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People in Need

PIN Thematic Protection Monitoring Brief: Needs of Women-Headed Households

January 2026

Eastern and Southern Ukraine

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INTRODUCTION

This brief presents the results of a thematic round of protection monitoring conducted from October to November 2025 in eastern (Dnipropetrovsk and Kharkiv oblasts) and southern Ukraine (Mykolaiv oblast). The monitored oblasts remain among the most affected by the humanitarian crisis caused by the full-scale war. Data collection was conducted through in-person and remote interviews with 26 key informants (KIs), including representatives of civil society organizations (including women's rights organizations) (54%), representatives of local authorities (19%), health sector specialists (15%), volunteers (4%), and other respondents (8%). The aim of this thematic monitoring brief is to highlight the gendered and intersectional needs of women-headed households (WHHs), analyze the key barriers they face in accessing essential services, and identify gaps in available humanitarian and social support. The collected data make it possible to identify the unique lived experiences of WHHs, highlighting gaps in support systems and informing targeted recommendations and outlining potential response strategies across humanitarian sectors to strengthen the well-being, protection, and resilience of WHHs in the assessed oblasts.

OVERVIEW

Based on findings from PIN Protection Monitoring Report round 3[1] and available secondary data, WHHs have consistently emerged as a group facing heightened risks and disproportionate and intersecting vulnerabilities. These risks and vulnerabilities are driven both by the impact of the ongoing war and by long-standing gender inequalities and social inequalities and marginalizations of specific groups, for example Roma communities[2].

The number of WHHs has increased notably due to men's mobilization, prolonged absence, and instances where male household members avoid mobilization, placing additional economic, caregiving, and decision-making responsibilities on women. Within this group, women from vulnerable ethnic minority communities, including Roma, encounter compounded challenges due to systemic discrimination and limited access to education, healthcare, and social services. Pre-existing gendered barriers have intensified because of the war: women are required to balance income-generating activities with childcare and full household management, often with limited access to affordable childcare, education and employment opportunities. These issues may contribute to heightened financial insecurity, increased risk social isolation, while elevating protection risks such as gender-based violence or reliance on negative coping strategies. The cumulative stress also impacts mental health and may lead to anxiety, depression, and chronic stress, which further limit women's ability to secure livelihoods, access essential services, and achieve long-term self-reliance.

[1] People in Need. (2025, July - September). *Protection Monitoring Report.*
[2] People in Need. (2025). *Ukraine, Gender and Inclusion Desk Review.*

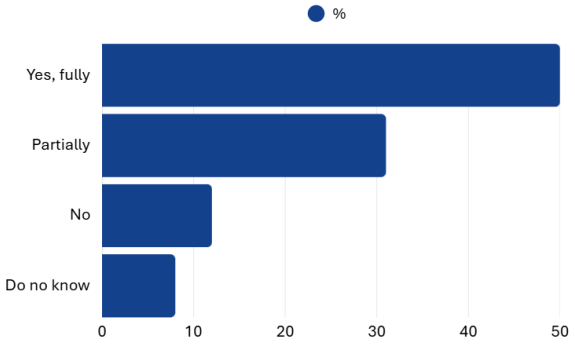
STRUCTURAL GAPS AND SERVICE QUALITY

HEALTH CARE

One of the most pronounced challenges for women-headed households according to key informants is the lack of medical services and specialized professionals at the hromada level including shortage of family doctors, and opportunities for diagnostic examinations.

Access to reproductive health services is limited: only half of the informants reported that women in their hromadas have full access to these services, indicating a critical gap (Figure 1). These limitations heighten risks related to delayed diagnosis, untreated chronic conditions, and unmet reproductive health needs, especially in a war-affected context where stress, displacement, and disrupted continuity of care exacerbate health vulnerabilities.

Figure 1. Access of women-headed households to maternal and reproductive health services



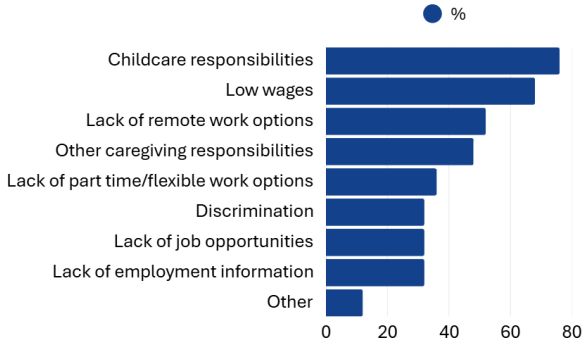
Key barriers include infrastructure and geographic factors, such as the absence of required centers in the hromada, limited services at existing facilities, and the need to travel to administrative centers. Such travel entails additional financial costs, time burdens, and transportation challenges, which are not gender neutral. WHHs, particularly those with primary caregiving responsibilities and without family support, face heightened constraints on mobility. The need to arrange childcare or the inability to leave children unattended significantly limits their capacity to seek medical care, increasing the likelihood of postponed or foregone treatment.

Shortages of specialists, complex registration procedures, long queues, and a fragmented healthcare system cause delays in care or complete lack of access to it. These barriers disproportionately affect women, who are more likely to require regular interaction with the healthcare system for both their own health needs and those of dependents. In the context of protracted crisis, such delays contribute to cumulative health risks and reinforce existing gender inequalities in access to essential services.

EMPLOYMENT OPPORTUNITIES

According to key informants (Figure 2), the main factor limiting women's employment is the lack of accessible childcare services.

Figure 2. Main barriers to employment for women-headed households



Existing gender roles and social expectations traditionally assign childcare responsibilities and unpaid care work to women, restricting their mobility and capacity to participate in the labor market. For WHHs, the absence of alternative caregivers, exacerbated by conscription, displacement, or family separation, means that the inability to leave children in a safe and accessible environment directly undermines their economic participation and social autonomy. This problem is also exacerbated by school and kindergarten closures and remote modalities, necessitating significantly increased childcare responsibilities for female caregivers.

Additional barriers include structural labor market constraints, including the absence of remote or flexible work options, lack of workplace childcare spaces, insufficient availability of pre-school facilities, and limited opportunities for online education/training for women. These factors further exacerbate employment opportunities.

In this context, employment challenges extend beyond the labor market and reflect a broader systemic crisis in access to basic services, increasing economic vulnerability and reducing access to essential services for women-headed households (WHHs), who often bear full responsibility for income, caregiving, and household responsibilities on their own.

PSYCHOSOCIAL BARRIERS TO SEEKING ASSISTANCE

The war has imposed additional psychosocial burdens on women, shaping their decisions around help-seeking and often preventing them from accessing protection or support services, even when these are needed.

In some cases, women become heads of households where men or adult sons are avoiding mobilization and are unable to fulfill household/family responsibilities. According to key informants, in these households, women often deliberately limit their own access to assistance. Such self-limitation is frequently rationalized as "not the right time" or "others are worse off," but it has deeper psychological and social reasons.

First, some women may believe that they do not have a moral right to receive state services or support because their husbands, sons, or brothers are not participating in the war or contributing to the state. This creates a feeling that they "do not deserve" assistance, which is reinforced by public narratives about the war and comparison with other households.

Second, there is fear of negative consequences when interacting with official structures or service providers. Women worry that accessing support may reveal the presence of men required to report for mobilization at home, potentially leading to their conscription. In such circumstances, seeking medical, social, or psychological support is perceived as a risk.

Key informants also describe situations in which women experienced prolonged physical or psychological violence but did not contact the police or protection services because they feared that involvement of law enforcement could lead to the mobilization of their husbands or adult sons. In cases where such situations occurred, women reported strong feelings of guilt, saying that it would have been "better to continue enduring the violence."

Thus, psychosocial barriers to seeking assistance for women-headed households are not limited to individual fears and reflect the broader context of war, social pressure, and limited access to safe and confidential services. The absence or limited availability of psychosocial support services in communities further reinforces these trends, leaving women in prolonged situations of distress and invisible vulnerability.

BARRIERS FACED BY WOMEN FROM MARGINALIZED GROUPS: CASE OF ROMA COMMUNITIES

Roma women who head households face a cumulative combination of structural discrimination, social marginalization, and limited access to education, information, and basic services[3]. Gender roles, early and often forced marriages, and large family sizes create disproportionately high caregiving burdens, significantly restricting women's mobility and their ability to independently seek assistance, particularly in health care and social protection.

Gendered vulnerabilities are further compounded in the context of responses to gender-based violence. Key informants note that social stigma substantially limit Roma women's willingness to speak openly about violence and to access formal protection mechanisms.

Even when women seek assistance, access to specialized services is often limited by requirements for financial independence or formal employment, which disproportionately excludes the most vulnerable groups of Roma women. Due to systemic exclusion from the formal labor market, many Roma women rely on social benefits, informal or unstable employment. As a result, their access to social protection programs, specialized women's services, and economic support mechanisms is further restricted, reinforcing a cycle of vulnerability.

A systemic barrier also remains in the absence of basic personal documents such as passports, ID cards, and birth certificates, restricting access to social benefits, medical care, and legal services. Discriminatory practices are also recorded in healthcare: key informants report instances of biased treatment by medical personnel, including unwillingness to register Roma women with primary care providers, blocking access to essential health services.

Another contributing factor limiting access to services is the low level of awareness among Roma women regarding available services and protection mechanisms, as well as a lack of skills to navigate institutional systems.

"Because Roma often marry early and most families have many children, a woman cannot simply go to the doctor; she has no one to leave the children with. The children are not socialized because they do not want to leave their mother."

"Roma women live in a patriarchal society. Many experience GBV, but not all will report it, because it is 'shameful'."

"There are shelters that provide support for GBV, but they do not take women who are unemployed. If she cannot support herself, they cannot help."

"Roma women are not hired due to discrimination. As a result, they have to live on social benefits, take loans, or work informally."

"Lack of education, inability to articulate thoughts, ask for help, not knowing where to turn."

[3] Voice of Romni. (2024, May - July). *The State of Roma Communities During the War in Ukraine.*

INTERSECTIONAL FACTORS INTENSIFYING BARRIERS TO ACCESS EMPLOYMENT AND SERVICES

Additional factors, such as IDP status or age, can exacerbate gendered barriers and vulnerabilities even further. Older persons face significant barriers to employment, including employer prejudices related to age, assumptions about their productivity and ability to learn, as well as health and mobility limitations. At the same time, due to the conscription of younger men, employers are increasingly prioritizing older men (60+) to fill workforce gaps, which further disadvantages older women in accessing employment opportunities and reinforces existing gender inequalities.[4] IDPs encounter additional difficulties integrating into host communities, increasing their vulnerability.

According to key informants, women who head households and have IDP status systematically experience biased treatment from employers. This bias is linked to persistent stereotypes regarding the reliability and stability of IDPs, including negative attitudes toward individuals registered in a different region to their home. Major contributing factors include challenges in verifying professional experience, loss or absence of documents, and similar issues.

IDP women have fewer job opportunities than local residents because employers often prefer candidates who are perceived as more stable. This situation is made worse by stress from displacement, lack of social network, adjusting to a new hromada, and the responsibility of supporting their household alone.

Therefore, the combination of gender roles, ethnic discrimination, caregiving responsibilities, and structural barriers to services is further reinforced by additional factors such as IDP status, disability, or lack of documents, creating cumulative and self-perpetuating limitations on access to basic needs and support mechanisms.

[4] HelpAge International. (2025, July). *Every year it gets harder to hold on: Older people in Ukraine want to be seen and heard.*

RECOMMENDATIONS

- Improve access to childcare to enable women's employment and service access.
- Livelihood programmes should promote flexible schedules and integrate childcare support where feasible.
- Expand retraining opportunities, digital skills development, and assistance for remote or flexible employment options.
- Ensure older women are included in social protection systems and receive basic assistance support.
- Strengthen access to reproductive and primary healthcare through support for transportation to medical facilities, particularly for women in remote areas and with high caregiving burdens.
- Provide legal assistance to women, including displaced women and women from Roma communities, for document restoration and access to social benefits, covering related costs, mobile legal aid, and systematic referrals to free state legal aid and other service providers.
- Ensure access to psychosocial support (PSS) and safe, confidential services for women. Tailor PSS programs to the specific needs of women affected by the war, expand their availability, and create safe spaces where women can seek support to cope with the mental and emotional burden of the conflict. Maintain and strengthen existing psychosocial support lines, inform women about confidential GBV referral mechanisms, and support women's shelters that demonstrate effective results, ensuring accessibility for all women regardless of age, employment status, ethnicity, or displacement status. Strengthen the capacity of PSS personnel through training on survivor-centred approaches, safe identification of GBV risks, and confidential referral pathways.
- Train service providers on do-no-harm principles in contexts affected by war and mobilization, and support capacity-building of local social workers and safe accountability mechanisms for women facing discrimination.
- Create accessible and safe spaces for protection consultations for Roma women, ensuring culturally sensitive approaches and cooperation with Roma community organizations.
- Prioritize humanitarian assistance for WHHs with additional vulnerabilities, including older persons, persons with disabilities, IDPs, and households lacking documentation.
- Monitor not only the presence of services in communities but also their real accessibility, taking into account cost, transport, stigma, fear of institutions, and caregiving responsibilities. Provide targeted support for WHHs to access services and reduce gendered barrier.

ANNEXES

List of acronyms

Acronym	Full name
GBV	Gender based violence
WHH	Women-headed household
IDP	Internally Displaced Person
KI	Key Informant

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