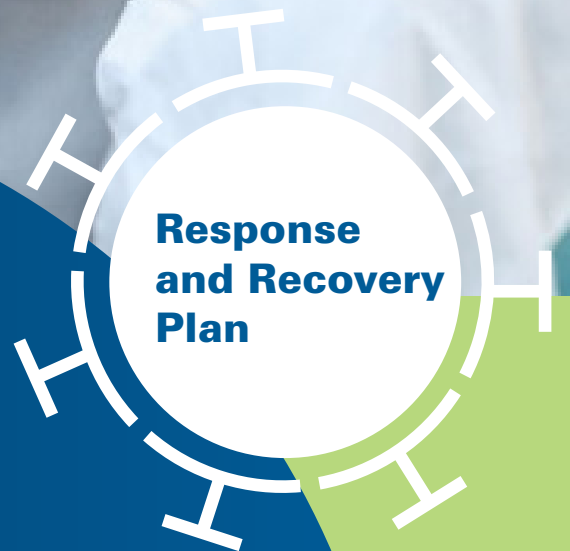




UNITED NATIONS
UKRAINE



COVID-19
RESPONSE



**ASSESSMENT
OF THE SOCIO-ECONOMIC
IMPACT OF COVID-19
IN UKRAINE**

Photo on Cover. Medical workers inspect passengers after a train evacuating Ukrainians from Poland arrived at the Central Railway Station in Kyiv on 20 March 2020. Photo by Oleg Petrasiuk, from the Kyiv Post, 20 March 2020.

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Acronyms and Abbreviations

AIDS	Acquired immunodeficiency syndrome	PHSM	Public health and social measures
CBO	Community-based organization	PPP	Public private partnership
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	RGA	Rapid Gender Assessment
COVID-19	Coronavirus disease	SDG	Sustainable Development Goal
CSO	Civil society organization	SGBV	Sexual and gender-based violence
EBRD	European Bank for Reconstruction and Development	SME	Small and medium-sized enterprise
ECA	Eastern Conflict Area	SMS	State Migration Service
EECP	Entry/exit check point	SRH	Sexual and reproductive health
EU	European Union	SSSU	State Statistics Service of Ukraine
FAO	Food and Agriculture Organization of the United Nations	TB	Tuberculosis
GCA	Government-controlled area	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
GDP	Gross domestic product	UNAIDS	Joint United Nations Programme on HIV/AIDS
HIV	Human Immunodeficiency Virus	UNCT	United Nations Country Team
HRMMU	United Nations Human Rights Monitoring Mission	UNDP	United Nations Development Programme
ICT	Information and communications technology	UNDRR	United Nations Office for Disaster Risk Reduction
ICU	Intensive Care Unit	UNDS	United Nations Development System
IDP	Internally displaced person	UNECE	United Nations Economic Commission for Europe
ILO	International Labour Organization	UNFPA	United Nations Population Fund
IMF	International Monetary Fund	UNHCR	United Nations High Commissioner for Refugees
IOM	International Organization for Migration	UNICEF	United Nations Children's Fund
IPC	Infection prevention and control	UNOPS	United Nations Office for Project Services
LEP	Local Employment Partnership	UNPF	United Nations Partnership Framework
MNH	Maternal and neonatal health	VNR	Voluntary National Review
MOH	Ministry of Health	WASH	Water, sanitation and hygiene
NBU	National Bank of Ukraine	WHO	World Health Organization
NCD	Noncommunicable diseases		
NEET	Not in employment, education or training		
NGCA	Non-government-controlled area		
NGO	Non-governmental organization		
OHCHR	Office of the United Nations High Commissioner for Human Rights		
OHS	Occupational health and safety		

Ukraine Reference Map

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



EXECUTIVE SUMMARY

About the Assessment

This Assessment is part of the United Nations response that aims to help the Government of Ukraine respond to the Coronavirus disease (COVID-19) crisis and manage its complexity and uncertainty. Its main objectives were to: (i) understand the immediate and long-term effects of COVID-19 on public health and the population's well-being; and (ii) review the current response, identify possible gaps and suggest immediate measures and policy options for the future. All of these objectives informed a discussion on the formulation of a recovery plan that aims to build back better.

Methodology

The Assessment was prepared based on primary data collected by the United Nations Country Team (UNCT) through about 60 field surveys investigating various areas of impact, triangulated with secondary data from various sources.¹ The presentation of the Assessment findings is organized around the five pillars of A UN framework for the immediate socio-economic response to COVID-19: Pillar 1. Health systems and services; Pillar 2. Social protection and basic services; Pillar 3. Economic response and recovery; Pillar 4. Macroeconomic response and multilateral cooperation; and Pillar 5 Social cohesion and community resilience.

Approach

Three groups of questions and two key approaches guided the Assessment: the first approach helped map the most vulnerable groups in Ukraine, identify the barriers to their basic rights and understand how a response that 'leaves no one behind' should be shaped. The second, the human rights-based approach (HRBA) and gender mainstreaming, contributed towards establishing a conceptual framework to systematically analyse such barriers.

General findings and recommendations

Vulnerability and gender

- (a) Collect and analyse more disaggregated data on various health and socio-economic dimensions for **evidence-based policy formulation**. For example, COVID-19-related health outcomes could be reported disaggregated by gender, age, ethnic group, residency status and disability. This would help understand the drivers of discrimination and marginalization, and how to tackle them for higher equality outcomes.
- (b) Ensure that **gender and vulnerability analyses** are the basis of response and recovery formulation.
- (c) Facilitate the **participation of social partners and representatives of vulnerable groups** within response coordination bodies.

Recover better

- (a) Rigorously **continue ongoing reform processes** and integrate the lessons learned from the COVID-19 response, including the reprioritization it involved. The country can create the fiscal space that such processes require through international financing, the savings that can be obtained by instituting a progressive taxation system, and increased efficiency and transparency in public administration, as well as by combatting corruption and prioritizing financing with the aim to secure minimum core obligations for all.
- (b) **Take advantage of UNCT** expertise and support capacity in the formulation of policies and recovery plans that are inclusive and follow international best practices.

¹ These include the Voluntary National Review (VNR) of 2020. Transforming Our World: The 2030 Agenda for Sustainable Development; the Decree of the President of Ukraine on the Sustainable Development Goals for Ukraine up to 2030 of September 2019; and the United Nations Ukraine Partnership Framework 2018–2020.

Findings and recommendations by pillar

Findings

Recommendations

Pillar 1: Health systems and services

The pandemic highlighted that the health system was chronically underfunded and insufficiently prepared with regard to: the number of hospital and Intensive Care Unit (ICU) beds; the availability of personal protective equipment (PPE) medicines, and other medical equipment and supplies; and testing capacities. Moreover, there was no infection, prevention and control (IPC) programme in hospitals and institutionalized settings, which contributed to a high number of infection cases among healthcare workers and other frontline workers, and the impossibility of effectively carrying out testing, tracking and tracing (TTT) of cases until May, thus undermining effective containment after the lockdown.

The adaptive quarantine approach adopted by the Government of Ukraine envisaged progressive easing off of lockdown measures in early May. However, this decision did not take into consideration the evolution of the epidemiological situation in the various regions or the differing response capacities of their local health systems. This led to a fast increase in the infection rate and the reiterated extensions of the quarantine.

- (i) **Maintain essential services** and fight COVID-19 at the **primary healthcare (PHC)** level and not the hospital level as much as possible.
- (ii) **Establish infection prevention and control (IPC) programmes** to avoid nosocomial infections.
- (iii) Protect the population and healthcare workers with **PPE, mental health and psychosocial support services**, including domestic and sexual and gender-based violence (SGBV) services.
- (iv) Ensure that everyone, including vulnerable and marginalized groups have **access to healthcare**, including COVID-19 diagnosis, treatment and vaccines (when available), by.
- (v) Reduce the circulation of **substandard and falsified medicines** through information and a monitoring system.
- (vi) Increase **public spending on health** and **continue public health system reform**.

Pillar 2: Social protection and basic services

The combination of informality, unemployment, low savings rates and reliance on remittances highlights the vulnerability of large segments of society to a prolonged economic downturn.

Overall, workers in high-contact sectors and occupations were the most affected by containment measures, because working remotely is rarely an option for them. The implications were more severe for low-skilled and seasonal workers. Hence, the confinement measures may have a regressive impact on income distribution and a disproportionate impact on women, youth and other vulnerable groups, such as undocumented migrants, because they are more often engaged in informal, low paid jobs.

The main impacts included: income contraction and increased poverty levels, rise in unemployment, women's increased burden of unpaid work in the care economy, and diminished access to education by children and youth who could not participate in distance learning.

The social protection system has limited coverage and outreach, and is burdened with difficult access procedures; the pension system does not guarantee minimum levels and is financially unsustainable; and the education system has limited capacity for an inclusive online learning programme.

- (i) **Increase access, coverage and the amount of current social protection schemes** as these are the key stabilizers in the crisis. Simplify eligibility and administrative procedures.
- (ii) **Reform the pension system** to provide minimum guarantees and achieve sustainability.
- (iii) Integrate **human rights and gender equality** perspectives in the analysis of social protection gaps and map all vulnerable groups before social protection measures are developed.
- (iv) Involve the **representation of social partners and vulnerable groups including women and youth** in the development of social protection measures and in the reform of the system.
- (v) Identify social protection financing from international and national sources.
- (vi) Ensure that distance learning uses **platforms that are accessible to all** children.
- (vii) Support and **train teachers** to use online learning tools.
- (viii) Provide inclusive **water, sanitation and hygiene (WASH), nutrition, mental health and psychosocial support**, especially for children with disabilities and their families.

Findings

Pillar 3: Economic response and recovery

In 2019, 45 per cent of working age people enjoyed protection guarantees of their labour rights; the remaining 65 per cent worked unprotected. The latter include the most vulnerable workers of Ukrainian society. Micro, small and medium-sized enterprises (MSMEs) generate 80 per cent of employment and 20 per cent of GDP; and 80 per cent of all MSMEs consist of self-employed individuals against a background where 75 per cent of women who participate in the labour force are self-employed.

The response to the COVID-19 pandemic triggered an unprecedented economic crisis in Ukraine as lockdown measures involved temporary closure of most businesses, particularly in the service sector, almost halting economic activity altogether except for the key sectors such as transport, food production and sale, agriculture, and pharmaceutical production and sale.

The devastating disruption of global supply chains resulted in a sharp drop of business sales, household incomes and jobs.

In agriculture, the most affected food supply chains are fruits and vegetables, milk and dairy, which experienced problems in transportation and storage, and retail. They also have difficulty in obtaining imported inputs.

The United Nations Country Team (UNCT) suggests pursuing, on the one hand, a multi-pronged strategy involving gender-responsive employment retention schemes, and on the other hand, local job creation through support packages for MSMEs that are also able to create jobs in the green economy, especially for vulnerable women and youth.

These measures need to be accompanied by infrastructure investments for the economy to benefit of the advantages of digitalization fully. Similarly, agriculture needs infrastructure investments along food value chains, with an emphasis on storage and processing.

Recommendations

- (i) Support **comprehensive employment policy** formulation, **social dialogue** and the **transition to formality** of workers and MSMEs.
- (i) **Map skills and qualifications, and enable access to training and local employment partnership initiatives (the LEP approach²).**
- (ii) Focus on gender-responsive **employment retention and generation** schemes.
- (iii) Support MSMEs' contribution to the **low-carbon transition through:**
 - *financial assistance* (loans, loan guarantees and tax abatement);
 - *regulatory systems* with incentives for better environmental performance;
 - *simple procedures* to apply to business support mechanisms/incubators that could encourage the transition from the informal to the formal sector.
- (iv) Develop a **crop insurance system** with state support.
- (v) Support development of **storage and processing facilities** by value chain operators.
- (vi) Stimulate the development of **entrepreneurship and innovation** in the food and agriculture sectors, particularly start-ups for women and youth, with a focus on **returning migrants** who have acquired know-how abroad.
- (vii) Support **digital connectivity** to promote on-line sales for agricultural inputs and outputs, supply chain logistics and traceability, and minimize food loss and waste.

Pillar 4 Macroeconomic response and multilateral collaboration

Projections for Ukrainian GDP growth changed from +3 per cent in January to -6 per cent in July 2020, taking in consideration the temporary closure of domestic sectors, with the manufacturing, retail trade and transportation sectors hit particularly hard, and a strong contraction of domestic demand, exports and remittances. In case strict lockdown measures are prolonged or re-instated to mitigate a second wave of infections, assessments indicate greater long-term damage to economic fundamentals with a possible reduction **of GDP by -11.2 per cent and of investment leading this decline.**

Forecasts point to a very weak external environment, supply-side disruptions, and a major slump in domestic demand.

- (i) Implement the principle of **'leaving no one behind'**, which entails reaching the poorest of the poor and eliminating discrimination and rising inequalities and their root causes.
- (ii) Continue to increase **fiscal space** through expansionary monetary policy and central bank interventions, and also through tax reform and by supporting a transition to formality. Access to loan guarantees could act as an incentive to formalize informal SMEs and be conditional to promoting the retention of workers.

2 LEPs involve multiple local stakeholders concerned with labour market challenges in their community. They assume complementary and interconnected roles and responsibilities to devise solutions for job creation and the transition to formal employment.

Findings

The pace of economic growth is projected to pick up only gradually in the years ahead, to around 4 per cent as some further progress is made in implementing reforms. Nevertheless, output is not expected to reach its pre-crisis levels until 2023–2024.

The UNCT supported the country with the establishment of a **Joint SDG Fund** to support national and regional strategic planning and financing for a COVID-19 response firmly anchored in the pursuance of the SDGs in Ukraine. The UNCT will provide technical guidance and support in the health sector and build capacities for public private partnerships (PPPs).

The Government adopted a **supplementary budget** and created funds dedicated to offsetting the consequences of the pandemic and managing the health emergency. It also adopted tax measures and, through the National Bank of Ukraine (NBU), monetary and macro-financial policies that support maintaining the liquidity of the Ukrainian economy. Liquidity is also supported with a number of large loans from the International Monetary Fund (IMF), World Bank and the European Bank for Reconstruction and Development (EBRD), which will help the country wade the pandemic and continue its reform process.

Recommendations

- (iii) Engage in **systematic vulnerability mapping and gender mainstreaming** to ensure that policies are gender-informed and guarantee equitable access to basic rights.
- (iv) Embed **gender equality concerns in the fiscal stimulus package**.
- (v) Mainstream **migrants' concerns in the recovery** by improving overall coordination on migration, including data collection, analysis and sharing.
- (vi) Promote a greener economy and decarbonization, and review green regulation and incentives.
- (vii) Remove remaining direct and indirect fossil fuel subsidies to stimulate green growth, increase fiscal space, and address climate change in production and consumption.

Pillar 5 Social cohesion and community resilience

The effectiveness of the response to the pandemic depends on the level of trust in society and the commitment of political leaders to learn, collaborate, consult and take principled decisions in times of uncertainty. This commitment to the common good determines the degree of public trust in leaders and institutions, which, in turn, affects citizens' willingness to comply with the restrictions to their daily lives imposed by the lockdown measures. The crisis exacerbated pre-existing mistrust in the health system, which is linked to the hardships people have experienced due to the health system's dysfunctions.

There is high prevalence of conspiracy thinking in Ukraine, which is normally considered a precursor to conflict escalation in the peacebuilding literature. The limited representation of women, social policy and human rights institutions among the members of the response coordinating bodies created a situation of discrimination as lockdown measures, imposed on every citizen, de facto caused some groups to not be treated equally.

The impact of emergency measures on fundamental freedoms and human rights was pervasive and diminished access for the most disadvantaged groups in particular. This increased inequalities and further diminished trust in established institutions, and the perceptions on access to political and civil rights, public information, the justice system, security and the rule of law. The UNCT supported the country in offsetting these consequences, especially in the Eastern Conflict Area (ECA), where they are more pervasive, and expanded outreach and coverage of assistance. It also provided the opportunity for vulnerable groups to voice their concerns and participate in the response, thus increasing the sense of purpose and belonging, and improving social cohesion.

- (i) **Resist politicizing the disease and place public health above all other considerations.**
- (ii) **Adhere to the ceasefire and ensure full compliance with international humanitarian law principles of distinction, proportionality and precaution.**
- (iii) Expand the participation base in the design, implementation and monitoring of COVID-19 response at the national, regional and local levels, and across sectors.
- (iv) Enable access to political and civil rights in addition to socio-economic rights, especially for the most vulnerable and in conflict-affected areas.
- (v) Enable political and civil rights to be exercised and amend legislation to ensure that all persons with disabilities can enjoy the right to vote and stand for election regardless of guardianship or other regimes.
- (vi) Revitalize policy dialogue with employers' and workers' organizations at the national and local levels, and enable them to participate in the design, monitoring and implementation of inclusive, rights-based and gender-responsive COVID-19 pandemic response and recovery policies rich in quality jobs.

Conclusions

Ukraine faces challenges common to most European countries of balancing the need to ease unprecedented economic and social pressure caused by COVID-19 lockdown measures with avoiding rapid and widespread individual and community virus transmission that inevitably causes massive influxes of intensive care patients with a volume and demand for service, which can lead to a collapse of the health system.

Health and economic shocks are closely intertwined. The sooner countries can control the spread of the pandemic, the more limited the consequences of the health and economic shocks. Conversely, if an economic shock grows larger, the adverse health and social effects will be greater. Similarly, if an economic shock is not addressed, it may further undermine peoples' health. This equation is the backbone of United Nations and partner discussions on supporting Ukraine in economic response and recovery.

When devising the response to the pandemic, the Government needs to put people at its core, provide a safety net for everyone, protect workers, prioritize environmental sustainability and make better public health a driver of well-being and productivity, and a safeguard of peace, security and prosperity.

An economy of wellbeing requires that, beyond beating COVID-19, there must be the will of politicians, economic leaders, civil society organizations (CSOs) and people from across the country of all backgrounds to create a better society that is fair and safe for everyone and where no one is left behind.

Promoting the voices of men and women from the various social groups, and giving visibility to their different needs, especially of the most marginalized and vulnerable, is essential to challenging the aftermath of the pandemic.

The tide on inequality can be turned by:

- strengthening systems to ensure universal provision of quality services, such as healthcare, education and social protection;
- identifying, collecting and communicating disaggregated data on the differentiated impacts of COVID-19 on vulnerable groups;
- empowering all segments of society, especially the most vulnerable, by investing in jobs and livelihoods in resilient and sustainable sectors.

Appendix 2 presents a list of response interventions that have emerged to date, some of which are already being financed and implemented, while others still need to identify adequate funding.

Recover better

In alignment with the United Nations Partnership Framework (UNPF), the theory of change underlying the proposed response projects focuses on supporting the Government of Ukraine in tackling the health emergency while addressing the social and economic impact of the pandemic. Additionally, it aims to reduce the country's vulnerability to the pandemic, allowing for a transparent, human rights-compliant, gender-sensitive and effective recovery process. The theory of change focuses on populations for whom this emergency compounds pre-existing marginalization, inequalities and vulnerabilities, and fosters participation and raising voices within the special context of Ukraine where social cohesion and community resilience need specific attention. For this reason, the proposed response projects dedicate mainly focus on delivering outputs under Pillar 5, followed by Pillars 1 and 3. Indeed, one third of the 76 proposed projects aim at strengthening social cohesion and community resilience; one fourth at supporting the economic recovery of the country while protecting the most vulnerable workers and supporting the greening and digitalization process of SMEs; one fifth at contributing to the health response; and one sixth at expanding access to social protection.

The UNCT is committed to collaborate with the Government, civil society and other partners to identify adequate funding and mobilize additional resources and expertise to implement these projects successfully.

I. INTRODUCTION

Millions of people are experiencing untold misery and suffering as COVID-19 overwhelms health, education and economic systems, and threatens to reverse human development gains, for the first time since 1990. Forced to reconsider almost every aspect of our lives, we are experiencing the first impacts of the pandemic as the consequences of our response measures will be far-reaching for years to come.

By dismantling our status quo and uniting us in the fight, the pandemic presents both an enormous challenge and a tremendous opportunity to not return to 'normal', because 'normal' is what caused the fragilities that led us to the crisis situation we are in.

The pandemic forces us to reimagine the very structures of societies, the ways in which we cooperate with each other and embark more rigorously on the path set out by the 2030 Agenda for Sustainable Development, an agenda of interconnected goals that puts people and the planet first, within the transformative vision of achieving sustainable development for all.

The Assessment and its resulting policy options refer to a development model that acknowledges and embraces the interdependence between economic, social and environmental progress, and that will take us out of and beyond the current crisis.

Ukraine clearly refers to this model in all of its programmatic documents including its reflections on the progress in the Voluntary National Review 2020 (VNR) and in its commitments within the Government of Ukraine-United Nations Partnership Framework (UNPF).



II. CONTEXT



As noted in the VNR 2020 report, based on the data gathered between 2015 and 2019, Ukraine has generally achieved progress in 15 of the 17 SDGs (*Figure 1*). Lessons learned from pursuing the SDGs are applied to the COVID-19 response. The 2030 Agenda for Sustainable Development can serve as the blueprint for the formulation of a recovery plan that promotes sustainable development. Key progress has been achieved in poverty reduction, from 58.3 per cent in 2015 to 43.2 per cent in 2018. In addition, there has been notable progress in:

- (i) the improvement of labour remuneration standards and population coverage with housing subsidies; (ii) the implementation of the educational reform concept of the New Ukrainian School; (iii) the introduction of retail and full-scale electricity markets; (iv) better conditions for development of small and medium-sized enterprises (SMEs), which led to a positive balance of foreign trade in information and communications technology (ICT) services (increased by 2.5), and the introduction of 4G high-speed Internet. Since 2015, state support for local development has increased by 41.5, matching the commitment to decentralization and accountability of the public administration.

A. The Voluntary National Review 2020

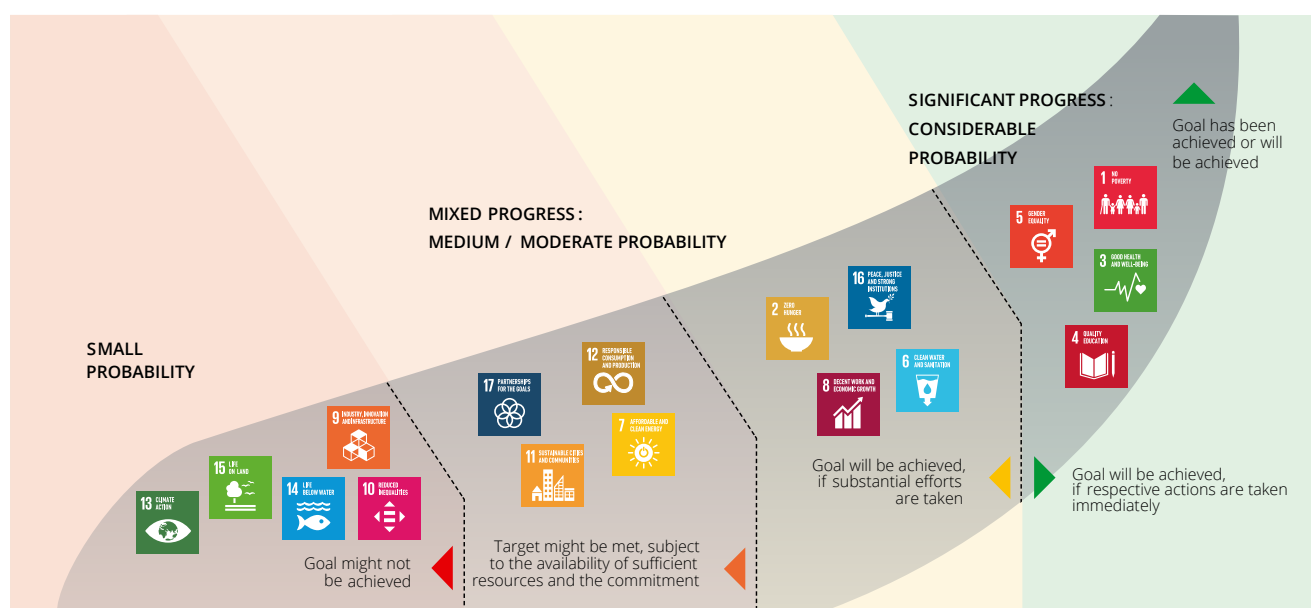


FIGURE 1. UKRAINE'S PROGRESS TOWARDS THE ACHIEVEMENT OF THE SUSTAINABLE DEVELOPMENT GOALS, VOLUNTARY NATIONAL REVIEW 2020

Major obstacles to sustainable development still include the armed conflict in Eastern Ukraine, the obsolete infrastructure, inefficient public administration, corruption and limited financing available for reforms.

The situation is also exacerbated by the challenges related to COVID-19, which emphasized the urgent need to accelerate the reform of healthcare, social protection, judicial, taxation and education systems, as well as the need for a stronger coordination between the national and the local governments and across sectors, and the resumption of a full production cycle of some goods (chemical, pharmaceutical industries).

(a) Transformative pathways

Ukraine chose six SDGs (3, 4, 8, 9, 12 and 16), which it calls 'accelerators of transformation' and which, intersected with four key dimensions, indicate the transformative pathways that the country has chosen for its sustainable development. They are also important for the COVID-19 response and include the following:

- (i) **Economic dimension:** Actions aim at: strengthening government and business partnerships in the development of science and the introduction of innovations; updating priorities of research and innovative activities for the SDGs; adopting the circular economy principles; implementing infrastructural projects; increasing the degree of processing and productivity in the agro-industrial system; modernizing support for the most vulnerable

populations, above all children, combined with integrated social services; digitizing administration processes; updating distance learning approaches; undertaking structural shifts in the economy and industry through diversification, digitalization and efficient resource management; and creating new decent jobs on this basis.

- (ii) **Social dimension:** Consistent actions within the framework of the reforms undertaken by Ukraine (education, healthcare, decentralization) aim to improve people's living standards and reduce all forms of inequality, including gender inequality. A top-priority task is to reduce multi-dimensional poverty, increase average life expectancy, and provide quality education as a foundation of human capital and a pledge of sustainable development.
- (iii) **Environmental dimension:** Actions include amending the environmental policy, developing the waste management system to meet European standards, and terminating the unsustainable use of land, forest and water resources.
- (iv) **Effective management:** Actions aim at affirming the rule of law and creating a transparent and fair system for raising social status and improving efficiency of public authorities and local governments. It is vital that Ukraine respects human rights and the rights of the child, ensures gender equality, and increases its social intolerance to corruption in its various manifestations.

B. The Government of Ukraine – United Nations Partnership Framework

The UNPF is the common strategic partnership framework between the Government of Ukraine and the United Nations system for the period of 2018–2022. It was formulated with strong participation from the Government of Ukraine, the UNCT in Ukraine, civil society and other stakeholders, and affirms the commitment of all partners in support of the 2030 Agenda for Sustainable Development in areas that align with national development priorities.

The following four pillars (*Table 1*) were identified for the UNPF, which are perfectly in line with the five pillars supporting the United Nations Framework for the immediate socio-economic response to COVID-19, as shown in Table 1.

The UNPF pays special attention to the needs and aspirations of the most marginalized and vulnerable populations in Ukraine.

TABLE 1. ALIGNMENT OF THE UNITED NATIONS FRAMEWORK FOR THE IMMEDIATE SOCIO-ECONOMIC RESPONSE TO COVID-19 WITH UNITED NATIONS PARTNERSHIP FRAMEWORK PRIORITIES FOR 2018–2022

United Nations Partnership Framework	United Nations Framework for the immediate socio-economic response to COVID-19
1. Sustainable economic growth, environment and employment	Pillars 3 and 4 – Economic response and recovery
2. Equitable access to quality and inclusive services and social protection	Pillars 1 and 2 – Health and social protection
3. Democratic governance, rule of law and civic participation	Pillar 5 – Social cohesion and community resilience
4. Human security, social cohesion and recovery with a particular focus on eastern Ukraine.	

This approach builds on the core of the 2030 Agenda for Sustainable Development for all, 'leaving no one behind' and 'reaching the furthest behind first'.

Guided by the core United Nations programming principles of human rights, gender equality and women's empowerment, sustainability, resilience, and accountability, the United Nations is committed to supporting decentralization reform and advocating for greater accountability and the development of a more dynamic and equal partnership between the Government of Ukraine, civil society and private business.

The United Nations is currently supporting the Government of Ukraine in strengthening social protection systems and improving access to quality public services, livelihoods and decent employment for all people in Ukraine. It is contributing to the creation of a more enabling environment for reforms and the sustainable development of the country by providing its expertise and access to best global and regional practices, and by collecting and analysing data that inform human rights and gender equality in key thematic areas. This will ensure that the country honours its international human rights commitments and the reform agenda linked to the European Union association process.

This work aims at strengthening the accountability of government institutions to right holders, empowering those who are left behind or at risk of falling behind, monitoring progress of social policies, and holding duty bearers accountable.

The UNPF 2018–2022 is a medium-term strategic planning document that illustrates the collective vision and response of the United Nations system to national development priorities and activities to be implemented in partnership with the Government of Ukraine and in close cooperation with international and national partners and civil society throughout the period indicated. Its priorities, objectives and expected outcomes are all the more relevant within the context of the COVID-19 crisis, and therefore, this Assessment and its proposed response will make clear reference to them.

III. ABOUT THE ASSESSMENT

The Assessment is part of the United Nations response that aims to help Ukraine respond to the COVID-19 crisis and manage its complexity and uncertainty through three programmatic windows, summarized as follows: (i) under the guidance of WHO, the health response aims to suppress the virus transmission and control the pandemic; (ii) under the guidance of United Nations Office for the Coordination of Humanitarian Affairs (OCHA), it supports the most vulnerable and most affected people with life-saving assistance; and (iii) under the guidance of the United Nations Development Programme (UNDP), it supports a recovery process that builds back better and is well anchored in the Sustainable Development Goals (SDGs). Figure 1 describes how these three programmatic windows are organized within the United Nations system.

The United Nations Development System (UNDS)³ is determined to help Ukraine recover from the pandemic and take the bold and transformative steps needed to shift its economy and society on a sustainable and resilient path leaving no one behind.

A. Participating agencies

This Assessment represents a collaborative effort made possible by the input, data and feedback received from experts, staff and partners throughout the United Nations system working with the Government of Ukraine and civil society to support the response to and recovery from the pandemic.

The UNCT in Ukraine⁴ is deeply grateful to all contributors – the Government, NGOs, CSOs, and all experts and staff of the United Nations system and international financial institutions in Ukraine – who so generously assisted in the preparation of the Assessment between March and July 2020.

The following United Nations agencies contributed to the report:

FAO	Food and Agriculture Organization of the United Nations
ILO	International Labour Organization
IOM	International Organization for Migration
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDRR	United Nations Office for Disaster Risk Reduction
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNV	United Nations Volunteers
WHO	World Health Organization

³ UNDS comprises all United Nations agencies, programmes and funds dedicated to promoting development in the world.

⁴ The United Nations Country Team (UNCT) is composed of representatives of the United Nations funds and programmes, specialized agencies and other United Nations entities in a given country, including non-resident or project-based agencies, and representatives of the Bretton Woods institutions. EBRD also contributed its data and information to the Team.

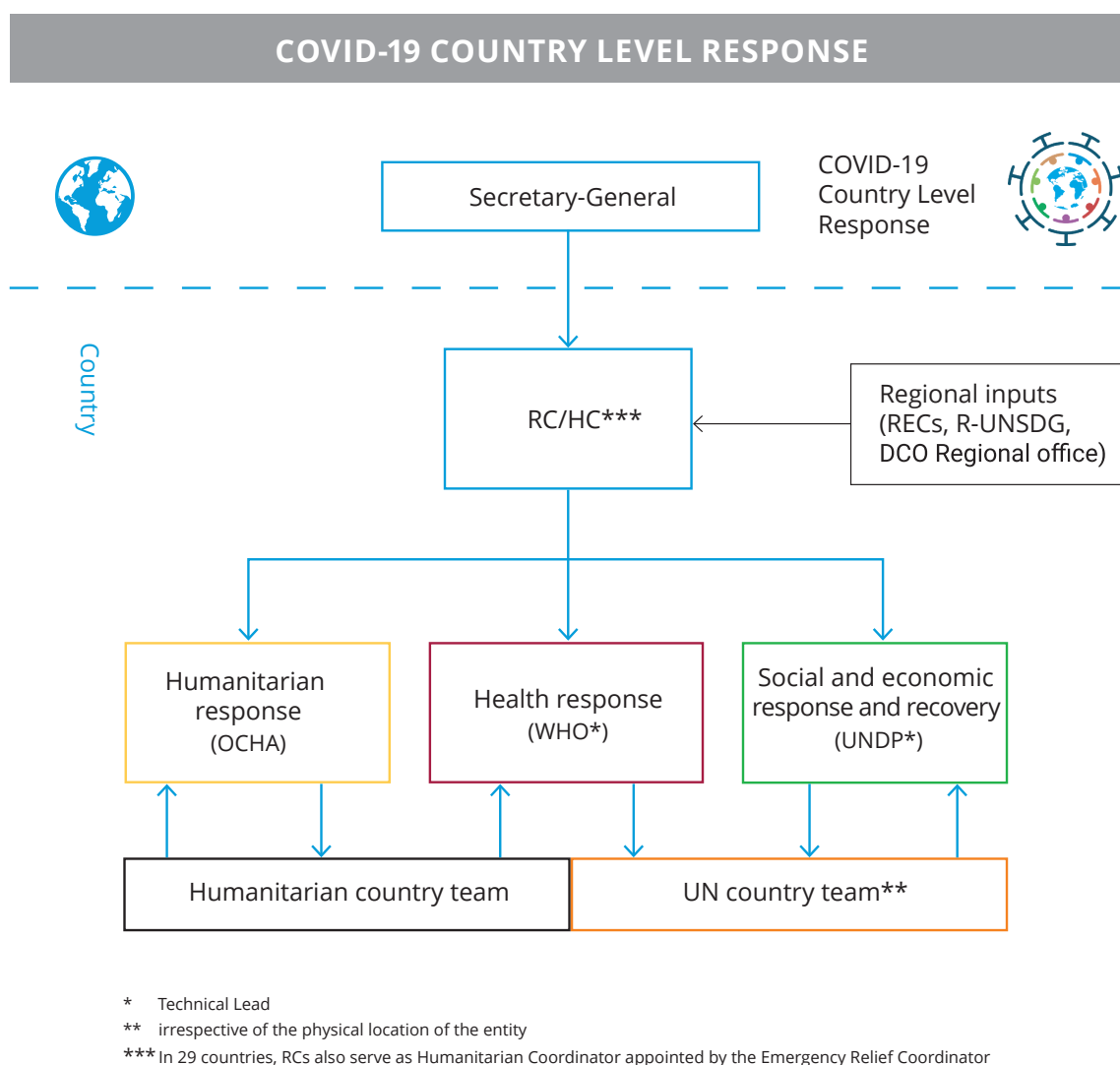


FIGURE 1. COVID-19 RESPONSE WITHIN THE UN SYSTEM

B. Scope and objectives

Scope. The scope of the Assessment covers both the immediate and long-term effects of COVID-19 on public health and individuals' access to their social and economic rights. While it also covers conflict-affected areas of Ukraine, the availability of data is limited for some variables relating to the socio-economic conditions in the areas not under the control of the Government of Ukraine (NGCA).

Objectives. The objectives of the Assessment are to: (i) assess the impact of COVID-19 on public health and the population's access to their social and economic rights; (ii) review the response provided to date; (iii) identify existing gaps; and (iv) provide suggestions for immediate response measures and policy options to take in consideration in the formulation of the country's recovery plan.

The Assessment focused on the sectors included in the five pillars identified by the United Nations framework⁵ for the immediate socio-economic response to COVID-19 (Figure 2):

1. Protecting health services and systems during the crisis
2. Protecting people: social protection and basic services
3. Protecting jobs, small and medium-sized enterprises and informal workers
4. Facilitating macroeconomic response and multilateral collaboration
5. Supporting social cohesion and community resilience.

5 United Nations Framework for the immediate socio-economic response to COVID-19, April 2020.

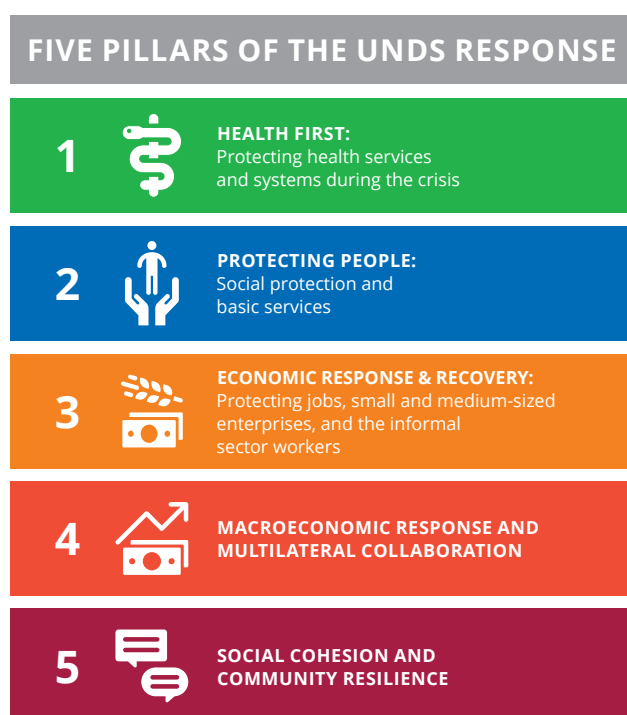


FIGURE 2. FIVE PILLARS OF THE UNITED NATIONS DEVELOPMENT SYSTEM RESPONSE

Guiding questions. The following three groups of questions⁶ guided the Assessment:

- Tackling the immediate emergency
 - Who has been targeted when devising the country's health and socio-economic response measures?
 - What is the demographic and where do they reside?
 - Where are the gaps?
- Focusing on the social impact and the economic response
 - Which barriers keep people beyond the reach of infrastructure, employment, services, jobs and other socio-economic response measures?
- 'Recovering better'
 - How can those who are excluded, marginalized and vulnerable come into the fold? How can they be made more resilient to shocks and crises?
 - How can the responses help remove and avoid exacerbating structural drivers of exclusion, inequalities and discrimination?

C. Approach and methodology

The Assessment applied two key approaches to its analysis: **a human rights-based approach (HRBA)** and a **gender mainstreaming approach**.

The HRBA is a conceptual framework based on international human rights standards used to promote and protect human rights. The HRBA seeks to analyse the inequalities that lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress. The HRBA is concerned with empowering people to know and claim their rights, and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights.⁷

Gender equality is a human right and can be achieved by a strategy of mainstreaming defined in the United Nations, as "...the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels".⁸

Gender mainstreaming is a strategy for making women's as well as men's specific concerns and experiences an integral dimension of development work and thus the formulation of the response to the pandemic. It is therefore crucial that these two approaches underpin this Assessment.

Methodology. The Assessment is based on the analysis of both primary⁹ and secondary data triangulated with the intelligence that the UNCT gathered through colleagues at headquarters, and regional and country offices, including project staff, as well as direct beneficiaries. As mentioned in chapter 2, the Assessment used the VNR of progress towards achieving the SDGs, including the Decree of the President of Ukraine, "On the Sustainable Development Goals for Ukraine up to 2030" of September 2019, and the Government of Ukraine's UNPF 2018–2022 as key reference documents that helped frame the proposed policy options and proposals for consideration for the Ukraine recovery plan.

(i) Assessment structure

The Assessment is organized into six main chapters, one on vulnerability and gender analysis, and five chapters describing the main impacts, responses and suggested measures and policy options by each pillar. A seventh chapter presents the main interventions proposed for the response and recovery plan. Since field surveys are still ongoing for some agencies, the Assessment should be considered a living document to be updated as new data emerge and based on the evolving situation on the ground.

⁶ *ibid.*, United Nations Guiding Questions, p. 5.

⁷ Source: OHCHR cited in *Gender mainstreaming and a human rights-based approach*, FAO, Budapest, 2017.

⁸ *ibid.*

⁹ Since the outbreak, around 60 different field assessments have been conducted or are still ongoing following different methodologies depending on the freedom of movement allowed by the lockdown measures at the time.

IV. VULNERABILITY AND GENDER ANALYSIS



A. Background

A defining bottleneck in achieving the 2030 Agenda for Sustainable Development is inequalities in human development, which damage societies, and weaken social cohesion and people's trust in government, institutions and each other. They damage economies, because they prevent people from reaching their full potential at work and in life, and make it harder for political decisions to reflect the aspirations of all while the few moving ahead use their power to shape these decisions primarily in their interests.

The human development lens is thus fundamental to approach inequality and ask why it matters, how it manifests itself, and how best to tackle it. Imbalances in economic power eventually translate into political dominance and greater inequality.

Action is far easier at the beginning of the path towards sustainable development than farther down, and should concentrate not only on disparities in income and wealth distribution, but also and especially on the way capabilities are built within the broader context created by the interaction between markets and governments.¹⁰

10 UNDP, Human Development Report Ukraine 2019.

The pandemic further exacerbated vulnerabilities; in some cases, it compounded them. Intertwined with the multidimensions of discrimination and marginalization, it also created new vulnerable groups such as healthcare workers, frontline workers of the response, and workers in high-contact sectors and occupations, often also informal workers who lost their jobs and remained without social protection. For this reason, it is important to map vulnerable groups and understand the specific barriers that prevent them from accessing their human rights before formulating the response to the pandemic. Only then we will be sure that action plans we have formulated address the specific needs of the whole population including its most vulnerable segments.

Gender mainstreaming and the HRBA assisted in vulnerability mapping and guided all considerations relating to impact and response analysis, as well as policy options for future recovery presented in this Report.

Table 2 summarizes the main findings and suggested measures by vulnerable group. The remainder of chapter IV includes further details that have emerged from the analysis.

B. Analysis of findings

TABLE 2. SUMMARY OF THE VULNERABILITY AND GENDER ANALYSIS

Who are the most vulnerable?	Why are they vulnerable? Main barriers to their basic rights	How can these barriers be removed?
<p>OLDER PERSONS AND PERSONS WITH DISABILITIES</p> <ul style="list-style-type: none"> Eight million older persons (+65 years) (3 million men, 5 million women), of whom two million live alone and about half have disabilities.¹¹ <p>There are also over 3 million persons registered with disabilities (the actual number may be higher, up to 15 per cent of the population) and between one fourth and one third of Ukrainians live with some chronic health conditions.</p>	<ul style="list-style-type: none"> Greater likelihood of poorer treatment outcomes and of living in congregate and institutionalized settings, which makes them more at risk of COVID-19 infection and dying from it. <p>Due to lockdown, there is no or a limited network of support available for daily activities, and accessing food and essential goods; and there is difficult access to healthcare (physical distance; mobility issues, affordability, greater risk of discrimination in accessing healthcare and life-saving procedures and equipment), and social protection (no access to ATM in conflict-affected areas; limited coverage/amounts of current cash schemes); poverty; unaffordable personal protective equipment (PPE); lack of psychosocial support and increased risk of violence due to stressful circumstances, isolation and remoteness; lack of access to information on public health and social measures (PHSM) due to the inaccessibility of communication means or platforms; and lack or limited participation in the design, planning and implementation of response measures.</p>	<p>Protection</p> <ul style="list-style-type: none"> Expand community networks to increase outreach, ensure continuity of support services, including availability of PPE for support staff, and monitor people who at risk of violence in the home and other settings. Ensure accessible information and communications about PHSM, and reflect this vulnerable group's voice in the design, planning and implementation of responses. <p>Social protection reform</p> <ul style="list-style-type: none"> Expand mainstream and disability-targeted social protection, and adapt delivery mechanisms to improve access, coverage and amounts to cover minimum standards. Track the allocation of resources within the COVID-19 response and ensure that it is inclusive of older persons and persons with disabilities. <p>Access to health services</p> <ul style="list-style-type: none"> Prioritize home visits, testing and contacts, including for those living in institutional settings. Implement mobile medical stations to ensure rural residents' access to healthcare services during quarantine. Review medical protocols and train health workers to ensure non-discrimination in the allocation of scarce medical resources. Address the needs of family members and caregivers of persons with disabilities. <p>Social protection and work-related adjustments may be required to care for people with disabilities during and after the COVID-19 crisis. This measure would help ensure that persons with disabilities can live in the community, away from institutionalized settings.</p>

¹¹ Report of the Special Rapporteur on the rights of persons with disabilities, Catalina Devandas-Aguilar, A/74/186, para 4, 17 July 2019.

Who are the most vulnerable?	Why are they vulnerable? Main barriers to their basic rights	How can these barriers be removed?
<p>PEOPLE LIVING IN POVERTY</p> <p>18–21 million persons living below the poverty line including children (additional 6–9 million as a result of COVID-19, including additional 1.4–1.8 million children); households with more than three children, households with children under three are especially vulnerable.</p>	<p>They are the working poor, without access to savings; unemployment benefits are limited or inaccessible to certain categories such as informal workers; they have limited social assistance coverage; they lack access to medicines or PPE (being unaffordable, scarce) and healthcare (being undocumented migrants and asylum seekers, they cannot afford informal payments to healthcare practitioners or medicines); no child care is available after school, nursery and kindergarten closures; there is no or limited access to support networks due to lockdown or separation from families.</p>	<p>Same as above. Ensure sustainability and prioritize expanding social protection systems and social services to support more people in need through savings from international loans (for the time being) and from tax system reform (for the longer term) in addition to vast support and incentives to formalize small and medium-sized enterprises (SMEs).</p>
<p>WOMEN</p> <p>Nineteen million women (15+ years), in particular single mothers (20 per cent of all families), pregnant and lactating women (0.3–0.4 million), survivors of domestic and sexual and gender-based violence (SGBV)¹² who are 1.1 million women a year, particularly women and girls with disabilities who experience higher rates of abuse and violence; single, older women in rural, isolated or conflict-affected areas, and adolescent and young women, particularly those living in conflict-affected areas.</p>	<p>Unpaid domestic and care work disproportionately increased for women with the closure of schools and the freeing up of beds in hospitals and other institutional settings in preparation for the arrival of COVID-19 patients.</p> <p>As primary caretakers of children and older, sick relatives, and sole educators, women were also informal workers with no or limited access to social protection or unemployment benefits, with amounts too limited to provide for family needs) facing a wide gender gap in wages and thus pensions.</p> <p>Other barriers are limited or no savings to buffer the crisis; increased occurrence of domestic and SGBV with increased alcohol consumption and forced cohabitation due to lockdown; lack of accessible shelters to escape to for physical survival in half of the districts; lack of hotlines accessible to women with disabilities; referral pathways unknown or limited training of actors along them; no access to network of support due to lockdown; and no or limited support if women are parenting children with disabilities or educational difficulties.</p> <p>Limited support from partner, when available, in the care economy due to dominant gender roles.</p> <p>Low political representation and limited participation in decision-making regarding the COVID-19 response.</p> <p>Multiple discrimination faced by vulnerable female groups including women living with HIV, women with disabilities, Roma women, female veterans, and IDPs, who account for 60 per cent of all IDPs.</p>	<p>Data collection:</p> <ul style="list-style-type: none"> ■ Collect, report and analyse data on confirmed COVID-19 cases and deaths, disaggregated by various factors in accordance with the World Health Organization's (WHO) global and national surveillance guidance. ■ For the next population census, collect disaggregated data to be able to monitor various dimensions of poverty and vulnerability, and measure feminization of poverty accurately. <p>Access to healthcare:</p> <ul style="list-style-type: none"> ■ Expand access to primary healthcare (PHC) and other essential services for women, especially the most vulnerable, and ensure that informal payments are not blocking access for them. ■ Maintain sexual and reproductive health (SRH) and maternal and neonatal health (MNH) services throughout the crisis and make them accessible to the most marginalized. <p>Domestic and sexual and gender-based violence (SGBV):</p> <ul style="list-style-type: none"> ■ Train healthcare workers in the appropriate management of domestic and SGBV cases. ■ Expand domestic violence mobile units and the availability of accessible hotlines and contacts through messaging; and build accessible shelters in all districts. ■ Continue training the police in the formation of the police anti-domestic violence network (POLINA) and social workers as case officers for SGBV and domestic violence, and ensure that referral pathways are well communicated, documented and functioning. ■ Train healthcare workers in the appropriate management of domestic and SGBV cases.

12 Gender-based violence (GBV) is widespread and systematic in Ukraine. Women are survivors of GBV in 90 per cent of GBV cases. According to the Ministry of Social Policy, 110,687 domestic violence complaints were recorded in 2018 (compared to 96,245 appeals in the same reporting period in 2017, i.e. a 13% increase), out of which 91,087 from women, 14,457 from men, and 1,005 from children (no disaggregation by sex). According to the National Representative Survey on the prevalence of violence against women and girls conducted in 2014, at least 22 per cent of women aged 15–49 have experienced at least one form of physical or sexual violence in their lifetime; three in ten women (28%) have experienced physical or sexual violence from a previous partner; 24 per cent experienced physical or sexual violence from a non-partner.

Who are the most vulnerable?	Why are they vulnerable? Main barriers to their basic rights	How can these barriers be removed?
		<ul style="list-style-type: none"> ■ Coordinate prevention and response efforts related to SGBV among protection services, institutions working with older people, and non-governmental organizations (NGOs) in the sector. ■ Expand access to psychological first aid, therapy and other mental health services, including peer support services for all women, men and children, especially SGBV survivors and perpetrators. ■ Engage in a nation-wide awareness-raising campaign on domestic violence and alcohol abuse. <p>The care economy</p> <ul style="list-style-type: none"> ■ Collect time-use data to measure the unequal distribution of unpaid domestic and care work between women and men, and the contribution of this work to the national economy. ■ Involve local governments, CSOs and private sector entities in finding solutions to the care economy in order to increase women's participation in the workforce. ■ Expand access to social protection and unemployment benefits to informal workers and unpaid care workers, including women, especially the most vulnerable. <p>Participation</p> <ul style="list-style-type: none"> ■ Involve women, gender and human rights experts, and other social protection experts and related ministries, as well as representatives of concerned groups in the work of coordinating bodies in charge of formulating the COVID-19 response. <p>Gender gaps</p> <ul style="list-style-type: none"> ■ Apply gender-responsive basic income/aid for affordable housing, access to food, healthcare and education. ■ Involve social partners in the development of employment policies that aim at decreasing gender gaps in wage and pensions. <p>Gender-responsive budgeting</p> <ul style="list-style-type: none"> ■ Apply gender-responsive budgeting to ensure that the specific needs of women, men and subgroups of categories of them are taken into account in any state's financial decision-making.
<p>WORKERS FACING DISMISSAL, WORKERS IN LOW-WAGE, HIGH-CONTACT SECTORS AND OCCUPATIONS, particularly those living within single-income households, workers in non-standard forms of employment, and seafarers.</p>	<p>Loss of income and limitations in accessing institutional support in the absence of other earnings.</p>	<p>Employment retention</p> <ul style="list-style-type: none"> ■ Support employment retention measures, carefully designed to avoid both onerous inclusion and unfair exclusion errors. <p>Social security</p> <ul style="list-style-type: none"> ■ Expand unconditional and non-contributory unemployment assistance for a limited period of time to sustain income during job search. <p>Decent work for seafarers</p> <ul style="list-style-type: none"> ■ Support the continued functioning of the maritime sector while ensuring decent living and working conditions for seafarers in the context of the pandemic.

Who are the most vulnerable?	Why are they vulnerable? Main barriers to their basic rights	How can these barriers be removed?
<p>WORKERS AND MICRO, SMALL AND MEDIUM-SIZED ENTREPRENEURS IN THE INFORMAL ECONOMY, ESPECIALLY WOMEN AND YOUTH</p> <p>(over 1.1 million unemployed were created by COVID-19 during the quarantine). In 2019, a total of 15.7 million people were unprotected workers (13 million) and unemployed (2.6 million), including irregular workers who work without employment contracts, Ukrainian migrant workers (3.2 million, 13 frequently informal workers in the host countries), foreign migrants in Ukraine, especially when undocumented, undocumented stateless, refugees and asylum-seekers, retired persons, unemployed people, people with disabilities, and people in the care economy.</p>	<p>Informality means no access to finance and government support, no decent work conditions and unsafe, unprotected work environments. The lockdown resulted in job loss, lack of unemployment benefits and thus poverty for them.</p> <p>Informal enterprises are at higher risk of closure due to lack of liquidity, which is self-financed, and demand.</p>	<p>Transitions to formality</p> <ul style="list-style-type: none"> Support the transition to the formality of workers and enterprises through integrated packages in line with international labour standards, particularly ILO R. 204, adopted in 2015. Ensure that SMEs have access to occupational health and safety (OHS), formal finance, digitalization and greening support and incentive packages. <p>Employment retention and creation</p> <ul style="list-style-type: none"> Strengthen on-the-job education programmes and skills and vocational training programmes as a way to reduce unemployment. Incentivize companies to keep their employees on during the crisis, provide PPE, and ensure the safety of work places. <p>Social protection</p> <ul style="list-style-type: none"> Expand social protection coverage to informal sector workers, including Roma, homeless people, undocumented migrants, asylum seekers, refugees and stateless persons who have lost their livelihoods, and ensure that emergency support programmes reach them, such as those enabling access to food, water, public transport. <p>Mainstreaming disability</p> <ul style="list-style-type: none"> Ensure the effective implementation of affirmative action measures and strengthen incentives for businesses and the public sector to employ people with disabilities, and take measures to support the employment of persons with intellectual and psychosocial disabilities in the open labour market.
<p>CHILDREN (0–14 YEARS) AND YOUTH (15–24 YEARS) – 6.5 million and 4 million, respectively.¹⁴</p>	<p>No access to education and vocational training due to lockdown and lack of Internet/computers and accessible technology and distance learning for the most vulnerable groups; loss of complementary services provided through school such as meals, health check-ups and referral mechanisms for abuse/neglect; longer school-to-work transitions; risk of becoming not in employment, education or training (NEET); higher risk of poverty and marginalization; higher risk to COVID-19 exposure since PPE and health care are unaffordable; higher risk of exploitation and risky behaviour; and limited knowledge of health and related services that are important to them (mental health, psychosocial support, SRH, HIV).</p>	<p>Youth employment</p> <ul style="list-style-type: none"> Implement both preventive and curative measures to address youth employment challenges. <p>Voice and participation</p> <ul style="list-style-type: none"> Involve youth in COVID-19 preventive measures and response formulation, planning, implementation and monitoring, including in activities aimed to strengthen intergenerational support and solidarity. <p>Youth mainstreaming</p> <ul style="list-style-type: none"> Ensure that the recovery package mainstreams youth-specific concerns (education, employment, transitions) and delivers assistance that specifically targets youth, especially the most vulnerable, and increases their resilience. <p>Safe and inclusive return to school</p> <ul style="list-style-type: none"> Ensure that return-to-school programmes are inclusive, addressing the increased gap in learning/achievement of categories of students. This may include developing plans for accelerated education, and remedial, and catch-up programmes. Strengthen the educational system to reach the most vulnerable youth should distance learning continue, including those who speak minority languages (providing equipment, subsidized Internet access, tutorial support, online classes in different languages, etc.).

13 The Impact of Labour Migration on the Ukrainian Economy, Jerzy Pieńkowski, European Commission, Discussion Paper 123, April 2020. https://ec.europa.eu/info/sites/info/files/economy-finance/dp123_en.pdf. According to Ukraine's Ministry of Social Policy, in 2019, there were 3.2 million Ukrainian migrants abroad; according to a European Commission paper published in April, upwards of 2.7 million of these workers found work in the EU, hence approximately one in seven wage-earning Ukrainians is a labour migrant.

14 State Statistical Service of Ukraine (SSSU), Statistical Yearbook of Ukraine for 2018 and 2019.

Who are the most vulnerable?	Why are they vulnerable? Main barriers to their basic rights	How can these barriers be removed?
<p>FIRST RESPONDERS, HEALTHCARE WORKERS AND SOCIAL WORKERS (OVER 400,000 HEALTHCARE WORKERS ALONE),¹⁵ CARE-TAKERS OF PERSONS WITH DISABILITIES, AND STAFF OF MEDICAL AND RELATED FACILITIES, including nursing homes and residential care facilities.</p> <p>Women constitute the majority of workers of the care economy and are on the front line of the pandemic, especially healthcare and social workers.</p>	<p>Limited access to PPE; physical and mental overwork and stress; lack of access to psychosocial support and mental health services; being survivors of attacks and abuse due to their higher exposure to infection risk.</p> <p>Increased compensation has been provided only for healthcare workers and partly for social workers, not for all frontline workers. Female frontline workers, especially single mothers, carry the major burden of additional domestic and care work responsibilities within their households.</p>	<p>Data collection and publication</p> <ul style="list-style-type: none"> Collect and publish data related to healthcare workers engaged in COVID-19 response, disaggregated by sex and category. <p>Regular testing</p> <ul style="list-style-type: none"> Introduce regular testing for first responders, including social workers and those providing support to vulnerable groups. <p>Discrimination</p> <ul style="list-style-type: none"> Firmly address any discrimination against first-responders and healthcare workers. <p>Insurance</p> <ul style="list-style-type: none"> Introduce insurance against COVID-19 for healthcare workers and promote paid sick, medical and family leave and affordable child care for all essential workers. <p>Protection of healthcare workers and all frontline workers</p> <ul style="list-style-type: none"> Expand access to PPE, mental health and psychosocial support; and ensure a work and life balance. Establish a special observation system for health workers that ensures optimal working and resting conditions, and protect families from infection. Expand wage increases to cover all frontline workers.
<p>POPULATIONS IN CONFLICT-AFFECTED, ISOLATED RURAL AREAS AND IDPS</p> <p>1.4 million IDPs, of whom 58 per cent women, and 3.5 million conflict-affected people;¹⁶ 65 per cent of people crossing checkpoints are women.</p>	<p>Internally displaced persons</p> <p>Limited or no access to justice; restrictions to mobility due to COVID-19 and conflict; limited access to basic socio-economic rights; at risk of eviction due to lost income sources; family separation, psychological stress and loneliness. Some IDPs live in collective centres where they are at higher risk of infection and lack adequate protection/sanitation. Although relieved of some administrative requirements, internally displaced persons (IDPs) and residents of non-government controlled areas (NGCA) were stranded and could not access pensions and other targeted benefits because access to their bank accounts required crossing the contact line to the government-controlled areas (GCAs), which has been prohibited since 22 March.</p> <p>Conflict-affected persons</p> <ul style="list-style-type: none"> Since 22 March, about 300,000 individuals have lost access to their pensions, banking services, cannot obtain/renew documents, visit family members or access other public services in GCAs because crossings were not allowed. They have not been able to travel to GCAs since 22 March. 	<p>Access to socio-economic rights</p> <ul style="list-style-type: none"> Balance the need for movement restriction with the fulfilment of basic socio-economic rights of the population. Expand access to water and sanitation, disinfection, awareness raising and information on how to prevent COVID-19. Prolong the transitional period to ensure that no crowds form in front of public offices or at the entry/exit points when public and administrative services become fully accessible again after lockdown; ensure that materials such as signage and glass/plastic dividers are placed to assist with social distancing and minimize potential exposure once in-person services become accessible. Promote resilience-building interventions including sustainable solutions for IDPs (including those living in collective shelters) on affordable and adequate housing, quality education, livelihoods, and access to basic services. Ensure that students are allowed either to cross entry/exit check points (EECPs) prior to their exams without the requirement of 14-day self-isolation (with requisite safety measures put in place in testing centres) or to take exams remotely. Ensure access of survivors of domestic and SGBV to protection services. <p>Access to information</p> <ul style="list-style-type: none"> Ensure that information on COVID-19 is widely accessible to residents of both sides of the contact line (e.g. the creation of a single state e-portal accessible by all in Ukrainian and minority languages).

¹⁵ The calculation based on UNFPA vulnerability dashboard (accessed on 17 July 2020).

¹⁶ Humanitarian Response Plan, June 2020.

Who are the most vulnerable?	Why are they vulnerable? Main barriers to their basic rights	How can these barriers be removed?
	<ul style="list-style-type: none"> ■ They suffer from remoteness, isolation and lack of access to social protection (coverage, amount, accessibility), education and healthcare (accessibility/distance, physical availability, affordability). ■ The population of conflict-affected areas, especially along the contact line, has a high concentration of older persons (41%, primarily women) who are particularly vulnerable to the virus. Many are dependent on caregivers (in public 'territorial centres' under the Department of Social Protection, HelpAge). ■ The infrastructure for the prevention and treatment of COVID-19 such as water, sanitation and medical facilities has been degraded by the conflict. ■ Medical services are not available in many villages; mobile services have patchy coverage and often inadequate supplies and equipment. ■ The population suffers from insecurity, lack of services, psychological stress and economic downturn associated with the armed conflict. ■ Without public transportation, they are cut off from basic services, including healthcare, food and markets, which impacts their livelihoods (e.g. not able to sell produce) and the possibility to afford doctor visits and medicines. This may result in a worsening health status, especially for persons with pre-existing medical conditions (chronic diseases). ■ Pre-existing psychological stress is compounded by the fear of a possible infection. ■ There is limited access to domestic and SGBV services; referral pathways unclear or unknown. 	
<p>RETURNING UKRAINIAN MIGRANTS (ABOUT 300,000 PERSONS), FOREIGN MIGRANTS (DOCUMENTED AND UNDOCUMENTED) ASYLUM SEEKERS, REFUGEES AND STATELESS PERSONS.</p>	<p>There is limited access to formal work, healthcare and protection due to lack of support network, documents; unaffordable/inaccessible medicines and PPE; poverty; and risk of exploitation and human trafficking as coping mechanisms may involve risky behaviours.</p>	<p>Same as above. In addition:</p> <ul style="list-style-type: none"> ■ Enable access to basic services without identity documents. Collect and analyse data and use them to develop human mobility policies that are gender-responsive and support integration of migrants and other mobile communities in the local socio-economic contexts. ■ Ensure access to communication and participation.

Who are the most vulnerable?	Why are they vulnerable? Main barriers to their basic rights	How can these barriers be removed?
<p>ETHNIC MINORITIES, ESPECIALLY ROMA (400,000 PEOPLE ROMA ALONE¹⁷).</p> <p>In total, about 20 per cent of the population, or 8 million people, belong to an ethnic and/or linguistic minority.</p>	<p>Same as above with the addition of discrimination due to their ethnic origin and cultural biases; and risk of exploitation.</p>	<ul style="list-style-type: none"> ■ Same as above in addition to enabling access to basic services without identity documents and removing discrimination/financial barriers across key sectors (health, social protection, employment, education, access to institutions), including by making information available in minority languages in a timely manner. ■ Address the living conditions of ethnic minorities, particularly those living in informal settlements, which may put them at increased risk of contracting or transmitting COVID-19. Enable access to safe water and sanitation to Roma and other people living in informal settlements. ■ Ensure that the needs of Roma communities are adequately covered by stimulus measures (cash transfers, food aid, etc.) and that they can access quality healthcare and adequate food, social security and housing. ■ Undertake all possible efforts to restore access to sources of income for Roma communities that have lost their livelihoods. Ensure a minimum basic income through a social protection floor.
<p>HOMELESS PEOPLE (200,000 people)</p>	<p>Loss of shelter, income, being informal workers, discrimination, and lack access to healthcare or social protection. Higher risk exposure due to lack of access to shelter, and risk of exploitation.</p>	<ul style="list-style-type: none"> ■ Immediately provide accommodation to all homeless people with a view to transitioning them to permanent housing so that they do not return to a situation of homelessness once the pandemic is over. ■ Ensure that emergency accommodation allows for physical distancing, self-isolation, quarantine and any other health recommendations by the WHO. ■ Expand access to social protection, including accessible shelters, that implement social distancing and healthcare. ■ Enable access to healthcare for all homeless people, including those without identity documents.
<p>PERSONS LIVING IN INSTITUTIONALIZED SETTINGS such as mental health and social care institutions, and persons deprived of their liberty.</p>	<p>High risk of infection and death, difficult implementation of social distancing, lack of PPE and training of staff of institution, lack of external oversight with increased risk of abuse, neglect and violence.</p>	<ul style="list-style-type: none"> ■ Implement strong COVID-19 prevention campaigns: distribute PPE and train staff on how to avoid virus transmission. ■ Expand testing and monitoring of care homes and detention centres. ■ Ensure that health- and social care workers employed in long-term care institutions receive adequate protection and support that will enable them to continue their caregiving while minimizing their potential exposure to the virus, as well as that of those they care for and their families. Decrease the numbers of people living in congregate facilities. ■ Invest in community-based solutions including allocating funds to initiate, accelerate and complete de-institutionalization strategies and the transition to community-based solutions. This entails investing and developing support services and implementing inclusive services at the local level. ■ Take measures to reduce overcrowding in these facilities, increase cleanliness and hygiene, and ensure access to continued health services.

Who are the most vulnerable?	Why are they vulnerable? Main barriers to their basic rights	How can these barriers be removed?
		<ul style="list-style-type: none"> ■ Decrease the number of individuals in detention, through inter alia, the prompt adoption of legislative amnesty measures and by increasing the use of non-custodial sentences and the release of pre-trial detainees on bail, especially people at particular risk of COVID-19, such as older persons and those with pre-existing health conditions. The amnesty should be supported by a coordinated effort by relevant authorities to ensure social adaptation measures, the timely provision of necessary medical care, including COVID-19 testing and treatment, and safe transportation of released detainees to their places of residence or provision of adequate housing. ■ Ensure that staff, detainees and prisoners have access to PPE, timely testing and treatment of COVID-19. ■ Ensure access to medical care for all prisoners, with particular attention to vulnerable groups (e.g. prisoners with TB, HIV and disabilities, and older prisoners).

(ii) Who are the most vulnerable groups in Ukraine at the time of COVID-19?

The most vulnerable and marginalized groups identified in Ukraine include:

- (a) **older persons and persons**, including children, **living with disabilities and chronic health conditions**, such as HIV, TB, certain NCDs, respiratory and other diseases, as well as persons using drugs;
- (b) **persons living below the poverty line** including children; households with more than three children; and households with children below the age of three;
- (c) **women**, especially single mothers, pregnant and lactating women; single, older women in rural, isolated or conflict-affected areas; and adolescent and young women, particularly those living in conflict-affected areas;
- (d) **survivors of domestic and sexual and gender-based violence (SGBV)**;
- (e) **workers and micro, small and medium-sized entrepreneurs in the informal economy**, especially women and youth;
- (f) **long-term unemployed persons without social protection; workers facing dismissal**; workers in high-contact sectors and occupations, particularly those living within single-income households; workers in non-standard forms of employment; and seafarers;
- (g) **first-responders and healthcare workers**;
- (h) populations in the **conflict-affected areas**; persons living in **isolated, rural areas**;
- (i) **IDPs**;
- (j) **returning Ukrainian and foreign migrants**;
- (k) **asylum seekers, refugees, stateless persons and undocumented persons** at risk of statelessness;
- (l) **ethnic minorities**, especially Roma;
- (m) persons living in **homelessness**;
- (n) persons living in **institutionalized settings** including persons deprived of liberty.

(iii) What are the main barriers to the fulfilment of their basic human rights?

(a) Older persons and persons living with disabilities and chronic health conditions, also in institutionalized settings

Institutionalized settings. The Ministry of Social Policy reports that there are 286 residential institutions in Ukraine, of which only 90 are designed for older persons. Primarily, single, older persons, persons with disabilities, and war and labour veterans who do not have close relatives or do not receive much assistance from them live in these institutions. The 13,000 residents of these institutions are among the most vulnerable groups and are at high risk of COVID-19 infection due to their underlying medical conditions, the scarcity of PPE for both residents and staff, and their inability to implement social distancing because they often depend on the close contact with the staff to tend to their basic needs. Around half of older persons has some form of disability.¹⁸

Social distance and autonomy. Social distancing and self-isolation become impossible for those who rely 100 per cent on the support of others to eat, dress and bathe, etc. People with disabilities may also depend on services that have been suspended as part of the COVID-19 response and may not have enough resources to stock up on food and medicine, or to afford additional expenses. The UNCT is particularly concerned about their situation amidst reports of the spread of the virus in a number of care home facilities, including private ones, and facilities for people with psychosocial disabilities. The Ombudsperson's Office monitoring the situation identified numerous gaps, including the lack of coordination with local medical facilities and of clear procedures for implementing anti-epidemic measures.¹⁹

Older persons with pre-existing health conditions are also facing specific issues. There is a general lack of public funding for food for staff who stay in the facilities for extended periods to decrease the potential exposure of the residents to COVID-19 and to provide for the first-responders' families.

Several facilities for older persons and persons with disabilities have shortages of PPE, sanitizers and COVID-19 tests.

Persons with disabilities face increased barriers to accessing healthcare and other social services, food, employment and education, and an insufficient supply of social services to meet their needs during the quarantine.²⁰ Their poorer health outcomes due to the social determinants of health (poverty, education, income, etc.) render them more susceptible to COVID-19 infection and increased risk of mortality. In addition, their lack of information and communication in accessible means, modes and formats, including sign language, captioning, Braille, and others, impedes their access to PSHM, including the latest developments on measures for protection and lockdowns.

Even prior to the pandemic, the availability of social services was an issue for many people with disabilities, but COVID-19 response measures have exacerbated these shortages, especially when assistance is required to accompany a person with disability to access goods and services, such as healthcare.

Single mothers who have children with disabilities, families with several members with disabilities, IDP families with persons with disabilities who have no strong social support in host communities, and persons with disabilities living near the contact line are in particular need of continued and strengthened support during the pandemic.

The additional one-off UAH1,000 for these individuals in the conflict-affected areas is not sufficient to compensate for their limited access to basic services and infrastructure. Prior to the pandemic, persons with disabilities, particularly women and girls experienced higher rates of violence. The prolonged isolation and reliance on family members and caregivers during lockdown presents heightened risks of violence, including lack of accessible information and accessible mechanisms to seek help.

¹⁸ Report of the Special Rapporteur on people with disabilities, 17 July 2019, para. 4.

¹⁹ Commissioner on Human Rights of the Verkhovna Rada of Ukraine (2020). Employees of the Secretariat of the Commissioner carry out remote monitoring of boarding schools where suspected coronavirus infection cases are reported. [Працівниками Секретаріату Уповноваженого здійснюється дистанційний моніторинг інтернатних закладів, в яких виявлено підозри та захворювання на коронавірусну хворобу](#) 28 April 2020.

²⁰ Findings of the OHCHR webinar on the rights of persons with disabilities during COVID-19, held on 13 May 2020, and interviews with human rights defenders working with persons with disabilities, held by OHCHR between 27 April and 14 May 2020.

Anti-discrimination protocols. Of concern is the gap noted in establishing clear protocols for public health emergencies to ensure that, when medical resources are scarce, access to healthcare, including life-saving measures, is not denied to people on the basis of their age, disability or presumed life quality or expectancy.

(b) Other persons in institutionalized settings

Persons deprived of liberty, in particular, persons in detention (including migrants in detention in the Migrant Custody Centres) are at higher risk of contracting the virus due to the confined nature of the premises and lack of PPE and/or personal hygiene items such as soaps and sanitizers. Office of the United Nations High Commissioner for Human Rights (OHCHR) monitoring showed that the preparedness of places of detention for outbreaks of COVID-19 remains worryingly low in penitentiary institutions, including in conflict-affected areas.

Issues of overcrowding may affect the capacity to implement social distancing.²¹ Some detention facilities and courts cannot ensure court hearings via videoconference. Detainees are still often brought to court hearings without compliance with preventive measures. PPE is still scarce everywhere; in some cases, it is either not worn or not worn properly, including at internal checkpoints. Additional disinfections are not taking place, and detainees do not know how to prevent virus transmission.²² Detainees and lawyers in NGCA depict a similar situation.²³

(c) Stateless persons and undocumented persons at risk of statelessness

According to the 2001 population census, 82,550 persons declared that they were stateless. There has not been any census since then.

The United Nations High Commissioner for Refugees (UNHCR) estimates that there could be around 35,000 persons who are stateless or at risk of statelessness in Ukraine at present, with the majority staying irregularly in the country.

This estimate is based on:

- UNHCR's previous work with stateless populations, in particular, formerly deported persons, and outreach work conducted in collaboration with local partners;
- government statistics on the number of persons who have acquired citizenship since the census.

Some members of ethnic minorities, especially Roma (estimated at up to 400,000 persons), have undetermined nationality and are at heightened risk of statelessness because they may face discrimination, lack birth registration or other identity documents, and/or have ties to multiple post-Soviet countries.

In Zakarpattya Region, for example, Roma are the fifth largest national minority, comprising around 75,000 persons (one third of the Roma population of Ukraine) and reside in 78 camps, around 10 per cent of whom do not have passports or birth certificates often due to having lost them. However, most are eligible to obtain Ukrainian documents and could do so provided they have access to accurate information on the process and legal services.

Older persons holding Soviet passports, the homeless, detained persons or persons released from penitentiaries frequently lack identity documentation and also face risks of statelessness. According to a World Bank estimate of June 2018, there were over 1.3 million citizens without Ukrainian passports and unregistered, i.e. 3 per cent of the total population; currently, there are under a million.

Marginalized people and those without identity documents cannot exercise their political, civil, social and economic rights; they cannot move freely and face risks of administrative fines and detention.

21 The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has made a repeated recommendation to the GOU to amend the legislation to increase the current national norm of 2.5 m² of living space per inmate to at least 4 m². However, to date, this recommendation has not been implemented. See Council of Europe, Report to the Ukrainian Government on the visit to Ukraine carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 8 to 21 December 2017, Strasbourg, 6 September 2018, <https://rm.coe.int/16808d2c2a>. In its judgments regarding Ukraine, the European Court of Human Rights routinely held that detention conditions, in particular personal space that comprises less than 4 m², is a violation of Article 3 of the Convention (Prohibition of torture); the most recent judgment was in the case of *Sukachov vs. Ukraine* (Application no. [14057/17](#)) from 30 January 2020.

22 See, for example, [Korosten Colony in the Zhytomyr Region](#); the Temporary Detention Facility in Pereyasliv Kyiv Oblast ([link](#)), the Temporary Detention Facility No 7 in Kyiv Oblast ([link](#)), and other places of deprivation of liberty in Ukraine.

23 According to OHCHR's interviews with nine of the 20 people simultaneously released from penitentiary facilities in 'DPR' and 'LPR' on 16 April, the administrations of these facilities stopped allowing visitors and packages from the outside since the introduction of the quarantine (21-23 March). The penitentiary facilities did not have a sufficient supply of soap nor did they provide detainees with face masks, with the exception of penal colony No. 24 in Petrivske, which produces soap and masks. Newly arrived detainees were placed in cells with other inmates without undergoing 14 days of observation. Staff at the 'penitentiary facilities' had face masks but did not use them correctly. Lawyers of detainees held at the Symferopol pre-trial detention facility confirmed that detainees were not provided with masks or other protection when they are transported out of the facility to attend court hearings.

Among the Roma community, surveys show that up to 30 per cent have no national passports and/or residence registration, which exposes them to a risk of statelessness.

The conflict that erupted in eastern Ukraine and the annexation of the Autonomous Republic of Crimea also resulted in an increased number of persons at risk of statelessness since the Government of Ukraine does not automatically recognize birth certificates issued in NGCA.

UNHCR estimates that there are about 50,000 children born in NGCA and who have not obtained Ukrainian birth certificates as of December 2019, which puts them at risk of statelessness.

There is a judicial procedure that allows children from NGCA to obtain birth certificates. However, the steps involved are cumbersome and expensive: families need to travel to GCA and find accommodation for several days in order to obtain a birth certificate for their newborn child. This is especially onerous for vulnerable families. Without birth registration in Ukraine, these children are likely to face difficulties accessing the documentation required to prove their nationality. This will have long-term negative consequences for them, affecting their ability to obtain a Ukrainian passport and thus to travel abroad, study at university, register their marriage, and even register the birth of their own children. There are probably also long-term problems associated with the lack of birth registration in the Autonomous Republic of Crimea. However, UNHCR did not obtain access to conduct an assessment of the risks of statelessness there.

At present, stateless and undocumented persons are among the most vulnerable categories of the population in Ukraine following the COVID-19 outbreak as the quarantine measures had important socio-economic and health consequences on them. Undocumented persons could only work in the informal sector and did not benefit from any mitigating measure introduced by the Government, such as unemployment or other social benefits. Their livelihoods were seriously affected. Without resources, they cannot access their basic human rights, including food, accommodation, healthcare, PPE and medicines.

In particular, the absence of ID hampers access to medical services although WHO *Operational Guidance*²⁴ urges countries to maintain continuity of essential services at PHC level and make them broadly accessible to ensure that the COVID-19 crisis is managed at the PHC level to the largest extent possible.

In collaboration with UNHCR, the NGO Right To Protection conducted a survey of 189 stateless persons and persons at risk of statelessness who received free legal aid from the organization. The purpose of the survey was to identify existing and possible restrictions to access to healthcare, in general, and COVID-19-related healthcare, in particular. Most were denied access to healthcare because they lacked identification papers and were not able to cover informal payments due to loss of informal work to the lockdown measures.

In June 2020 Ukraine adopted a law introducing the Statelessness Determination Procedure (SDP),²⁵ which will give thousands of people without a nationality a chance to legally work, study and access healthcare among other rights and opportunities, and a pathway to citizenship, once they are recognized as stateless. The measure is an important step towards ending statelessness in the country and follows years of UNHCR advocacy work. UNHCR will support the Government in implementing this law. It should be highlighted that stateless persons will access medical care and formal employment only when formally recognized as stateless and not when they are simply applicants, as is the case for asylum seekers. UNHCR believes that applicants to statelessness recognition should have access to the same basic rights, on par with asylum-seekers, and that any advocacy work should contribute to achieving this goal.

(d) Women

Access to health. Due to their reproductive and other gender-specific health needs, women tend to rely on PHC services more than men.

When the facility-based provision of services is disrupted, some groups of women are particularly affected. Two-thirds of Ukrainians above 65 years of age are women,²⁶ and the Ukrainian Parliament Commissioner for Human Rights already found that “violations of the human right to health occurred particularly in rural areas where the subsidy provided from the central to the local governments was not enough to establish healthcare facilities with specialized medical personnel”.²⁷ Hence, more than one out of three woman aged 59 or older were not able to receive medical attention, buy medicines or medical products even before the pandemic.

24 WHO (2020). Maintaining Essential Health Services: Operational guidance for the COVID-19 context. Interim Guidance. 1 June 2020.

25 UNHCR (2020). UNHCR welcomes new Ukrainian statelessness law set to end legal limbo for thousands. 17 July 2020. Available at www.unhcr.org/news/briefing/2020/7/5f1155844/unhcr-welcomes-new-ukrainian-statelessness-law-set-end-legal-limbo-thousands.html

26 UkrStat (2019). The Population of Ukraine in 2018. Demographic Yearbook, State Statistics Service of Ukraine, Kyiv. Available at www.ukrstat.gov.ua/druk/publicat/kat_u/2019/zb/12/zb_ukr_2018.pdf

27 Annual report of the Ukrainian Parliament Commissioner for Human Rights on the observance and protection of the human rights and freedoms of citizens of Ukraine for 2019. Kyiv, March 2020, p. 19, <https://pon.org.ua/novyiny/7765-schorchna-dopovd-upovnovazhenogo-z-prav-lyudini-za2019-rk.html>

This situation got worse with the pandemic: field surveys report²⁸ that older women in rural areas, and women diagnosed with chronic diseases and/or HIV were unable to access the necessary health services due to the lack of public transport and low mobility.

The intersection of gender with other marginalization factors. Due to the intersection of gender and marginalization among groups of the population who are routinely and structurally excluded, the conditions for inadequate health services and social protection coverage are worse among the most vulnerable women such as those living in the poorest contexts, i.e. rural areas, conflict-affected territories and among Roma and IDP groups. Their power in decision making on access to healthcare during the outbreak is further limited by the restrictions on public transport during the quarantine and their economic difficulties due to the loss of income. As a consequence, their general and sexual and reproductive health needs may go largely unmet.

Loss of incomes, limited mobility. Since women constitute an overwhelming majority among both staff workers and managers of enterprises in non-food retail, hotels and tourism, education, and restaurants that were mostly affected, they faced a considerable loss of incomes. Women prevail also among workers in the sectors affected by state budget financing cutback: culture and arts, education and science, physical training and sports. In April 2020, they accounted for 57 per cent of the registered unemployed.

Increased domestic and SGBV. As a result of heightened tensions in the household²⁹ forced confinement, women and girls were at higher risk of intimate partner violence and other forms of domestic violence, and therefore their physical, mental and psychological health was highly compromised.

Women make up the majority of healthcare workers and social workers (82.8%).³⁰ Due to the nature of their jobs, the lack of infection prevention and control (IPC) programmes at hospitals and the scarcity of PPE, women are at a higher risk of exposure. The Government of Ukraine estimated that about 6,000 healthcare workers were infected as at 5 June.³¹

This partly explains the higher rates of COVID-19 infection among women in Ukraine (58%) than among men (42%) recorded to date (see Pillar 1 for further details).

Poor protection, unsafe work environments According to UN Women's Rapid Gender Assessment, the interviewed healthcare personnel were inadequately provided with PPE (masks, gloves), which not only put them at risk of infection, but also under distress and anxiety, which can negatively impact their professional motivation. Only 13.9 per cent of women who participated in the Assessment and work in healthcare said that they had been fully provided with PPE, while 61 per cent bought PPE at their own expense. There is anecdotal evidence that nurses and support staff, most of whom are female, are less adequately provided with PPE yet are more exposed to close contact with patients and have lower salaries than doctors.

Closing schools and freeing hospital beds - women bear 100 per cent of the burden of unpaid domestic work and in the care economy. Female workers of all essential services including health services faced an increased burden of balancing work with family responsibilities in the situation of an increased intensity of professional activity and a lack of adequate rest because their partners would generally not share domestic and care work. They found themselves as the sole carers of children and older or sick relatives while at the same time, full-time frontline or essential workers.

Female essential workers raising children alone were particularly under high pressure, working under a crisis regime. They provided care and education for their children amidst lockdown of childcare institutions, sometimes having to leave children home alone or take them to work since paid child care was not provided, except for a small segment of society (SME owners).

Unemployed individuals, people facing massive lay-offs due to the economic crisis, workers in high contact sectors and occupations, and seafarers. Many long-term unemployed persons do not have access to social protection schemes, and even before the COVID-19 pandemic, workers in low-wage and high-contact sectors were being laid off. The crisis that followed only accelerated and worsened the situation because enterprises will be forced to conduct massive lay-offs to cope with a plummeting aggregated demand.

28 UN Women Ukraine (2020). Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine. Kyiv, May 2020. Available at <https://eca.unwomen.org/en/digital-library/publications/2020/05/rapid-gender-assessment-of-the-situation-and-needs-of-women>.

29 UN Women Ukraine (2020). Rapid gender analysis of the situation and needs of women in the context of COVID-19 in Ukraine. Kyiv, May 2020. Available at <https://eca.unwomen.org/en/digital-library/publications/2020/05/rapid-gender-assessment-of-the-situation-and-needs-of-women>

30 Ukraine, State Statistics Service (2019). Women and men. Statistical Bulletin, 2019. Available at http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm

31 Baltic News Network (2020). "Ukraine sees 4 900 medical staff infected with COVID-19". 5 June 2020. Available at <https://bnn-news.com/ukraine-sees-4-900-medical-staff-infected-with-covid-19-214100>

Seafarers are a special case. Since the start of the pandemic, Ukraine closed its borders,³² which made crew changes practically impossible to implement.³³ In May, this affected over 15,000 seafarers.³⁴

High dependency on social assistance and social services. Women constitute the majority (72.2%) of low-income persons applying for state social benefits and in need of social assistance.³⁵

The under-representation of women in all response planning, including economic and social protection planning, harms gender equality and gender-responsive action.

(e) Youth

As of January 2018, there were about 6.2 million people aged 10–24 in Ukraine and an additional 1,350,000 young persons from ethnic minorities living in the conflict-affected areas including Roma, refugees and asylum-seekers³⁶ (18% of the total population).

Youth's participation in the COVID-19 response. Many youth have mobilized as volunteers to respond to the crisis to help older persons. They served as peer messengers and social entrepreneurs who developed initiatives that acknowledge older person's challenges in the face of the COVID-19 pandemic, which include isolation and an uncertain future. The COVID-19 response by the Government of Ukraine will need to address the priorities and needs of adolescents and youth who should be considered both affected populations and highly competent partners who can meaningfully engage as educators and change agents among their peers and in their communities.

Vulnerabilities exacerbated by COVID-19, leading to the risk of a 'lockdown generation'.³⁷ While COVID-19-related health outcomes are not yet particularly worrisome for this age group, there are increasing concerns relating to a prolonged school-to-work transition, higher levels of unemployment, the closure of youth-owned SMEs, social disconnect and the marginalization of youth, especially of those living in conflict-affected areas.

Due to the implications of the country's rising debt for intergenerational justice, there is need to adopt a coherent approach to understanding the impact of COVID-19 on the various age cohorts of the population in line with SDG indicator 8.1.b. There is also a need for a response to the crisis that acknowledges generational divides and addresses them decisively in order to leave no one behind.

The ILO Monitor: COVID-19 and the World of Work (4th ed.) highlights the risks of a 'lockdown generation'. Young people are the major victims of the social and economic consequences of the pandemic, and there is a risk that they will be scarred throughout their working lives, leading to the emergence of a 'lockdown generation'. The most recent figures show that they are disproportionately affected by the COVID-19 crisis, and multiple shocks, including disruption to education, training and employment as well as income losses and greater difficulties in finding a job.

Intersecting identity factors, such as sex, age, gender, race, ethnicity, intellectual and physical disability, and socio-economic disadvantages may compound youth vulnerability as with other specific categories such as adolescent men and women, homeless youth, young people not in employment, education or training (NEET) and young migrants who are more at risk of exploitation and human trafficking. Only specific action will prevent the widening of inequalities and the expansion of poverty and marginalization.

Health. Ukrainian adolescents and youth have low levels of knowledge on healthy and unhealthy behaviours and practices, particularly concerning tobacco and alcohol abuse, but also on physical activity and obesity. They also have little knowledge about where and how to access services and counselling for the issues that most affect them, such as mental health, psychosocial support, sexual and reproductive health (SRH) and HIV.

In the last decade, adolescent birth rates in Ukraine have been declining steadily as has the abortion rate for girls under 18 years old. However, although, in recent years, there have been a number of positive trends observed with respect to HIV, it remains a serious threat affecting young people.

32 Ukrainian Sea Ports Authority (USPA) (2020). Foreign crew members have to stay on board. 26 March 2020. Available at www.uspa.gov.ua/en/press-centre/news/uspa-news/17535-foreign-vessel-crew-members-have-to-stay-onboard

33 RTF Seafarers. 2020. "ITF agrees to crew contract extensions". Available at <https://www.itfseafarers.org/en/news/itf-agrees-crew-contract-extensions>. 19 Mar 2020.

34 Saini, P.A. (2020). Protocols for safe crew change and travel during COVID-19 released, by 8 May 2020. Shipping and Freight Resource. Categories IMO, Maritime News. Available at www.shippingandfreightresource.com/safe-crew-change-and-travel-covid-19/#

35 Ukraine, State Statistics Service (2019). Social protection in Ukraine. Statistical Bulletin, 2019. Available at http://ukrstat.gov.ua/druk/publicat/kat_u/publzahist_u.htm

36 State Statistics Service of Ukraine (2019). State of Youth in Ukraine, p. 7.

37 ILO (2020). ILO Monitor: COVID-19 and the world of work. Fourth edition. Updated estimates and analysis. May 2020. Available at www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_745963.pdf

Among the 15–24 age cohort, the incidence of HIV among females is estimated at 10 per cent compared to 4 per cent for males;³⁸ however, there has been a decrease in the percentage of new infections, from 16 per cent in 2008 to 6 per cent in 2017.

Employment. Most young employees (81.2%) have a written contract: young female workers are more likely to have a written contract than young men, and the likelihood of having a written contract increases with age. However, young adolescent males (15–19) tend to be the most vulnerable because they are already out of school and thus most likely to be working without a written contract State Statistics Service of Ukraine (2019). State of Youth in Ukraine, p. 39.³⁹

In 2015, the **informal employment** rate was 58.3 per cent, with adolescent workers (aged 15–19) the most likely to be engaged in informal employment (87.1%), followed by young men (58.9%) and people living in rural areas (60.9%). Also, there is a hidden spectre of vulnerability within the formal employment sector with respect to youth. Four out of five young people engaged in informal employment have an informal job in the formal sector. This confirms that some employers are failing to comply with the requirement that social security and benefits be provided to all employees.

The number of youth working informally exceeds the number of formal workers in 12 out of 20 key economic activities.⁴⁰

Young workers are primarily concentrated in state and social services, wholesale and retail trade, motor vehicle repair, construction and commercial sector services.

Most young Ukrainians work in occupations that are medium- to high skills-intensive, and 21.8 per cent of all Ukrainians work in technical or production occupations.

Approximately 50 per cent of young employees work in private enterprises, and 40 per cent work in the public sector, broadly representing the distribution of the total working-age population.

The share of self-employment among youth is relatively small but becoming more popular among the younger demographics. It is more common among males than females, except for the latter's contributions to family work.

Education leading to occupation. There is a significant mismatch between young people's interests and skills, and labour market demand. Only around half of youth stated that they chose a field of study that corresponded to their interests, hobbies and skills, among whom only half find work in a sector related to their field of study. The most prevalent reasons for this were the lack of vacancies and insufficient salaries or wages offered by employers.⁴¹

There are a number of key issues threatening the choices for youth in education and employment: underutilization of the vocational education system (despite the high earning potential of workers with vocational training), poor choices of career path (in favour of higher education degrees in business and law, which exceeds labour demand), lack of practical training and internships (resulting from inadequate financing), and inadequate social protection for young workers who are exposed to high rates of informal employment and low wages.

Conflict-affected areas. Youth in the ECA have considerably diminished access to their socio-economic rights, for example, lack of access to basic infrastructure and services such as healthcare, education and vocational training, as well as to food and job opportunities due to COVID-19-related movement restrictions. Ongoing shelling damaged many water supplies, which deprived them of running water during the pandemic. High unemployment and extreme monetary poverty increase their level of vulnerability, leading to the adoption of highly damaging coping mechanisms such as a reduction in calorie intake, begging, increased alcohol intake or abuse, and participation in sex work.⁴² Mental health issues and the inaccessibility of psychosocial support in these areas may lead to a young generation that is permanently scarred and that lingers in the NEET category, unless able to recover in a timely manner.

The need for social dialogue. Government, educational institutions, employers and workers need to continue their dialogue and work towards developing more effective career paths and mechanisms to ensure decent employment for youth. Also, the Government should invest in a universal social protection system that considers their specific needs, paying particular attention to the situation of young women who suffer from systemic discrimination in accessing and participating in the labour market fuelled by harmful stereotypes and gendered social norms. Social protection systems can support their search for a decent job and in unlocking their full potential.

38 *ibid.* p. 9.

39 United Nations Ukraine (2019). State of Youth in Ukraine, Analytical Report compiled by the UN Working Group on Youth p. 39.

40 *ibid.* p. 40.

41 *ibid.*

42 *ibid.* p. 66.

(f) Roma communities

Roma communities are disproportionately affected by the COVID-19 crisis due to endemic discrimination and social exclusion. Globally, the epidemic has heightened social tensions and triggered racist and xenophobic violence and discrimination, affecting a number of minority and ethnic groups. In Ukraine, the the human rights situation of Roma men, women and children has deteriorated following enforcement of anti-pandemic measures.⁴³

Their situation already involved limited access to adequate healthcare, water and sanitation, food security and education prior to the pandemic. With the lockdown measures, they lost their jobs in the informal sector without social security protections, which contributed to their further marginalization and stigmatization, especially of those without personal identification documents.

Roma communities that live in informal settlements face particularly harsh conditions. They can be found mostly in the western regions of Ukraine, especially in Zakarpattia region, including the two largest known settlements in Berehove and Mukacheve, with up to 7,000 residents each⁴⁴ and to a lesser extent in the southern regions and near large cities throughout the country. Settlements often lack access to on-site water and sanitation, and are overcrowded, which exposes their residents to particular risk in face of COVID-19. There is a growing body of international evidence linking low-income neighbourhoods with higher numbers of COVID-19 cases and deaths.⁴⁵

A range of incidents of negative attitudes, hostility from members of the general public, and at times forced eviction across the country have left residents of these informal settlements in constant fear of such events being repeated. One case of violent eviction by unknown attackers was registered in Kyiv during the quarantine.⁴⁶

During the first weeks of the COVID-19 pandemic, Roma CSOs played a crucial role in providing information about the pandemic to Roma communities in an accessible language and manner. On 2 May, the MOH published recommendations on COVID-19 on its website in 13 languages of minorities residing in Ukraine including Roma.

THE SPECIFIC CASE OF ROMA CHILDREN

The prolonged closure of schools due to the quarantine deprives many Roma children of the right to education, and therefore decreases their chances of overcoming stigma and social exclusion, and integrating in society. Initiatives that aim to boost the education of Roma children such as preparatory classes or classes with teachers in Roma camps have been suspended. Distance learning is not a viable option for many of them. First, many families do not have access to the necessary technology for online studies because they lack access to the Internet and equipment (computers, smartphones, etc.). Second, many children cannot rely on the support of their parents to help them with homework due to the low literacy and education levels among many Roma adults.

Although some schools have introduced forms of distance education that do not exclusively depend on telecommunications (e.g. post boxes where children can leave their homework and then pick up corrected assignments), many Roma children cannot fully benefit from this service, in part due to the lack of support from their parents. There are also concerns raised that Roma girls may be more affected than Roma boys by the quarantine because, in Roma families with traditional views, the former's education is still undervalued; parents may therefore be less supportive of their participation in distant education and of their subsequent return to school. These obstacles facing Roma children in accessing education during the quarantine are likely to widen the gap in the educational levels of Roma and non-Roma children.

This is a very important step because the virus transmission can be hindered and human rights respected only when there is universal, timely access to accurate information, testing and treatment without any discrimination.

43 Between 1 and 17 April 2020, the United Nations Human Rights Monitoring Mission (HRMMU) conducted 30 interviews with representatives of Roma CSOs and NGOs focusing on Roma issues, as well as independent human rights defenders working on Roma rights, covering 15 regions of Ukraine: Volyn, Donetsk, Zakarpattia, Zaporizhzhia, Luhansk, Lviv, Mykolaiv, Kherson, Odessa, Poltava, Sumy, Ternopil, Kharkiv, Cherkasy, and Kyiv city. For more details, see OHCHR/HRMMU Briefing Note, 'Impact of COVID-19 Pandemic on Roma communities in Ukraine', Kyiv, 15 May 2020. Available at www.un.org.ua/images/documents/4932/BN%20C19%20Roma%20ENG.pdf. Similar trends were also identified by the Ombudperson's Office. Available at www.ombudsman.gov.ua/ua/all-news/pr/dotrimannya-prav-romskogo-naselennya-v-umovax-poshirennya-korona-virusnoi-xvorobi

44 See OHCHR/HRMMU (2020). 'Impact of COVID-19 Pandemic on Roma communities in Ukraine', Briefing Note. Kyiv, 15 May 2020.

45 For example, the article analyses neighbourhoods in New York, London, Toronto and other large cities where overcrowded housing of vulnerable families with limited hygiene and opportunities of social distancing exponentially increase the likelihood of virus transmission. Global News. "Across the world, coronavirus hits poor neighbourhoods harder. Here's why," by Patrick Cain Global News. 20 May 2020. Available at <https://globalnews.ca/news/6958322/coronavirus-poor-neighbourhoods> (accessed on 16 July 2020).

46 On 30 April 2020, unknown perpetrators attacked a tent that was used as a temporary home for one Roma family in Kyiv. The incident is being investigated by the police as a hate crime.

(g) Homeless people

Homeless people face a high risk of contracting COVID-19 and are disproportionately affected by COVID-19 response measures.⁴⁷ Their access to healthcare services has been further limited due to the pandemic, which negatively affects the fulfilment of their human rights.

Homeless people often do not have access to COVID-19 testing and treatment, and are not provided with face masks and sanitizers. Due to the quarantine, they have lost their already limited access to shelter, food, water, hygiene and sources of income. In many cases, the closure of railway and bus stations have left them without shelter and access to water for drinking and hygiene purposes, which are essential during a pandemic.

The closure of waste recycling facilities has deprived homeless people of a source of income. Similarly, the closure of markets and the suspension of construction have removed one of the few opportunities available to them for making a living or asking for food. Future decision-making on the quarantine measures should assess the impact of specific measures on groups in vulnerable situations, avoid imposing measures that would have an adverse impact on them, or introduce compensatory mechanisms.

Social services for homeless people are unevenly spread across Ukraine because they depend on the good will and funding of local authorities. In six regions of Ukraine, there are no municipal shelters for homeless people. In four regions, municipal shelters do not accept new homeless people due to the quarantine and, in one region, new admissions are impeded because homeless people cannot access healthcare services for the mandatory medical examination required by the shelters to be admitted; in one region, the municipal shelter is only available for men. Although the shelters have taken measures to prevent the spread of COVID-19 through frequent disinfection, PPE for staff and residents, and limits on movement outside the shelter, often they do not have sufficient area within the premises to allow for self-isolation of newly arrived persons.

(h) Children

The pandemic also impeded the right to education for groups and individuals in vulnerable situations. The Ombudsperson's Office recognized that the transition to distance education learning has deprived children from families in vulnerable situations of the right to education. In particular, children from families without necessary technical means (including Roma, families with low income) and children from rural areas without insufficient Internet coverage do not have access to education. The Ombudsperson considered these restrictions discriminatory on the grounds of socio-economic status.⁴⁸

(i) People living in conflict-affected areas, including in non-government-controlled areas

Communities in conflict-affected areas living close to the contact line. Here, women account for over half of the people in need (56%), of whom many serve as heads of household. In the six years of the conflict, they have not moved from their homes and have experienced a different set of protection risks than IDPs.

In these areas, humanitarian access is limited due to insecurity and restrictions, particularly in NGCA.

There are frequent violations of the ceasefire, which cause casualties and damage to housing and civilian infrastructure.

There is a large military presence in civilian areas, leading to multiple protection risks, such as military occupation of civilian housing, violations under international humanitarian law and SGBV risks.

Local economies have suffered from insecurity, displacement, interruption of markets in the region, an economic blockade, as well as the disruption of transportation services, causing some settlements to become completely isolated.

Persons living along the line of contact are at risk of harm or displacement should fighting intensify, especially if shelling damages critical infrastructure such as water or electricity systems.

Here, more stringent types of restrictions to movement were imposed as a result of COVID-19, which led to heavier impacts on an already particularly vulnerable population.

47 Between 1 April and 14 May 2020, HRMMU conducted 53 interviews with representatives of organizations providing support to social services to homeless people, including municipal centres, religious charities, CSOs and volunteers in all regions of Ukraine, excluding Crimea and NGCAs. This is presented in OHCHR/HRMMU Briefing Note 'Impact of COVID-19 pandemic on homeless people in Ukraine'.

48 Commissioner on Human Rights of the Verkhovna Rada of Ukraine (2020). Уповноважений: перехід на дистанційне навчання позбавляє права на отримання освіти дітей із сімей, які перебувають в складних життєвих обставинах, 14 April 2020, Available at www.ombudsman.gov.ua/all-news/pr/upovnovazhenij-perex%D1%96d-na-distancz%D1%96jne-navchannya-pozbavlya%D1%94-prava-na-otrimannya-osvy%D1%96tid%D1%96tej-%D1%96z-s%D1%96mej.-yak%D1%96-perebuyayut-v-skladnix-zhitt%D1%94vix-obstavinax

This led to deeper humanitarian needs and a revision of the humanitarian response plan as a result.⁴⁹ Access to adequate healthcare services, including emergency medical care, remains challenging for people of all ages, especially for older persons and people living with disabilities in rural, hard-to-reach settlements close to the contact line. They have been further isolated due to the COVID-19-related restrictions on movement to and from the communities – in addition to ongoing hostilities and heavy landmine contamination. Other vulnerability factors include: high associated costs of medicines and travel; lack of specialized medical personnel; long distances from commercial and service centres; limited availability of public transport; and a ban on movement across the ‘contact line’, which was crossed by civilians an average of 1.2 million times per month in 2019.

Restrictions dramatically reduced crossings through the contact line and therefore also access to pensions and social benefits, education, employment, food and healthcare.⁵⁰ Persons with residence registration in Donetsk NGCA, for example, were not allowed to leave. Even before COVID-19, conflict-affected people living along the contact line often faced barriers in access to healthcare such as distance, cost of travel, cost and availability of medication, availability of medical personnel, and limited accessibility of ambulances due to the security situation. The long-term implications for morbidity and mortality from untreated illnesses and injuries caused by this protracted conflict will not only diminish the sustainability of future reconstruction and development efforts, but may also have intergenerational implications.

Most children could not access distance educational services due to lack of access to Internet, computers and tablets.

Farmers were unable to travel to their fields to plant essential food crops, which resulted in a spike in food prices and decreases in their income and that of the small traders who relied on their produce. Unemployment, increased food insecurity and lack of access to healthcare, social assistance and other basic services rendered conflict-affected people even more vulnerable and dependent than before on humanitarian assistance.

Increased hostilities. Despite the appeal of the United Nations Secretary-General for a global ceasefire, hostilities in Eastern Ukraine intensified, leading to an increase of civilian casualties.⁵¹

Reduced presence of humanitarian actors. The reduced presence of humanitarian actors and international observers due to the quarantine measures may have caused a diminished sense of accountability with respect to attacks against civilians.

Most SGBV survivors living in conflict-affected territories are aware of the referral mechanisms but do not seek help due to the constant presence of the perpetrators and the restrictions to mobility imposed by the lockdown in their communities.

Without access to urgent sexual and reproductive services, including contraception, abortion and other specialized care, the physical and mental health of SGBV survivors in these areas is at great risk as well as their chances of full recovery and a return to normalcy.

(j) Internally displaced persons

The vulnerability of IDPs is compounded by pre-existing hardships, including lack of affordable accommodation, fewer employment opportunities, and hurdles to access social payments, etc. Their survival and living conditions are at risk of further deterioration amid the sharp economic downturn and massive job losses as a result of the quarantine measures currently in place. In addition, people living in collective centres, many of whom are internally displaced, often have specific needs and may be at heightened risk of infection due to poor sanitary conditions and the inability to self-isolate due to cramped living condition. Women make up 58 per cent of IDPs in Ukraine⁵² and youth make up 22 per cent.

According to the statistics of the Ministry for Social Policy of Ukraine responsible for IDP registration, as of 1 June 2020, 1,447,129 persons were registered as IDPs with the Ministry; over half of them are older persons and according to survey data, an estimated 58 per cent of whom are female. But according to the Humanitarian Needs Overview for 2020, the number of persons living in displacement in Ukraine is estimated at around 734,000.

The estimate differs from the official data because state policy requires persons from the non-government-controlled areas (NGCA) to register as IDPs in order to receive pensions and social benefits, creating an incentive for many people to do so even though they are not in fact displaced.

49 Humanitarian Response Plan, June 2020.

50 Since 22 March 2020, an estimated 300,000 residents of NGCA have been deprived of access to their Ukrainian pensions because restricted movement hindered their access to bank accounts.

51 *ibid.*

52 Humanitarian Response Plan, June 2020.

IDPs and other conflict-affected persons may have specific needs depending on the categories of the population to which they belong (women, children, older persons) or may persons with additional vulnerabilities such as persons living with disabilities (PwD), people living with HIV/AIDS, survivors of SGBV, and families with three and more children. Generally, female IDPs are economically more vulnerable than men. They are three times more likely to live in large families and almost two times more likely to live in low-income families, and one out of ten lives in families facing difficult life circumstances. Women bear an additional burden of bringing up minor children on their own (41.6% of women and 27.1% of men live with children under 18 years of age).⁵³ The overwhelming majority (79%) of unemployed IDPs actively searching a job and those who face difficulties in job search are women.⁵⁴ IDPs residing in collective centres and minorities such as Roma, Crimean Tatars, and lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons may be marginalized and face protection risks.

(k) Refugees and asylum-seekers

According to UNHCR statistics, as of 31 December 2019, there were 2,172 refugees (approximately 24%, female and 8%, children) and 2,430 asylum-seekers (27%, women and 22%, children) residing in Ukraine.⁵⁵ Ukraine offers both refugee status and complementary protection to those who have fled persecution and war in their own countries. They are mostly located in urban settings, with the biggest concentrations in Kyiv, Odessa and Kharkiv, and to a lesser extent in Lviv and the Zakarpatska oblast. The refugees and asylum-seekers in Ukraine come from over 60 different countries, primarily from Afghanistan (refugees, 38%; asylum-seekers, 25%), Syria (refugees, 24%; asylum-seekers, 7%), Russian Federation (refugees, 6%; asylum-seekers, 9%) and Somalia (refugees, 4%, asylum-seekers, 5%), among others.

Challenging integration. While some refugees and asylum-seekers have managed to learn Ukrainian, find a job, start a business and integrate, others have encountered challenges in integrating and becoming self-sufficient due to their specific needs.

These include single mothers of large families, unaccompanied minors, persons with disabilities, and individuals who have experienced traumatic experiences and who therefore might experience difficulties in integrating into a new society.

Refugees also face other challenges when integrating, such as discrimination, legislative discrepancies, corruption,⁵⁶ as well as language or administrative barriers, which prevent them from accessing employment opportunities.⁵⁷ One of the major challenges for integration is lack of appropriate documentation and a low refugee recognition rate⁵⁸ by the Government.

Ukraine has limited established reception capacity, with only three temporary accommodation centres for asylum-seekers (maximum 320 persons). Individuals and families accepted in government-run centres are accommodated free of charge and provided with small food packages but do not receive any other form of financial or material support.

Refugees in Ukraine in theory have access to social protection systems on par with the Ukrainian nationals. In practice, this access is limited by low awareness of the Ukrainian service providers of these categories of people and their rights, bureaucratic obstacles and language barriers.

Asylum-seekers in Ukraine do not benefit from any form of social protection mechanisms. They do not have the right to work legally and must pay for access to public health services.

Most of them survive by finding small jobs in Ukraine's large informal sector, in the markets, fast-food outlets and repair shops, etc.

53 NGOs Coalition (2017). Report on gender analysis of results of the all-Ukrainian survey on respect for IDP rights. In UNDP (2017) Universal Periodic Review: An Alternative Dimension, The third UPR Cycle, Ukraine.

54 The Government of Ukraine portal. www.kmu.gov.ua/news/majzhe80-vidsotkiv-vpo-kotri-shukayut-robotu-ce-zhinki-rezultati-opituvannya

55 A vast majority of these refugees are assisted by UNHCR. In its engagement with refugees, asylum-seekers and stateless persons, UNHCR prioritized assistance to women, children, including unaccompanied/separated children, and older persons to access state procedures and support. Among 978 newly registered asylum-seekers, refugees and beneficiaries of complementary protection who approached UNHCR partners for assistance in 2019, 23 per cent were female; 17 per cent, children; and 2 per cent, older persons (60+). In the more than 20 refugee community groups supported in 2019, refugee women/girls constituted approximately 50 per cent of the community members, and equally participated in the leadership and management structures. For example, refugee women from two temporary accommodation centres created clubs. In Kyiv, ten refugee women were trained by the UNHCR legal partner as paralegals in order to provide support to newly arrived female community members. Moreover, female refugees act as community tutors to support to female community members with social and medical issues.

56 This was mentioned by the refugees during participatory assessments conducted by UNHCR.

57 In theory, asylum-seekers have the right to obtain work permits, but in practice, the system does not allow them to obtain legal employment. The requirements are not realistic: asylum-seekers must obtain a job offer with a salary of at least ten times that of the minimum wage (UAH 41,730, or about \$1,500). Asylum-seekers do not receive financial support from the Government.

58 Recognition rate: number of persons who have applied for asylum/number of persons who have been recognized as refugees or granted a complementary protection status. In 2019, the recognition rate was 21 per cent, a constant decrease over 2018 (26%) and 2017 (29%).

For struggling asylum-seekers and refugees, the current COVID-19 pandemic puts them at heightened risk, many of whom do not possess valid civil documents, which would facilitate access to different social services and especially healthcare. Further, these asylum-seekers and refugees:

- lack access to information about prevention/response in languages they understand;
- lack access to free healthcare; UNHCR is currently paying for them;
- lost livelihood sources in informal markets that usually employ them. Without incomes, they risk eviction, homelessness and food insecurity;
- live in temporary accommodation centres if they cannot afford rent, hence, have little or no access to PPE and cannot apply social distancing measures. They are at higher risk of infection as a result.

Access to education. Asylum-seeking and refugee school-age children are enrolled in regular schools in Ukraine. Due to the quarantine, the country implemented country-wide school and university closures, which had a wide range of adverse impacts on children and young people, including interrupted learning and lost human interaction, which is essential to social and behavioural development. Digital technologies have become positive enablers in this crisis; indeed, Ukraine has also demonstrated best practice in setting up the online schooling system to ensure the continuity of the educational process.

However, not all vulnerable groups had access to this learning channel, including asylum-seeking and refugee children without computers or access to Internet. Lack of ICT access hindered effective remote participation and access to remote schooling arrangements.

Alternative television schooling solutions could not always be an option for asylum-seekers, either due to the lack of a television or the inability of the children to follow television curriculum in a foreign language without assistance from the teacher and/or parents.

Geographic lens – vulnerability and migration. Map 1 [figure xx?] shows the level of vulnerability in the various regions of Ukraine. The dark grey areas show the deep pockets of poverty, where poor, older persons live with minimum income or wages, especially older women throughout Ukraine, but especially rural and most remote areas. They are concentrated particularly in the north and in the east. The light blue areas indicate the deep pockets of poverty affecting youth, which are concentrated in the west and in the south.

The highest proportion of seasonal labour out-migration is concentrated in western Ukraine, where households and communities are highly dependent on remittances for the basis of their livelihoods.

Should there be a second wave of infections or the need to reinstate stricter public health and social measures (PHSM) due to the epidemiological situation in the country, it will be important to take into consideration the socio-economic repercussions on the local context and devise appropriate mitigation measures.

(iv) How can barriers to basic rights be removed?

The main measures suggested for both the long and short term and that could help remove barriers to the enjoyment of basic rights and participation in the response and the recovery by the most vulnerable groups include the following:

(a) Evidence-based policy formulation.

There is the need to collect and analyse more disaggregated data on various health and socio-economic dimensions. For example, COVID-19-related health outcomes should be reported disaggregated by gender, age, ethnic group, residency status and disability, etc. This would help understand the drivers of discrimination and marginalization, and how to tackle them for higher equality outcomes.

(b) **Gender and vulnerability analyses** should be the basis of response and recovery formulation.

(c) **Participation of social partners and representatives of vulnerable groups within response coordination bodies.**

Collectives shaping response and recovery plans and that comprise representatives of vulnerable groups, including women and youth, among their members will ensure that their perspectives, specific needs and priorities are taken into consideration. The involvement of social partners is also highly recommended in line with EU good practices.

(d) **Continue ongoing reform processes rigorously.**

COVID-19 made clear that the ongoing reform processes must continue and that the country must create the fiscal space that these processes require. This will be achieved through international financing, the savings that can be obtained by instituting a progressive taxation system, increased efficiency and transparency in public administration, and by combatting corruption and prioritizing financing in order to secure minimum core obligations for all.

(e) **Capitalize on UNCT's** expertise and support capacities in the formulation of policies and recovery plans that are inclusive and that follow international best practices.

PILLAR SPECIFIC RECOMMENDATIONS

(f) Pillar 1: Protecting health systems and services during and after the crisis

- Ensure access to COVID-19 diagnosis, treatment and vaccines (when available) as well as other essential health services of satisfactory quality and at affordable prices, especially for vulnerable groups such as older persons living with disabilities and with limited mobility, from Roma communities, undocumented, stateless or at risk of statelessness, living in homelessness, deprived of liberty, living in the conflict-affected, isolated or rural areas, refugees and asylum seekers.

This can be achieved only if the Government continues health system reform and increases public spending on health, which is currently among the lowest in the European region.

(g) Pillar 2: Social protection and basic services

Increase access, coverage and amounts of social protection schemes because these are the key stabilizers in the crisis.

(h) Pillar 3: Economic response and recovery

- Support comprehensive employment policy formulation, social dialogue and the transition to formality of workers and enterprises, particularly SMEs.

Focus should be placed on employment retention and generation capacity and support packages should comprise financial and non-financial assistance and enable greening and digitalizing the SMEs as the backbone of the Ukrainian economy.

- Ensure that all informal workers are integrated within the local labour market, including migrants, dismissed workers, youth and women, persons with disabilities and workers in vulnerable circumstances, such as undocumented persons who commonly face barriers in accessing formal employment.

The main steps would be mapping skills and qualifications, enabling access to training, and ensuring involvement in local employment partnership (LEP) initiatives (the LEP approach).

(i) **Pillar 4: Macroeconomic response and multilateral collaboration**

Integrate the principle of leaving no one behind and thus the concerns of the most vulnerable groups, especially among women and youth, in order to unlock their potential contribution to the recovery of the country and ensure the enjoyment of their basic rights.

(j) **Pillar 5: Social cohesion and community resilience**

- Expand access to social, economic, political and civil rights of the most vulnerable populations, especially those living in conflict-affected and disadvantaged areas.

There was an urgent need to transform the lives of those who were out of school, out of work, offline and off the grid, even before the virus spread.

- Increase the number of opportunities for participation, including by the most marginalized groups, in shaping the discourse relating to response and recovery plan formulation.

There now is an urgent need also that institutions listen to the populations again, instil a sense of belonging and trust. Access to decision making must be expanded since the social contract, especially brittle in the conflict-affected areas, may further degrade and thus hinder the successful management of and the recovery from the pandemic.



Source: UN Women



V. Pillar 1: Protecting health services and systems



This chapter:

- elaborates on the reasons that the Ukrainian population *in general, people living in institutionalized settings and all frontline workers, in particular, are at higher risk of COVID-19 infection*;
- *reviews the impact of the pandemic on the health system and the availability of essential services, in addition to those related to COVID-19*;
- *identifies other concurrent public health risks, such as the circulation of falsified medicines and diminished access to essential services for specific groups of vulnerable and at-risk people*;
- *notes that services relating to mental health and psychosocial support are lagging behind*;
- *describes the response to date provided by the national health system with support from the UNCT*.
- *concludes by offering policy options relating to how to improve the response and how to recover better from the pandemic*.

These policy options and the interventions proposed contribute to all of the targets of SDG 3, as well as to SG 11.5 and SDG 13 with respect to COVID-19-infected waste management, which, together with the remaining waste that is unsustainably managed, contribute to climate change impact.

The proposals included in the response and recovery plan presented in Appendix 2 under Pillar 1 highlight the importance for the UNCT and other health partners to support the country by:

- conducting evidence-based analysis and policy formulation that are gender- and human rights-responsive;
- providing programme implementation and technical assistance;
- tracking and reaching vulnerable populations in order to expand access to essential health services.

The most important policy options are as follows:

- (i) Maintain essential services, *duly prioritized*; protect all frontline workers; *ensure access to healthcare for the most vulnerable groups*; *avoid nosocomial infections through adequate IPC in institutionalized settings and prompt distribution of PPE, other equipment and essential medical supplies*; *pay attention to co-morbidity and antimicrobial resistance during treatment*; *support hospitals in the proper disposal of medical waste*; *and ease off containment measures only if certain epidemiological and public health criteria are met locally.*
- (ii) Reduce the circulation of substandard and falsified medicines *by providing information to the public and setting up a monitoring system*.
- (iii) *In the conflict-affected areas, give priority to simultaneously expanding access to socio-economic rights and health services and infrastructure, including access to COVID-19 information, and enforcing the ceasefire as a sine qua non for effective containment and response*.
- (iv) *Improve the availability of domestic and SGBV services, especially in case a new lockdown becomes necessary*.
- (v) *Collect and analyse data to investigate the biological and social mechanisms underlying differences in terms of incidence, fatality and health outcomes among the various population groups*.
- (vi) *Increase public spending on health and resume public health system reform*.

A. Impact

(i) Increasing rates of infection

(a) Cases overview

As of 29 July, out of the 68,794 people who tested positive to the COVID-19 infection in Ukraine, 38,154 recovered and 1,673 died.

The number of daily cases has been steadily rising since 11 May, when the Government started to ease off lockdown measures, and presently hovers around 700–1,000 (Figure 3).

On 22 July, the Government extended containment measures until 31 August while allowing regions certain flexibility to adjust them based on their respective epidemiological situation. This is in line with the 'adaptive quarantine' approach adopted by the Government.

The authorities attribute the current increase in infection rates to the general reluctance to wear masks in public spaces and keep social distance as required by the containment measures.

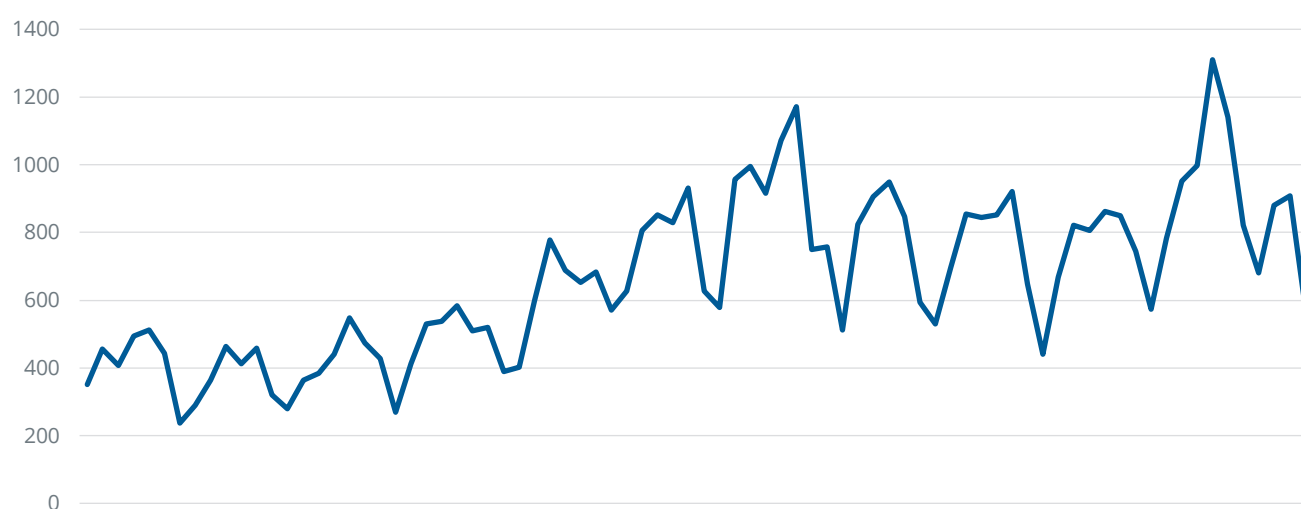


FIGURE 3. NUMBER OF DAILY CASES (11 MAY–29 JULY 2020)

Source: Government of Ukraine Dashboard, 29 July 2020.⁵⁹

(b) Infection rate by age and sex

Infection cases by age group. At present, the highest percentage of persons infected are aged between 50 and 59 (20%), followed by 30–39 (17%) and 40–49 (18%) (Figure 4).

About 20 per cent of infected persons have had a prior chronic health condition.

Infection rate by sex. In Ukraine, the majority (58%) of persons infected with COVID-19 are women (Figure 5). A variety of factors could explain this higher incidence, including the higher risk exposure due to the current feminization of the healthcare and social assistance sectors as well as of other essential services such as food retail. Over 10 per cent of the infected are healthcare workers, 82 per cent of whom are women. Another contributing factor could be women's longevity and the sex ratio among older age groups, which are more vulnerable to the virus.

⁵⁹ Situation monitoring. Available at <https://bit.ly/3k2TeGR>

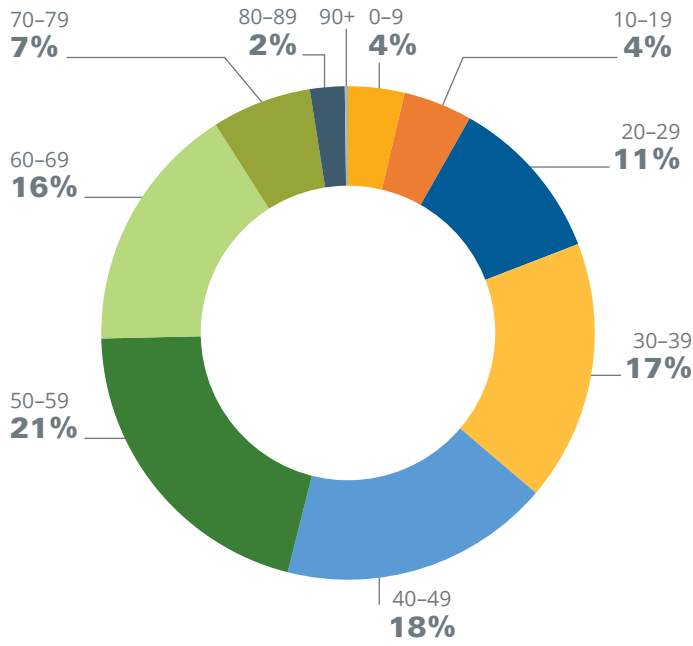


FIGURE 4. PERCENTAGE OF PERSONS INFECTED, BY AGE GROUP

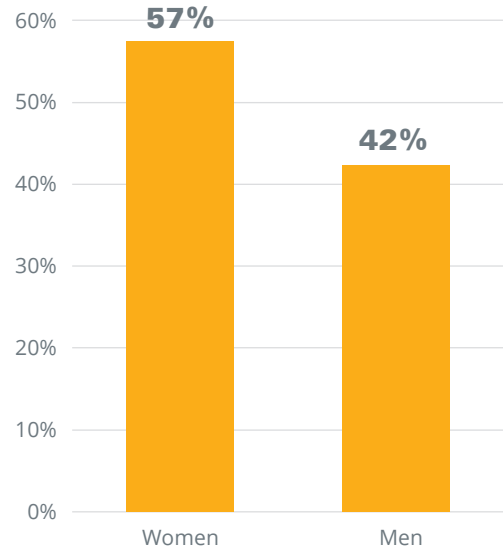


FIGURE 5. PERCENTAGE OF PERSONS INFECTED, BY SEX

(c) Fatalities

Most fatalities⁶⁰ (90%) were among persons aged over 50, with the highest percentage (30%) falling within the 60-69 age group (Figure 6); more than half (53%) are men (Figure 7) and generally with prior medical conditions (Figure 8).

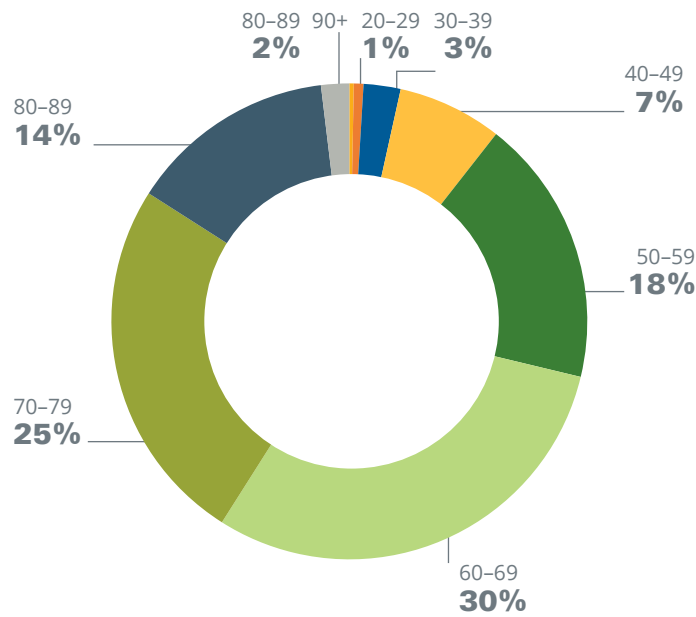


FIGURE 6. PERCENTAGE OF FATALITIES, BY AGE GROUP

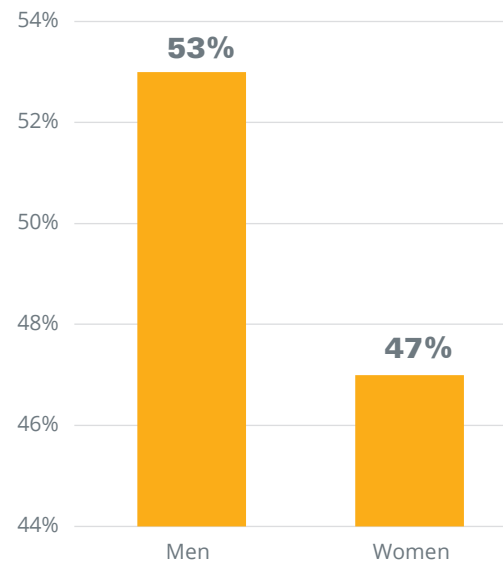


FIGURE 7. PERCENTAGE OF FATALITIES, BY SEX

60 Data sourced [here](https://bit.ly/3k4YeuD): <https://bit.ly/3k4YeuD> (accessed on 29 July 2020).

(ii) Higher risk of infection and fatality and risky behaviours

(a) WHO guidance

The WHO Clinical Management of COVID-19 Guidelines⁶¹ indicate that the following groups of people are at higher risk of infection and death: people over 60 years of age (infection and fatal outcome risk increase with age); smokers; and people with underlying NCDs such as diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression and cancer.

(b) Risk factors

The Ukrainian population is at a higher risk of infection and fatal outcome due to all three groups of risk factors.

- about one quarter of the population are above 60 years of age⁶² (around 10.9 million people);
- about one quarter of the adult population smoke⁶³ (around 10.9 million people);
- NCDs account for 91 per cent of annual deaths (588,000 people);⁶⁴ 1 in 10 Ukrainians suffer from diabetes;⁶⁵ 1 in 3, from hypertension;⁶⁶ and 1 in 4, from obesity.⁶⁷

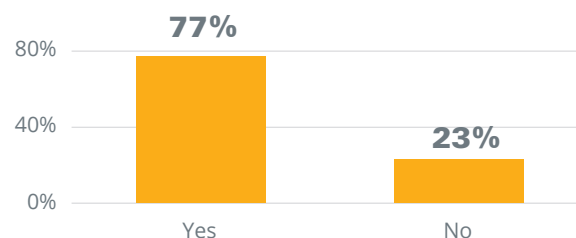


FIGURE 8. PERCENTAGE OF CO-MORBIDITY AMONG FATALITIES

(c) Increased occurrence of risky behaviours

Early assessments indicate that the occurrence of behavioral risk factors of NCDs rose during the COVID-19 pandemic, with increased alcohol and tobacco consumption, and physical inactivity due to lockdown measures.

These factors tend to worsen the health conditions of the population and decrease the functioning of the immune system, making the population more vulnerable to the infection.⁶⁸

61 WHO, Clinical management of COVID-19: Interim guidance, 27 May 2020.

62 Ukraine's Ministry of Social Policy (2018). Projections for 2025. In Ukraine enters top 30 nations with oldest population. Retrieved from UNIAN, 22 June 2020. Available at www.unian.info/society/2371260-ukraine-enters-top-30-nations-with-oldest-population.html.

63 WHO and Ministry of Health of Ukraine (2017). Global Adult Tobacco Survey, Ukraine. Preliminary STEPS survey data indicate that 50 per cent of men and 17 per cent of women are smokers.

64 SSU, 2020. Available at <http://database.ukrcensus.gov.ua/MULT/Dialog/Saveshow.asp> (Accessed on 16 July 2020).

65 Percentage with raised fasting blood glucose as defined below or currently on medication for raised blood glucose plasma venous value ≥ 7.0 mmol/L (126 mg/dl).

66 SBP ≥ 140 and/or DBP ≥ 90 mmHg, or currently on medication for raised blood pressure.

67 The probability of premature death (death before the age of 70 years) from the four major NCDs is 25%, almost twice as high for men (35%) than women (16%). Around one third (35%) of the adult population (18–69 years) has raised blood pressure, and 7% of adults have raised blood sugar. One third (33%) of adults have three or more NCD risk factors, and around one quarter (23%) of the population aged 40–69 years are at high risk of having a heart attack or stroke.

68 Ukraine already scored high during pre-COVID-19 times. On average, Ukrainians consume 14 litres of pure alcohol per year, 1 in 4 indulges in heavy episodic drinking, and 1 in 10 is insufficiently active (< 150 minutes of moderate-intensity activity per week or equivalent).

(iii) Decreased access to essential health services

(a) Primary healthcare

COVID-19 had a negative impact on health service utilization in Ukraine, including at the primary healthcare level. Surveys suggest that most primary healthcare (PHC) providers (85%) reduced their number of visits,⁶⁹ resulting in a reduction in care for chronic diseases, common childhood illnesses, drug prescription and immunization.

In *Maintaining Essential Health Services: Operational guidance for the COVID-19 context*,⁷⁰ WHO urges countries to maintain the continuity of essential services at the PHC level. These services include essential prevention for communicable diseases, particularly vaccination; services related to SRH, including maternal and neonatal health (MNH) care during pregnancy and childbirth; care of vulnerable groups such as young infants and older adults; and provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions.

BENEFITS OF REHABILITATION SERVICES

Wrongly perceived as non-essential for stroke and other patients, rehabilitation services were also disrupted due to the containment measures. This resulted in compromised overall health outcomes, extended inpatient stays, and preventable hospital admissions due to complications.

Rehabilitation can also benefit COVID-19 patients: it reduces complications associated with admission to the intensive care unit (ICU), addresses many severe COVID-19 consequences, such as physical, cognitive and swallow impairments, and provides psychosocial support.

Source: WHO, 2020.⁷⁰

(b) NCD and mental health services

As in other countries, Ukraine's NCD prevention and care services were disrupted⁷² due to cancellations of planned treatments, decreased public transport, lack of health workers (reassigned to the COVID-19 response), shortage of medicines, and difficult or lack of access to diagnostics and other technologies.

It is important to note that Ukraine records one of the highest suicide rates in the world, especially among its male population (7th highest). As a result, maintaining mental health services and possibly expanding access to psychosocial support, including peer support, would be fundamental to maintaining mental health and well-being during the crisis and the recovery period, considering the widespread loss of income, job insecurity and the generalized anxiety that the pandemic has caused.

(c) Immunization

Routine measles-mumps-rubella vaccination among one- and six-year-old children decreased by nearly one third due to the pandemic⁷³ together with infants' polio vaccination, which remains particularly low. Contributing factors to this situation include:

- lack of regional public health capacities to manage immunization;
- high workload of national and regional surveillance staff, particularly Regional Laboratory Centres, with regard to COVID-19 pandemic response;
- fewer resources available for vaccine-preventable disease surveillance, especially for measles and rubella as regional surveillance staff and the Regional Laboratory Centres in particular are directly engaged in the epidemiological investigation and laboratory testing of COVID-19 cases.

69 WHO (2020). Strengthening the primary care response to coronavirus disease 2019 (COVID-19) and essential health services in Ukraine: Summary draft for discussion and policy dialogue.

70 WHO (2020). Available at <https://apps.who.int/iris/handle/10665/332240>

71 WHO (2020). Ukrstat.org – State Statistics Service of Ukraine documents publishing Available at https://ukrstat.org/en/operativ/operativ2007/oz_rik/oz_e/zahvor_06_e.html

72 WHO multi-country survey, including Ukraine. The most common NCDs associated with higher COVID-19 mortality in Ukraine are diabetes, hypertension, obesity, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression and cancer.

73 Immunization coverage data reported by regions in March and April 2020 were compared with data recorded in 2018 and 2019.

(d) People living with HIV/AIDS

There is need to monitor the continuity of access to HIV prevention and antiretroviral therapy (ART) and the specific impact of COVID-19 on people living with HIV/AIDS.

In the short term, the pandemic did not seem to cause significant disruption to testing, care and treatment.⁷⁴

Outreach services are functioning as a result of some innovations being introduced for service delivery. For example, when access to antiretroviral therapy (ART) is difficult, patients can contact social workers or medical personnel that can assist them in a variety of ways, such as via phone, Skype, telemedicine, mobile clinics, home visits or by transporting them to a nearby health facility. Medicines are sent either through the mail or a courier, or delivered personally by mobile teams or social workers. Approaches differ among regions, and differences are based on resource availability.

Source: UNAIDS, 2020 (hivservicestracking.unaids.org)

Routine lab testing for stable patients is presently postponed, however, and only new patients receive the full set of services in Poltava, Chernihiv, Kyiv region, Cherkasy, Mykolaiv, Odessa city and region, and Zaporizhia. Access is generally not uniform, and viral load and CD475 testing is unavailable in some areas. The most vulnerable groups do not have access to HIV prevention services; this issue must be addressed as a matter of urgency in order not to lose the gains in the reduction of new cases.

The impact of COVID-19 on PLWHA is still to be fully understood and needs to be monitored. It is important to continue to reduce the share of PLWHA who are unaware of their status (under 30%), a trend that should not be reversed due to restricted access to testing.

(e) Tuberculosis

WHO expects a decrease in the detection rate of tuberculosis (TB), currently at 25 per cent, matched by an increase in fatality rates (at 13%) and overall poorer treatment outcomes,⁷⁶ especially if TB treatment is interrupted.

This projection takes the following in consideration:

- a possible interruption of TB drug supply within an overall situation of difficult drug supply;
- difficult access to TB hospitals for patients, especially those from rural and remote areas;
- difficult transportation of biological specimen for lab confirmation of diagnosis;
- shortage of medical staff repurposed to the COVID-19 response.

The risk of acquiring COVID-19, especially in congregated settings (hospitals, institutions, prisons and places of detention) is high for TB patients and medical workers. Patient-centred outpatient and community-based care is strongly preferred. However, the discharge of patients from inpatient facilities to outpatient settings poses a challenge to directly observed treatment, clinical monitoring, and the provision of support to patients.

(a) Sexual and reproductive health, and maternal and neonatal health

Lessons learned drawn from the Ebola and Zika virus disease outbreaks, indicate that access to SRH and MNH care needs to be carefully monitored. Reductions in the availability of both services will result in increased maternal and newborn death rates caused by an increased number of unintended pregnancies, unsafe abortions and complicated deliveries without access to adequate medical care.

⁷⁴ WHO Country Office estimates based on regular programme reporting from 12 priority regions of the President's Emergency Plan for AIDS Relief.

⁷⁵ CD4 cells, also known as CD4+ T cells, are white blood cells that fight infection.

⁷⁶ Epidemiological evidence of COVID-19 among TB patients still remains limited; therefore, monitoring of treatment outcomes for these patients needs special attention.

(iv) High likelihood of nosocomial infection

(a) Infection prevention and control

Ukraine does not have an effective system in place that guarantees that IPC programmes are in place in hospitals and other settings.

General hospitals. While there is a high degree of motivation and considerable efforts are being made to improve readiness, most hospitals lack a comprehensive IPC programme and do not implement active triage. Their capacities to isolate suspected cases are also limited, especially with the increased workload, and engineering controls, for example, to ensure adequate ventilation, are sub-optimal.⁷⁷

Mental health facilities. Mental health facilities report a fast-growing number of COVID-19 cases among both patients and staff.⁷⁸ This is particularly worrisome because these facilities host some of the most vulnerable members of society. The factors contributing to their higher risk of infection include conditions of stay of patients in such facilities, the length of treatment, which is usually 30 days or more, IPC practices that need further improvement, especially in administrative and engineering measures, and staff training.

Residential institutions for older persons, veterans and persons with disabilities. According to the Ministry of Social Policy, there are 286 residential institutions in Ukraine, of which 90 are designed for older persons and comprise geriatric boarding houses, care facilities for older persons and persons with disabilities, as well as residential facilities for war and labour veterans; in total, they host almost 13,000 older persons. As in other countries, the residents of these institutions are at high risk of infection due to their fragile health conditions and the lack of PPE and of an adequate IPC programme.

(b) Limited protection of healthcare workers and other frontline workers

The country faced great difficulties in procuring PPE and other medical supplies to prevent virus transmission and to especially protect those more at risk, such as healthcare workers, social workers and other frontline workers.

It is noteworthy that 83.1 per cent of healthcare and social workers are women.⁷⁹ Together with their families, they are among the groups that are most exposed to the virus and likely to be infected. However, there are no available data disaggregated by the sex and age of the infected healthcare and social workers.

This contributed to the high levels of infection recorded among these workers, especially during the early stages of the pandemic.

Overall, these workers do not enjoy healthy and safe working conditions, especially junior and auxiliary personnel. Their mental health, which is one aspect of their health that is being particularly overlooked, needs immediate, remedial action.

Coping with multiple stressors. Healthcare workers, together with all frontline workers, have been dealing with multiple stressors such as very strict biosecurity measures, higher demands in the work setting, fear of transmitting COVID-19 to their patients, friends and families as a result of their higher risk exposure. In addition, they have been targets of occasional attacks owing to social stigma associated with COVID-19 infection.

MENTAL HEALTHCARE

Priority should be given to providing care for the mental health of healthcare workers and frontline workers⁸⁰ together with protecting their physical safety for the successful management of the pandemic. Their longer-term occupational capacity is among the most precious resources of the healthcare system in fighting the COVID-19 pandemic. This entails strengthening their abilities in providing psychosocial support, knowing mental health referral pathways and expanding their access to psychosocial support.

Healthcare workers in Ukraine recognize that there is no health without mental health. And they are interested in undergoing mental health training, including psychosocial support, self-care and stress management.

77 WHO field visits' reports were prepared using WHO Regional Office for Europe Interim Guidance: Hospital readiness checklist for COVID-19. The checklist is available at www.euro.who.int/_data/assets/pdf_file/0010/430210/Hospital-Readiness-Checklist.pdf

78 The WHO assessment was based on open sources, followed rapid verification through direct contacting,

79 Ukraine, State Statistics Service (2019). Women and men. Statistical Bulletin, Kyiv, 2019. Available at http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm

80 These include nurses, ambulance drivers, volunteers, case identifiers, teachers and other community leaders and non-health workers in quarantine sites.

(v) Other public health risks

Other public health risks that need to be monitored within the context of COVID-19 include:

- (a) the increasing antimicrobial resistance and generalized self-medication practices;
- (b) the existence of coinfections that should not be underestimated;
- (c) the vast circulation of substandard and falsified medicines resulting from a scarcity of supply of medicines experienced during the lockdown period.

(a) Antimicrobial resistance and self-medication practice

Antimicrobial resistance might increase tremendously with a second wave of COVID-19 infections expected in autumn 2020. Patients with severe COVID-19 symptoms receive broad-spectrum antibiotics in Ukraine. This choice is, however, associated with limited improvement results and higher mortality rates within a country health system that already struggles with uncontrolled consumption of antimicrobials. Due to the informal payments often associated with access to healthcare, 70 per cent of patients prefer self-medication over doctor's visits and prescriptions. Given the lack of e-medical records, a second wave of COVID-19 infections may exacerbate the uncontrolled use of antibiotics from the control group outside clinical protocols and the use of broad-spectrum antibiotics without prescription.

(b) Coinfections

Ukraine is still in its transition stage to implement best clinical management practices. It still lacks a strict vigilance system to monitor adverse reactions, risk and benefit outcomes during use of investigational therapies and local diseases guidelines. Coinfections should be part of a plan to reduce the global morbidity and mortality burden during and after the COVID-19 pandemic.

(c) Substandard and falsified medicines

Substandard and falsified medicines are an additional threat to the successful management of the pandemic. On 31 March, the WHO published a Medical Product Alert to "warn consumers, healthcare professionals, and health authorities against a growing number of falsified medical products that claim to prevent, detect, treat or cure COVID-19".

In addition to potentially leading to delays in proper diagnosis and treatment, health scams can be harmful and even fatal to patients. Earlier surveys suggest that patients are purchasing substandard medicines nearly 60 per cent of the time. The country needs a system that prevents the illegal penetration of falsified or non-authorized medicines, and monitors the quality of imported goods. The flexible regulatory measures adopted by the Cabinet of Ministers of Ukraine in early March – to be prolonged until the end of 2020 – could contribute to worsening the situation.

(vi) Challenges in conflict-affected areas

The conflict adds a layer of complexity to the COVID-19 response and makes humanitarian access difficult, especially along the contact line and in rural, remote areas.

(f) Higher vulnerability

Conflict-affected areas in eastern Ukraine face particularly high vulnerabilities to the risk of COVID-19 transmission due to:

- the high proportion of older persons in the region (36% compared to 23% nationwide), especially in isolated settlements inhabited primarily by older women;
- the weakened healthcare system;
- difficult access to the areas outside of the Government's control.

Remoteness increases costs of medicines and travel, and decreases the availability of specialized medical personnel. Seventy per cent of patients seeking healthcare in the conflict-affected areas of eastern Ukraine are older persons.

(b) Current response capacity

Even before COVID-19, visiting a doctor was an additional health risk for older persons due to the leaky roofs and draughty rooms in many clinics and hospitals. Underfunded long before the outbreak of the conflict in 2014, medical facilities in the area now face collateral damage due to shelling and aging infrastructure while locally available funds for refurbishment are scarce or non-existent.

Should there be a **COVID-19 outbreak of considerable scale** in these areas, the inevitably significant knock-on effect on other regular health services **will deepen the public health and humanitarian crisis**:

- Ninety per cent of healthcare facilities report suspected cases and insufficient PPE for healthcare workers and patients.⁸¹
- There are low capacities in terms of sample collection for testing and multiple gaps in referral mechanisms, supply chains of equipment and other medical supplies, staff knowledge, access to information and logistic capacities.
- Only 1 out of 3 suspected cases is screened before entering healthcare facilities and most facilities struggle with the proper disposal of infectious waste.⁸²

(vii) Different response capacities at the regional level

(a) Coordination bodies

Coordination is vital for the management of public health emergencies and even more in countries with decentralized administrations with varied levels of capacities.

Before the COVID-19 pandemic, Ukraine did not have an agency dedicated to coordinating between the national and regional governments.⁸³ In late January and early February 2020, the country established two such agencies, one within the MOH and one within the Cabinet. Nevertheless, regions retained significant autonomy on critical issues related to the response, which was reflected in the results of the management of the pandemic recorded in the various regions. PHSM are now differentiated and managed locally.

(b) Local budget reviews

There is a need to review local budgets to avoid merely short-term humanitarian financing in response to COVID-19 and decreased attention to, and spending on, public health when the crisis is over.

Some regions may not have enough experience with new, substantial budgets and related accountabilities. It is important that they invest in accessible, multisectoral, integrated services and tackle matters such as patronage and practices that deteriorate trust and transparency in healthcare. They need to go the 'last mile' to ensure that vulnerable groups, in particular, have unhindered access to quality healthcare and participate in the response to the pandemic and the health sector reform.

It is important that local budgets pursue the following **two immediate priorities**:

- **Protect healthcare workers**, including nurses and support staff by providing them with: (i) adequate PPE, also for their families; (ii) organized transport to and from health facilities; and (iii) in partnership with private sector entities, a special observation/isolation regime to ensure work/rest balance and protection of their families from infection.
- **Protect other vulnerable groups** by ensuring that they have access to COVID-19 testing and treatment as well as essential healthcare on par with the rest of the population.

Within the decentralized context of Ukraine, the central administration should play a strong capacity-building and supervisory role with respect to the implementation of PHSM, budget management and other response measures at the local level.

(viii) Psycho-social wellbeing and violence

Field reports indicate that containment measures increased the risk, prevalence and impact of cyberbullying and violence between peers, domestic violence, and interpersonal conflict among schoolchildren, students, and youth. These reports also confirmed a need for mental health and psychosocial support to help adults, children and youth cope with anxiety, stress, depression and aggression in Ukraine and especially in the conflict-affected areas.

81 Ministry of Health, Rapid Health Facility Assessment (RaHFA) in the government-controlled areas of Donetsk and Luhansk Oblasts, April 2020. None of the facilities have PPE for patients, and 8 per cent of them do not have them for their staff.

82 *ibid*, Key informant interviews, April 2020.

83 An example is the Health Alert and Emergency Coordination Centre created in Spain.



UNFPA DOMESTIC VIOLENCE MOBILE UNITS. SOURCE: UNFPA, 2020.

(a) Domestic violence and sex and gender-based violence

Monthly calls to helplines dedicated to domestic and SGBV tripled⁸⁴ from one month to another during the lockdown period. In 2018, 91,000 women reported SGBV.⁸⁵ The police reported 4,023 cases of domestic violence in April in one of the conflict-affected districts (Donetska) alone; this figure represents two-thirds of all cases reported in the district in 2019.⁸⁶ In addition, the Ministry of Social Policy and United Nations Population Fund (UNFPA) estimate that: (i) there are 1.1 million women survivors of SGBV every year because violence against women in Ukraine is widespread and systemic; (ii) it is highly likely that the number has considerably increased due to the lockdown measures.⁸⁷ Further, children and older persons are also more likely to be subjected to domestic violence when confined with stressed and abusive family members.

(b) Limited outreach and availability of shelters

UN Women investigations on SGBV services revealed that survivors, especially in conflict-affected areas, did not call for help because many did not know about the existence of the helpline, and they were trapped in the house around the clock in close contact with their perpetrators and could not safely reach out for help.

There is a direct correlation between stress, unmet needs and domestic violence.⁸⁸ The confinement and stress caused by the consequences of the lockdown can lead to an escalation of violence within abusive relationships.

Lack of shelters. Survivors from the 12 districts without any established shelters were unable to access safe living conditions and remained at risk of a further continuation of violence and abuse.⁸⁹

84 Slavic Heart, helpline data from April and March 2020, in collaboration with UNHCR.

85 Ministry of Social Policy (2018). Retrieved from UNFPA. 16 July 2020. Available at <https://ukraine.unfpa.org/en/GBV2>.

86 UNHCR and Slavic Heart, 2020.

87 Data disaggregated by disability or ethnic group are not collected by official statistics or helplines.

88 UN Women (2020). Rapid Gender Assessment of the COVID-19 Impact in Ukraine.

89 *ibid.*

While over one quarter of the perpetrators witnessed or survived acts of domestic violence in their childhood, it is important to recall that Ukraine has the 7th highest male suicide rate (34.5 cases per 100,000 inhabitants) and the 6th highest male alcohol consumption rate in the world (22 pure litres annual per capita [APC] consumption of pure alcohol, 15+ yrs).⁹⁰

The share of people who reported to expert councils that, in the last 12 months, they had personally faced sex-based discrimination increased from 58.3 per cent in 2017 to 75.0 per cent in 2019. There has been a persistent problem of multiple discrimination, with a biased attitude to certain population groups and representatives, shaped at the intersection of several grounds – sex, age, ethnicity, disability, residence locality, etc.

Source: VNR 2020.

(c) Self-harm and depression

From January to April 2020 alone,⁹¹ 1,860 persons died from self-harm. This does not include deaths from substance abuse, which would bring the number of deceased to 3,370.⁹²

The mental health of the population needs to be supported urgently through adequate preventive measures and a capillary network of support services, especially during lockdown periods when social distancing means less contact with family and friends, and thus no support networks that can intervene when depressed or distressed patients need help.

Like other countries, the economic downturn that COVID-19 caused will increase the number of people that will be affected by mental health issues and will attempt suicide due to indebtedness and job loss.⁹³

The UN Women Rapid Gender Assessment (RGA) reported that both men and women experienced an increase of tensions and violence among friends or neighbours. Women experienced cruel and biased treatment by particular social groups and an increase in abuse and forms of prejudice (e.g. racism, xenophobia) in the areas they lived.

B. Response

Government response in the health sector included a vast array of measures, including: the mobilization of additional funds for the sector from a variety of domestic and international sources (the latter described under Pillar 4); the adoption of PHSM to ensure the continuity of essential services; and public health reform while addressing the differences in response capacities at the regional level.

(i) The role of the United Nations Country Team

The UNCT's response followed the guidance of WHO's Operational Planning Guidelines on COVID-19 Strategic Preparedness and Response Plan in the formulation of their support to national authorities. The Team carried out assessments, and providing guidance and capacity building while repurposing their current portfolios, in collaboration with their respective funding agencies and implementation partners, to quickly mobilize as many resources as possible. Support included:

- procurement and distribution of essential and lifesaving medical supplies, medicines and PPE to further containment and treatment of the infection, especially among the most vulnerable population, but also among frontline workers (see example in Box 1);
- the establishment of WASH facilities in social and healthcare facilities, especially in the ECA;

90 WHO (2014). Global Status Report on Alcohol and Health 2014.

91 SSSU [database](#) (accessed on 17 July 2020).

92 *ibid.*

93 WHO (2020). Mental health and psychosocial considerations during the COVID-19 outbreak. 18 March 2020; IASC (2020). Interim Briefing Note, Addressing Mental Health and Psychosocial Aspects, of COVID-19 Outbreak. February 2020.

- the development of measures to support mental health facilities and protect the health of frontline workers, including their training in provision of psychosocial support and mental healthcare;
- assessment of the challenges experienced by PHC providers and NCD services;
- monitoring the availability of TB and HIV services;
- assistance to IPC in hospitals and other institutionalized settings to improve the safety of patients and staff.

Procurement, distribution, outreach, WASH support and information provision involved most of the health partners including FAO, IOM, ILO, UNDP, UNFPA, UNICEF, UNHCR, UNOPS and WHO. Also, WHO, UNICEF and the Joint United Nations Programme on HIV/AIDS (UNAIDS) provided capacity building, technical guidance and programme implementation and monitoring support services to government entities. These entities most frequently involved were: the Ministry of Health (MOH), the Public Health Centre of Ukraine, the State Emergency Services (SES), the national police, local safety and security centres, and the National Health Service of Ukraine.

The next sections provide further details on the health response from both the Government and UNCT.



PPE DELIVERY TO THE KYIV CITY CLINICAL HOSPITAL № 4. SOURCE: WHO UKRAINE

BOX 1. PROTECTION FROM COVID-19 IN THE EASTERN CONFLICT AREA

The United Nations Recovery and Peacebuilding Programme, supported by four United Nations agencies – Food and Agriculture Organization of the United Nations (FAO), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and UN Women – equipped the staff of all main departments of the State Emergency Services (SES), the national police, local safety and security centres, legal aid centres and local courts with motor-sprayers, personal protective equipment (PPE), sanitizers and surface disinfectants. Moreover, it developed a system of emergency video links connecting all regional and local branches of SES and awarded grants to CSOs, local social service providers and local administrations.

UNHCR distributed PPE, sanitizers and hygiene kits to territorial centres, HIV services, youth social services, collective centres for internally displaced persons (IDPs) and shelters for persons living in homelessness. It also provided: social and medical workers with essential medical supplies, bicycles and PPE; emergency assistance for orphans and stateless persons; and water tanks to social institutions. In addition, UNHCR repaired medical and social assistance infrastructure.

(ii) Additional funds

The mobilization of additional financing started in February–March 2020 with allocations from state and local governments. According to the State Treasury, the procurement of goods and services for the country's fight against COVID-19 from 1 March to 30 July 2020 amounted to UAH 4.5 billion, of which UAH 1.7 billion was from the state budget and UAH 2.8 billion from the local budgets. UAH 1.3 billion was spent in July alone.

The funds covered:

- additional payments to medical and other frontline workers such as social workers directly involved in the COVID-19 response;
- procurement of medical equipment, including equipment for intensive care and infectious diseases units and wards, express-tests, *polymerase chain reaction* (PCR) analysers, ventilators, disinfectants, medicines and PPE to ensure preparedness, prevention and response;
- mobilization of mobile teams conducting home testing, pre-hospital emergency care and inpatient care for COVID-19 patients, and rehabilitation and other services remunerated on the basis of the principle *money follows the patient*;⁹⁴
- support to healthcare facilities that provide secondary (specialized) and tertiary (highly specialized) healthcare during the COVID-19 pandemic, including infectious diseases hospitals and laboratories such as the Oblast Laboratory Centres of the Ministry of Health (MOH), the Public Health Centre of the MoH, and the Mechnikov Anti-Plague Research Institute of the MoH.

(iii) Public health and social measures

Like other countries in the world, Ukraine swiftly took public health and social measures (PHSM), also referred to as 'containment' or 'lockdown' measures, at a time when there were only few laboratory-confirmed COVID-19 cases.

The country combined the limitation of social contacts with scaling-up of detection capacities, isolation of suspected and confirmed cases in medical facilities and at home, treatment of cases in medical facilities and a surge in surveillance of pandemic conditions.

Public health and social measures (PHSM) are critical to stopping chains of transmission and preventing outbreaks, particularly while vaccines and therapeutics are not yet available. These measures include: (i) personal measures such as frequent hand hygiene, physical distancing, respiratory etiquette and use of masks; (ii) physical and social distancing measures, such as the cancellation of mass gatherings, teleworking and staying at home; (iii) movement measures, such as limited movement of persons locally or nationally; and (iv) special protection measures for vulnerable and at risk groups.

Source: Based on WHO, 2020.95

(a) WHO assessment of the public health and social measures in Ukraine

WHO assessed the PHSM based on the guidance it provided on 16 April.⁹⁶ In this document, WHO highlights that decisions to tighten, loosen or re-institute PHSM should be based on scientific evidence and real experience, and take into account critical factors such as economic and security-related factors, human rights and food security. These and other factors are taken in consideration when preparing a risk assessment, which needs to be conducted both at the national and local levels. This assessment should be based on a standard methodology that balances the risk of relaxing measures with the capacity to detect and manage a resurgence in cases, and the ability to re-introduce PHSM, if needed. The risk assessment must address the following questions:

- (i) What is the likely impact of adjusting public health and social measures in terms of the risk of case resurgence?
- (ii) Is the public health system able to identify, isolate and care for cases and quarantine contacts?
- (iii) Is the public health system able to rapidly detect a case resurgence?

⁹⁴ For additional details on funding mobilization, refer to WHO's COVID 19 health system response monitor. Available at www.covid19healthsystem.org/countries/ukraine/livinghit.aspx?Section=4.1%20Health%20financing&Type=Section#11Healthfinancing

⁹⁵ WHO (2020). Considerations in adjusting public health and social measures in the context of COVID-19, Interim Guidance. April 2020. Available at https://apps.who.int/iris/bitstream/handle/10665/331773/WHO-2019-nCoV-Adjusting_PH_measures-2020.1-eng.pdf

⁹⁶ *ibid.*

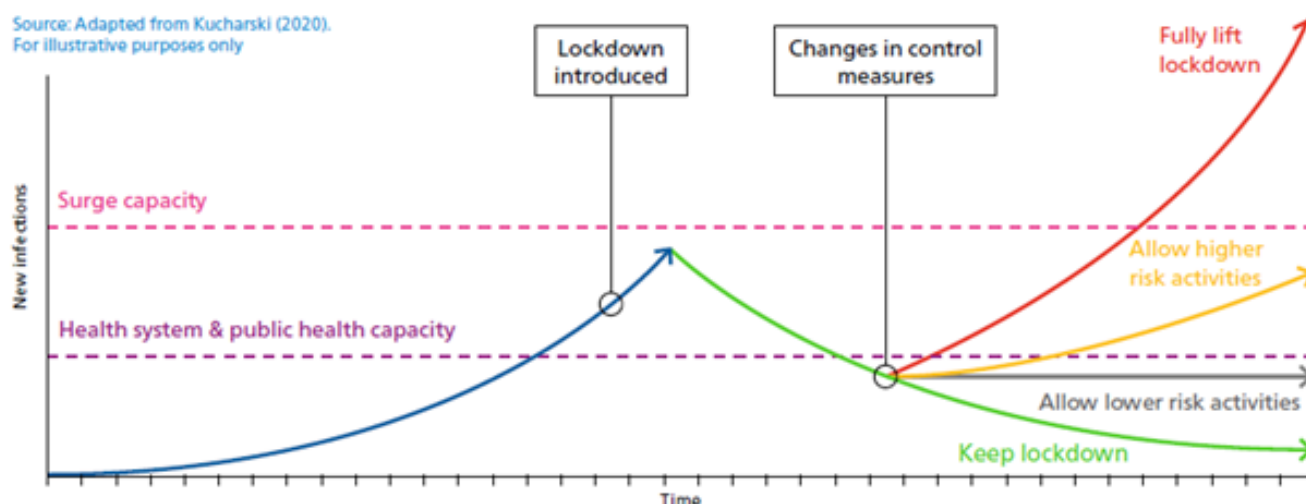


FIGURE 9. POSSIBLE IMPACT OF EASING LARGE-SCALE PHSM

- (iv) Is the healthcare system able to absorb an extra patient load and provide medical care in case of resurgence?

The assessment conducted by the WHO for Ukraine found that the country meets most public health system and surveillance criteria, but does not meet many of the epidemiological criteria.

At present, Ukraine is experiencing 84 per cent more cases than those recorded during quarantine; it reached its highest peak on 25 June, with 1,109 new confirmed cases and significant increases concentrated in some regions.

Figure 9 presents the possible impact of easing large-scale PHSM on the COVID-19 situation in a country.

Three indicators can be used to consider further adjustment to PHSM in Ukraine:

- incidence below 12 cases per 100,000 people;
- hospital bed occupancy rate below 50 per cent;
- testing coverage of above 12 tests per 100,000 people.

According to the above indicators, 12 out of 27 regions of Ukraine do not meet the requirements for adjusting PHSM and thus lifting restrictions.

(b) WHO recommendations on public health and social measures

- Apply stricter PHSM in the most affected regions while continuing to strengthen public health capacities, especially in case detection, contact tracing, and isolation of suspected and confirmed cases.

- Improve essential capacities of the healthcare system to ensure that vulnerable groups can also access healthcare without discrimination.
- Invest in a robust surveillance system to detect, counter or respond to the possible re-emergence of the virus in a timely manner.

(iv) Essential health services

Guaranteeing the continuity of essential services has been the most important concern for the MOH and the National Health Service of Ukraine during the COVID-19 outbreak. WHO experts provided them with technical assistance, guidance and tools to address this priority concern and supported the preparation of the health budget revisions. The revisions enable financing the COVID-19 response, including comprehensive service packages, while maintaining mental health, TB and HIV and essential health services.

(a) Primary healthcare

PHC can play a critical role in slowing the spread of the virus, managing patients with mild or moderate cases, and ultimately, reducing the risk of saturation and eventual collapse of the healthcare infrastructure, particularly of hospitals.

To address an informational gap concerning its role, WHO conducted a study to collect the evidence necessary for policymakers to guarantee the continuity of PHC services as well as to strengthen the role of PHC providers in the COVID-19 response, including through contact tracing.

(b) Mental health

Mental health facilities. The WHO supported the MOH in developing national guidelines for the safe care of patients and protection of staff of mental health facilities. These were followed by a set of recommendations on promotion of psychosocial well-being of healthcare workers during the COVID-19 pandemic.

Mental health training. The WHO developed, field tested and disseminated a training package for health-care workers titled, “Mental Health and Psychosocial Support during COVID-19 Outbreak, Response and Recovery”. The package is based on most recent evidence-based recommendations and best practices, and is available for further uptake at the national level and as a part of the humanitarian response.

Essential mental health services. WHO supported maintaining essential mental health services in selected facilities at the primary and secondary healthcare level, targeting the most vulnerable populations.

(c) Immunization

Catch-up vaccinations. The State Sanitarian Doctor authorized the resumption of immunization services at the end of April. However, it will take time to compensate for the coverage gains lost to the quarantine measures. Coverage was already low before the pandemic, and some groups were excluded altogether.

Remedial policy measures. The MOH and the Public Health Centre of Ukraine took several measures to expedite the catch-up vaccination process based on WHO’s advice, as follows:

- adopted the national recommendations on immunization during the pandemic;
- prepared a webinar series and online materials on several themes such as:
 - international and national guidelines on immunization;
 - decision-making algorithms relating to both routine and catch-up immunization;
 - vulnerable populations and priority groups for vaccination during the pandemic.

In collaboration with nurses working on immunization, WHO produced video materials that highlighted the risks of vaccine-preventable diseases and the importance of being vaccinated during the pandemic. These materials were published by the Nursing Development Centre of the MOH.

Addressing the underlying issues. It is important to address the underlying factors that contribute to limiting coverage, especially at the time of the pandemic. Already at the end of 2019, for example, a pilot survey⁹⁷ conducted by UNHCR found that stateless persons and migrants residing irregularly in Ukraine were unaccounted for and ignored by official statistics because procedures for their registration were overly complicated.

Some of the asylum-seekers assisted by UNHCR find themselves in a situation where they remain undocumented in Ukraine and still cannot return home for a variety of reasons. Since stateless persons or persons with undetermined nationality remain unaccounted for in Ukraine, they are also not immunized. (UNHCR estimates that this involves around 35,000 persons.)

Conducting a regularization campaign, which is currently advocated by the International Organization for Migration (IOM) and supported by UNHCR, accompanied by the adoption of several policy instruments (e.g. Migration Policy and the action plan for the implementation of the National Human Rights Strategy) will not only ensure that the basic human rights of these groups are fulfilled, but will also contribute to the achievement of public health goals such as optimal immunization coverage.

(d) TB and HIV services

Tuberculosis. To mitigate the impact of the COVID-19 pandemic on TB prevention, diagnosis and treatment, WHO monitored service availability, conducted online expert meetings on co-infected patients and supported the introduction of modified treatment regimens, which are shorter and fully oral, for patients with multidrug-resistant TB (TB/MDR).

HIV. To mitigate the impact of mobility restrictions on HIV services, the WHO and the Centre for Disease Prevention and Control (CDC) monitored and maintained regular contact with regional antiretroviral therapy (ART) sites in priority regions and advised on safe service delivery at the time of COVID-19. Together with the United Nations team on AIDS, the WHO also monitors availability of the ART medication in collaboration with the Public Health Centre and NGOs, and informs the MOH with respect to alignment with the WHO pre-qualification criteria.

97 The survey could not include the population of Crimea and NGCA in the sample.

Further, UNAIDS launched a platform (hivservicestracking.unaids.org) to monitor service disruption. The platform produces HIV service delivery statistics and analytics, and identifies shortfalls.

WHO, UNAIDS, International AIDS Society, the Global Fund and the President's Emergency Plan for AIDS Relief (PEPFAR) recommend minimizing unnecessary visits to healthcare facilities during the COVID-19 pandemic by letting patients who are stable on HIV treatment to collect enough medication to cover three or six months.

(e) Regional response capacities and public health reform

Regional differences. WHO, UNDP and the Public Health Centre of the MOH of Ukraine are collaborating to monitor regional public health response to COVID-19, improve coordination across regions, identify good practices, and ensure regional compliance with MOH and WHO recommendations.

Declining health spending. The WHO is supporting the MOH in preparing the annual budget through an analysis of budgetary space for health spending in general and essential health services that are not COVID-19-related. The analysis shows that the share of health in government expenditures has declined since 2015 (from 10.4% in 2015 to 9.2% in 2020), which is indicative of priority setting within the national budget. In real per capita terms, public spending on health remained largely stagnant between 2015 and 2020 (*Figure 10*). It should also be noted that about 75 per cent of the health budget was allocated to paying healthcare facilities' expenses for wages and utilities, leaving only limited resources for improving service delivery.

IMPACT OF LATEST REFORMS ON VULNERABLE GROUPS

As a result of the public health reforms, asylum-seekers have been excluded from access to urgent medical care and examinations once free and available to them. At present, asylum-seekers must pay for these services at the same rate as other foreigners who are temporarily in Ukraine. Most cannot afford to pay however. As it will take several years before they are recognized as refugees or persons in need of international protection, they will not have any access to health care for the whole duration.

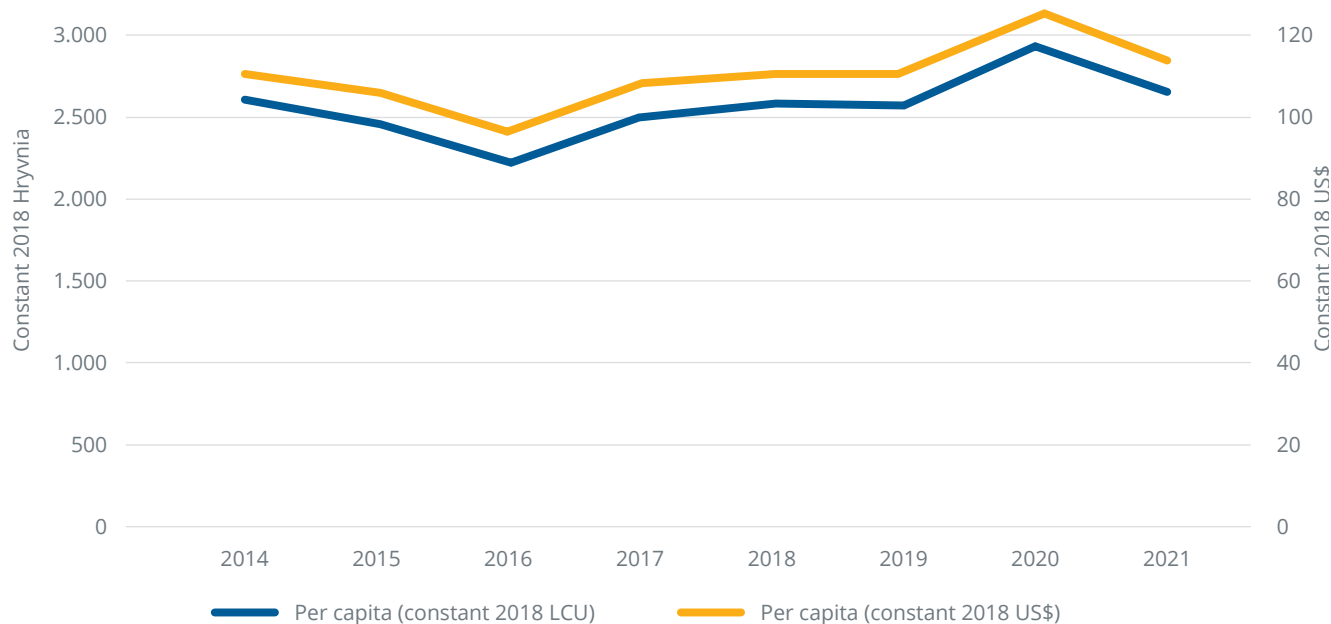


FIGURE 9. HEALTH SPENDING 2015 – 2021 (IN REAL HRYVNIA AND USD)

Sources: State Treasury reports for public spending on health data 2014 – 2019; Ministry of Economic Development and Trade for data on GDP 2020 – 2021.

(v) Access to COVID-19 information and health by vulnerable groups

Access to information. One aspect that emerges from the field surveys relates to the timely availability of COVID-19-related information for vulnerable groups, such as people with disabilities, language minorities, asylum-seekers and refugees; it is important to monitor access to information and whether some are left behind in this matter.

Collection and publication of data. While the MOH publishes information on the confirmed cases to date recorded including information on gender and comorbidity, and on other characteristics such as disability is not available. This information would help better identify and understand the key differences and disparities in infection, access to treatment and health outcomes so as to inform a more effective COVID-19 response.

Access to healthcare. These data serve to understand if the triage protocols put in place discriminates against any vulnerable group in particular, and whether early in the management of the pandemic management, some groups the disadvantaged more than others, particularly older persons and persons with disabilities. These data would help prepare and respond to possible future waves of infection and ensure that no one is left behind. If necessary, current standard operating procedures could be amended.

(vi) Domestic production of PPE and ventilators

On 1 May 2020, President Zelensky communicated the national efforts made to combat the pandemic, which involved the domestic production and supply of tests for COVID-19, together with PPE and ventilators, among other measures. On 4 June, he advised that the Government of Ukraine needed to review and reorganize its programme of activities to take into account the pandemic and its impacts. This also involved banning the export of certain medical essentials, such as facial masks, PPE and ethyl alcohol, in a bid to ensure the domestic availability of these supplies.⁹⁸

In addition to the above trade restrictions, the Government of Ukraine introduced price regulations for a limited period for “20 categories of PPE and medicines, and more than ten types of antiseptics.” As a result, it is necessary to declare “a price increase 30 days in advance if the price rises by 15 per cent or more, 15 days in advance if it increases by 10–15 per cent, and three days in advance if it increases by 5–10 per cent”.⁹⁹

(vii) Domestic production of the COVID-19 vaccine

Given obstacles encountered in the international supply of PPE and medicines, the Government of Ukraine and private manufacturers decided to embark on the domestic production of vaccines against COVID-19.

This initiative could decrease reliance on foreign supplies and possible delays in product receipt. It is also in alignment with the resolution of the United Nations General Assembly adopted in April 2020, known as the ‘Mexico Resolution’,¹⁰⁰ and the Resolution adopted at the 73rd World Health Assembly of May 2020.¹⁰¹

If vaccine development is to proceed in Ukraine, however, it is important that local producers are able to deal with the complexities of product development and the regulatory environment, as well as maintain a reliable long-term market for orders, sales and profit generation. They must also be able to operate transparently for input procurement and other processes, and guarantee that their products meet national and international standards to assure quality and safety for consumers.

As a result, any investment in this production has to be cutting-edge in order to have relevance and remain viable. At present, however, few companies in Ukraine have the capacity to complete the lengthy production cycle needed for fully local stewardship, and even foreign companies need more incentives to localize vaccine production.

In sum, therefore, while domestic vaccine production may be a goal worth pursuing, its realization must overcome many hurdles. The dilemma sheds light on recent comments by the President of Ukraine, noting the need to obtain a COVID-19 vaccine from abroad as soon as it is invented.¹⁰²

98 IMF (2020). Policy Responses to COVID-19. Available at www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#

99 *ibid.*

100 The Resolution promotes fair access to medicines, vaccines and equipment, and discourages speculation and undue stockpiling that can hinder global access to such essential materials.

101 The Resolution called for the intensification of efforts to control the COVID-19 pandemic, equitable access to and fair distribution of all essential health technologies and products to combat the virus.

102 Zelensky, “Ukraine must receive COVID-19 vaccine as soon as it’s invented,” by Oleksiy Sorokin, Kyiv Post. Kyiv, Ukraine. 17 June 2020. Available at www.kyivpost.com/ukraine-politics/zelensky-ukraine-must-receive-covid-19-vaccine-as-soon-as-its-invented.html.

(vii) The COVAX Facility

The COVAX Facility may also be an important development that Ukraine could participate in. The Facility will aim to accelerate the development and production of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world during the initial forecasted period of supply constraint. Through participation in the COVAX Facility, the Government of Ukraine can secure access to a licensed, safe and effective vaccine product, once available, and will obtain this vaccine in quantities for 20 per cent of population (in tranches) at an affordable price or at no cost, and with lesser burden on the entire budget for immunization of high-risk groups.

(vii) Establishing testing capacity

The MOH developed a strategy and an action plan for scaling up testing capacity and established a testing algorithm in partnership with other national authorities and international partners such as WHO, The Centers for Disease Control and Prevention (CDC) and UNICEF. In collaboration with the WHO, it also started monitoring laboratory capacity and collecting information for resource planning and the calculation of supply needs.

Given increasing testing needs and the Government's request, the WHO is continuing to support the delivery of laboratory equipment, reagents and consumables to 25 laboratories in the Oblast Laboratory Centres (OLCs), the Public Health Centre and the Expert Centre at the National Medical Academy of Post-graduate Education.

C. Suggested measures and policy options

The state of the health sector can be considered a barometer for the viability of a country and the quality of societal governance.

While Ukraine has made great strides in achieving several SDG 3 targets, some remain at risk of not being met unless significant resources are committed to them. Underfinancing of the healthcare system remains a significant barrier to both responding to COVID-19 effectively and achieving the SDGs (*Box 2*).¹⁰³

(i) Short-term measures for immediate response

With a sound and reliable health system being the foundation for future action, the following details in Pillar 1 reaffirm its three immediate response priorities:

- (a) **the mobilization of support to maintain essential health services** and systems during and following the COVID-19 outbreak by prioritizing services, shifting delivery and actively managing the health workforce, supplies, data and analytics (sex, age and disability disaggregated)¹⁰⁴ to support essential clinical and outreach services;
- (a) **the reduction of financial barriers** for essential services and accelerating access to PPE and to emerging technologies such as diagnostics, vaccines and treatments that will support the safe delivery of effective essential services;
- (a) **a focus on the most vulnerable** by ensuring the continuity and expansion of services in fragile settings and supporting efforts to fill gaps in tracking and reaching vulnerable populations. Health facilities, goods and services need to be available, physically accessible and affordable to all, without discrimination.

¹⁰³ In real per capita terms, public spending on health remained largely stagnant between 2014 and 2019, and covered mainly an estimated 75 per cent of the healthcare facilities' expenses for wages and utility service payments, leaving few resources for improving the quality and availability of service. Source: Sustainable Development Goals. Ukraine. Voluntary National Review (p. 32). 2020. Available at https://sustainabledevelopment.un.org/content/documents/26294VNR_2020_Ukraine_Report.pdf

¹⁰⁴ There is a limited availability of sex- and age-disaggregated data, thus hampering the analysis of the gendered implications of COVID-19 and the development of appropriate responses.

BOX 2. SDG 3 RELEVANCE TO THE COVID-19 RESPONSE IN UKRAINE**SDG 3 national targets****Relevance**

3.1. Reduce maternal mortality.	Access to sexual and reproductive health (SRH) and maternal and neonatal health (MNH) services prevents hospital overload.
3.2. Minimize preventable mortality among children under 5.	Access to immunization and primary healthcare (PHC) prevents hospital overload.
3.3. End HIV/AIDS and tuberculosis (TB), including through innovative practices and treatments.	Access to TB and HIV services prevents hospital overload.
3.4. Reduce premature mortality from noncommunicable diseases (NCD).	Access to NCD prevention and treatment prevents hospital overload.
3.5. Reduce by one quarter premature mortality, including through the introduction of innovative approaches to diagnosing diseases.	Same as above.
3.6. Reduce serious injuries and deaths from road traffic accidents, including through innovative practices of resuscitation, treatment and rehabilitation after road traffic accidents.	Increasing availability of hospital beds, especially in intensive care units (ICUs), and ventilators in response to COVID-19, and reinstating rehabilitation services will partly support the achievement of 3.6.
3.7. Ensure universal, quality immunization with innovative vaccines.	Immunization against main diseases will decrease the demand for hospital services and free healthcare resources for the COVID-19 response. In addition, the capillary network of immunization offices will play a fundamental role in ensuring that the population is immunized when a COVID-19 vaccine finally becomes available.
3.8. Reduce the prevalence of smoking among the population through innovative media to inform about the negative effects of smoking.	The damaging effect of smoking on pulmonary health is well known, and lungs are one of the target organs of the COVID-19 virus.
3.9. Reform healthcare financing.	This is fundamental for COVID-19 response in the short and medium term until universal immunization is achieved.

Within these three main priorities, the following suggestions are offered:

(a) Personal protective equipment, tests and ventilators

- In order to overcome the current scarcity of PPE, tests and ventilators, **facilitate trade** of these items and support domestic production and distribution.

Local clinical management

- **Issue local clinical management guidelines** for the treatment of COVID-19 patients and regularly review them based on new data on treatment efficacy.

(b) Healthcare workers and frontline workers

- Ensure that all healthcare workers and frontline male and female staff are adequately **equipped** to protect themselves from the virus, have **expanded access to mental health services and psychosocial support** and are **trained in IPC. Ensure also that they work in safe environments and are provided with psychological first aid** and support.

(c) Essential health services

- **Prioritize context-relevant essential health services** to continue to avert indirect morbidity and mortality, and prevent the acute exacerbation of chronic conditions during the acute phase of the COVID-19 pandemic.

- **Balance the benefits of specific activities with the risks they pose for virus transmission.**

High-priority categories include:

- essential prevention and treatment services for communicable diseases, including immunizations;
 - services related to SRH and MNH;
 - core services for vulnerable populations, such as infants and older adults;
 - provision of medications, supplies and support from healthcare workers for the ongoing management of chronic diseases, including mental health conditions;
 - critical facility-based therapies;
 - management of emergency health conditions and common acute presentations that require time-sensitive intervention;
 - auxiliary services, such as basic diagnostic imaging, laboratory and blood bank services.
- **Suspend any co-payments or user fees at the point of care for essential health services** for all patients including asylum-seekers and applicants for the statelessness determination procedure, compensating public and contracted private providers by advancing provider payments where feasible.

(d) Public health and social measures

- **Adjust the PHSM to the epidemiological situation** and ensure that the governments of the most affected regions enforce stricter PHSM until their caseload has decreased to the required levels.

(f) Domestic violence and sex and gender-based violence

- **Ensure that referral pathways for domestic and SGBV prevention and response are clearly and widely communicated and functioning**, especially during lockdown measures, and support the establishment of shelters in the districts that lack them.

(e) Ceasefire

- **Enforce adherence to the agreed ceasefire** and respect for the withdrawal lines,¹⁰⁵ and reinstate peace negotiation efforts as early as possible.

(g) Access to information

- **Inform the public about the risk of procuring substandard and falsified medicines** from sources that have not undergone official screening processes.
- **Provide timely information on how to prevent virus transmission** and what health services are available to those who are unwell, using platforms that are accessible to all persons with disabilities and in minority languages.

(ii) Long-term policy options to recover better

(a) Health system reform

- **Continue prioritizing healthcare system reform**, not only as an important aspect of the efforts to achieve sustainable development in Ukraine and accelerate progress on the national indicators, but also to ensure that the management of the COVID-19 pandemic is successful and leaves no one behind.
- Ensure that **adequate financial resources are allocated to the reform** and use **gender-responsive budgeting** methods.

(b) Essential health services

- **Generate a Ukraine-specific list of essential health services** based on WHO guidance.
- **Address the specific needs and barriers of vulnerable populations** when reviewing the Programme of Medical Guarantees and its implementation.
- **Identify routine and elective services that can be suspended or relocated** to less affected areas.
- Create a roadmap for the **progressive reduction and restoration of services** as pressure on the health system surges and recedes over the course of an epidemic.
- **Anticipate restoring suspended services based on changing needs** as PHSM are gradually eased, and address any new barriers to access.
- **Ensure the continuity of risk reduction** and mitigation measures for COVID-19 transmission, strengthening IPC programmes to implement priority measures in all health service delivery programmes.

- **Conduct functional mapping of health facilities** for acute, chronic and long-term care, including those in public, private (commercial and non-profit) and military systems.
- Take into account repurposed facilities, **ensure that 24-hour acute care services are available at designated first-level hospital emergency units** (or similar), and also ensure public awareness of these changes.
- **Coordinate primary care support, adjust hospital admission and discharge protocols** as appropriate and safe to limit duration of inpatient stays.

(c) Substandard and falsified medicines

- **Establish an information and monitoring platform** that enables collaboration with National Registration Authorities (NRAs) from neighbour countries, and facilitate the global effort to prevent substandard and falsified medicine circulation.
- **Take extraordinary measures in different areas of medicine regulation** such as inspections of manufacturing facilities, pharmacovigilance corrective and preventive action plans, as well as control of good manufacturing practice (GMP) and good clinical practice (GCP) certificates.
- **Promote digital transformation of regulatory processes and build capacities of NRA** in this regard.
- **Monitor, assess and prepare for shortages of active pharmaceutical ingredients (API)** in generic manufacturing.

(d) Protection of healthcare workers

- **Collect and publish data** related to healthcare workers engaged in the COVID-19 response, disaggregated by sex and categories.
- **Establish a special observation regime for healthcare workers** who care for COVID-19 patients. This should ensure optimal working and resting conditions and protection of their families from infection.
- **Develop tailored support services for frontline workers** caring for children and/or older family members.

(e) Data on health outcomes

- **Collect and analyse data to investigate the biological and/or social mechanisms underlying differences in terms of incidence, fatality and health outcomes.** Data should be disaggregated by age, gender, co-morbidity and disability and by other variables of health outcomes with a view to identifying specific preventive strategies and therapeutic targets.

(f) Financing

- **Increase and protect health expenditure** to ensure an adequate COVID-19 response and equitable access to quality healthcare in post-COVID Ukraine.
- **Monitor health budget allocations** and execution from the central and local budgets, and how they address SDG targets.
- **Prioritize financing to PHC, SRH, MNH, public health and accessibility to an agile and modern hospital network with a strong IPC programme.**
- **Review payment methods for providers in the context of epidemics,** taking into account lessons learned from other countries and Ukraine.

(iii) Recommendations for development partners

It is essential that health partners continue to support:

- **evidence-based analysis and policy formulation** that are gender- and human rights-responsive, including those relating to financial resource allocation, and rapid technical guidance for health services;
- **programme implementation and technical assistance;**
- **tracking and reaching vulnerable populations** to expand access to essential health services.

Social protection consists of systematic interventions aimed to relieve households and individuals of the burden of risks in the fulfilment of their basic needs. These interventions are concerned with prevention, management and overcoming of situations that adversely affect people's wellbeing and basic living standards. They take the form of policies and programmes designed to reduce poverty and vulnerability.

The most common types include:

- **labour market interventions**, designed to promote employment, the efficient operation of labour markets and the protection of workers;
- **social insurance**, mitigating risks such as unemployment, ill health, disability, work-related injury and old age;
- **social assistance** transferring resources to vulnerable individuals or households with no or limited means to fulfil their basic needs.¹⁰⁶

In the context of a crisis, social protection is a critical tool for facilitating access to healthcare and basic economic and social rights, especially for the most vulnerable and marginalized. The right to social protection requires that support be provided without discrimination. When developing social protection measures, it is therefore fundamental to understand the existing forms of vulnerability and how they intersect with discrimination and make the barriers between people and their basic rights insurmountable.

This chapter:

- elaborates on the most important impacts experienced by the population as a result of the pandemic: income contraction and poverty, rise in unemployment, women's increased burden of unpaid work in the care economy, and the diminished access to education experienced by children and youth;
- reviews the impact of school closures and the distance learning modality adopted by the school system.
- reviews the social protection measures taken in response to date that had limited coverage and outreach and the UNCT contributed to compensate by focusing on the more marginalized and hard to reach groups, especially in ECA.

Offers the following main recommendations:

- Integrate human rights and gender equality perspectives in the analysis of social protection gaps and map all vulnerable groups before social protection measures are developed during and after the crisis.
- Involve representation of social partners and vulnerable groups in the development of social protection measures and in the reform of the system.
- Prioritize transforming the social protection system as a vital response measure to the pandemic and the resulting socio-economic situation.
- Adapt targeted methodologies to ensure incomes for informal workers and women working in feminized sectors (teaching, retail, restaurants, hospitality/tourism), and relieve women from the extra burden of unpaid care work.
- Expand coverage and increase existing cash grant schemes as part of social protection packages and simplify eligibility rules and administrative procedures.
- Identify social protection financing from international and national sources.
- Ensure that distance learning uses platforms that are accessible to all children. Support and train teachers to teach using online learning tools.
- Provide inclusive WASH, nutrition, mental health and psychosocial support, especially for children with disabilities and their families.

Source: Depositphotos, 2020





VI. Pillar 2: Protecting people – Social protection and basic services

A. Impact

(i) Exposing structural vulnerabilities

Globally, the COVID-19 crisis exposed the weaknesses of all social and economic systems, but especially those where investments in fundamental public services such as healthcare and social protection are not sufficient to protect and care for all and do so effectively. This also is true in Ukraine, where these two sectors are chronically underfunded, the education system causes a mismatch between skills and job opportunities, and many livelihood systems depend heavily on jobs in the informal sector and remittances.

(ii) Reversing development gains

The five main groups of impacts that emerged with the COVID-19 pandemic include:

- a considerable **income contraction** and a corresponding **increase in poverty**;
- a **rise in unemployment** and **multiplied demands on the social protection system**;
- **women's increased burden** of unpaid domestic and care work;
- **diminished access to education** due to school closures and the modality of distance learning, and
- **psycho-social stress and violence**.

These compounded impacts are threatening to reverse the achievements made towards the SDGs, in particular SDGs 1, 4, 5 and 10.

(iii) Income contraction and poverty

(a) Poverty before the COVID-19 crisis

In 2018, in Ukraine, the overall poverty rate was 43.2 per cent, and the child poverty rate, 49.9 per cent.¹⁰⁷ (Figure 11). In 2019, around one half of Ukrainians were financially unprotected¹⁰⁸ and could not afford unexpected, necessary household expenditures.¹⁰⁹ In addition, around one fifth of Ukrainians (21.1%) could not pay rent, mortgage, debts or utility payments in full and on time¹¹⁰ (Figure 11).

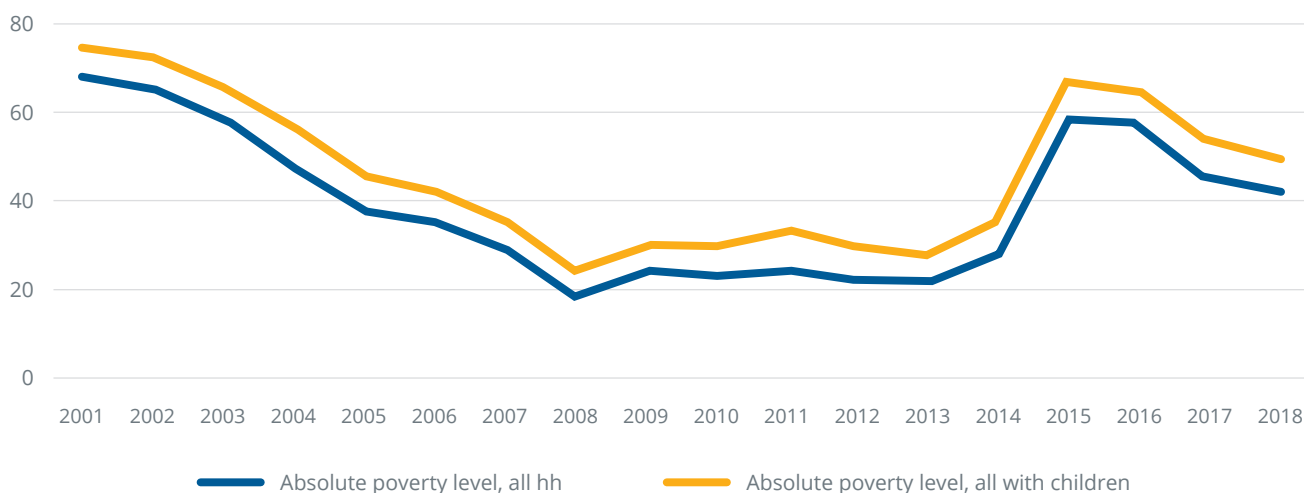


FIGURE 11. POVERTY RATE OF ALL HOUSEHOLDS AND HOUSEHOLDS WITH CHILDREN IN UKRAINE, 2001–2018

Source: State Statistics Service of Ukraine, Household Budget Survey.

107 Adult equivalent expenditure below actual subsistence minimum. Available at www.ukrstat.gov.ua

108 Самооцінка домогосподарствами доступності окремих товарів та послуг, 2019. Available at www.ukrstat.gov.ua

109 For comparison, this indicator was 32.5 per cent in the 28 European Union countries (EU-28).

110 For comparison, this indicator was 8.9 per cent in the EU-28.

(b) Poverty after the COVID-19 crisis

On 29 March 2020, the Cabinet of Ministers of Ukraine made the following macroeconomic projections¹¹¹ relating to the impact of GDP contraction on poverty (see Figure 12¹¹²):

The less severe scenario

- (i) **Absolute poverty** is expected to increase by 5.8 per cent (from 37.8% to 43.6%) in 2020. If considering projections for the 2020 poverty rate pre-COVID-19, the increase is even much more substantial: 16.4 per cent (from 27.2% to 43.6%).
- (ii) **Child poverty** is expected to increase by 6.8 per cent (from 44.5% to 51.3%) in 2020. Also in this case, the increase is steeper if one considers pre-COVID-19 projections: 18.4 per cent, (from 32.9% to 51.3%).

The more severe scenario

- (i) **Absolute poverty** is expected to increase by 13 per cent (from 37.8% to 50.8%) in 2020. Taking into consideration pre-COVID-19 projections, the increase is 23.6 per cent (from 27.2% to 50.8%).
- (ii) **Child poverty** is expected to increase by 14 per cent (from 44.5% to 58.5%) in 2020. It will increase by 25.6 per cent (from 32.9% to 58.5%) if one considers pre-COVID-19 projections.

As a result, Ukraine can expect an increase in number of poor people from 6.3–9 million, of whom 1.4–1.8 million will be children. Should the more severe scenario materialize, poverty reduction gains achieved in Ukraine since the crisis of 2015 will be lost by at least three years.¹¹³

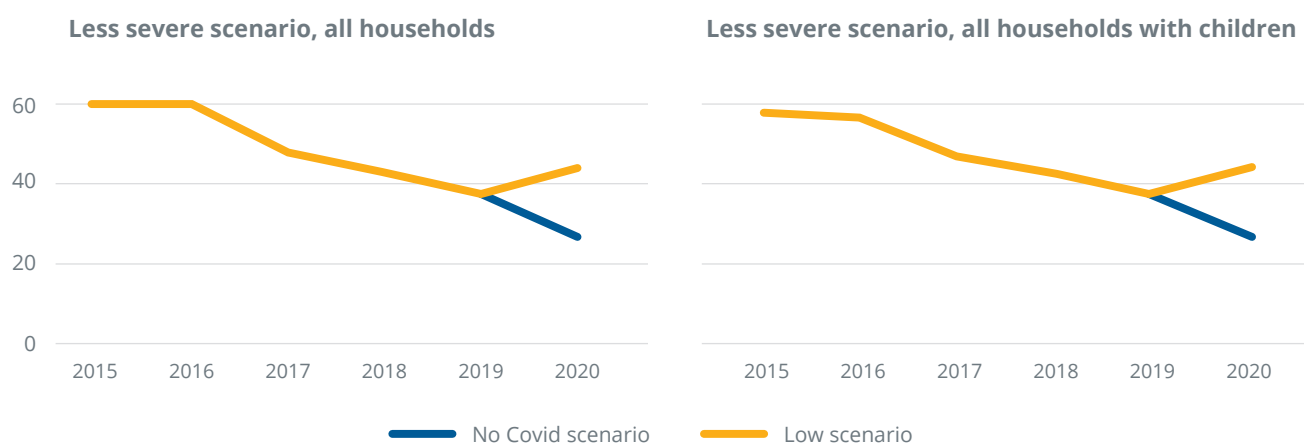


FIGURE 12. POVERTY RATE OF ALL HOUSEHOLDS (LEFT) AND HOUSEHOLDS WITH CHILDREN (RIGHT) IN UKRAINE, PROJECTIONS FOR THE LESS SEVERE SCENARIO

(c) The hardest hit

The most vulnerable families in terms of the socio-economic impact of COVID-19 are those who cannot diversify their income sources, and lack savings to buffer the crisis or access to social protection.

It is highly likely that the most severely impoverished categories of households will be:

- households with high dependency rates including households with three or more children, with children below 3 years of age, with older, sick members, and/or members with disabilities;
- households that lost income sources from the informal sector, overseas migration, and/or face specific barriers (language, identity and other documents, housing) required by the formal sector and the social protection system to allow access to opportunities;

111 Government of Ukraine portal. Available at www.kmu.gov.ua/npas/pro-vnesennya-zmin-do-postanovi-kabinm2903020etu-ministriv-ukrayini-vid-15-travnja-2019-r-555 (in Ukrainian).

112 UNICEF (2020), based on 2019 Household Budget Surveys of the State Statistics Service of Ukraine.

113 UNICEF estimates based on government projections, 2020.

- single-headed households, particularly if they have children with disabilities, and single pensioners above 65 years of age, especially if they live with disabilities;
- households in rural, remote settings and/or conflict-affected areas.

Tables 3, 4 and 5 summarize these findings considering only the 2018–2020 period and describe the number of additional people falling into poverty by social category.

TABLE 3. ESTIMATED ABSOLUTE POVERTY LEVEL OF ALL HOUSEHOLDS AND OF HOUSEHOLDS WITH CHILDREN IN UKRAINE, BY SCENARIO, 2018–2020

Scenario	Absolute poverty, all households (%)			Absolute poverty, households with children (%)		
	2018	2019*	2020*	2018	2019*	2020*
Less severe	43.2	37.8	43.6	49.9	44.5	51.3
More severe	43.2	37.8	50.8	49.9	44.5	58.5
Baseline (without COVID-19)	43.2	37.8	27.2	49.9	44.5	32.9

Source: UNICEF's estimates based on 2019 Household Budget Surveys of the State Statistics Service of Ukraine.

TABLE 4. NUMBER OF ADDITIONAL PEOPLE WHO HAVE FALLEN INTO POVERTY IN 2020 AS A RESULT OF INCOME CONTRACTION (NO COVID-19 SCENARIO)

Scenario	All households, no. of people	Households with children, no. of people	Children
Less severe	6 294 000	3 771 000	1 388 000
More severe	9 054 000	5 244 000	1 859 000

Source: UNICEF's estimates based on 2019 Household Budget Surveys of the State Statistics Service of Ukraine.

TABLE 5. ESTIMATED ABSOLUTE POVERTY RATE OF HOUSEHOLDS IN UKRAINE, BY HOUSEHOLD CATEGORY AND SCENARIO, 2019–2020

Household category	2019%	2020 Baseline (without COVID-19),%	2020 Less severe %	Increase (%)
Households with children	44.5	32.9	51.3	18.4
Households without children	30.2	20.6	34.7	14.1
Single adults below 65 years of age	18.5	15.9	24.6	8.7
Single adults above 65 years of age	32.0	31.8	45.6	13.8
Single parents	42.1	32.7	71.3	38.6
Households with children below 3 years of age	51.1	43.3	62.6	19.3
Households with three children or more	63.8	49.0	70.6	21.6
Total	37.8	27.2	43.6	16.4

TABLE 6. PROPORTION OF HOUSEHOLDS FALLEN INTO POVERTY DUE TO COVID-19, BY CATEGORIES (%)

Household categories	Share of total new poor (%)
Households with children	59.9
Households without children	40.1
Single adult above 65 years of age	3.4
Single parent with children	5.5
Household with children below 3 years of age	13.1
Households with three or more children	3.2
Total	100

(d) Feminization of poverty

Gendered poverty profiles. Although poverty data are not disaggregated by gender nor computed by household as a unit, some early evidence proves that poverty profiles are clearly gendered.¹¹⁴

Statistical assessment of poverty by gender is limited in Ukraine, because the national methodology is targeted at households as units of measuring. The most reliable results of a gender-based assessment of poverty can be obtained for single-person households only. Based on a 2013 household survey, there are more female-headed households in Ukraine in most age groups, except in the age group 25–39. Among the population aged 65 and over, 65 per cent are female-headed households; this percentage rises to 80 per cent among households led by single-persons aged 56 and over.

Source: World Bank, Country Gender Assessment for Ukraine, 2016.

Multidimensional poverty of women. Ukraine's VNR highlights that women face higher risks of multidimensional poverty due to lower average incomes, both in terms of wages and pensions.

Women's heavier burden. Given women's role in the care economy and unpaid domestic work, they depend more on social assistance than men. This is based on prevailing gender roles that constitute a further obstacle to their participation in the labour market in general.

Older women. The largest number of poor women are among pensioners. Women constitute 62 per cent of the persons above the statutory pensionable age.¹¹⁵ This is due to the limited available financial resources to the pension system given the high demographic burden of the country and the prevalence of informal work, especially women's work.

Single mothers. The second largest number of poor women are single mothers (about one in five mothers), who make up around 92 per cent of single parent households¹¹⁶ and are among the most vulnerable.¹¹⁷

(iv) Rise in unemployment

It is noteworthy that, in April 2020 alone, the number of newly registered unemployed workers increased markedly, by 150,000 (almost three times the 2019 average), reaching a total of 440,000 workers, of whom 57 per cent were women and 82 per cent received unemployment insurance benefits amounting to UAH3,715 (EUR127), which is not adequate to secure basic needs. However, the actual number of unemployed is far higher, considering the predominantly informal nature of the labour market in Ukraine.

(v) Women's increased burden of unpaid domestic and care work

As pointed out in Chapter IV, as unpaid workers, women usually fill the gaps in social protection services and care for children, sick and older family members. The high gender gap of around 32 per cent among economically inactive women and men (45.8% vs. 14.2%) has been explained by women's "voluntary" withdrawal from the labour market and their engagement in household duties.¹¹⁸ Based on the UN Women RGA, however, women and girls face an extra burden due to school and other social and health services closures.

Around seven out of ten women who worked from home and had preschool and primary school age children were also in charge of domestic work and the care economy, while around 8 out of 10 oversaw their children's education on their own.¹¹⁹

While women may long be trapped in an inactive status or in the most vulnerable forms of employment in the informal and gig economy, the global estimates indicate that, if a monetary value is assigned to women's unpaid work, it would constitute between 10 and 39 per cent of a country's GDP.¹²⁰

¹¹⁴ World Bank (2016). Country gender assessment for Ukraine. Kyiv, Ukraine.

¹¹⁵ Ukrainian society: Migration dimension. National Report. Key findings. National Academy of Sciences of Ukraine. Available at www.idss.org.ua/arhiv/Ukraine_migration.pdf

¹¹⁶ Ukraine State Statistics Service. (2018). Socio-demographic characteristics of households in Ukraine in 2018. Statistical Bulletin, 2018. Available at http://ukrstat.gov.ua/druk/publicat/kat_u/publzhahist_u.htm

¹¹⁷ *ibid.*

¹¹⁸ *ibid.*

¹¹⁹ UN Women (2020). Rapid Gender Assessment of the COVID-19 Impact in Ukraine, June 2020.

¹²⁰ UNRISD, Research and Policy Brief 9: Why Care Matters for Social Development. Available at [www.unrisd.org/80256B3C005BCCF9/\(httpAuxPages\)/25697FE238192066C12576D4004CFE50/%24file/RPB9e.pdf](http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/25697FE238192066C12576D4004CFE50/%24file/RPB9e.pdf);

(vi) Diminished access to education

Like all other European countries, by mid-March 2020, Ukraine closed all education facilities to contain the COVID-19 pandemic.¹²¹ This measure would keep around 6.5 million children at home at least until September,¹²² thus making distance learning the only way for them to continue their education.

While necessary to contain the virus transmission, interrupting education services has severe consequences on learning and health outcomes, economies, and societies due to increased inequality and reduced social cohesion.¹²³ These consequences need to be taken consideration during both emergency management and recovery planning.

(a) Children's food security and nutrition

For many vulnerable families, COVID-19-related school closure has put the food security and nutrition of preschool and other school children at risk due to the lost access to school feeding. The situation worsened, since many of these families lost their income due to the quarantine. Many parents lack knowledge and understanding of how to organize a child's day at home and facilitate home learning. Single mothers struggled the most with the financial and practical repercussions of school closures.

(b) Capacity to deliver distance education

Despite the Government's efforts, many teachers and family members were not able to implement distance education; some schools did not know how to make online content useable; and many teachers lacked the skills to teach online.

(c) Inclusion

Many children living in conflict-affected areas or remote settlements, from low-income, Roma or other minority households, and/or with disabilities, were not able to access distance education because they did not have access to connectivity and/or computer equipment or used a platform or modality they could not use or they did not master well the language of the contents.

(d) Children in boarding schools and special education facilities

Around 42,000 children, including children with disabilities who normally attended special education facilities or rehabilitation centres, were sent back home from the boarding schools and other child-care institutions as a result of COVID-19 measures taken by the Government.¹²⁴ This was imposed without prior verification of the children's family conditions. Moreover, the lack of PPE for social workers and child protection professionals hindered their ability to conduct follow-up assessments and monitoring these families, many of whom were at risk and in difficult economic conditions.

As a result, the activities that were usually delivered by trained service providers became the responsibility of parents who did not have the experience, qualifications or training to take over. In addition to their education, parents became responsible for their care full-time, on their own, and often in conditions of limited physical space. Consequently, parents were physically and mentally overworked, and in dire need of support and emotional recharge.

(e) Obstacles to re-opening

Rapid consultations with education officials confirmed the limited preparedness of schools and preschools to adhere to safety protocols required for reopening.¹²⁵ They lack disinfection supplies, PPE, technical guidance, tools and equipment to conduct either quality distance learning, or implement social distancing measures in schools, or a combination of both.

According to the recent U-Report polls on distance learning,¹²⁶ 70 per cent of respondents confirmed increased workload and pressures. Based on the UN Women RGA, this is mainly true for women who are the primary carers and facilitators of online learning because their partners' support in these matters is against prevailing gender roles.

121 Government of Ukraine (2020). https://mon.gov.ua/storage/app/media/news/Новини/2020/03/11/1_9-154.pdf (in Ukrainian).

122 With the exception of most pre-schools, kindergartens were re-opened in most regions at the end of May.

123 UNICEF (2020). Framework for Re-opening Schools. April 2020. Available at www.unicef.org/media/68366/file/Framework-for-reopening-schools-2020.pdf

124 UNICEF estimates, 2020.

125 UNICEF (2020). Field surveys from UNICEF. Unpublished.

126 U-Report, Ukraine (2020). Poll. April 2020. Available at <https://ukraine.ureport.in/opinions> (in Ukrainian)

B. Response

(i) Role of the United Nations Country Team

(a) The multiplying demands on the social protection system

The UNCT supported the country in meeting the multiplying demands on the social protection system emerging as a result of the pandemic, and in expanding outreach and access to assistance for the most vulnerable and hard-to-reach groups, such as the populations living in the conflict-affected areas. It also involved capacity-building and implementation support to various government entities, at various levels, and technical assistance and guidance such as that which emerged from ILO's review of the Ukrainian pension system, how it was affected by the crisis and how to best reform it.

(b) The practical needs of the most vulnerable

IOM, UNFPA, UNDP, UNHCR, UNICEF and UN Women are providing cash and in-kind assistance. They are also conducting various socio-economic assessments to formulate appropriate responses to emerging needs, and webinars and online training courses to build capacities, increase knowledge and raise awareness on specific topics such as domestic and SGBV. Furthermore, they are also providing specific services such as domestic and SGBV mobile units, hotlines and psychosocial support in underserved areas. Finally, UNICEF analysis on poverty and social protection is currently raising awareness on the impacts of COVID-19 on families with children.

(c) Social protection partners

Most interventions involve the Ministry of Social Policy, the Ministry of Youth and Sports, the Ministry of Education and Science, the Ombudsperson's Office, the National Civil Service Agency of Ukraine, the Ministry of Reintegration and Temporarily Occupied Territories, the Ministry of Education and Science, State Migration Services, the national gender mechanism, and local administrations.

They also involve many local NGOs and CSOs dedicated to protecting human rights and women's empowerment, and reaching out to the most vulnerable groups.

(d) Education partners

In the education sector, UNICEF provided IPC equipment for schools, technical assistance and learning materials for distance education. It also provided as well as guidance on child protection, and on communicating with people with disabilities and mainstreaming disability in the COVID-19 response.

The sections below provide further details on the Pillar 2 response from the Government and the UNCT.



(ii) Social protection

The Government of Ukraine took swift action to mitigate the impact of the pandemic and the consequences of the lockdown on the most vulnerable. Amendments to the Law on the State Budget 2020 ensured additional funding for social protection measures that involved social insurance, social assistance and labour market regulations. Table 7 presents the most important measures.

TABLE 7. SOCIAL PROTECTION MEASURES TAKEN IN RESPONSE TO THE COVID-19 PANDEMIC

1. SOCIAL INSURANCE
a) <i>Paid sick leave.</i> All employees now have the right to compensation (temporary disability benefit) for lost earnings for the period of stay in healthcare facilities, as well as in self-isolation under medical supervision. The amount of temporary disability benefit is determined at 50 per cent of the average wage (income) regardless of the length of service (estimated number of recipients, 5.8 million). ¹²⁷
b) <i>Pensions.</i> A monthly pension allowance of UAH500 (\$19) was provided for 1.5 million pensioners aged of 80 years or older and whose pension payment does not exceed UAH 9,205 (\$341).
c) Unemployment benefits are paid without a personal visit to the employment centre and increased from UAH650 (\$24) to UAH1,000 (\$37) per month. The maximum unemployment benefit under this measure is equal to a four-fold subsistence minimum. All unemployed persons are eligible, including graduates of educational institutions, informal workers, IDPs and workers dismissed due to absence, regardless of the number of years worked and the level of social insurance contributions. They only qualify, however, for the minimum amount of UAH1,000.
d) Partial unemployment benefits for each hour that the employee has lost to COVID-19, which amounted to two thirds of their hourly wage, but not more than the minimum monthly wage (\$175). The partial unemployment benefits were provided for the period of quarantine and for 30 days after it was lifted.
e) <i>Social security contributions.</i> From 1 March to 31 May 2020, individual entrepreneurs, persons pursuing independent professional activity, and farmers were exempt from paying social security contributions and from the single social tax.
f) <i>Social insurance</i> as temporary compensation for the income losses faced by COVID-19 patients. All insured employees are eligible to receive 50 per cent of their average wage, regardless of seniority, starting from the sixth day of the confirmed temporary incapacity to work. The first five days are financed by employers. However, this applies only to officially employed people.
2. SOCIAL ASSISTANCE
a) <i>Cash-based transfers</i> aim to support children of individual entrepreneurs for the period of quarantine and for one month after it was lifted. About 300,000 households will receive subsistence minimum amounts for each child up to ten years of age (for children under six years of age, UAH1,779 (\$66); for children 6 to 10 years of age, UAH2,218 (\$82).
b) <i>Social support</i> is provided for 100,000 low-income people who lost their jobs during quarantine; the average monthly amount for people with children will range from UAH2,800 (\$104) to UAH3,020 (\$112).
c) The provision of housing and utility subsidies would not be revoked during the crisis; additional measures for workers who had lost their jobs due to the quarantine and additional compensation for utility costs increased due to a higher consumption when confined at home (electricity, natural gas for cooking and heating water, water, sanitation).
d) One-off cash transfers of UAH1,000 (\$37) for 10 million pensioners who have a pension of up to UAH5,000 (\$185) and to about 600,000 beneficiaries of state social assistance including: persons with disabilities; children with disabilities; vulnerable persons who are not entitled to any other pension; persons with disabilities; and persons who have reached retirement age but are not entitled to a pension.
e) Food vouchers. The Ministry of Social Policy, together with the National Network of Grocery Stores ATB, provided vouchers for food kits to single persons and people living alone, people aged over 80, older persons in need of care, and persons with disabilities.
f) An information platform was created (https://dopomoga.msp.gov.ua/) to provide information on the needs by vulnerable households, such as single, older persons, persons with disabilities and households with children for CSOs and businesses to volunteer and provide their help directly.
g) Utility waivers were extended to vulnerable recipients of housing subsidies and benefits
3. LABOUR MARKET REGULATIONS
a) Shift and remote work for employees (including government employees) were encouraged, and the concept of remote work was included in the Labour Code of Ukraine.
b) A reduction to a maximum of two thirds of an employee's agreed wage was permitted if the employee could not work due to the quarantine.
c) Reduced work time was allowed under the Labour Code of Ukraine, but only if the employee requested this arrangement. Part-time work for the period of quarantine does not entail any restrictions on labour rights of employees.
d) Increased wages for medical, social and other workers dealing with COVID-19 patients (e.g. +300 per cent for medical workers, +100 per cent for social workers).

127 Government of Ukraine (2020). Document 533-IX, 29 May 2020. Про внесення змін до Податкового кодексу України та інших законів України щодо підтримки платників податків на період здійснення заходів, спрямованих на запо...(About modification of the Tax code of Ukraine and other laws of Ukraine concerning support of taxpayers for the period of implementation of the measures directed on employment ...) (in Ukrainian only) Available at <https://zakon.rada.gov.ua/laws/show/533-20>

(ii) Women's social support

UN Women conducted a gender and human rights review of more than 40 normative acts adopted in Ukraine between 7 February and 9 April 2020 in response to the pandemic. The review pointed out that no proper gender analysis was conducted prior to the enactment of these acts as stipulated by law. This led to the omission of measures in favour of some groups, particularly women, who continued to be excluded from social support.

Older women are especially at risk of being excluded from the social protection system or having a gender gap in pensions. The unpaid care work they perform throughout their life limits their ability to access formal employment and therefore contributory social security or decent wages, endangering their right to an adequate standard of living across their life cycle.

(iii) Protection of IDPs and conflict-affected populations

UNHCR assisted IDPs and other conflict-affected persons in facing the consequences of the COVID-19 pandemic by:

- supporting the state authorities in mapping the most vulnerable settlements in the conflict-affected areas with a digital protection map, offering live monitoring services on the humanitarian situation, and in re-opening of the entry/exit check points (EECPs);
- conducting monitoring surveys in collective centres for IDPs;
- providing emergency shelter assistance to families whose houses were damaged by shelling;
- distributing in-kind individual protection assistance (IPA), including specific needs medical and assistive equipment and non-food items where financial institutions could not be used for cash grant assistance.
- providing transportation services in isolated localities along the contact line;
- providing protection and legal counselling on COVID-19-related issues since people were not able to access their basic socio-economic and health rights due to the movement restrictions
- providing psychosocial support to conflict-affected persons and SGBV prevention and response,

- facilitating access to telecommunication and mobile services, and easing the movement restrictions for residents of isolated villages along the contact line;
- informing displaced communities on quarantine measures and restrictions through online webinars and prevention posters.

(iv) Pension reform

The crisis affected the long-term sustainability of the social protection systems, notably the pension system, as well as long-term fiscal sustainability. A recent ILO report¹²⁸ includes an in-depth analysis of the current Ukrainian pension system, develops policy recommendations regarding adequacy, coverage and sustainability, and also provides a clear suggestion concerning the planned privatization of pensions. Reforms will need to address the significant impediment to accessing pensions for IDPs by linking the payment of pensions to IDP registration.

(a) The pension level and minimum guarantees

The current pension formula does not secure the benefit level required by ILO Convention No. 102,¹²⁹ and should be increased to secure at least a benefit rate of 40 per cent after 30 years of contributions. For workers with low incomes, pensions under the current formula fail to reach national poverty thresholds. To strengthen the minimum guarantees, the right to a full minimum pension guarantee should be given to persons with shorter contributory periods, and the equal treatment of minimum pension protection should be ensured throughout the retirement period.

(b) Pension system coverage

Currently, only 36 per cent of the population aged 15–64 in Ukraine is contributing to the State pension system. The low coverage implies that in the long term, more than 60 per cent of older persons would not be entitled to pensions. There is an urgent need to increase labour force participation and the rates of formal employment (in particular for youth and women), increase effective coverage of all types of employment contracts, and increase enforcement and compliance with reporting economic activities and paying contributions.

128 ILO (2020). Future of the Ukrainian Pension System: Adequacy, Coverage and Sustainability. Available at www.ilo.org/budapest/what-we-do/publications/WCMS_735152/lang--en/index.htm

129 Ukraine ratified C.102 in 2016.

Since 2016, revenue to the Pension Fund has decreased significantly due to the substantial reduction in the single social contribution rate. As a result, more than 40 per cent of the total expenditure of the Pension Fund is financed by the State budget. In 2018, the transfer from the state budget to the State Pension Fund amounted to 4.2 per cent of GDP, one third of which was spent to cover the deficit of the Fund.

The key challenge for the Government is how to secure necessary tax and social security contributions without jeopardizing economic stimulus effort.

As a result of expansionary fiscal policies to reinvigorate the economy, many countries will build up substantial public debts. In the long term, the accumulated public debt will put a heavy burden on future economic recovery. Under these conditions, how can the fiscal space and delivery capacity of social protection systems be maintained and expanded?

To improve the long-term sustainability of the pension system, stakeholders should discuss a range of policy alternatives and make rational decisions based on national tripartite dialogue.

(v) Distance education

Like other European countries, Ukraine ensured the continuity of learning mainly through distance education, which relies on computers, tablets, online learning portals, virtual and televised lessons after school closures. In Ukraine, there is a variety of online platforms and tools for digital learning. When the quarantine measures were imposed, school administrations and teachers were free to use any means of organizing distant learning process. The variety of means and solutions for digital learning caused confusion and often increased students' workload.

(c) Main gaps and obstacles

Although distance education is a workable solution for many children and households in Ukraine, the knowledge, tools and equipment it relies on actually exclude certain groups, such as people and children with disabilities, children with complex learning needs or who unable to follow the curriculum in Ukrainian, in poorer households and who live in remote, underserved and conflict-affected areas.

THE LEARNING PASSPORT PLATFORM

As one of the solutions to ensure that every student stays engaged and continues learning, UNICEF and the Ministry of Education launched a Learning Passport platform. This started off as a partnership between UNICEF, Microsoft and the University of Cambridge, initially designed to provide education for displaced and refugee children through a digital remote learning platform to be launched in 2020.

With the COVID-19 crisis, the platform underwent rapid expansion to facilitate country-level curricula for children and youth whose schools had been forced to close. Ukraine is one of the three countries piloting the platform. It was developed as a scalable learning solution to bridge the digital learning gap for millions of students and bring their classroom into their home during the pandemic. The platform's contents have been available to Ukrainian students since May 2020. It provides key resources to teachers and educators, and includes online books, videos and additional support for parents of children with special education needs.

Beyond the COVID-19 response, the Learning Passport platform will be used to create an online resource for self-education and non-formal education, specifically to disseminate programmes to develop social and emotional skills in adolescents in Ukraine. The project will create a digital version of the UPSHIFT curriculum aimed at developing entrepreneurial skills for adolescents and young people as agents of social change, and providing opportunities for implementing their own social entrepreneurship initiatives. With the human-centred design approach, UPSHIFT will empower teens and youth to learn cutting-edge skills through experiential learning.

Accessibility and television portals. Although using more accessible technological means such as television is a good choice, it is important to ensure that learning material is also accessible and suitable for all children including those with special education needs. For example, sign language interpretation for the All-Ukrainian School Online project is available only in the online-based version of the project and not the television-based one.

Increased workloads. The U-Report poll in April showed that the workload has increased for 70 per cent adolescents aged 14–18 during the quarantine.^{130,131}

Structured learning processes, adapted learning material. As in other countries in Europe, student respondents of the U-Report poll in Ukraine highlighted that the distant learning process should be more structured, with a centralized online repository of educational materials adapted to online learning.

B. Suggested measures and policy options

(i) Social protection

The COVID-19 crisis has underlined the importance of engaging in a vulnerability and gender analysis prior to investing in a comprehensive and resilient social protection system that can respond quickly and effectively to emerging shocks and to the specific needs of each of the most vulnerable groups. It has also highlighted that, without such an investment, it is impossible to prevent further impoverishment of vulnerable households in the face of an unprecedented emergency. Long-term measures imply radical reorganization of the social protection system in Ukraine, including its pension system, and using the crisis as an opportunity.

The following are the key suggestions for immediate implementation, most of which will have a long-term impact and support swift recovery from the pandemic:

(a) Gender and vulnerability

- **Integrate human rights and gender equality perspectives in the analysis of social protection gaps.** In building back better, it is essential to design resilient, inclusive and gender-responsive social protection systems.
- **Map all vulnerable groups before social protection measures are developed, during and after the crisis.** Strengthen evidence and data derived from both administrative sources and large-scale statistical surveys that ensure gender, age and geographical representation.

(b) Participation in response and reform formulation

- **Involve representation of social partners and vulnerable groups**, including women, youth and older persons, in the development of social protection measures and in the reform of the system.

(c) Prioritization and expansion of social protection

- **Prioritize transforming the social protection system as a vital response measure to the pandemic** and the resulting socio-economic situation.
- **Adapt targeted methodologies to ensure income for informal workers and women** working in feminized sectors (teaching, retail, restaurants, hospitality/tourism), and to relieve women from the extra burden of unpaid care work.
- **Expand coverage and/or increase cash grant schemes** as part of social protection packages such as:
 - the Universal Child Grant – double the current monthly payments and extend its duration;
 - maternity protection – extend its coverage to all mothers with newborns;
 - the school feeding programme – extend its coverage;
 - Guaranteed minimum income (GMI) – expand coverage;
 - Unemployment benefits and jobseeker allowance – temporarily relax eligibility criteria;
 - Locally delivered social services for the most vulnerable and marginalized.

The latter could include specific measures such as child- and older persons' care services, food banks, rental and utility subsidies, and distribution of in-kind support such as heating equipment and food, especially in anticipation of a possible second wave of infections and another lockdown during the 2020/2021 winter season.

¹³⁰ U-Report is an information chatbot developed by UNICEF to support of COVID-19 Risk Communication and Community Engagement (RCCE) activities. As of 20 June 2020, U-Report's COVID-19 chatbot has been accessed by 52 countries and over 20 million young people to obtain information and discuss COVID-19-related issues.

¹³¹ U-Report, Ukraine (2020). Poll April 2020. Available at <https://ukraine.ureport.in/opinions/> (in Ukrainian).

(d) The pension system reform

Stakeholders should agree on the **measures to improve the sustainability** of the pension system and ensure that it provides **minimum guarantees**.

(e) Administrative streamlining of access procedures

- **Simplify eligibility rules and administrative procedures for women** to access social protection benefits.
- **Remove the administrative requirements for enrolment in assistance programmes** for refugees, displaced people, migrants, and marginalized children and adults without documentation.
- **Ensure that all Ukrainian citizens have equal access to pensions and other forms of social protection** regardless of their place of residence or registration as IDPs.

This streamlining would entail: (i) resuming payment of pensions to all individuals irrespective of their place of residence or registration; (ii) de-linking the payment of pensions from IDP registration (also for residents of NGCA, as envisaged by current draft law). The latter could receive their pensions through Ukrainian banks in GCA; and (iii) introducing an administrative procedure that registers births in NGCA or in the Crimea.

- **Prolong the transitional period** to ensure that crowds do not form in front of public offices when administrative services become fully accessible again after the lockdown.

The post-quarantine transitional period could be extended from the current 30 days to 90 days, or longer.¹³² Due to the transitional period, there is no administrative or other liability for late verification processes, renewing or resubmitting documents, etc.

Hence, the Government needs to provide citizens with a wider time span to resolve backlogged issues (e.g. registration of births and deaths, application for social benefits, renewal of ID documents).

(f) Sustainable financing of social protection

- **Identify social protection financing from international and national sources.**

Progressive taxation measures would contribute to effectively redistributing resources and combating inequality and discrimination in the short and long term, strengthening the capacity to collect taxes, fighting tax evasion and other forms of abuse, and tackling corruption.

The budget line relating to privileges within the social protection programme could be redistributed for the Universal Child Grant in particular. The expansion of the school feeding programme could be co-financed from central and local budgets (70% and 30%, respectively), while the expansion of the GMI and unemployment benefits could be financed from the utility subsidies and the single mother programme. The latter is suggested to be consolidated within the GMI where the single parent criterion should be used as one of the selection criteria (over 92 per cent of single parents are women). Local services should come from municipal budgets.

It is clear that the social protection system needs further expansion and the above-mentioned savings cannot cover current needs. Additional financing needs to be identified from outside the current social protection budget.

¹³² A general suggestion is the granting of two days of transitional period every day of quarantine.

(ii) Education

The development of alternative methods of distance learning to respond to the crisis is a precious opportunity to make education more inclusive, especially for children with disabilities and learning difficulties. It is important that the National Strategy of Inclusive Education Development for 2020–2030 and its action plan be revised to take into account the effects of the pandemic and be adopted as a priority. The same applies to the National Strategy for Development of the State Youth Policy, and the Youth of Ukraine State Target Social Programme for 2021–2025.

In light of the above, the following is recommended:

- **Ensure that distance learning uses platforms that are accessible** to all children, including children with disabilities and learning difficulties, children who lack access to computers, tablets and Internet, and children from Roma and other minority language communities.
- **Support and train teachers** to teach using online learning tools and methods, and to be capable of developing and adapting their teaching material to the online learning modality and to the specific needs of children with learning difficulties and disabilities.
- **Provide inclusive WASH, nutrition, mental health and psychosocial support** for children with disabilities and their families.
- **Strengthen the capacity of mental health and psychosocial support services** in schools since both teachers and students returning to the system will have to cope with the anxiety and sometimes trauma endured due to the crisis and stress of returning. Ensure that the teachers and students are aware of referral pathways, especially those that relate to domestic and SGBV.
- **Raise awareness and train students to recognize signs of the mental health issues** around COVID-19, encouraging them to discuss anxiety, stress, feelings of hopelessness, fears for loved ones, and advice on how to deal with loneliness linked to self-isolation or quarantine, and to seek help online or offline.
- **Ensure effective coordination of COVID-19 response activities in education.** In particular, this is required to support distance learning initiatives since numerous new actors are now entering this field, and many schools have come up with their own solutions.
- **Engage adolescents as volunteers and peer educators** in the planning and implementation of school re-opening and making the schools safe environments.
- **Support parents in the delivery of distance education with special provisions for single parents** (e.g. payment of online tutors, cash grants, distribution of computers and tables, and specific online support).
- **Allow students to cross EECs** without the request to undergo self-isolation for 14 days prior to their exams, **or pass exams remotely** when EECs are closed.

Source. UNDP Ukraine - Serhiy Hakov, co-founder of the 3D Farm Company, holds a 3D-printed ventilator splitter (Kramatorsk, Donetsk Oblast)





VII. Pillar 3:

Protecting jobs, small and medium-sized enterprises, and informal workers

The changes in hours of work and employment levels in the different sectors due to COVID-19 reveal the human dimension of the crisis as household incomes were affected and the demands on the social protection system multiplied.

The combination of informality, unemployment, low savings rates and reliance on remittances highlights the vulnerability of large segments of society to a prolonged economic downturn.

Overall, workers in high-contact sectors and occupations were the most affected by containment measures, because working remotely is rarely an option for them. The impacts were more severe for low-skilled and seasonal workers, which indicates *inter alia*, that confinement measures may have a regressive impact on income distribution and a disproportionate impact on women and youth in particular since they are more often engaged in informal, low-paid jobs.

The chapter:

- **reviews the impact on workers and SMEs** as it emerged from a set of field surveys conducted by the UNCT and other interveners, triangulated with larger statistical data sets;
- **elaborates on the most important measures taken by the Government** in supporting employment retention as well as creating and keeping SMEs afloat during the crisis;
- **describes the UNCT's work in terms of technical assistance, guidance, capacity building** and social dialogue facilitation.

The chapter also offers a set of policy options for the short and long term; the main ones highlight the importance of:

- *focusing interventions on facilitating the **transition of workers and enterprises to formality**;*
- *ensuring that jobs and business opportunities are created for vulnerable groups in particular, including an increasing number of **unemployed youth and women**;*
- *freeing the country from its **high dependence on fossil fuels**, which confines its development path towards unsustainable horizons.*

Investing in greening the SMEs, digitalization, renewable energies and the creation of high-tech products as planned by government strategies is considered fundamental for the Ukrainian economy and especially for contributing to halting the impacts of climate change.

A. Impact

(i) The economic situation before the pandemic

Ukraine's transition to a market economy is still facing serious political, economic, and security challenges.

The country has not yet fully recovered from the sharp economic downturn in 2014–2015 with the protracted armed conflict causing a 16 per cent contraction of GDP, internal displacement of 2.3 million persons, and a strong outward labour migration generating a remittance flow, which is nearly one tenth of GDP.

Out of 28.5 million working age people, less than half (12.8 million) worked with protection guarantees of their labour rights in 2019;¹³³ and 15.7 million (65 per cent of the total) worked unprotected, without employment contracts.

These workers include the most vulnerable of Ukrainian society: migrants, the unemployed, people with disabilities, people in the household sector,¹³⁴ people living in homelessness, ethnic minorities, undocumented persons including asylum seekers, IDPs, refugees and stateless persons, especially women and youth.

Figure 13 presents the trend in the youth unemployment rate since the country's independence. Even before COVID-19, women's economic participation was 12 per cent lower than men's economic participation,¹³⁵ and the youth unemployment rate had been following an upward trend.

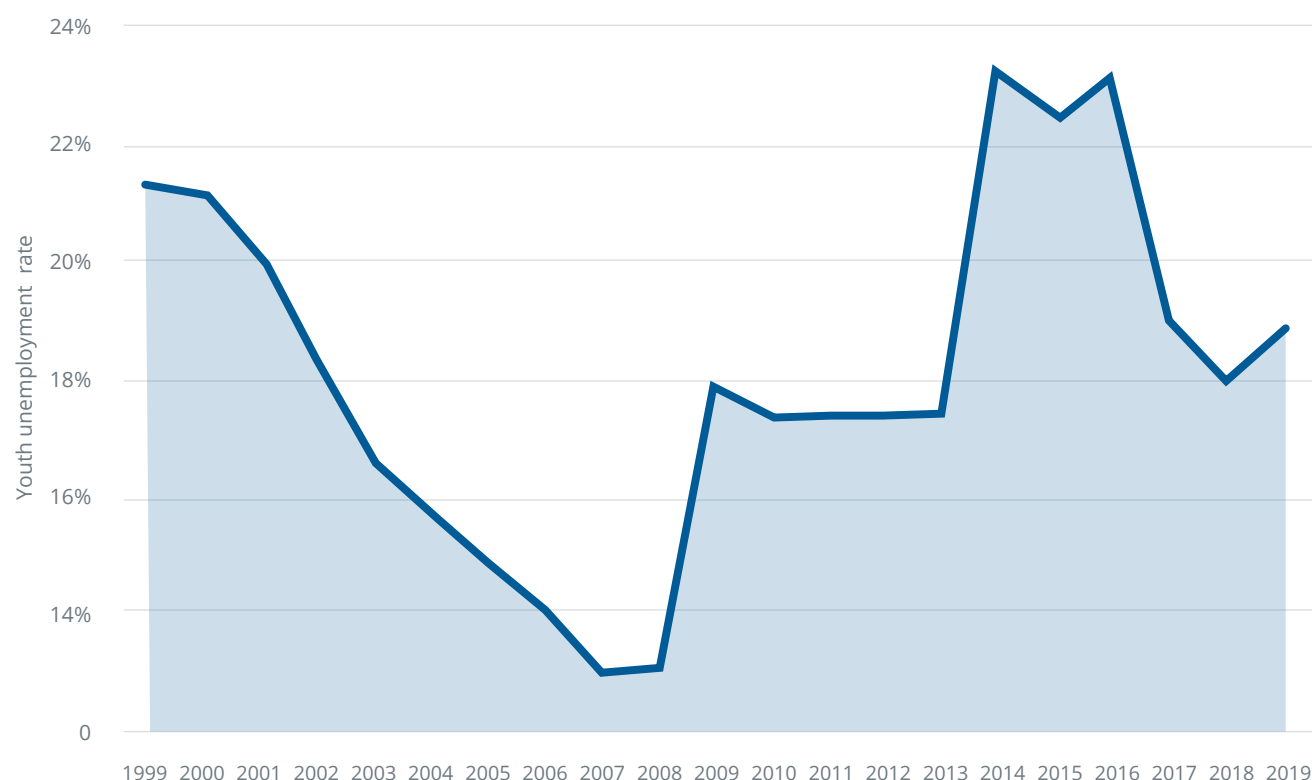


FIGURE 13. YOUTH UNEMPLOYMENT RATE IN UKRAINE, 1991–2019

Source: ILO, 2020

133 UkRINFORM. 'Minister for Development of Economy, Trade and Agriculture Tymofiy Mylovanov has stated that only 12.8 million of working age people in Ukraine are officially employed'. Available at www.ukrinform.net/rubric-economy/2846907-only-45-of-working-age-population-in-ukraine-officially-employed.html, 28 December 2019 (accessed on 27 July 2020).

134 *ibid.*

135 The EU estimates the cost of exclusion from the labour market throughout a woman's working life at EUR1.2–2 million, depending on a her educational level.

SMEs generate 80 per cent of employment. In Ukraine, SMEs dominate the economy in terms of number of entities, employment and value added. According to the State Statistics Service of Ukraine, in 2018 the country had 446 large enterprises and 1,839,147 SMEs, which constituted over 90 per cent of all formally operating enterprises. Eighty per cent of all SMEs were self-employed individuals in a situation where 75 per cent of women participating in labour force are self-employed. In 2018, the SME sector in Ukraine accounted for about 80 per cent of all employment and generated around 20 per cent of GDP.

Positive trends worth noting in the achievement of SDG 8 in regard to SMEs are an increase in the number of persons employed by SMEs by 0.5 million in 2018 compared to 2015; an improvement of Ukraine's position in the Doing Business ranking by 17 places – to number 64 in 2019; growth of the share of value added against production costs of SMEs, from 58.1 per cent in 2015 to 64.3 per cent in 2018.

Policy support. In recent years, the Government of Ukraine has increased its efforts to support SMEs in the economy.¹⁴ Yet, according to the OECD SME Policy Index (2020), Ukraine lags behind other Eastern Partnership countries in the vast majority of indicators – innovation policy, institutional framework, operational environment, bankruptcy, green economy, business development services, internationalization, access to finance, public procurement and SME skills.

(ii) The current economic situation

The response to the COVID-19 pandemic rapidly triggered an unprecedented economic crisis as lockdown measures involved the temporary closure of most businesses, particularly in the service sector, and almost halting economic activity altogether, with the exception of the key sectors (e.g. transport, food production and sale, agriculture, and pharmaceutical production and sale). The devastating disruption of global supply chains resulted in a sharp drop of business sales, household incomes and jobs. These shocks turned into a substantial decline in aggregate demand. In fear of infection, consumers were prohibited or voluntarily refrained from using services involving interpersonal contacts.

Although the pandemic is still progressing, it is evident that the COVID-19 crisis has and will continue to have devastating effects on both public health and the national and global economy, as demonstrated in the findings below that were gleaned from information collected through a number of surveys conducted by the European Business Association (EBA), UNDP and ILO. As shown in **Map 2** prepared by REACH, one of the few positive impacts caused by the lockdown was the decrease of air pollution, which is a major public health threat in Ukraine and one of the major drivers for investing in renewable sources of energy and for decreasing the economy's strong reliance on fossil fuels.

(iii) Employment

(a) Loss of working hours

The ILO nowcasting model indicates that, during the second quarter of 2020, an estimated 11.6 per cent of working hours (from 2.6 per cent estimated for the first quarter) were lost in the ten Eastern European economies relative to the fourth quarter of 2019, equivalent to 50 million full-time jobs.¹³⁶ Overall, low-skilled and seasonal workers are the most affected by containment measures because working remotely is rarely an option.

(b) Regressive impact on income distribution

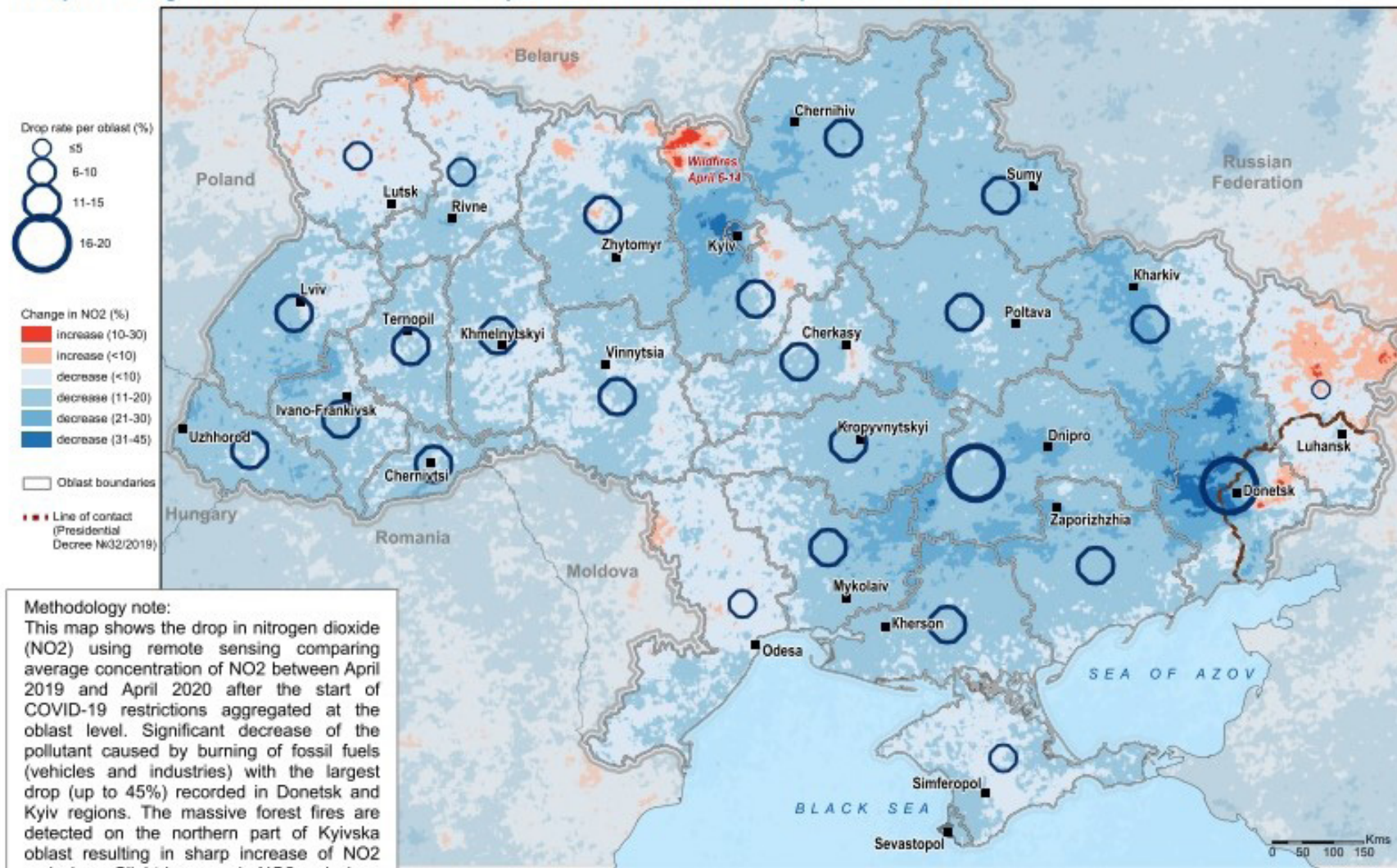
The changes in employment in the different sectors due to the COVID-19 pandemic have a major impact in terms of loss of household income, which strengthens the call for increased investments in social protection. Confinement measures may therefore have had a regressive impact on income distribution and a disproportionate impact on women as the vertical and horizontal gender segregation in various economic sectors is highly evident, with female employees concentrated in low-paid sectors and positions.

¹³⁶ ILO (2020). ILO Monitor. Covid-19 and the World of Work. Fifth edition (29 June 2020). Available at www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_749399.pdf

UKRAINE

Drop in Nitrogen Dioxide emissions due to quarantine measures in response to COVID-19

For Humanitarian & Development Purposes Only
Production date: 20th May 2020



Methodology note:
This map shows the drop in nitrogen dioxide (NO₂) using remote sensing comparing average concentration of NO₂ between April 2019 and April 2020 after the start of COVID-19 restrictions aggregated at the oblast level. Significant decrease of the pollutant caused by burning of fossil fuels (vehicles and industries) with the largest drop (up to 45%) recorded in Donetsk and Kyiv regions. The massive forest fires are detected on the northern part of Kyivska oblast resulting in sharp increase of NO₂ emissions. Slight increase in NO₂ emissions in Luhanska oblast might be caused by stubble burning as one of the common agriculture practice. Chronic exposure to NO₂ can cause respiratory or lung diseases.

Data sources: NO₂ emissions difference: Percentage difference of Sentinel-5P NO₂ column number density averaged over April 2019 and April 2020 using GEE
Administrative boundaries: OCHA
Coordinate System: WGS 1984 Web Mercator Auxiliary Sphere
File: REACH_UKR_map_NO2drop_20MAY2020_A4_v2
Contact: kyiv.gis-office@impact-initiatives.org

Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associated, donors mentioned on this map.



REACH is an acronym for REsponse and REcovery in the context of the COVID-19 pandemic.

(c) Implications of the gender pay gap

Due to the gender pay gap (21.3%),¹³⁷ women have limited opportunities to accumulate savings and are more vulnerable at the time of economic crises. Around one fourth of employed women are engaged in the informal economy, especially in the service and sales industries (as street vendors, domestic care workers, helpers and manufacturing workers) and as entrepreneurs.

(d) Employment in the high-contact sectors

Women's engagement in most sectors that entail direct contact with service recipients such as catering and other essential sectors (food industry, trade, banking, pharmaceuticals, etc.) poses an increased risk for them.

Quarantine, physical distancing measures, closure of businesses and decreased economic activity may disproportionately affect individuals and families who derive their livelihood from informal activities.

(e) Informal activities

Since women are more often engaged in short-term, part-time or informal employment that offers limited social insurance, pension and health insurance schemes, they are particularly at risk in an economic downturn.

The circumstances are especially severe for live-in domestic care workers, who are predominantly women with limited access to social protection services and who face a higher likelihood of exposure to the disease if they are able to maintain their jobs.

(iv) Small and medium-sized enterprises

The socio-economic impact of the COVID-19 pandemic deepened the challenges that SMEs already faced. The necessary measures to contain the virus through quarantines, travel restrictions and lockdown of cities have resulted in a significant reduction in demand and supply.

(v) Main concerns of small and medium-sized enterprises

The findings of the EBA survey conducted in late March 2020¹³⁸ echo those of the UNDP, FAO and UN Women surveys, and highlight that the main concerns for SME owners include:

- lack of cash flow for outstanding rent, utilities, salary and supplies;
- failure to meet deadlines for the supply of raw materials and components under contracts;
- debts owed to banks (a concern affecting more adult male entrepreneurs);
- administrative burdens (customs clearance, for example);
- penalties for late payments.

(f) Loss in revenues and closure of micro, small and medium-sized enterprises

Field surveys indicate that about one third of business owners¹³⁹ claimed a 90 per cent drop in revenue since the adoption of the lockdown measures; about half of MSME owners reported a 20–50 per cent loss of income;¹⁴⁰ one quarter planned to reduce wages of employees, and one fifth planned to reduce staff. Only one quarter neither reduced the number of staff nor plan any reduction, while one third searched for new niches for their business.

However, one third of MSMEs owners expressed the need to lay off up to 50 per cent of their staff should the lockdown period be extended; only a very small percentage of MSME owners stated that the lockdown did not affect their revenues.¹⁴¹

If the findings of surveys are triangulated with data from national statistics, the picture that emerges is that of massive lay-offs of workers, which **doubled during the January– April 2020 period** compared to the same period in 2019 to the point where nearly 100,500 workers lost their jobs.

The most affected areas were the regions of Zakarpatska, Rivnenska, Lvivska, Chernihivska, Chernivetska, Khersonska and Kyivska.

¹³⁷ Ukraine State Statistics Service (2019). . Women and men. Statistical Bulletin, Kyiv, 2019. Available at http://ukrstat.gov.ua/druk/publicat/kat_u/publzahist_u.htm.

¹³⁸ Surveys conducted by the European Business Association (EBA) at the end of March 2020.

¹³⁹ Source: An enterprise survey conducted by the Federation of Employers of Ukraine (FEU), in collaboration with the ILO, March–May 2020.

¹⁴⁰ The UNDP MSME survey reported that one third of businesses lost this level of income.

¹⁴¹ ILO survey: 2 per cent; EBA survey: 6 per cent.

Since the lockdown, the Ukrainian Chamber of Commerce and Industry estimated that 700,000 SMEs have closed. Around 25 per cent of surveyed SMEs stopped operating due to COVID-19; 40 per cent were partially operational; around 20 per cent remained fully operational, switching to teleworking mode; and 16 per cent maintained a fully operational presence at the workplace. For the businesses that managed to remain open, the owners estimated that it will take them at least 18–24 months to reach the same level of revenue as in February 2020.¹⁴²

(g) The worst affected entrepreneurs¹⁴³

Women mainly work in or operate micro and small businesses in industries that have been the most affected by COVID-19, such as beauty, hospitality, tourism and leisure, which often operate in the informal economy.

Women farmers indicated an increase in their own physical burden and that of their families due to being unable to hire employees. Property owners still demanded rent and would only agree to either a deferral or a partial reduction of the amount. Entrepreneurs are concerned about how to continue their business after lockdown ends in view of the loss of customers and people's decreased purchasing power.

The smaller the enterprise, the more likely it was owned by a woman or a young person;¹⁴⁴ the larger it was, the more likely it was that it was owned by a man (Figure 14). As the age of the owner of the enterprise increased, the number of employees in enterprises and business also increased (Table 8). MSMEs were the most affected since they depended on self-financing to buffer the crisis.

MSMEs were most likely to generate employment for women as the proportion of female employees up to ten persons in all surveyed enterprises was at least 65 per cent of the workforce, regardless of the sector of the economy in which they operated.

If the owner of the enterprise was female, then her business was more likely able to telecommute. These are enterprises belonging to the fields of wholesale and retail trade (100%), real estate transactions (50%), information and telecommunications (25%) and financial and insurance activities (25%), which allow flexibility in work hours and thus are more conducive to juggling family and domestic responsibilities with work priorities.

Most owners of business mentioned that the impact of the pandemic had decreased the number of their female employees (59.8%).

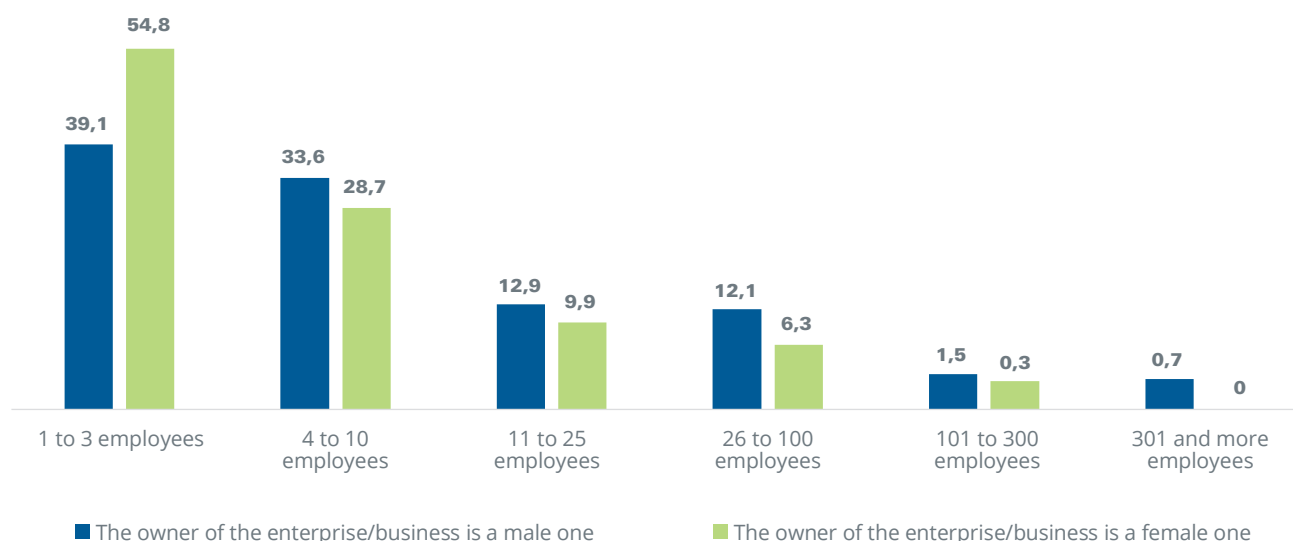


FIGURE 14. NO. OF EMPLOYEES, BY SEX OF MSME OWNER

142 UNDP, FAO and UN Women (2020) Survey, April–June 2020.

143 The main sources for this section are UNDP, FAO and UN Women (2020) Survey, April–June 2020 and UN Women RGA, 2020.

144 UNDP, UN Women and FAO (2020). UNDP, FAO, UN Women, Socio-economic Impact of COVID-19 on Vulnerable Households and MSMEs in Ukraine. Unpublished.

The largest decrease in the number of female employees occurred in wholesale and retail trade (71.6%) and in the western (66.2%), central (62.2%) and eastern (62.5%) regions.

The decrease in the number of female employees during the pandemic was more frequent in enterprises owned by women (69.9%), than those owned by men (53.4%)

TABLE 8. NO. OF EMPLOYEES BEFORE COVID-19, BY AGE GROUP

No. of employees	Aged 18–24 years (%)	Aged 25 – to 34 years (%)	Aged 35 – to 44 years (%)	Aged 45 – to 55 years (%)	Aged 56 – to 65 years (%)
1–3	71.4	52.5	44.7	42.2	34.6
4–10	28.6	25.3	33.4	33.2	34.6
11–25		12.3	11.6	11.2	14.8
26–100		9.3	9.4	10.8	13.6
101–300			0.5	1.8	2.5
301 and above		0.6	0.3	0.9	

Problems are markedly different between rural and urban areas.

Urban female entrepreneurs had significant difficulties in paying rent, utilities (63.3%, female vs. 46.9%, male) and taxes (53.3%, female vs. 42.9%, male) more often than their male counterparts.

Rural female entrepreneurs, in contrast, had more difficulties than their male entrepreneurs in covering the costs of anti-epidemic measures (57.4% vs. 40.0%) and paying taxes (47.1% vs. 35.6%). They also reported weak access to the Internet and lack of computer equipment to find other sales channels. The inability to pay salaries to employees led to the situation where employers pressured employees to take unpaid leave or significantly reduce their salaries (*Figure 15*).

Also, female owners of enterprises and businesses took similar measures as male owners to cope with the pandemic and preserve their enterprises. Female owners **reduced purchases** (68.9% vs. 63.3%), **transferred employees to part-time** employment (54.7% vs 61.3%) and **introduced reductions in their salaries** (61.3% vs. 54.7%) more often than their male counterparts. In contrast, they changed logistics (37.1% vs. 42.2%) and looked for new suppliers (31.6% vs. 39%) less often than their male counterparts (*Figure 17*). This is due to the higher vulnerability of women-owned SMEs and their weaker capacity to change their business model to keep afloat, due to less business support received.

In addition to a country-wide MSMEs survey conducted jointly by UNDP, UN Women and FAO in April-June 2020,¹⁴⁵ UNDP conducted a series of semi-structured phone interviews¹⁴⁶ with a smaller group of SMEs. Recurring responses showed the following patterns:

- Pre-existing problems were exacerbated by COVID-19 into an alarming situation.
- **MSMEs found it difficult to apply for financial support from the State** due to their informal setup or difficulties in meeting the requirements for qualification.
- Many respondents had little confidence in the future, adding “for now” when talking about the business: “we are working, for now”
- The problems caused by the quarantine were multiplied by other factors: changes in national regulations, weather conditions and macroeconomics.

¹⁴⁵ In May–June 2020, UNDP jointly with UN Women and FAO conducted two country-wide surveys to assess the impact of COVID-19 on households and SMEs. The surveys conducted by telephone interviews covered 24 oblasts of Ukraine and the city of Kyiv. Almost 1,000 Ukrainian SMEs and over 1,000 households were surveyed, which provided data for analysis and informed the conclusions within the current assessment.

¹⁴⁶ Semi-structured interviews are an effective method for data collection when the researcher wants to: (i) collect qualitative, open-ended data; (ii) explore participant thoughts, feelings and beliefs about a particular topic; and (iii) delve deeply into personal, and sometimes sensitive, issues.

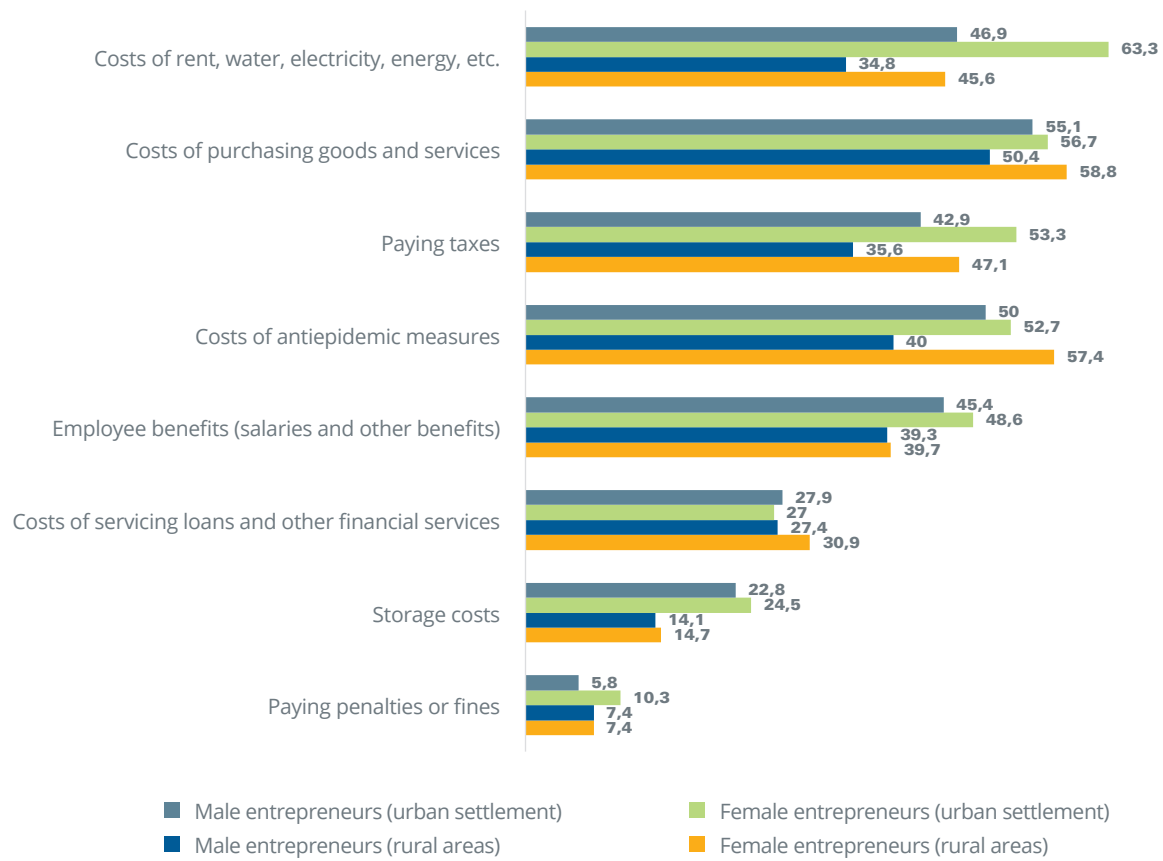


FIGURE 15. MOST FREQUENT PROBLEM FOR SMES, BY SEX AND AREA (RURAL, URBAN) (%)

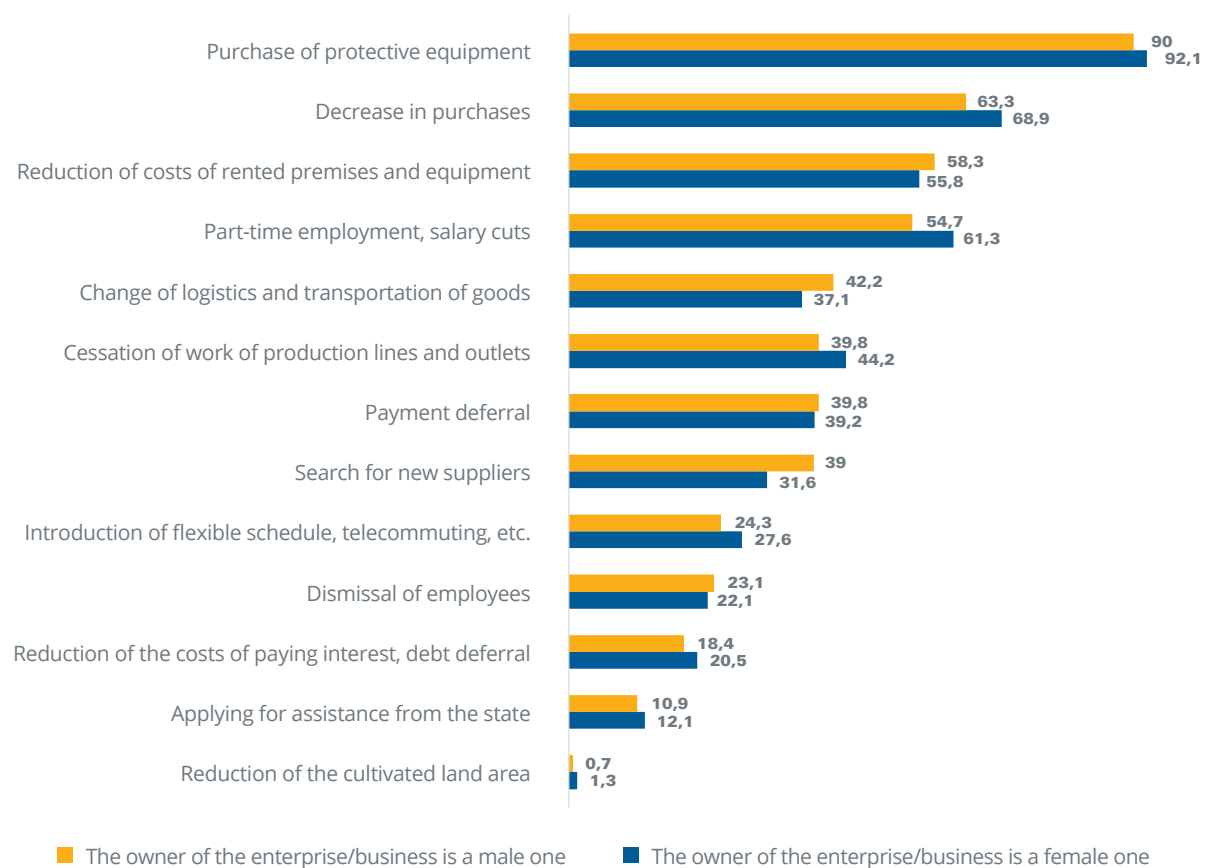


FIGURE 16. MECHANISMS OF MSMEs TO COPE WITH COVID-19, BY SEX (%)

(h) Recovery projections

Half of the interviewed SME owners established a business continuity plan. One in ten admitted they would not be able to survive a prolonged lockdown and most (82%) indicated that it was critical that restrictions be lifted in June. Specifically, nearly one fifth believed that their business may only survive 1 to 8 weeks, and one fifth expect their business to survive for 3 to 6 months. More than 40 per cent of businesses stated that they would need 1 to 3 months to fully resume operations. Around 15 per cent of the respondents expected that it would take them 3 to 6 months to fully recover, and 13 per cent expected it will take more than 6 months to fully recover.

(vi) Agriculture

In April, FAO conducted a rapid survey to assess COVID-19 impacts on the agriculture sector. The survey investigated the functioning of food supply chains by interviewing key actors – farmers, processors, wholesalers and retailers. The survey showed that the most affected food supply chains are fruits and vegetables, and milk and dairy. Their main problems are related to transportation, storage and retail. In addition, access to imported inputs remains a concern. Box 3 reports further details.

BOX 3. IMPACT ON FOOD SUPPLY CHAINS

1. **Most food supply chains were affected by the crisis**, including key products such as fruits and vegetables, meats, dairy and cereals.
2. The most affected operators were **farmers selling in fresh markets** because their most pressing problems were transportation and sale.
3. **Restrictions on movement** and transportation related to the containment measures, both domestic and at the border, caused problems with the sale and movement of goods that **affected the hospitality industry** (hotels, restaurants and catering) **and other food outlets**.
4. **Transportation was found particularly problematic for grains**, followed by livestock, milk and dairy, roots and tubers (mild to moderate impacts).
5. **Women who work in milk, dairy, grains and pulses reported a higher level of concern** compared to men.
6. Overall, the **impact on storage was more contained than the impact on transportation**.
7. By food commodity group, **the most affected were roots and tubers**, followed by milk and dairy, grains and pulses, livestock and fruits and vegetables. Problems with storage were also mentioned by operators of slaughterhouses, dairy plants and other food processors.
8. A major common concern related to the **reduction in sales at both ends of food supply chains**. On the one hand, retailers have seen a rapid decrease in food purchases from consumers. On the other hand, input suppliers have experienced a rapid increase in the price of imported items.
9. By food commodity group, the most affected sectors with respect to impact on sales are **fruits and vegetables**, followed by livestock, milk and dairy, grains and pulses, and roots and tubers.
10. Approximately 40 per cent of respondents reported that they **suffered from high and severe financial losses**, especially operators of the milk and dairy, livestock, and grains supply chains.
11. **Slaughterhouses, dairy plants, other food processors and wholesalers** were those that most often recorded problems with access to finance the most.
12. Half of the farmers surveyed mentioned problems with **the availability of feed, fertilizers and pesticides**, especially of imported farm inputs.

Source: FAO survey, 2020.

(vii) Impact on migration, remittances, seasonal work and other aspects of human mobility

(a) Returning migrants

The COVID-19 outbreak and consequent business closures and economic slowdown caused a surge in returning migrant workers to Ukraine and made it impossible for many to leave for seasonal work abroad. This posed a number of protection concerns, dismantling traditional coping mechanisms and extending and increasing the far-reaching socio-economic impact of the pandemic.

According to National Bank of Ukraine (NBU) estimates, 10 per cent of labour migrants returned to Ukraine during the pandemic outbreak (about 300,000 people). Nearly half of them returned from Poland where they were employed in mostly non-seasonal sectors – construction, hospitality industry, production and services.

(b) Reasons for return

Expiry of residence permits. Most of the returnees were people whose work permits were about to expire when the quarantine had been announced in Ukraine while the decision of the Government of Poland to automatically extend work and residence permits by 30 days beyond the end of the imposed quarantine had not yet been announced.

Lack of work permits. There were also migrant workers who did not have proper authorization to work and feared legal consequences, as well as those who were originally planning to return at that time anyway.

The migrants who had their work authorizations and retained their jobs were unlikely to return, even after the announcements of full-border closure spread within the migrant community to preserve their jobs and livelihoods.

Job loss due to the lockdown in their host countries.

Other workers lost their jobs due to the economic shock caused by the pandemic and could not remain abroad while searching for alternative employment.

No money to return. Some workers had not earned enough money to cover their travel expenses before their return which made them particularly vulnerable in the place of origin.

(c) Seasonal migrant workers

Seasonal migrant workers have also been severely affected by the timing of COVID-19 as mid-April marks the beginning of the season for Ukrainian agricultural workers abroad.

This year, a large percentage of seasonal workers' inability to migrate as part of the early agricultural season will substantially impact their annual earnings and subsequently compromise their financial capacity to manage this year, severely affecting their ability to weather further shocks. According to the NBU estimates, 10 per cent of seasonal migrant workers stayed at home, unable to leave due to the travel restrictions.

Seafarers were also affected by travel restrictions. At the start of the pandemic, Ukraine closed its borders,¹⁴⁷ making crew changes practically impossible. In May, this decision had already affected over 15,000 seafarers:¹⁴⁸ many of them were stranded and could not repatriate.¹⁴⁹

(d) Remittances

The NBU forecasts a 20 per cent decrease in remittances inflows to Ukraine in 2020,¹⁵⁰ which had increased by 86 per cent in the past five years. Families of migrant workers rely on money sent home to provide for their immediate needs for food, lodging, education and healthcare. Without remittances, families face the risks and acute consequences of not being able to afford basic needs. In addition to mobility restrictions that forced Ukrainian migrant workers to return or stay home, the current business slowdown and strong economic downturn globally will also negatively impact on migrant workers' earnings and, consequently, further decrease remittances sent home to family members.

147 Ukrainian Sea Ports Authority (USPA), 'Foreign vessel crew members have to stay onboard'. Available at www.uspa.gov.ua/en/press-centre/news/uspa-news/17535-foreign-vessel-crew-members-have-to-stay-onboard

148 The main challenges related to negotiations regarding "green corridors" to repatriate stranded crew, and the extensions of seafarers' employment agreements. On 28 May 2020, Ukraine communicated to the International Maritime Organization (IMO) that certificates of qualifications of seafarers on board vessels, expired since 1 March 2020, were granted a general extension of validity up to 30 September 2020 from the date of expiry, provided that flag state of the vessel recognizes such extension. Official documents are available at www.shippingandfreightresource.com/safe-crew-change-and-travel-covid-19; and <https://mtu.gov.ua/files/Лист%20МІУ%2028.05.2020%20№%2016354614-20.pdf>

149 ITF (2020). ITF agrees to crew contract extensions. 10 March 2020. Available at www.itfseafarers.org/en/news/itf-agrees-crew-contract-extensions

150 This forecast accounts for the decline in the number of migrant workers and the effects of slowing economic activity and quarantine restrictions in the countries of destination.

The volume of remittances is forecast to experience the sharpest decline in the second quarter – a decrease by 61 per cent compared to the same period in 2019. Although NBU predicts that this reduction will be more than offset by a reduction in travel expenses abroad, there is a possibility that the travel industry will enjoy the effects of deferred demand, whereas a significant part of seasonal remittances profit will be irrevocably lost.

The World Bank analysis highlights that even with the major decline caused by COVID-19, remittance flows are expected to become even more important as a source of external financing for LMICs (low- and middle-income countries) as the drop in foreign direct investment is expected to be larger (over 35%).

In 2019, remittance flows to LMICs became larger than foreign direct investments, an important milestone for monitoring resource flows to developing countries. A reduction in remittances can have major ripple effects across local economies and communities, resulting in a decrease in productive investment, consumption spending and access to education and health services.

(m) Reintegration of returnees and impact on communities of return

Labour migration can relieve pressure on unemployment in countries of origin. Thus, the inability of seasonal migrants to resume their traditional jobs places an additional burden on the already fragile Ukrainian domestic labour market: the number of unemployed persons registered with the State Employment Centre as of 4 May increased by 47 per cent over the same period in 2019, or by 21 per cent compared to pre-quarantine period (end of February 2020), and currently constitutes more than 456,750 persons. Additionally, since the announcement of quarantine, the number of new vacancies advertised has been cut in half and remains at this level while the number of new resumes is increasing, which attests to a growing demand for employment that cannot be fulfilled.

Geographical distribution of migrants. As mentioned in Chapter IV, Ukraine's western region hosts most returnees and prospective seasonal migrants unable to depart, which makes the region particularly vulnerable to the negative effects caused by the current disruptions to migration. Moreover, Ukrainian migrants from conflict-affected and neighbouring eastern regions are facing equally considerable difficulties as they cannot access the labour market in the Russian Federation following the decision of the Russian Government to close the country's borders to foreigners as of 18 March.

Although the number of Ukrainian migrant workers travelling to the Russian Federation has declined drastically since the beginning of the conflict, the country still absorbed approximately 100,000 Ukrainians migrant workers in 2019 (not accounting for illegal crossings from NGCA); nor can they access the employment opportunities in Ukraine, which has severe economic impacts on already more vulnerable areas.

Many returnees would like to re-migrate to their host countries, but are unable to do so primarily for two reasons: (i) the inability to access consulates to renew necessary permits; and (ii) intra-/intercountry logistical difficulties. In turn, the Government of Ukraine declared its intention to retain the returning migrants by leveraging their potential within the domestic labour market. However, current knowledge of the profile of returning migrants, which included their skills, needs and interests as well as geography of return, is too limited to effectively implement labour migrant reintegration programmes.

This knowledge gap needs to be addressed in order to understand the capacity of the Ukrainian labour market to absorb returnees and to facilitate the development of a holistic strategy for reintegrating returning migrants.

B. Response

(i) The role of the UNCT

UNDP, UN Women, FAO and ILO conducted field surveys to assess the gendered impact of the virus on workers, farmers and entrepreneurs, and to support the Government in formulating the appropriate response. ILO also provided training and capacity building on several subjects such as telework to workers' and employers organizations and labour inspectors of the State Labour Service, conducted online conferences, translated several publications in Ukrainian, and disseminated ILO's guidance on several topics. Together with WHO, ILO developed occupational health and safety (OHS) guidelines for the safe return to work.

(ii) Changes to the Labour Code

In addition to providing fiscal and monetary policies (further discussed under Pillar 4) and partial unemployment benefits to informal workers (mentioned under Pillar 2), the Government initiated the introduction of quarantine-related changes to the Labour Code to regulate the new reality of remote work, flexible schedule and salaries.

(iii) Safe work environments

The 2020 VNR Report notes that progress has been very weak with respect to the measures relating to ensuring a safe and secure work environment. During the lockdown period, around three quarters of SMEs provided employees with PPE and disinfectants, and ensured adequate access to these forms of protection (UNDP survey results report 90% of MSMEs). However, some workers did not have the possibility to reconcile work and family responsibilities or balance time-off with working hours. This is especially true for all frontline workers, such as healthcare and social workers, and those engaged in the delivery of essential services during the lockdown period.

(a) Occupational health and safety

As in any business or other professional setting, health sector OHS is paramount because, during the pandemic, 10–20 per cent of the total number of the confirmed cases involved healthcare workers.¹⁵¹

The United Nations and, in particular, WHO and ILO, have a strong role to play in advising the Government of Ukraine, trade unions and employers in the delicate phase of the socio-economic response of the return to work. Improving OHS measures to protect workers in the workplace are important aspects of minimizing the direct effects of COVID-19 as well as helping to manage satisfactory social bargaining between workers, employers and government.

WHO developed guidance regarding considerations for PHS in the workplace in the context of COVID-19.¹⁵² The guidance classifies risks of work-related exposure into low-, medium-, and high-exposure jobs depending on the probability of coming into close or frequent contact with COVID-19-infected people and through contact with contaminated objects and surfaces.

(b) Job classification by risk exposure

Jobs classified as low exposure are defined as those that do not require frequent or close contact with people with known to be, or suspected of being, infected with COVID-19. Jobs classified as medium-exposure are defined as those where there can be close and frequent contacts with the general public, co-workers or visitors, but no required contact with infected or suspect cases. Jobs classified as high-exposure are defined as those that require frequent contact with COVID-19 known or suspected cases.

(c) Preventive and reactive measures

Preventive and reactive measures must be established in all workplaces with hand hygiene, respiratory hygiene, physical distancing, reduction and management of work-related travels, regular environmental cleaning and disinfection, risk communication, training and education, together with the proper management of individuals with COVID-19 and their contacts.

It should be highlighted that the WHO guidance also provides advice on specific measures for medium- and high-exposure jobs, and provides consideration for rights, duties and responsibilities of workers and employers regarding occupational health and safety (OSH).

(d) Cooperation between management and workers

Cooperation between management and workers and their representatives must be an essential element of workplace-related prevention measures. This can be achieved by collaborating with worker safety delegates and safety and health committees in providing information and training while respecting the rights and duties of workers and employers in OSH. WHO recommends the classification of COVID-19 if contracted through occupational exposure as an occupational disease.

¹⁵¹ Kyiv Post (2020). "WHO envoy to Ukraine: Scale up testing, distance, adjust to new normal". 16 April 2020. Available at www.kyivpost.com/ukraine-politics/who-envoy-to-ukraine-scale-up-testing-distance-adjust-to-new-normal.html.

¹⁵² WHO (2020). "Considerations for public health and social measures in the workplace in the context of COVID-19 – Annex to Considerations in adjusting public health and social measures in the context of COVID-19". 10 May 2020. Available at www.apps.who.int/iris/bitstream/handle/10665/332050/WHO-2019-nCoV-Adjusting_PH_measures-Workplaces-2020.1-eng.pdf?sequence=1&isAllowed=y

WHO's public health expertise and tools can be used to support the government and private sector response. ILO's expertise in labour rights as well as long-established contacts with labour unions, employers' associations and labour inspectorates can be leveraged to develop appropriate key messages and support the enforcement of precautionary measures at the workplace. The combination can also assist in regularly surveying the social and behavioural perspectives of employers and workers on adapting the messages on public health and social measures and their responses. Accordingly, WHO has developed operational considerations for specific professional categories, and the Chief State Sanitary Doctor of Ukraine recently released recommendations for anti-epidemic measures covering businesses, long-term care and educational facilities and processes, with particular reference to kindergartens, and road passenger and public transport.

(iv) The State Employment Service

The State Employment Service moved most of its services to online platforms and simplified administrative procedures by introducing deferred formal registration and online enrolment in unemployment and part-time employment benefit programmes.

(v) Response of the social partners

Monitoring rights at work. The largest workers' organizations, such as the Confederation of Free Trade Unions of Ukraine (KVPU) and the Federation of Trade Unions of Ukraine (FPU), have been monitoring the situation of rights at work during the pandemic and working strenuously to ensure that workers access to PPE and sanitizers, transport to and from work, and payments during the quarantine period. Above all, they assured access to relevant information on COVID-19 on their websites on issues regarding remuneration, health and safety issues, payment of sick leave, annual leave and unemployment.

Legal aid. Among their services, workers' organizations also provided free legal aid by email and telephone, responded to appeals relating to labour and social rights, and occupational, safety and health (OSH) measures during the quarantine.

Workers' social protection. The Joint Representative Body (JRB) of the Representative All-Ukrainian Trade Unions advanced several proposals on the prevention of COVID-19 transmissions at the workplace and the social protection of workers. It also developed procedures for the delivery of partial unemployment benefits, which the Government adopted.

Preventing worker dismissals. Worker organizations urged the Government and employers to maximize their efforts to: (i) prevent the dismissal of workers who have been temporarily suspended and have had their production activities and services reduced; (ii) prevent wage losses and the deterioration of working conditions; (iii) introduce teleworking modalities where possible; (iv) agree with employees on either paid leave or shorter working time; and (v) ensure OSH standards at workplaces to prevent the contamination of workers.

Safe return to work. The Federation of Employers (FEU) has been disseminating a guide to employers on the safe return to work, which has been developed by the Bureau for Employers' Activities (ACTEMP) of the ILO. This guide is also supplemented with the services of a hotline providing further guidance on workplace safety measures and protocols to be implemented in cases where workers have symptoms of COVID-19 infection. The FEU website provides COVID-19-related information on government actions and decrees adopted in response to the crisis and its advocacy work.

(vi) Support for small and medium-sized enterprises

(a) Child assistance for SME owners

Child assistance for SME owners was provided to individual entrepreneurs through cash transfers. The amount is calculated based on the minimum subsistence level for each child. It applies only to officially registered private persons-entrepreneurs, and is not applicable to employees of companies or self-employed individuals; however, the evidentiary base for making this decision remains unclear.

(b) The Entrepreneurship Development Fund

Supported by the EU, the Fund will expand and facilitate lending for SMEs with affordable loans at a discounted interest rate.

(c) The '5-7-9' state loan programme and the "New Money" programme

These programmes will provide loans to MSMEs at zero or reduced interest rates backed by state guarantees covering 80 per cent of the loan amount to the bank. It is noteworthy that there is no conditionality related to employment creation or retention for these loans.

(d) Support for creative industries and tourism

Business entities engaged in culture, creative industries and tourism will benefit from Bill No. 3377, which amends certain legislative acts and provides for subsidies and tax exemptions.

(vii) Infrastructure works

Regarding job creation, Parliament approved the redirection of unused money from the Stabilization Fund to road construction works, which is estimated to create 12,600 jobs in the road construction industry and more than 50,400 in adjacent industries. Also, the national "Great Construction" project aims at building 100 schools, 100 kindergartens, 100 stadiums, 200 new hospital admissions units, and 4,000 km of roads. The project may generate 150,000 new jobs. The project is funded by the state budget, the Regional Development Fund and local budgets.

(vii) Response in agriculture

Support to the sector aimed at ensuring sufficient domestic supplies and preventing price increases of staple foods. To this end, the Government sold 160,000 tonnes of milling wheat at the local market and introduced state regulations on prices of a range of food items, including wheat flour, buckwheat, pasta, bread, milk and sugar. Other policy measures included providing agricultural loans and finance.

Agricultural producers were exempted from land tax and payment of rent of state-owned agricultural land for two months. Export limits of wheat for the 2019–2020 season were set at 20.2 million tonnes, which is not expected to affect the market because it is in line with market expectations and national balances from before the COVID-19 outbreak. Buckwheat and buckwheat grain (without shell) export was prohibited until 1 July. The foreign trade balance of agri-food products amounted to \$5.3 billion, indicating that Ukraine remains a net exporter of agri-food products.

(ix) Digitalization of government services

Government launched an E-Governance Action Plan for 2018–2020 and established the Ministry for Digital Transformation in charge of designing and implementing the state policy on digitalization. The Government is regulating and monitoring emergency procurement via open contracting data on ProZorro, the public e-procurement system. Since March 2020, entrepreneurs can learn at online events of the Business Information Support Centres (BISCs) and the Merezha online platform.

C. Suggested measures and policy options

The magnitude of the economic shock largely depends on how much the policy response will be able to cushion it. The UNCT suggests pursuing a **multipronged strategy** whereby, on the one hand, gender-responsive employment retention schemes are adopted for the short term together with OSH measures that ensure work safety, and, on the other hand, the emphasis is on local job creation through support packages for MSMEs that are also able to create jobs in the green economy, especially for vulnerable women and youth. These measures need to be accompanied by infrastructure investments for the economy to fully benefit from the advantages of digitalization.

(i) Employment retention and generation

The strategy involves the following five sets of measures:

- (a) **The development of a comprehensive employment policy**, linking policy decisions to support trade, foreign direct investments, industrial policy, infrastructure development and skills development to improvements in the quantity and quality of jobs, especially for vulnerable groups.
- (b) **Strengthening of institutions that bear direct responsibility for the efficient governance of the labour market** in the crisis response, such as the employment service, the Labour Inspectorate, employers' organizations and trade unions.
- (c) **Promotion of a decentralized implementation of the employment policy through local employment partnership initiatives (the LEP approach)**. ILO's LEP approach could be institutionalized at the local government level: communities would be supported in identifying their challenges, including biases against certain groups based on age, sex, gender and/or ethnic characteristics, and the solutions required to facilitate job creation and transition to formality.
- (d) In collaboration with social partners, the development of **gender-responsive employment retention schemes** aimed at preserving employment while enterprises wade through the crisis.

This schemes could include job-sharing, voluntary reductions in working hours and temporary income support for workers who are not generally eligible for employment retention measures (self-employed and seasonal workers, workers in atypical forms of work, informal workers). It is important that these schemes cover all those in need and provide sufficient income to fulfil basic needs for the entire duration of the crisis. To ensure that schemes are responsive to needs, it is also important to involve representatives of vulnerable groups in their development, including women and youth.

- (e) **Adoption of international labour standards** and enactment of relevant national legislation for the effective implementation of improvements in the labour market that concretely enhance the livelihoods of several categories of those workers particularly affected by the pandemic.

These standards and this legislation include the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), the Maritime Labour Convention (MLC, 2006) and the C185 - Seafarers' Identity Documents Convention (Revised), 2003, as amended (No. 185).

(ii) Safe work environments

- **Together with social partners, ensure the implementation of OSH measures** at the workplace to guarantee the safe and prompt return of female and male workers' to economic activity while preventing COVID-19 virus transmission at workplaces.

This includes the proper disposal of infectious waste such as discarded facial masks, gloves and other PPE. The scientific, health, humanitarian and development communities should collaborate with state and interested private actors towards enhanced understanding of transmission through waste management.

(iii) Greening the small and medium-sized enterprises

- **Strengthen SMEs' contribution to the low-carbon transition.**

The Government of Ukraine should provide SMEs with the information they need to adopt green practices, develop new markets through green public procurement, and take measures to improve the business case for SME greening.

SMEs have the potential to be key drivers in the shift to a greener economy and engines of competitiveness and innovation in the process.

Policies to support the greening of SMEs can improve the efficiency of resource use, enable participation in green supply chains, and contribute to a cleaner environment and improved public health. These policies could include:

- **financial support measures**, such as loans, loan guarantees and tax abatements for SMEs, which can be made conditional on environmental improvements;
- **regulatory systems** that provide incentives for better environmental performance, by encouraging firms to exceed environmental standards or to self-report issues;
- **the provision of clear and simple procedures to apply to regionally based business support mechanisms and business incubators** that could encourage more enterprising SMEs to transition from the informal to the formal sector.

(iv) Digitalizing small and medium-sized enterprises

- Support the **re-training of employees, encourage increased uptake of teleworking, foster the development of e-commerce and digital platforms** to promote trade, and encourage the development of new and innovative business models that leverage digital technologies.
- Help SMEs adopt new working processes and accelerate digitalization by ensuring that **firms are equipped with adequate IT connections, equipment and ICT skills**.
- Provide **tailored support to women- and youth-led SMEs in implementing teleworking modalities** as much as possible. Several countries have created or eased the rules governing teleworking. Some governments provide financial support to public services and SMEs to develop teleworking capacities.
- **Develop training and support programmes that are tailored to the different typologies of SMEs** located in rural and urban areas.

(v) Circular migration

- **Safeguard decent work for Ukrainian labour migrants:** Enforce implementation of the Strategy of the State Migration Policy of Ukraine by strengthening the legal and institutional framework for facilitating circular migration management in Ukraine and improving bilateral and multilateral cooperation with countries of destination.

This would allow to safeguard decent work, maximize benefits of well-organized seasonal migration and protect Ukrainian migrants when they accessing foreign labour markets – from the moment of recruitment until the return home, through the necessary health assessments and requirements of the countries of destination.

- **Support the safe return and reintegration of Ukrainian migrant workers:** Create the conditions for the sustainable reintegration of returnees, enabling them to reach economic self-sufficiency, social stability within their communities, and psychosocial well-being that would allow them to cope with (re)migration drivers.

To this end, the Ministry of Economic Development and Trade of Ukraine, in coordination with other relevant state agencies, is encouraged to reinforce efforts in creating a stable, transparent, predictable and well-governed economic and political 'return environment'.

- **Develop a framework that enables investments and incentivizes the temporary return of qualified nationals**

This can further stimulate economic growth and development in Ukraine, and could include, among other measures, programmes to harness the potential of returnees (development of business skills/business counselling, tax benefits, matching grants or affordable loans) and incentives for returning migrants to invest their financial resources as well as skills and knowledge in business start-ups in the country.

- **Declare remittance transfer an essential service,** establish economic support measures that benefit migrants and remittance service providers, support greater access to and use of digital technologies, and facilitate the implementation of financial regulation linked to remittances.

Remittance service providers are called upon to provide relief to migrants by reducing transaction costs, investing in financial education and literacy, and enabling easy access to remittance transfer channels.

(vi) Digital infrastructure

Digitalization offers opportunities for Ukraine to improve public service delivery, increase access to online schooling and telemedicine, and provide SMEs with new ways to reach customers.

- **Promote affordable, inclusive and safe access to digital infrastructure and technologies.**

Well-developed digital infrastructure is necessary to minimize the costs of the pandemic and take advantage of the opportunities offered by digitalization. The Government should explore ways to support the development of digital infrastructure in rural areas and strive to increase their affordability and security.

(vii) E-Government

- **Reduce administrative barriers by accelerating the implementation of e-government initiatives.**

The range and efficiency of e-government services could be expanded to meet the needs of individuals and businesses in the short term, and to enhance the transparency and efficiency of public administration in the long term.

Starting from ensuring the coherence of a digital strategy, support for digitalization should extend to all levels of government, including sub-national administrations in remote, rural and conflict-affected areas. Databases run by public institutions should be integrated to ensure access to a comprehensive range of e-government services and to ensure the protection of personal data.

(viii) Food and agriculture

In order to support agricultural producers through the COVID-19 pandemic and to keep agri-food value chains functional, it is recommended to prioritize the following activities:

- **Develop a crop insurance system with state support.**

An effective insurance system will help minimize the effects of negative events and natural disasters, and as appropriate, facilitate monitoring by the Government.

- **Develop legislation and infrastructure along food value chains with an emphasis on storage and processing.**

Supporting the development of storage and processing facilities by value chain operators will create opportunities for employment, value addition, diversification and reduce food loss and waste.

- **Stimulate the development of entrepreneurship.**

A conducive environment should be created for testing and implementing entrepreneurial ideas in the food and agriculture sectors, particularly start-ups for women and youth, with a focus on returning migrants who have acquired know-how abroad.

- **Support digital connectivity in agriculture**

In conditions of limited access to outlets, it is important to enhance connectivity, such as the use of tools for online sales for agricultural inputs and outputs, supply chain logistics and traceability. Connectivity will positively affect market information products, including prices, quantities and quality standards. Traceability will be a particularly relevant component, allowing products to be traced through their life cycle (from farm to fork). Digitalization in the production, transportation, storage and selling of products will also minimize food loss and waste.

- **Facilitate foreign trade and investment.**

Facilitating the movement of capital and labour across the border by cutting red tape (trade and investment facilitation) will optimize the use of productive resources and a more competitive food market for the benefit of consumers, both at home and abroad.

Since the 2014–2015 crisis, Ukraine had achieved major development gains through the implementation of reforms which helped improve macroeconomic fundamentals and shape positive expectations of the country's future prospects. However, containing the COVID-19 spread has led the national economy into a recession, and, much like the rest of the world, the need for massive counter-cyclical fiscal and financial efforts.¹⁵³ This chapter:

- reviews the impact of the pandemic at macroeconomic level and shows that the **stabilization of macroeconomic fundamentals carried out in the past six years cushioned the first impact** of the crisis;
- presents projections indicating that **easing the lockdown measures before the epidemiological situation was under control and the healthcare response adequately strengthened in all regions likely postponed the anticipated early recovery** by one year;
- elaborates on the **government fiscal and monetary policies that rely on the expansion of borrowing from international financial institutions**.

The chapter stresses that long-term financial sustainability is key to Ukraine's smooth recovery from the crisis and to finance its bold reform agenda and growth ambitions. The UNCT offers a set of recommendations and policy options that will assist the country in recovering better from the pandemic and creating its own, sustainable, 'new normal', which suggest:

- the **fiscal stimulus package should address equality concerns** and mainstream the priorities of migrants and other vulnerable groups within recovery plans;
- creating **adequate fiscal space for reforms** is possible through greater formalization of the economy, reform of the tax policies and savings that will arise from the social protection reform itself;
- promoting a **greener economy and decarbonization, which is a great opportunity for Ukraine to free itself from dependence on fossil fuel and addressing climate change concerns**.

Finally, the UNCT suggests that fostering participation by representatives of civil society, women and youth organizations and other disadvantaged groups in shaping the reform and recovery processes would add great value to their contents and ensure successful outcomes.

153 For example, the United Nations Secretary-General has called for a comprehensive multilateral response amounting to at least 10 per cent of global GDP.

Source: UNDP Ukraine – The process of antiseptic labeling at the Institute of Water Treatment Technologies (Severodonetsk, Luhansk Oblast).



VIII. Pillar 4:

Facilitating macroeconomic response and multilateral collaboration



A. Impact

The multitude of available national and international economic assessments¹⁵⁴ do provide forecasts of various severity, but all have two main caveats: the unprecedented magnitude of the current crisis; and the significant rate of uncertainty of the situation. Initial assessments focused on quantifying the direct impact of containment measures. Later assessments also took into consideration policy measures and the epidemiological evolution of the pandemic.

(ii) GDP contraction

Projections for Ukraine's GDP growth changed from +3 per cent in January to -6 per cent¹⁵⁵ in July 2020, taking in consideration the temporary closure of domestic sectors. The manufacturing, retail trade and transportation sectors were hit particularly hard, and there was a strong contraction of domestic demand, exports and remittances. In June, projections were more conservative, with a GDP contraction of -8.2 per cent plausible. This was explained by the increase in confirmed cases in the country at the end of June after easing off containment measures.

In case strict lockdown measures are prolonged or re-instated to mitigate a second wave of infections, assessments indicate greater long-term damage to economic fundamentals with a possible reduction of GDP by -11.2 per cent¹⁵⁶ and investment leading this decline. Forecasts point to a very weak external environment, supply-side disruptions, and a major slump in domestic demand. The pace of economic growth is projected to pick up only gradually in the years ahead, to around 4 per cent as some further progress is made in implementing reforms. Nevertheless, output is not expected to reach its pre-crisis levels until 2023–2024.

(iii) Exchange rate and inflation

In addition to further output contraction, forecasts indicate that the prolonged stress on national systems of managing the crisis will lead to further disruptions in essential services, a deeper economic decline and unemployment levels, a depreciation of the hryvnia and an inflation increase to 7.5 per cent by year end.

The higher import costs will make consumer goods and services even less affordable for low-income and unemployed individuals.

During 2021, it is expected that weak demand and exchange rate stabilization will make the inflation rate drop to the NBU's 5±1 per cent target band while the external position will continue to deteriorate.

(iv) Current accounts and foreign trade

The Government expects a 5.5 per cent decline in exports to \$59.9 billion, and a 10 per cent decrease in imports to \$68.2 billion at year end because Ukraine's exports are dominated by food items, which are relatively little affected by the pandemic.

(v) Remittances and poverty

As mentioned in Chapter VII, Pillar 3, remittances are expected to decline as Ukrainian workers abroad are laid off or cannot work due to lockdown measures in their host countries, and seasonal migrants cannot travel due to restrictions in Ukraine and the host countries. Combined with the large share of informal employment (30%), which decreases the effectiveness of support measures, this will increase poverty levels, especially in communities that are migrant-dependent.

(vi) Government consumption

While in 2020, the general government deficit is expected to increase from 2.25 per cent to almost 8 per cent of GDP, the rebounding of economic activity and the phasing out of crisis-related expenditures are expected to support revenues and reduce the budget deficit to about 4–5 per cent of GDP in 2021 (Table 9). To place public debt back on a downward path, fiscal policy will need to be tightened and able to count on a broader tax base, improved revenue administration and rationalized current expenditures.

¹⁵⁴ This section relies on World Bank, IMF, OECD, EU, the German Economic Team, and Government of Ukraine official statistics, assessments and projections, and presents only the most important data. One of the sources is the IMF June 2020 Country Report, which provides a comprehensive analysis on the current state of the Ukrainian economy.

¹⁵⁵ Official assessment of the National Bank of Ukraine in July 2020 (accessed on 24 July 2020).

¹⁵⁶ German Economic Team. Newsletter 139. May 2020. Available at www.german-economic-team.com/ukraine/en/newsletter-issue-139-may-2020 (accessed on 18 June 2020).

TABLE 9. CONSENSUS FORECAST,* 2020–2021

Indicator	Questionnaire survey ¹		Consensus forecast ²		Government forecast ³		IMF forecast ⁴		World Bank forecast ⁵	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
GDP, % real change	-4.4	2.3	-4.2	2.4	-4.8	x	-8.2	1.1	-3.5	3.0
Consumer price index,										
<i>Annual average</i>	107.1	108.6	105.8	107.7	106.8	x	104.5	107.2	108.9	105.0
<i>Dec. to Dec. of the previous year</i>	110.0	107.5	107.0	105.9	111.6	x	107.7	105.9	x	x
Rate of exchange, UAH/US\$										
<i>Average</i>	28.5	29.0	28.85	30.0	30.0	x	x	x	x	x
<i>End of period</i>	30.0	30.0	29.5	30.75	29.5	x	x	x	x	x
Unemployment rate, % of the labour force aged 15–70	9.7	9.1	9.4	9.1	9.4	x	12.6	12.0	x	x

Notes:

- 1 Average values of several main forecast indicators, estimated by experts, on the basis of common assumptions and a common consensus scenario of economic development.
- 2 Average values of main forecast indicators of Ukraine's economic development, calculated as a median on the basis of the survey respondents' own assumptions and economic development scenario.
- 3 Indicators presented in the CMU Resolution No. 253 of 29 March 2020.
- 4 Request for Stand by Agreement. Available at www.imf.org/en/Publications/CR/Issues/2020/06/10/Ukraine-Request-for-Stand-by-Arrangement-Press-Release-Staff-Report-and-Statement-by-the-49501
- 5 World Bank Group (2020). Fighting COVID-19. Europe and Central Asia Economic Update. Office of the Chief Economist. Spring 2020. Washington, D.C. Full forecast available at <https://openknowledge.worldbank.org/bitstream/handle/10986/33476/9781464815645.pdf>

* German Economic Team. Newsletter 139. May 2020. updated with recent IMF estimates. Available at www.german-economic-team.com/ukraine/en/newsletter-issue-139-may-2020 (accessed on 18 June 2020).

SCENARIOS OF UKRAINIAN ECONOMY'S DEVELOPMENT IN 2020–2021*

By June 2020, the situation in Ukraine evolved to the most pessimistic scenario drawn by forecasting institutions:¹⁵⁷

- Containment of the virus became the country's top priority and quarantine measures were extended.
- Recession appeared more severe.
- Resumption of the economic activity immediately led to increase of infection cases.
- Adoption of the "adaptive quarantine" approach still affected economic activity and growth expectations.
- The situation would be further aggravated in case of an acceleration of the disease propagation rate and a corresponding dramatic rise in the number of patients in need of medical attention.

This would result in additional losses and further deterioration of the social protection and health systems, leading to a general crisis where people have limited access to essential services including healthcare, social and educational services. Under this scenario, economic decline and unemployment growth are possible as a result of enterprise closures, broken economic ties, reduced production capacities, and restricted financial, banking and transport infrastructure operations.

Under such conditions, external and domestic demand would be low due to hindered economic growth and reduced purchasing power due to a drop in real incomes: GDP would contract by 7–8 per cent; the hryvnia would depreciate considerably, to UAH31/USD 1 on average; inflation would be 12–13 per cent (December to December), and the budget deficit would reach 8 per cent.

Source: *Estimates based on the Consensus Forecast "Ukraine in 2020–2021: Aftermath of the pandemic" prepared by the Ministry for Development of Economy, Trade and Agriculture of Ukraine, in cooperation with UNICEF in Ukraine in April 2020.

157 Forecast by the Ministry for Development of Economy, Trade and Agriculture of Ukraine, in cooperation with UNICEF in Ukraine as part of the Consensus Forecast "Ukraine in 2020–2021: Aftermath of the pandemic" prepared by the in April 2020.

B. Response

(i) Role of UNCT

The Joint SDG Fund. In June 2020, the Joint SDG Fund approved a new \$1 million programme to support national and regional strategic planning and financing for a COVID-19 response that is firmly anchored in pursuing the SDGs in Ukraine.

The programme aims to support the alignment of government resource allocation with the 2030 Agenda for Sustainable Development. The activities will result in more effective steering of existing – and potential – finance flows towards long-term, sustainable development priorities. They will involve identification of gaps in gender-sensitive funding and institutional capacities with respect to budgeting, planning and strategy development. The Development Finance Assessment (DFA) will help understand how development funding is allocated at the national and local levels, and how public-private partnerships can be leveraged to mobilize additional resources for the SDGs.

The model Integrated National Financing Framework (INFF) will focus on the national and sub-national reform and decentralization processes in selected regions and seek synergies between contributions from participating agencies and local initiatives. The programme will take the form of technical assistance, analysis and capacity building, and bring together the collective knowledge, experience and comparative advantages of three resident United Nations agencies (UNDP, UNICEF, WHO) in Ukraine. In addition, the United Nations Economic Commission for Europe (UNECE) as a non-resident organization will provide support on financing mechanisms to promote private sector engagement.

The focus of participating agencies will be as follows:

UNDP will provide overall technical guidance and support for the development of the gender-responsive Integrated National Financing Framework (INFF) and national capacities relating to administrative, budgetary and strategic planning processes. This includes carrying out the Development Finance Assessment (DFA), budgeting for SDGs, and assessment of finance flows within medium-term expenditure frameworks (MTEFs).

WHO will support the review of health sector strategies, mapping of programmes and inter-sectoral cooperation on health-related SDGs. It will also support the Ministry of Health in developing performance measures as part of the MTEF implementation.

UNICEF will provide technical guidance and support regional and local health authorities to pilot the adoption of the Universal-Progressive Patronage Home Visiting Model (for service delivery for maternal and childcare) by optimizing the PHC financing system in place, supplemented by the Public Expenditure Tracking Survey and Quantitative Service Delivery Survey (PETS/QSDS). These surveys will enable to provide strategic advice through the SDG lens of budgetary priorities and allocations to PHC at sub-national level.

UNECE will review the national legal and regulatory framework and build capacities for public private partnerships (PPPs) including the preparation and appraisal of PPP projects.

(ii) Fiscal policies

While enacting lockdown measures, the Government took a series of macroeconomic policy measures to manage and mitigate the impact of COVID-19. The most important measures are as follows:

(a) General government budget

The Government adopted a supplementary budget, which allows the deficit of the general government to expand to UAH300 billion (about 8 per cent of GDP, around \$11 billion). This measure takes into account the large drop in revenues expected due to the decline in activity as well as the additional spending required by the response to the COVID-19 crisis.

(b) The stabilization fund

A UAH 200 billion (\$7.17 billion) stabilization fund was created to support pensioners and the newly unemployed by pooling resources from all government departments and agencies, instructed to reconsider their investment programmes and regional development projects to find resources for the Fund.

(c) Budget law amendment

The amendment redirected funds from non-priority state programmes to create a UAH64.7 billion (\$2.4 billion) *Fund to Counter COVID-19*, allocating an additional UAH15.8 billion (\$600 million) to the National Health Service and additional UAH29.7 billion (\$1.1 billion) to the pension fund. In addition, the amendment cut subsidies, regional budgets, financial assistance for schools and teachers, sports programmes, expenditure on local elections, and funds allocated to the Government's planned census. This resulted in a total decrease of the budget's revenue plan of UAH119 billion (\$4 billion) based on a GDP reduction of -3.9 per cent in 2020.

UAH18,697 billion out of the UAH64,669 billion allocated to this Fund to date was released as of June 25, which is about one quarter of the total.¹⁵⁸

(d) Tax measures

The main tax measures included:

- cancellation of penalties for certain tax legislation violations;
- a moratorium on tax audits and inspections;
- postponement of the deadline for filing annual income and asset declarations;
- short-term waivers for payments of rent on land, real estate tax and penalties for late or incomplete payment and late filing;
- deductions for COVID-19 medicines;
- VAT and import duty exemption for medicines, medical devices and other equipment used to prevent or combat COVID-19;
- increased thresholds for the taxpayers under simplified taxation regimes and waiving of their payments of social security contributions.

(iii) Monetary and macro-financial policies

The National Bank of Ukraine (NBU) has been playing a key role in maintaining the liquidity of the Ukrainian economy through the following actions:

- sold around \$2.2 billion in March, depleting international reserves by 8 per cent to maintain UAH currency exchange against negative expectations and demand pressures;

- cut the key policy rate by 500 bps and narrowed the corridor on the overnight standing facilities from 2 per cent to 1 per cent;
- provided banks with more flexibility in liquidity management by doubling the frequency of liquidity tenders and issuance of certificates of deposit, and extending the maturity of short-term refinancing loans;
- modified the calculation of reserve requirements (effective April 11) so as to free up more domestic currency liquidity;
- delayed the introduction of additional capital buffers, including the capital conservation buffer and the systemic buffer;
- adopted a regulation that facilitates the restructuring of loans to borrowers facing financial difficulties due to impact of COVID-19;
- waived penalties on clients not servicing their loans during the lockdown period;
- operationalized an agreement to maintain the current minimum statutory capital of banks;
- extended simplified procedures for banks' restructuring and recapitalization;
- extended the deadlines for the banks to submit their problem asset resolution plans, risk tolerance declarations, business recovery plans and financial statements;
- eliminated the tariffs for banks using its electronic payments system (SEP);
- provided banks with guidance to ensure and promote their remote/cashless services;
- waived sanctions for the violation of capital adequacy requirements, liquidity requirements and credit risk, as well as restrictions on transactions between the bank and investors related to the subordinated debt;
- extended the term of the refinancing loans that are granted through weekly tenders and expanded its list of eligible collateral that banks can use to obtain financing using standard liquidity support instruments;
- introduced an interest rate swap tool that banks can rely on to minimize interest rate risk and auctions under the long-term refinancing instrument;
- together with EBRD, set up a \$500 million FX swap facility to support the real economy and strengthen Ukraine's macro-financial stability.

¹⁵⁸ The Accounting Chamber is monitoring COVID-related health expenditures from all tiers of the Government. https://public.tableau.com/profile/ua.gov.covid19#!/vizhome/COVID-19UKRAINE/COVID_19.

(iv) Main government programmes

(a) The Government Action Programme

The Government Action Programme was revised to include the response of the Government to COVID-19. It needs further revision to obtain parliamentary approval. Its most important objectives are:

- the digitalization of public administration;
- employment generated by SMEs and farming;
- transition of the economy towards high technology production;
- privatization of state-owned enterprises;
- tax structure optimization;
- social sector reform including pensions, subsidies, rehabilitation services and assistance for orphans.

(b) The Economic Stimulus Programme

On 27 May 2020, the Government approved the Economic Stimulus Programme, a support package developed with broad participation from economic actors that expands access to finance and markets for domestic producers, and encourages job creation and tax payment.

(v) Partners' response

To help finance the response, maintain macroeconomic stability and continuity of services, and anchor the response to pursuing the SDGs, the UNDS in Ukraine offered the following support package:

The European Bank for Reconstruction and Development. In partnership with Ukraine's leading leasing company LLC "OTP Leasing" (OTPL), the European Bank for Reconstruction and Development (EBRD) will help domestic SMEs continue their business activities through long-term leases despite the current market turmoil caused by COVID-19. This assistance will be in the form of a four-year EUR15 million senior loan to OTPL, established within a credit line under the Deep and Comprehensive Free Trade Agreement (DCFTA) between the EU and Ukraine.

The European Union. The EU granted Ukraine a new EUR 1.2 billion loan for macro-financial assistance (MFA) to help the country respond to the pandemic. This loan complements previous financing of EUR3.8 billion in MFA loans since 2014. This is the largest amount of MFA that the EU has ever disbursed to any single partner country.

This financing is conditional upon Ukraine's fulfilling general political pre-conditions (respect for effective democratic mechanisms, including a multi-party parliamentary system, the rule of law and human rights) and satisfactory performance under the International Monetary Fund (IMF) Stand-By Arrangement (SBA). Finally, the European Commission (EC) decided to allocate a EUR190 million aid package to Ukraine to support the healthcare system, the economy and small and medium-sized businesses, and protect vulnerable groups.

International Monetary Fund (IMF). On 9 June 2020, the IMF extended an 18-month \$5 billion SBA providing balance of payments and budget support to help Ukraine's COVID-19 response. There are four agreed priorities: (i) mitigation of the economic impact of the crisis through direct support to households and businesses; (ii) continued independence of the central bank and flexibility of the exchange rate; (iii) the safeguarding of financial stability while recovering the costs from bank resolutions; and (iv) implementation of key governance and anti-corruption measures.

This financing is seen as vital to help the country bridge its current gap in the response to the crisis. In addition, the IMF highlighted the importance for the Government not to use these funds as an additional one off payment to temporarily protect people's access to basic needs, but rather, to contribute to permanent, expanded protection, currently under reform, in all key sectors, the most important being healthcare, social protection and employment creation.

World Bank. On 26 June 2020, the World Bank extended the Social Safety Nets Modernization Project to Ukraine amounting to \$350 million. This loan will support: (i) de-monopolization and anti-corruption institutions; (ii) land and credit markets; and (iii) the social safety net. This loan was preceded by two additional financing initiatives topping up ongoing loans: \$135 million for the Serving People, Improving Health Project; and \$150 million for the *Social Safety Nets Modernization Project*. These two reform projects aim at strengthening the country's healthcare and social protection systems, respectively. The additional components equipped them with the necessary resources for the COVID-19 response in their respective sectors of intervention.

C. Suggested policy options

Sustained financing. The Government has taken decisive steps to increase financing of the COVID-19 response through both domestic and external resources, which provide the necessary breathing space to address short- and medium-term needs. However, policy response will need to be oriented towards supporting economic recovery and building resilience in the long term, and thus a suitable financial envelope will need to be identified for this purpose.

Improvements to the current response. The Government Action Programme and the Economic Stimulus Programme, described above, constitute a strong starting point for a solid response. At the same time, several aspects could be strengthened to ensure that the delivery of support that is well targeted, adequately budgeted and leaves no one behind.¹⁵⁹

It would be important for the response to consider the concluding observations on the seventh periodic report of Ukraine in terms of enhancing the level of protection of economic, social and cultural rights. In particular, it would be important to:

- undertake a human rights impact assessment of the country's macroeconomic and budgetary policies, with a view to maximizing the resources available to achieve the full realization of economic, social and cultural rights;
- increase the level of social spending, paying particular attention to disadvantaged and marginalized groups and regions with high levels of unemployment and poverty;
- conduct a comprehensive assessment of the impact of the fiscal consolidation policy on the enjoyment of economic, social and cultural rights. Special attention should be dedicated to assessing the impact of the policy on marginalized and disadvantaged groups following the recommendations included in the 2016 Statement by the Committee on Economic, Social and Cultural Rights on public debt and austerity measures (E/C.12/2016/1);
- take rigorous measures to combat tax evasion, particularly the practice of undeclared wages ('envelope wages') and the undervaluation of real estate.

The following nine sets of recommendations are offered for consideration for both short- and long-term policy measures:

(i) Leave no one behind

The principle of 'leaving no one behind' refers to reaching the poorest of the poor and eliminating discrimination and rising inequalities and their root causes. It is also key to containing socio-economic risks that threaten to undermine the attainment of the SDGs, reversing adverse social dynamics already underway and adding a powerful argument for holding a nationwide census that enables evidence-based policy formulation.

'Leaving no one behind' means ensuring progress for all population groups. It requires localized, disaggregated data to identify income and wealth disparities, unjust, avoidable or extreme inequalities in outcomes and opportunities, and patterns of discrimination in law, policies or practices.

By helping identify who is being excluded or discriminated against, how and why, as well as who is experiencing multiple and intersecting forms of discrimination and inequalities, these data help address patterns of social exclusion, structural constraints and unequal power relations that reinforce inequalities and reproduce them over generations. In a crisis such as COVID-19, there will be many more people who will be excluded and discriminated against than in any other circumstance.

(ii) Target the most vulnerable and address inequalities

Increasing fiscal space may well require the adoption of expansionary monetary policy and central bank interventions to complement fiscal measures, as is the case in Ukraine. The NBU is playing an important role and influencing credit availability to specific sectors and/or to targeted groups such as women entrepreneurs and farmers.

Loan guarantees. NBU's offer of loan guarantees can reduce private banks' risk exposure, allowing them to lower the cost of lending to borrowers and substitute collateral. This can help leverage access to credit to formalize informal SMEs and could be linked to incentives promoting the retention of workers.

¹⁵⁹ This point is also raised in the Joint United Nations Development Coordination Office, Report of the Mainstreaming, Acceleration and Policy Support mission. The mission provided recommendations for formulating Ukraine's roadmap toward attaining the SDGs and implementing the principle of 'leaving no one behind', which are also relevant to the COVID-19 situation.

Systematic vulnerability mapping and gender mainstreaming. Before developing policies in response to the COVID-19 crisis, it is important to map the most vulnerable and marginalized groups, and conduct gender analyses. This will ensure gender-informed policies and equitable access to basic rights.

(iii) Conduct gender analyses before policy formulation

As in previous crises, women and girls are among the most disadvantaged groups. They experience disproportionately employment losses and income insecurity since they are concentrated in service industries, in sectors dominated by MSMEs and in informal employment. Further, they experience a disproportionate increase in their unpaid care work.¹⁶⁰

Women are also primarily essential workers. As health-care and social workers, they face greater exposure to COVID-19. Further, domestic violence, which has spiked due to stay-at-home measures, and increased food insecurity limit their bargaining power within households. In short, this crisis threatens the hard-won progress made towards gender equality and women's empowerment, and even reverses gains achieved to day towards SDG 5 (Gender equality) national targets.

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

Making progress towards gender equality helps unlock the full potential of both women and men in the labour market and in leadership. It contributes to better health and well-being, social cohesion and sustainability. Accordingly, the accelerator in this area entails closing the gap in women's economic and political participation and eliminating discriminatory gender stereotypes.

Increasing equal opportunities for women's participation in the work force and closing the pay gap between women and men will have a positive impact on economic growth in Ukraine. The business case for closing the gender opportunity gap is compelling. In times of skills shortages and demographic change, Ukraine cannot afford to underutilize female talent.

Full participation by women in the labour market supports GDP growth through more hours worked and higher productivity owing to the availability of more qualified human resources in production.¹⁶¹

(iv) Embed gender equality concerns in the fiscal stimulus package

According to UN Women Rapid Gender Assessment (RGA), in Ukraine, the employment rate is lower for females than for men. Women earn lower wages, salaries and pensions, and are more dependent on social assistance. They therefore have fewer opportunities to save, which ultimately renders them more vulnerable in the context of the economic crisis caused by COVID-19.

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

Given the disproportionate adverse impacts that the crisis has on women and girls, it is imperative that gender equality concerns and women's economic empowerment are embedded in national fiscal stimulus packages as well as in the design of national policy responses.

(v) Mainstream migrants' concerns in recovery

As mentioned in the report, migrants' remittances are one of the main pillars of the Ukrainian economy because they contribute to more than 10 per cent of GDP. Families of migrant workers in Ukraine rely on money sent home to provide for their basic needs. Returning migrants can play an important role in the COVID-19 response and economic recovery, contributing their skills, knowledge, expertise and financial resources.

160 UN Women (2020). Rapid Gender Assessment of the COVID-19 Impact in Ukraine, June 2020.

161 European Institute for Gender Equality (EIGE) (n.d.) Economic Benefits of Gender Equality in the EU: How closing the gender gaps in labour market activity and pay leads to economic growth. Available at <https://eige.europa.eu/gender-mainstreaming/policy-areas/economic-and-financial-affairs/economic-benefits-gender-equality/activity-pay>.

However, two main measures are required to tap their potential:

(a) Improve overall coordination on migration.

It is important to establish a strong and effective governmental, inter-agency, coordination mechanism, to meet the complexity of the migration processes and strengthening it as necessary. This is achieved by involving the expertise of international and CSOs to ensure the safety and prosperity of migrants and of the country as a whole.

(b) Improve data collection, analysis and sharing.

Government and migration stakeholders should not only continue to collect and analyse relevant data on mobility of migrant workers, but also systematize and share them so as to be able to develop evidence-based policy and programmatic response.

(vi) Create fiscal space through reformed tax policies

Significant reliance on external financing should focus on the short term while Ukraine needs to tap into its domestic resources to cover the cost of the crisis, stimulate development and build back better.

The current discussion of progressive tax scheme is an opportunity to improve performance of personal income tax and possibly property tax, and increase efforts to stimulate the formalization of the Ukrainian economy.

The informal economy is pervasive in Ukraine and reducing informality is critical for fiscal sustainability. The large share of informal activities imply vast public revenue losses, poor working conditions, and unfair competition for registered businesses.

This discussion echoes the conclusions of the recent High-Level Event on Financing for Development in the Era of COVID-19 and Beyond, which emphasized decisive action on the tax agenda in terms of expanding the fiscal space and fostering domestic resource mobilization by preventing illicit financial flows. These conclusions build on Ukraine's participation in the OECD/G20 *Inclusive Framework on Base Erosion and Profit Shifting* (BEPS) initiative.¹⁶²

Finally, implementation of broad-based carbon tax for local large and small emitters could provide the necessary incentives to greening efforts, raise revenues and stimulate innovation.

(vii) Promote a greener economy and decarbonization

Climate change has and will continue to have significant consequences on Ukraine as natural disasters are becoming more frequent, causing significant economic losses and threatening health, life, the environment and food security. The business-as-usual forecast contains impending massive climate change effects.

Agricultural crops are expected to suffer, necessitating significant investments in climate change adaptation, for example, in irrigation technologies and in creating temperature change-resistant crops.

Natural disasters and migration to adapt to climate change could displace entire settlements.

Recovery policies should focus on setting the economy on a more sustainable and resilient path and avoid reproducing the pre-crisis status quo.

Sustainable strong economic growth requires markedly reducing the carbon-intensity of the Ukrainian economy. Ukraine's energy intensity of production (estimated at 0.34 toe/\$1,000 in 2013 by the International Energy Agency) is around 50 per cent higher than the EU average.¹⁶³

Greening the development path by reforming environmental governance and supporting green business will help Ukraine overcome the technological lock-in of the extensive and polluting industrial legacy of the past.

In particular, the Economic Stimulus Programme includes a component titled, 'Ecological modernization'. This programme provides an opportunity to promote broader environmental sustainability and climate action. This will be achieved by directing spending and policy incentives for the massive potential of the green industry and circular economy in terms of both job creation and health benefits, since environmental resilience is one of the key aspects to prevent future pandemics.

The Ukraine 2050 Green Energy Transition concept serves as a solid basis to launch a national discussion in this direction.

¹⁶² Multinational enterprises exploit gaps and mismatches between different countries' tax systems and move their profits where it is most convenient for them. Through the OECD/G20 Inclusive Framework on Base Erosion and Profit Shifting (BEPS), over 135 countries are implementing 15 actions to tackle tax avoidance, improve the coherence of international tax rules, and ensure a more transparent tax environment.

¹⁶³ Ministry of Economic Development and Trade, 2016 Report on Green Transformation in Ukraine, based on OECD Green Growth Indicators.

(viii) Review green regulation and incentives

The private sector has great potential to drive green growth. Fostering entrepreneurship, supporting start-ups, and creating a stable environment for business to grow using green growth principles are important. The challenge is to design the right regulatory and policy package, complemented with activities to address capacity for, and information gaps in the potential for new, greener export and domestic markets. Two areas with an enormous potential for greening if the right policies and incentives are set are agriculture (owing to fertile land and proximity to the immense EU market) and construction (with a large scope to increase efficiency at the user stage). **This can lead to the creation/expansion of a new market on greener products and services.** Also, digital technology and more innovative technologies, including renewable energy, could be the focus in private sector development.

(ix) Address climate change

Ukraine's economy is currently among the most carbon-intensive in the world, which has a significant impact on people's health and the environment.

Climate and energy action is a central element of 'building back better'. Indeed, Ukraine can adopt more ambitious climate targets in line with its commitments under the Paris Climate Agreement. Specific policy recommendations that could both stimulate green growth and increase domestic resource mobilization include:

- **Remove the remaining direct and indirect fossil fuel subsidies** to stimulate green growth and increase fiscal space.
- **Eliminate environmentally harmful direct and indirect subsidies,** and re-allocate part of the budgetary resources thus freed up to provide economic incentives for green growth and for SDG attainment in other areas, for example, social protection, livelihoods, health and education, assistance to IDPs.
- **Address climate change in both production and consumption,** and send the right signals to investors and financing entities about investments in energy to avoid misallocating scarce resources and locking the country into high-emission technologies for decades.
- **Increase CO₂ tax,** currently among the lowest in the world, to further finance climate action and stimulate CO₂ emission reductions.
- **Develop a greenhouse gas emission trading system** in line with the EU Association Agenda commitments to curb emissions, stimulate investments and provide additional budget income.

Social cohesion relies on the propensity and willingness of community members to trust each other and work together towards common goals. It has a negative correlation with the level of inequality in society and a positive one with the quality of social capital. COVID-19 diminished access to social, economic, civil and political rights, thus exacerbating inequalities and diminishing voice, participation and the sense of belonging, and thus reducing the level of cohesion.

The effectiveness of the response to the pandemic depends on the level of trust in society and the commitment of political leaders to learn, collaborate, consult and take principled decisions in times of uncertainty.¹⁶⁴ This commitment to the common good determines the degree of public trust in leaders and institutions, which in turn affects citizens' willingness to comply with the restrictions to their daily lives imposed by lockdown measures.¹⁶⁵

The chapter:

- elaborates on the impact of the crisis on the pre-existing mistrust in the health system in general and in doctors in particular, which are linked to the real hardships that people experienced as a result of the health system's dysfunctions;
- reviews the prevalence of conspiracy thinking, which is normally considered a precursor to conflict escalation in the peacebuilding literature;
- discusses the representation of women in response coordination bodies;
- weighs the impact of the adoption of emergency measures on fundamental freedoms and human rights, including access to security and public information, of all socio-economic groups, especially the most marginalized and vulnerable;
- analyses how the differentiated impacts of these measures have been taken in consideration when formulating the response;
- reviews the response by the Government and partners;
- analyses how emergency measures have altered people's trust in established institutions, and perceptions on access to political and civil rights, public information, the justice system, security and the rule of law;
- provides recommendations and policy options to be taken into consideration in the immediate and long term, which suggest:
 - avoiding the politicization of the disease;
 - adhering to the ceasefire;
 - expanding the participation base in the response;
 - enabling access to political and civil rights in addition to socio-economic rights, especially for people in conflict-affected areas and the most vulnerable.

164 OSCE (2020). Human Dimension Commitments and State Responses to the Covid-19 Pandemic, July 2020.

165 *ibid.*

Source: Depositphotos, 2020





IX. Pillar 5: Supporting social cohesion and community resilience

A. Impact

(i) Population’s trust in institutions

WHO had already pointed out the need for social dialogue on health reform prior to the pandemic, which increased the demand for strong national and local institutions able to deliver universal access to health and socio-economic rights, including the rule of law, protection and conflict composition.

A cohesive society is one where citizens have confidence in public institutions and believe that social economic institutions are not subjected to corruption. Confidence and corruption issues are dimensions that are strongly related to societal trust.

Source: Society at a glance 2019: OECD social indicators.

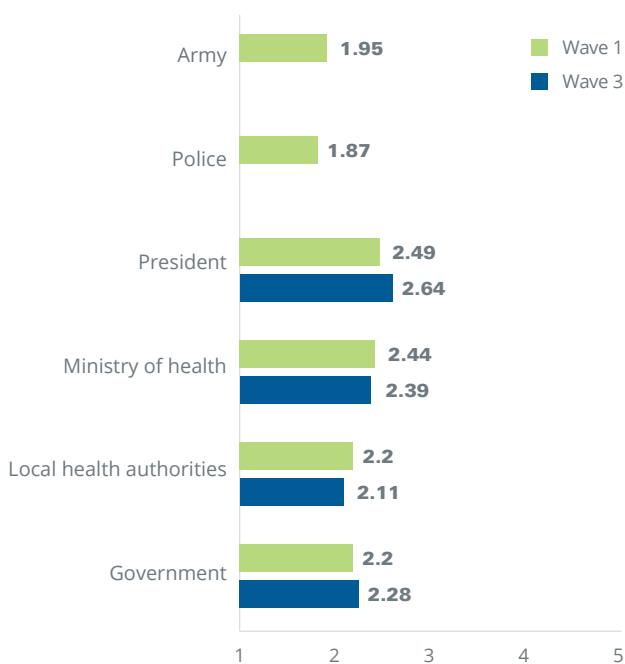


FIGURE 17. LEVEL OF CONFIDENCE IN INSTITUTIONS: GOVERNMENT AND SECURITY FORCES

Source: WHO, 2018.

SCORE 2018 and 2020 survey results showed that the level of confidence in national institutions on the reform progress is low. The crisis amplified popular mistrust in the health system in general and doctors in particular; “government reform efforts to date [being] viewed negatively”.¹⁶⁶ This perception is linked to the real hardships people experienced as a result of the health system’s dysfunctions. In 2018, 16.2 per cent of households suffered from catastrophic health expenditures¹⁶⁷ and 92 per cent feared plunging into a financial catastrophe due to illness.¹⁶⁸ The issue of perception is thus critical to the social cohesion dynamics in Ukrainian society as a whole.

As the COVID-19 outbreak unfolded, WHO fine-tuned the baseline analysis prepared for the health reform and carried out a behavioural insights study.

The methodology was standardized across the region and offered cross-country comparisons updated on a weekly basis.

The analysis provides data on public trust in the health authorities, risk perceptions, acceptance of recommended behaviours, misperceptions and stigma-related information.

The study results show that the level of trust in institutions (the President, the Government, the Ministry of Health, local government) is generally still very low (Figure 17), and Ukraine ranks among the lowest in the list of countries in this study.

The score is well below the average, and this general level of mistrust concerns all sectors surveyed (the Government in general, the security forces, health, church, media, transportation and education (Figure 18).

The situation is worsened by the high prevalence of conspiracy thinking, well above the average (Figure 19).

The surveyed population believes that politicians hide their real motives, that secret organizations influence political decisions, and that secret activities underpin events; these results from the WHO study are not encouraging in the COVID-19 context. Scientific evidence is a key factor of trust in public response and prevalence of conspiracy thinking in a society is considered a precursor to conflict escalation in the peacebuilding literature.

WHO’s analysis shows that key behavioural aspects influencing social cohesion are negatively affected by country-wide crisis conditions. If the public health and socio-economic response to the COVID-19 pandemic is not managed consistently, competently, fairly and

166 WHO/IRIS (2015). Ukraine. Health System Review. Health Systems in Transition, Vol. 17, Ukraine. Available at <https://apps.who.int/iris/bitstream/handle/10665/176099/HiT-17-2-2015-eng.pdf?sequence=5&isAllowed=y>

167 WHO (2018), Ukraine Health Reform. [Leapfrogging to Modern Health System](#), Available at www.euro.who.int/__data/assets/pdf_file/0005/370850/pollab-ukraine-eng.pdf?ua=1

168 TNS, Health Index Ukraine 2017, 2018. Available at http://health-index.com.ua/zvit_index_2017_eng.pdf

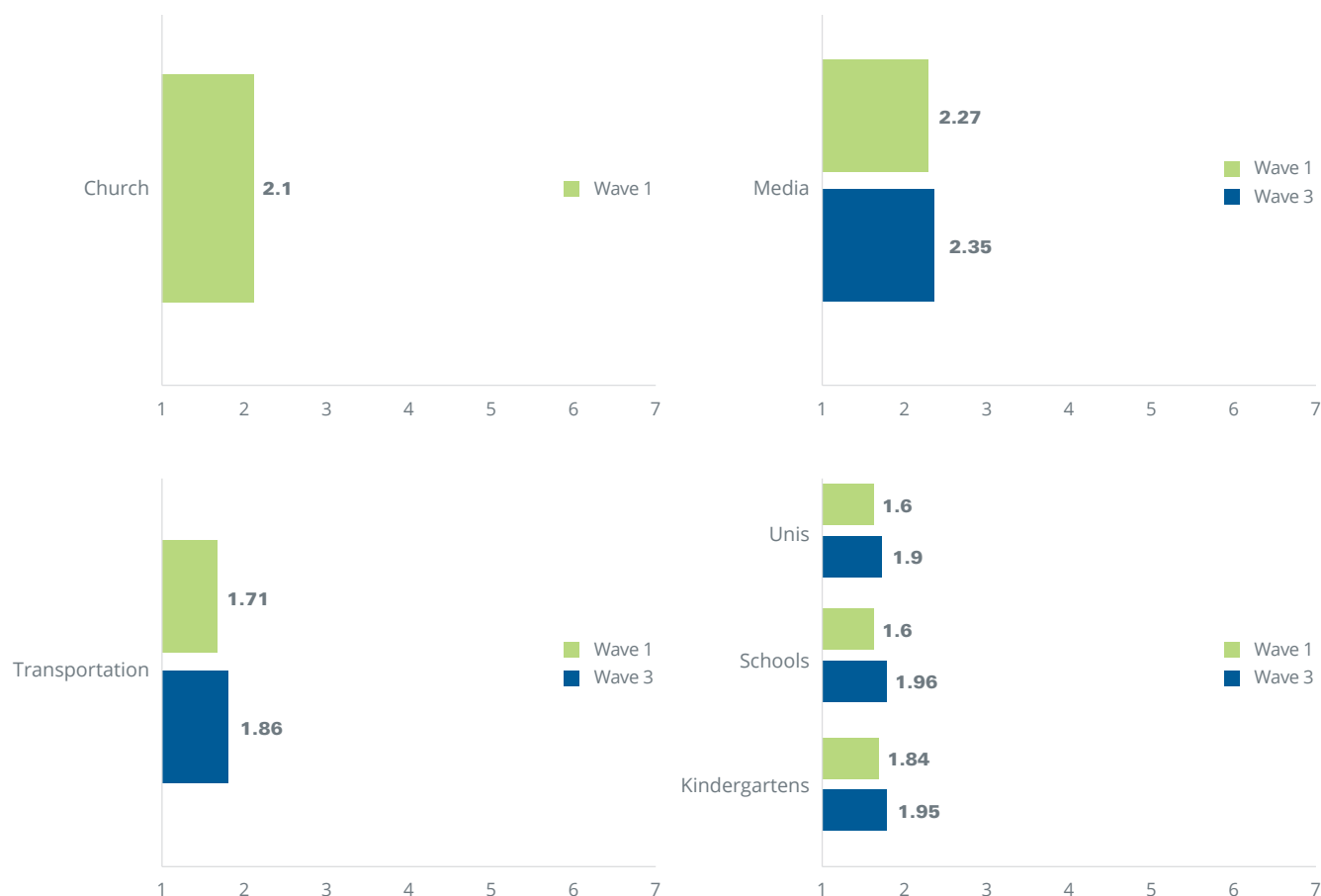


FIGURE 19. LEVEL OF CONFIDENCE IN INSTITUTIONS: CHURCH (FIGURE 19A), MEDIA (FIGURE 19B), TRANSPORTATION (FIGURE 19C) AND EDUCATION (FIGURE 19D)

Source: WHO, 2018.

sincerely, there may be an explosive situation from a social cohesion perspective.

The country's fragility and vulnerability pre-date the armed conflict in the East; they can only be exacerbated by the COVID-19 crisis and, in turn, can worsen the conflict dynamics, thus undermining any chance for the country to pursue its ambitious reform agenda and progress on SDG 16 (Promote just, peaceful and inclusive societies).

(ii) Representation of women and vulnerable groups

UN Women analysed the gender representation in newly established COVID-19 response coordination bodies.¹⁶⁹ It found that, although the national response is coordinated by the Office of the Vice Prime Minister, who is also the central focal point for gender policy, there is a lack of evidence that the gender and human rights mechanisms at the national, regional and local levels

were meaningfully involved in COVID-19 prevention and response planning, as follows:

- (a) The **Anti-Crisis Headquarters** for responding to COVID-19 Acute Respiratory Disease Caused by Coronavirus SARS-CoV-2 is the key coordination body, established on 3 February 2020¹⁷⁰ through a government Resolution.

The Resolution does not describe the mandate of this body, but it does lay down the 2020 National Action Plan for Anti-Epidemic Measures. The headquarters staff include representatives of almost all key ministries and agencies involved in response to this situation, **except the Ministry of Social Policy, the Parliamentary Commissioner for Human Rights (Ombudsman), the Government Commissioner for Gender Policy, the Government Commissioner for the Rights of Persons with Disabilities and the Presidential Commissioner.** As a result, there are only six female members of this coordination body, three of whom were included by virtue of their positions and three by consent; there are 27 male members.

169 Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine, UN Women Ukraine.

170 Ukraine, Cabinet of Ministers Resolution No. 93-p, "On prevention of the spread of COVID-19 acute respiratory disease within Ukraine caused by the SARS-CoV-2", 3 February 2020. Available at <https://zakon.rada.gov.ua/laws/show/93-2020-%D1%80/ed20200305>

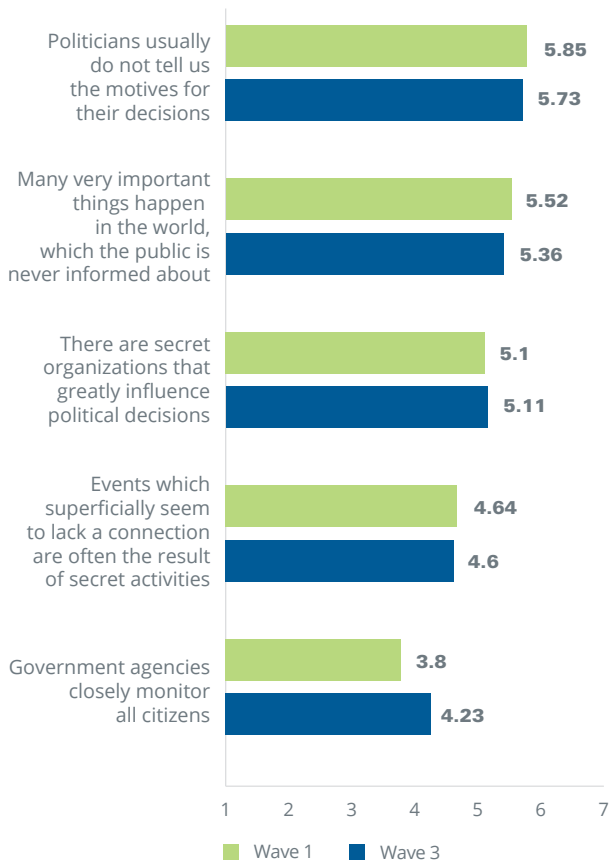


FIGURE 19. PREVALENCE OF CONSPIRACY THINKING

- (b) Interagency Working Group.** Despite specific requests, the Government Commissioner for Gender Policy was not included in the Interagency Working Group that conducted a comprehensive analysis of the effective response by the healthcare system to the COVID-19 outbreak.¹⁷¹
- (c) Advisory Unit under the President of Ukraine.** The Unit was established on 16 March 2020 with the main task of monitoring the situation and developing proposals for effective anti-COVID-19 measures in Ukraine; there is only one woman among the 17 members.
- (d) Regional bodies.** At the regional level, the situation is very similar. All commissions or expert groups created under the regional administrations indicate a lack of focus on issues of gender equality, vulnerability analysis and social protection of the population in the context of COVID-19 response. None of the 25 analysed administrative-territorial units included gender advisers; nine did not include the Department of Social Protection; and 12 did not include the Department of Education and Science.

Although some regions have bodies dedicated to social protection and education, gender parity was not maintained – on average, women make up only about 20 per cent of the total agency composition despite being the majority in the workforce of these sectors and the most affected within their families and communities.

The lack of meaningful participation of representatives from women and other vulnerable groups in the local coordination bodies in charge of designing the COVID-19 response resulted in a clear lack of focus on the specific needs of women and men, especially from vulnerable groups.

(iii) Political engagement

Access to government buildings and public hearings. Although there are implications on the right of peaceful assembly and the freedom of expression, mobility restrictions were applied with regard to public access to government buildings, participation in public hearings, and discussions on draft laws and legal acts.

Local elections planned to be held on 25 October 2020. The COVID-19 outbreak had a significant impact on elections all over the world. The state authorities have either delayed or re-scheduled the initially planned elections or considered alternative voting processes and procedures to protect voters and election commissioners from spreading the virus at the polling stations. In Ukraine, political dialogue in this regard is highly needed. It is noteworthy that the state subvention for holding local elections was halved to pool resources for COVID-19 financing, and the remaining funds will not be sufficient to pay the members of election commissions and employees involved.

(iv) The justice system

Ukraine was on track with SDG 16 (Promote just, peaceful and inclusive societies) target of 35 per cent of the population having confidence in the court system;¹⁷² however, vulnerable groups were not among those represented by this share. The main reasons for their lower confidence were corruptive practices, little affordability and the slow pace of court proceedings.

¹⁷¹ Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine, UN Women Ukraine.

¹⁷² VNR Report (2020).

The lockdown measures negatively impacted the accessibility of justice¹⁷³ and resulted in the following disruptions:

- Courts were not physically accessible; only online access was granted.¹⁷⁴
- Poor technical equipment and digital platform choices made both justice administration and access difficult.
- Judges had difficulties in moving their hearings online because courts were unwilling and unprepared to use videoconferencing platforms.¹⁷⁵
- Hearings were often merely rescheduled while defendants continued to be kept in detention.
- CSOs were often unable to monitor hearings online.
- The COVID-19 response required funding cuts in all public services, including the justice system; in 2020, only half of the costs will be covered.¹⁷⁶ Judges will have diminished remuneration, which could infringe on their independence, and digital transformation of courts will be difficult to achieve.

The justice situation in the conflict-affected areas is especially worrisome.

Before COVID-19, conflict-affected populations believed that they would obtain access to justice only if they were victims of a crime, and the most vulnerable, including financially deprived, less educated and older persons, believed that they would not be able to manage to obtain access even in this case.¹⁷⁷ It is noteworthy that most people living near the contact line are not aware of the free legal services available to them. In any case, the pandemic reduced access due to mobility restrictions.

This emphasized common negative perceptions, even if courts and legal aid services were available online or via postal services, at least in part.¹⁷⁸

(v) Safety of public offices

In general, public offices and their workers did not receive adequate protection from the virus (e.g. sanitation, PPE), and access to such offices was risky.

(vi) Freedom of assembly

Gatherings of more than ten people were banned for the period of the lockdown. Nevertheless, citizens held peaceful assemblies in various regions to express their views on various public matters, including on how the COVID-19 response measures affected their lives. With a few exceptions, the assemblies were appropriately policed, and citizens did not face any punishment for participating in them.¹⁷⁹

(vii) Freedom of expression and speech

There were discrete acts of violence, incidents of hate speech, and discriminatory acts towards different groups, including persons infected or potentially infected by the virus,¹⁸⁰ LGBTI,¹⁸¹ Roma,¹⁸² homeless people,¹⁸³ returning labour migrants¹⁸⁴ and healthcare workers.¹⁸⁵

173 On 30 March, the Parliament of Ukraine approved Law No. 3275 "On amendments to certain legislative acts aimed at providing additional social and economic guarantees due to the outbreak of COVID-19", which, inter alia, provides for access to hearings through videoconference. On 8 April, the State Judicial Administration issued a Regulation on the participation of parties to civil, economic and administrative proceedings in remote court hearings (outside of court premises), according to which only one software platform was allowed. This limited access to citizens who have a digital signature. Following OHCHR advocacy, on 23 April, the State Judicial Administration updated its regulations on online court hearings. In particular, the revisions allowed people who do not have a digital signature to participate in court hearings, and courts to use any software and equipment that complies with the set technical requirements for online hearings.

174 See reports on the Obukhiv District Court of Kyiv region ([link](#)), the Obukhiv Police Department ([link](#)), the Kherson City Court ([link](#)), the Brovary District Court ([link](#)), the Brovary Police Department ([link](#)), the Sumy District Court ([link](#)), the Pereyasliv-Khmelnytskii District Court ([link](#)), the Vasykiv District Court in Kyiv Oblast ([link](#)), the Chotkiv District Court ([link](#)), the Kyiv-Sviatoshynskii District Court ([link](#)), the Lutsk City Court ([link](#)), the Horodotskii District Court in Lviv Oblast ([link](#)), the Shevchenkivskii District Court in Chernivtsi ([link](#)), Vynohradiv District Court in Zakarpattia Oblast ([link](#)).

175 OHCHR/HRMMU, 2020.

176 Amendments of the Law "On the State Budget for 2020" issued in response to COVID-19 will diminish access to justice and the independence of the judiciary. The High Council of Justice's Statement, published on 28 April 2020.

177 Security and Justice Annual Survey 2019 by the United Nations Recovery and Peacebuilding Programme (UN RPP).

178 *ibid.* Survey respondents were mostly aware of the availability of government-appointed lawyers (free legal aid). Almost four fifths (79.3%) of the population believed that the Government would definitely or likely step in to assign a lawyer to those that cannot afford one, and 72.1 per cent believed that the lawyer should be free of charge.

179 Incidents were reported in Mariupol during a peaceful demonstration.

180 During protests in Poltava region, violence occurred following the arrival of people evacuated from Wuhan, China in February 2020.

181 During a television interview, in March 2020, a religious leader asserted that same-sex marriages and teaching children that they could choose their sex were among the causes of COVID-19.

182 Some examples of negative stereotyping and vilification of Roma during the COVID-19 crisis appeared online on mainstream and social media.

183 Volunteers and civic activists providing support to homeless people in Kyiv reported that the police had forcibly dispersed homeless people staying near the railway station.

184 Commissioner on Human Rights of the Verkhovna Rada of Ukraine, on 3 April 2020. Available at www.ombudsman.gov.ua/ua/all-news/pr-upovnovazhenij-zaklika%D1%94-ukra%D1%97ncz%D1%96v-povazhati-prava-%D1%96-svobodi-zarob%D1%96tchan-yak%D1%96-povernulisy-a-z-a-kordonu-ta-z-rozum%D1%96nyam-stavitis-do-obstavin,-v-yakix-voni-opinilisya (in Ukrainian).

185 For example, in Mariupol, tenants of a residence building demanded that one of them, a nurse of a children's clinic, leave her apartment, fearing that she might spread COVID-19.

(a) Discrimination against returning migrants

Anecdotal evidence received by IOM through interviews with key informants indicated that returnees are likely to be blamed for increased competition in an already weak and increasingly weakening domestic labour market. Social media monitoring conducted at the onset of the pandemic, confirmed that migrants are frequently blamed for bringing COVID-19 to Ukraine. Placing Ukrainian evacuees from Wuhan for quarantine in Novi Sanzhary was a litmus test for Ukrainian society, which showed how a perceived threat to public health could rapidly escalate into violent outbreak in the community. In many countries, the pandemic brought out fears, stereotypes and xenophobia, which in Ukraine are occasionally channelled towards the returning migrants.

Profiling returning migrants. An assessment of vulnerabilities of Ukrainian returnees should factor in the specifics of returning migrants' profile (age, gender, employment sector and other characteristics). For example, 80 per cent of Ukrainian migrants in Italy are women, of whom 27 per cent belong to the 60+ age group, the population most vulnerable to health risks caused by COVID-19 and its socio-economic impact. Migrant women working in non-essential service industries such as food service and hospitality and domestic workers in predominantly female-heavy sectors (e.g. housekeeping, childcare) are particularly vulnerable to being laid off or exploited for their labour during COVID-19.

(b) Needs and vulnerabilities of Ukrainians stemming from COVID-19 travel restrictions

As countries around the world introduced travel restrictions and closed the borders to prevent the spread of COVID-19, thousands of Ukrainian nationals remained stranded abroad. In March, the Ministry of Foreign Affairs (MFA) of Ukraine launched the *Zakhyst* (Protection) Programme to assist Ukrainians abroad through the efforts of embassies and consulates, and more than 16,000 Ukrainian citizens have appealed for assistance through the programme. As countries prolong lockdowns, the needs of Ukrainians abroad grow. This can lead to increased vulnerability and may even push them into situations of exploitation or abuse.

Due to uncertainty resulting from the COVID-19 mobility restrictions, communication with mobile populations in the COVID-19 is particularly vital.

The criticality of effective communication with migrants became obvious when the Government of Ukraine announced the closure of all borders. This message provoked panic; thousands of Ukrainians rushed from Poland to Ukraine, which led to crowds at the border crossing points and further exacerbated public health risks.

(c) Impact on immigrants in Ukraine

According to the statistics provided by the State Migration Service of Ukraine, in 2019, 14,200 foreigners obtained permission to migrate to Ukraine, 32,155 persons obtained permits for permanent residence, and 76,431 persons obtained temporary residence permits. In total, 285,000 foreigners permanently reside in Ukraine. By the end of 2019, approximately 133,000 foreigners were staying in Ukraine temporarily, most of whom were students and migrant workers.

The socio-economic impacts of the pandemic have intensified the struggle of migrants outside their own countries, which includes the multi-dimensional risks of social exclusion caused by inequities faced by different migrant groups in the COVID-19 response. These groups include women and children, people living with disabilities, and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities.

While measures to combat the COVID-19 apply to all, not all migrant groups have the same set of resources and capacities to comply with them. For many migrants, measures adopted by the Government to reduce the spread of COVID-19, including lockdowns and border closures, have ended their revenue streams.

Foreigners, regardless of their status, are particularly vulnerable in these circumstances, not benefiting in the same way as nationals do from formal or informal safety nets. Due to real or perceived legal precarity of both regular and irregular migrants, migrants are often less likely to seek health services, including getting tested for COVID-19, leaving them and the public they serve more vulnerable.

Lower-skilled migrant workers and migrants with irregular status often find themselves living in cramped and sub-standard housing where the risk of contagion is greater and the risk of other sickness (as well as psychological strain) during a lockdown is more significant.

(d) Increased risks of human trafficking and exploitation triggered by COVID-19

In crisis situations such as the current pandemic, migrants are often at risk of increased vulnerability to exploitative practices, including human trafficking. Ukrainian migrant workers are prone to the risks of exploitation, as evidenced by the high numbers of victims of trafficking of Ukrainian origin identified even before the pandemic outbreak. In 2019 only, IOM Ukraine identified and assisted 1,345 victims of trafficking, of whom 68 per cent were male, 32 per cent female. The vulnerabilities and the risk of migrant worker abuse might further increase in times of crisis. As incomes decrease and jobs are lost, migrants in Ukraine and Ukrainians attempting find new jobs abroad are likely to adopt riskier coping strategies; they may also be exploited.

Past crises demonstrate a significant increase in vulnerabilities and the consequent increase of the identified number of victims of human trafficking. For example, following the financial crisis of 2008–2009, and more recently, following the beginning of the armed conflict and economic instability in Ukraine in 2014 that led to 35 per cent increase in identified victims of trafficking.

The protection of victims of trafficking once they return to Ukraine may also be impacted by the pandemic, especially when they experienced pre-existing socio-economic difficulties. They have also higher risks of re-exploitation when they cannot benefit from assistance and care due to the suspension of services. Referral pathways, such as those for victims of domestic violence, victims of trafficking and vulnerable children, are likely to face disruptions, leading to interruptions in case identification, referral and protection processes. This results in immediate protection gaps for vulnerable migrants who are unidentified and/or unassisted, and in longer-term weakening of referral pathways and protection systems.

Furthermore, since COVID-19 aggravates inequalities and severely harms the groups who are at high risk of being left behind, former victims of trafficking who were engaged in an economic activity (e.g. the self-employed) before COVID-19 are losing their main source of income. This will negatively impact on their reintegration or their recovery.

According to the Stocktaking for National Adaptation Planning (SNAP) assessment conducted by IOM Ukraine among self-employed, former victims of trafficking in mid-March 2020, 60 per cent of beneficiaries (the majority of whom were engaged in services provision) lost their source of income either due to quarantine restrictions, or due to the clients unable to pay for services/products.

(viii) Access to public information

The right to information became extremely important during the lockdown because it became an integral element of general security and public health. The timely availability of accurate information strengthened the successful management of the pandemic and the social contract, since over 25 per cent of Ukrainians relied on official sources to obtain information that was important to them, compared to a mere 6 per cent two years before.¹⁸⁶

It is good practice to monitor access to public information in any situation, but especially in public health emergencies.¹⁸⁷ A survey pointed out several gaps, for example, in the timely availability of information on how the virus actually spreads and how to protect oneself from it.¹⁸⁸ Some groups did not have any access to COVID-19 online information because they lacked access to Internet or had language or accessibility barriers. Women's ability to become informed and adapt to the COVID-19 crisis was limited because of their limited access to Internet and new technologies: only 57 per cent of women are Internet users, and 67 per cent of rural women do not have access to Internet at home. Lack of information can lead to misunderstanding and worsen the public health threat, and misinformation can increase social tensions and trigger acts of violence.¹⁸⁹

186 UNDP (2020). Survey: Novel coronavirus pandemic throws up new challenges for Ukrainians. The all-Ukraine survey, 9–24 April. Available at www.ua.undp.org/content/ukraine/en/home/presscentre/articles/2020/how-ukrainians-are-responding-to-the-new-challenges-of-COVID-19.html The survey found that most Ukrainians obtained information on COVID-19 from the mainstream media (63%) and from social media (49%), 25 per cent from official sources such as the Ministry of Health or WHO websites, and from their information materials, and 11 per cent obtained information about COVID-19 from their friends. The earlier study was [What Ukrainians Know and Think of Human Rights: Progress Assessment \(2016–2018\)](#)

187 The Ombudsperson provided relevant remarks regarding the draft law. Available at www.ombudsman.gov.ua/ua/all-news/pr/upovnovazhenij-nepidtrimue-zakonoproekt-shhodo-vidstrochki-rozglyadu-zapitiv-ta-zvernen-na-chas-karantinu/ (available in Ukrainian)

188 On 24–30 March, the Ombudsperson with UNDP support conducted a monitoring survey on access to urgent public information in all oblasts of Ukraine. UNDP Getting Access to Public Information on COVID-19: Survey Results 14 April 2020. Available at www.ua.undp.org/content/ukraine/en/home/library/democratic_governance/access-to-public-info-re-covid-response.html

189 Ukraine UNDP (2020). Survey: Novel coronavirus pandemic throws up new challenges for Ukrainians Available at www.ua.undp.org/content/ukraine/en/home/presscenter/articles/2020/how-ukrainians-are-responding-to-the-new-challenges-of-COVID-19.html

(ix) Access to community security

In public health emergencies, the workload of security forces increases considerably, which was the case for the National Police and State Emergency Service (SES) of Ukraine.

Special operations units. Through special operational units, SES staff are engaged in all sanitation and disinfection activities in public places, participate in the work of response committees, task forces and regional bodies, and are in charge of monitoring and enforcing containment measures while ensuring national security.

The National Police. The National Police were involved in ensuring compliance with containment measures, including monitoring the movement of infected people and contact tracing, in addition to performing their normal services. They were also involved in caring for the most vulnerable at the time of strict lockdown measures, and delivered medicines and food to those who were confined at home, such as older persons and persons with disabilities. On the one hand, this exposed them to a high risk of overwork and infection, and on the other hand, it confirmed people's positive perception prior to COVID-19 that the police are efficient in preventing, solving and responding to citizens' security and justice concerns.¹⁹⁰

(x) Ceasefire

In Ukraine, parties to the conflict have expressed acceptance or sympathy for the United Nations Secretary-General's call for a global ceasefire to facilitate the COVID-19 response and could serve as a springboard for political engagement and peacebuilding. Health-related ceasefires elsewhere in the world have enabled strong public health gains during and after the worst moments of epidemic waves, which should also be pursued in Ukraine.

Currently, however, there are regular violations of the ceasefire in Ukraine, which makes humanitarian access and COVID-19 response particularly difficult.

CIVIL SOCIETY ORGANIZATIONS IN UKRAINE AT THE TIME OF COVID-19

Civil society and associational life are essential to social cohesion.¹⁹¹ Containment measures, however, disrupted the work of CSOs because they were not able to meet, and thus organize and carry out advocacy work. This forced them to put planned activities on hold, which affected the sustainability of some of their programmes and increased the vulnerability of some of their target groups.¹⁹²

Due to the mobility and public transport restrictions,¹⁹³ many CSOs were not able to reach their beneficiaries residing in the most hard-to-reach communities. They acted quickly, however, to adapt to the new realities. They increased their online presence and digitalized communications and services. This demanded new skills and resources. More importantly, this further exposed the existing digital divide, which excludes the most vulnerable groups.

The CSOs' key activities included informing the public on the realities of the virus, repurposing long-term programmes to address urgent needs, dispelling disinformation, and holding the Government accountable by monitoring procurement and the impact of measures put in place.

Additionally, the CSOs needed to find new ways of supporting their staff and looking after their physical and mental health.

B. Response

Government response in this area focused on supporting local governments in managing the crisis and engaging local entities and resources for this purpose. The agencies that most engaged in supporting the response under this pillar included FAO, ILO, IOM, OHCHR, UNDP, UNFPA, UNHCR, UN Women and WHO.

A brief description of their main activities is found below.

¹⁹⁰ Security and Justice Annual Survey 2019 by United Nations Recovery and Peacebuilding Programme (UN RPP). Two thirds of the population surveyed stated that the police regularly or occasionally solved problems in the community, and almost two fifths stated that it was the local administration bodies who did so.

¹⁹¹ UNDP. (2020) Strengthening social cohesion: Conceptual framing and programming implications. 27 February. Available at www.undp.org/content/undp/en/home/librarypage/democratic-governance/conflict-prevention/strengthening-social-cohesion--conceptual-framing-and-programmin.html

¹⁹² Kucheriv Democratic Initiatives Foundation. (2020). Civil society in times of pandemic: how COVID-19 affects civic engagement. 16 May 2020. Available at <https://dif.org.ua/en/article/civil-society-in-times-of-pandemic-how-covid-19-affects-civic-engagement>

¹⁹³ Government of Ukraine. Department of Communications of the Secretariat of the Cabinet of Ministers of Ukraine (2020). The government has decided to ban passenger traffic and limit the number of participants in mass events to 10 people. March 2020. Available at www.kmu.gov.ua/news/uryad-prijnyav-rishennya-pro-zaboronu-pasazhirskih-perevezhen-ta-obmezhyv-kilkist-uchasnikiv-masovih-zahodiv-10-osobami (in Ukrainian).

(i) Supporting community-based initiatives

UN Women, WHO and OHCHR supported local CSOs and NGOs in providing tailored support to the most vulnerable groups in the conflict-affected territories.

Particular attention was paid to women-headed households, single mothers, households with children with disabilities, and single, older women.

The call for proposals for grant award lasted for one month and received hundreds of applications from NGOs and CSOs based in eastern Ukraine and willing to improve the local situation.

The awardees supported aid coordination and delivery, and the organization of volunteer groups assisted doctors in reaching their patients, delivering food and other essential items to people at risk of COVID-19 infection. The volunteer groups also prepared online educational materials for social workers and the police, conducted group and individual online consultations for people experiencing psychological difficulties, and provided training for teachers on how to deliver effective distance education.

(ii) Supporting social dialogue

The COVID-19 crisis put the labour market under unprecedented strain, exacerbated its structural weaknesses, and limited the use of tripartite social dialogue as a tool for effective labour market governance. This tool is particularly important because it supports respect for fundamental principles and rights at work, and serves as a means for voicing of the interests of workers and enterprises, including the most vulnerable within policymaking. As a result, the ILO advocated for an effective, influential and inclusive social dialogue and the re-activation of its institutions, including the National Tripartite Social and Economic Council (NTSEC).

Guided by ILO's technical assistance and international labour standards, and inspired by European good practices, a tripartite working group produced the Green Paper "Towards an effective, influential and inclusive social dialogue in Ukraine"¹⁹⁴ in 2019.¹⁹⁵

The Paper's conclusions and policy recommendations also remain valid within the context of the pandemic since they propose a set of legislative and institutional measures in four areas, which are seen as key for an effective, influential and inclusive social dialogue in Ukraine:

The four areas include:

- defining the roles, mandates and outcomes of social dialogue processes and institutions;
- coordinating social dialogue processes, institutions and actors at the national, sectoral, territorial and enterprise levels;
- reforming territorial social dialogue;
- making social dialogue more inclusive.

ILO is providing constant support to the social dialogue institutions through evidence-based technical and policy advice. The Organization is also working with the Government and the social partners at the central and local levels to enhance their capabilities to legislate, monitor and realize fundamental principles and rights at work, including through COVID-19-adapted regulatory frameworks.¹⁹⁶

Moreover, ILO has globally recognized the importance of making the various actors and the levels of social dialogue more responsive to gender equality and to women's needs and interests since the continued underrepresentation of women in social dialogue reflects a serious democratic deficit, undermining the functioning and the legitimacy of social dialogue institutions.¹⁹⁷

(iii) Supporting points of entry, vulnerable migrants and conflict-affected populations

In addition to procurement and distribution of PPE, hygiene kits and other medical supplies to the State Border Guards Service of Ukraine for points of entry and for entry-exit checkpoints, as well as to the State Migration Service to protect their staff and migrants at the Migrant Accommodation Centres, IOM provided for the following:

- the installation of new washing stations in social institutions and medical facilities in conflict-affected areas;
- two rapid surveys and consequent livelihood support to conflict-affected populations;

¹⁹⁴ The Paper was publicly launched in February 2020, www.ilo.org/budapest/what-we-do/publications/lang-en/index.htm

¹⁹⁵ Under the DC project "Inclusive labour market in Ukraine", funded by the Government of Denmark and implemented by the ILO.

¹⁹⁶ ILO project, "Inclusive Labour Markets for Job Creation in Ukraine", funded by the Government of Denmark; the ILO project "Rights at Work: Improving Ukraine's Compliance with Key International Labour Standards", funded by the Government of Canada; and the EU-funded project "Towards Safe, Healthy and Declared Work".

¹⁹⁷ ILO, Thematic brief, "The contribution of social dialogue to gender equality". Available at www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_679957.pdf

- online webinars on primary psychological support;
- support to Ukrainians stranded abroad due to the COVID-19 travel restrictions;
- information on virus transmission prevention;
- access to timely and accurate information and referrals for returning migrants and migrants' families in Ukraine;
- livelihood support to vulnerable migrants and former victims of trafficking, as well as counter-trafficking information campaigns.

(iv) Mitigating the impact of COVID-19 on social cohesion and community resilience

(a) Vulnerability mapping

UNDP-supported CSO initiatives focused on the identification of the new challenges that affected different vulnerable groups, such as women and girls, children, prisoners, and people with psycho-social disabilities. The data collected enables to take into account the specific needs of different groups, protecting their rights and developing non-discriminative policies, thus improving the ability of the social protection system to better respond to the different challenges posed by the pandemic to different groups.

On average, about one fourth of the appeals currently submitted to the Ombudsperson's Office are now COVID-19-related and involve job loss, the violation of social and economic rights, and hate speech and abuse against medical workers and those suffering from the iCOVID-19 infection, especially Roma.

(b) Hate speech and intolerance

The pandemic engendered collective fears and increased intolerance in society, effectively provoking hate speech and violence against minorities.

UNDP supported an awareness-raising campaign to promote tolerance and non-discrimination. The campaign was combined with a series of webinars for the Ombudsperson's regional network and local media covering various aspects of non-discrimination principles, and ways to tackle hate speech and violence, and promote tolerance and respect for diversity.

(c) Access to information

Through a survey, UNDP monitored local access to public information on the COVID-19 pandemic and identified a number of gaps. Whereas two thirds of respondents were satisfied with timeliness and three quarters with the quantity of information on lockdown measures, only half were satisfied with the information provided on protective measures and plans.

(d) Local elections

UNDP will conduct a comprehensive survey on the integrity and inclusiveness of local elections planned for next October. It will assess the political situation, institutional decision-making, media activities, the professionalism and independence of the public sector, transparency, the respect of human rights and gender representation.

(e) Capacity building in crisis coordination and management

UNDP's Crisis Coordination Management Project is providing technical assistance to the Office of the Prime Minister and the Secretariat of the Cabinet of Ministers of Ukraine by setting up a unit supporting gender-responsive crisis monitoring and coordination. The unit will also help develop digital solutions for government coordination, remote access of civil servants to their workplaces, COVID-19 prevalence and incidence mapping and data analytics for early warning and crisis management.

(f) Social cohesion

The COVID-19 containment measures had detrimental impacts on social cohesion, especially on vulnerable groups living in remote settlements of the conflict-affected areas.

As a result of the data provided through the Social Cohesion and Reconciliation Index (SCORE) analysis, UNDP maintained dialogue and civic engagement in the most affected communities and targeted the most affected groups of the population, in particular women, youth and older persons.

Vertical social cohesion. Activities aimed at promoting vertical social cohesion maintained dialogue between national/local authorities and the population, promoting trust in the Government and using digital tools for service provision to the citizens.

Horizontal social cohesion. Initiatives boosting horizontal social cohesion, promoted civic activism, unity in action and social responsibility to support the vulnerable members of the communities by promoting partnerships between CSOs, and private sector and government service providers.

(g) Youth

To reduce the tensions arising from self-isolation and the loss of earnings for youth, UNDP developed recommendations on how to protect their labour rights, and provided them with psychosocial and legal counselling. The beneficiaries of these initiatives were vulnerable youth and included, in particular, young women survivors of domestic violence and residents of remote villages. To support young people during quarantine restrictions and disseminate trustworthy public health information in an engaging way, UNDP in partnership with independent Internet magazine conducted a targeted information campaign aimed at motivating compliance with official quarantine instructions.

The “Youth of Ukraine” programme. On the strategic level, UNDP is supporting the Ministry of Social Policy in developing the State Target Social Programme “Youth of Ukraine”. Once adopted, the Programme will be the key youth policy paper, which will guide youth work at the national and subnational levels for the next five years. The key priorities of the draft Concept Programme include: youth civic engagement, developing competency; supporting the independence of young women and men; supporting vulnerable youth; and promoting healthy life among youth, which also includes measures to prevent infectious diseases among youth, including COVID-19.

Youth civic participation. Additionally, UNDP will be launching a pilot initiative aimed at promoting social cohesion and national unity dialogue in Ukraine through youth inclusion and civic participation. This will be achieved by equipping youth policy infrastructure with methodological framework, the necessary knowledge, skills and insights in order to promote dialogue on national unity and social cohesion among young women and men in Ukraine. This initiative involves the All-Ukrainian Youth Centre, subnational youth centres and a network of youth workers trained within the framework of the State Youth Worker Programme.

(v) Supporting refugees and asylum-seekers

(a) Community-based initiatives

UNHCR delivered its response through direct implementation and indirectly through NGO partners including Charity Fund Rokada (Kyiv-based), the NGO Right to Protection (Kyiv, Kharkiv, Lviv-based), the NGO The Tenth of April (Odessa-based) and CF Neeka (Mukachevo-based). UNHCR also coordinates its activities with state counterparts to avoid duplication of efforts. Coordination with communities proved effective and efficient, as was the engagement with the private sector.

(b) Advocacy and institutional support

UNHCR provided the asylum authorities, the SMS, with a set of practical recommendations and concrete advice to enable an effective response to the pandemic while respecting international refugee law and standards.¹⁹⁸ The recommendations draw on evolving state practice and UNHCR’s own operational experience in managing the arrival of asylum-seekers and refugees in complex emergencies, including in epidemics.

Recommendations cover access to territory for persons in need of international protection and practical suggestions to maintain basic registration and documentation, prevent virus transmission during reception and detention, and manage the backlog of cases in this unique situation. SMS adapted its practice based on UNHCR advice, and asylum-seekers did not have to approach SMS offices to extend their documents and were thus protected against detention and fines.

(c) Legal assistance

UNHCR’s legal partners provided legal assistance over the telephone and maintained a duty officer to handle urgent cases in person. Newly arrived asylum-seekers were assisted to formally express their intention to apply for asylum once SMS reception offices would re-open.

UNHCR Kyiv updated post-lockdown reception and counselling procedures to protect its beneficiaries and staff members from COVID-19. The procedures were developed in accordance with WHO and the Ministry of Health of Ukraine recommendations and disseminated through partners to the refugee communities, online and UNHCR’s Help.unhcr.org platform.¹⁹⁹

¹⁹⁸ The legal framework for access to territory and asylum in the context of COVID-19 is set out in UNHCR’s Key Legal Considerations on access to territory in the context of the COVID-19 response, of 16 March 2020. Available at: www.refworld.org/docid/5e7132834.html, and will not be covered here.

¹⁹⁹ UNHCR Ukraine – Help for refugees and asylum-seekers. Available at <https://help.unhcr.org/ukraine/>

UNHCR shared with the central SMS recommended reception procedures that their local offices could apply, and provided support to scheduling the registration for new asylum-seekers who had been remotely registered by UNHCR partners during the lockdown period.

(d) Access to information

Access to timely and accurate information is lifesaving within the context of the pandemic. This is especially true for asylum-seekers and refugees, who may rely on other means of communication, who have different language and cultural preferences, and who may not have the same network of support to rely on in their country of asylum.

UNHCR therefore provided WHO information on COVID-19 prevention and response in languages that refugees can understand and through multiple channels, including: the SMS at the central and local levels; the Temporary Accommodation Centres (TAC) in Kyiv, Odessa and Zakarpatska; UNHCR's Help.unhcr.org platform in Ukraine,²⁰⁰ the Internet; social media; and mobile phone groups. The material was made available in the six official United Nations languages, Somali and Farsi. One of UNHCR partners established a telegram channel, and a community of refugees and asylum-seekers made daily translations of updates from the MOH to keep the community informed.

(e) Building community resilience

UNHCR maintained continuous dialogue with communities to monitor the evolving protection needs of its beneficiaries during the COVID-19 response. It developed innovative communication approaches, for example, the Telegram channel to share information, the chatbot and the holding of regular online meetings with communities. These practices enhanced communities' sense of engagement as they could share their feedback and ideas, and propose solutions to be part of the COVID-19 response.

Beneficiaries mobilized their networks in different ways to support the response. For example, they shared prevention and hygiene messages, collected and distributed food for the most vulnerable, and produced masks and other PPE for other refugees. Also, the Accountability to Communities (ATC) staff and those who were doctors or nurses participated in the medical response directly. The well-established refugee communities proved capable of high resilience and mobilization capacity, and were able to deliver community-based protection to their members.

(vi) Health standards, social cohesion and peace

Since 2019, WHO has been supporting the implementation of a four-year strategy connecting health outcomes with peace building and social cohesion goals. The strategy aims at strengthening trust among people and in institutions, and nurturing a sense of belonging and social dialogue for improved health services and thus outcomes.

The pandemic increased mistrust of the population in their health systems and institutions, and existing inequalities, which thus required an expansion of the Organization's social cohesion agenda in Ukraine.

(a) Heroization of healthcare workers

Healthcare is one of the least trusted sectors in the Ukrainian society prior to the crisis and an important cause of resentment towards the State, which the crisis has exacerbated.

Through positive narratives and story-telling, WHO started spreading positive messages about healthcare workers, who are viewed as heroes in many countries, but not in Ukraine. Here, communities still do not fully understand their fundamental role in the fight against COVID-19 and, for this reason, WHO engaged in this heroization effort, particularly important in today's conflict-affected and polarized Ukraine, using community messaging and outreach.

(b) Mental health

WHO's mental health, stress management and violence reduction interventions support both the general population and frontline workers in healthcare settings, and in particular, exposed professions. Interventions tackle stress factors such as work overload for certain professions and forced reclusion and idleness for others, and are fundamentally beneficial, especially when well-targeted and evidence-based. Emerging results from these interventions are very positive because they are reducing stress levels and increasing self-awareness and satisfaction.

200 Help.unhcr.org, <https://help.unhcr.org/ukraine/covid-19/>

(c) Trust in the healthcare system

WHO's comprehensive assessment of the Ukrainian Emergency Services System led to the formulation of recommendations for improving the management of the COVID-19 pandemic. The recommendations pointed out the need to train stressed healthcare staff in conflict management and violence management protocols, and to help them understand the population's expectations of the health system and its staff. Implementing these recommendations will require dedicated efforts and will contribute to decreasing stress levels and the sense of overall frustration with the pandemic's management. WHO also developed methodologies and mediation techniques to foster social dialogue, with the help of specialized mediation institutions, to better match staff performance with the expectations of the general public.

(d) Supporting the safe functioning of the justice system

WHO is supporting the High Council of Justice in developing recommendations on the safety of court operations as well as sanitary and epidemiological safety at the time of COVID-19. Implementing these recommendations will ensure that the justice system will be able to resume its function and preserve the health and safety all the people involved.

(e) Establishing country-wide information sharing protocols

Prior to COVID-19, WHO was assisting the country with the establishment of country-wide information-sharing protocols for NCDs such as HIV, TB, measles, polio and diphtheria. With the onset of the pandemic, establishing these protocols became an imperative since testing, contact tracing and isolation are impossible without them. WHO offered its technical expertise and neutral approach to creating technical dialogue opportunities on both sides of the contact line, unified in the fight against the virus.

(f) Promoting the adoption of country-wide unified approaches and standards

In Ukraine, the conflict situation and the decentralized structure of the administration led to a health system that does not uniformly apply certain core approaches and standards such as those relating to infection prevention and control, or case management of COVID-19. WHO seized the opportunity offered by the pandemic to promote these approaches and standards throughout the country, including in the conflict-affected areas on both sides of the contact line.

(g) Protecting human rights of the most vulnerable

OHCHR monitored the impact of the COVID-19 crisis on the human rights situation in the country, especially on the economic, social and cultural rights of the most vulnerable and marginalized groups.

The Organization also translated human rights guidance relevant to the COVID-19 context into Ukrainian and held webinars as a technical assistance input for the Government and civil society actors. OHCHR also engaged in advocacy work at the national, regional and local levels to protect the human rights of vulnerable and marginalized groups during the pandemic.

(h) Ensuring the response mainstreams gender concerns

UN Women conducted a review of national capacities to formulate a gender-specific, evidence-based response to COVID-19. The findings of the review were translated into advice and technical assistance on how to mainstream gender equality and human rights in COVID-19-related policy formulation.

UN Women also conducted an RGA of the different impacts of COVID-19 on women and men in Ukraine, particularly on those who represent vulnerable groups and face multiple discrimination. The RGA provided evidence and recommendations to national, regional and local stakeholders on formulating gender-sensitive policies and actions that enable the equal participation of women and men in the response and recovery phases.

UN Women provided policy advice and expert support to the national gender mechanism at the national level (the Prime-Minister Office on European and Euro-Atlantic Integration (DPMO), the Ministry of Social Policy and line ministries) as well as seven pilot regional and 49 local administrations.

UN Women continues to support: evidence-based policy dialogue on gender-specific response to COVID-19; the Ministry of Social Policy supports the decentralization of social services; and the Ministry of Digital Transformation (MDT) supports gender and human-rights responsive digital services.

Finally, UN Women is providing capacity-building and mobilization support to women's groups and CSOs to advocate for national and local initiatives that prevent, mitigate and respond to the needs and wellbeing of women from vulnerable groups during the current pandemic.

C. Suggested measures and policy options

The following are the main policy options that the UNCT has identified for the short, medium and long term that can foster co-operation, integrity and commitment to common values, and thus strengthen social cohesion, response capacity and community resilience:

(i) Avoid politicization of the disease

- **Place public health above any other consideration.**
- Implement **public health measures** that are based on science and evidence, and adhere to and implement international public health recommendations as the best way to fight the virus.
- Implement the **international health regulations** (2005), including the reporting obligations.
- With the support of WHO, establish systems of data exchange and effective communication to ensure a fully functioning **testing, contact tracing and isolation** strategy. Failure to do so will lead to clusters being left undetected for too long and fast virus transmission among communities.
- **Resist politicization of the disease:** Any decision that would cause a slow-down of the public health response will help the virus progress and infect more people.

(ii) Adhere to ceasefire

- **Strictly adhere to the ceasefire** and ensure full compliance with international humanitarian law principles of distinction, proportionality and precaution.
- **Cease the use of weapons with indiscriminate effect** in populated areas, particularly weapons with a wide impact area.

(iii) Expand participation base in the COVID-19 response

- **Ensure the meaningful participation** of representatives of women, persons with disabilities, youth and other vulnerable groups in the design, implementation and monitoring of COVID-19 response at the national, regional and local levels and across sectors.

(iv) Enable the exercise of political and civil rights

- **Amend legislation to ensure that all persons with disabilities** can enjoy the right to vote and stand for election regardless of guardianship or other regimes.
- Through legislative and other measures, **ensure the accessibility of ballots, election materials and polling stations.**
- **Expand the role of women and girls in political leadership and participation in decision-making.**
- **Maintain and reinforce social cohesion and peaceful coexistence** to prevent social tensions between individuals and communities experiencing a sense of inequality and injustice.

Response initiatives need to address the immediate needs of recovery and community resilience as well as grievances, discrimination, gender inequality and stigmatization over access to resources, livelihoods, health and other basic services, because they may spark or aggravate the conflict.²⁰¹

(v) Support the rights of persons deprived of their liberty

- **Ensure the preparedness of the penitentiary system** to respond to COVID-19, including by conducting internal and external assessments, raising awareness, and providing timely information about COVID-19 and related prevention measures among penitentiary staff and detainees.
- **Decrease the number of individuals in detention, *inter alia*, by promptly adopting legislative measures on amnesty and increasing the use of non-custodial sentences and release of pre-trial detainees on bail.**

²⁰¹ In formulating responses and setting up monitoring and evaluation systems, government, regional and local authorities as well as employers and workers' organizations are encouraged to use ILO Recommendation 205: Employment and Decent Work for Peace and Resilience. This is the only international normative framework providing guidance on the measures to be taken to generate employment and decent work for the prevention, recovery, peace and resilience with respect to crisis situations such as the COVID-19 pandemic.

Priority should be given to older persons and those with pre-existing health conditions. The amnesty should be accompanied by a coordinated effort by relevant authorities to ensure social adaptation measures, the timely provision of necessary medical care, including COVID-19 testing and treatment, and safe transportation of released detainees to their places of residence or provision of adequate housing.

- **Ensure that penitentiary staff, detainees and prisoners have access to PPE**, timely testing and treatment of COVID-19, and personal hygiene items such as soaps and sanitizers.
- **Ensure access to medical care for all prisoners**, with particular attention to vulnerable groups (e.g. prisoners with TB, HIV and disabilities, and older prisoners).
- **Provide prisoners with information** on how to receive medical care through a family doctor.
- **Ensure that penitentiary staff take all feasible preventive measures** and are provided with information on symptoms and support in case of illness.

(vi) Access to socio-economic rights in the conflict-affected areas

- **Review the rules put in place for crossing the contact line** to minimize the disruption of lives and ensure access to basic services; following epidemiological advice on containment measures and avoid disproportionate restrictions on freedom of movement.
- **Apply the Ministry of Finance's gender-responsive budgeting recommendations**²⁰² and prioritize interventions for vulnerable groups and those in the conflict-affected areas on the basis of these recommendations.
- **Adopt the necessary legislation to de-link pensions from IDP registration.**
- **Involve local communities in designing and implementing recovery plans** to build resilient community-led response systems.

(vii) Governance, fundamental freedoms and the rule of law

- **Provide sufficient funding to the judiciary** to enable its ongoing reform and obtain access to justice for all, in particular to ensure the further development of information

and telecommunication technologies for the court system, and to safeguard the independence of the judiciary.

- **Publicly condemn all incidents of violence**, hate speech, and aggressive rhetoric targeting Roma, homeless people and other individuals on the grounds of their race, ethnicity, age, gender identity, sexual orientation, occupation, and social, disability or other status.
- **Ensure effective investigations of any incidents of hate crimes** or other discriminatory acts in the context of COVID-19, and ensure accountability for such acts.
- **Ensure that in designing responses to the pandemic, there will be no unnecessary restrictions on fundamental freedoms**, privacy and free speech, and that security responses that constitute excessive use of force will be adequately sanctioned.
- **Revitalize policy dialogue with employers' and workers' organizations**, at the national and local levels, and enable them to participate in the design, monitoring and implementation of inclusive, right-based, gender-responsive COVID-19 pandemic response and recovery policies with quality jobs.
- **Promote bipartite and tripartite negotiations between the government and representative employers' and workers' organizations** over crisis mitigation measures.
- **Ensure the respect of fundamental principles and rights at work** in COVID-19-adapted regulatory frameworks.
- **Encourage the voice and representation of women and youth** in the workplace and in related decision-making bodies for the design of national and local responses.

(viii) Right to information

- Ensure **proportionality and transparency** of policies to respond the pandemic, especially those that could limit human rights and gender equality.
- Enable access by the public **to timely, accessible information on the pandemic.**

It is of vital importance that people take decisions on the basis of reliable information, including in minority languages.

- Support journalists in adopting a **human-rights-based and gender equality approach, as well as thorough fact-checking in their work.**

202 МІНІСТЕРСТВО ФІНАНСІВ УКРАЇНИ. НАКАЗ. 2 January 2019. Про затвердження Методичних рекомендацій щодо впровадження та застосування гендерно орієнтованого підходу в бюджетному процесі. Available at <https://zakon.rada.gov.ua/rada/show/v0001201-19#Text>

(ix) Migrants

- **An evidence-based approach.** Conduct an assessment of the effects of the COVID-19 pandemic on social cohesion, the increased vulnerability of migrants to violence, abuse and exploitation, and other triggered or exacerbated vulnerabilities in order to build quality responses.
- **Address grievances, discrimination and stigmatization.** Implement livelihoods and employment support programmes focusing on tackling group-based biases and grievances, as well as enhancing constructive contact between social groups.

Interventions should: (i) ensure equitable and inclusive access to livelihood projects (immediate short-term income opportunities in developing public or community infrastructure, public employment programmes); (ii) include mediation and social cohesion skills in vocational training curricula (ensuring access to re- and upskilling, through, *inter alia*, a digital learning infrastructure); and (iii) promote joint income activities (including job-search, guidance, counselling, enterprise start-up and development).²⁰³

Particular importance should be given to the needs of unemployed, underemployed and low-skilled youth and women as well as the active involvement of local communities, community-based organizations and CSOs.

- **Reintegration of returning migrants.** Ensure that returnees who face financial hardship are able to access reintegration support, including medical assistance and income-generating activities. Provide skills assessment, job-matching services, and incentives for productive investment that would enable returnees to contribute to COVID-19 recovery with their skills, knowledge, expertise as well as financial resources.
- **Inter-group contact and community engagement.** Design and implement information campaigns and community programmes aimed at addressing stigma and negative stereotypes about returnees and promoting social interaction between them and the broader community. This will enhance social cohesion and facilitate their social and economic reintegration into the community.

- **Risk communication.** Identify effective channels and develop culturally tailored messages to communicate with migrants so they regularly receive accurate information about COVID-19, are aware of the risks and implications of mobility restrictions, and are able to access protection and other services and assistance as needed.
- **Immigrants in Ukraine.** For public health and safety, provide all foreigners, regardless of their status, access to basic services, healthcare and COVID-19 testing.
- **Mitigating risks of trafficking and exploitation.** Since crisis situations exacerbate people's vulnerabilities to trafficking and exploitation, ensure that anti-trafficking work, particularly preventative measures, are funded and commences immediately to build resilience and protect vulnerable populations.

(x) Local elections 2020

- **Allocate necessary funds from the state budget** to ensure the forming of the electoral commissions and their effective work.
- **Prepare a COVID-19 response strategy as regards local elections 2020** and allocate additional funds to ensure the safety of voters and election commissioners from spreading the virus at the polling stations.
- **Take steps to allow all citizens to vote, including persons with disabilities,** regardless of their legal capacity status, and ensure the accessibility of polling booths and equipment.

(xi) Community security

- **Organize meetings between local communities, the police and local administration bodies** to discuss pressing security and justice issues. This would improve communication, increase participation and ensure that all concerns are voiced and adequately addressed, thus increasing the level of trust of communities in the established institutions.

203 See ILO's Key Recommendations on Response to COVID-19 in fragile contexts. Available at www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/instructionalmaterial/wcms_742182.pdf

X. RECOVER BETTER

Ukraine faces circumstances common to most European countries of managing the seemingly impossible equation: balancing the need to ease unprecedented economic and social pressure caused by COVID-19 lockdown measures while preventing rapid and widespread individual and community virus transmission that inevitably causes massive influxes of intensive care patients whose volume and demand for service can cause a collapse in the health system.

Health and economic shocks are closely intertwined. The sooner countries can control the spread of the pandemic, the more limited the consequences of the health and economic shocks will be. Conversely, if an economic shock grows larger, the adverse health and social effects will be greater. Similarly, if an economic shock is not addressed, it may further undermine peoples' health. This above equation is the backbone of United Nations and partner discussions on supporting Ukraine in the area of economic response and recovery.

When devising the response to the pandemic, the Government needs to put people at its core, provide a safety net for everyone, protect workers, prioritize environmental sustainability and make better public health a driver of well-being and productivity, and a safeguard of peace, security and prosperity.

An economy of wellbeing means that beyond beating COVID-19, politicians, economic leaders, CSOs and people from across the country of all backgrounds must be committed to create a better society that is fair and safe for everyone and where no one is left behind.

Promoting voices, and giving visibility to the different needs of, men and women from the various social groups, especially the most marginalized and vulnerable are essential to challenging the aftermath of the pandemic.

This can turn the tide on **inequality** by:

- strengthening systems to ensure the **universal provision of quality services** such as healthcare, education and social protection;
- identifying, collecting and communicating **disaggregated data on the differentiated impacts** of COVID-19 on vulnerable groups;
- empowering all segments of society, especially the most vulnerable, by investing in **jobs and livelihoods in resilient and sustainable sectors**.

Appendix 1 presents a list of response interventions that have emerged to date, which the UNCT has already identified financing for and implemented. Appendix 2 presents a list of response interventions for which funding still needs to be mobilized. The UNCT is committed to continue to collaborate with Government, civil society and other partners to identify adequate funding and mobilize additional resources and expertise to implement them successfully.

A. Theory of change

In alignment with UNPF, the theory of change underlying the proposed response focuses on supporting the Government of Ukraine to tackle the health emergency while addressing the social and economic impact of the pandemic.

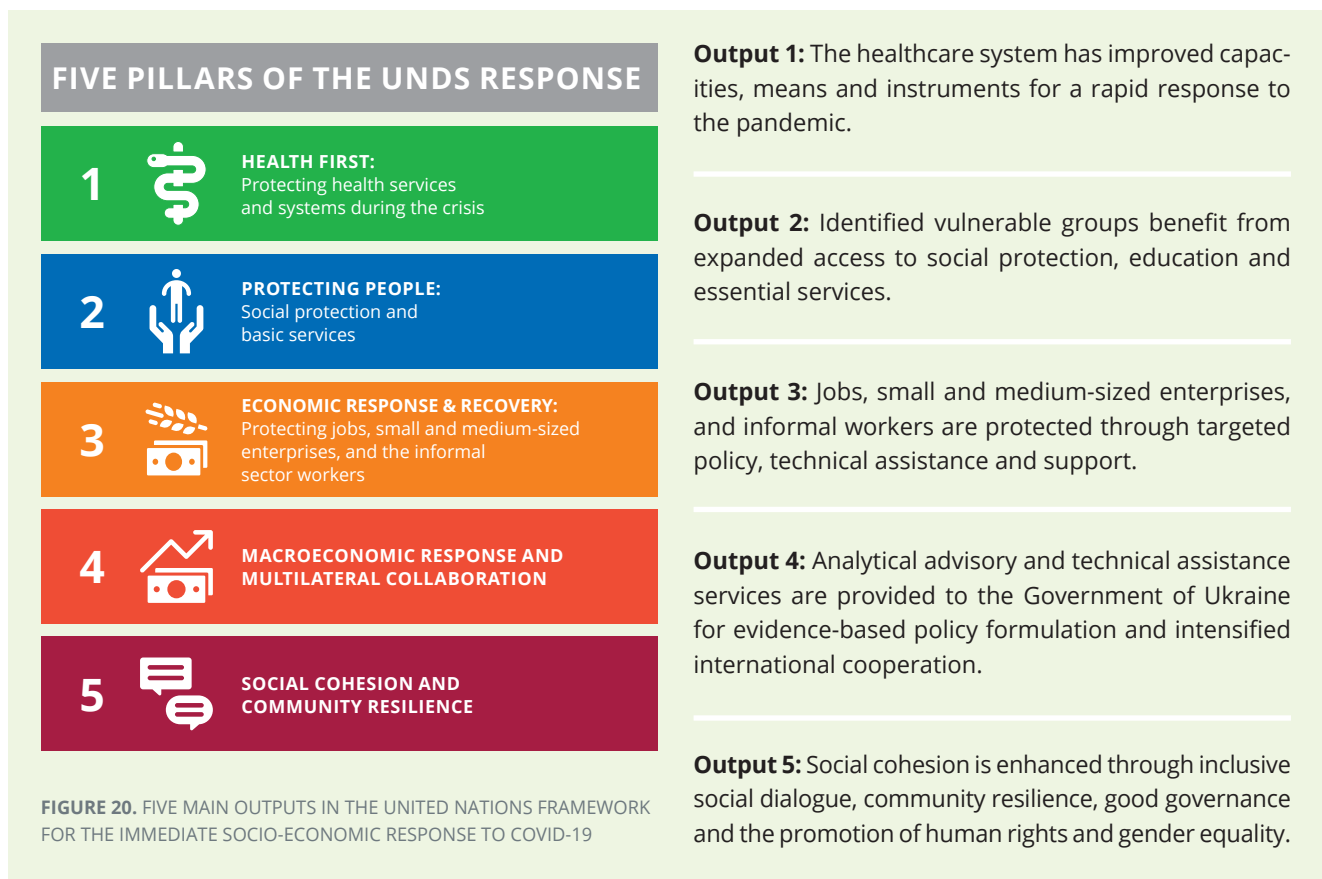
The main objective is to reduce the country's vulnerability to the pandemic while enabling a recovery process that is effective, transparent, human rights-compliant and gender-sensitive.

The response prioritizes populations for whom this emergency compounds pre-existing marginalization, inequalities and vulnerabilities.

It fosters participation and voice within the special context of Ukraine where social cohesion and community resilience need specific attention, and takes in consideration the comparative advantage of the UNCT members. The overall outcome of the Socio-Economic Response and Recovery Plan is as follows:

Ukraine successfully overcomes the immediate and medium-term adverse health, social and economic consequences of the COVID-19 pandemic.

In line with the five pillars of the United Nations Framework, there are five main outputs contributing to the above outcome (Figure 20):



B. Response interventions

The next paragraphs briefly describe the main interventions of the current response portfolio (*further detailed in Appendix 1*), and those proposed for the future (*further detailed in Appendix 2*).

(i) Ongoing response

Focus and implementation strategies. The United Nations focused early interventions on supporting the country in responding to the emergency through:

- capacity building, technical assistance and policy advice in preparing and delivering the response;
- support services for the procurement and distribution of life-saving medical equipment, supplies and medicines, especially PPE, across the country but especially in ECA;

- (iii) provision of support to the population, especially its most vulnerable segments, with cash and in-kind assistance, capacity building, information sharing, training, awareness raising and advocacy work;
- (iv) the direct delivery of emergency response services in collaboration with CSOs, government agencies and other local partners; and (v) monitoring and assessment of the impact of COVID-19 on the population as a whole and on the most vulnerable in particular.

Contribution to SDGs. Over half (54%) of the 81 projects that are currently ongoing²⁰⁴ aim at supporting the response in the health sector and achieving the **SDG 3** targets; over two fifths (46%) provide social protection and basic services (contributing primarily to **SDG 1, 4, 5 and 10**); nearly one third (31%) supports economic recovery and protects jobs and MSMEs (contributing to the **SDG 8** agenda); around one tenth (10%) intensifies

multilateral cooperation (**SDG 17**); and over one fifth (26%) intensifies community resilience and social cohesion including good governance and human rights (**SDG 16** especially, but also **SDGs 5 and 10**) (Figure 16; Table 10).

Financing. Over half of the projects (46) received new or additional financing from donors while the rest were financed by repurposing the ongoing portfolio. About two thirds of the financing mobilized to date is dedicated exclusively or partly to achievement of output 1, while the remaining third is dedicated to the delivery of the other outputs especially 2 and 3 (Figure 17; Table 10).

It is anticipated that the majority (70%) of the ongoing response will be completed by December 2020 and only a small part (30%) will extend operations to 2021 and beyond (up to 2023 in some cases). The total amount of resources mobilized to date for the ongoing portfolio's financing is \$90.4 million.

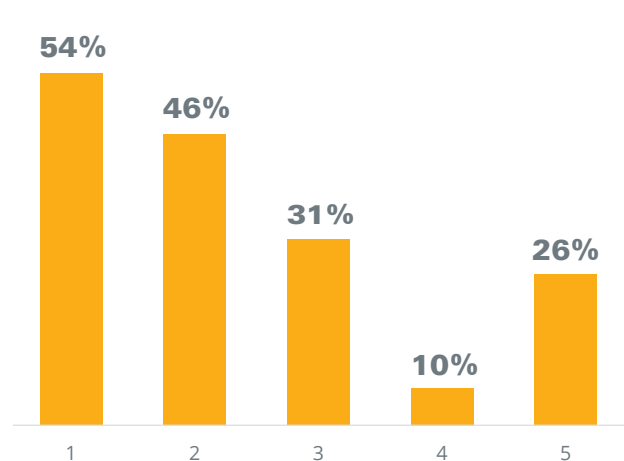


FIGURE 21. ONGOING RESPONSE, NUMBER OF PROJECTS, BY PILLAR (% of total number of projects)

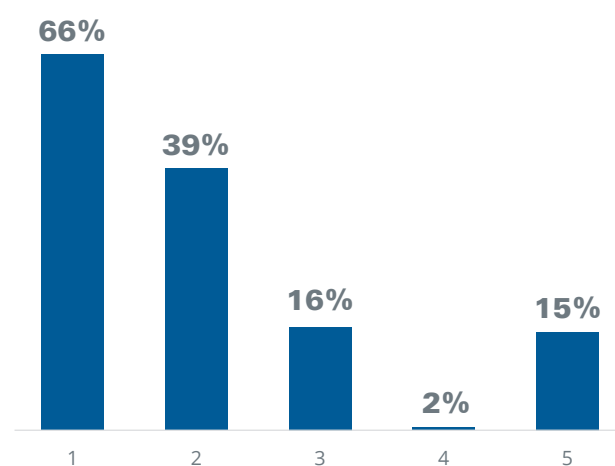


FIGURE 22. ONGOING RESPONSE, FINANCING BY PILLAR (% of total financing)

TABLE 10. ONGOING RESPONSE CONTRIBUTION TO THE FIVE PILLARS

Pillar	SDG	Implementing agency	No. of projects	Total cost (US\$)	Percentage of total (%) (US\$)	Percentage of total (%) (no. of projects)
1	3	FAO, IOM UNHCR, UN Women, UNDP, UNICEF, UNFPA, UNAIDS, WHO	44	54	59.3	66
2	1, 4, 5,10	FAO, ILO, IOM, UNDP, UNFPA, UNHCR, UNICEF	37	46	35	39
3	8	FAO, UNDP, ILO, IOM, UN Women, UNFPA, WHO	25	31	14.3	16
4	17	WHO, UN Women, UNDP, UNICEF, UNECE, IOM	8	10	1.6	2
5	16, 5,10	WHO, OHCHR, UN Women, UNDP, ILO, IOM, UNFPA, FAO, IOM	21	26	13.4	15
Total			81	100	90.4	100

Notes: *Discrepancies are due to rounding off.

** This column indicates how much of the portfolio's financing contributes fully or partly to achievement of the various outputs.

(ii) Planned response

The UNCT formulated a multisectoral response that has primarily a medium- to long-term impact timeframe and aims to deliver the above five main outputs. It builds on the achievements and implementation partnerships of the existing portfolio. The costing process for some of the proposed interventions is still ongoing. To date, the total amount of the financing sought by the UNCT is estimated at \$154.8 million (*Table 11*).

Sections a and b and Figures 6 and 7 describe the main characteristics of the proposed interventions in terms of main outputs (corresponding to the five United Nations Framework pillars), resource absorption and contribution to the SDGs.

The main differences between the ongoing and the planned response are as follows:

- The needs are evolving as the country moves from the emergency to the early recovery phase, and continues to build capacities to manage and respond to the crisis effectively.
- As a result, the UNCT's role is shifting from direct delivery to a primarily capacity-building and enabling role.
- The health response and economic recovery (Pillars 1 and 3) are the two sectors that absorb most resources of the proposed interventions (during the early response stages, Pillars 1 and 2 were the most absorptive ones).
- The number of interventions by pillar is changing considerably. This reflects the modality of delivery; outputs 3 and 5 require smaller projects for effective delivery with respect to the other outputs. It also reflects the comparative advantage of each of the UNCT members and the role emerging for them through interaction with their respective national partner organizations.

(a) Number of projects by pillar

Around one third (25) of the 76 proposed projects aim at strengthening **social cohesion and community resilience** (output 5); one fourth (19) at supporting the **economic recovery** of the country, protecting the most vulnerable workers and supporting the greening and digitalization process of MSMEs (output 3); around one fifth (15) at contributing to the **health** response (output 1); and around one sixth (13) at expanding access to **social protection and basic services**, especially social assistance and education (*output 2*).

Implementation strategies. As mentioned, this ranking of priorities in terms of number of projects reflects the comparative advantage of UNCT members, the implementation strategies selected for the delivery of each output, and the strategic importance of these interventions for a recovery process that builds back better.

Quality of implementation processes and hard-to-reach groups. It is clear that the successful management of the health emergency depends on individuals' level of trust in institutions in place and their commitment to fighting the pandemic and supporting a reform process that delivers a more sustainable, resilient and inclusive society.

This requires, on the one hand, paying special attention, to the quality of the processes with which communities are engaged and involved in the response formulation and delivery; and on the other, developing specific strategies to reach out to the most vulnerable and marginalized sections of society. Both absorb higher levels of resources with respect to scaled-up interventions that target mainstream population groups.

(b) Financing by SDG

It is anticipated that over two thirds of the financing sought (\$103.4 million) will contribute directly to the achievement of the **SDG 3** targets (output 1); about one third (\$12.5 million) will contribute to strengthening community resilience and social cohesion (delivering the **SDG 16** primarily, but also **SDG 5** and **SDG 10** under output 5); and one sixth (\$25 million) to the economic recovery objectives, in particular, the decent work agenda of **SDG 8** and the no poverty and zero hunger agendas of **SDGs 1** and **2** (*output 3*).

However, financing dedicated to pursuing this latter output will also have positive impacts on **SDGs 11** and **13** because interventions will promote more sustainable patterns of consumption and production, including a reduction of the carbon energy dependence of the country, especially through support activities that aim at greening MSMEs.

Table 11 and Figures 6 and 7 provide further details on these aspects, and Appendix 2 provides the full list of the proposed interventions by implementing agency.

TABLE 10. PROPOSED INTERVENTIONS BY PILLAR

Pillar	SDG	Implementing agency	No. of projects	Total cost (US\$)	Percentage of total (%) (US\$)	Percentage of total (%) (no. of projects)
1	3	WHO, IOM, UNICEF, UNFPA, UNDP, UNOPS	15	103.4	67	20
2	1, 4, 5, 10	WHO, UNDP, UN Women, ILO, UNICEF, UNOPS	12	10.5	7	16
3	8, 11, 13	IOM, FAO, ILO, WHO, UNOPS, UNDP	19	25.0	16	25
4	17	UNDP, IOM, UNICEF, UNECE, UN Women, WHO	6	3.3	2	8
5	16, 5, 10	WHO, OHCHR, UN Women, UNDP, ILO, IOM, UNFPA	24	12.5	8	32
Total			76	154.8	100	100

Note: Discrepancies are due to rounding off.

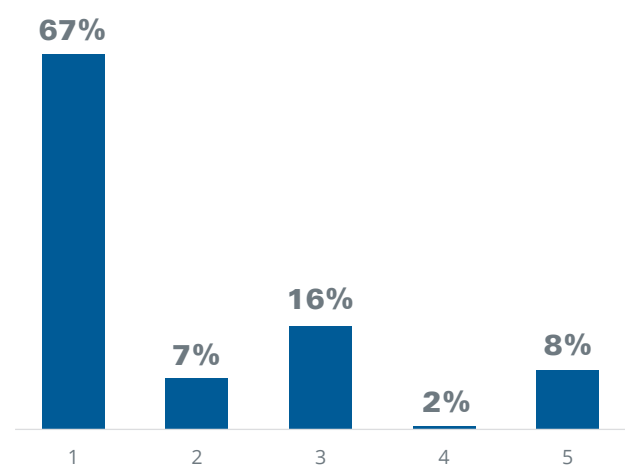


FIGURE 23. PLANNED RESPONSE, BY PILLAR
(% of total financing)

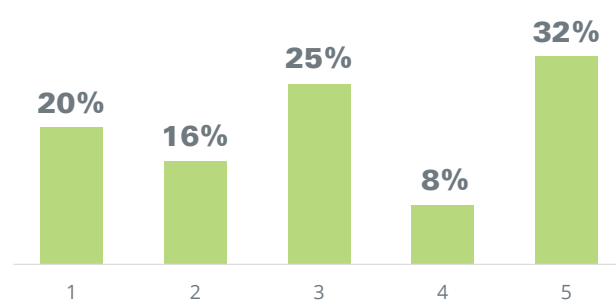


FIGURE 24. PLANNED RESPONSE, BY PILLAR
(% of total number of projects)

APPENDIX 1.

ONGOING RESPONSE

Pillar	Project #	Project title	Timeframe	Main outputs	Total cost (USD)	Re-purposed / New Financing (R/N)	Government	Agency
2	1	Individual Protection Assistance – Cash grants to internally displaced and conflict-affected population in Eastern Ukraine (IPA)	Feb. – Dec. 2020	<ul style="list-style-type: none"> One-time cash grants to 900 households with persons with specific needs in government-controlled areas (GCA); individual case management. 	400,000	R	Ministry of Reintegration and Temporarily Occupied Territories of Ukraine	UNHCR
2	2	Individual Protection Assistance Cash grants to recognized refugees, asylum seekers and stateless persons in Ukraine (IPA-RAS/STA)	Feb. 2020 – Dec. 2020	<ul style="list-style-type: none"> Regular and COVID-19 remedial cash grants to 1,590 households with persons with specific needs in GCA. 	450,000	R/N	State Migration Services of Ukraine	UNHCR
1	3	COVID-19 quick impact projects	April 2020 – Dec 2020	<ul style="list-style-type: none"> Distribution of personal protection equipment (PPE) such as masks, gloves and gowns, hygienic items and cleaning supplies, other material, consumables and devices to government institutions and local authorities for COVID-19 prevention and response. Some of the PPEs are produced by local communities. 	500,000	R/N	Ministry of Reintegration and Temporarily Occupied Territories of Ukraine	UNHCR and implementing partners
3	4	Inclusive labour markets for job creation in Ukraine	Dec. 2018 – Dec. 2022	<ul style="list-style-type: none"> COVID-19 impact: employers' survey and assessment of the labour market. Online training on Start and Improve Your Business (SIYB) for potential entrepreneurs. Local labour market solutions as part of the local employment partnerships in Sumy and Donetsk/Zaporizhia regions. Grant scheme to existing and new entrepreneurs in Melitopol, Mariupol, Tokmak, Berdjansk and Prynmorsk. Tripartite social dialogue to mitigate the impact of COVID-19 on the labour market. 	1,200,000	R	Ministry of Economic Development, Trade and Agriculture (MEDTA)	ILO
3	5	ILO Project on Wages: technical assistance on wage arrears, minimum wages and equal pay for Ukraine	Dec. 2018 – Dec. 2020	<ul style="list-style-type: none"> Online conference, dedicated to the relevance of ILO C 190 and R 206 to the COVID-19 context. Translation and dissemination of the ILO factsheet on temporary wage subsidies during the COVID-19 crisis. 	6,000	R	Office of the Govt. Commissioner for Gender Equality Policy, MEDTA	ILO
3	6	Towards safe, healthy and declared work in Ukraine	Jan. 2020 – Dec. 2022	<ul style="list-style-type: none"> Translation into Ukrainian and distribution of ILO World Occupational Safety and Health (OSH) day 2020 materials and fact sheets on sectoral and profession-specific OSH measures to prevent COVID-19 contagion at workplaces (developed by the French Directorate-General of Labour); dissemination of several publications on COVID-19. Bilingual online training of the representatives of workers' organizations, employers' organizations and businesses, and labour inspectors of the State Labour Service of Ukraine on how and which OSH measures at workplaces mitigate the consequences of COVID-19, protect lives and health of workers, and ensure business continuity. Joint webinar, "COVID-19 in Ukraine: Implications for the food sector", with WHO, FAO and the International Food Safety Authorities Network (INFOSAN) (200 participants and viewers). Online training on Telework, with 500 participants. 	17,147	N	Ministry of Economic Development, Trade and Agriculture (MEDTA)/State Labour Service of Ukraine (SLS)	ILO

Pillar	Project #	Project title	Timeframe	Main outputs	Total cost (USD)	Re-purposed / New Financing (R/N)	Government	Agency
all	7	Four projects on gender equality and women's empowerment (financed by Denmark, Sweden, Canada and Norway).	April – Aug. 2020	<ul style="list-style-type: none"> Gender mainstreaming within the UN Joint UN Socio-Economic Impact Assessment of COVID-19. 	16,000	R	National gender mechanism (Deputy Prime Minister's Office and the Ministry on Social Policy), line ministries.	UN Women
1	8	All UN Women projects	April 2020	<ul style="list-style-type: none"> Distribution of PPE and sanitation and hygienic products for the most vulnerable households of 36 communities. 	10,916	R		UN Women
1,2,5	9	Three projects on gender equality and women's empowerment (financed by Denmark, the EU Delegation to Ukraine and Norway).	March – June 2020	<p>The practical needs of vulnerable women and men, particularly in Europe and Central Asia (ECA), identified by a rapid gender assessment (RGA) are addressed:</p> <ul style="list-style-type: none"> a series of webinars on domestic violence in collaboration with specialized sex and gender-based violence (SGBV) lawyers, police and representatives of local authorities; mobilization of women in peer-support groups via social media platforms, creating safe virtual spaces for domestic violence survivors and women at risk; meetings between representatives of local authorities and SHGs on the socio-economic needs of women and vulnerable groups resulting from the confinement measures; awareness raising on available domestic violence services. 	23,500	R	Local administrations of target communities in Donetsk, Luhansk and Zaporizhzhia oblasts	UN Women, Ukrainian Foundation for Public Health, Bureau for Gender Strategies and Budgeting.
2	10	Building Democratic, Peaceful and Gender Equal Society in Ukraine(Norway)	March – June 2020	<ul style="list-style-type: none"> Support to women's NGOs targeting the most vulnerable groups in the conflict-affected territories of Donetsk, Luhansk and Zaporizhzhia and with a specific focus on vulnerable women. 	28,500	R		UN Women
1,2,5	11	Three projects on gender equality and women's empowerment (financed by Denmark, the EU Delegation to Ukraine and Norway).	March – Dec. 2020	<ul style="list-style-type: none"> Advocacy and awareness raising on increasing prevention of domestic violence during the COVID-19 crisis and improved protection and safety of survivors. 	25,000	R	Ministry of Social Policy, Ministry of Internal Affairs, regional administrations of Donetsk, Luhansk and Zaporizhzhia	UN Women
1,2	12	Gender Equality at the Centre of Reforms, Peace and Security (Sweden)	June 2017 – Nov. 2021	<ul style="list-style-type: none"> PPE distribution to Roma women, women living with HIV and women veterans. Psychosocial support and economic reintegration of demobilized women veterans. 	29,000	R	Ukraine's Female Veterans' Movement, a civil society organization (CSO) protecting the rights of women facing multiple forms of discrimination.	UN Women
All	13	Advancing Gender Equality and Women's Empowerment through Decentralization Reform of Ukraine (Canada)	1 Sept. 2020 – March 2023	<ul style="list-style-type: none"> Cooperation of CSOs, state and local authorities in 4 pilot regions to provide a gender-specific response to COVID-19; A UNDP, UN Women and FAO: survey conducted to assess COVID-19 socio-economic impact on vulnerable households and SMEs. Expert support to the Government on formulation of gender-responsive fiscal stimulus and economic measures to respond to the COVID-19 crisis: policy advice, organization of policy dialogue and platforms for discussion with participation of stakeholders from the state institutions, CSOs and experts' groups. 	327,000	N 320000	Ministry of Economic Development, Trade and Agriculture (MEDTA)	ILO

Pillar	Project #	Project title	Timeframe	Main outputs	Total cost (USD)	Re-purposed / New Financing (R/N)	Government	Agency
All	14	5 projects on gender equality and women's empowerment (financed by Denmark, Sweden, Canada, the EU Delegation in Ukraine and Norway).	31 March 2019 – 31 March 2022	<ul style="list-style-type: none"> A Rapid Gender Assessment (RGA) of COVID-19-generated impacts, especially on vulnerable groups. Recommendations to national, regional and local stakeholders for the formulation of a gender-sensitive response. 	18,000	R	The national gender mechanism (Deputy Prime Minister's Office and the Ministry on Social Policy), 7 pilot regional state administrations, 28 pilot Amalgamated Territorial Communities (ATC)	UN Women
2,5	15	"EU Support to the East of Ukraine – Recovery, Peacebuilding and Governance", a joint programme of UNDP, UN Women, UNFPA and FAO (EU Delegation to Ukraine)	Aug. 2018 – July 2022	<ul style="list-style-type: none"> Grassroots NGOs from target communities in Donetsk and Luhansk oblasts engaged with local public administrations in designing common local development solutions to respond to community needs and priorities. Small grants provided to local NGOs to: support a gendered and inclusive response to mitigate the economic and social impact of COVID-19; improve the accessibility of services; create inclusive spaces in the community through education and community development, advocacy and leadership, taking into account the interests and needs of vulnerable women and men; and preventing, reporting and protecting against gender-based violence, including domestic violence and sexual harassment in public spaces. 	40,000	R	Local administrations of 20 target communities in Donetsk and Luhansk oblasts	UN Women, UNDP
All	16	Three projects on gender equality and women's empowerment (financed by Denmark, Sweden and Canada).	March 2020 – Dec. 2022	<ul style="list-style-type: none"> Awareness-raising campaign on the gendered impacts of the COVID-19 pandemic in collaboration with the national media company ICTV (TV and digital). Topics covered: the fair distribution of domestic work, SGBV, the economic impact of the pandemic on women; and challenges for women facing multiple forms of discrimination. Dissemination of RGA findings with presentations to national, regional and local partners, a series of infographics and news releases. Information campaign via The Village (production, publication and distribution of media materials) to raise awareness of the adverse impact of COVID-19 on women in Ukraine. Production of comic strips for HeForShe Ukraine social media about gender aspects of the quarantine. 	10,328	R	The national gender mechanism (Deputy Prime Minister's Office and the Ministry on Social Policy)	UN Women
5	17	"Building Democratic, Peaceful and Gender Equal Society in Ukraine" (Norway).	Dec. 2017 – April 2021	<ul style="list-style-type: none"> Assessment of the impact of the COVID-19 pandemic on women's security and improvement in human security and participation of women in peacebuilding and community dialogue and recovery. 	25,000	R		UN Women, an NGO in the process of selection
All	18	"Advancing Gender Equality and Women's Empowerment through Decentralization Reform of Ukraine" (Canada)	1 Sept. 2020 – March 2023	<ul style="list-style-type: none"> Policy advice and experts' support to formulating gender-responsive policy measures in response to the pandemic. Target group: the national gender mechanism at the national level – the Deputy Prime Minister's Office on European and Euro-Atlantic integration, the Ministry of Social Policy, line ministries, and 4 regional and 13 local authorities in pilot regions (Sumy, Volyn, Kherson and Chernivtsi). Information and advocacy campaigns on gender aspects of COVID-19 and women's contribution to the response. ↘ 	766,000	N	The national gender mechanism, 4 regions, and 13 pilot Amalgamated Territorial Communities (ATC).	UN Women

Pillar	Project #	Project title	Timeframe	Main outputs	Total cost (USD)	Re-purposed / New Financing (R/N)	Government	Agency
				<ul style="list-style-type: none"> Through women's groups and CSOs, support provided to women's participation in policy dialogue and decision-making relating to the response to the COVID-19 pandemic at the national, regional and local levels. Documentation and visibility of the contribution of women, including vulnerable women. 				
1	19	Monitoring HIV services disruption due to COVID-19	Ongoing	<ul style="list-style-type: none"> Updates and forecasts of the availability of the antiretroviral therapy (ART) medication. Launching of a platform (hivservicetracking.unaids.org) to monitor HIV services disruption due to COVID-19. Establishment of a working group on HIV services tracking to collect data; Monthly report on HIV services disruption In collaboration with the joint UN Team and international partners on AIDS, formal communications to the Ministry of Health on ART drugs procurement and alignment with the WHO pre-qualification criteria. 	Staff time	R	Public Health Centre, NGOs, MoH	UNAIDS
1	20	Collection of data and production of the report on HIV, Human Rights and COVID-19	April – May 2020	<ul style="list-style-type: none"> Report on the Human Rights and COVID-19 situation with conclusions and recommendations, "COVID-19: Human rights in practice". 	UNAIDS Country Office staff time, HQ resourced exercise covering several countries		MoH	UNAIDS
1	21	UNFPA Country Programme regular resources (Annual Work Plan) – risk communication and information campaigns	Jan. 2020 – Dec. 2020	<ul style="list-style-type: none"> Risk communication and community engagement for COVID-19 response and recovery. Development and dissemination via social media information on COVID-19 prevention targeting young people and women of reproductive age. 	30,000	R	MoH	UNFPA
1	22	Strengthening national and local capacities and accountability for SGBV services (DFID + private sector in-kind contributions)	April 2020 – Mar. 2021	<p>Access to essential health services, including in ECA:</p> <ul style="list-style-type: none"> Healthcare staff have the appropriate information and skills to respond to SGBV or refer cases to other specialized services in a safe, ethical and confidential manner. Survivors of SGBV have access to affordable and survivor-centred services. Distribution of PPE for Service Delivery points. 	80,000	N	MoH, Ministry of Social Policy	UNFPA, Women Health & Family Planning Foundation
1	23	UNFPA Country Programme Regular resources (Annual Work Plan) + UNFPA Emergency Fund; EU Project (expected); UNFPA centralized procurement	Jan. 2020 – Dec. 2020	<ul style="list-style-type: none"> Provision of hygienic kits for female health workers to COVID-19 hospitals. Provision of PPE to hospitals/maternalities. 	124,000 (ongoing) 200,000 (planned) 530,000 (planned)	N N N	MoH	UNFPA

Pillar	Project #	Project title	Timeframe	Main outputs	Total cost (USD)	Re-purposed / New Financing (R/N)	Government	Agency
1, 2	24	Strengthening capacities and accountabilities for SGBV services (DFID + Estonia); EMBRACE project: Enhancing National and Regional Mechanisms to Build Responsive, Accountable and Cost-Effective Systems for SGBV Response and Prevention (UK FCO); UNFPA Country Programme Regular resources (Annual Work Plan)	April 2020 – Mar. 2021	<ul style="list-style-type: none"> SGBV services are functioning. Capacity SGBV essential service providers are built, including the police, the judiciary, health services, social workers, crisis centres/shelters, and governance and coordination mechanisms. Information is scaled up and an awareness-raising campaign is conducted on SGBV response and prevention at the national level. Non-state actors are capacitated to act as potential service providers and/or actors in SGBV prevention. 	1,412,000 (ongoing) 963,000 (ongoing) 960,000 (planned) 200,000 (ongoing)	N N N R	Ministry of Social Policy, Mol, National Police	UNFPA, Ukrainian Foundation for Public Health, La Strada International, Women Health & Family Planning Foundation
1, 2	25	UNFPA Country Programme Regular resources (Annual Work Plan) – nursing homes assistance		<ul style="list-style-type: none"> Provision of essential assistance to elderly/nursing homes in Ukraine. 	90,000 (ongoing)	R	Ministry of Social Policy	UNFPA HelpAge
1, 2	26	Gender-responsive emergency response support to the COVID-19 crisis and enhancement of gender equality in Ukraine (EU)		<ul style="list-style-type: none"> Enhanced capacities of local CSOs to provide and sustain effective SGBV prevention and response services to address specific demands caused by the immediate and longer-term aftermath of the COVID-19 pandemic or other similar crisis situations. 	580,000 (planned)	N	Ministry of Social Policy	UNFPA, Ukrainian Foundation for Public Health
1, 2, 3	27	Equality Springboard: Project on Social Norms Change and Gender Stereotypes Elimination for Better Resilience and Prosperity of Women and Men in Ukraine (Sweden)	Sep. 2020 – Aug. 2023	<ul style="list-style-type: none"> SGBV service provision enhancement (crisis rooms) at the municipal level and private sector engagement; Man-engage SGBV prevention programmes at the local level. Economic Empowerment of SGBV survivors. 	600,000 (planned)	N	Ministry of Social Policy	UNFPA, Ukrainian Foundation for Public Health
1	28	Enhancing Integrated Border Management (IBM) along the Ukraine Moldova Border (EU); Support for Migration and Asylum Management in Ukraine (EU); and Addressing Urgent Humanitarian and Socio-Economic Needs of IDPs and Conflict-Affected Populations Along the Line of Contact in Eastern Regions of Ukraine (Japan)	Nov. 2017 – Aug. 2020 Dec. 2016 – Dec. 2020 Mar. 2020 – Mar. 2021	<ul style="list-style-type: none"> Distribution of PPEs to the State Border Guard Service of Ukraine screening Ukrainian nationals entering from abroad and civilians crossing the entry-exit points at the line of contact in eastern Ukraine once these points re-open. Distribution of PPE and disinfectants to the State Migration Service to protect their staff and migrants accommodated at the Migrant Accommodation Centres (MACs) in Chernihiv, Mykolayiv and Volyn regions. 	36,038	R	State Border Guard Service of Ukraine, State Migration Service of Ukraine	IOM
1	29	Life after Conflict: Community-based Reintegration Support for Veterans of the Conflict in Eastern Ukraine and their Families (EU)	Dec. 2018 – Aug. 2020	<ul style="list-style-type: none"> Online webinars on primary psychological support during crises for 30 mental health and psychosocial support workers. Online webinars for local mental health and psychosocial support (MHPSS) workers on countering stress and panic through phone and online consultations. Distribution of livelihood grants to veterans to mitigate the impact of COVID-19 on their businesses. 	100,783	R	Ministry of Temporarily Occupied Territories and Internally Displaced Persons of Ukraine	IOM, IPs: Centre for Mental Health and Traumatology “Integration” and All Ukrainian Association of Business Leaders

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1, 2, 3	30	Contribution for Humanitarian Activities included in IOM's Global Strategic Preparedness and Response Plan to the Coronavirus Disease 2019 (IOM COVID GSRP) (PRM)	Apr. 2020 – Dec. 2020	<ul style="list-style-type: none"> Hygiene kits for social institutions and medical facilities in NGCA. Multipurpose cash transfers for conflict-affected individuals residing along the line of contact (LoC). Phone, online, face-to-face and group consultations for 900 individuals in GCA. Reintegration and medical assistance for victims of trafficking. Cash grants for entrepreneurs were supported to mitigate the impact of the COVID-19 outbreak. 	1,790,000	N	Ministry of Social Policy of Ukraine, Ministry of Reintegration, Donetsk State Administration, Luhansk State Administrations and NGOs	IOM
1, 2	31	IOM Ukraine 2019 Crisis Response Plan (PRM)	Sep. 2019 – Sep. 2020	<ul style="list-style-type: none"> Distribution of handwashing stations to social and healthcare institutions such as primary health care (PHCs), social care facilities, and centres for people living in homelessness. Informational leaflets with description of prevention measures disseminated within the key sites located in NGCA. Two rapid socio-economic surveys among the conflict-affected population. 	14,785	R	Ministry of Reintegration, Donetsk State Administration, Luhansk State Administrations	IOM
2, 3	32	Combating Trafficking of Children and Youth in Ukraine (Canada)	Mar. 2014 – Sep. 2020	<ul style="list-style-type: none"> Financial support provided to former victims of trafficking who had started microbusinesses with support from Global Affairs Canada, but had to stop due to quarantine restrictions. One-time financial cash assistance to 98 of the most vulnerable victims of trafficking to meet their urgent basic food, hygiene and health-related needs during the quarantine and until comprehensive rehabilitation and reintegration become possible. <p>(The assistance was made possible through reprogramming funds from the current project, "Combating Trafficking of Children and Youth in Ukraine" (YCAT), funded by Global Affairs Canada. Further support is to be provided through a project, "Regional Programme Against Trafficking Phase II", funded by the Ministry of Foreign Affairs of Norway and a project, "Contribution for Humanitarian Activities included in IOM Global Strategic Preparedness and Response Plan Coronavirus Disease 2019", funded by the U.S Bureau of Population, Refugees, and Migration (PRM).)</p>	50,251	R	MSP	IOM
2, 5	33	Regional Programme Against Human Trafficking Phase II (Norway)	Jan. 2017 – Dec. 2020	<ul style="list-style-type: none"> Direct assistance to vulnerable migrants, especially victims of trafficking, awareness- raising activities and advice through dedicated hotlines. 	117,040	R	MSP	IOM
2	34	Counter-Trafficking and Migrant Advice Hotline (Norway and USAID)		<ul style="list-style-type: none"> Consultations, primarily to migrants and their families, on COVID-19 and mobility issues through a toll-free hotline. 	5,950	R	n/a	IOM, Revival of the Nation NGO
2, 5	35	Counter-trafficking information campaign		<ul style="list-style-type: none"> An awareness-raising campaign was conducted in the Kyiv metro to inform Ukrainians on the risks involved with exploitation and trafficking and available IOM hotline services. Counter-trafficking posters visibly displayed in metro carriages. 		R		IOM
1, 2	36	WASH support for social and health institutions	Short- and long-term	<ul style="list-style-type: none"> Improved access to essential WASH facilities and hygiene items; Increased awareness of infection prevention measures and correct hygiene practices. 	605,485	R	Regional and local authorities	IOM

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1	37	Medical equipment in functional health facilities along and within the exit-entry checkpoints (EECPs) at the line of contact (LoC)	Long-term (ongoing)	<ul style="list-style-type: none"> Essential medical equipment and PPE for EECPs within the contact line to address the needs of civilians crossing the LoC. Essential equipment and goods for hospitals/PHC clinics located within the contact line, equipment, and provision of medicines to ambulances. 	288,185	R	State Border Guard Service of Ukraine, Ministry of Reintegration, regional and local authorities	IOM
1, 2, 3	38	Provision of immediate assistance and protection to migrants in need	Long-/ short-term (ongoing)	<ul style="list-style-type: none"> Distribution of unconditional cash and in-kind livelihood support for vulnerable migrants, returnees, IDPs and conflict-affected populations to mitigate the risks of human trafficking, exploitation and abuse. Psychosocial support to vulnerable migrants including returning migrants, children of labour migrants, victims of trafficking, IDPs, conflict-affected populations and their families. Support and assistance to Ukrainians in need stranded abroad because of COVID-19. 	1,299,883	R	Regional and local authorities, Ministry of Veterans, Ministry of Social Policy, Ministry of Foreign Affairs	IOM
1 and 2	39	Risk Communication and Community Engagement (RCCE)	March 2020 – Dec. 2020 (possibly beyond)	<ul style="list-style-type: none"> The authorities and the media coordinate to track and respond to misinformation through social media listening tools and other means. Already available accurate cultural and gender appropriate messaging and information on COVID-19 is amplify or developed and broadcast. Work carried out with key influencers, community groups, women and youth groups, health workers and community volunteers to build their capacity for awareness raising and promoting healthy practices through participatory interventions including handwashing campaigns. 	2,900,000	N	MoH, Ministry of Education and Science, Ministry of Social Policy, Ministry of Youth and Sports, Ministry of Digital Transformation, Ministry of Justice, President's Administration	UNICEF
1 and 2	40	Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	Jan. 2020 – Dec. 2021	<ul style="list-style-type: none"> Procurement and distribution of critical hygiene and prevention items and disinfectants for use in schools and health facilities. Support is provided to Ministry of Education and Science and MoH to develop and implement guidelines for safe school operations during a COVID-19 outbreak. 	10,000,000	R and N	MoH, PHC, regions	UNICEF
1 and 2	41	Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	Jan. 2020 – Dec. 2021	<ul style="list-style-type: none"> Support case management and continuity of essential services. In support of MoH and in coordination with WHO, conduct refresher trainings for primary healthcare providers to strengthen detection, case management, and referral. Ensure continuity of primary healthcare services with particular focus on continuity of immunization services, as well as HIV/ AIDS treatment and care. 	2,500,000	R and N	MoH, PHC, regions	UNICEF
1	42	Data collection and social science research for public health decision-making	March 2020 – Dec. 2020	<ul style="list-style-type: none"> Support and capacity building of PHC on data collection, analysis and visualization of COVID outbreak data. 	650,000	N	MoH, PHC	UNICEF
2	43	Support access to continuous education services	Ongoing long-term	<ul style="list-style-type: none"> Support provided to the Ministry of Education and Science and other education actors in planning for the continuity of learning and the production of pre-primary and primary education lessons to be broadcast on media (radio/television) and other distance learning platforms as required. ↴ 	2,700,000	R and N	Ministry of Education and Science, MoYS, regions	UNICEF

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				<ul style="list-style-type: none"> Teaching and learning materials provided to families to enable them to support home study in short-term school closures. Support provided to the Ministry of Education and Science to address psychological support needs in schools, i.e. to encourage children to discuss their questions and concerns; guide students on how to support their peers and prevent exclusion and bullying; and ensure that teachers are aware of available resources for their own well-being. Support provided to the Ministry of Education and Science and the MoH to develop and implement targeted health education, including guidelines for safe school operations and in the back-to-school campaign. <p>Support provided in the collection and analysis of social sciences data through the U-Report on the myths and stigma related to COVID-19, and the impact of COVID-19 on youth and their needs.</p>	2,700,000			
2	44	Support access to continuous social protection services	Ongoing long-term	<ul style="list-style-type: none"> Advocacy for immediate and longer-term social protection measures targeting the most vulnerable families with children. 	250,000	R and N	Ministry of Social Policy	UNICEF
2	45	Support access to continuous child protection, psycho-social and gender-based violence (GBV) services	Ongoing long-term	<p>Support provided to the Ministry of Social Policy and other relevant stakeholders:</p> <ul style="list-style-type: none"> technical expertise and guidelines on child protection risks during the COVID-19 pandemic; assessment of families of children who returned from institutions in selected regions and comprehensive packages of support services; prevention of institutionalization of children due to the socio-economic impact of COVID-19 on families and family reintegration of young children from Baby Homes; capacity building of social workers and child protection specialists on these topics; psycho-social support and counselling to children and families impacted by COVID-19 through on-line and outreach services (including SGBV and violence against children); capacity building of community professionals (including teachers and school psychologists) in basic psycho-social support and positive parenting for prevention of all forms of violence and neglect; support to selected municipalities in eastern Ukraine in providing integrated social protection services to families at risk affected by the COVID-19 lockdown. 	7,000,000	R and N	Ministry of Social Policy, regions	UNICEF
1	46	Coordination, monitoring and governance for COVID-19 response and recovery	Jan. – Aug. 2020	<ul style="list-style-type: none"> Development of a National Emergency Operation Plan (EOP). Update of regulations according to latest international and national evidence. International Health Regulations (2005) in place and regular reporting to WHO through this channel. Testing of mechanisms of interaction by simulation exercise. Monitoring of regional public health response. New public health system law builds on lessons learned from COVID-19. 	500,000	N	MoH, Public Health Centre of the Ministry of Health of Ukraine (UPHC), local and regional government authorities	WHO

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1	47	Risk communication and community engagement for COVID-19 response and recovery	Mar. – Sept. 2020	<ul style="list-style-type: none"> Behavioral insights survey. Targeted communication materials for providers, government authorities and CSOs. Joint risk-awareness campaigns with the Government sharing credible information on COVID-19. A medical helpline accessible by at-risk populations, particularly migrants and mobile populations. Advocacy, awareness and social mobilization on secondary impacts of COVID-19 and coalitions built to address socio-economical vulnerabilities. Engagement of local opinion and community leaders in promoting safe behaviours during eased quarantine measures, including religious leaders, business communities, media and others. 	1,000,000	N	MoH, UPHC, local and regional government	WHO
1	48	Public health services improved to respond to COVID-19 (surveillance, case investigation and tracing, national laboratories)	Mar. – Dec. 2020	<ul style="list-style-type: none"> Event-based surveillance at the national level; mechanisms for investigating COVID-19 transmission in healthcare settings and national action plan on scaling-up COVID-19 testing capacity. National and regional laboratories are adequately equipped and laboratory biosafety and biosecurity training is provided regularly. Contact tracing for COVID-19 is developed and adopted for all residents. Improved COVID-19 epidemiological data collection, analysis and visualization in the Public Health Centre. 	5,000,000	N	MoH, UPHC	WHO
1	49	Case management for COVID-19 and short-term investments to improve infection prevention and control (IPC)	Mar. – Aug. 2020	<ul style="list-style-type: none"> Clinical management toolkit for COVID-19 patients, emergency medical services guidelines and a handbook on the treatment of severe acute respiratory infection. Identification of referral facilities for treatment of patients diagnosed with COVID-19, and mapping of existing public/private health facilities, referral systems and care/capacities for surge, including supplies for case management and infection control. IPC programmes for designated hospitals, training of healthcare workers and identification of resources to maintain the programmes. PPE items delivered to designated hospitals. Capacity building and access to WHO guidelines and evidence on COVID-19 for primary healthcare workers. Distribution of IPC supplies for the primary healthcare level. 	1,000,000	N	MoH, National Health Service of Ukraine	WHO
1	50	Improve access to essential health services	Mar. – Aug. 2020	<ul style="list-style-type: none"> Preparation of a list of essential services (based on Ukraine's context and supported by WHO guidance and tools) A national policy on the prevention of healthcare-associated infections (HAI) based on WHO guidelines and evidence from European countries. Strengthened role of primary healthcare providers in essential health services. ↘ 	7,000,000	N	MoH, National Health Service of Ukraine, service providers, associations, local governments	WHO

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				<ul style="list-style-type: none"> ■ A roadmap for the progressive restoration of services as pressure on the health system surges and recedes. ■ Payment methods provided to avoid significant disruptions to hospital and PHC revenues as a result of the crisis and the risk of an increase in informal out-of-pocket payments and service disruptions is mitigated. ■ Mechanisms in place to allow for the provision of medicines and other supplies for treatment of chronic diseases for longer periods than usual. ■ PPE, health equipment and consumables available to all health facilities, including primary healthcare providers, to protect staff and patients. ■ National recommendations on the organization of vaccination measures during the pandemic are implemented and updated regularly. ■ Mechanisms for routine immunization services and vaccine-preventable diseases (VPD) surveillance during the pandemic ■ Monitoring and maintenance of access to testing and treatment for communicable diseases (HIV, TB) and to NCDs services. ■ Evidence-based mental health service models in selected facilities at the primary and secondary healthcare level. ■ Mental health and psychosocial support provided during COVID-19 training to healthcare workers countrywide. 				
1	51	Country readiness for COVID-19 vaccination and equitable deployment of vaccine(s)	June 2020 – 2021	<ul style="list-style-type: none"> ■ Preparedness for COVID-19 vaccination and deployment through national planning and stakeholder engagement is in place. ■ Mechanisms in place to access COVID-19 vaccine(s) through an advanced commitment agreement (COVAX facility, inter-country or country-based agreements). ■ Procurement of routine vaccines as per WHO standards. 	4,500,000	N	MoH, UPHC, National Health Service of Ukraine (National Health Service of Ukraine)	WHO
1	52	Health system strengthening	Apr. – Dec. 2020	<ul style="list-style-type: none"> ■ Analysis of budgetary space for health in the context of COVID-19 and government revenue-raising capacity to support the MoH budget for 2021. ■ Development of the Programme of Medical Guarantees 2021. ■ Service reconfiguration plans, including restructuring of TB and mental health hospitals. ■ Availability of essential medications, equipment and supplies is maintained. ■ Data and evidence through implementation of the national health workforce accounts (NHWA) with indicators on geographical distribution, distribution by age, sex, sector ownership and facility types to detect gaps in certain professions or mismatches in geographical distribution. ■ The healthcare workforce strategy and roadmap are developed and approved ■ Indicators for monitoring essential health services are developed and monitored. 	6,000,000	N	MoH, Ministry of Finance (MOF)	WHO

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1	53	Services for vulnerable and special settings including the ECA	Apr. – Dec. 2020	<ul style="list-style-type: none"> Essential medical equipment and PPEs are provided for exit-entry checkpoints (EECPs) along the contact line. Essential equipment and goods are provided for hospitals/ primary health clinics located along the contact line, equipment and provision of medicines to ambulances. Awareness of infection prevention measures and correct hygiene practices is strengthened among vulnerable conflict-affected individuals in target social institutions (hospitals, hospices and others). Two regional laboratory centres in ECA have their capacity scaled up. PPE and medical equipment to healthcare facilities, primary healthcare units to tertiary hospitals, in ECA. Training of rapid response teams conducted. Strengthening of coordination, and the monitoring and evaluation system in ECA healthcare. Increased technical capacity of the local medical professionals. Improved trauma care and emergency medical services. Comprehensive mental health and psychosocial support for healthcare workers and vulnerable population groups. 	5,000,000	N	State Border Guard Service of Ukraine. Ministry of Reintegration, and regional and local authorities	WHO
1	54	Strengthen the national healthcare system to respond to the pandemic.	Feb. – Oct. 2020	<ul style="list-style-type: none"> Strengthened crisis coordination capacity of MoH to support the epidemiological surveillance and adequate management of the health system including at sub-national levels. Improved COVID-19-contaminated waste management at hospitals and capacity of medical staff built Engagement of patient organizations to deliver COVID-19 prevention messages and counselling for hard-to-reach and/ or vulnerable populations. Webinars for the representatives of healthcare institutions in conflict-affected areas on providing telephone consultations to patients, administering proper infection control in medical facilities, and maintaining well-being and mental health of medical workers. Dashboard for the Deputy Prime Minister's Office to track in real-time the procurement and distribution of PPE and other medical and protective equipment. 	2,000,000	N	MoH	WHO
2	55	Strengthening capacity of the government institutions to respond to the COVID-19 crisis based on gender equality, the human rights-based approach (HRBA) and leaving no one behind	Apr – Dec. 2020	<ul style="list-style-type: none"> Identification of gaps in national policies and regulations that adversely affected women and men from different vulnerable groups. Development of policy and regulatory changes to address gaps and consider gender equality and HRBA in future crisis situations. Support provided to coordination/ partnership with the European Union Advisory Mission (EUAM) through expert advice from a public health perspective regarding the full return to work according to the courts of justice. 	20,000	N	Ombudsperson, Ministry of Social Policy, Ministry of Justice, Ministry of Health, local authorities	WHO

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2	56	Policy advice on health protection systems	Jan. – Dec. 2020	<ul style="list-style-type: none"> Joint health and protection sectors identify and recommend supportive social protection mechanisms to support basic health needs of the most vulnerable. 	150,000	N	Ministry of Finance, Ministry of Social Policy, Ministry of Justice, Ministry of Health, local authorities	WHO
3	57	Support policy development and innovative practices for storage and processing of goods along food value chains, including One Health and the prevention, preparedness and response to foodborne diseases	Mar–Dec. 2020	<ul style="list-style-type: none"> Food safety standards incorporate new sanitarian rules and are legislated and functional. Introduction and implementation of WHO-ILO-FAO One Health tools, assessments and methodologies (i.e. diagnostic tools for assessing the status of national codex programmes, the food control assessment tool, and the country self-assessment tool on surveillance and response to food-borne diseases). 	1,400,000	N	Ministry of Economic Development, Trade and Agriculture of Ukraine (MEDTA), State Service for Food Safety and Customer Protection, Ministry of Health of Ukraine	IOM
3	58	Labour market governance is improved for an effective COVID response through systemic cooperation between the government, social partners and other labour market institutions.	Apr. – Dec. 2020	<ul style="list-style-type: none"> Social dialogue and the collective bargaining process are initiated in companies in pilot regions. 	500,000	N	MEDTA, Ministry of Health	WHO
3	59	Support to Ukraine in reviving and setting up labour mobility mechanisms to ensure that challenges posed by COVID-19 are mitigated and Ukrainian migrant workers access foreign labour markets in a safe manner, in accordance with the international health regulations (2005).	Aug.– Dec. 2020	<ul style="list-style-type: none"> National framework to manage circular migration is developed and operationalized including through updated bilateral and multilateral cooperation with destination countries and using International Health Regulations (2005) communication and diplomatic channels as relevant. Pre-departure health assessments and medical certification are provided to seasonal migrant workers. Post-arrival support provided in the countries of destination and return, and post-arrival/reintegration support in Ukraine are available to migrant workers. 	200,000	N	Deputy Prime Minister's Office, Ministry of Economic Development, Trade and Agriculture, Ministry of Foreign Affairs, MoH	WHO
3	60	Revision of economic and health diplomacy policy to attract business and international financial support to the response to COVID-19 in Ukraine.	Feb.– Dec. 2020	<ul style="list-style-type: none"> Continuous support provided to the collection, adaptation and transparent international communication of public health criteria in accordance with WHO standards. 	600,000	N	Deputy Prime Minister's Office, Ministry of Health, Ministry of Foreign Affairs	WHO
3	61	Partnership with Ukrainian retail stores across Ukraine to communicate and amplify COVID-19 key messages to customers	Jan.– Dec. 2020	<ul style="list-style-type: none"> Key COVID-19 messages on responsible behaviour are communicated to the population in Ukrainian retail stores. 	350,000	N	Ministry of Health, MEDTA	WHO
4	62	Support to Ukraine to manage borders in a manner that integrates health and protection considerations, with human security and other rights-based priorities, to further minimize the risk of disease transmission between countries and within border communities, in line with IHR (2005).		<ul style="list-style-type: none"> Enhanced capacity of the points of entry (PoEs) and support provided to efforts of the immigration, border, customs and health authorities to detect, isolate and manage potentially COVID-19-infected travellers, in line with WHO guidance. Systematic IHR (2005) Reporting 	350,000	N	State Border Guard Service of Ukraine, Ministry of Foreign Affairs, MoH	WHO

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5	63	Tackle COVID19-related health challenges to social cohesion and support opportunities for health-social dialogues		<ul style="list-style-type: none"> Trust built between health practitioners, the population, and the national and oblast authorities on health systems and health reforms. Addressing and assessing mental health as a conflict generating social behaviour (measurably reduce aggressive behaviour, use of violence, discriminatory actions through targeting interventions) and social connectedness (measurably increase the quality and number of connections an individual has with other people in their social circles of family, friends, acquaintances, other communities). Establishment of dialogue and conflict mediation platforms on COVID-19, other communicable diseases and IHR (2005) Health standards promotion: one health, one country. Deconfliction of health facilities and individualized positive storytelling. 	8,500,000	N	MoH, Ministry Reintegration of Ministry of Reintegration of Temporarily Occupied Territories (ToT), Ministry of Foreign Affairs	WHO
3	64	Capacity building for animal health, food safety and quality	20 Feb. 2020–20 Feb. 2022	<ul style="list-style-type: none"> Developed “Guidelines for enterprises on biosafety in conditions of strict quarantine: Measures for prevention of spread of COVID-19”. Awareness-raising, information and communication campaigns on COVID-19. 	639,626	R	MEDTA, State Service of Ukraine for Food Safety and Consumer Protection, other relevant line ministries and institutions.	FAO/ European Bank for Reconstruction and Development (EBRD)
3	65	Strengthening national capacities to address Antimicrobial Resistance (AMR) risks	1 Feb.2019 – 31 Jan. 2021	<ul style="list-style-type: none"> Developed and approved requirements for poultry farming without the use of antibiotics, as well as the standard operating procedures for confirming compliance of facilities with these requirements. This result contributes to the national response to AMR and lowers the risk of failure in treatment of complications after COVID-19 in public health sector. 	253,000	R	MEDTA, State Service of Ukraine for Food Safety and Consumer Protection, other relevant line Ministries and institutions.	FAO
4	66	Discovering solutions to counteract the socio-economic impact of COVID-19 (within Private Sector Engagement for SDGs project).	1 July – 31 Dec. 2020	<ul style="list-style-type: none"> Online hackathon for discovering IT solutions to mitigate the negative impact of the COVID-19 pandemic on the socio-economic situation in Ukraine. 	54,000	R	Ministry of Digital Transformation.	UNDP
1	67	Serving People, Improving Health	April 2020 – Sep. 2020	<ul style="list-style-type: none"> Procurement and distribution of PPE, test systems and other necessary medical products (including medical equipment), as requested by the Ministry of Health of Ukraine. Institutional capacity strengthening, crisis management support and effective healthcare crisis communication. 	1,200,000	R	Ministry of Health	UNDP
1	68	Home Owners of Ukraine for Sustainable Energy Solutions (HOUSEES) – an action within the EE4U Programme (EU Delegation to Ukraine)	April 2020 – Dec. 2020	<ul style="list-style-type: none"> Dissemination of information on COVID-19 risk-reduction measures among more than 2.4 million people in 340 municipalities. Collection and dissemination of best practices of Homeowners Associations in addressing the COVID-19 pandemic (including risk-reduction measures and social solidarity practices); social media outreach to over 59,000 women and men. 	22,500	R	Ministry for Communities and Territories Development	UNDP

Pillar	Project #	Project title	Timeframe	Main outputs	Total cost (USD)	Re-purposed / New Financing (R/N)	Government	Agency
3	69	E-Learning for Sustainable Development (GIZ)	May 2020 – Dec. 2020	<ul style="list-style-type: none"> Development and launch of the online course “Remote Work for Civil Servants”: as of 1 Sept. 2020, over 3,700 users subscribed to the course, of whom 67% already received their certificates of completion. Free access to the course provided through the online education platform Prometheus. 	5,800	R	The National Agency of Ukraine for Civil Service	UNDP
5	70	Empowered Partnership for Sustainable Development – Pilot phase (Swedish International Development Cooperation Agency)	July 2020 – Dec. 2021	<ul style="list-style-type: none"> Strengthening local administrations’ capacities to plan and implement gender-responsive recovery projects. Supporting communities’ capacities in establishing partnerships to address socio-economic impact of COVID-19; lessons learned sharing across Ukraine. 	500,000	R	Ministry for Communities and Territories Development, Kherson Oblast Administration	UNDP
2, 3, 4, 5	71	Local Socio-Economic Recovery (LSER) Engagement Facility (UNDP)	July 2020 – Dec. 2020	<ul style="list-style-type: none"> Assessment of the socio-economic impact of COVID-19 at oblast level through field surveys. Development of effective crisis response and post-crisis recovery measures. Implementation of pilot initiatives enabling access to healthcare services and online education; development of tourism and social entrepreneurship and improved access to administrative services. Establishment of a coordination working group in Kherson Oblast, CSOs capacity building during implementation of pilot initiatives. 	100,000	R	Cabinet of Minister of Ukraine, Kherson Oblast State Administration	UNDP
1, 2, 3, 5	72	EU Support to the east of Ukraine – Recovery, Peacebuilding and Governance – joint programme of UNDP, UN Women, UNFPA and FAO (EU Delegation to Ukraine)	March 2020 – July 2022	<p>In Donetsk, Zaporizhzhia and Luhansk oblasts:</p> <ul style="list-style-type: none"> distribution of antiseptic liquid and plastic shields to healthcare providers; online workshops for medical staff of healthcare facilities on how to conduct telephone consultations with patients, administer proper infection control in medical facilities, and maintain the well-being and mental health of medical workers; distribution of oxygen concentrators; assessment of business environment and market conditions in prioritized sectors of the local economy; distribution of small business grants for the start-up, renewal or expansion of MSMEs hit by the lockdown; webinars for MSMEs on registering force majeure clauses, taxation, conducting service provision audit, managing export-import operations and staying engaged with the audience/ customers; support to COVID-19-affected entrepreneurs through advice from experts in the legal, accounting and HR areas; remote training sessions on online product promotion and sales; remote business education courses (e-learning platform https://startbusiness.com.ua) and the setting up of online stores; ↴ 	2,110,000 (76% – business support grants)	R	Regional and local authorities, Health Departments of Donetsk and Luhansk oblasts, Chambers of Commerce, State Employment Service	UNDP, UN Women, UNFPA, FAO

Pillar	Project #	Project title	Timeframe	Main outputs	Total cost (USD)	Re-purposed / New Financing (R/N)	Government	Agency
				<ul style="list-style-type: none"> support to the Ukrainian Chamber of Commerce in the management of SMEs' force majeure certificates, rent payment deferral and employment retention measures; facilitation of online communication of departments of education and science, Vocational Education and Training (VET) institutions, State Employment Centres and Chambers of Commerce and Industry; dissemination of information on COVID-19 prevention and impact among conflict-affected populations; distribution of small grants in support of community and CSO-led initiatives for COVID-19 prevention. 				
1, 2, 5	73	Good governance and citizens' engagement for justice, security, environmental protection and social cohesion in eastern Ukraine (Donetsk and Zaporizhzhia regions, Swedish International Development Cooperation Agency) and Strengthening national and local capacities for effective delivery of justice, security and reintegration services in conflict-affected areas of Ukraine (the Netherlands)	March 2020 – Jan./ March 2022	<p>In Donetsk and Luhansk oblasts, procurement and distribution of:</p> <ul style="list-style-type: none"> protective suits for medical staff of healthcare facilities; PPE, sanitizers, disinfectants, respirators and motor sprayers for the State Emergency Service of Ukraine (SES) and the National Police (NP); motor-sprayers and fire fighting backpacks for the Safety and Security Centres (SSCs); computer equipment with technical assistance for the Situation Centre of the SES HQ in Kyiv; sanitizers for infection diseases hospitals in Myrnohrad and Rubizhne; detergents and cleaning materials for the department of social services and face shields for social workers; antiseptic liquids for legal aid centres and local courts; small grants for CSOs for infection prevention. 	123,777 +65,060	R	Ministry of Internal Affairs of Ukraine, Regional Departments of the State Emergency Service of Ukraine, Health Departments of Donetsk and Luhansk oblasts, Donetsk and Luhansk Oblast Administrations	UNDP
3	74	Promoting entrepreneurship among the conflict-affected population in Ukraine, Phase III (Poland)	March 2020 – Dec. 2020	<ul style="list-style-type: none"> Small business grants for the start-up, renewal or expansion of COVID-19 MSMEs and employment generation; Launch and development of e-learning online platform https://startbusiness.com.ua/ for MSMEs with a specific COVID-19 response section. 	350,000	R	Regional and local authorities, Regional Chambers of Commerce, State Employment Service	UNDP
3	75	Support to entrepreneurship and employment development along the Azov sea coastline in Donetsk and Zaporizhzhia regions (DMFA)	March 2020 – Aug.2021	<ul style="list-style-type: none"> Small business grants for start-up, renewal or expansion of COVID-19 MSMEs in the prioritized sectors of economy. Remote business education through online training courses for MSMEs (e-learning platform https://startbusiness.com.ua). 	1,250,000	R	Regional and local authorities, Regional Chambers of Commerce, State Employment Service	UNDP
3	76	Social Stabilization Support to the IDP and Conflict-affected Persons through Job Creation and Restoration of Economic Infrastructure in Donetsk and Luhansk oblasts and along the Azov Coastline in Zaporizhzhia oblast (Japan)	March 2020 – March 2021	<ul style="list-style-type: none"> Small business grants for start-up, renewal or expansion of COVID-19 MSMEs and employment generation. 	440,000	R	Regional and local authorities, Regional Chambers of Commerce, State Employment Service	UNDP

Pillar	Project #	Project title	Timeframe	Main outputs	Total cost (USD)	Re-purposed / New Financing (R/N)	Government	Agency
1,5	77	Crisis Coordination Management in Ukraine	April 2020 – Oct. 2020	<ul style="list-style-type: none"> Capacity of the Government is built to improve emergency response multi-sectoral coordination and long-term planning at the inter-ministerial level. Resilience and preparedness of the healthcare system to the COVID-19 pandemic – MoH capacity building. Gender-responsive communications and dissemination of COVID-19 prevention messages with the involvement of CSOs and local communities. 	317,000	N	Deputy Prime Minister's Office, MFA, MoH	UNDP
2, 5	78	Human rights actors support to the vulnerable groups as a part of COVID-19 response	April 2020 – Dec. 2020	<ul style="list-style-type: none"> Monitoring access to public COVID-19 information at the local level. Awareness-raising campaign on tolerance and non-discrimination. Hate speech prevention and monitoring by the Ombudsperson's Office regional network. Updating of the methodology for monitoring access to social and economic rights and developing recommendations to the local authorities. Monitoring of the impact of COVID-19 on women and girls, focusing on labour, family rights and gender-based violence 	82,000 (ongoing)	R	Ombudsperson's Office, National Agency of Ukraine on Civil Service. Human rights CSOs	UNDP, Ombudsperson's Office
2, 5	79	Civil society response to address the needs of the vulnerable groups of women and men at the subnational level	April 2020 – Dec. 2020	<ul style="list-style-type: none"> Awareness-raising campaign conducted on verified information and recommendations related to the COVID-19 detection and prevention among adults and young men and women. Seed grants to CSOs to address the most critical needs of vulnerable groups. Targeted information and engagement campaign for youth on safe behaviour, civic engagement and volunteerism Coordinated response of the subnational CSO hubs network to the challenges presented by COVID-19. Assessment of the COVID-19 impact on youth and development of policy recommendations. 	89,000 (ongoing)	R	Ministry of Youth and Sports of Ukraine, subnational CSOs	UNDP
5	80	Social cohesion through youth civic participation	Aug. 2020 – Jan. 2021	<ul style="list-style-type: none"> Strengthening of social cohesion and promotion of a national unity dialogue in Ukraine through youth inclusion in decision-making, civic participation and engagement. 	122,500 (ongoing)	N	Ministry of Youth and Sports of Ukraine	UNDP
5	81	Enhancing communication capacities of the Parliament and its Secretariat to provide critical information to citizens during the quarantine restrictions on legislative novelties, particularly through digital channels	April 2020 – Dec. 2020	<ul style="list-style-type: none"> Training provided to the Verkhovna Rada of Ukraine and its Secretariat, including secretariats of the Parliamentary Committees. Technical support to the Verkhovna Rada of Ukraine committees on a day-to-day basis. 	50,000 (ongoing)	R	Verkhovna Rada of Ukraine and its Secretariat	UNDP

APPENDIX 2. RESPONSE AND RECOVERY PLAN – UNCT UKRAINE

Globally, the United Nations has identified five key pillars for the support to countries in the COVID-19 response. Protecting the **health system** during the COVID-19 crisis is the first priority. However, the following are equally urgent: helping protect people through **social protection and basic services**; **protecting jobs, small and medium-sized enterprises, and the most vulnerable productive actors** through economic recovery; helping guide the necessary **surge in fiscal and financial stimulus** to make the macroeconomic framework work for the most vulnerable, and fostering sustainable development and **strengthening multilateral and regional responses**; and finally, promoting **social cohesion** and building trust through social dialogue and political engagement; and **investing in community-led resilience and response systems**.

The Outcome of the Socio-Economic Response and Recovery Plan is “Ukraine successfully overcomes the immediate and medium-term adverse health, social and economic consequences of the COVID-19 pandemic”.

Pillar 1: Health First: Protecting Health Services and Systems during the Crisis

Output 1: The healthcare system of Ukraine has improved capacities, means and instruments for a rapid response to the gaps, needs and priorities in connection with the pandemic.



United Nations partners: WHO, UNICEF, UNAIDS, UNHCR, OHCHR, UNDP, UNFPA, OCHA

National development priorities: Health 2020, National Poverty Eradication Strategy, State Programme on Equal Rights and Opportunities for Women and Men.

UNITED NATIONS UKRAINE 2018–2022 PARTNERSHIP FRAMEWORK

Outcome 2: By 2022, women and men and girls and boys equitably benefit from integrated social protection, universal health services and quality education

SDGs: SDG 3: Ensure healthy lives and promote well-being for all at all ages; **SDG 11:** Make cities and human settlements inclusive, safe, resilient and sustainable; **SDG 13:** Take urgent action to combat climate change and its impacts.

Vulnerable groups: COVID-19 frontline workers; all healthcare workers, especially women; people, especially children, living below the poverty line; people living with disabilities, including children; institutionalized populations, especially children and young people; IDPs, refugees and asylum seekers; veterans; sex and gender-based violence (SGBV) survivors; survivors of human trafficking; labour migrants; adolescents and young people, in particular young girls; older persons; people living with HIV/AIDS; tuberculosis (TB) patients; key populations at risk; and ethnic minorities.

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
1.1	Coordination, monitoring and governance for the COVID-19 response and recovery	Short- (1–3 months) and long-term (6 months or more)	<ul style="list-style-type: none"> National Emergency Operation Plan (EOP) developed and approved. Regulations are regularly updated according to latest international and national evidence. International Health Regulations (2005) are in place and regular reporting to WHO through this channel. The mechanism of interaction is tested regularly through simulation exercises. Regional public health response is monitored through a sustainable platform with the coordinated response coordinated between the central and regional (oblast) governments. The new law on the public health system builds on lessons learned from COVID-19 and reflects the latest evidence from global and European experience. 	500,000	Ministry of Health (MOH), Public Health Centre of the Ministry of Health of Ukraine. (UPHC), local government authorities (regional).	WHO (US\$500,000)
1.2	Risk communication and community engagement for COVID-19 response and recovery	Short- (1–3 months) and long-term (6 months or more)	<ul style="list-style-type: none"> Behavioural insights survey administered: recommendations on how to improve communication Targeted communication materials developed and distributed for providers, local government authorities and civil society organizations (CSOs). Training is provided for journalists on communication related to COVID-19 and other epidemics. Joint risk-awareness campaigns are carried out with the Government sharing credible information on COVID-19. A medical helpline provides COVID-19-related information and referrals with accessibility by at-risk populations, particularly migrants and mobile populations. Advocacy, awareness and social mobilization on the secondary impacts of COVID-19, and coalition building to address socio-economical vulnerabilities due to the pandemic. Youth were mobilized to strengthen COVID-19 response efforts, in particular, awareness raising on the community level, engaging in community actions to support vulnerable groups and decreasing stigma. Engagement of local opinion and community leaders in promoting safe behaviours in the context of eased quarantine measures (including religious leaders, local business communities, local media, others). Engagement of patients' organizations to deliver COVID-19 prevention messages and provide counselling for hard-to-reach and/or vulnerable populations, women in particular. 	4,800,000	MOH, UPHC, local government authorities at all levels (regional, hromada/ municipal)	WHO (1,000,000), IOM (1,500,000), UNICEF (2,300,000)

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
1.3	Public health services improved to respond to COVID-19 (surveillance, case investigation and tracing, national labs)	Short- (1–3 months) and long-term (6 months or more)	<ul style="list-style-type: none"> ■ Event-based surveillance is operational at the national level. ■ Mechanisms for investigating COVID-19 transmission in healthcare settings are put in place and cases investigated. ■ National action plan on scaling up COVID-19 testing capacity is in place. ■ National and regional labs are adequately equipped. ■ Laboratory biosafety and biosecurity training is provided regularly. ■ Contact tracing for COVID-19 in Ukraine is developed and adopted for all residents. ■ Improved COVID-19 epidemiological data collection, analysis and visualization are put in place and supported in the Public Health Centre. 	5,500,000	MOH, UPHC	WHO (5,000,000) IOM (500,000) UNICEF (200,000)
1.4	Case management for COVID-19 and short-term investments to improve infection prevention and control (IPC)	Short- (1–3 months) and medium-term (3–6 months)	<ul style="list-style-type: none"> ■ Clinical management toolkit for COVID-19 patients, emergency medical services guidelines and severe acute respiratory infection treatment handbook are developed and disseminated among health service providers. ■ Referral facilities for the treatment of patients diagnosed with COVID-19 are identified, and existing public/private health facilities, referral systems and care/capacities for surge, including supplies for case management and infection control are mapped. ■ IPC programmes for designated hospitals are developed and adopted; resources identified to maintain the programmes. ■ PPE items (respirators, gloves, goggles, face shields, gowns, alcohol-based hand rubs, etc.) are provided to designated hospitals. ■ Training for healthcare workers on IPC is implemented. ■ Joint action is carried out to ensure capacity building and access to WHO guidelines and evidence on COVID-19 for primary healthcare workers ■ Capacity building on effective management and quality of care for COVID-19 patients in mother and childcare institutions, including maternities and perinatal care centres. 	3,000,000	MOH, National Health Service	WHO (1,000,000) UNICEF 2,000,000)
1.5	Improve access to essential health services	Long-term (6 months or more)	<ul style="list-style-type: none"> ■ A list of essential services (based on Ukraine's context and supported by WHO guidance and tools) is developed and disseminated. ■ The national concept on prevention of healthcare associated infections (HAI) is developed based on WHO guidelines and evidence from European countries. ■ The role of primary healthcare providers in providing essential health services is strengthened with clear guidance and capacity-building measures. ■ A roadmap is developed and approved for the progressive restoration of services as pressure on the health system surges and recedes. ■ Payment methods provided to avoid significant disruptions to hospital and PHC revenues as a result of the crisis are put in place in order to mitigate against an increase in informal, out-of-pocket payments and service disruptions. ■ Mechanisms are put in place, including necessary regulatory documents, to allow provision of medicines and other supplies for longer periods than usual. ■ PPE, health equipment and consumables provided to all health facilities, including primary care providers, to protect both staff and patients. ■ IPC supplies for the primary healthcare level are procured. ■ National recommendations on the organization of vaccination measures during pandemic of the novel coronavirus infection COVID-19 are implemented and updated regularly. ■ Mechanisms for maintaining routine immunization services and vaccine-preventable diseases (VPD) surveillance are developed and sustained. ↘ 	11,500,000	MOH, National Health Service, service providers, associations, local governments	WHO (7,000,000) UNFPA (planned 1,300,000) UNICEF (3,200,000)

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
1.5			<ul style="list-style-type: none"> Access to testing and treatment for communicable diseases (HIV, TB, etc.) is monitored and maintained. Access to NCDs services is monitored, maintained and, in some cases (e.g. rehabilitation services), is restored. Evidence-based mental health service models in selected facilities at the primary and secondary healthcare levels are developed and scaled up. Mental health and psychosocial support during COVID-19 training is provided to healthcare workers countrywide. Measures to prevent and alleviate SGBV associated with the COVID-19 crisis are adopted based on the recently conducted assessment by UN Women in Ukraine and WHO global guidance. Healthcare staff have the appropriate information and skills to respond to SGBV or refer cases to other specialized services in a safe, ethical and confidential manner. Survivors of SGBV have access to affordable and ethical services. Coordination is enhanced between healthcare and social services and the police. 			
1.6	Country readiness for COVID-19 vaccination and equitable deployment of vaccine(s)	Long-term (6 months or more)	<ul style="list-style-type: none"> Preparedness for COVID-19 vaccination and deployment through national planning and stakeholder engagement is in place. Access mechanisms to COVID-19 vaccine(s) through advanced commitment (COVAX facility, inter-country or country-based agreements) are developed and regulatory barriers are addressed. COVID-19 vaccine(s) are deployed and delivered safely and equitably through strengthening health system capacity. Routine vaccines as per WHO standards are procured in timely manner. 	5,500,000	MOH, UPHC, National Health Service of Ukraine	WHO (4,500,000) UNICEF (1,000,000)
1.7	Health system strengthening	Medium- (3–6 months) and long-term (6 months or more)	<ul style="list-style-type: none"> Analysis of budgetary space for health in the context of the COVID-19 impact on economic growth and government revenue raising capacity to support the MOH budget preparation and negotiation process for 2021. The Programme of Medical Guarantees 2021 is developed and approved, taking into account evidence and recommendations for providing services during COVID-19. Service reconfiguration plans, including restructuring of TB and mental health hospitals, which are essential to improve quality of health services in Ukraine, are developed and begin implementation. Availability of essential medications, equipment and supplies is maintained. Data and evidence through implementation of the national health workforce accounts (NHW) with indicators on geographical distribution, distribution by age and by sex, sector ownership and facility types to detect gaps in certain professions or mismatches in geographical distribution are regularly collected and made available for decision-makers. The health workforce strategy and roadmap area developed and approved; they aim to improve the planning and deployment of health workers, including for coping with surge conditions, in coordination with the IMT focal point for essential health service. Indicators for monitoring essential health services during the COVID-19 pandemic are developed and monitored. 	6,250,000	MOH, Ministry of Finance (MOF)	WHO (6,000,000) UNICEF (250,000)
1.8	Services for vulnerable and special setting, including in Europe and Central Area (ECA)	Medium-term (3–6 months) Long-term (6 months or more)	<ul style="list-style-type: none"> Essential medical equipment and PPEs for the exit-entry checkpoints (EECPs) within the contact line are provided to address the needs of civilians crossing the line of contact. Essential equipment and goods are provided for hospitals/primary health clinics located within the contact line, equipment and provision of medicines to ambulances. Vulnerable conflict-affected individuals in target social institutions (e.g. hospitals, hospices and others) of Luhansk and Donetsk oblasts have improved access to essential water, sanitation and hygiene (WASH) facilities and hygiene items. ↘ 	16,900,000	State Border Guard Service of Ukraine (SBGS), Ministry of Reintegration, regional and local authorities	WHO (5,000,000) IOM (6,500,000) UNICEF (5,400,000)

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
1.8			<ul style="list-style-type: none"> ■ Essential medical equipment and PPEs for the exit-entry checkpoints (EECPs) within the contact line are provided to address the needs of civilians crossing the line of contact. ■ Essential equipment and goods are provided for hospitals/primary health clinics located within the contact line, equipment and provision of medicines to ambulances. ■ Vulnerable conflict-affected individuals in target social institutions (e.g. hospitals, hospices and others) of Luhansk and Donetsk oblasts have improved access to essential water, sanitation and hygiene (WASH) facilities and hygiene items. ■ Vulnerable conflict-affected individuals in target social institutions (e.g. hospitals, hospices and others) of Luhansk and Donetsk oblasts have increased awareness of infection prevention measures and correct hygiene practices. ■ The capacities of two regional laboratory centres in ECA are scaled up: (i) technically through the development of standard operating procedures, adoption of global guidelines adapted to the context, the training of laboratory personnel; (ii) as well as through the procurement and installation of necessary laboratory equipment, test kits and other consumable supplies. ■ Adequate PPE and medical equipment are provided to healthcare facilities, from PHC units to tertiary hospitals, in ECA. ■ IPC supplies for PHCs are provided in ECA. ■ Rapid response and contact tracing teams are trained on detecting cases, contact tracing, sample collection and transportation, and the appropriate use and disposal of PPE in accordance with the national strategies. ■ Health interventions in ECA are implemented in a coordinated manner by strengthening coordination, and the monitoring and evaluation system. ■ Technical capacity of local medical professionals is enhanced to deliver quality services through capacity-building programmes in terms of laboratories, infection prevention and control, clinical management of emergencies and other essential health programmes. ■ Improved trauma care and emergency medical services by supporting local health authorities implement recommendations of WHO EMS survey conducted in 2019 (including but not limited to capacity-building programmes, distribution of essential trauma and surgical kits, supporting blood bank, strengthening referral system, etc.). ■ Healthcare workers and vulnerable population groups receive comprehensive mental health and psychosocial support. 			
1.9	Supply of medical and PPE to combat COVID19 infection in Ukraine	Long-term	<ul style="list-style-type: none"> ■ PPE, medical equipment and consumables are provided to all frontline workers, including support staff and patients of medical facilities. 	Costing process ongoing (\$450,000 in the east)	MOH	UNDP
1.10	Strengthen the national healthcare system to respond to the pandemic .	Short- / medium-term	<ul style="list-style-type: none"> ■ Crisis coordination capacity of MoH is strengthened to support the epidemiological surveillance and adequate management of the health system, including at sub-national levels ■ In partnership with WHO, digital solutions were developed for operational monitoring and forecasting of the spread of COVID-19 on the territory of Ukraine, contact tracing and the provision of remote COVID-19 patient management to protect medical personnel from potential direct exposure, etc. ■ COVID-19-contaminated waste management at hospitals is improved and capacities of the local medical staff are built in cooperation with WHO. ■ Patients' organizations are engaged to deliver COVID-19 prevention messages and counselling for hard-to-reach and/or vulnerable populations. 	Costing process ongoing	MOH	UNDP, WHO

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
1.11	Strengthening COVID-19 response coordination process	Long-term	<ul style="list-style-type: none"> Webinars for the representatives of healthcare institutions in conflict affected areas on providing telephone consultations to patients, administering proper infection control in medical facilities and maintaining well-being and mental health of medical workers. In partnership with WHO, technical assistance is provided to the Office of the Deputy Prime Minister. on COVID-19-related procurement and tools for calculating needs A dashboard for the Ministry of Health is available to track in real-time procurement and distribution of PPE and other medical and protective equipment in government entities and regional authorities. 	2,000,000	MOH	UNDP, WHO
1.12	Inclusive and integrated crisis management and response	Long-term	<ul style="list-style-type: none"> A coordination structure within the Ministry of Health is established to identify the needs for overcoming the consequences of COVID-19 together with other ministries. 	Costing process ongoing	MOH	UNDP
1.13	Enhancing maternity facilities infrastructure, including infection control	Long-term	<ul style="list-style-type: none"> Maternity facilities have the necessary protective equipment for medical personnel and patients. The physical space of maternity facilities is fit to provide essential health services for mothers and newborns with all anti-infection measures in place. Facilities have the necessary medical equipment to provide adequate medical services (both for mothers and newborns) in the context of COVID-19. 	Costing process ongoing	MOH	UNOPS
1.14	Medical procurement and procurement advisory services for the regions of Ukraine	Long-term	<ul style="list-style-type: none"> Medical facilities in the regions of Ukraine have the necessary personal protective and medical equipment for providing timely and adequate health services in the context of COVID-19. 	50,000,000	MOH	UNOPS
1.15	Enhancing infection control and medical response in the facilities of penitentiary and human security sectors	Long-term	<ul style="list-style-type: none"> Prisons and other facilities in the penitentiary system have adequate infection control and are able to deliver necessary medical services to those in need. Medical facilities under administration of human security sector institutions have the necessary equipment and relevant infrastructure to provide an efficient and timely medical response in the context of COVID-19. 	Costing process ongoing	MOH	UNOPS

Pillar 2: A Protecting People: Social Protection and Basic Services

Output 2: Identified vulnerable groups in Ukraine are benefiting from social protection, education and other essential services



United Nations partners: UNICEF, ILO, OHCHR, UNHCR, UNAIDS, UNDP, UNFPA, UNICEF, UNODC, UNOPS, UN Women, WHO

National development priorities: The Concept of the National Integrated Social Protection System in Ukraine, Anti-corruption Strategy, Human Resources Strategy, State Programme on Equal Rights and Opportunities for Women and Men; National Action Plan for 2016–2020 against Trafficking in Human Beings, Health 2020, National Poverty Eradication, Poverty Eradication Strategy, National Qualification Framework.

UNITED NATIONS UKRAINE 2018–2022 PARTNERSHIP FRAMEWORK

Outcome 2: By 2022, women and men, girls and boys, equitably benefit from integrated social protection, universal health services and quality education

SDGs: **SDG 1:** End poverty in all its forms everywhere; **SDG 2:** End hunger, achieve food security and improved nutrition and promote sustainable agriculture. **SDG 3:** Ensure healthy lives and promote well-being for all at all ages; **SDG 4:** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; **SDG 5:** Achieve gender equality and empower all women and girls; **SDG 8:** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; **SDG 10:** Reduce inequality within and among countries; **SDG 16:** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Vulnerable groups: COVID-19 frontline workers; all healthcare workers, especially women; people, especially children, living below the poverty line; people living with disabilities, including children; institutionalized populations, especially children and young people; IDPs, refugees and asylum seekers; veterans; sex and gender-based violence (SGBV) survivors; survivors of human trafficking; labour migrants; adolescents and young people, in particular young girls; older persons; people living with HIV/AIDS; tuberculosis (TB) patients; key populations at risk; and ethnic minorities.

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
2.1	Strengthening capacity of the government institutions to respond to the COVID-19 crisis based on gender equality, HRBA and leaving no one behind	Short-term	<ul style="list-style-type: none"> Identification of gaps in national policies and regulations that adversely affected women and men from different vulnerable groups. Development of the policy and regulatory changes to address the gaps and promote gender equality and HRBA in future crisis situations. 	20,000 (4 GA)	Ombudsperson, Ministry of Social Policy, Ministry of Justice, Ministry of Health, local authorities	UNDP, WHO
2.2	Strengthening the National Human Rights Institution capacity to respond to the COVID-19 crisis and effectively address the human rights challenges.	Long-term	<ul style="list-style-type: none"> Capacities of the National Human Rights Institution (NHRI) and its regional network strengthened with knowledge and skills to provide regular monitoring of the human rights situation. Monitoring results are transformed into concrete policy recommendations to address identified human rights challenges. Most vulnerable men and women have access to the NHRI in all areas including conflict affected ones. 	Costing process ongoing	Ombudsperson's Office	UNDP
2.3	Gender equality is promoted and addressed in provision of social services to the most vulnerable groups affected by COVID-19 response. Continuity of gender-based violence (GBV) prevention and protection essential services is ensured.	Long-term	<ul style="list-style-type: none"> Gender analysis of national and local social policies in response to COVID-19 crisis and a gender impact assessment are undertaken to assist the central and local government and relevant stakeholders in the review and implementation of effective, gender-sensitive policies, with a view to achieving the SDGs. Cooperation of CSOs, state and local authorities in pilot regions is supported to provide gender-specific response to COVID-19, including by leveraging new technologies in accordance with the needs identified by the Rapid Gender Needs Assessment. Legal liability mechanisms are reviewed taking into account emergency situations such as lockdown, which can lead to an escalation of gender violence. The burden of women's unpaid care and household work is recognized and the balance of work and family responsibilities is promoted through awareness-raising and advocacy campaigns; ↘ 	5,000 as a start (GA Jur Fem) UN Women Planned 300,000	The key: Office of the Deputy Prime Minister, on European and Euro-Atlantic Integration, Ombudsperson, Ministry of Social Policy, and regional and local authorities	UN Women, UNDP

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
2.3			<ul style="list-style-type: none"> Local governments have the capacities to manage social support programmes, and safe urban and rural mobility and transport, with a focus on the poorest and most marginalized communities while witnessing any gender disparities. GBV essential services and providers (police, judiciary, health services, social workers, crisis centres/shelters, governance and coordination mechanisms) during times of COVID-19 are available and operational. The capacities of essential GBV service providers are built. 			
2.4	Assessment of the social protection responses to COVID-19 (aimed to contribute to policy development for building a comprehensive and shock-resilient social protection system by taking stock of the country-level social protection responses and conducting a comparative analysis of the factors linked to success, failures and lessons learned).	Long-term	<ul style="list-style-type: none"> Review carried out on the response measures of the existing social protection system. An assessment is carried out of mitigation effects of the social protection measures. Response gaps and the population groups that are not sufficiently protected are identified. Analysis of costs of the short-term measures is carried out. Financing options are developed as part of the exit policy in the recovery phase. Recommendations are formulated for building a comprehensive and shock-resilient social protection system. 	60,000	Ministry of Social Policy of Ukraine (MSP)	ILO
2.5	Provision of immediate assistance and protection to migrants in need. (ongoing)	Long-term/ short-term	<ul style="list-style-type: none"> Vulnerable migrants, returnees, IDPs and conflict-affected populations whose sources of income collapsed because of COVID-19, have improved accesses to socio-economic opportunities through the distribution of unconditional cash support and livelihood grants (in-kind and cash). Risks of human trafficking, exploitation and abuse are mitigated. Psychosocial support is provided to vulnerable migrants including returning migrants, children of labour migrants, victims of trafficking, IDPs and conflict-affected populations and their families. Support and assistance are provided to Ukrainians in need stranded abroad because of COVID-19. 	Costing process ongoing Resources Mobilised: 1,299,883	Regional and local authorities, Ministry of Veterans Ministry of Social Policy Ministry of Foreign Affairs	IOM
2.6	Inclusive and integrated crisis management and response	Short-/ medium-term	<ul style="list-style-type: none"> Two Crisis Coordination and Management Units provide an efficient, inclusive and gender-responsive response to the COVID-19 crisis in Ukraine. There is improved coordination between ministries, government institutions and oblast and local authorities. 	Costing process ongoing	Office of the Prime Minister and local authorities	UNDP
2.7	Support to the Government of Ukraine in the development and maintenance of the social services infrastructure	Short- to long-term	<ul style="list-style-type: none"> Ukrainians living in various regions of the country have universal access to social services through relevant infrastructure. Social infrastructure in Ukraine is resilient to the challenges posed by the pandemic through digitalization, e-services, etc. Educational services are available for Ukrainian students despite the limitations posed by the COVID-19 pandemic. 	Costing process ongoing	Ministry for Communities and Territories Development Oblast Administrations Ministry of Digital Transformation Ministry of Education and Science of Ukraine	UNOPS
2.8	Policy advice on health protection systems	Medium-term	<ul style="list-style-type: none"> Joint health and protection sectors work to identify and recommend supportive social protection mechanisms to support basic health needs of the most vulnerable. 	150,000	Ministry of Finance, Ministry of Social Policy, Ministry of Justice, Ministry of Health, local authorities	WHO

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
2.9	Social protection including cash transfers	Short-/long-term	<ul style="list-style-type: none"> Policy support (social protection cash transfers) (US\$ 50,000). Cash transfers (e-vouchers) for social institutions and vulnerable households (US\$750,000). Support to integrated social services in eastern Ukraine (US\$2,000,000). 	2,800,000	Ministry of Social Policy	UNICEF
2.10	Child rights monitoring including data collection	Short-term	<ul style="list-style-type: none"> Monitoring of child rights among those that are most affected by COVID-19, including those living in alternative care institutions. 	400,000	Ombudsman office, Statistics Office	UNICEF
2.11	Child protection	Short-term	<ul style="list-style-type: none"> Provision of psychosocial support, case management and referral services to vulnerable children, including those living in alternative care institutions. Capacity building and support provided to the community-based social workforce and service providers. Provision of PPE and individual hygiene items to social workers and services providers working with families. Provision of psychosocial support and other services to survivors and witnesses of gender-based violence and violence against children (GBV/VAC). Individual protection assistance to children and staff in institutions and community centres. Support to child help lines for children surviving violence. Introduction of community-based family support services in 5 selected regions for children who returned from boarding schools. 	4,000,000	Ministry of Social Policy, The national police	UNICEF
2.12	Education	Short-term	<ul style="list-style-type: none"> Support provided to the Ministry of Education and Science in planning continuity of learning and producing interactive and inclusive learning materials. Support provided to the Ministry of Education and Science in the preparation of the back-to-school campaign in September, including in assessing needs. Support provided to the Ministry of Education and Science in addressing psychological support needs in schools, i.e. encouraging dialogue and guiding students on how to support their peers and prevent exclusion and bullying. Dissemination of information on key prevention measures at the school, community, household and individual levels. Provision of teaching and learning materials, early childhood development (ECD) and individual education kits to vulnerable families to enable them to support home study. Provision of PPE and IPC supplies to schools, including for the preparation of exams. Support to small scale WASH-related rehabilitation of education facilities; installation of additional handwashing points. Engagement of adolescents and young people as highly effective partners in the COVID-19 response. 	2,800,000	Ministry of Education and Science	UNICEF

Pillar 3: Economic Response and Recovery: Protecting Jobs, Small and Medium-term-Sized Enterprises and Informal Sector Workers

Output 3: Ensured protection of jobs, small and medium-sized enterprises, and vulnerable workers in the informal economy through targeted policy, technical assistance and support



United Nations partners: FAO, ILO, IOM, UNDP, UNICEF, UNECE, UNIDO, UN Women

National development priorities: The Concept of the National Integrated Social Protection System in Ukraine, Anti-corruption Strategy, Human Resources Strategy, State Programme on Equal Rights and Opportunities for Women and Men; National AP for 2016–2020 against Trafficking in Human Beings, Health 2020, National Poverty Eradication, Poverty Eradication Strategy, National Qualification Framework.

UNITED NATIONS UKRAINE 2018–2022 PARTNERSHIP FRAMEWORK

Outcomes

1.1 By 2022, all women and men, especially young people, equally benefit from an enabling environment that includes labour market, access to decent jobs and economic opportunities.

1.2 By 2022, national institutions, private business and communities implement gender-responsive policies and practices to achieve sustainable management of natural resources, preservation of ecosystems, mitigation, actualized to climate change and generation of green jobs.

SDGs: SDG 1: End poverty in all its forms everywhere; SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture; SDG 3: Ensure healthy lives and promote well-being for all at all ages; SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; SDG 5: Achieve gender equality and empower all women and girls; SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; SDG 10: Reduce inequality within and among countries; SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable; SDG 12: Ensure sustainable consumption and production patterns; SDG 13: Take urgent action to combat climate change and its impacts.

Vulnerable groups: COVID-19 frontline workers; all healthcare workers, especially women; people, especially children, living below the poverty line; people living with disabilities, including children; institutionalized populations, especially children and young people; IDPs, refugees and asylum seekers; veterans; SGBV survivors; survivors of human trafficking; labour migrants; adolescents and young people, in particular young girls; older persons; people living with HIV/AIDS; TB patients; key populations at risk; and ethnic minorities.

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
3.1	Support policy development and innovative practices for storage and processing of goods along food value chains, including One Health, and the prevention, preparedness and response to foodborne diseases	Long-term	<ul style="list-style-type: none"> Storage and processing facilities are diversified and safe, and food loss and waste is decreased. Food safety standards incorporate the new sanitary rules, are legislated and functional. Producers take the lead in primary processing and create business development and income diversification opportunities. Introduction into and implementation in Ukraine of WHO-ILO-FAO One Health tools, assessments and methodologies (diagnostic tool for assessing status of national codex programmes, food control assessment tool, country self-assessment tool on surveillance and response to foodborne diseases). 	Costing process ongoing WHO portion: 1,400,000 for 3 years	Ministry of Economic Development, Trade and Agriculture of Ukraine (MEDTA), State Service for Food Safety and Customer Protection, Ministry of Health of Ukraine	FAO, WHO
3.2	Expansion of digital connectivity improving agri-food business and market integration	Long-term	<ul style="list-style-type: none"> Transparent information, pricing and quality standards are available to all. Products are tracked from farm to fork -- smarter transportation, efficient storage and improved marketing. Improved agri-food trade policy for small and medium-sized agricultural and food producers; more inclusive and sustainable food systems. More sustainable food systems, i.e. environmental integrity, economic resilience and social well-being. 	Costing process ongoing	MEDTA, Ministry of Digitalization, State service of Ukraine on food safety and consumer protection, Ministry of Justice	FAO

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
3.2		Medium-term	<ul style="list-style-type: none"> Comprehensive employment policy paper of Ukraine is drafted with recommendations for macroeconomic policies that contribute to decent work, and the redistribution and reduction of women's unpaid care work. 	1,000,000	All ministries	ILO
		Medium-term	<ul style="list-style-type: none"> Social dialogue and collective bargaining process at companies in pilot regions initiated. 	500,000 (ILO)	MOH, National Health Service	WHO (1,000,000) UNICEF 2,000,000)
		Short-term	<ul style="list-style-type: none"> Local employment partnerships (LEPs) for COVID-19 mitigation are implemented. 	500,000 (WHO)	MEDTA, Ministry of Health	ILO, WHO
3.4	Support to Ukraine in reviving and setting labour mobility mechanisms to ensure that challenges posed by the COVID-19 pandemic are mitigated and that Ukrainian migrant workers access foreign labour markets in a safe manner, in accordance with the international health regulations (2005)	Long-term	<ul style="list-style-type: none"> National framework to manage circular migration is developed and operationalized, including through updated bilateral and multilateral cooperation with destination countries and using the IHR (2005) communication and diplomatic channels as relevant. Pre-departure health assessments and medical certification are provided to seasonal migrant workers. Post-arrival support in the countries of destination and return, and post-arrival/reintegration support in Ukraine are available to migrant workers. 	Costing process ongoing WHO portion: 200,000 for 2 years	Office of the Deputy Prime Minister, MoEDTA, MOFA, MoH	IOM, WHO
3.5	Providing income-generating opportunities targeting returning migrants and their family members to offset the additional strain on limited resources and employment opportunities	Long-term	<ul style="list-style-type: none"> Profile available of returning migrants' skills sets and labour market needs in communities of return. Job-matching services (referrals, training, re-qualification) are accessible for returning migrants. Availability of programmes/ mechanisms to leverage migrants' savings productively upon return to enhance income-generating opportunities (including grant matching programmes). 	Costing process ongoing	MoEDTA	IOM
3.6	Supporting innovative entrepreneurship and investment in new activities in areas linked to green growth and the circular economy	Long-term (from 6 months)	<ul style="list-style-type: none"> Micro, small and medium-sized enterprises (MSMEs) and start-ups are supported through consultations, coaching, skills development, financial advisory services, infrastructure upgrade, digital solutions to foster innovative activities linked to green growth and circular economy. Most vulnerable groups are supported to seize green economic opportunities. Technical and vocational education systems strengthened with educational programmes on new skills required to build a relevant workforce. Financial instruments that incentivize climate investments (financial assistance to SMEs, seed funding conditional on 'greening') developed and promoted. MSMEs strengthened their ability to understand and interpret environmental regulations, and a concept of environmental responsibility (beyond the formal compliance with environmental laws and regulations is developed. 	Costing process ongoing (\$2,000,000 in the East)	MEDTA, Ministry of Environmental Protection and Natural Resources	UNDP
3.7	SME digitalization	Medium-term	<ul style="list-style-type: none"> Creation of a countrywide e-learning platform for SMEs. Accelerated e-commerce through design, resolving issue of disruption of SMEs' regular sales channels during the quarantine. Accelerated digital transformation of business service providers including chambers of commerce. 	Costing process ongoing (\$200,000 in eastern Ukraine)	Ministry of Digital Transformation, MEDTA	UNDP
3.8	Economic empowerment of women and youth	Medium-/ long-term	<ul style="list-style-type: none"> Enabling institutional framework for economic empowerment of women and youth. Increasing women and youth's economic opportunities. Strengthening of women's agency and youth-led NGOs, with a specific focus on youth-led organization. 	\$500,000	MEDTA, Ministry of Social Policy	UNDP

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
3.9	Cooperation and partnership between big business and SMEs	Medium-/long-term	<ul style="list-style-type: none"> Better interconnection between big business and SMEs by creating partnership programmes. Support for participatory budgets, crowd-funding projects and direct (people-to-people) ethical loans. Support for business flexibility; companies could re-tool production to respond to certain types of crisis (e.g. 3D printing companies started printing shields for medical staff). 	Costing process ongoing	Ministry of Digital Transformation	UNDP
3.10	Revision of economic and health diplomacy policy to attract business and international financial support to the response to COVID-19 in Ukraine.	Long-term	<ul style="list-style-type: none"> Review assessments of the socio-economic impact of the COVID-19 pandemic on Ukrainians living or travelling abroad (seasonal workers, tourists, business travellers); Continuous support provided to collection, adaptation, and transparent international communication of public health criteria in accordance with WHO's standards. Resource mobilization support provided to attract business and international financial support to the crisis response to the COVID-19 outbreak in Ukraine. 	Costing process ongoing WHO portion: 600,000 for 3 years	Office of the Prime Minister, Ministry of Health, Ministry of Foreign Affairs	UNDP, WHO
3.11	Rapid Assessment of COVID-19-related needs, problems and suggested response measures at the sub-national level (performed by 24 Oblast SDG Coordinators.)	Short-term	<ul style="list-style-type: none"> Assessment of the COVID-19 impact on 1,000 households and 1,000 MSMEs is carried out in partnership with FAO and UN Women. Launching event. Policy advice provided on gender-responsive economic recovery solutions to support women-owned SMEs. 	Costing process ongoing 8,500 (UN Women)	Office of the Prime Minister	UNDP, FAO, UN Women
3.12	Assessment of impact of COVID-19 on MSMEs in the eastern conflict area of Ukraine (in partnership with local authorities and MSME associations in the eastern regions)	Medium-term	<ul style="list-style-type: none"> Ongoing webinars, online coaching, an e-learning platform are provided for MSMEs on adjusting to the COVID-19 situation and staying afloat, support to moving all operations online and opening fully functioning online stores. Business grants competition aimed at the start-up, renewal or expansion of MSMEs; procurement of feedstock and materials for production/ services provision. 	500,000	Office of the Prime Minister and local authorities	UNDP
3.13	Supporting young people in protecting their labour rights, based on the results of an omnibus survey by the Kyiv International Institute of Sociology	Short-term	<ul style="list-style-type: none"> Distribution of material, webinars, and the involvement of youth organizations and trade unions. 	Costing process ongoing	Office of the Prime Minister and local authorities	UNDP
3.14	Building capacities of MSMEs to cope with the pandemic.	Short-term	<ul style="list-style-type: none"> In partnership with the regional Chambers of Commerce, webinars for MSMEs on registering force majeure clauses, taxation during the quarantine, conducting service provision audits, and managing export-import operations during the crisis, as well as on staying engaged with the audience/customers during the quarantine, through telephone and in-person negotiations. Ten online stores developed for the UNDP-supported entrepreneurs. The online stores will receive further promotional assistance from UNDP. Ongoing support provided to the Ukrainian Chamber of Commerce in streamlining the receipt of the certificates of force-majeure for local SMEs, to ease the burden of rent payments and safeguard employment during the COVID-19 crisis. 	Costing process ongoing (300,000)	Office of the Prime Minister and local authorities	UNDP
3.15	The State Employment Centres have a one-year Zoom licence to support their work during the quarantine		<ul style="list-style-type: none"> Launch of the Online Education for Sustainable Development project together with partners; and a new online course, "Remote Work for Civil Servants". 	Costing process ongoing		UNDP

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
3.16	Support to the Government of Ukraine in the establishment and running of creative hubs in three towns of Ukraine	Long-term	<ul style="list-style-type: none"> Youth and vulnerable population in 3 towns of Ukraine have access to modern facilities for IT and entrepreneurship skills development. 	Costing process ongoing	Ministry for Communities and Territories Development City Administrations (Kryviy Rig, Cherkasy, Severodonetsk)	UNOPS
3.17	Support to the Government of Ukraine at the national and regional levels in the delivery of infrastructure projects in transport and other sectors	Short- and long-term	<ul style="list-style-type: none"> Resilient infrastructure is available in all the regions of Ukraine, including in the conflict-affected and areas with high risk of natural disasters. Additional jobs are created as part of the implementation of infrastructure projects. 	Costing process ongoing	Ministry of Infrastructure of Ukraine Oblast Administrations Ukravtodor State enterprise Ukrzaliznytsia	UNOPS
3.18	Fund management services (affordable credit lines) for small-scale farmers in Ukraine in the context of COVID-19 and ongoing land reform		<ul style="list-style-type: none"> Small producers of agricultural produce have access to finance they can afford. Innovative financing tools are available for vulnerable population. 	7,000,000	Ministry of Finance MEDTA	UNOPS
3.19	Partnership with Ukrainian retail stores across the country to communicate and amplify COVID-19 key messaging to customers	Medium-term	<ul style="list-style-type: none"> COVID-19 key messages to the population are communicated in Ukrainian retail stores for responsible behaviour by Ukrainian customers. 	350,000 for 2 years	Ministry of Health MoEDTA	WHO

Pillar 4: Macroeconomic Response and Multilateral Collaboration

Output 4: Analytical advisory and technical assistance services provided to the Government of Ukraine for evidence-based economic policy making and better social expenditure



United Nations partners: IOM, UNDP, UNECE, UNICEF, WHO

National development priorities: Poverty Reduction Strategy (2017–2020), Decent Work Country Programme (2016–2019), State Programme on Equal Rights and Opportunities for Women and Men (2017–2021), Strategy 2020, Agriculture and Rural Development Strategy (2016–2020)

UNITED NATIONS UKRAINE 2018–2022 PARTNERSHIP FRAMEWORK

Outcome 1.1. By 2022, all women and men, especially young people, equally benefit from an enabling environment that includes labour market, access to decent jobs and economic opportunities

SDGs: SDG 3: Ensure healthy lives and promote well-being for all at all ages; SDG 5: Achieve gender equality and empower all women and girls; SDG 10: Reduce inequality within and among countries; SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable; SDG 12: Ensure sustainable consumption and production patterns; SDG 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Vulnerable groups: COVID-19 frontline workers; all healthcare workers, especially women; people, especially children, living below the poverty line; people living with disabilities, including children; institutionalized populations, especially children and young people; IDPs, refugees and asylum seekers; veterans; SGBV survivors; survivors of human trafficking; labour migrants; adolescents and young people, in particular young girls; older persons; people living with HIV/AIDS; TB patients; key populations at risk; and ethnic minorities.

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
4.1	Provision of data and analysis on the impact of COVID-19 on population mobility dynamics in order to contribute to a more targeted and evidence-based response	Long-term	<ul style="list-style-type: none"> Improved collection and analysis of migration-related data and its consequent use for evidence-based response and improved preparedness. 	Costing process ongoing	State Statistics Service SMS MoEDTA	IOM
4.2	Support to Ukraine to manage borders in a manner that integrates health and protection considerations, with human security and other rights-based priorities in order to further minimize the risk of disease transmission between countries and within border communities, in line with IHR (2005)	Long-term	<ul style="list-style-type: none"> Enhanced capacity of the points of entry (PoEs) and support to the efforts of the immigration, border, customs and health authorities in detecting, isolating and managing potentially ill travellers, infected by COVID-19, in line with WHO guidance. Upgraded isolation facilities at identified PoE to manage suspected/ill travellers, and available supplies to contain any further spread of the virus at critical border infrastructure. Systematic IHR (2005) reporting. 	1,900,000 IOM 350,000 for 3 years (WHO portion)	SBGS, MOFA, MoH	IOM, WHO
4.3	Joint UN programme "Promoting strategic planning and financing for sustainable development on national and regional level in Ukraine". Implementation period: 1 August 2020 – 31 July 2022	Medium-term	<ul style="list-style-type: none"> Development Finance Assessment informs formulation of public SDG financing priorities. Improved institutional engagement and administration of SDG-aligned strategic planning systems. Strategic planning and budgeting in the health sector are improved. Budgeting for SDGs tools are employed and guide SDG integration in national and sectoral budget frameworks. New SDGs financing mechanisms are leveraged and adopted by development stakeholders (PPP). Regional Development Finance Assessment is conducted and informs formulation of public SDG financing priorities. Budgeting for SDGs tools is implemented by two Oblast administrations and SDG integration in budget processes is strengthened. New financing mechanisms are leveraged to ensure effective service delivery in healthcare for all. Regional strategic planning processes are improved and aligned to the SDGs. 	999,701	Cabinet of Ministers, Vice Prime Minister's Office, Ministry of Finance, MEDTA, Ministry of Health, National Health Service, Local government units, State Statistics Service of Ukraine	UNDP, WHO, UNICEF, UNECE

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
4.4	Support the Government in formulating gender-responsive fiscal stimulus packages and economic measures to respond to the socio-economic crisis caused by the COVID-19 pandemic	Short-term	<ul style="list-style-type: none"> Data collection and analysis for policy advice on gender-responsive support packages. Policy dialogue and platforms to support participation of stakeholders from the state institutions, CSOs and expert groups. 	35,000	Cabinet of Ministers, Vice Prime Minister's Office, Ministry of Finance, MEDTA	UN Women
4.5	Improving the capacity of the Government of Ukraine to develop infrastructure for the production and use of hydrogen in support of a green post-COVID-19 recovery	Short-term	<ul style="list-style-type: none"> Development of a draft Roadmap for production and use of hydrogen. Capacity-building workshop on development of hydrogen infrastructure. Scoping report for the Strategic Environmental Assessment (SEA) procedure of the roadmap. 	62,000	State Agency on Energy Efficiency and Energy Saving (SAEE)	UNECE

Pillar 5: Social Cohesion and Community Resilience

Output 5: Enhanced social cohesion through the promotion of inclusive social dialogue, community resilience and governance, grounded on human rights and gender equality.



United Nations partners: UNHCR, UNDP, UN Women, WHO, ILO, DPPA, IOM, OHCHR

National development priorities: Poverty Reduction Strategy (2017–2020), Decent Work Country Programme (2016–2019), State Programme on Equal Rights and Opportunities for Women and Men (2017–2021), Strategy 2020, Agriculture and Rural Development Strategy (2016–2020)

UNITED NATIONS UKRAINE 2018–2022 PARTNERSHIP FRAMEWORK

Outcome 4. By 2022, communities, including vulnerable people and IDPs, are more resilient and equitably benefit from greater social cohesion, quality services and recovery support

SDGs: SDG 3: Ensure healthy lives and promote well-being for all at all ages; SDG 5: Achieve gender equality and empower all women and girls; SDG10: Reduce inequality within and among countries. SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Vulnerable groups: COVID-19 frontline workers; all healthcare workers, especially women; people, especially children, living below the poverty line; people living with disabilities, including children; institutionalized populations, especially children and young people; IDPs, refugees and asylum seekers; veterans; SGBV survivors; survivors of human trafficking; labour migrants; adolescents and young people, in particular young girls; older persons; people living with HIV/AIDS; TB patients; key populations at risk; and ethnic minorities, particularly Roma, people living in homelessness, detainees.

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
5.1	The media, especially at the local level, are strengthened to promote tolerance and human rights approaches in a pandemic situation.	Short-term	<ul style="list-style-type: none"> The local media have relevant knowledge and skills to use innovative approaches to reach their audience and promote human rights and non-discriminatory principles 	5,000	Ombudsperson's Office	UNDP
5.2	Men and women have access to urgent official information on healthcare measures and security restrictions related to a pandemic.	Long-term	<ul style="list-style-type: none"> The gaps in access to urgent official information on healthcare measures and security restrictions related to pandemic are identified and addressed. 	Costing process ongoing	Ombudsperson's Office, local authorities	UNDP

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
5.3	Strengthening and improving effectiveness of social dialogue mechanisms to respond to the COVID-19 crisis	Short-/medium-term	<ul style="list-style-type: none"> Comprehensive recommendations on how to revitalize the policy dialogue between employers, workers' organizations and government are available and their implementation is supported. 	5,500,000	Ministry of Economic Development, Trade and Agriculture of Ukraine (MEDTA)	ILO
5.4	Employers' and workers' organizations' engagement in shaping COVID-19 response and recovery enhanced	Short-/medium-term	<ul style="list-style-type: none"> Technical support provided to improve occupational safety and health, and prevention of virus transmission at the workplace; preparatory measures for safe return to work; job retention schemes (e.g. short time work, work sharing, furlough); inclusive access to paid I and sick leave; with a focus on the most vulnerable workers (e.g. temporary workers, casual, informal, migrant, youth, women, older workers) and enterprises (e.g. MSMEs). 	100,000	MEDTA, State Employment Service State Labour Service	ILO
5.5	Adaptation of work arrangements and expansion of social protection coverage	Short-/medium-term	<ul style="list-style-type: none"> COVID-19-adapted working arrangements (e.g. teleworking, work from home) and expansion of social protection coverage are based on consultations and negotiations agendas between employers and/employers' organizations and workers' organizations, as well as between the social partners and the Government. 	150,000	MEDTA, State Employment Service, State Labour Service	ILO
5.6	Formulation of the national social cohesion policy		<ul style="list-style-type: none"> Assessment carried out of the COVID-19 impact on tolerance and social cohesion in Ukrainian society through sociologic surveys (SCORE, human rights progress study, others). Reporting of incidents of discrimination and xenophobia, and their responses. Timely availability of information on COVID-19 prevents attacks against vulnerable populations. Improved institutional mechanisms, services and opportunities at the local, regional and national levels for young men and women to fulfil their role as agents of change, including in dialogue and alternative dispute resolution mechanisms. Increased skills and capacities and knowledge networks for the meaningful and effective participation of young men and women in local, regional and national-level decision-making, leading to a coherent, nation-wide youth movement for change. 	100,000 (SCORE)	Ministry of Youth and Sports, Ministry of Culture and Information Policy, subnational authorities	UNDP, UNFPA, OHCHR
5.7	Strengthening of government capacities to support vulnerable groups		<ul style="list-style-type: none"> Technical support provided to the government institutions in the development of inclusive sectoral response strategies. Civil society acts as a watchdog of proportionality and transparency of the policies developed respond to the pandemic, especially those that limit human rights. Misinformation is countered through fact-checking, civic literacy and the human-rights based approach. Stronger capacities of the Ombudsperson's Office to play a leading and coordinating role in addressing hate speech, violence and discrimination towards any individuals on the grounds of their race, ethnicity, age, gender identity, sexual orientation, occupation, social, health or other statuses. Capacities strengthened of local social services in using community-level working tools and mechanisms: self-help groups' methodology; sustainable volunteer programmes implementation; and fundraising. Support and care provided to older persons and people with disabilities living alone by community volunteers, especially in rural areas, to ensure that their needs are met. The Ministry of Social Policy is supported in updating referral pathways to reflect changes in available care facilities. Specific protocols and SOPs are available, which ensure women's safety and privacy. Women can access police and non-justice sectors during COVID-19 pandemic. Government quarantine centres can prevent GBV; staff know how to handle disclosures of GBV. 	Costing process ongoing	Select Ministries, Ministry of Social Policy CSOs, Ombudsperson Office	UNDP

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
5.8	Enhance the integrity and inclusiveness of the democratic process	Long-term	<ul style="list-style-type: none"> Duty bearers have the capacities to provide access to information on the COVID-19 pandemic. Enhanced women's political participation and engagement in decision making, representation and advocacy. Conducting of a comprehensive Survey on the Integrity and Inclusiveness of the Democratic Processes at the Subnational Level in Ukraine. 	Costing process ongoing 100,000 50,000		UNDP
5.9	Develop capacities of the crisis management structure of the Government to improve inter-ministerial, multi-sectoral emergency response coordination and long-term COVID-19 response planning	Long-term	<ul style="list-style-type: none"> Crisis coordination management units in executive bodies are established. Multi-sectoral emergency COVID-19 response policies are developed (socio-economic sector; health sector; human rights; gender equality, etc.) for sustained and gender-responsive progress towards the SDGs. There is an inclusive and participatory consultative process with major think tanks and CSOs on related government policies. 	Costing process ongoing 300,000 initial		UNDP
5.10	Understanding the sense of security and the level of trust residents have with respect to the city emergency services	Short-term	<ul style="list-style-type: none"> Findings of the survey are used for social media campaigns aimed at increasing the sense of engagement and participation of individuals, especially youth, with respect to the management of and response to the pandemic. 	Costing process ongoing	Office of the Prime Minister and local authorities	UNDP
5.11	Launching of a volunteer's portal facilitating the recruitment of and communication with all those who wish to help during the times of pandemic and beyond	Short-term	<ul style="list-style-type: none"> UNDP, in cooperation with the Ukrainian Chamber of Commerce and Industry (UCCI), developed a chatbot for MSMEs, enabling them to obtain quick answers concerning registering force majeure clauses. Receiving the corresponding certificate from the UCCI will help entrepreneurs mitigate the negative impact of COVID-19 pandemic on their businesses. 	\$30,000 (eastern areas)	Office of the Prime Minister and local authorities	UNDP
5.12	An online education-learning platform "The School of Resilient Communities", to boost the effectiveness of local governance and promote community prosperity		<ul style="list-style-type: none"> Local government officials are able to grow professionally and gain new knowledge without leaving their homes without exposing themselves or their families to the risk of coronavirus infection. 	\$150,000 (Eastern areas)	Office of the Prime Minister and local authorities	UNDP
5.13	New human rights challenges associated with COVID-19 and Ukrainians' attitude to these challenges in conflict-affected areas	Short-term	<ul style="list-style-type: none"> Procurement of PPE, disinfectants and sanitary sets for the security forces, the police, emergency services, social protection institutions (orphanages, centres of social services, social protection departments), schools, hospitals, low-income families. Procurement of backpack sprayers and moto-sprayers for the Centres for Safety and Security and the local fire brigades in Donetsk, Luhansk and Zaporizhzhia oblasts and the Main Departments of the National Police. 	Costing process ongoing	Office of the Prime Minister and local authorities	UNDP
5.14	The National Union of Journalists of Ukraine -- awareness of local media on how to cover the issues related to COVID-19, become mediators in their communities adjust to new working conditions	Short-term	<ul style="list-style-type: none"> A competition "Civil society response to the needs of vulnerable populations during COVID-19 outbreak in Ukraine" is held. CSO grants are provided in support of medical consultations on Skype for persons with hearing disabilities, art therapeutic practices and informational support. Hotlines are established to receive requests from vulnerable groups for the delivery of food and other essentials; online psychosocial consultations. The online Human Rights Academy for Journalism Professors is redesigned and used it as a platform for raising awareness on new human rights challenges, which emerged due to COVID-19. 	Costing process ongoing	MOH	UNDP
5.15	Ombudsperson's Office (including its regional network) capable of using online training	Short-term	<ul style="list-style-type: none"> Monitoring of access to public information – law implementation. Monitoring of rights of women and girls: labour, family rights and GBV. 	Costing process ongoing	Ombudsperson's Office	UNDP

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
5.16	Vulnerability Index Dashboard – analysis of socio-economic, demographic and other variables to identify vulnerabilities at oblast level	Short-term	<ul style="list-style-type: none"> Evidence-based decision-making with respect to vulnerability targeting. 	Costing process ongoing	Office of the Prime Minister and local authorities	UNDP
5.17	Support the National Police of Ukraine in ensuring public order during mass events via the implementation of the non-aggressive Scandinavian public order approach	Medium-to long-term	<ul style="list-style-type: none"> Police units maintain public order during mass events, minimizing aggressive actions towards the public and in full compliance with human rights. 	300,000	Ministry of Interior National Police of Ukraine	UNOPS
5.18	Support the National Police of Ukraine (NPU) to establish the baseline and changes of level of trust of the public in the police (piloting in 9 amalgamated communities) and to develop the methodology of the national public survey for further scaling up.	Short- to long-term	<ul style="list-style-type: none"> The NPU is aware of the level of public trust and can take action to strengthen it. 	90,000	Ministry of Interior National Police of Ukraine	UNOPS
5.19	Support the communities by disbursing small grants to NGOs to develop and deliver the projects aimed at improving effectiveness of interaction between public and police and increasing public trust in the police	Medium-and long-term	<ul style="list-style-type: none"> Members of the community and the police work together to address local issues. 	400,000	Ministry of Interior	UNOPS
5.20	Support to the NPU to strengthen the community policing approach through capacity building of the NPU Regional Training Centre (training on gender-based violence, domestic violence, soft skills, detention procedures)	Medium-and long-term	<ul style="list-style-type: none"> The police is capable of preventing and reacting to socially sensitive issues in full compliance with the human rights. 	115,000	Ministry of Interior National Police of Ukraine	UNOPS
5.21	Tackle COVID-19-related health challenges to social cohesion and support opportunities for health-social dialogues	Long-term	<ul style="list-style-type: none"> Trust is built between health practitioners, population and national and oblast authorities on health systems and health reforms (US\$2,980,000). Addressing and assessing mental health as a conflict-generating social behaviour (measurably reduce through targeting intervention aggressive behaviour, use of violence, discriminatory actions) and social connectedness (measurably increase the quality and number of connections that an individual has with other people in their social circles of family, friends, acquaintances, other communities) (US\$1,450,000). Establishment of dialogue and conflict mediation platforms on COVID-19, other communicable diseases and IHR (2005) (US\$2,400,000). Health standards promotion: One Health, One Country (US\$520,000). Deconfliction of health facilities and individualized positive storytelling (US\$1,150,000). 	8,500,000 for 3 years	MoH, Ministry Reintegration of ToT, MOFA	WHO
5.22	Development and operationalization of the communication strategy and community-based programmes enhancing social cohesion and integration to promote inclusion and dialogue between returning migrants and communities of return.	Long-term	<ul style="list-style-type: none"> Identification of effective channels to communicate with migrants (returnees as well as immigrants) delivering accurate information about COVID-19 and identifying migrants' needs and capacities. Information campaigns and community programmes aimed at addressing stigma attached to returnees and promoting interaction between returnees and the broader community. 	Costing process ongoing	MoEDTA Ministry of Digital Transformation	IOM

No.	Priority intervention	Timeframe for impact	Main outputs	Total cost (US\$)	Government counterpart	Implementing United Nations entity
5.23	National, regional and local authorities and CSOs have capacities to provide gender-specific response to COVID-19 based on data and evidence	Short- and long-term	<ul style="list-style-type: none"> ■ Data and analyses of gender aspects of COVID-19 and pre-existing inequalities are available to inform policy measures (conduct RGA of COVID-19, provide GE contribution to the UN Joint Socio-economic COVID-19 Impact Assessment, organize policy dialogues). ■ Gender mechanisms at the national, regional and local levels have strengthened capacity to provide gender-specific response to COVID-19 based on data and evidence. ■ Women and girls from the most vulnerable groups are mobilized and empowered to participate in COVID-19 response planning, decision-making and recovery. Awareness and advocacy campaigns are conducted to ensure gender-specific and evidence-based response. ■ A COVID-19 Platform for inclusive social dialogue is set up, which includes women's organizations, human rights organizations and partners from all geographical areas including conflict-affected ones to provide a space for information sharing and to amplify women's voices in decision-making in policy and programmes. ■ Awareness raising and advocacy campaigns are conducted on gender impact of COVID-19 and focus on the role of women in response to the pandemic and related crises. ■ Women, youth and other vulnerable groups have enhanced capacity to participate in decision-making and demand accountability for gender equality and women's empowerment commitments and to access justice for violations of these rights. 	Costing process ongoing	Office of the Deputy Prime Minister on European and Euro-Atlantic Integration, Ombudsperson, Ministry of Social Policy, regional and local authorities	UN Women
5.24	National, regional and local authorities and CSOs are aware of COVID-19 related human rights concerns faced by vulnerable and marginalized groups and have guidance based on the international human rights standards on how to address them	Short- to medium-term	<ul style="list-style-type: none"> ■ Monitoring and analysis are carried out of the impact of the COVID-19 crisis on the human rights situation in Ukraine, with a particular focus on the economic, social and cultural rights of vulnerable and marginalized groups, including conflict-affected populations, Roma, persons living in homelessness, persons with disabilities, older persons in institutions, and persons deprived of liberty. ■ Technical assistance is provided to the Government, regional and local authorities by translating relevant COVID-19 guidance issued by OHCHR and UN Human Rights Mechanisms into Ukrainian and holding webinars (e.g. on the rights of persons with disabilities) for the Government and civil society actors. ■ Advocacy is carried out at the national, regional and local level to ensure better protection and promotion of the human rights of vulnerable and marginalized groups during the pandemic. ■ OHCHR Briefing Note 'Impact of COVID-19 Pandemic on Roma communities in Ukraine', Kyiv, 15 May 2020. Available at www.un.org.ua/images/documents/4932/BN%20C19%20Roma%20ENG.pdf (in English) and http://un.org.ua/images/documents/4933/BN%20C19%20Roma%20UKR.pdf (in Ukrainian). ■ OHCHR Briefing Note 'Impact of COVID-19 and its prevention measures on homeless people in Ukraine', 16 June 2020. Available www.un.org.ua/images/documents/4970/Briefing_Note_Homeless_People_ENG.pdf (in English) http://un.org.ua/images/Briefing_Note_Homeless_People_UKR.pdf (in Ukrainian). ■ OHCHR Briefing Note 'Impact of COVID-19 and its prevention measures on people with disabilities in Ukraine', forthcoming. 	Planned: 1,500,000	Ministry of Social Policy, regional and local authorities, Ombudsperson's Office, Government Ombudsperson on People with Disabilities, President Ombudsperson on People with Disabilities, Ministry of Justice, Ministry of Culture, CSOs	OHCHR

