care work for women. This was due to the closure of schools, long-term care facilities, and childcare centres and to the fact that hospitals had to free available beds for the incoming waves of COVID-19 patients. The chronically ill, stable, or less urgent cases had to be cared for at home. All these people in need of care ended up in the care of women regardless of whether this was burdening already overworked women. The second wave of the survey confirmed this finding.

One in five women worked harder than before. Over one in five women stated their workload at home increased. Since March 2020, these women have been in charge not only of most household chores such as cooking, cleaning, and laundry, but also caring for family members who are sick, elderly, or with disabilities. Most female respondents (81.1 percent) of the second wave survey confirmed that household chores are their exclusive responsibility and only a small percentage (7.5 percent) said that it was another woman's – their mothers or mothers-in-law – or their partners' responsibility (4 percent) (Table 19).

Educating children at home. Caring for children also involved supporting their education, for many months, as online learning was not an option for at least a third of them.^h This was the case when children were too young to use computers and follow online classes on their own or when the family did not have access to the internet, tablets, or computers for a variety of reasons, such as being poor or lacking connectivity.

Internet penetration and affordability of computers and tablets. Ukraine has one of the cheapest internet access in the world. However, internet penetration is at 70 percent and speed is limited in many areas. Internet equipment is not affordable for the poorest families; the second wave of the survey and KIIs also confirmed these limitations.

Return to normalcy. About three-quarters of the women survey respondents stated that the amount of time they dedicate to unpaid care work had not changed two years into the pandemic as the situation had changed substantially only for those who could send children back to school or dependent relatives to long-term care facilities (Table 20).

^h *Teaching children during the lockdown*, Education Ombudsman Service of Ukraine, Survey, 2020.

TABLE 19 Since the beginning of the pandemic (April 2020), who in your family has been primarily responsible for most household chores (such as cooking, laundry, and caring for children and the elderly)? Distribution by the gender of the respondent

Respondent	Poor		Vulnerable		Control group	
	Women	Men	Women	Men	Women	Men
Mostly me	81.1%	16.7%	64.5%	14.4%	63.3%	16.7%
Mostly my husband/wife/partner	3.9%	37.5%	3.9%	29.9%	3.1%	30.6%
Head of the family (breadwinner)	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%
Wife of the head of the family	0.4%	20.8%	3.4%	15.5%	1.6%	12.5%
Son or son-in-law of the head of the family	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%
Daughter or daughter-in-law of the head of the family	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Father or father-in-law/father-in-law of the head of the family	0.4%	1.4%	0.5%	2.1%	0.8%	1.4%
Mother or mother-in-law/mother-in-law of the head of the family	7.5%	11.1%	7.4%	12.4%	10.2%	16.7%
Distributed equally among adult family members	5.7%	12.5%	20.2%	24.7%	21.1%	20.8%
Another family member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Housekeeper or another person (not a member of this family)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
N	228	72	203	97	128	72

TABLE 20 Compared to the period before the pandemic, how much time did you spend on household chores (cooking, shopping, laundry and caring for children and the elderly) since the beginning of the pandemic?

	Poor	Vulnerable	Control group
More than usual	20.3%	14.7%	20.5%
About the same	72.0%	77.0%	73.5%
Less than usual	7.7%	8.3%	6.0%
N	300	300	200

C. Access to and control over family income

Joint decision-making. About 90 percent of respondents have access to and control over the family budget and only 7 percent of respondents from poor households, 10.7 percent from vulnerable households, and 8.5 percent from the control group do not (Table 21). In most cases, this is because these respondents are young and live with their parents who are the decision-makers in financial matters. In a minority of cases, they agree that someone else has control over the family budget because they are not interested in managing family finances or are too old to do it.

TABLE 21 Do you have access to and control over your family budget?

	Poor	Vulnerable	Control group
Yes	90.3%	87.7%	90.5%
No	7.0%	10.7%	8.5%
Missing	2.7%	1.7%	1.0%
N	300	300	200

Control over financial resources. Seven percent of respondents from the vulnerable group stated their partner or spouse was the decision-maker concerning family finances and they did not agree with this arrangement (Table 23). Respondents preferred not to explain the reasons. Some stated they had a complicated relationship with their partner or did not know why their relationship was set in this way. The number of respondents is too small and the frequency of the open-ended answers to this question is too low to identify statistically significant findings in this regard.

TABLE 22 Do you have access to and control over your family budget? Sex disaggregated answers

Respondent	Poor		Vulnerable		Control group	
	Women	Men	Women	Men	Women	Men
Yes	95.1%	85.5%	89.4%	88.7%	89.8%	91.4%
No	4.9%	14.5%	10.6%	11.3%	10.2%	5.7%
N	223	69	198	97	128	70

TABLE 23 Why do you not have access to and control over the family income?

	Poor	Vulnerable	Control group
Because my parents decide on the family budget, and I agree	57.9%	82.1%	69.2%
Because my parents decide on the family budget, but I do not agree with that	5.3%	3.6%	-

Because my husband / partner / my wife / partner decides on the family budget, and I agree	36.8%	7.1%	30.8%
Because my husband / partner / my wife / partner decides on the family budget, but I do not agree	-	7.1%	-
N	19	28	13

TABLE 24 Why do you not have access to and control over the family income? Sex disaggregated answers

Respondent	Poor		Vulnerable		Control group	
	Women	Men	Women	Men	Women	Men
Because my parents decide on the family budget, and I agree	70.0%	44.4%	83.3%	80.0%	55.6%	100%
Because my parents decide on the family budget, but I do not agree with that	0.0%	11.1%	5.6%	0.0%	0.0%	0.0%
Because my husband / partner / my wife/partner decides on the family budget, and I agree	30.0%	44.4%	5.6%	10.0%	44.4%	0.0%
Because my husband/partner / my wife/partner decides on the family budget, but I do not agree	0%	0%	5.6%	10.0%	0%	0.0%
N	10	9	18	10	9	4

TABLE 25 Why do you have no access to and control over your family budget?

	Poor		Vulnerable		Control group	
	Women	Men	Women	Men	Women	Men
Everyone has their own budget	50%		50%		50%	
We have a complicated relationship	-		-		25%	
I refuse to explain	-		-		25%	
I'm not interested	25%		-		-	
No need due to old age	-		50%		-	
I don't know	25%		-		-	
N	4		2		4	

D. Food security

The pandemic increased food insecurity across all income groups and doubled the number of households unable to buy quality, nutritious food in sufficient quantities: the share increased from 22 to 42.7 percent for the poor, 8.7 to 18.7 percent for the vulnerable, and from 7.5 to 12.5 percent for the control group (Tables 26 and 27). Women respondents are much more likely to report food insecurity in the household, which could be linked to the prevalence of the traditional gender role of women primarily being responsible for food procurement and preparation in the family.

TABLE 26 Could your family buy quality (nutritious and varied) food in sufficient quantities before COVID-19?

	Poor	Vulnerable	Control group
Yes, but only in sufficient quantities	40.0%	29.3%	25.5%
Yes, high quality and in sufficient quantities	38.0%	62.0%	67.0%
No	22.0%	8.7%	7.5%
N	300	300	200

TABLE 27 Can your family now buy quality (nutritious and varied) food in sufficient quantities?

	Poor	Vulnerable	Control group
Yes, but only in sufficient quantities	38.3%	38.3%	29.0%
Yes, high quality and in sufficient quantities	19.0%	43.0%	58.5%
No	42.7% (45.6%/33.3% - women/men)	18.7% (22.2%/11.3% - women/men)	12.5% (15.6%/6.9% - women/men)
N	300	300	200

E. Health

COVID-19 infection. The level of COVID-19 infection has been almost the same among all income groups. About 62 percent of respondents (496) said that at least one member of their family had been infected with COVID-19 (Table 28).

TABLE 28 Has anyone in your family had COVID-19?

	Poor	Vulnerable	Control group
Yes	58.7%	64.7%	63.0%
No	32.3%	28.7%	32.5%
I don't know	9.0%	6.7%	4.5%
N	300	300	200

Impact on mental health. One in five among the poor and vulnerable households and one in ten in the control group reported needing psychological support. The majority added that support was needed either by the whole family or mostly by their female members. Only one in ten answered that it was needed mostly by male members (Table 29).

TABLE 29 Did any member of your family need psychological support as a result of the COVID-19 outbreak?

	Poor	Vulnerable	Control group
Yes, mostly male family members	2.3%	1.3%	1.5%
Yes, mostly female family members	9.0%	7.0%	4.5%
Yes, all family members	9.7%	10.3%	4.5%
No	79.0%	81.3%	89.5%
N	300	300	200

Access to psychological support by income level. There are significant differences among households in terms of access to psychological help depending on their income levels. The majority of the poor and the vulnerable had to count just on friends and family (50.8 percent) or did not seek any assistance at all (30.2 percent), while 28.6 percent of the control group was able to access professional help (the rate was 6.3 percent among the poor) (Table 30). Men in the control groups were more likely to report that their family members did not seek psychological assistance, which could be explained by men being stigmatized for acknowledging the need for and seeking such support.

TABLE 30 If yes, did they (family members) receive the necessary psychological help?

	Poor	Vulnerable	Control group
They did not seek such assistance	30.2% (0% - men respondents)	30.4% (33.3% - men respondents)	33.3% (50% - men respondents)
Yes, completely, through professional support	6.3%	14.3%	28.6%
Yes, in part, with the help of friends and family	50.8%	48.2%	38.1%
No, not at all	12.7%	7.1%	-
N	63	56	21

F. Perceived impacts

The most important impacts according to the respondents' perspectives were loss of work, income reduction, and the deterioration of physical and mental health. These answers mostly hover around 25–30 percent in terms of frequency across the income groups (Table 31).

Loss of work and income reduction. The most conspicuous difference among the various groups, however, is loss of work and income reduction: 30 percent of the poor and 24 percent of the vulnerable households mention it as the most important impact while in the control group, only 19 percent.

Loss of family members, physical and mental health. Worsening of physical and mental health are similar across the groups, with mental health being more important for the poor and the vulnerable than the control group. About the same percentage of respondents across income groups reported the loss of a family member to the pandemic among the most important three impacts on their families, the share being 5 percent of the families that had at least one infected member. Among other negative impacts of the pandemic, respondents most often noted restrictions on freedoms and opportunities, disruption of transport links, and reduced opportunities for recreation.

No impact. The share of respondents who believe that the COVID-19 pandemic had no impact on their family is higher in the control group (17.5 percent) and the lowest in the poor households (14 percent).

Gendered perception of impact. Women and men respondents assessed the impact differently: for instance, women in poor households were more likely to report deterioration in physical health (28.5 percent vs 15.3 percent reported by men), reduction of income (32.5 percent vs 23.6 percent), interruptions in children's education (15.4 percent vs 6.9 percent) and difficulties in accessing medical services (14 percent vs 6.9 percent). Men respondents in the poor income group were more likely to report a higher incidence of household chores and care (8.3 percent vs 5.3 percent).

TABLE 31 What do you think is the biggest impact of the COVID-19 pandemic on your family? (choose the 3 most important)"

Poor	Vulnerable	Control group
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Loss of work/reduction of income	30.3%	23.7%	18.5%
Increasing the number of household chores and care	6.0%	7.0%	9.5%
Deterioration of physical health	25.3%	24.7%	23.5%
Mental health disorders (including stress)	28.7%	31.7%	25%
Interruptions in children education	13.3%	13.7%	9.5%
Difficulties in accessing medical services, including for children's development	12.3%	11.7%	10.0%
Difficulties in accessing other public services	6.3%	4.3%	4.0%
Loss of a family member	3.3%	2.3%	3.5%
Other	20.3%	24.3%	24.5%
None	14%	15.7%	17.5%
N	300	300	200

V. COPING MECHANISMS AND RESILIENCE

G. Employment

Re-entering the workforce. After having lost their jobs to the pandemic, about a third of respondents were still unemployed (35 percent among the poor). Only one in three among the poor and the vulnerable were fully re-employed (vs one in two in the control group) while the rest obtained part-time employment (Table 32).

In the low-income group, men respondents were much more likely to report someone losing a job in the family (28 percent vs 15 percent), while in the control group, it was women who more often reported a job loss of a family member (14 percent vs 10 percent).

TABLE 32 Were those family members who lost their jobs during the COVID-19 crisis re-employed?

	Poor	Vulnerable	Control group
Yes, only partially	31.5%	35.9%	16.0%
Yes, completely	33.3%	30.8%	52.0%
No	35.2%	33.3%	32.0%
N	54	39	25

H. Re-skilling and upskilling

Acquisition of new skills. About 40 percent of households acquired new skills (e.g. working with a computer). There are no significant differences in terms of skills acquisition among the various income groups (Table 33). There are main differences, though, at the regional level with the highest levels recorded in Kyiv city among the vulnerable and the control group (52–53 percent) and the lowest in the Western macro-region among the poor (24.5 percent).

Impact of new skills. Acquiring new skills helped members of the vulnerable and control groups in finding employment and developing their careers to a greater extent (74 percent) than the poor (47.7 percent) (Table 34). However, the poor were those who benefitted from the new skills the most in terms of better work schedules, better hours, more flexibility, obtaining a written contract, and the option of working remotely – the percentages being 45.6 percent for the poor, 33.3 percent for the vulnerable, and 28.6 percent for the control group.

Increased incomes and protected work. For 24 percent of the control group, new skills also provided an increase in incomes while this materialized for only 14 percent of the poor. About 18–23 percent of respondents in all groups said that re-skilling/upskilling changed their conditions of employment and helped them perform better, change work format, adapt to the new conditions, develop their careers, or even save their jobs. For a tenth of the poor, this meant obtaining a written contract (Table 35).

TABLE 33 Did the pandemic motivate you or any other family member to gain new work skills? (e.g. working with a computer)

	Poor	Vulnerable	Control group
Yes	37.3%	41.7%	40.0%
No	62.7%	58.3%	60.0%
N	300	300	200

TABLE 34 If so, has it helped you and/or your family member in career/employment development?

	Poor	Vulnerable	Control group
Yes	47.7%	73.5%	73.7%

No	52.3%	26.5%	26.3%
N	107	113	76

TABLE 35 If so, how? (choose up to two main options)

	Poor	Vulnerable	Control group
Incomes have increased	14.0%	16.8%	22.9%
Official employment	10.5%	7.4%	5.7%
Improved work schedule (flexibility, hours of work, remote modality of work)	45.6%	37.9%	28.6%
The sphere of employment has changed	22.8%	17.9%	22.9%
Other:	7.0%	20.0%	20.0%
Saving a job	3.5%	2.1%	4.3%
Advanced training, better performance of work duties	3.5%	11.6%	7.1%
Change of work format, business development	-	2.1%	4.3%
Career growth	-	2.1%	2.9%
Adaptation to new conditions	-	2.1%	1.4%
N*	57	95	70

*Here, N is the number of answers; respondents could choose up to two main options

I. Food production

The ability of poor households to produce food (e.g. potatoes, milk) for their consumption is only somewhat higher than for the vulnerable and control groups (57 percent in the poor households vs 55.7 percent in the vulnerable and 50 percent in the control group). Key informants point out that these families fared better during the crisis thanks to this ability to be food self-sufficient. Notably, men respondents in the low-income group reported higher self-sufficiency in food production, while there was no notable difference in other income groups (Table 36).

TABLE 36 Does your family have the opportunity to produce any food (e.g. potatoes, milk) for their own consumption?")

	Poor	Vulnerable	Control group
Yes	57.0% (55%/64% - women/men)	55.7% (56%/55%)	50.0% (50%/50%)
No	43.0%	44.3%	50.0%
N	300	300	200

J. Digitalization

Increased digitalization. Compared to the period before the pandemic, the frequency of internet use increased in about 60 percent of households. Deviations among the study groups are insignificant (57.7 percent increase in internet use in poor households, 58.3 percent in the vulnerable, and 63.5 percent in the control group).

There are major differences though at the regional level. The increase in the frequency of internet use in the control group is significantly higher (compared to the average) in the Southern macro-region

(71.1 percent) and the Capital (80 percent), and significantly lower than the average for the control group in the Western macro-region (52.1 percent).

The share of people who do not use the internet is low but slightly higher for poor households (3.3 percent of poor households compared to 1.3 percent of vulnerable households and 1 percent of the control group).

Among the main reasons for not using the internet among poor households is the lack of need and availability of a computer or a smartphone (Tables 37 and 38). Before the pandemic, 37 percent of the Ukraine population did not use the internet at all, and this percentage comprised 45 percent of the poor in rural areas. Here, one in four children and almost one in three adolescents lack access to a computer because their families cannot afford one (Box 1).

TABLE 37 Compared to the period before the pandemic, could you say that your use of the internet during the pandemic:

	Poor	Vulnerable	Control group
Increased	57.7%	58.3%	63.5%
Has not changed	38.0%	39.0%	35.0%
Decreased	1.0%	1.3%	0.5%
I do not use the internet	3.3%	1.3%	1.0%
N	300	300	200

TABLE 38 If you do not use the internet, why?

	Poor	Vulnerable	Control group
I do not know how	20%	50%	-
No need	40%	50%	100%
No connection	-	-	-
No computer or phone	40%	-	-
N	10	4	1

Box 1 Internet access and inequality

A 2020 UNICEF study pointed to the pandemic's effect of deepening inequality in terms of internet access, computer availability, and living conditions. The study identified the most vulnerable groups: those who did not have a computer, laptop, or tablet. This is particularly accentuated in rural areas and among single parents who are particularly disadvantaged and vulnerable during lockdowns.

Source: UNICEF, COVID-19 exacerbates inequality in Ukraine: internet access, availability of computers and living conditions, 2020.

TABLE 39 If you do not use the internet, why?

	Total (respondents in the low-income group)	Women	Men
I do not know how	20.0%	14.3%	33.3%
No need	40.0%	28.6%	66.7%
No connection	-	-	-
No computer or phone	40.0%	57.1%	0.0%
N	10	7	3

Though the sample is very small (only ten respondents), hence the evidence needs to be triangulated and validated, it seems that women are more likely to face a challenge with accessing/owning an internet-enabled device than men (Table 39).

K. Social protection

Poverty targeting. The share of households that received additional assistance (in cash or kind) since the beginning of the pandemic is higher among the poor: 14 percent vs almost 11 percent in the other groups (Table 40).

TABLE 40 Have you or any of your family members received additional assistance (in cash or in kind) since the beginning of the pandemic?

	Poor	Vulnerable	Control group
Yes	14.0%	10.7%	10.5%
No	86.0%	89.3%	89.5%
N	300	300	200

Three out of five obtained the assistance they applied for. Less than one in ten poor households applied for social assistance after the outbreak of COVID-19 (rates are 9.7 percent for poor households vs 7.3 percent for vulnerable households and 5.5 percent for the control group). About three out of the five households that did apply for assistance obtained it and this proportion is approximately equal in all groups (Tables 41 and 42).

TABLE 41 After the outbreak of COVID-19, did your family seek social assistance?

	Poor	Vulnerable	Control group
Yes, applied	9.7%	7.3%	5.5%
Did not apply	90.3%	92.7%	94.5%
N	300	300	200

TABLE 42 If you applied for assistance, did you manage to get it?

	Poor	Vulnerable	Control group
Yes	58.6%	59.1%	54.5%
No	41.4%	40.9%	45.5%
N	29	22	11

Sources of assistance. Among those who received assistance, the primary source was state aid (70.5 percent for the poor, 84.4 percent for the vulnerable, and 69.6 percent for the control group). Support from relatives and friends was also significant going from 6.2 percent for the vulnerable to 15.9 percent for the poor and 17.4 percent for the control group. Poor households received more assistance from NGOs than other groups: 9.1 percent vs 4.3 percent for the control group (Table 43).

TABLE 43 If yes, from what sources?

	Poor	Vulnerable	Control group
State aid	70.5%	84.4%	69.6%
NGOs	9.1%	-	4.3%
Support from relatives and friends	15.9%	6.2%	17.4%

Other	4.5%	9.4%	8.7%
N	44	32	23

*Here, N is the number of answers, respondents could choose several options

Lack of awareness of additional assistance being available. The main reason for not seeking help for poor households was their lack of awareness about the available assistance programmes (57.6 percent of poor households vs 41.7 percent of vulnerable households and 28.6 percent of the control group). For the higher income groups, the main reason for not applying was that they did not need any additional assistance: 42.8 percent of vulnerable households and 54.5 percent of the control group (Table 44).

TABLE 44 If not applied, why?

	Poor	Vulnerable	Control group
It was administratively too complicated	5.9%	3.2%	3.2%
I was not eligible	10.0%	12.2%	13.8%
There was no need	26.6%	42.8%	54.5%
I do not know about the available assistance programmes	57.6%	41.7%	28.6%
N	271	278	189

L. Recommendations from vulnerable households

Among the main types of assistance that could help households to better overcome the crisis, respondents from all groups most often mentioned financial support and the poor in a significantly higher percentage (54.7 percent of poor households vs 43.7 percent of vulnerable households and 35 percent of the control group). Also, poor households were more likely to prefer such types of assistance as in-kind support such as food and clothing: 8.7 percent of poor households vs 4.3 percent of vulnerable households and 7 percent of the control group; and an increase in housing subsidies: 25 percent of poor households vs 18.3 percent of the vulnerable and 11.5 percent of the control group. Only 10.3 percent of poor households, 15.3 percent of vulnerable households, and 24.5 percent of the control group stated that they needed no assistance (Table 45). Finally, women respondents across all income groups were more likely to identify a need to increase housing subsidies compared to men.

TABLE 45 What assistance for you and your family members could help your family better overcome the crisis? (choose the 3 most important)”

	Poor	Vulnerable	Control group
In-kind support (food, clothing, etc.)	8.7%	4.3%	7.0%
Training/retraining	9.3%	11.3%	10.0%
Assistance in finding a new job	10.7%	12.0%	8.0%
Increase in housing subsidies	25.0%	18.3%	11.5%
Flexible work schedule	6.0%	9.7%	9.0%
Psychological support	6.3%	12.7%	8.0%
Child-care services	4.0%	2.0%	1.5%
Financial support	54.7%	43.7%	35.0%
Don't need any assistance	10.3%	15.3%	24.5%
Access to affordable loans for small business	2.3%	3.3%	2.0%

Business development services for SMEs	2.0%	2.3%	4.0%
Other type of assistance	11.7%	16.7%	22%
N	300	300	200

The MSMEs consulted through focus group discussions within the framework of the UNDP project *Strengthening SME Business Membership Organizations (BMOs)* confirmed the perspectives shared with the household survey and stated most of the problems they are facing are systemic and the pandemic made them only worse with access to loans for MSMEs being one of them. Among the insights they shared, the following are noteworthyⁱ:

Additional problems that the COVID-19 pandemic caused:

- There were major delays in the demand in the service sector which made planning difficult for businesses. There were periods where there were no orders at all (e.g. during the lockdown periods), followed by periods where there was an avalanche of orders that businesses struggle to fulfil. When there were no orders, businesses closed outlets and reduced staff. Business reconfiguration and re-profiling would assist in overcoming this problem. However, business development services are required for this purpose.
- When workers were not able to reach the workplace (due to lockdown and other mobility restrictions) then businesses reduced production, which resulted in a loss of orders, customers, and income.
- Problems with payment for services: not all consumers could pay for services during the pandemic as they had their own financial problems too.
- There was a substantial drop in the number of clients in the beauty and self-care industry as people stayed at home and did not need or want to take care of themselves. This affected women entrepreneurs as they make up the majority of those in this sector.
- There were no waivers for rent and businesses had to pay it, at a loss, during quarantine periods.

Systemic problems for MSMEs:

- lack of qualified personnel in industrial specialities;
- rising cost of rent;
- high cost of utilities, especially the rising cost of energy;
- rising cost of agricultural inputs such as mineral fertilizers due to higher production needs;
- overseas migration of skilled workers, although businesses were ready to pay employees a competitive salary;
- lack of support from the state which led to a lack of interest in the development of SMEs;
- low national demand;
- frequent changes from the state to the rules of doing business and bureaucratic procedures;
- corruption and bureaucracy;
- lack of trust in the state as a quality service provider for business;
- introduction of cash registers; and
- difficulties in accessing loans.

ⁱ Focus group discussions held in December 2021

VI. Conclusions and recommendations

M. Conclusions

Conclusion 1

Two years into the pandemic, the impact of COVID-19 on society and the economy continued to be pervasive and especially hard on those households in situations of vulnerability.

These households were worse off across all impact domains – employment, income, food security, intrahousehold distribution of care work, access to basic services, and re-skilling and upskilling opportunities. For a small percentage of respondents, incomes got better or they did not feel any difference between their pre- and post-COVID situation – this percentage though is the smallest among the poor.

Health. About 62 percent of all survey respondents stated, almost equally across income brackets, that at least one of their family members was infected by the coronavirus and 5 percent of these died. However, getting sick was worse for the poor and the vulnerable as they could not afford to pay for the care and the medicines they required. Delays in the vaccination programme and the lack of COVID-19 vaccination certificates impacted especially those workers whose permanence the workforce depended upon (e.g. teachers, doctors and other employees in the service sector).

Income reduction and loss of employment were the main impacts for poor households with over a third of them still not having regained full employment and another third having regained employment but only part-time. The loss of employment was due to a variety of reasons such as business closure and a reduction of working hours and personnel, caused by shrinking demand, or the lack of COVID-19 vaccination certificates.

"When COVID-19 was declared a pandemic, a lot of people started losing their jobs and lost their incomes and livelihoods. Now Kherson oblast is in the red zone, many people have not been vaccinated yet and they are sitting at home jobless."

"The main problem here is employment. Many people left the city in search of work as a large number of businesses did not operate during the lockdown period. Many were unable to re-start operations at all in the end and closed for good."^j

Regaining employment. The difficulties encountered in regaining employment pertained also the lower demand for the skills that the unemployed person had. This was possibly due not only to an overall decline in demand in the sector of prior employment but also the limited ability of, or possibility for, the worker to learn employable skills in sectors with high demand. Some of the poor managed to get skills that improved their work schedules and allowed more flexibility in their working hours but this did not lead to higher incomes for the majority. For one in ten, the new skills translated into finally obtaining a written contract, which closed the decent work (official employment) deficit for them and opened up the opportunity for social protection and other benefits.

^j All quotes in the text are from key informant interviews conducted in December 2021.

Shrinking purchasing power. With the income loss and employment reduction came a major reduction in the vulnerable population's purchasing power, which heavily impacted their ability to fulfil all basic rights, thus deteriorating health, well-being, and living standards considerably, not least mental health and hopefulness for the future.

"The biggest problem is the lack of money, that is, the low level of income of the population. For example, the size of most people's pensions is 2,000–3,000 hryvnias [USD 70–100]. If a person gets sick and goes to the hospital, they will not have enough money to pay for their care. People living without documents such as the homeless cannot access health care which is a major problem during a pandemic. People struggle to pay for utility services as well."

Food security. Food security was impacted not only by decreased purchasing power but also by restricted mobility. With the halt or decrease of public transportation services, vulnerable households, especially in rural areas, faced major difficulties in buying or selling food products. Half of the interviewed poor admitted they could not buy nutritious, good quality food in sufficient quantity; this is an increase from a third. Those who weathered the COVID-19 crisis better were those that could produce their own food and thus were less dependent on market accessibility and declining purchasing power.

"Rural women – entrepreneurs and farmers – who do not have their own transport, suffer the most, because they do not have the opportunity to sell their products and on this sale, their livelihoods depend."

Gender-differentiated impacts. The most remarkable aspect that emerged from the assessment in terms of gender-differentiated impacts was the nearly complete absence of support for women in terms of sharing the unpaid care work within the family and especially for single mothers with children with disabilities or those caring for sick relatives. For most of these women, lockdowns meant having to give up their jobs or go on unpaid leave to be able to take care of their children or sick relatives on their own. Interviewed experts pointed out the difficulties for families with members with disabilities or chronic illness, large families with small children, and single mothers, who constitute 97 percent of all single parents. These families faced major difficulties during the pandemic as they were left alone with their difficulties and could not access social assistance because the requirements excluded them. For example, when they were informal workers, they could not prove they were employed and this made them ineligible for assistance while they were among the most vulnerable of the unprotected workers.

"During the quarantine, situations arose when a single mother had to go to work, and she had no one to leave her child with, since schools and preschools were closed. These mothers were forced to either resign or take unpaid leave. This significantly affects the budget of such families."

"During the pandemic, we encountered a new target group – women who are single mothers of children with disabilities. This group has proven to be extremely vulnerable in the circumstances created by COVID-19."

A positive finding emerging from the survey was that 90 percent of the responding families replied that they took all the most important decisions, including financial decisions, together while only for a small minority it was not so. This reflects the great strides made by Ukraine in terms of gender equality, not only in terms of establishing a solid legal protection framework but also within society as collective behaviour is more and more respectful and protective of women's rights. Still, well-rooted gender stereotypes keep on shaping the way men and women relate to each other. This is reflected in the increased number of cases of domestic and gender-based violence recorded, especially during the lockdown periods.

Gender-based and domestic violence. The socioeconomic crisis brought about by the pandemic highly destabilized lives and relationships while lockdowns forced people to stay at home, in close contact with each other, in stressful circumstances, for extended periods.

This led, KIIs highlighted, to a significant increase in terms of the number of cases of gender-based and domestic violence. Women, children, and other vulnerable groups such as youth and, in particular LGBTQ+ youth, experienced major difficulties to access help when abused.

There are only a few shelters for gender-based violence survivors available across regions. Surviving women, children, and youth were stuck with their abusers throughout their quarantine.

Some NGOs have been able to provide support in these cases and their offer is comprehensive, based on a holistic approach that helps survivors rebuild their lives from scratch and away from abuse. However, the offer does not fully address the demand.

The capacity of the state social assistance system to offer help to LGBTQ+ youth in vulnerable situations is limited, according to KIIs. This leaves violence survivors unaided and, these youths especially, in a sense of isolation, hopelessness, and despair which leads to self-harming behaviour.

It is important to note that Ukraine records one of the highest suicide rates in the world, especially among its male population (seventh highest). As a result, maintaining mental health services and possibly expanding access to psychosocial support, including peer support, are fundamental to maintaining mental health and well-being during the crisis and the recovery period, considering the widespread sense of uncertainty, loss and anxiety that the pandemic has caused.

Conclusion 2

The assessment found that among the groups in vulnerable situations, there are some that the COVID-19 pandemic hit the hardest.

Socioeconomic inequality. Single mothers, especially single mothers who have children with disabilities, people with disabilities, pensioners, families with higher dependency rates especially with three or more small children, orphans, internally displaced persons (IDPs), homeless, gender-based and domestic violence survivors, and youth, especially LGBTQ+ youth, emerged from the assessment as those most often in the most vulnerable situations and most affected by the pandemic. In terms of economic activity, the self-employed, online workers, MSME owners, especially when operating informally, youth and women, unemployed, low-skilled workers, and unprotected workers were the most affected.

"Young people who are getting educated now are negatively affected because shifting to online learning meant the quality of their education decreased and this will impact on their future qualifications and the likelihood of finding employment."

Spatial inequality. The assessment also found that vulnerability is more severe when people belonging to these socioeconomic categories reside in remote, underserved, rural, and conflict-affected areas. Here, access to services and infrastructure is particularly difficult: the security measures taken due to the conflict compounded with the measures taken to contain the pandemic further deprived already underserved populations of their basic socioeconomic rights, leaving some groups in acute need.

Conclusion 3

Although the Ukrainian population has a strong resilience and capacity to adapt as a whole, the poor and the vulnerable are not as resourceful as the rest of the population in time of hardship. They struggle with accessing opportunities for recovery or do not get as much from them.

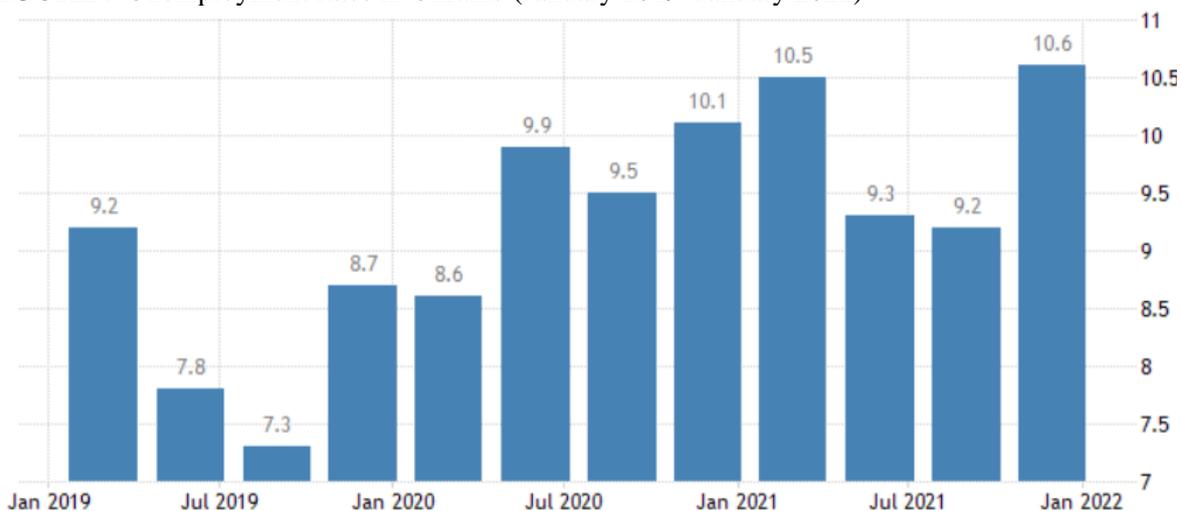
Ukrainian society is tapping into its considerable adaptation capacities to restore pre-pandemic living standards and focusing on acquiring new skills, turning to digitalization to obtain new, better paid, and possibly better-protected jobs or reconfigure their businesses by resorting to online sales and thus resorting to new ways of working (and living) and building more resilient and sustainable livelihood systems. However, this resourcefulness is not an asset available to all socioeconomic groups.

The assessment identified some structural problems that hinder their recovery and upward mobility and in particular, their access to (i) basic services and infrastructures, including quality education, health care, and social assistance; which could help them cushion the crisis while avoiding further lowering their living standards or, in the case of youth, jeopardize their prospects of employment; and (ii) opportunities to re-skill, upskill, and obtain new employment thus improving incomes and strengthening livelihood systems. These are factors that translate into patterns of economic growth that are not inclusive, replicate exclusions, and worsen inequalities.

"Vulnerable groups with whom we work mostly receive assistance from charitable organizations, from the non-state sector. Vulnerable population groups also receive assistance from the state, but access to this assistance is complicated by bureaucratic procedures. For example, in order to receive some minimal assistance, one must collect a lot of documents, many of them require medical reports, which have become even more difficult to obtain under the conditions of quarantine restrictions."

The increase in unemployment recorded during the pandemic (Figure 5) meant that the decent work deficits increased: the KIIs highlight the shrinking of incomes and labour rights that took place with the digitalization of jobs and therefore the importance of looking at the quality of employment arising as a result of the new normal brought about by COVID-19.

FIGURE 5 Unemployment rates in Ukraine (January 2019–January 2022)



"We have cases where members of vulnerable groups regained employment by working as freelance. Some started new jobs for extra income. Some repurposed their business."

"Going online offers the opportunity to expand outreach and save the cost of many activities. There is no need to go to Kyiv for a meeting or go to all organizations in the region and hold a meeting in each place. Still, we conducted a study on the employment of people with disabilities during the pandemic and found that people miss live communication. Shifting to

online work can help solve a lot of problems but not all, isolation is one of them. Another negative consequence of the transition to online work was the shrinking of incomes.”

"The majority works without a contract or has a part-time contract but works full time. These workers are not always paid."

N. Recommendations

The most important challenges to an adequate COVID-19 response lie in access to health care, education, and social assistance as well as enabling fair transitions towards employable skills, decent jobs, and business opportunities for a substantial improvement in standards of living and more inclusive, resilient economies.

Global employment still has not recovered to pre-pandemic levels, leaving a deficit of 52 million full-time equivalent jobs.⁵ This is true for Ukraine too. Particularly concerning are surges in unemployment concentrated among low-income households. These developments are further increasing pressures on the social protection system in a context of already high fiscal pressure due to the ongoing conflict in the East and the reform programme.

Further, as between 30 and 50 percent of employment is still generated in the informal economy this means that a large portion of workers was unprotected at the time of the pandemic. They were not paid annual or sick leave, maternity or unemployment protection, and sometimes even wages.

The COVID-19 pandemic shone a light on these workers' vulnerability in the absence of social protection. They were the first to lose their jobs. They often worked in the hardest-hit sectors and struggle to regain employment as their skills are not in demand any more or not as much. They are struggling to make a living and feed their families with 50 percent of them dealing with food insecurity. As a result, key informants highlight the importance of adopting an integrated approach and considering social protection as an integral part of the local policy agenda promoting employment. It is important that the employment that is generated meets people's aspirations for their working lives and respects their security, freedom, and dignity and supports prospects for personal development and social integration regardless of the sector.

In this way, social protection and employment generation are interdependent and mutually reinforcing elements of the same agenda. Adequate income levels, effective labour markets, employment, and wage policies can reduce the need for social protection and, through taxes, finance its extension to previously unprotected workers and even increase the amounts provided. This would increase the equity and sustainability of a social protection system and make it able to protect all workers in their time of need.

An integrated approach that considers employment and social protection policies as two sides of the same coin is essential also for promoting gender equality: a gender-responsive social protection system needs to be accompanied by policies that offset gender inequalities in the labour markets and revert the trend where women carry a disproportionate responsibility for unpaid care and domestic work.

Similarly, the social protection system needs to promote the full participation of people with disabilities in the economy and society by supporting the offsetting of disability-related costs for those who are in employment and providing income replacement for people with disabilities who are not in a position to work to a level that guarantees a life with dignity. An integrated approach that simultaneously invests in jobs and social protection is appropriate also within the framework of policies that support structural transformation and just transitions towards more sustainable and resilient economies and societies.

Recommendation 1

Organize awareness-raising and information campaigns relating to the importance of vaccination against COVID-19.

Without a fully vaccinated population, the country will not be able to lift the containment measures and in addition to the health risk for the population, it will continue to run the risk of a stunted economic recovery and of an overburdened health care system that cannot provide health care for all.

Ukraine's vaccination programme started on 24 February 2021, reached a third of the adult population by the end of the year, and is planned to reach 70 percent coverage by the end of 2022, including 80 percent of the elderly. At the same time, several polls indicated that about half of the adult population was against COVID-19 vaccination and/or did not plan to get vaccinated. This widespread hesitancy can be ascribed to the general hesitancy of the population regarding any vaccination programme. This was due to past highly publicized adverse reactions to vaccines, which led to a sense of distrust in the health care system in general and imported vaccines in particular. This explains why the general vaccination rates are low not only for COVID-19 but also for other diseases such as polio or measles.

"I believe that the vaccination processes are effective, but due to our population's rejection of vaccination, our city is still in the red zone"

"People want to gather, organize events, especially youths as these are important activities for them. However, they must understand that if they don't get vaccinated, if they don't have sanitizers, if they don't have masks on, any event they want to organise will have to be done online. Then they will vaccinate, because they are conscious of its importance."

However, key informants point out that the worst situation in terms of the vaccination campaign's progress is in the occupied territories in the east, as people's main concerns are about dodging bullets and saving their lives – the vaccination programme is the least of their problems.

For this reason, KIIs showed that any money spent on campaigns increasing general awareness of the importance of vaccination is well spent as public health and the economy will need the full cooperation of the population on this to be able to recover from the pandemic.

Recommendation 2

Develop gender-responsive strategies that specifically target the poor and other groups in vulnerable situations and adopt integrated approaches to promoting local social and economic development.

Coupling health care and social protection with employment generation, employable skills creation, and business development. This strategy needs to offer integrated, comprehensive support packages that build on local strengths and specifically engage groups in vulnerable situations, considering their differentiated gender needs. These support packages could facilitate access to social assistance; health care, including mental health care and psychosocial support; education subsidies; and vocational and training opportunities and should be coupled with local employment-generation programmes, business development, and other interventions supporting local economic development. The main goal of such support packages should be to empower women and men and businesses through different types of support that link them with opportunities to strengthen their capacities to contribute to more equitable development outcomes and have a truly transformative and permanent effect on people's lives and living standards. The transition from informal to formal MSMEs, for example, could be gradual as businesses need to be accompanied on a pathway leading to formality within a broader framework that promotes participatory processes and gives voice and opportunities to shape development planning to all local actors on a par, including those who are generally excluded or underrepresented, such as women, youth, and people with disabilities.

Multistakeholder partnership platforms. Multistakeholder partnership platforms could help create the appropriate institutional spaces for this purpose: social assistance state actors could collaborate with employment centres, education and vocational institutions, and local non-state actors that provide this kind of specialized support. They could expand their outreach to cover all families in need. These, in turn, would need to be linked with private-public-partnership platforms created to support and monitor efforts aimed at promoting local value chain development and integration within broader national, regional, and international ones.

Linking with ongoing reforms. The ongoing reforms relating to the current health care and social protection systems are making great strides in terms of expanding access by the most vulnerable sections of society and trying to eliminate barriers such as out-of-pocket expenses and informal payments. However, as the KIIs highlighted, there are still problems relating to access, typology, and amounts provided. Additional payments are required to reimburse medical expenditures when people are infected, or when people lose their jobs due to the COVID-19 crisis regardless of the status of their contracts. This is particularly important for women and youth who are most often among the unprotected workers, self-employed, or entrepreneurs operating informally.

Better targeting. Targeting is one of the aspects that need further improvement. Key informants suggest re-establishing the local committees that used to evaluate the eligibility of each vulnerable family and establish their benefit level.

“Legislation is changing: subsidies are somewhat not just, when a husband and a wife live separately, but (their incomes) are counted as one. One should bring back the committee reviews of subsidies and assistance (which are now cancelled).”

“There is often just one mobile phone with poor internet for one family (with more than two children), while all (children) have to study at the same time.”

These committees could also collaborate with all those non-state entities such as CSOs that are currently providing vulnerable groups with services and can identify gaps and areas where coverage is at the moment faulty.

This would help ensure that the social protection system does not exclude specific groups such as single mothers when they are unprotected workers or people with disabilities who cannot afford to pay for a specialist medical opinion.

Collaborating with capable CSOs could also help improve the design of digitised and non-digitised delivery of social services, deepen their impact and ensure capillary coverage while decreasing delivery cost (see Recommendation 3).

"Single mothers are a bit discriminated against now while there used to be some positive bias in the past. Now there are strict restrictions on their eligibility. For example, if they do not work officially, then they are not eligible while their situation has actually worsened."

Collaborating with capable CSOs could also help improve the design of digitised and non-digitised delivery of social services, deepen their impact and ensure capillary coverage while decreasing delivery cost (see Recommendation 3).

Not only financial assistance. Key informants were unanimous as to the need to increase social assistance amounts for recipients to be able to cover people’s basic needs. However, they also pointed out the importance of delivering comprehensive support packages to obtain a true permanent impact. In addition to the services mentioned, families also noted increased housing and utility subsidies,

distribution of food and clothing, free meals at schools, and education equipment such as computers and tablets as important measures for families in need.

Gender-responsive local inclusion strategies. While Ukraine is showing good progress in improving the gender equality legislation and policy framework, there are still considerable gender gaps. These affect the socioeconomic and political rights and opportunities for empowerment and self-expression of women along with their health and safety, the latter revealed in particular by the increased gender-based violence rates recorded during the pandemic. For this reason, local inclusion strategies must be gender-responsive and comprise different action types that foster gender equality in the world of work and in society.

Gender-responsive social protection and health care systems. Increasing the gender responsiveness of the social protection and healthcare systems requires:

- analysing the gender-specific barriers to social protection and health care;
- integrating measures that offset the barriers to women's participation in COVID-19 response decision-making and action formulation at the national and local levels^k;
- increasing awareness of gender equality and women's human rights including the assistance available to them when in a situation of vulnerability;
- supporting local governments' capacities in developing gender-sensitive responses to the COVID-19 pandemic;
- supporting partnerships between local governments with CSOs advocating for the rights of women in the most vulnerable situations and providing services to them; and
- supporting the oversight role of the Ombudsperson Office on the monitoring of the implementation of gender equality commitments within the sectoral crisis response by central executive bodies and regional and local administrations.

Information and awareness-raising campaigns on gender equality. Information and awareness-raising campaigns on the fair distribution of domestic and care work, women's human rights, gender roles, stereotypes, and toxic masculinity models of behaviour could be useful in bringing forward the gender equality agenda at the national and local levels. Campaigns could engage education institutions, mass media, CSOs, and regional and local authorities.

Information campaigns on women's rights at work and social assistance available to women in vulnerable situations. These campaigns need to target and pay special attention to single mothers, especially when they have more than two children; children with disabilities; women on maternity leave from low-income families; and nurses by facilitating their access to flexible working hours, day-care centres, and other types of social support to protect them from the burn-out and loss of incomes they have shown to be particularly subject to during the pandemic. Other groups to be specifically targeted include self-employed women and female entrepreneurs, particularly, women farmers who were most adversely affected by the pandemic.

Recommendation 3

Support the digitalization of vulnerable families to enable greater inclusivity and equity.

^k This is one of the key recommendations of the gender assessments conducted by UN Women and women's CSOs conducted during the early stages of the pandemic and analysing all normative and policy decisions taken in response to COVID-19.

Outreach to the digitally excluded. It is important to invest in enabling access to internet-enabled devices, digital literacy, and the capillary presence of points of access for those who are digitally excluded thus increasing accessibility of eService platforms.

Participatory design. The participation of potential users from diverse groups and their service providers in eService design would ensure that platforms are inclusive and responsive to their needs.

Increased efficiency and diversification of services. By expanding access to digital social assistance, resources would be freed to finance the improvement of the traditional, in-presence modality of service provision. In this way, the hesitant, economically disadvantaged, elderly, and other categories of users could get quality advice and, when needed, access to eServices through in-person service providers. These measures need to be coupled with comprehensive connectivity solutions in distant communities, in partnership with the private sector, to enable both internet infrastructure and increased digital literacy for the residents in these areas.

Recommendation 4

Expand access to public services and infrastructure by families in the most vulnerable situations to fight spatial inequity.

To strengthen the resilience of vulnerable families and communities in remote, rural, and/or conflict-affected areas, it is important to expand coverage of critical infrastructure and services such as:

- *transportation*, especially for populations in rural and semi-urban areas (small towns and villages), to enable their access to basic productive and social services and infrastructure as well as livelihood opportunities and markets;
- *health services*, including psychosocial assistance, free for all vulnerable families; and
- *in-presence education and child-caring services*, especially for younger children, children with disabilities, and children from disadvantaged families such as children of single mothers, nurses, and all frontline workers in general.

Recommendation 5

Adopt a territorial approach to linking social services with employment generation and business development to ensure increasingly inclusive, resilient, and equitable recovery and development outcomes.

Existing coping mechanisms are not enough. Vulnerable families have proven particularly resourceful in seeking to expand and improve their skills to search for new job opportunities and compensate for the jobs they lost to the pandemic-induced crisis. However, key informants indicated that their coping mechanisms are not enough to ensure their full recovery from the crisis and strengthen their resilience to future shocks.

The usefulness of integrated approaches. Supportive policies linking re-skilling/upskilling programmes with employers in search of skilled manpower they cannot find and policies aiming at MSME ecosystem improvement would be particularly welcomed by unprotected and currently unemployed workers and owners of MSMEs put out of business or struggling for survival because of COVID-19.

Skills that are relevant to the needs of businesses. The re-training programme would be best designed if coupled with an analysis of the needs of businesses not only in terms of economic recovery but also digital and green transitions, as these alone could create jobs that do not exist at the moment.

Professionalization and formalization of MSMEs. Policy measures need to improve the ecosystem that surrounds MSMEs and foster, on one side, their professionalization, product/service diversification, transition into more efficient and sustainable ways of producing, and possibly growing and expanding into export markets,¹ and, on the other, their gradual emergence from the shadow economy. This would help unlock the transformative role in terms of inclusive growth promotion, employment generation and expansion of the fiscal space that MSMEs can play, provided they are nurtured by an appropriate ecosystem which is built through effective partnerships and policies.

The practicality of territorial approaches. Territorial approaches also referred to as “area-based” or “local development” approaches aim to empower local actors to shape the future of the locality they live in. As these are intrinsically participatory approaches, they envisage a wide range of local stakeholders working alongside each other to realize a locality’s socioeconomic potential. Through their focus on participation, these approaches create incentives and opportunities for partnership between local private and public sector stakeholders as well as representatives of social and political groups such as those in vulnerable situations. The platforms and forums that they generally establish are meant to enable the joint formulation, implementation, and monitoring of development strategies building on existing local resources and competitive advantages. This allows for finding solutions that combine the goal of economic development with that of inclusion and equality through the creation of decent employment for those who are normally excluded from economic participation. These are the most appropriate also within the context of the recovery from the COVID-19 pandemic.

Promoting the development of gender-responsive MSMEs. Widespread adoption and implementation of best practices to ensure equality in business could be supported by the government through the following interventions:

- Collection of sex-disaggregated data on the impact of the pandemic at the workplace.
- Promotion of flexible working arrangements for employees with parental responsibilities or who are caregivers to other members of their households.
- Collaboration with businesses and CSOs to act together and offer 24/7 online phone health services to alleviate the stress and psychological burden caused by the COVID-19 pandemic.
- Provision of information to employees with available protection measures from gender-based violence and sexual harassment at the workplace.
- Introduction of gender-based support solutions provided by business associations and state-supported digital platforms for business development.

¹ Most MSME respondents in the previous wave of the survey pointed that they wished to expand into the export markets but they did not know how.

ANNEX 1 APPROACH AND METHODOLOGY

1. INFORMATION ABOUT THE CONTRACTOR

2. PROJECT MANAGEMENT

The project team comprised 13 people, including a project manager, coordinator, two analysts, and nine interviewers. All team members have experience in organizing and/or conducting sociological research.

2.1 Roles and tasks of the team (manager, coordinator, analysts)

The responsibilities of the team members were distributed according to the requirements of the project and their experience in sociological research.

The **project manager** acted as general and methodological supervisor, administered the project, communicated with the UNDP, ensured quality control, monitored progress, and organized regular meetings.

The **project coordinator** controlled and ensured the quality of preparing the sample for the study and adjusted the sample. They were responsible for formulating the questionnaire and its correction, entering the questionnaire in Google forms to fill in interviewers, conducting interviews for interviewers, and with the analysts preparing a report based on the household survey results.

The **reporting analyst** was responsible for the project, assisted the project manager in communicating with the UNDP and coordinating the survey, and answered interviewers' questions or forwarded them, if necessary, to the project manager or coordinator. They supervised the accumulation of data and data processing to ensure the timely and quality delivery of results, and the preparation of reports and conclusions on the survey results.

The **fieldwork analyst** monitored daily call statistics, randomly checked telephone survey records, and assessed the interviewers' work. They checked compliance with the sample, recorded comments on the complexity of the survey, and participated in the preparation of the survey report.

2.2 Description of the interviewer team

Nine interviewers were involved in the household survey: eight women and one man.

All members of the interview team were highly qualified and had practical knowledge of conducting a survey and recording their results for further analysis.

The interviewers collected primary empirical information following the survey methodology and the number of planned interviews.

2.3 Team training

During the work on the project, three training sessions were conducted for the interviewers and the project team as a whole. The first training took place on 23 November 2021 online on the Google Meet platform. It included training for the SSU team from UN Women and training for interviewers.

The UN Women training was conducted for project managers, analysts, and interviewers on gender aspects of sociological research. In particular, the training included the relevance of this area of

sociological research, analysis of structural peculiarities of women’s states, and the use of non-discriminatory and gender-sensitive communication in a survey.

The training for the interviewer team was conducted by the project coordinator and analysts. Interviewer training included:

- ***instruction in a telephone survey***, which explained the purpose and objectives of the project, provided recommendations on the features of voicing individual questions in the questionnaire (self-completion by the interviewer/open questions/with choice of one option/choice of several options), recommendations on sensitive issues (in particular, income issues), and the content of respondents' attention in the telephone format of the survey; and
- an ***organizational part*** that explained the work with the Google form (through which the interviewers filled in the respondents’ answers), reporting on calls and interviews, keeping records of telephone surveys, etc.

Before the full-scale survey on 3 December 2021, a re-training for interviewers was conducted, including:

- ***instruction on conducting a full-scale survey*** in which the project coordinator acquainted the interviewers with the survey methodology, the procedure for selecting respondents, quotas on control, and basic samples; the project analyst acquainted the interviewers with the improved questionnaire version, and provided recommendations for voicing certain questions in the questionnaire, considering the results of the pilot survey and UNDP recommendations
- ***instruction on recording the survey results*** where the interviewers received explanations on working with the Google form and entering the results of the survey, reporting on calls and interviews, keeping records of the telephone survey, and other organizational aspects of the survey.

3. SURVEY METHODOLOGY

Geography: Kyiv and all regions in Ukraine (territories controlled by the Ukrainian government).

3.1 Description of the sample

3.1.1 Control group

Control group respondents were selected depending on the number of households in each region. The division of respondents into groups by residence only was due to the need to conduct interviews in each region, as well as a small sample of 200 people.

The sample structure was based on data from the State Statistics Service of Ukraine (<http://www.ukrstat.gov.ua/>) in the section Demographic and social statistics/Incomes and living conditions /Expenditures and resources of Ukrainian households in each region in 2020/Region/Tab table_2 (Number of households (thousands)).

TABLE A1.1 Calculation of the sample for the control group

Region	Number of households	Sample	Sample of respondents
Ukraine	14,948,900	100.0%	200
Vinnitsia	621,000	4.2%	8
Volyn	334,000	2.2%	4
Dnipropetrovsk	1,347,100	9.0%	18
Donetsk	656,800	4.4%	9
Zhytomyr	481,500	3.2%	6
Zakarpattia	353,200	2.4%	5
Zaporizhzhia	696,400	4.7%	9

Region	Number of households	Sample	Sample of respondents
Ivano-Frankivsk	446,800	3.0%	6
Kyiv	669,100	4.5%	9
Kirovohrad	406,400	2.7%	5
Luhansk	757,200	5.1%	10
Lviv	816,500	5.5%	11
Mykolaiv	433,400	2.9%	6
Odesa	884,800	5.9%	12
Poltava	580,500	3.9%	8
Rivne	373,400	2.5%	5
Sumy	433,800	2.9%	6
Ternopil	348,300	2.3%	5
Kharkiv	1,102,400	7.4%	15
Kherson	394,300	2.6%	5
Khmelnyskyi	467,100	3.1%	6
Cherkasy	504,200	3.4%	7
Chernivtsi	305,400	2.0%	4
Chernihiv	424,200	2.8%	6
Kyiv city	1,111,100	7.4%	15

When calculating the sample, a confidence interval for small samples of 85 percent and a confidence interval (error) of 5 percent were used. The study was conducted in strict accordance with the scientific principle of ensuring the random selection of units (equal opportunity to be included in the sample). Adherence to this principle allowed for obtaining the representativeness of the sample.

In this case, the representativeness of the sample should not be understood as its representation on all grounds of the study population, because for the control group, respondents were selected only by region of residence. However, as we can see from Tables A1.2 to A1.6, the sample of respondents was included in all generalizing characteristics (sex, age, living area, occupation, and number of household members).

TABLE A1.2 Distribution by sex of the respondent in the control group

	N	%
Women	128	64%
Men	72	36%

TABLE A1.3 Distribution by age of the respondent in the control group

	N	%
18-35 years	97	49%
36-59 years	87	44%
60 years and older	16	8%

TABLE A1.4 Distribution by the living area in the control group

	N	%
Urban	152	76.0%
Rural	29	14.5%

Village of the urban type	19	9.5%
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TABLE A1.5 Distribution by the breadwinner's occupation in the control group

	N	%
Public sector (education, healthcare, etc.)	61	30.5%
Agriculture	11	5.5%
Industry	27	13.5%
Construction	16	8.0%
Provision of services (e.g., retail, etc.)	45	22.5%

TABLE A1.6 Family size (number of household members) in the control group

	N	%
1	25	12.5%
2	60	30.0%
3	69	34.5%
4	33	16.5%
5	11	5.5%
7	2	1.0%

All the data obtained should be considered as a whole, as the sample is representative for Ukraine only, and not for an individual oblast or macro-region.

3.1.2 Experimental group

The respondents were selected for the experimental group of 600 people in proportion to the number of households in each region with an average per capita income of up to UAH 5 000 and from UAH 5 001 to 10 000.

TABLE A1.7 Calculation of the sample for the experimental group

Region	Number of households with average per capita income up to UAH 5 000			Number of households with average per capita income from UAH 5 001 to 10 000		
	Total number	Sample	Sample of respondents	Total number	Sample	Sample of respondents
Total	7 498 163	100%	300	5 464 906	100%	300
Vinnitsia	324 162	4.3%	14	265 788	4.9%	15
Volyn	212 090	2.8%	8	110 220	2.0%	6
Dnipropetrovsk	604 848	8.1%	24	622 360	11.4%	33
Donetsk	174 380	2.3%	7	186 632	3.4%	10
Zhytomyr	301 419	4.0%	12	165 155	3.0%	9
Zakarpattia	229 933	3.1%	9	108 079	2.0%	6
Zaporizhzhia	433 857	5.8%	17	217 973	4.0%	12
Ivano-Frankivsk	256 016	3.4%	10	176 933	3.2%	10
Kyiv	385 402	5.1%	15	238 200	4.4%	13
Kirovohrad	235 712	3.1%	10	147 930	2.7%	8
Luhansk	48 980	0.7%	2	50 133	0.9%	3
Lviv	436 011	5.8%	17	309 454	5.7%	17
Mykolaiv	279 543	3.7%	11	148 656	2.7%	8
Odesa	406 123	5.4%	16	377 810	6.9%	21
Poltava	296 636	4.0%	12	239 166	4.4%	13
Rivne	233 748	3.1%	10	120 982	2.2%	7

Sumy	258 979	3.5%	10	148 360	2.7%	8
Ternopil	218 732	2.9%	9	124 343	2.3%	7
Kharkiv	562 224	7.5%	23	490 568	9.0%	27
Kherson	238 946	3.2%	10	144 314	2.6%	8
Khmelnyskyi	305 951	4.1%	12	116 308	2.1%	6
Cherkasy	283 865	3.8%	11	185 041	3.4%	10
Chernivtsi	206 756	2.8%	8	85 817	1.6%	5
Chernihiv	240 521	3.2%	10	162 469	3.0%	9
Kyiv city	323 330	4.3%	13	522 217	9.6%	29

The quota sample ensured the representativeness of the sample for 24 Ukrainian regions and Kyiv and took into account the average per capita income of the population in different regions. The sample is demonstrated for the adult population of Ukraine, permanently residing in Ukraine, who do not perform military service and are not in prisons and medical institutions (hospitals, medical boarding schools).

An anonymous survey of respondents was conducted representing the adult population of Ukraine aged 18 and older, except for the population living in areas temporarily not controlled by the authorities of Ukraine (Crimea, some districts of the Donetsk and Luhansk regions).

A confidence probability (accuracy) of 95 percent and an error of no more than 4 percent were used to calculate the sample for the experimental group. The calculations were performed according to the formula:

$$S = \frac{z^2 \cdot (p) \cdot (1-p)}{c^2} = 600,$$

where Z = Z factor (1.96 for 95% confidence interval), p = % of equivalence of answer options (0.5 by default), c = confidence interval in decimal form (0.04 = ±4%).

The age and sex of the respondents were not taken into account when forming the experimental and control samples, as most of the questionnaire questions concerned the household as a whole or the main breadwinner of the family, and not the respondent personally. The absence of quotas on the sex and age of the respondent does not violate the representativeness of the sample. According to the results of the survey, the following distribution was obtained by age and gender structure of respondents (Table A1.8 and Table A1.9).

TABLE A1.8 The sex of the respondent

	Poor	Vulnerable	Control group
A woman	76.0%	67.7%	64.0%
A man	24.0%	32.3%	36.0%
N	300	300	200

TABLE A1.9 The age of the respondent

	Poor	Vulnerable	Control group
18-35 years	47.0%	43.0%	48.5%
36-59 years	38.0%	49.3%	43.5%
60 years and older	15.0%	7.7%	8.0%
N	300	300	200

In all groups, the majority of respondents (from 64 to 76 percent) are women. The frequency of refusals to participate in the survey was higher among men. The most common reasons for refusing to be interviewed were work, inconvenience (being on the road, etc.), and lack of interest in the survey.

In terms of age, the sample is diverse in both the experimental and control groups: among the respondents, there are representatives of all age groups from 18 to 86 years. The most numerous in the control group and the poor households is the category of respondents in the age group of 18 to 35 years; in the vulnerable households – from 36 to 59 years. In general, the age distribution corresponds to the general age structure of the population in Ukraine.

3.2 Rules for selecting respondents

A special database of telephone numbers related to the area of residence was created for the study. It consisted of databases of respondents who participated in a previous survey of the University and/or partner organizations on various topics over the past seven years and voluntarily left their phone numbers to participate in subsequent surveys.

Two methods were combined for the selection of respondents: **route**, when the interviewer selected telephone numbers with a certain step, and **quota**, when the required respondents were selected according to the quotas specified in the terms of reference

Rules for performing the route selection:

First, the telephone survey was conducted for the control group, and then for the target group. From a database of more than 1 500 contacts in each region, sorted in ascending order, the interviewer selected the first number for the survey and continued with a certain step. The step was calculated according to the quantity of numbers in the database (e.g. 1 500 contacts) and the sample for this region (e.g. in Dnipropetrovsk region – 17 people) separately for each region (e.g. step for the database in Dnipropetrovsk region: $1\,500/17 = 88$). Phone numbers that were used to contact the respondent, to conduct a full or interrupted interview, or who refused to participate in the survey were removed from the contact database. If the interviewer reached the end of the telephone base without conducting all the necessary surveys, they returned to the beginning of the edited list and continued with the same step.

After conducting the required number of interviews for the control group, the same adjusted base (excluding the numbers used to call the respondent) was used to interview the experimental group. The step was calculated according to the number of contacts in the database and sample for each region.

Rules of quota selection:

A separate sample of interviewers was calculated for each group (200 and 600 people). By calling the numbers obtained by route selection, the interviewers indicated certain socio-demographic features (average per capita income – for the experimental group), and when a certain quota was met, the survey continued only with respondents who met the next required quota.

3.3 Organization of the research

The field stage of the works was implemented during November–December 2021. At the first stage, the programme and tools were developed, the sample was formed, and the survey methodology investigated during still-existing quarantine restrictions. Interviewers were instructed accordingly. In the second stage (24 November to 1 December 2021), a pilot telephone survey of households (40 full, 11 interrupted interviews) was conducted. The work of interviewers was analysed, unclear questionnaire questions were identified, and those after which the respondent got tired and interrupted interview were noted. In parallel, expert surveys were conducted (23 November to 1 December 2021), which also helped to better understand the target groups of the study and assess the comprehensibility of the questionnaire. Difficulties during the pilot survey and non-working questions were discussed with the

Client and corrected. In the third stage (3 to 17 December 2021), a full-scale survey of 800 households was conducted. The fourth stage involved checking the work of interviewers, rejection of questionnaires, computer processing, spreadsheets, and report preparation.

The initial processing of the results of the expert interviews was performed by the interviewers, and the processing of the full-scale survey results was performed by the project field coordinator using the SPSS program.

3.4 Response rate and quality assurance of the full-scale survey

From 3 to 17 December 2021, the interviewers conducted 800 interviews. A total of 3 140 calls were made. The response rate of the full-scale household survey was 25.5 percent.

The average duration of the full interview was 9.5 minutes.

Supervisors from the project team constantly evaluated the interviewers' work. Each day, the interviewer added recordings of telephone conversations with respondents to a shared Google drive and entered their data on call statistics (number of calls, number of full interviews). The controllers selectively listened to the recordings, checked the compliance of the sample, and recorded comments on the complexity of the survey. Communication was maintained online, via instant messaging, telephone and e-mail.

4. IN-DEPTH INTERVIEW METHODOLOGY

Objective. The objective of the in-depth interviews was to triangulate the information obtained through the surveys with the expert opinions of key informants working with the target group.

Specifically, the in-depth interviews were to:

- identify the main problems that the pandemic brought about to the target group;
- understand the coping strategies prevailing among the target group;
- identify the needs of target groups in terms of assistance and determine the adequacy of existing aid programmes; and
- get an expert assessment of the validity of the survey questionnaire and its capacity to capture the impact of COVID-19 on the target groups.

Conducting in-depth interviews involved individual online meetings with key informants who are in constant contact with the target groups. Zoom and Google Meet platforms were used for this purpose.

The condition for the selection of key informants was the presence of a close connection with one of the survey's target groups and the ability to provide comprehensive information about the impact of the COVID-19 pandemic on them.

In total, 30 experts participated in the study, including heads of charitable and public organizations that work with vulnerable population groups as well as responsible persons who at the level of the oblast or city directly participate in the implementation of social policy and programmes. Table A1.10 provides a detailed list of the organizations interviewed.

TABLE A1.10 Information on interviewers and experts who participated in in-depth interviews

No.	The organization represented by the expert	Vulnerable groups with whom the organization/expert works
1.	Agricultural consulting service; rural women's business network	Women living in rural areas
2.	NGO Foundation for the Development of Social Initiatives	Pensioners, persons with disabilities, homeless women

No.	The organization represented by the expert	Vulnerable groups with whom the organization/expert works
3.	NGO "Balanced Development" East	Children, youth, pensioners, large families, single mothers, forcibly displaced persons, persons with disabilities
4.	Institute of Democratic Development of the Kharkiv region	Roma population, people with disabilities, Roma women
5.	NGO "Space of Opportunities"	Ex-combatants, internally displaced persons affected by the armed conflict, and their family members
6.	NGO Union of veterans, participants, disabled people of anti-terrorist and combat operations	Veterans, their family members, children
7.	NGO "Martin Club"	Women, children, veteran families
8.	Charitable organization "Light of Hope"	Users of injection drugs; sex workers; men who have sex with men; the homeless; former prisoners and those released from prisons; women affected by gender and family violence
9.	Charitable organization "Social Fund"	People with disabilities, older people
10.	Association of Youth Workers of Ukraine	People with disabilities; people who found themselves in difficult life circumstances; youth who are excluded from social life due to geographical circumstances
11.	NGO "Generation Z"	Youth, women
12.	Kurakhiv center of local economic development	Children, pensioners
13.	NGO "Donbas SOS"	Internally displaced persons and people living in the occupied territory
14.	Konotop city council, management of the economic department	Entrepreneurs
15.	NGO "Crimea SOS"	Internally displaced persons and people living in the temporarily occupied territory, persons released from prison
16.	NGO "Space of Equal Opportunities", Sumy	Youth
17.	Department of Social Protection of the Population of the Sumy Regional State Administration	Subsidy recipients, low-income families, internally displaced persons, large families, beneficiaries, combatants
18.	NGO "Kryla Center for Public Activity Support"	Elderly people, women
19.	Luhansk Association of Organizations of Persons with Disabilities, Luhansk Regional State Administration	People with disabilities, elderly people
20.	Public organization "Svitanok"	Pensioners who do not have relatives, families with children with disabilities, large families
21.	Department of Family, Youth Policy and Child Protection of Ternopil City Council	Large families; socially vulnerable youth; children under care, including adopted children; children of families in difficult circumstances
22.	GO "VirGo"	Youth
23.	NGO "Kreminska Business Association"	Entrepreneurs

No.	The organization represented by the expert	Vulnerable groups with whom the organization/expert works
24.	NGO "Social Movement "Gender Stream""	Women, victims of domestic violence, children, LGBT, teenagers
25.	Department of Social Policy of the Executive Committee of the Ivano-Frankivsk City Council	Pensioners, people with disabilities, large families, single citizens unable to work, orphans, single mothers, mothers with many children, other socially vulnerable citizens
26.	All-Ukrainian public organization Center "Development of Democracy"	Victims of violence, women and girls from small towns and villages, elderly women, single mothers
27.	Public organization "Podilskyi Legal League"	Pensioners; people with disabilities; women and men affected by domestic violence; people with diseases that require long-term treatment; people in a difficult situation
28.	Public organization "Mariupol Youth Union" (GO "Bezbariarnost")	Women temporarily out of work, women affected by domestic violence, single mothers, large families, migrants
29.	Karitas Mariupol	All vulnerable groups without exception in the Luhansk and Donetsk regions
30.	Coordination centre for the provision of legal assistance	Internally displaced persons, people with disabilities, people with low income, victims of domestic violence, children, minors, combatants, whistleblowers, stateless persons

As a tool for this part of the study, a specially designed questionnaire (interview form) was used, which included open-ended questions grouped into several blocks, according to the tasks of in-depth interviews:

- ***Trends in the impact of the pandemic*** (the main problems caused by the pandemic, which vulnerable groups are facing the most; which groups are most affected).
- ***Trends in resilience and recovery from the pandemic*** (how households have adapted to changing circumstances related to COVID-19; key recovery strategies and resources to cope with the consequences of the pandemic; effectiveness and opportunities for improvement of these interventions).
- ***Overview of assistance programmes for vulnerable groups*** (availability of access to assistance for target groups, availability of assistance and relevance to needs; types of assistance needed for target groups now and in the future).
- ***Validity of the questionnaire questions*** (suitability of the questionnaire to reflect the impact of COVID-19 on vulnerable groups, suggestions for improvement).

ANNEX 2 SURVEY FINDINGS AT THE REGIONAL LEVEL

As the number of respondents by oblast was small, the findings by macro-regions were been analysed in depth in the main text of the assessment. Nonetheless, they offer insights when the information is triangulated with existing sets of data that can lead to statistically significant findings.

Overall, they reflect demographic and overall socioeconomic data available for each of the macro-regions and confirm that the most disadvantaged groups – the urban working poor in the Centre, those near the conflict line in the East, and those that host families in the West that predominantly depend on remittances from migrated relatives for their livelihoods were more affected by the COVID-19 crisis and considerably impoverished as a result.

- **West:** Volyn, Rivne, Lviv, Ivano-Frankivsk, Ternopil, Zakarpattia, Khmelnytskyi, Chernivtsi;
- **Centre:** Vinnytsia, Zhytomyr, Sumy, Chernihiv, Poltava, Kirovohrad, Cherkasy, Kyiv oblast;
- **South:** Mykolayiv, Kherson, Odesa;
- **East:** Dnipro, Donetsk, Luhansk, Zaporizhzhia, Kharkiv; and
- **Capital:** Kyiv city.

TABLE A2.1A Which oblast do you live in?

	Poor	Vulnerable	Control group
Vinnytsia	4.7%	5.0%	4.0%
Volyn	2.7%	2.0%	2.0%
Dnipropetrovsk	8.0%	11.0%	9.0%
Donetsk	2.3%	3.3%	4.5%
Zhytomyr	4.0%	3.0%	3.0%
Zakarpattia	3.0%	2.0%	2.5%
Zaporizhzhia	5.7%	4.0%	4.5%
Ivano-Frankivsk	3.3%	3.3%	3.0%
Kyiv	5.0%	4.3%	4.5%
Kirovohrad	3.3%	2.7%	2.5%
Luhansk	0.7%	1.0%	5.0%
Lviv	5.7%	5.7%	5.5%
Mykolaiv	3.7%	2.7%	3.0%
Odesa	5.3%	7.0%	6.0%
Poltava	4.0%	4.3%	4.0%
Rivne	3.3%	2.3%	2.5%
Sumy	3.3%	2.7%	3.0%
Ternopil	3.0%	2.3%	2.5%
Kharkiv	7.7%	9.0%	7.5%
Kherson	3.3%	2.7%	2.5%
Khmelnytskyi	4.0%	2.0%	3.0%
Cherkasy	3.7%	3.3%	3.5%
Chernivtsi	2.7%	1.7%	2.0%
Chernihiv	3.3%	3.0%	3.0%
Kyiv city	4.3%	9.7%	7.5%
N	300	300	200

TABLE A2.1B Income level by macro-regions (the answers to the question: “15. How has the average monthly income of your family changed after the strict lockdown in May 2020 compared to January 2020 (before COVID-19)?”

Poor

	West	Centre	South	East	Capital
Increased compared to January 2020	8.8%	2.3%	3.3%	3.7%	0.0%
Has not changed, the same as in January 2020	52.4%	38.2%	68.9%	48.4%	46.2%
Fell compared to January 2020	38.8%	59.5%	27.7%	48.0%	53.8%
N	83	94	37	73	13
Vulnerable					
	West	Centre	South	East	Capital
Increased compared to January 2020	8.4%	4.8%	14.1%	3.3%	3.4%
Has not changed, the same as in January 2020	44.9%	55.1%	57.1%	53.0%	62.1%
Fell compared to January 2020	46.7%	40.0%	28.8%	43.6%	34.5%
N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
Increased compared to January 2020	13.6%	8.5%	12.2%	14.2%	6.7%
Has not changed, the same as in January 2020	53.9%	61.5%	63.3%	62.9%	60.0%
Fell compared to January 2020	32.5%	30.0%	24.4%	22.9%	33.3%
N	46	55	23	61	15

TABLE A2.2 Loss of job by macro-regions (answers to the question: “27. Are there people in your family who lost their jobs during the COVID-19 crisis?”)

Poor					
	West	Centre	South	East	Capital
Yes	17.1%	13.6%	16.5%	27.9%	15.4%
No	82.9%	86.4%	83.5%	72.1%	84.6%
N	83	94	37	73	13
Vulnerable					
	West	Centre	South	East	Capital
Yes	18.2%	12.3%	9.9%	14.4%	6.9%
No	81.8%	87.7%	90.1%	85.6%	93.1%
N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
Yes	15.7%	5.9%	11.1%	13.3%	6.7%
No	84.3%	94.1%	88.9%	86.7%	93.3%
N	46	55	23	61	15

TABLE A2.3 New skills by macro-regions (answers to the question: “30. Did the pandemic motivate you or any other family member to gain new work skills (for example, working with a computer)?”)

Poor					
	West	Centre	South	East	Capital

Yes	24.5%	38.0%	40.3%	38.5%	30.8%
No	75.5%	62.0%	59.7%	61.5%	69.2%
N	83	94	37	73	13
Vulnerable					
	West	Centre	South	East	Capital
Yes	41.2%	38.6%	35.7%	46.7%	51.7%
No	58.8%	61.4%	64.3%	53.3%	48.3%
N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
Yes	37.4%	38.6%	47.8%	36.2%	53.3%
No	62.6%	61.4%	52.2%	63.8%	46.7%
N	46	55	23	61	15

TABLE A2.4 Frequency of internet use by macro-regions (answers to the question: “34. Compared to the period before the pandemic, could you say that your use of the internet during the pandemic?”)

Poor					
	West	Centre	South	East	Capital
Increased	58.9%	59.1%	61.4%	51.4%	61.5%
Has not changed	34.2%	36.6%	35.6%	44.1%	38.5%
Decreased	0.0%	2.2%	0.0%	0.9%	0.0%
I do not use the internet	6.9%	2.1%	3.0%	3.7%	0.0%
N	83	94	37	73	13
Vulnerable					
	West	Centre	South	East	Capital
Increased	62.2%	58.1%	53.0%	59.0%	58.6%
Has not changed	36.4%	40.4%	47.0%	38.4%	37.9%
Decreased	1.5%	1.6%	0.0%	0.0%	3.4%
I do not use the internet	0.0%	0.0%	0.0%	2.6%	0.0%
N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
Increased	52.1%	66.6%	71.1%	64.9%	80.0%
Has not changed	43.6%	33.4%	28.9%	35.1%	13.3%
Decreased	1.1%	0.0%	0.0%	0.0%	0.0%
I do not use the internet	3.1%	0.0%	0.0%	0.0%	6.7%
N	46	55	23	61	15

TABLE A2.5 The answers to the question: “36. Have you or any of your family members received additional assistance (in cash or in-kind) since the beginning of the pandemic?” By macro-regions

Poor					
	West	Centre	South	East	Capital
Yes	15.3%	7.1%	22.6%	18.8%	30.8%
No	84.7%	92.9%	77.4%	81.2%	69.2%
N	83	94	37	73	13

Vulnerable					
	West	Centre	South	East	Capital
Yes	21.9%	7.7%	8.9%	11.8%	6.9%
No	78.1%	92.3%	91.1%	88.2%	93.1%
N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
Yes	13.1%	15.0%	9.4%	7.8%	0.0%
No	86.9%	85.0%	90.6%	92.2%	100.0%
N	46	55	23	61	15

TABLE A2.6 The answers to the question: “38. After the outbreak of COVID-19, did your family seek social assistance?” By macro-regions

Poor					
	West	Centre	South	East	Capital
Yes, applied	12.1%	7.6%	11.8%	8.6%	7.7%
Did not apply	87.9%	92.4%	88.2%	91.4%	92.3%
N	83	94	37	73	13
Vulnerable					
	West	Centre	South	East	Capital
Yes, applied	7.5%	5.9%	0.0%	8.3%	6.9%
Did not apply	92.5%	94.1%	100.0%	91.7%	93.1%
N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
Yes, applied	11.3%	4.2%	2.8%	5.8%	0.0%
Did not apply	88.8%	95.8%	97.2%	94.2%	100.0%
N	46	55	23	61	15

TABLE A2.7 The answers to the question: “40. If not applied, why” By macro-regions

Poor					
	West	Centre	South	East	Capital
It was administratively too complicated	6.8%	3.4%	9.7%	5.1%	0.0%
I was not eligible	12.5%	5.7%	8.9%	12.9%	8.3%
There was no need	42.6%	20.2%	30.6%	17.8%	8.3%
I do not know about the available assistance programmes	38.2%	70.7%	50.8%	64.2%	83.3%
N	83	94	37	73	13
Vulnerable					
	West	Centre	South	East	Capital
It was administratively too complicated	4.1%	2.6%	3.2%	1.5%	3.7%
I was not eligible	11.7%	19.4%	11.5%	22.5%	0.0%
There was no need	46.5%	35.7%	55%	39.2%	29.6%

I do not know about the available assistance programmes	37.8%	42.3%	30.4%	36.8%	66.7%
N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
It was administratively too complicated	2.3%	1.6%	6.1%	0.0%	6.7%
I was not eligible	17.1%	9.0%	6.7%	19.4%	20.0%
There was no need	62.8%	54.2%	48.5%	48.1%	60.0%
I do not know about the available assistance programmes	17.9%	35.2%	38.8%	32.5%	13.3%
N	46	55	23	61	15

TABLE A2.8 The answers to the question: “41 What assistance for you and your family members could help your family better overcome the crisis?” By macro-regions

Poor					
	West	Centre	South	East	Capital
In-kind support (food, clothing, etc.)	6.0%	7.4%	10.8%	13.7%	0.0%
Training/retraining	12.0%	5.3%	8.1%	12.3%	7.7%
Assistance in finding a new job	12.0%	11.7%	10.8%	9.6%	0.0%
Increase in housing subsidies	10.8%	39.4%	27.0%	23.3%	23.1%
Flexible work schedule	8.4%	8.5%	5.4%	1.4%	0.0%
Psychological support	2.4%	8.5%	8.1%	6.8%	7.7%
Child-care services	4.8%	3.2%	0.0%	6.8%	0.0%
Financial support	59.0%	56.4%	62.2%	41.1%	69.2%
Don't need any assistance	16.9%	7.4%	10.8%	8.2%	0.0%
Access to affordable loans for small business	2.4%	2.1%	2.7%	2.7%	0.0%
Business development services for SMEs	2.4%	3.2%	0.0%	1.4%	0.0%
Other type of assistance	12.0%	12.8%	5.4%	13.7%	7.7%
N	83	94	37	73	13
Vulnerable					
	West	Centre	South	East	Capital
In-kind support (food, clothing, etc.)	1.6%	3.5%	2.7%	7.1%	6.9%
Training/retraining	9.4%	9.4%	10.8%	14.1%	13.8%
Assistance in finding a new job	15.6%	12.9%	10.8%	7.1%	17.2%
Increase in housing subsidies	20.3%	22.4%	5.4%	17.6%	20.7%
Flexible work schedule	7.8%	12.9%	16.2%	5.9%	6.9%
Psychological support	15.6%	11.8%	10.8%	12.9%	10.3%
Child-care services	1.6%	1.2%	5.4%	1.2%	3.4%
Financial support	51.6%	41.2%	32.4%	43.5%	48.3%
Don't need any assistance	15.6%	17.6%	18.9%	12.9%	10.3%
Access to affordable loans for small business	3.1%	4.7%	0.0%	3.5%	3.4%
Business development services for SMEs	3.1%	1.2%	5.4%	1.2%	3.4%
Other types of assistance	15.6%	12.9%	21.6%	21.2%	10.3%

N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
In-kind support (food, clothing, etc.)	4.3%	10.9%	8.7%	6.6%	0.0%
Training/retraining	8.7%	16.4%	8.7%	8.2%	0.0%
Assistance in finding a new job	13.0%	7.3%	0.0%	9.8%	0.0%
Increase in housing subsidies	15.2%	12.7%	17.4%	8.2%	0.0%
Flexible work schedule	8.7%	10.9%	8.7%	4.9%	20.0%
Psychological support	6.5%	9.1%	17.4%	4.9%	6.7%
Child-care services	0.0%	3.6%	0.0%	1.6%	0.0%
Financial support	50.0%	36.4%	34.8%	18.0%	53.3%
Don't need any assistance	15.2%	27.3%	26.1%	31.1%	13.3%
Access to affordable loans for small business	2.2%	3.6%	0.0%	1.6%	0.0%
Business development services for SMEs	6.5%	1.8%	0.0%	4.9%	6.7%
Other types of assistance	26.1%	9.1%	30.4%	29.5%	13.3%
N	46	55	23	61	15

TABLE A2.9 The answers to the question: “42. What do you think is the biggest impact of the COVID-19 pandemic on your family?” By macro-regions

Poor					
	West	Centre	South	East	Capital
Loss of work/reduction of income	22.9%	42.6%	21.6%	24.7%	46.2%
Increasing the number of household chores and care	7.2%	6.4%	8.1%	4.1%	0.0%
Deterioration of physical health	19.3%	29.8%	27.0%	26.0%	23.1%
Mental health disorders (including stress)	26.5%	38.3%	27.0%	23.3%	7.7%
Interruptions in children education	14.5%	20.2%	2.7%	9.6%	7.7%
Difficulties in accessing medical services, including for children's development	16.9%	8.5%	13.5%	9.6%	23.1%
Difficulties in accessing other public services	10.8%	2.1%	13.5%	1.4%	15.4%
Loss of a family member	1.2%	4.3%	0.0%	5.5%	7.7%
Other	21.7%	13.8%	24.3%	24.7%	23.1%
None	13.3%	10.6%	24.3%	16.4%	0.0%
N	83	94	37	73	13
Vulnerable					
	West	Centre	South	East	Capital
Loss of work/reduction of income	26.6%	27.1%	21.6%	24.7%	6.9%
Increasing the number of household chores and care	6.3%	5.9%	5.4%	5.9%	17.2%
Deterioration of physical health	34.4%	22.4%	27.0%	16.5%	31.0%
Mental health disorders (including stress)	32.8%	37.6%	24.3%	29.4%	27.6%

Interruptions in children education	10.9%	22.4%	10.8%	2.4%	31.0%
Difficulties in accessing medical services, including for children's development	6.3%	9.4%	18.9%	10.6%	24.1%
Difficulties in accessing other public services	4.7%	2.4%	5.4%	5.9%	3.4%
Loss of a family member	0%	4.7%	2.7%	2.4%	0.0%
Other	25%	16.5%	37.8%	25.9%	24.1%
None	10.9%	14.1%	16.2%	22.4%	10.3%
N	64	85	37	85	29
Control group					
	West	Centre	South	East	Capital
Loss of work/reduction of income	23.9%	18.2%	17.4%	14.8%	20.0%
Increasing the number of household chores and care	13.0%	10.9%	4.3%	6.6%	13.3%
Deterioration of physical health	19.6%	30.9%	26.1%	23.0%	6.7%
Mental health disorders (including stress)	28.3%	23.6%	17.4%	26.2%	26.7%
Interruptions in children education	13.0%	9.1%	13.0%	6.6%	6.7%
Difficulties in accessing medical services, including for children's development	8.7%	10.9%	13.0%	8.2%	13.3%
Difficulties in accessing other public services	8.7%	3.6%	4.3%	1.6%	0.0%
Loss of a family member	0.0%	3.6%	0.0%	8.2%	0.0%
Other	28.3%	12.7%	47.8%	23.0%	26.7%
None	21.7%	16.4%	21.7%	13.1%	20.0%
N	46	55	23	61	15

ANNEX 3 ANALYSIS OF DATA GAPS

1. Identified data gaps

Many of the reviewed COVID-19 impact assessments conducted share several information gaps and limitations, which limit the ability to draw appropriate conclusions and recommend appropriate policy development, specifically, for the most vulnerable households:

- Data is presented for very broadly identified categories of population groups, for example, youth or students, while there is limited data on the livelihood systems of such groups, or whether they are unemployed or unprotected workers. Often no vulnerability criteria are set for the different certain demographic groups following age or gender dimensions.
- There is limited data on the effectiveness of state assistance to counteract the pandemic impact on vulnerable groups. This is explained by the limited implementation time of the policy response, which began to be operationalized in only March–June 2020.

2. Implications for the second wave of the survey

The analysis of the data gaps confirms the need to focus the survey on vulnerable groups. It also indicates the appropriateness of using a combination of both quantitative and qualitative methods and triangulating information obtained from representatives of vulnerable groups with that sourced from their service providers. This methodology allows a more comprehensive and deeper understanding of the living conditions of the target population groups. In particular, in-depth interviews with key service providers enables to obtain data for specific groups in vulnerable situations such as ethnic minorities, migrants, and ex-combatants that a random sampling technique may not allow.

The survey aims to cover data gaps that were partially or superficially covered in the reviewed assessment and shed light on loss and regaining of employment; skills acquisition; food security; access to healthcare and in particular to mental health care by vulnerable households including people with disabilities and chronic illnesses; pros and cons of remote work; and an assessment by vulnerable households of government social support as to its adequacy in terms of outreach and amount.

3. Overview of selected assessments

Education in Ukraine: Challenges and prospects: analytical review by the Ministry of Education and Science targeted schoolchildren, university, and vocational education students, and identified the following issues, exacerbated by COVID-19: (i) unequal access to education; (ii) the need to provide students with adequate nutrition; (iii) the need to provide educational services for children with special educational needs; and (iv) the inability to organize practical and laboratory classes in vocational schools and in higher education institutions, as these require the physical presence of students.

The report, *Ukraine: COVID-19 impact on economy and society – a vision of 2020-2024 post-pandemic development through the eyes of experts and youth*⁶ report by the Ministry for Development of Economy, Trade and Agriculture presents the views of youth and experts on (i) COVID-19 impact on the economy and the possibility of the second wave, (ii) post-pandemic development of the world economy and Ukraine, and (iii) prospects for digitalizing the economy. The report concludes that Ukraine may need one to three years to restore the potential lost to the first COVID-19 pandemic wave and that the economic recovery will require interventions such as tax benefits for affected businesses, facilitation of essential products and services' provision, cash assistance for crisis-affected populations, and protectionist public procurement.

The gender dimension of COVID-19 report by the Ministry of Finance found that unemployed women, single mothers raising children on their own, women with disabilities, and older women were the most affected in terms of accessing economic opportunities and worsening health conditions. It also found that:

- reduced public funding of culture and arts, education and science, and sports disproportionately affected women, who are the majority of the employees of those sectors;
- public transport restrictions influenced the employment and income level of men, as they are the majority of employees in this industry;
- considering the gender pay gap, women have less savings than men to rely on during difficult times and those that lost their jobs and incomes to the pandemic have very few resources to rely on before they are in financial distress;
- levels of domestic and gender-based violence increased during the lockdown period;
- unpaid care work is in most cases done by women and this increased during the lockdown period due to child-care facilities and school closures; and
- during January–April 2020 the unemployment rate was 31 percent higher than in the same period in the previous year, while women make up 57 percent of registered unemployed and only 25 percent of employed.

The study recommended conducting a gender impact analysis of the state response to the COVID-19 pandemic and taking in consideration the needs of women, men, and such subgroups as young and older women and men, and women and men with disabilities when budgeting and disbursing public funding.

The Report of the Ukrainian Parliament Commissioner for Human Rights concludes that the (initial) state response to COVID-19 did not take into account the impact of such measures on groups in vulnerable situations, such as on Roma, specifically their level of access to medical, education, social services, information, employment and living conditions, which could enhance further marginalization and stigmatization of Roma in society.⁷

According to the report, *The rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine* conducted by UN Women provided evidence that women in vulnerable situations faced a disproportional effect of the mobility restriction measures during the pandemic.⁸ The assessment demonstrated how the challenges of women with disabilities, Roma women, women living with HIV/AIDS, or single mothers experienced in the pre-COVID-19 period were exacerbated during the lockdown. The assessment further focuses on such issues, as required legal changes, programme activities, and use of gender data; demographic and socioeconomic gaps; provision of social, health, and other types of assistance to vulnerable women and men; unpaid domestic work and gender role distribution; access to information and communication; and the situation of women-frontline workers engaged in services related to the high risk of infection. The report reaffirms the importance of integrating a gender approach in the development of strategies and policies or responding to and exiting the crisis caused by COVID-19 at the central and local levels.

The UN Joint Socio-Economic COVID-19 Impact Assessment (SEIA) assessed the impacts of the pandemic on Ukraine from the perspectives of five main areas: 1) public health, health systems, and services; 2) groups in vulnerable situations, access to social protection and basic services; 3) workers and businesses; 4) the macroeconomic aggregates; and 5) social cohesion and community resilience.

The assessment estimated that between 6 and 9 million more people, including 1.4 million children, could fall into poverty as a result of the pandemic in 2020. It also found that the pandemic disproportionately affected specific groups in vulnerable situations such as older persons, persons with disabilities, the homeless, Roma, asylum seekers, IDPs, refugees, youth and returning Ukrainian migrants who had lost their work abroad, people living in conflict-affected and/or remote rural areas, and women and families with children. Among the most vulnerable, the assessment included also 270 000 residents of the non-government-controlled areas as they were unable to make pension withdrawals

due to restrictions on crossing the “contact line” and thus facing major challenges in meeting their basic needs.

Finally, the assessment pointed out that women were the gender most affected by the pandemic as they were among those that most often lost income from unprotected work and that suffered the most from the closure of schools, care, and nursing facilities, a fact which added to women’s burden in terms of unpaid care work at home, especially when they were single working mothers. The assessment concluded also that women, being 82 percent of the health and social workers, and the majority of the workers in other essential services (e.g. food retail), were also the professional category that was the most exposed to the virus and lost their lives to it at the onset of the pandemic.⁹ The pandemic impacted heavily on the mental health of the population, due to the stress caused by the additional workload at home, the loss of jobs and incomes and the financial and food insecurity that came with that, the fear of being infected and dying but also the increased gender-based and domestic violence cases that were registered, mirrored by the higher suicide and alcohol consumption rates among men.

*National gender profile of agriculture and rural livelihoods*¹⁰ prepared by FAO focused on investigating areas such as the labour market and employment patterns, education, gender-based violence, and conflict-affected areas. The study noted that women in rural Ukraine represent a large proportion of the agricultural labour force, are the majority of food producers, play key roles in the management of natural resources, and also contribute significantly to the care of their households. At the same time, they are limited in their capacity to contribute to agricultural production and take advantage of new opportunities because they are concentrated in informal jobs, overloaded with unpaid work on family farms, and face difficulties in accessing and controlling land and farming assets. The pandemic made this situation worse through domestic violence and a greater burden of unpaid care work. The study pointed out that further studies are needed on rural labour market trends and coping strategies with regard to the impact of COVID-19 on poverty and deprivation.

The UNDP study *How do the youth of Ukraine live during COVID-19*¹¹ investigated the main challenges that youth faced during the pandemic such as restrictions on communication; a sharp change in lifestyle, modality of education and employment; level of involvement in social activities; discomfort for children and young families; and much slower transitions from school to employment which made 75 percent of young people anxious about their financial situation and their future. Positive changes were isolated and comprised additional time for communication with the family, education and self-development; improvement of physical conditions; hobbies; and, finally, for organizing their affairs and thinking about their future. One of the biggest problems for young people was identified as uncertainty regarding the duration of the pandemic and lockdown restrictions, the course of the education process, prospects for the country’s economy, and the ability to timely receive health care.

*The impact of COVID-19 on women’s rights in Ukraine*¹² by the UNDP showed that the pandemic deepened the socioeconomic problems of women and girls and especially when they are survivors of domestic and gender-based violence. Remote legal assistance (online, telephone, etc.) proves to be not as effective enough in such cases. The problems of recovering alimony have become even more acute, in particular, the cases when the debtor has lost his job or his salary is being withheld. Men were twice as likely as women to begin to drink alcohol during a lockdown period. Even though men were less likely to be hospitalized with a diagnosis of coronavirus or its consequences, the mortality rate of men was higher than that of women caused by COVID-19.¹³

*Fighting COVID-19 in Ukraine: Initial estimates of the impact on poverty*¹⁴ by the United Nations Children’s Fund (UNICEF) found that the pandemic increased poverty levels, especially in households with three or more children, single parents with children, households with children under three years old, and single retirees over 65 years. The report recommended a social assistance policy mix targeting vulnerable groups and comprising childbirth assistance, low-income assistance, assistance to large families, and assistance to single parents.

The COVID-19 impact on Ukrainian migrants by the International Organization for Migration (IOM) suggested that migrant workers returning to Ukraine put additional strain on the economy and society as (i) the loss of jobs by migrants leads to decreased remittances which constitute an important source

of livelihood for many households, particularly in the West, and more than 10 percent of Ukraine's GDP; (ii) they tend to be unprotected workers, which limits their access to social assistance and unemployment benefits in the countries where they are employed, and (iii) the fear of them being infected by the COVID-19 virus could give rise to discrimination and stigma against migrants.

*Impact of COVID-19 disease and related restrictions on small business and vulnerable populations in eastern conflict area*¹⁵ is an assessment conducted by the UNDP during the first lockdown period. It highlighted that the people living in the Eastern Conflict Area were confronted with major issues in terms of access to medicines, pharmaceutical products, and personal protective equipment (PPE). People living near the front line claimed that they had limited access to hospitals and medical care in general and noted increasing prices for hygiene items. At the same time, representatives of the micro-, small and medium-sized enterprises (MSMEs) indicated they were forced to shut down and reduce their personnel.

*COVID-19 exacerbates inequality in Ukraine: Internet access, availability of computers and living conditions*¹⁶ is a UNICEF study which pointed to the pandemic's effect of deepening inequality in terms of internet access, computer availability and living conditions. The study identified the most vulnerable groups: those who did not have a computer/laptop/tablet and who constitute 45 percent of the poor in rural areas. One in four children and almost one in three adolescents in rural areas lack access to a computer due to a lack of funds. Before the pandemic, 37 percent of the population of Ukraine did not use the internet at all. The analysis of deprivation among households with children confirmed significant inequality in access to facilities between residents of cities and villages with single parents being particularly disadvantaged and vulnerable during lockdowns.

The report on the 'infodemic' of COVID-19 disinformation prepared by the UNDP and UNICEF focused on evaluating the discussion about COVID-19 in Ukraine across multiple channels, showing the impact that this discussion had on society, the authorities, and the epidemiological situation. The study concentrated on the behaviour of the poor and the vulnerable. Over 250 000 messages with disinformation narratives related to COVID-19 were identified in Ukrainian online media from March to November 2020. Most messages with dis-/misinformation narratives were posted at the beginning of the pandemic (spring 2020). People with lower financial and educational levels were more susceptible to misinformation. Having children under 16 years of age was positively correlated with being more vulnerable to fake narratives, less willing to comply with public health guidance (wearing masks, maintaining social distancing, etc.), and less likely to recommend vaccination.

The assessment of the social security responses to COVID-19 lessons from the Western Balkans and Eastern Europe prepared by the International Labour Organization (ILO)¹⁷ found that women and lower-paid workers were disproportionately affected, thereby increasing gender and income inequalities. It also found a high incidence of partial unemployment as a result of reduced work hours or involuntary unpaid leave. However, unemployment benefits in most countries were payable only in the case of full unemployment. The assessment reviewed government programmes developed in response to COVID-19 in the Western Balkans and Eastern Europe (seven countries, including Ukraine) and found that there was a long-standing need to expand the coverage of unemployment benefits also to people with temporary or part-time employment and increase amounts. All seven countries under review significantly enhanced the unemployment benefits and covered more types of workers in response to the pandemic. Several countries introduced temporary special childcare leave for workers who had to care for children staying at home due to extended closures of schools and child-care centres.

The impact of COVID-19 on education – recommendations and opportunities for Ukraine, an assessment conducted by Ilko Kucheriv Democratic Initiatives Foundation,¹⁸ provides insights into how distance learning is viewed by school children and teachers. About half of the respondents negatively assessed distance education and only a third were in favour. Highly negative assessments were made by residents from the Southern (29 percent) and Eastern (28 percent) regions where internet connection is much more scarce and difficult. Declining children's school performance (26 percent), lack of teachers' attention to children's learning needs (22 percent) and technical problems such as poor internet quality (21 percent) or the lack of devices for online learning (19 percent) were problems related

to the transition to distance learning that respondents more frequently mentioned. The lack of digital infrastructure was noted by up to 30 percent of citizens in small towns.

In April 2020, the State Education Quality Service of Ukraine conducted an anonymous online survey of school managers, teachers, parents, and students of grades 9–11. The key problems they mentioned were 1) the need for *technical support of online learners* with issues including the lack of online training resources that can fully cover academic subjects; online platform's overload; difficulties of elementary school students to work with computers on their own without parental help; limited access of individual students to computer equipment (there may be two to three students in one family and even the parents could be working online); 2) the need for *psychological-pedagogical and methodical support of distance learning* including insufficient control over the state of students' acquisition of knowledge; inability to control students' compliance with school work; reluctance of some students to register and study independently on online platforms; and low control by individual parents of distance learning of their children; 3) *physical conditions for the organization of distance learning* which include the quality of the learning material for children (e.g. bigger fonts, links to unverified videos, often with too much advertising,); and the heavy strain on the eyesight, both for teachers and students, and the overall burden on the child.

The survey, *Teaching children during the lockdown*,¹⁹ conducted by the Education Ombudsman Service of Ukraine sought to understand whether the right to education was ensured during the lockdown through the organization of distance learning and whether students were able to continue their education. The survey also sought to understand the workload of children and parents during distance learning, the technical support that families were able to give to children's education, and the difficulties and problems of distance learning. It was revealed that 85.1 percent of children continued their education during the lockdown period, while the transition to distance learning revealed problems with ensuring the right to quality education of various types: organizational, educational, psycho-emotional, and technical. In particular, low-quality organization of distance learning or the lack thereof, conflict among family members to access technical equipment for work and study, the partial or complete absence of technical equipment in 32.5 percent of the families (this figure is even higher because parents from rural areas could not fully participate in the survey due to lack of internet connection and equipment), and other factors affecting the quality of education.

*The survey results of heads of preschool education institutions on readiness to resume work in COVID-19 conditions*²⁰ targeted children from kindergartens who might be deprived of quality education and quality nutrition. The results of the study showed that 48.3 percent of kindergartens were able to fully work during the lockdown. In some regions, according to the decision of local authorities, only a few kindergartens (22.7 percent) functioned. Among the reasons that did not allow the work of preschool education institutions to resume, respondents named the following: the unfavourable epidemic situation in the community of the settlement/region (22 percent); identification of COVID-19 patients or pupils within the institution (0.4 percent); an insufficient number of foster parents expressed a desire to visit the institution during the lockdown period (15.4 percent). Incomplete coverage of children with distance education in the institution was recorded by 58.5 percent of kindergarten leaders, which significantly negatively affected the quality of preschool education.

*The survey about the impact of COVID-19 on prison populations in Europe*²⁰ focused on the vulnerabilities of prisoners and prison personnel. In September 2020, there were 50,813 prisoners in Ukraine. During the first nine months of 2020, the prison population in Ukraine decreased by 4 percent, which is explained by the reduction of the work of the criminal justice system through lockdown, the release of prisoners as a precautionary measure to reduce the spread of COVID-19, and the reduction in crime rates due to the lockdown measures. The Ministry of Justice prepared bills for the application of amnesty and parole, which in turn reduced the number of inmates in penitentiaries and thus minimized the risks of possible spread of the coronavirus in these institutions. However, these bills were withdrawn from consideration by Verkhovna Rada in late 2020.

*Coronavirus and social protection: between reform and crisis*²¹ presents a review of the decisions of the Ukrainian authorities, which were taken from 12 March to 19 October 2020. According to the report, providers of social services (social service centres, centres of social services for families, children and

youth, etc.) and their staff received hardly any additional support during the lockdown period and an analysis of the most vulnerable groups (such as homeless people) was not immediately available when the pandemic started.

ANNEX 4 GENDER ANALYSIS OF POLICY MEASURES TO MITIGATE THE EFFECT OF THE PANDEMIC

The gender analysis of 64 legal acts adopted by the Cabinet of Ministers and several line ministries on COVID-19 prevention and response measures demonstrated the introduction of measures supporting specific categories of vulnerable women and men, such as medical workers, employees, and entrepreneurs in the most affected business sectors, the elderly, and people with disabilities.

Specifically, the Action Plan to support people with disabilities during the quarantine ensures:

- a) free testing for COVID-19;
- b) provision of social services to people with disabilities and to children with disabilities, whose legal caregivers cannot temporarily take care of them because of COVID-19;
- c) simplification of the procedure of medical-social expertise; and
- d) development of individual rehabilitation programmes.²²

To support the employment of women and men with disabilities, the government introduced measures on economic support for enterprises that employ people with disabilities and compensations for those with disabilities registered as unemployed, according to the Law of Ukraine “On employment”.^{23, 24, 25}

The Action plan for prevention and spread, localization, and elimination of COVID-19 envisages the obligation of the Ministry of Social Policy, Ministry of Economy, and Ministry of Finance to ensure state social support to low-income families through child allowances for single parents, subsidies for households with family members, who receive support for partial unemployment during the quarantine.²⁶ The [renewal of the term to apply for administrative services](#) allowed women and men from vulnerable groups to apply for administrative services if the application term was missed because of the restrictive measures. To support medical workers, the government introduced a one-time cash disbursement to medical workers who treated patients with COVID-19 and as a result of that received a disability.²⁷ In June 2021, changes were introduced to the social security payments for medical workers who received a disability because of COVID-19 and the list of those who are eligible for social security payments in the case of the death of a medical worker was expanded.^{28, 29}

The government also adopted incentive measures to increase vaccination rates among vulnerable groups while boosting businesses hardest hit by the pandemic, including those sectors where women are most employed through the E-Support programme.³⁰ The other legal act, which may have had an indirect influence on women entrepreneurs, was the introduction of [socioeconomic measures to support small and medium-sized enterprises](#), where women entrepreneurs are most concentrated. It includes a one-time compensation of UAH 8 000 during the restrictive measures for certain types of activities, certain tax exemption measures, and a decrease in rent for premises that could not be used during the restrictive measures.

[Recommendations of the Ministry of Education](#) include for children in grades 1–4 to attend school during the restrictive measures, even for those in the red zone, which significantly eased the burden of care work for women with young children.

Although the government provided support to women from groups affected by the pandemic, such as medical workers, pensioners, single partners, and caregivers of people with disabilities where women make up the majority, it did not declare these measures as a recognition of the gender impact of the pandemic. The state measures were focused mainly on cash-based transfers, temporary tax exemptions, and one-time support rather than on complex and systemic measures to close the increased gender gaps and inequalities. Therefore, more systemic and long-term measures are required to address the needs of the most vulnerable women, such as

- older women;
- women with disabilities;

- women who belong to Roma and other ethnic minorities;
- women who live with HIV;
- LBTQ women;
- internally displaced women;
- rural women;
- single mothers;
- mothers of many children; and
- homeless women.

Specific measures of local self-government bodies should be in place to outsource unpaid care work which significantly and disproportionately affects women.

According to the Law of Ukraine “On Equal Rights and Opportunities for Women and Men”³¹ and the Order of the Ministry of Social Policy,³² all draft legal acts are subject to gender analysis of the legislation. Such analysis should be done to achieve a good understanding of the impact of such legal acts on the situations of women and men and their groups in the context of the pandemic, their ability to equally access and use the benefits and services provided and to obtain highlights of additional gender and human rights aspects to be considered when ensuring the relevant legal framework.

Finally, it is important to recognize that there are differences between women and men that relate to class, religion, age, ethnicity, and other factors. Women and men are not homogenous groups. It is important not to generalize across diverse populations, but rather consider the ways that the needs and perspectives of individuals are influenced by a range of factors, including gender.

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