

# Joint NGO Statement on Gender and Inclusion

## AHEAD OF THE SIXTH HUMANITARIAN SENIOR OFFICIALS MEETING ON UKRAINE, JANUARY 2026

Nearly four years into the full-scale war, Ukraine's humanitarian crisis continues to intensify, while critical gaps in protection, accessibility, and equitable service delivery persist for those most at risk. Female-headed households, people with disabilities, older people, Roma and LGBTQIA+ individuals consistently face higher levels of insecurity and greater exposure to protection risks. Intersecting barriers to safe evacuation, dignified housing, and livelihoods, alongside limited availability of inclusive gender-based violence (GBV) services, further deepen their vulnerabilities.

These realities are not inevitable. They are the direct result of systems that overlook the needs, voices, and leadership of those most affected and marginalise their representation. Despite clear evidence of their disproportionate needs, local women's rights and women-led organisations

(WROs/WLOs), organisations of persons with disabilities (OPDs), older persons' organisations (OPOs), Roma organisations and LGBTQIA+ organisations remain underfunded and underrepresented in decision-making spaces.

Targeted and sustained donor investment as well as political support for gender and inclusion are more critical than ever to prevent further exclusion, strengthen impartial service delivery, and enable local actors to lead a response that systematically reaches those most at risk. As needs rise amidst the escalation of the war, funding to first responders, including to organisations representing the most at-risk individuals, is dangerously reducing.<sup>1</sup> Without such support, existing vulnerabilities will deepen and the humanitarian system in Ukraine will leave even more people behind.

## KEY GENDER AND INCLUSION CHALLENGES IN THE HUMANITARIAN RESPONSE

1.

### Accessibility and safety challenges during evacuation

• **Late and unsafe evacuations:**

Rapidly moving frontlines and intensified attacks on evacuation vehicles lead to difficulties in planning evacuations and delayed notices of mandatory evacuation. This forces people to leave with minimal belongings and undermines their wellbeing and safety during evacuation and in host communities.

• **Exclusion of people with disabilities:**

People with physical and cognitive disabilities face severe barriers during evacuation due to the lack of accessible transport and qualified staff to allow a dignified and safe evacuation process. This exclusion is compounded by the lateness of evacuations discussed above.

• **Non-recognition of diverse households:**

Standard evacuation protocols fail to recognise civil partnerships and cohabiting households, resulting in the separation of families and unequal access to protection, especially for LGBTQIA+ people.

<sup>1</sup> <https://ukraine.unwomen.org/en/stories/pres-reliz/2025/03/pryzupynennya-finansovoyi-pidtrymky-ssha-stavyt-pid-zahrozu-diyalnist-orhanizatsiy-shcho-zakhyshchayut-prava-zhinok-v-ukrayini-rezultaty-opytuvannya>

### **COST OF INACTION: Inequitable, unsafe evacuations**

If evacuations are not well-planned in advance to address specific issues that different groups can face, more people will be pushed to remain in unsafe locations. People with diverse vulnerabilities will continue to lack equal access to transport, registration, and accommodation during emergency movements. This will lead to more risks for them and for evacuating teams, who will have to operate in extremely dangerous conditions during last-minute evacuations. Coupled with lack of specialised training for evacuating staff, this can create immense risks for both those who evacuate and evacuees themselves.

### **RECOMMENDATION: Inclusive and safe evacuations**

Humanitarian actors should prioritise cooperation and coordination with local authorities in places of evacuation and dedicate resources to planning and implementing evacuation so that it is accessible and safe for all. This should include adequate equipment and Duty of Care obligations for evacuating teams. Non-discrimination protocols must be embedded in evacuation procedures. Staff carrying out evacuations must be trained in working with individuals experiencing intersecting vulnerabilities. Training for evacuation teams should also include modules on safeguarding, including on PSEAH, as well as on GBV prevention and identification, and on addressing different communication needs, including basic sign-language knowledge.

## **2. Shortage of safe, accessible and dignified housing solutions, hindering integration in host communities**

### **• Insufficient and inaccessible shelter options:**

Collective sites (CSs) and social housing solutions remain insufficient, leading to many people forced to remain in unsafe areas. This impacts people with limited mobility and disabilities more severely. CSs are often not accessible, with reports of older people with severe mobility limitations being settled on the fifth floor and higher or no private rooms for families with children with mental disabilities. Financial barriers further limit access to CSs, with many sites requiring residents to cover utility costs.

### **• Lack of gender-segregated and disability-inclusive facilities:**

Less than one-third of toilets and bathing facilities were found to be gender-segregated, leading to increased protection risks for women and girls. In addition, only 29 percent of CSs had disability-inclusive toilet and bathing facilities, making it difficult for older people and people with physical disabilities to safely meet hygiene needs.<sup>2</sup>

### **• Safety gaps and discriminatory accommodation practices:**

Shelter and collective centre standards do not always include walking-distance access to bomb shelters. This leads to gaps in operational safety and response protocols, which are further compounded by a lack of staff training in inclusive and non-discriminatory practices. For LGBTQIA+ people, adaptive and inclusive accommodation options are essential to prevent harassment, discrimination, or separation from partners.

### **• Under-resourced host communities:**

Due to humanitarian hyper-prioritization on the frontline, safer communities in central and western Ukraine have insufficient resources and shelter capacity to host newly displaced people. This lack of livelihood support also increases the likelihood of internally displaced people (IDPs) moving again, including returning to unsafe areas.

**COST OF INACTION:  
Push back to unsafe areas**

If safe, accessible and dignified housing solutions, including CSs and social housing, are not provided to those who need them, displaced groups may resort to returning to unsafe areas.

**RECOMMENDATION:  
Safe and accessible collective sites**

Donors should invest in upgrading and renovating collective sites to ensure they are safe, accessible, and meet the specific needs of displaced populations, including people with disabilities, Roma and other marginalised groups. Humanitarian organisations should follow the specific gender and inclusion guidelines that exist for most sectors, including for shelter and WASH.

**3. Insufficient specialised and inclusive, survivor-centred GBV response**

• **Insufficient funding and coordination challenges:**

Despite significant progress made by GBV actors and the GBV Area of Responsibility (AoR) in Ukraine, including through coordination with other clusters, severe funding cuts and the merger of AoRs into one protection cluster risk undermining the effectiveness and reach of the GBV response.

• **Limited safe options for survivors:**

GBV survivors often cannot choose the location of a crisis shelter and are therefore frequently placed close to their incident location even when alternatives outside their home community would be available. As shelter locations are frequently known within communities, this leaves many survivors without access to genuinely safe and protected accommodation.

• **Accessibility and inclusion gaps in the GBV response:**

Available GBV crisis shelters are often not accessible to people with disabilities or limited mobility. There is also a clear gap of information accessibility for girls and women with disabilities and/or women raising children with disabilities. Despite efforts to mainstream relevant training, there is still a significant gap of GBV experts trained to provide services to survivors with diverse disability types, including women with cognitive and psychosocial disabilities, who are often entirely excluded from the service provision.

**COST OF INACTION:  
Perpetuation of the cycle of  
gender-based violence**

If survivor-centred GBV services are not funded and available to those who need them, this risks discouraging survivors from reporting and seeking services, emboldening perpetrators and perpetuating the cycle of violence. Prevalence of violence, including conflict-related sexual violence (CRSV) and intimate partner violence (IPV), will affect communities for years to come.

**RECOMMENDATION:  
Strengthening survivor-centred  
GBV services**

Donors, UN and INGOs should ensure protection and GBV prevention and response interventions are fully funded, including through providing quality (flexible, unearmarked or softly earmarked, multiyear) funding directly to WROs/WLOs, to LGBTQIA+ organisations, Roma organisations and organisations representing other minorities or marginalised groups. Funding for expanding and upgrading GBV shelters should be increased, ensuring they are survivor-centred, safe, and accessible.

## 4.

### Gaps in humanitarian planning and decision making

- **Exclusion of women from leadership:**

Only 19 percent of women's rights organisations feel gender equality and women's empowerment are adequately considered in the HNRP. Just 15 percent of WROs believe that women are meaningfully consulted about their needs and services required to meet these needs.<sup>3</sup> Women remain largely excluded from coordination and decision-making processes on humanitarian planning on both the local and national levels. While the majority of WROs are familiar with the humanitarian coordination structure in Ukraine and actively participate in it, few hold leadership positions in clusters/AoRs and Technical Working Groups, with co-chair roles on national level limited to the Protection Cluster and the GIHA Working Group.<sup>4</sup> Coordination processes and spaces are also not systematically using indicators to track participation of WROs, OPDs, OPOs, Roma and LGBTQIA+ organisations.

- **Overlooked vulnerabilities:**

Humanitarian planning often fails to account for how vulnerabilities are shaped by intersecting demographic (age, origin, sex, gender), social, legal, and environmental factors. For example, LGBTQIA+ people face additional structural barriers such as a lack of legal recognition of their partnerships, stigma, and discrimination.

- **SADD data gaps:**

Inconsistent sex, age and disability disaggregated (SADD) data prevents identification of people with disabilities, caregivers of children with disabilities, and people with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), which limits the effectiveness of the response.

- **Inequitable access to cash assistance:**

Cash assistance has proven to be the most effective and efficient response modality in humanitarian crises. However, it often fails to reach LGBTQIA+ IDPs, Roma people and other groups experiencing intersecting vulnerabilities, such as those excluded from family support programs because their partnerships are not recognised as "families".

#### **COST OF INACTION:**

##### **Growing number of people most in need being left behind**

If humanitarian actors and donors do not step up efforts to meaningfully include women, people with special needs, LGBTQIA+, Roma and older people — and their organisations — in relevant coordination and decision-making spaces, the response will fail to address their specific needs and ultimately leave them behind. Without intersectional gender data, those who most need life-saving assistance risk becoming invisible.

#### **RECOMMENDATION:**

##### **Gender-responsive / transformative and inclusive response**

Humanitarian decision makers should recommit to the 2024 IASC Gender policy. They should use the findings from the localised Gender Accountability Framework (GAF) for Ukraine to agree on priority actions. This also requires investing in the consistent collection and use of intersectional gender data (Rapid Gender Analyses, SADD data) and investing in gender and GBV expertise. The GAF findings must inform inclusive and gender-responsive / transformative humanitarian response plans. Where markets are functional, gender-responsive cash assistance should also be scaled up.

##### **Full, equal, meaningful and safe participation and leadership of crisis affected people, in all their diversity, and their organisations**

To ensure that diverse needs are represented across the response, humanitarian donors and actors should work continuously and meaningfully with local organisations representing voices of the most affected and vulnerable: OPDs, OPOs, WLOs/WROs, LGBTQIA+ and Roma organisations. This cooperation should include facilitating access for these organisations to decision-making and policy influence spaces, including by increasing co-chairing roles of national organisations.

3 Gender in Humanitarian Action Working Group: Mapping of Women's Rights Organizations in Ukraine (forthcoming).

4 See contact list, as of 11/12/2025, <https://response.reliefweb.int/ukraine/inter-cluster-coordination>

**THIS STATEMENT HAS BEEN ENDORSED  
BY THE FOLLOWING ORGANIZATIONS:**

