Gender-inclusive analysis of the needs and experiences of older people living in Eastern Ukraine

Executive summary

Supported by:

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HelpAge Canada

Implemented by:

Center of Social Audit

HelpAge International

Gender analysis overview

A gender analysis and assessment conducted by The Center for Social Audit for HelpAge International in 2025. The analysis aimed to identify the needs and experiences of older women and men in Eastern Ukraine in the context of a humanitarian crisis caused by a full-scale war. The study covered Donetsk, Kharkiv, Zaporizhzhia, Dnipropetrovsk regions with a focus on frontline communities. It was implemented through the involvement of independent experts and consultants (field and analytical work) in partnership with HelpAge International Ukraine and local national organisations – Right to Protection and Volunteer-68, as a part of a Global Affairs Canada (GAC) funded humanitarian response project. The project is being delivered by HelpAge International Ukraine in collaboration with Right to Protection and Volunteer-68 and directly works with older people in their communities.

This gender analysis examined how gender intersected with age, displacement, disability, and other factors to shape the experiences of older women and men, including their access to assistance, services, protection, and participation. It specifically aimed to identify age- and gender-related risks, capacities, and barriers in order to inform the development of more inclusive and effective humanitarian and recovery programmes.

For this purpose, a comprehensive methodology was applied using a mixed methods approach, and Sex, Age, Disability Disaggregated Data (SADDD) was collected and analysed. As part of the study, the Center of Social Audit followed the gender-responsive evaluation approach proposed by the European Institute for Gender Equality (EIGE). The methodology included an assessment of the project's impact with consideration of gender roles, needs, and barriers, as well as a cross-sectoral approach that took into account age, disability, and other vulnerability factors.

A number of complementary research tools were implemented: desk research, 12 offline focus groups with beneficiaries and one with partners (total 87 participants), 10 in-depth interviews with representatives of organisations working with older people, and a telephone survey with beneficiaries (87 respondents, 96.7 per cent response rate). This ensured a gender balance (45 women and 42 men) and included the use of the Washington Group questionnaire for the analysis of functional limitations. 13 out of 87 respondents were people with disabilities; 71 were Internally Displaced Persons (IDPs). In addition, an online survey was conducted with 129 staff and volunteers of partner organisations (HelpAge International, Right to Protection, Volunteer-68). Among the participants in the online survey: 100 people are social workers, 11 are project officers, 3 are psychologists, 3 are lawyers, and other relevant individuals.

The study faced several logistical and methodological constraints due to martial law and the security situation, particularly in frontline areas. These included the inability to conduct focus group discussions in certain locations (for example, Kramatorsk), limited access to respondents due to damaged communication infrastructure, and delays in collecting sufficient responses through online surveys. The Computer-Assisted Web Interviewing (CAWI) method also required adjusting the sample size retrospectively, and more time was needed to reach the expected number of participants.

Risks were primarily related to the subjective socio-psychological responses of informants, including reluctance to participate, gender-based communication barriers, and social desirability bias. Potential gender biases and stereotypes were mitigated through balanced respondent selection, separate male/female focus groups, neutral question wording, and the involvement of trained interviewers. Sensitive responses were handled with care, and where necessary, respondents were replaced or referred appropriately.

The results of the study indicate that the GAC project "Multisectoral humanitarian assistance to the most vulnerable older people affected by the conflict in Eastern Ukraine" effectively addresses the pressing challenges faced by older people, by supporting them in providing tailored, age inclusive humanitarian assistance. The programme responds to the needs of the population by tackling issues such as the increasing number of older individuals living alone, the disruption of care systems, the erosion of social ties, and the widening gender disparities in access to services.

This study made it possible to identify not only material but also socio-psychological and informational needs that differ by gender, IDPs status, disability, and level of functional capacity among older people. The study confirmed the relevance of the current programme interventions of the GAC project, while also identifying the need for deeper personalisation of care by taking gender intersections into account.

Statistical information about older people in Ukraine

In Ukraine, older people make up approximately 25 per cent of the population and have become one of the most at-risk groups following the full-scale invasion, with older women disproportionately affected due to lifetime inequalities, lower incomes, and higher rates of chronic illness and social isolation. Limited access to healthcare – particularly in frontline regions-combined with damaged infrastructure, overwhelmed hospitals, and insufficient services, has exacerbated these vulnerabilities. Over 70 per cent of older people have chronic conditions, with women more likely to seek medical care and experience unmet health needs.

Income inequality is stark, as older women receive pensions nearly 19 per cent lower than men and are more likely to live alone and in poverty, with 44 per cent of those aged 70+ living by themselves. Gender disparities are also evident in access to social services, with women more often lacking resources to meet basic needs. A gender, age and disability inclusive analysis was essential for understanding the specific risks, needs, and barriers faced by older people, particularly women, and for informing the design of more effective, context-sensitive humanitarian interventions. The study conducted by HelpAge International provided crucial evidence on these issues and highlighted gaps in current approaches, offering insights into improving vulnerability criteria, delivery formats, and future programming in war-affected settings.

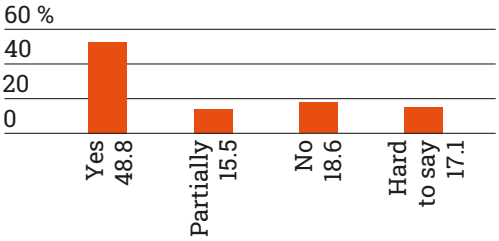
Relevance of the gender, age and disability inclusive approach to the GAC project

HelpAge International has conducted GAC projects in eastern regions of Ukraine from 2022-2025, identifying the specific needs of older people affected by the full scale war. The GAC project was designed with a gender-responsive approach, responding to the demographic trends, with women comprising the majority of older people due to longer life expectancy. The project responded to critical needs through legal aid, psychosocial support, home-based care, and hygiene assistance, and targeted both older women and men. However, women were more likely to assume caregiving roles and to initiate requests for support, reflecting traditional gender roles, whereas men tended to rely on women for assistance and were less active in seeking help, as previous reports indicate. These differences were evident in the assessments of the project's relevance:

- The relevance of the GAC project for older women: 75.2 per cent of respondents rated the relevance of services at 5 points (maximum score), and 19.4 per cent at 4 points, indicating a high level of relevance of interventions to their needs.

- The relevance of the GAC project for older men: 72.1 per cent of respondents rated the services 5 points, and 23.3 per cent rated them 4 points (scale 1-5, where 1 is completely irrelevant and 5 is completely relevant). Although the ratings are also mostly positive, a slightly smaller proportion of men rated the services as most relevant compared to women.

Breakdown of responses to the online survey of project staff on whether project interventions take into account gender differences, per cent.

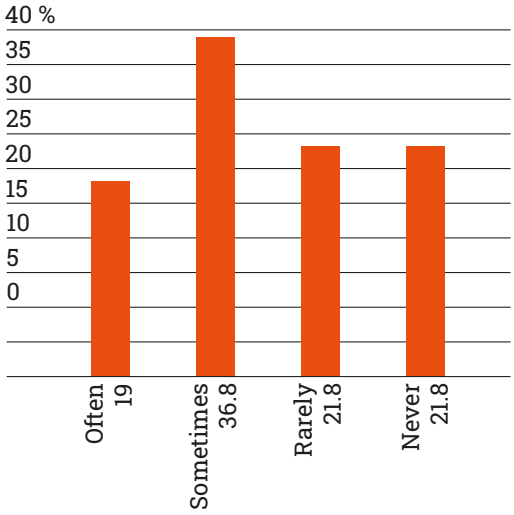


The analysis indicates that, despite the project's gender-responsive approach, the needs of older women and men were addressed unevenly in practice. Older women more often identified unmet needs related to caregiving, hygiene, and emotional wellbeing, whereas men reported difficulties with self-care, mobility, and psychological isolation. A considerable share of surveyed staff (48.8 per cent) believed that programme activities only partially took gender differences into account. Services tended to emphasise women's needs, partly because women engaged more actively with the programme. In community services, gender sensitivity remained inconsistent men reported not receiving tailored hygiene items or feeling overlooked, while women noted a lack of essential supplies even when caring for others. In its conception, the project emphasised the importance of individualised and inclusive approaches, yet some practices remained generic. These findings point to the need for more systematic gender and age integration and better recognition of older men's needs, especially in areas such as mental health and social inclusion.

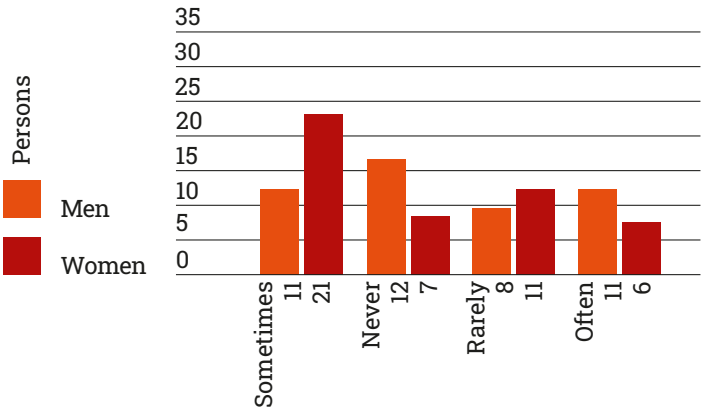
Vulnerability identification

The vulnerability of older people in Ukraine, as shown by this analysis, is shaped by the intersection of age, gender, disability, displacement, and social isolation. While both older men and women face risks related to deteriorating health, chronic conditions, and lack of social support, they experience and express vulnerability differently. Older men often display hidden vulnerability, rarely speaking directly about their needs, but referring indirectly to lost housing or reliance on others. Their vulnerability is frequently linked to the loss of identity through the loss of employment or traditional provider roles. Older women, on the other hand, emphasised physical dependency, emotional exhaustion, and loneliness – especially when caring for bedridden relatives. Health problems, high costs of medication, and lack of access to medical care disproportionately affect women, who often serve as the primary caregivers.

Breakdown of beneficiaries' answers to the question "Have you ever had moments when you felt lonely?", per cent.



Breakdown of beneficiaries by gender and loneliness vulnerability.



Social isolation is a widespread issue. More than half of the beneficiaries (56.3 per cent) indicated that they felt lonely, with 19.5 per cent reporting feeling lonely "often" and 36.8 per cent "sometimes". A further 21.8 per cent stated that they rarely felt lonely, while the same proportion (21.8 per cent) reported that they had never experienced loneliness. Overall, 22 women and 27 men among the surveyed beneficiaries indicated that they felt lonely. These findings emphasise the need for gender-responsive psychosocial support and targeted measures to reduce social isolation. Humanitarian interventions should also address the needs of individuals with chronic illnesses who lack formal disability status, as well as those living in inadequate or inaccessible housing. These factors further limit the state's capacity to support vulnerable older people and contribute to their social isolation and loneliness.

The staff survey revealed that in several categories of vulnerability – including single older people without guardians or close relatives, those experiencing conditional loneliness (living alone or with distant relatives), and persons with disabilities in Groups I, II and III (as defined by the national disability classification system, where Group I refers to individuals who are fully dependent on others for care and require constant supervision, receiving higher levels of state benefits and social guarantees than those in Groups II and III; Group II includes individuals with significant functional limitations who retain the capacity for partial self-care; and Group III refers to individuals with moderate disabilities and a limited capacity to work) – the perceived risks were almost the same for older women and men.

This indicates that, from the perspective of project staff, gender did not significantly influence the understanding of vulnerability in these specific cases. However, notable gender differences were observed in three specific categories. Among older people with chronic diseases, women were identified as more vulnerable, with an 8.6 per cent difference in perception compared to men. In the category of IDPs, older women were again seen as more at risk, with a 10 per cent higher identification rate than for men. The most significant disparity was found among older people living in rural areas, where women were perceived as more vulnerable by a margin of 21 per cent.

In all three cases, older women were considered more affected, reflecting the layered risks they face due to longer life expectancy, higher caregiving burdens, reduced access to services in isolated settings and lower levels of income security.

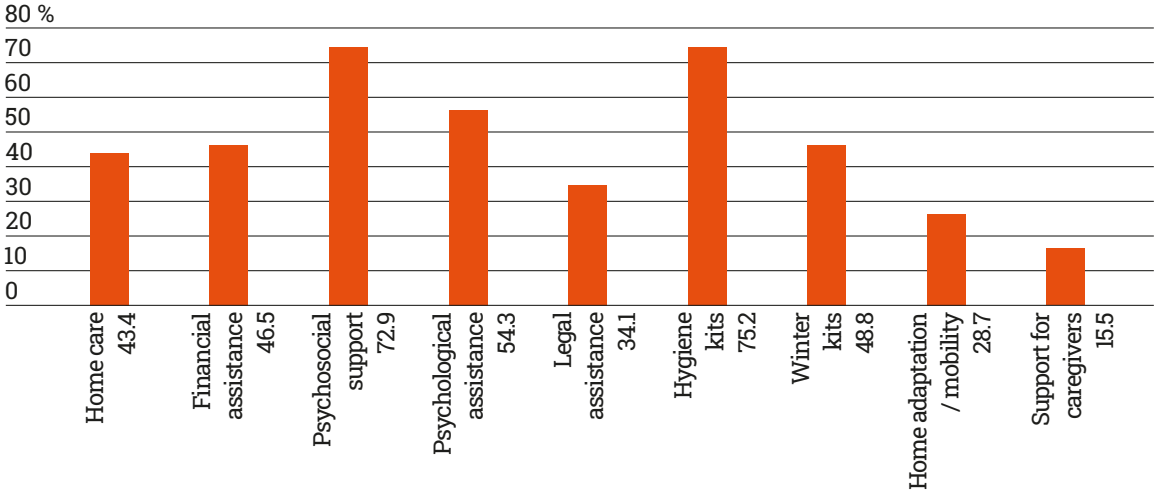
Certain population groups are at particularly high risk, including older people, single individuals without family support, women caring for bedridden relatives, people with serious illnesses but no disability status, those living in damaged or inaccessible housing, individuals without access to phones or the internet, undocumented displaced persons, and those with occupational diseases. The analysis also identifies the need of gender responsive, age and disability inclusive humanitarian programming that addresses both visible and invisible forms of vulnerability among older people.

According to staff interviews, medical access remains critically limited, especially in frontline regions such as Sloviansk and Kramatorsk, where hospitals prioritise injured soldiers. Staff reported that, without an advocate or legal representative, older people face extreme difficulty treatment that is gender responsive, age and disability inclusive. Displaced persons in temporary shelters report long waits for care and inability to afford private services. Age discrimination and system overload worsen the situation. These conditions reinforce the need for individualised, gender responsive, age and disability inclusive humanitarian programme that addresses both visible and invisible forms of vulnerability among older people.

Analysis of access to resources and services

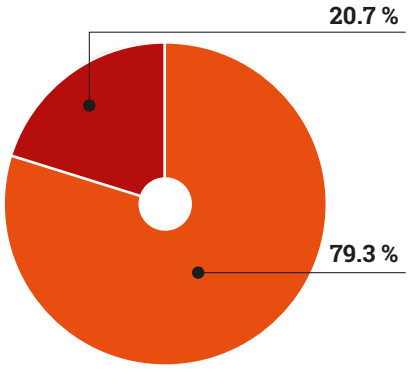
Older women generally show greater awareness and engagement with humanitarian services than older men. Women are more active in reaching out to volunteers, attending aid distribution events, and using the Helsi.me app (Ukraine's largest electronic medical information system (MIS) for patients and doctors, which allows users to find a doctor, make an appointment online, sign a declaration with a family doctor, and store all medical data (prescriptions, tests) in one place). In contrast, older men often rely on others, such as female relatives or neighbours, and are less likely to seek support independently.

Types of assistance received by beneficiaries in the last 12 months, per cent.

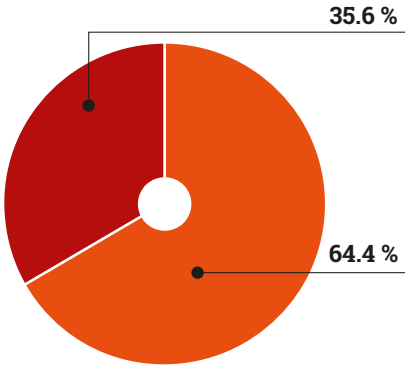


The majority of beneficiaries interviewed during the telephone survey indicated that the support they received primarily addressed basic needs, including hygiene kits (65.5 per cent – 32 women and 25 men) and cash assistance (43.7 per cent – 20 women and 18 men). Psychological support (32.2 per cent – 17 women and 11 men) and psychosocial support (34.1 per cent – 18 women and 12 men) were reported less frequently. Legal services (25.3 per cent – 14 women and 8 men), home care (19.5 per cent – 10 women and 7 men), and housing adaptation or mobility support (14.9 per cent – 6 women and 7 men) were among the least commonly received forms of assistance. Findings from the focus group discussions further indicated that both older men and women from eastern Ukraine reported chronic health conditions linked to past working conditions, which may influence their support needs. Overall, older women reported receiving most types of assistance slightly more often than men, with the largest gender differences observed in the provision of hygiene kits, legal services, psychological support, and psychosocial support. These gaps may be influenced by the design and communication of assistance programmes, with some services being more tailored or accessible to older women. Social norms and differences in help-seeking behaviour may also play a role, as older men may be less likely to request or utilise certain services that they perceive as irrelevant to their needs.

Breakdown of respondents' answers to the question whether they have access to the services they need, per cent.



Breakdown of respondents' answers on whether they can receive humanitarian assistance that meets their needs, in a safe and accessible way, per cent.



The survey of beneficiaries from HelpAge International and partner organisations, including Right to Protection and Volunteer-68, showed that most respondents reported that the support they received met their needs, with 90.8 per cent satisfied (40 older women and 39 men), 79.3 per cent having access to necessary services (38 older women and 31 men), 71.3 per cent receiving appropriate medical or care support (38 women and 24 men), and 77 per cent confirming safe access to medical facilities (34 older women and 33 men).

However, 35.6 per cent (17 women, 14 men) indicated that aid does not fully meet their needs or is difficult to access, mainly due to mobility challenges, lack of transport, irregular information, and uneven distribution with remaining gaps most pronounced among older women with chronic conditions, displaced women, and rural residents. Cash assistance was particularly limited, with jnly 24.1 per cent (7 women,14 men) received cash assistance, and just 25 per cent (2 women, 7 men) reported that it met their needs; women more often noted insufficiency, while men more frequently lacked involvement in spending decisions, highlighting gendered differences in financial burdens and agency. Respondents also emphasised the need for future-oriented services such as home care and preventive support, while the project's effectiveness was reinforced by cooperation with local authorities, staff training, and adaptation to the local context.

The majority of respondents (71.3 per cent – 38 older women and 24 men) believe that they receive adequate medical and care support, while almost a third (28.7 per cent – 7 older women and 18 men) do not. In addition, 77 per cent of respondents (34 older women and 33 men) indicated that they have safe access to medical facilities, but 23 per cent (11 older women and 9 men) indicated the opposite.

This indicates that although the majority of older men respondents consider the situation acceptable, a proportion of the population has limited or difficult access to medical services, which can have serious consequences for their health and wellbeing.

Breakdown of respondents' answers to questions about the possibility of receiving medical and care support and access to medical facilities.

Respond	Number of people	Women	Men	%
Do you feel that you are receiving adequate medical and care support?				
Yes	62	38	24	71.3
No	25	7	18	28.7
Total	**87**	**-**	**-**	**100**
Do you have safe access to medical facilities?				
Yes	67	34	33	77
No	20	11	9	23
Total	**87**	**-**	**-**	**100**

Overall, reasons why respondents believe they do not receive adequate medical and care support or do not have safe access to medical facilities at the overall level, not limited to project-supported services:

- 59.4 per cent – there is not enough money to pay for medical care (7 woman, 12 man).
- 25 per cent – there are no operating medical facilities in this area (6 woman, 2 man).
- 25 per cent – it is dangerous to travel to medical facilities (5 women and 3 men).
- 3.1 per cent – there is no medicine (0 woman, 1 man).
- 3.1 per cent – the hospital is very far away (0 woman, 1 man).
- 3.1 per cent – there are no good doctors (0 woman, 1 man).
- 3.1 per cent – it's hard to sign up, a lot of bureaucracy, strange attitude of doctors, difficult for a person with mobility issues (0 woman, 1 man).
- 9.3 per cent – does not apply / has not applied / has not applied yet (0 woman, 3 man).

Food insecurity was the second most cited need after medical support, with older people, especially those with low income, emphasising the lack of food, heating, shelter, and winter clothes. Some respondents also mentioned the need for information and peace. According to service providers, only 29.5 per cent rated access to services for older people as easy (scores 1–2), while 70.5 per cent assessed it as moderate or difficult (scores 3–5). Regional analysis showed that the best access was in Kharkiv (50 per cent rated access as easy), followed by Donetsk region (42.3 per cent), while Zaporizhzhia and Dnipropetrovsk had a higher percentage of people reporting difficulties (33–35 per cent).

Although the access scores were not disaggregated by gender, prior beneficiary surveys showed that women more often experienced difficulties obtaining assistance, whether due to mobility or information barriers, or limited availability from service providers, suggesting that older women may be disproportionately affected by logistical and informational obstacles.

Regional distribution of employee ratings of accessibility of services for the older.

Region	Rating scale					Number of employees surveyed
	1	2	3	4	5	
Dnipro	6.8	14.9	**44.6**	20.3	13.5	74
Donetsk	15.4	26.9	**38.5**	7.7	11.5	26
Zaporizhzhia	5.9	23.5	**35.3**	11.8	23.5	17
Kharkiv	25.0	25.0	**16.7**	8.3	25.0	12
			129			

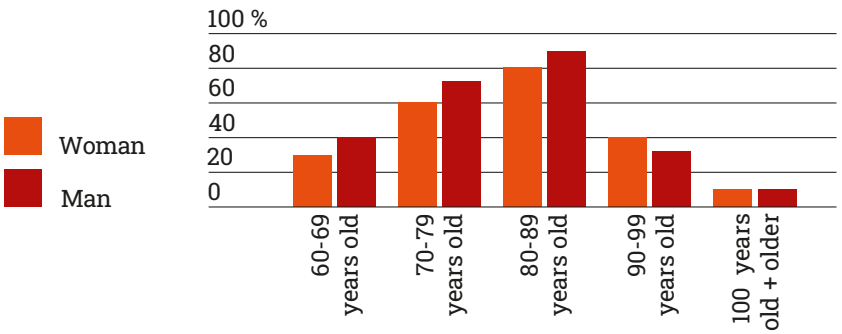
At the same time, the majority of the surveyed staff (over 70 responses) believe that humanitarian organisations take gender and age aspects into account in their work. At the same time, about 15 participants noted that this does not always happen or is not implemented at all, and some gave vague or neutral answers. In practice, approaches looking at the intersection of gender, age and disability are inconsistent: older men are often overlooked, older people with limited mobility do not have access to services, and older women are perceived mainly as passive recipients of assistance.

Older women are more active in seeking help and participating in community or humanitarian initiatives, while older men are more likely to remain isolated and uninformed due to lower initiative, digital illiteracy (this affects both sexes though, with older women generally more impacted), and reluctance to ask for support. Women more frequently access medicine, food, and consultations, often thanks to networks or social workers, whereas men commonly report not knowing where to turn, facing communication or mobility barriers, and being excluded from assistance mechanisms. Across all regions, access to aid and healthcare remains fragmented, with many older people – especially those in smaller or frontline communities – left to rely on chance, personal effort, or informal connections to navigate complex systems.

Gender and age barriers in access to rights, information, roles and participation in decision-making

86.8 per cent of project staff, identified 80-89 years old as the most vulnerable age group, both among older women and men.

Breakdown of employees' answers by age groups of older people, who need the most support, per cent.



This indicates that it is the older age range that project staff view as critical and in need of support - especially, when physical health, cognitive functions, mobility and self-care ability are significantly reduced.

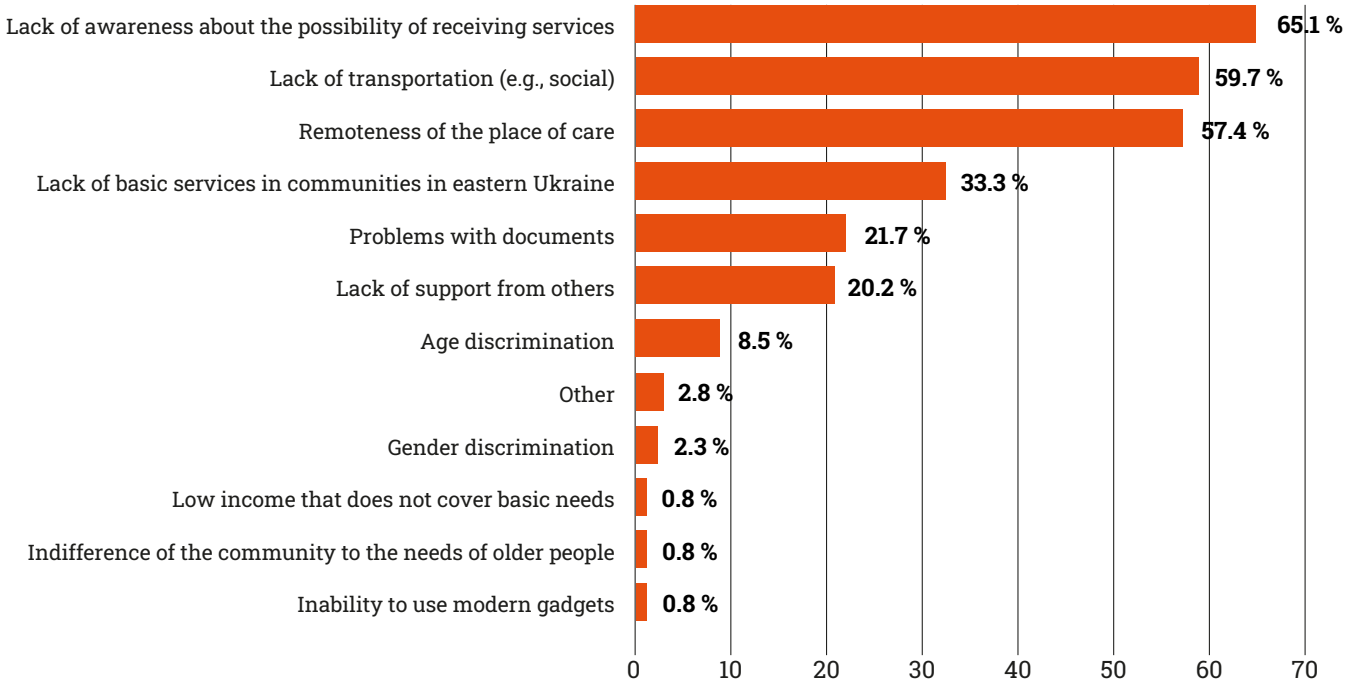
At this age, older people often already have several chronic diseases, may be dependent on outside help and lose social connections. Gender differences in this case fade into the background, because the need for constant support becomes decisive regardless of gender. However, it should be noted that gender responsive services will help to tailor and individualised support for older people.

A high level of vulnerability is also attributed to the 70-79 age group – 71.3 per cent of respondents indicated women and 76.7 per cent men. Although this age category is not viewed as critical, workers are already recording increasing care needs, combined with decreased functionality and social isolation.

Interestingly, vulnerability is observed across all older age groups, including those aged 60–69 (39.5 per cent women, 45.7 per cent men), demonstrating that age alone is not a sufficient determinant of support needs. Older people can be fully capable and independent; however, when additional vulnerability factors — such as disability, limited mobility, loneliness, lack of financial security, destroyed housing due to Russian shelling, or lack of timely access to medical care in frontline territories — are present, the risks to life become significant. This highlights that vulnerability arises from the interaction of age with gender, health status, disability, displacement, living conditions, and access to family and community support. Accordingly, practitioners tend to assess support needs by considering age together with these additional factors, including social isolation and accessibility of services.

Data received from project staff confirm that access to services for older people is limited not only by material factors, but also by systemic barriers – informational, logistical and social – that require a comprehensive humanitarian response taking into account the gender and age context.

Respondents' answers about the factors that limit the access of older people to services, per cent.



Older women in communities often play an informal leadership role by facilitating access to services for others, collecting information, and helping organise aid distribution, yet their efforts remain unrecognised within formal systems. Men, in contrast, tend to experience greater informational and social exclusion, reporting limited interaction with service providers and a sense of being overlooked in both assistance and decision-making. While women face challenges due to caregiving burdens and lack of formal vulnerability status, men more often encounter barriers related to mobility, digital illiteracy, and disengagement, highlighting different but equally systemic obstacles to humanitarian access.

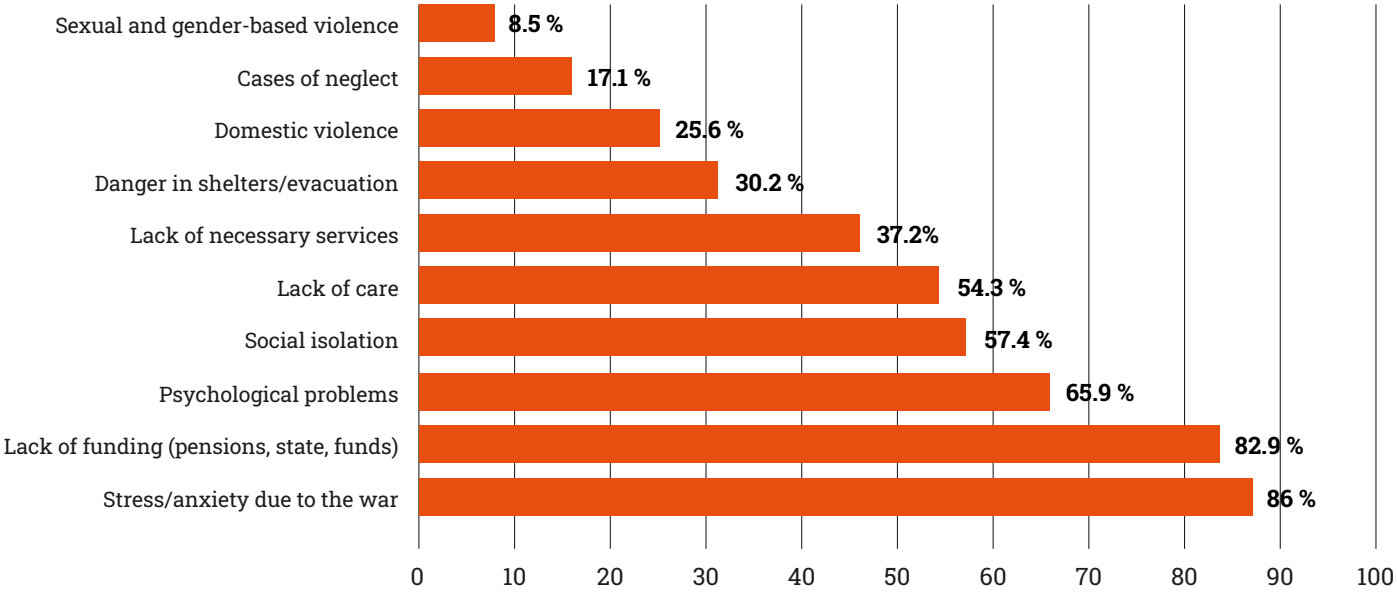
HelpAge International project staff identified a range of systemic barriers limiting older people's access to humanitarian services. The most frequently mentioned were lack of transportation and remoteness of service points (48 mentions), low awareness and information barriers due to digital illiteracy (37), physical inaccessibility and mobility limitations (29), and social isolation, particularly among older women living alone (21).

Additional barriers include economic vulnerability (14), gender and psychological factors that affect help-seeking behavior (12), bureaucratic complexity of accessing support (11), and security risks in frontline areas (9), with some challenges disproportionately affecting women (e.g. financial hardship, caregiving burdens) and others more common among men (e.g. reluctance to seek help).

Contextual risks and security

The responses received from project staff indicate that the main risks for older people in a war zone are not only physical danger, but primarily psychological stress, lack of financial support, and social isolation.

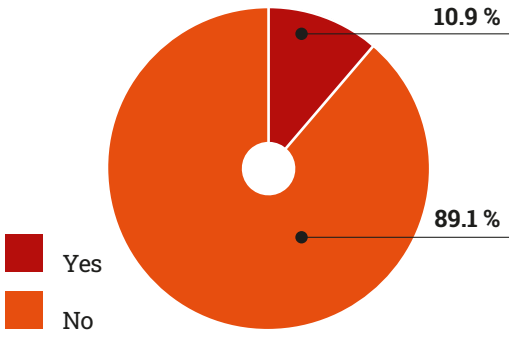
Risks to the safety of older people as identified by project staff, per cent.



The combination of the above factors points to a deep complex vulnerability that encompasses both emotional state and lack of basic care and systemic resources. This highlights the need for a holistic approach to humanitarian assistance that takes into account both the material and psychosocial needs of older people.

Cases of economic violence are mentioned separately from relatives and general age discrimination, particularly in employment, highlighting the need for increased monitoring, better interagency cooperation, and advocacy for the rights of older people, even though violations are rarely recorded, as shown in the graph below:

Violation of the rights of older people in the practice of project staff, per cent.

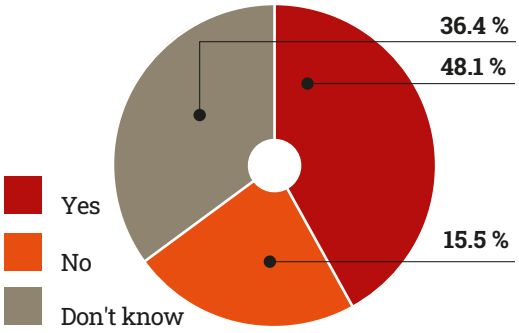


Only 10.9 per cent of staff working with the older people reported that they were aware of cases of violations of the rights of this category of population. However, even isolated mentions reveal typical and systemic problems: refusals to provide subsidies or pensions, unavailability of medical services, bureaucratic difficulties in processing documents, as well as neglect of the needs of people with limited mobility in humanitarian programmes.

Analysis of the impact of conflict and power structure in communities on the situation of older people

The war has led not only to the destruction of infrastructure, but also to the breakdown of social ties. Many older people have lost their homes, community support, or have found themselves in a new environment as IDPs without friends and relatives. Government structures are either absent or remain formal. Problems are solved thanks to the initiative of individual activists or charitable organisations. Older people do not know who to turn to, whom to trust, whom to ask for help.

Availability of non-project initiatives to help older people based on responses from project staff, per cent.



About half of the surveyed staff (48.1 per cent) indicated that there are initiatives or projects in their communities (provided by HelpAge International, Right to Protection and Volunteer-68) that support older people. At the same time, 36.4 per cent do not have information about such initiatives, and 15.5 per cent indicated their absence. This may indicate uneven availability of support programme or insufficient awareness among residents about available opportunities.

The availability of support for older people depends largely on the local context. An analysis of the regional distribution of responses shows that the largest number of initiatives to support older people was recorded in Zaporizhzhia (64.7 per cent) and Kharkiv (66.7 per cent) regions. In Donetsk region, 50 per cent of respondents also confirmed the existence of such programs, but there is a higher level of uncertainty here - 42.3 per cent answered "don't know". In Dnipropetrovsk region, the level of awareness is lower - only 40.5 per cent of respondents noted that there are relevant initiatives in their community.

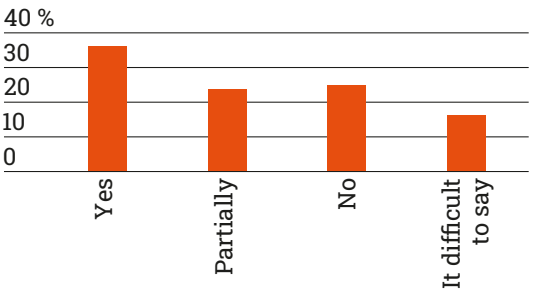
Regional distribution of project staff responses regarding their awareness of the existence of initiatives to assist the older people.

Region	I don't know	No	Yes	Number of responses
Dnipro	26	18	30	74
Donetsk	11	2	13	26
Zaporizhzhia	6	-	11	17
Kharkiv	4	-	8	12
Number of responses	**47**	**20**	**62**	**129**

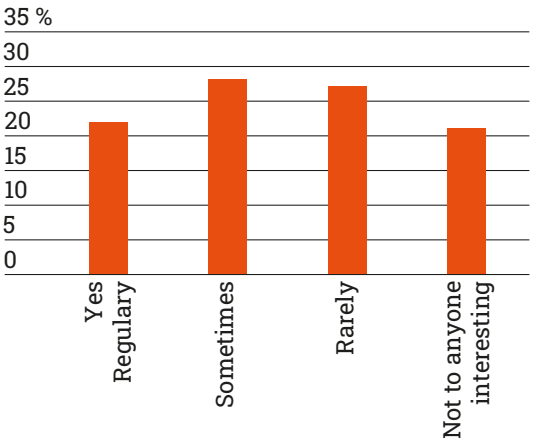
A telephone survey with beneficiaries indicated that community involvement in supporting older people is partial and generally insufficient. The wellbeing of beneficiaries depends both on how their community engages with them and on the availability of appropriate infrastructure and support programmes. Survey responses highlighted gaps in shelter conditions, access to social workers, attention to older people's needs, and the provision of guidance on services, financial support, and medical entitlements.

Overall, respondents reported limited support in these areas. No significant differences were observed between women and men in most response criteria; however, when asked whether they believed their community (village or town) takes care of older people, 12 women and 18 men ("Yes" - 34.5 per cent) responded affirmatively, suggesting slightly higher confidence among older men. A substantial proportion of respondents indicated that they do not feel cared for or lack social contact with community representatives, both formal (such as headman or volunteers) and informal (neighbours), underscoring the need for more systematic community engagement with older people.

Breakdown of beneficiaries' answers to the question "Do you think that your community (village, city) cares about the older people?", per cent.

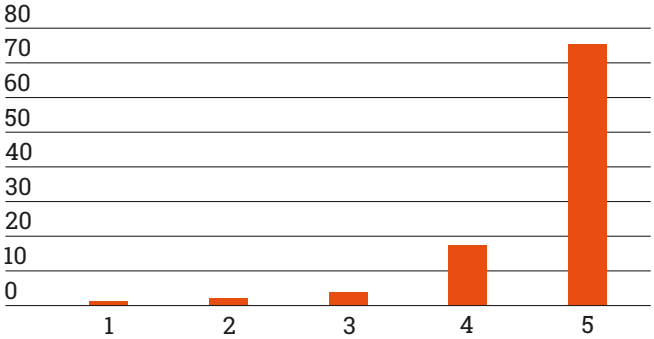


Breakdown of beneficiaries' answers to the question "Does anyone in the community (headman, volunteers, neighbours) ask how you are doing/what you need?", per cent.



The survey results on whether community members also show interest in the wellbeing of older people show that the option "Sometimes" (28.7 per cent) was chosen by 16 women and 9 men, "Not to anyone" (20.7 per cent) – by 6 women and 12 men, "Rarely" (27.6 per cent) – by 11 women and 13 men, and "Yes, regularly" (23 per cent) – by 12 women and 8 men. Older women are more likely to receive regular or occasional attention from the community, while older men often receive little or none, increasing their risk of social isolation, especially during conflict, economic instability, or reduced mobility in later life. These trends highlight the importance of providing targeted social care and community support, particularly for older men who are less visible in community networks.

How do employees assess the impact of support for older people on the wellbeing of the community (on a scale from 1 - not at all, to 5 - completely).



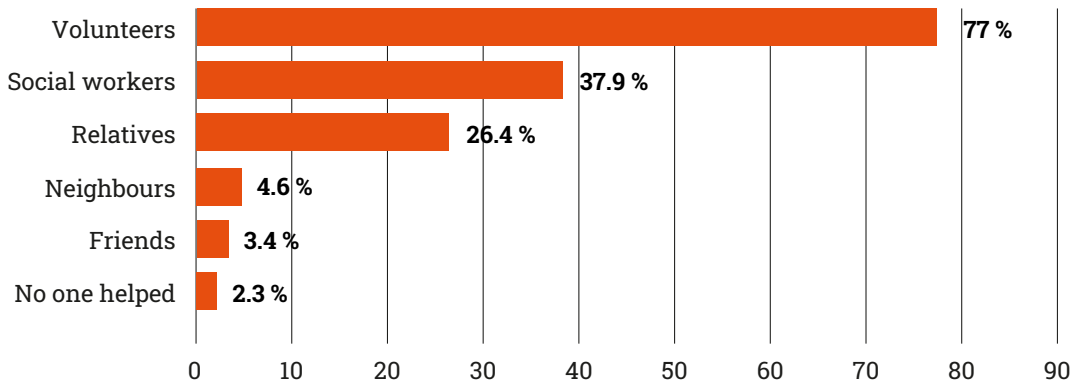
The vast majority of staff (over 93 per cent) believe that supporting older people has a positive impact on community wellbeing. This indicates that respondents are aware of the importance of social inclusion of older people and recognise their role in strengthening the resilience and cohesion of local communities.

The war has deeply disrupted traditional social structures and weakened trust in local authorities, leaving many older people – especially those without connections, mobility, or status – excluded from formal support systems. While community members, religious organisations, and volunteers have stepped in to fill the gap, this informal assistance often lacks the capacity to reach isolated individuals. Older women more frequently assume informal leadership roles in shelters and communities, while older men often express feelings of abandonment and disconnection. The situation underscores the need to institutionalise and expand local support mechanisms to ensure no one is left behind.

Community capabilities and resources

Community-based support for older people is primarily driven by volunteers, with 77 per cent of respondents (31 women and 36 men) indicating they received help from them, highlighting the crucial role of civil society. Women more actively engage in community initiatives such as craft or leisure groups, while men remain largely uninvolved. Social workers assisted 28 women and only 5 men, reflecting stronger institutional ties among women and a lack of engagement from older men in receiving external support. Relatives supported 14 women and 9 men, suggesting limited but present family care in some cases. A small number (2.3 per cent) reported receiving no support at all, emphasising persistent vulnerability.

Breakdown of beneficiaries' answers to the question "Who helped you recently?", per cent.

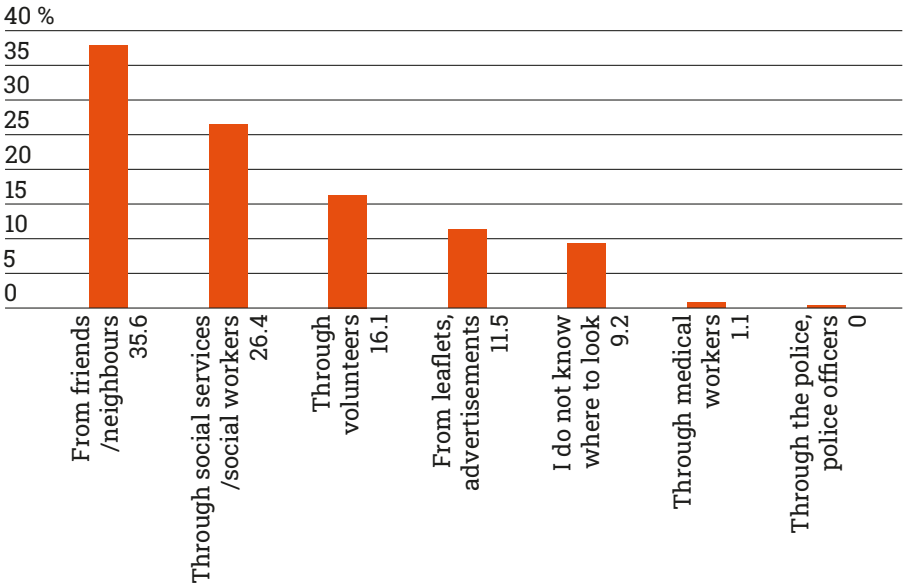


Half of the respondents (50.6 per cent - 28 woman and 16 man) knew who to contact for help, while the other half (49.4 per cent in total - 17 woman and 26 man) either did not know at all or were not sure that they would be able to receive it. This shows even with the presence of active volunteer and charitable initiatives, a significant part of older people are not familiar with the routes to access help.

For the older people, the key source of information about the possibility of receiving help is the closest environment - friends and neighbours (35.6 per cent - 14 woman and 17 man), which indicates the high role of informal communications. Social services and social workers are the next most common sources of information for older people (26.4 per cent – 13 women and 10 men), while only one in six learns about available help from volunteers (16.1 per cent – 9 women and 5 men). A significant proportion of the older people is oriented towards traditional channels - leaflets and printed advertising (11.5 per cent - 4 woman and 6 man). It is alarming that almost 9.2 per cent of respondents (5 woman and 3 man) noted that they do not know where to look for help, which may indicate the information isolation of individuals. In particular, medical professionals and the police are almost never mentioned, highlighting insufficient intersectoral interaction in keeping older people informed.

There is potential for developing social activation programmes for older men, expanding the circle of support for people with special needs, and forming sustainable communication channels in the community.

Sources of information on assistance for the older people, per cent.



The study also showed the high potential of communities, volunteer initiatives and religious organisations in providing support to older women and men. However, this support is equally often situational, informal and unstable and therefore cannot be solely relied upon. One of the key reasons is the ongoing war, which significantly undermines the capacity of local communities to plan and implement activities due to the constant disruption caused by fighting in the east as well as lack of stable annual budgets for these groups, or long-term support programmes for older people. There is an urgent need for authorities to improve planning and coordination to support older people during the war. In addition, charitable organisations and NGOs usually operate within the limited timeframe of specific projects, meaning that their assistance is often temporary and tied to project cycles rather than long-term systemic solutions.

The study results confirm the effectiveness of an integrated approach to humanitarian assistance, in particular a combination of cash support, home care, housing adaptation, and legal and psychological services. At the same time, the study also shows the need for further work on increasing the institutional capacity of communities, developing mobile assistance services and strengthening the participation of older women and men in making decisions related to their wellbeing was identified.

The study's findings show it is important for the creation of systemic, institutionalised mechanisms of assistance for older people – with particular emphasis on gender responsive, age and disability inclusive assistance.

Recommendations

Gender responsive, age and disability inclusive assistance

- Continue the practice of gender responsive identification of needs in communities, in particular through separate counseling of women and men, taking into account the specifics of access to resources, roles in everyday life, and the tendency to isolation in old age.
- Apply personalised approaches to engage older men who are reluctant to seek assistance, including indirect invitations, proactive identification of needs by social workers and psychologists, and outreach through neighbours and informal community headman.
- Strengthen support services related to income, health, and care for older people, with particular attention to older women, who are more likely to face poverty, significant care burdens, and social isolation, while recognising that older men may also experience similar challenges. Support should include the provision of hygiene items, care assistance, self-help groups, and psychosocial support.
- Consider informal forms of vulnerability during beneficiary registration, such as loneliness, caregiving for bedridden relatives, chronic illness, and lack of social support, even without formal IDP or disability status.

Personalised support formats and individual assistance

- Consider adapting assistance to individual levels of mobility and social interaction through personalised support plans, home visits, accompaniment to medical facilities, and clearer explanations of assistance procedures.
- Develop separate formats for older men that address specific needs and help reduce stigma around seeking support, such as self-care activities, minor repair services, and basic digital literacy training.

Expanding access to services and increasing outreach

- Expand mobile delivery of social, legal, and psychological services, particularly in remote and lowmobility communities, including frontline areas.
- Prioritise focus on high-demand services, including legal advice, psychological and social support (documentation, food delivery, housing adaptation), hygiene items (with gender-sensitive considerations), and medical supplies.
- Greater attention to home-based care for socially isolated and people with disabilities may improve coverage. Gender-specific group formats for men and caregiving and mental health support for women remain relevant.

Improving access to information and local communication mechanisms

- Strengthen local information channels (e.g., house elders, women's groups, church centers) and printed materials in locations frequently visited by older people.
- Make materials accessible for cognitive/sensory impairments and regionally adapted.

Strengthening local engagement and partnerships

- Build on local partnerships by engaging authorities, healthcare workers, volunteers, and community institutions to establish stable communication channels.
- Partner develop coordination with local authorities, medical and social services, and community initiatives.
- Cooperation with active older women as informal leaders supports outreach to underserved groups, including single men and people without formal vulnerability status.

Scaling up, sustainable development, and transformation of approaches

- Consider scaling up proven models in communities facing displacement, loneliness, and chronic illness, particularly where state support is limited.
- Explore a gradual transition from humanitarian assistance to more sustainable, communitybased approaches:

  - Develop social enterprises involving older people (e.g., care work, peer support);
  - Pilot local support groups and older persons' associations;
  - Shift focus to poverty/isolation prevention via legal education, digital skills, and selfemployment

The above approach will help transform humanitarian aid into a tool for long-term support for older people, while maintaining a focus on gender and age-inclusive needs and the realities of life in frontline communities.

The experience of HelpAge International can serve as a model for integrating gender responsive, age and disability inclusive approaches into humanitarian programmes targeting older people, especially in situations of complex armed conflict. Given the results achieved, the project can serve as a model for further initiatives to respond to humanitarian challenges and ensure sustainable development. This gender analysis can form the basis for the development of individual programmes at the national, community, and international levels, as well as for strengthening cross-sectoral cooperation between social, medical, and legal services to meet the needs and rights of older women and men. with older people, particularly in situations of armed conflict.

A gender analysis and assessment study of the needs of older people living in Eastern Ukraine was conducted by a group of specialists from the NGO "Center of Social Audit" consisting of:

Oleh Mazuryk, Director of the NGO "Center of Social Audit", independent evaluation specialist, Chairman of the Ukrainian Evaluation Association, Doctor of Sociological Sciences, Professor;

Nina Harkavenko, Executive Director of the NGO "Center of Social Audit", M&E expert, Master of Economics;

Tetiana Yereskova, Member of the board of the NGO "Center of Social Audit", expert-analyst in M&E, specialist in social communications, candidate of sociological sciences, Associate Professor;

Olena Reshetnikova, Member of the NGO "Center of Social Audit", Master of Sociology, expert-analyst.

Members of the NGO "Center of Social Audit" were involved in performing certain types of work on information and analytical support for the study: A. Kyrylova, A. Narytnyk, D. Iaroshenko, K. Zelinskii.

The survey was conducted in frontline communities of Dnipropetrovsk, Donetsk, Kharkiv, and Zaporizhzhia regions in collaboration with Ukrainian partners – the Charitable Foundation "Right to Protection" and the Center for humanitarian aid "Volunteer-68".

Mariia Kytynska / HelpAge International

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Gender-inclusive analysis of the needs and experiences of older people living in Eastern Ukraine

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HelpAge International in Ukraine