

CARE WORK IN THE CONTEXT OF COMPREHENSIVE DEFENCE



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ABSTRACT

The study demonstrates that in the context of a full-scale war, the intersection of paid and unpaid care work effectively becomes an element of the critical infrastructure of comprehensive defence. Limited opportunities for temporary staff replacement, the destruction of facilities, disruptions in providing services, and fragmented work schedules lead to chronic overburdening of women and undermine the human resource capacity of critical sectors. Based on document analysis, nationwide and online surveys, and 20 in-depth interviews, we observe an increase in work intensity, low and unstable incomes, and a shortage of care services, which directly reduces working hours and increases staff turnover. The recommendations focus on institutional solutions for organising time for care and rest — such as staffing reserves for temporary replacement, vouchers for short-term care services, extended and on-call opening hours of facilities, and a unified information pathway for families — so that additional unpaid labour does not remain the sole mechanism for sustaining the home front but becomes a predictable, resource-backed institutional capacity.

Keywords: care work, comprehensive defence, women, war, double burden, societal resilience

The research was conducted by the CSO “Expert Resource Gender in Detail” as part of the project “Gender Approach in the Context of Comprehensive Defence”, funded by the grant “Best Practices of the Swedish Gender Approach as a Tool for Empowering Ukrainian Women to Implement Sustainable Reforms and Promote Ukraine’s European Integration”, with financial support from the Swedish Institute and in partnership with the Swedish International Liberal Centre.

The project draws on gender mainstreaming practices within Sweden’s comprehensive defence system and represents the first attempt in the Ukrainian context to explore the possibilities of implementing a Swedish-style comprehensive defence strategy in Ukraine while simultaneously integrating a gender perspective across key sectors, including the economy, care work, the armed forces, civil defence, governance, information policy, and the volunteer movement.

Analytical reports on these sectors are available on the website of the CSO “Expert Resource Gender in Detail”.

<https://genderindetail.org.ua/>

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ACRONYMS

1325 Coalitions	Institutions established to implement UN Security Council Resolution 1325 on Women, Peace, and Security at the local level
ASC	Administrative Service Centre
CATI	Computer-Assisted Telephone Interviewing
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CMU	Cabinet of Ministers of Ukraine
CSO	Civil Society Organisation
EU	European Union
GDP	Gross Domestic Product
GPPI	Global Public Policy Institute
ICU	Intensive Care Unit
IDP	Internally Displaced Person
ILO	International Labour Organization
KPI	Key Performance Indicator
MES	Ministry of Education and Science of Ukraine
NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SES	State Emergency Service of Ukraine
UAH	Ukrainian Hryvnia
UN	United Nations
UN Women	The United Nations Programme for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VRU	Verkhovna Rada of Ukraine (Parliament)
WHO	World Health Organization

BRIEF SUMMARY

This study analyses the intersection of women's paid and unpaid care work during the full-scale invasion within the framework of comprehensive defence. It examines how institutional failures and service deficits translate into additional hours of invisible labour at home, and conversely, how domestic care constraints limit labour availability in critical sectors (education, healthcare, police/State Emergency Service, and public infrastructure).

The research methodology is based on a mixed-methods approach, combining document analysis (national legislation on guardianship and care, family rights and duties, and state support programs for caregivers), results of a nationwide survey (Info Sapiens, Omnibus CATI, n=1000), an online survey (n=57), and a qualitative study conducted through in-depth interviews (n=20). The research instruments were designed to allow for comparing responses from participants across different methods.

The full-scale war has sharply increased the "value of time" in care-related and critical sectors, while simultaneously dismantling the institutional pillars that maintained the balance between women's paid and unpaid labour. An institutional staffing deficit (migration, mobilisation, burnout) coincided with an increase in domestic care demands (more children/elderly requiring care, frequent school/kindergarten closures, and limited access to healthcare). The result is an extended workday plus a "second or third shift" at home, leading to chronic exhaustion and schedule instability, which directly reduces the labour availability of key home-front personnel.

The following sections outline the key nodes that make the intersection of paid and unpaid care work particularly vulnerable during wartime.

Infrastructure of Time and Safety. Women working in preschools and elementary schools face significant challenges during wartime: shelters often cannot accommodate all children and air raid sirens constantly disrupt the schedule. Some classes must be held in shifts or directly in shelters, which lack proper conditions. All this significantly increases the invisible organisational labour of women in kindergartens and lower grades: they arrive early, escort children during evacuations, maintain constant communication with parents, and coordinate the routes between home, school, and the shelter.

For women in essential services (police, State Emergency Service, and healthcare), workplace flexibility is virtually non-existent and short-term care services are unavailable. Consequently, balancing work and caregiving duties is only possible through the support of family members, primarily grandmothers.

Labour Shortages and Lack of Temporary Staffing Mechanisms. As staff in care professions and critical infrastructure dwindle or depart, those remaining are forced to do the work of two or three people. Since formalised temporary replacement mechanisms are nearly non-existent, substitutions are arranged informally among colleagues. Consequently, institutions survive by siphoning additional "invisible time"

from their employees. Upon returning home, these same women face expanded caregiving duties for children, elderly relatives, and persons with disabilities.

Unstable Income Amidst Inflation and Time Scarcity. In law enforcement and emergency services, bonuses appeared in waves without consistent indexation. In education and healthcare, incomes remained largely stagnant or decreased due to inflationary processes. When women lack even brief breaks for recovery or care arrangements, they are forced to shift to part-time work or miss shifts. As a result, earnings drop precisely when the workload is at its peak. Informal barriers, specifically gender biases, also play a role, influencing management decisions regarding bonuses or career advancement.

Psycho-emotional Exhaustion and Recovery Deficits. Chronic sleep deprivation, nights disrupted by shelling or air raids, doubling the workload, and a lack of rest lead to persistent apathy and burnout. Seeking support remains rare: only a few use psychologists or support groups; instead, the prevailing mindset is to rely on one's own strength and horizontal mutual aid.

Informational and Bureaucratic Barriers. Even those eligible for care-related benefits or legal statuses often do not know where to apply. Procedures are complex and fragmented across different institutions, while legal assistance is prohibitively expensive. In practice, this results in a loss of actual access to resources that could alleviate the care burden.

In response to these challenges, women build their own temporary support frameworks: mutual substitutions in schools and kindergartens, informal flexible scheduling within security forces, neighbourhood care networks for the elderly, and small volunteer groups assisting the wounded and their families. While this allows the system to remain operational, it simultaneously drains private resources of time, health, and finances: informal mutual aid partially substitutes for missing services without providing protection against burnout.

Systemic solutions are required to replace the current climate of instability, where employees rely on informal “peer-to-peer backup.” Care must be integrated into comprehensive defence planning, ensuring allocated time, organised staffing substitutions, sustainable funding, and accessible information.

Policy must institutionalise what communities are already practicing: short-term care, organised staffing substitutions, wage indexation, and a transparent mechanism for accessing social support. Building on our findings, we propose the following measures to enhance the capacity to balance paid and unpaid labour and to strengthen the resilience of comprehensive defence.

Infrastructure of Time, Not Just Place. Alongside reconstruction and shelters, it is essential to deploy short-term day and night care for those in need: on-call groups for 2-4 hours during the day and evening shifts, micro-daycare centres for the elderly and persons with disabilities close to home, and “social support + transportation” to medical

and administrative services. This directly restores paid working hours to shifts and reduces forced absenteeism or underemployment.

Temporary Staffing Mechanisms and Workload-Adjusted Pay. Establish funded labour reserves for temporary replacements with clear response-time standards (e.g., dedicated substitute positions for preschool and school teachers, and reserve teams for municipal and medical services). Implement base salary indexation and pay scales that reflect actual workload and risks, while formalising guaranteed and predictable work schedules in contracts, adapted to air raid alerts and potential power outages.

Anti-discrimination Safeguards. Ensure written and transparent criteria for bonuses and promotion decisions are applied, alongside regularly auditing these decisions for gender pay gaps and career advancement disparities. Establish internal channels (including anonymous ones) for reporting informal denials of bonuses, promotions, and professional development opportunities, with mandatory investigations into every case.

Recovery Support. Introduce short-term care vouchers for essential workers (weekly hours for rest and recuperation), accessible municipal psychological counselling, and basic workplace burnout prevention programs.

Unified Information Circuit. Create a “Care and Support” portal with simple formulas for obtaining statuses and benefits, standardised document templates, and free primary legal aid; establish in-person help desks at Administrative Service Centres (ASCs) or local administrations for in-person navigation.

Care is the infrastructure of defence: unless institutionalised, we finance “resilience” through the exhaustion of women and the erosion of rear-guard combat readiness. Defence encompasses not only the frontline but also the continuity of education, healthcare, law enforcement, and energy sectors. When a key portion of essential personnel operates at the breaking point, lacking time for both rest and their own caregiving duties, the system gradually loses working hours, full shifts, and, ultimately, the people themselves. Integrating care needs into personnel and operational planning (flexible schedules, substitution systems during leaves or peak loads, wage indexation, and clear information on rights) converts into enhanced combat effectiveness: it reduces staff turnover, facilitates rotations, bolsters service readiness, and makes communities more stable.

INTRODUCTION

When a society operates at the rhythm of war, care often seems like a luxury. Yet, war is precisely what lays bare its true significance: care labour is not a peripheral concern but a fundamental condition for the very survival of the rear, without which neither the home front nor the state itself can withstand the pressure. Modern wars have long since expanded beyond the front lines. They target infrastructure, the economy, schools, hospitals, and the psychological resilience of the people.

If defence is to be truly comprehensive, integrating care labour into strategic planning is not an option, but a necessity and a requirement of national security. Investments in the care sector should be viewed not as a budgetary deficit, but as a strategic investment in comprehensive defence, recovery, and peace.

Care labour is a constant focal point in global feminist and economic discourses. In international literature, care work is viewed through three primary lenses: the division between paid and unpaid labour, the recognition of care as a key social infrastructure, and the development of policies that translate gender sensitivity into a genuine transformation of social norms and roles.

Paid care labour refers to professional activities within the healthcare, education, and social service sectors (e.g., nurses, preschool teachers, and social workers). For the purposes of this study, women working in critical infrastructure and the security sector (State Emergency Service, police, and border customs) who perform vital life-sustaining functions were also included.

Unpaid care work refers to the care provided to family members within the household without direct financial compensation.

Distinguishing between paid and unpaid labour is fundamental, as it reveals the economic and social value of care, as well as the “double burden” borne by a significant number of women, who simultaneously work in often underfunded care professions and perform unpaid care labour at home.

In global theoretical discourse, care is examined through the “Three Rs” framework (UN Women, 2018):

- Recognition — recognising the value of care labour as an economic and social resource;
- Reduction — reducing excessive burdens by developing public and community services;
- Redistribution — evenly redistributing responsibilities between the state, the market, and the family, as well as between women and men.

Feminist theory examines care labour as a field where gender, economics, and social justice intersect; it is treated not merely as social welfare, but as a fundamental economic

category that determines the fair distribution of resources in society (Exploring Economics, n.d.). The primary critique is levelled at traditional economics, which has historically excluded or marginalised the value of care, domestic, and reproductive labour (Socio-Eco, n.d.). Ignoring its worth leads to distorted economic theories and policies. Instead, feminist economics focuses on the nexus of gender and the economy, incorporating reproductive labour that spans the entire spectrum of paid and unpaid spheres. It asserts that achieving gender justice requires exposing the fundamental role of this labour in human reproduction (CEPAL, n.d.) and shifting societal norms. Without systemic investment in the care sector and a fair redistribution of this burden, progress toward gender equality risks being undermined.

International organisations are actively calling for investments in the care economy. Leading international instruments recognise care work as a key component of sustainable development and social resilience: International Labour Organization (ILO) Convention #183 on Maternity Protection; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) recommendations; and reports by UN Women, Eurocarers, and the World Health Organization (WHO) (2022–2024). They emphasise that care is not a private matter but a public good that requires state recognition, funding, and fair remuneration during wartime, noting that crises significantly intensify the care burden, which falls predominantly on women (ILO, 2023; Eurocarers, 2023).

The course toward European integration requires Ukraine to harmonise its social policies with European standards: developing early childhood education and care systems, ensuring equal access to social services, and narrowing the gender pay gap, an issue that is particularly acute in feminised sectors (for instance, low wages for nurses lead to a critical migration of skilled personnel).

In the Ukrainian context, care has not traditionally been a primary focus of state policy; however, since the onset of the full-scale war, it has gained strategic importance and particular urgency. The destruction of kindergartens, schools, and hospitals; the internal displacement of millions; and the emergence of new groups in need of constant care have all exponentially increased the volume and complexity of care labour (Lomonosova, 2025; Strelnyk, 2025; Polek et al., 2023).

Recent studies by Ukrainian scholars published during this period, notably by the non-governmental organisation (NGO) Pryncyp (Polek et al., 2023) and the works of Strelnyk (2025) and Lomonosova (2025), confirm that the war and the economic crisis are intensifying the feminisation of care, leading to the exhaustion of workers in both formal and unpaid sectors.

At the same time, the state does not provide sufficient support to caregivers, which threatens social resilience, economic recovery, and the functioning of critical infrastructure. Often, caregivers themselves do not frame their work as a contribution to defence, viewing it as a “private matter,” when in reality, it is their daily labour that keeps the country from collapse. The invisibility of this contribution leads to its exploitation: the state and communities tacitly rely on women’s resources without recognising their strategic importance.

Integrating care labour into the system of comprehensive defence serves a dual purpose. First, it strengthens national resilience: only when the care needs of children, the elderly, and people with disabilities are met can the military and the economy function without disruption. Second, it reduces gender inequality: formal recognition and support for care work make women's contributions visible, granting them the right to social guarantees, rest, and development, rather than endless exhaustion. Without this, comprehensive defence risks remaining incomplete, as it relies on a resource that is constantly depleted without being replenished.

Care work must be integrated not only into policies and strategies but into the very way we conceptualise comprehensive defence and societal resilience. Only then will it cease to be an "invisible home front" and become a recognised, protected, and equitable element of national security.

Based on a desk review of the legal framework, domestic and international scholarly sources, and primary data, this study aims to provide a comprehensive analysis of the gender dimension of care labour in wartime Ukraine. It specifically focuses on the intersection of care with the concept of comprehensive defence to identify systemic gaps and develop practical recommendations.

To achieve this objective, the study seeks to answer the following core research questions:

- How do paid and unpaid care labour intersect for women in essential sectors, and how does this affect their mental and physical health?
- What infrastructural, socio-economic, and organisational challenges do caregivers and care-sector professionals face during martial law?
- What gaps exist in the policies regarding the recognition, reduction, and redistribution of care work, and how do they impact the resilience of critical infrastructure?
- What solutions can ensure a fair distribution of the care load and support for caregivers, thereby strengthening Ukraine's comprehensive defence?

Thus, existing research illustrates different facets of a single problem: the war intensifies an already disproportionate burden of care labour. Nurses, social workers, educators, and female relatives of veterans have become the primary bearers of rear-guard resilience, yet they remain invisible to state policy. This study advances the discourse by demonstrating exactly how paid and unpaid care work intertwine in wartime, identifying the barriers to their integration into comprehensive defence strategies, and explaining why the recognition and support of this labour are critical for national resilience.

METHODOLOGY

The research was conducted using a mixed-methods approach, combining quantitative and qualitative methodologies. The quantitative component included a nationally representative telephone survey and an online survey (administered via Google Forms). The qualitative portion relied on semi-structured in-depth interviews. As a supplementary method, desk research was performed, involving a review of the legal and regulatory framework along with a comprehensive study of secondary sources.

The first quantitative method yielded data from a nationally representative survey conducted by the research agency Info Sapiens in July 2025, following a proprietary methodology (see [Appendix A](#)). The sample size consisted of 1,000 interviews. The survey used the computer-assisted telephone interviewing (CATI) method based on a random selection of mobile phone numbers. The sample design was a multi-stage stratified sample with quota sampling at the final stage, accounting for key socio-demographic parameters of the Ukrainian population: gender, age group quotas according to the age pyramid, settlement type, and geographic region (West, Central, South, East, North). The sample also included Ukrainian citizens who moved abroad (1.9%). The sampling error is approximately 3.8% with a 95% confidence interval. The survey was not conducted in temporarily occupied territories or areas lacking Ukrainian mobile coverage, which creates a gap in representing the experiences of residents in those regions — a topic suggested for separate future research. The sample is representative of the Ukrainian population aged 16+ by gender, age, region, and settlement size. The questionnaire included four items commissioned by the research group. The research focused on identifying the share of individuals engaged in care labour who balance it with work in security, critical infrastructure, healthcare, preschool and primary education, and social work — sectors that, according to our hypothesis, have seen an increase in workload during the war. Information on these target groups was collected using a filter question.

The second quantitative method was an online survey conducted via Google Forms, consisting of 38 questions divided into four sections (see [Appendix B](#)). Data collection took place from July to mid-August 2025. Participants were recruited using the “snowball sampling” method across various regions of Ukraine. The survey link was distributed through the Gender in Detail Facebook page, the researchers’ personal profiles, and specialised thematic social media groups (e.g., teaching assistants). Recruitment also involved professional networks, NGOs, and direct contact with target groups. Furthermore, the study engaged representatives from Ukrainian NGO networks, experts, and institutions established to implement United Nations (UN) Security Council Resolution 1325 on Women, Peace, and Security at the local level (1325 Coalitions). This approach allowed for reaching a broad audience and gathering data from diverse social and age groups.

Using screening questions, the study focused on the same target groups as the nationwide survey. This approach allowed for a cross-comparison of the data collected through both methods. In total, 125 responses were gathered via the form (121 from women and 4 from men). Of these, 57 met the professional filter, meaning the respondents work in sectors where we hypothesized an increased workload since the

war began: healthcare, social protection/social work, preschool or primary education, critical infrastructure, the State Emergency Service (SES), or the police. Only 43 of these respondents also had additional domestic caregiving responsibilities.

An additional method used in this research was unstructured in-depth interview, which enabled a deeper exploration of women's individual experiences, emotional states, and strategies for balancing paid employment with care work (see [Appendix C](#)). It further helped identify hidden aspects of gender inequality that are often missed in quantitative surveys. The qualitative sample consisted of 20 women who combined paid roles in sectors critical to the home front (education, healthcare, social protection, police, SES, critical infrastructure) with unpaid domestic caregiving (caring for children, the elderly, or sick and wounded relatives). Participants were recruited via invitations within the online survey, the snowball method, and outreach to members of the 1325 Coalitions in Poltava and Chernivtsi oblasts. Additional recruitment involved contacting medical and preschool facilities at the researchers' locations and using professional networks, niche social media groups, and direct engagement with NGOs and target populations. The interviewees represented diverse professions: teachers, educators, assistants, nurses, physicians, social workers, psychologists, police and SES officers, a translator, and a utility company employee. Residing across various regions (including Kyiv, Rivne, Sumy, Chernivtsi, Poltava, and Volyn oblasts and the cities of Uman, Odesa, and Romny), they reflect experiences from rear, frontline, and liberated territories, ensuring a diverse representation of living conditions.

Despite certain limitations, the application of a mixed-methods approach reveals general trends in care labour among women employed in critical sectors during the full-scale invasion. Limitations in the nationwide survey stem from the relatively small number of respondents in specific fields (e.g., critical infrastructure, social work), which precludes a more granular analysis. Conducting in-person interviews — historically one of the most reliable methods — is severely hampered in wartime conditions. Consequently, most Ukrainian sociological institutions have pivoted to CATI. However, the telephone format may impact respondent candour and exclude individuals with a low level of trust in phone-based polling.

The number of respondents in the online survey (n=57) is insufficient for it to be considered representative. The self-selection method used tends to attract more active and motivated participants. The gender imbalance (100% of participants were women) means the findings cannot be generalised to include men.

The qualitative component of the study (20 in-depth interviews) provided a profound understanding of individual experiences. However, it offers limited representativeness and predominantly reflects a female perspective. It may also involve subjective interpretations by both the participants and the research team (a factor consistently accounted for when employing qualitative methods).

Consequently, when analysing the data collected, we accounted for the limited representativeness of the results.

CHAPTER 1. CARE WORK DURING WARTIME: SOCIO-LEGAL AND INFRASTRUCTURE ASPECTS (DESK STUDY)

1.1 Research Context

The Russian Federation's full-scale military aggression has transformed the care sector into a critical flashpoint in Ukrainian society, triggering an unprecedented surge in demand for care due to migration, injuries among both military and civilians, and the massive destruction of social infrastructure.

As previously noted, care labour is dual in nature, comprising both paid work (the formal sectors of healthcare, education, and social services) and unpaid work (family care for children, the elderly, and persons with disabilities).

As a vital societal function, care labour has a clear gender dimension and is characterised by distinct feminisation:

- Women constitute the majority among both informal (unpaid) caregivers in Europe and professionals in the healthcare, social protection, and long-term care systems;
- According to international organisations, women perform several times more unpaid care work than men. Unpaid informal care holds significant economic value, equivalent to approximately 3.6% of gross domestic product (GDP) in European countries (WHO, 2022).

This inequality is further reinforced by gender stereotypes regarding “female” and “male” professions, which, unfortunately, continue to be actively propagated, keeping women trapped within the confines of gender roles.

In the current context of war, care work emerges not as a private or auxiliary sphere, but as a key element of national security and recovery. Supporting those who provide care is a prerequisite for social resilience, economic recovery, and the effectiveness of comprehensive defence. Furthermore, the shift toward gender-transformative approaches is a necessary condition for shaping equitable and sustainable policies in postwar Ukraine.

1.2 Brief Overview of Legislation and Thematic Studies

The study aims to provide an analytical review of the transformation of care labour in Ukraine under the impact of the war. Specifically, it seeks to identify key challenges and systemic barriers at the intersection of paid and unpaid care sectors to establish future research priorities and recommendations, ultimately justifying the transition to gender-transformative practices that recognise care as critical infrastructure.

The principles of the Swedish Total Defence model were used as the analytical framework for this study, emphasizing societal resilience and the protection of vital functions and critical infrastructure during crises and emergencies.

Documents from the Swedish Civil Contingencies Agency recognise the criticality of care functions such as healthcare, caregiving, and sanitation. In the Ukrainian context, female professionals in care-related occupations (nurses, educators, social workers), as well as women in the SES, police, and critical infrastructure who ensure security, are the direct providers of vital societal functions. Consequently, if their capacity to perform paid work is undermined by an excessive unpaid workload, it directly diminishes national resilience.

The concept of comprehensive defence entails national protection and societal resilience through the integration of military and civilian efforts. Relationships between caregivers and the state are governed by legislation and regulations that clearly define the rights and duties of each party, the procedures for providing professional and non-professional care, compensation and benefit mechanisms, and the responsibility of national and local authorities for its provision.

In general, the socio-legal aspects of societal life are governed by the following legislation on guardianship, care, and social guarantees:

1. The Civil Code of Ukraine (Articles 55-60) regulates guardianship and curatorship over minors, incapacitated persons, and persons with limited legal capacity;
2. The Family Code of Ukraine (Chapter 19, Articles 243-251) establishes the legal framework for the guardianship of children;
3. Law #2671-VIII “On Social Services” (2019) defines the types of services (home care, palliative care, supported living), the procedures for providing them, and categories of recipients;
4. Cabinet of Ministers (CMU) Resolution #866 (September 24, 2008) regulates the activities of guardianship and curatorship authorities;
5. CMU Resolution #859 (September 23, 2020) lists categories of persons entitled to care;
6. The Labour Code of Ukraine and the Law “On Leaves,” CMU Resolution #832 (July 26, 1996) “On Approval of the Procedure for Appointing and Paying Maternity Benefits,” and the Law “On Social and Legal Protection of Military Personnel and Their Family Members” and supplemental “Rights of Female Military Personnel During Pregnancy and Childbirth” guarantee rights to childcare leave and provide additional social safeguards for employees in security and emergency services.

Since the onset of the full-scale invasion, some regulations have been amended or new ones introduced to expand service accessibility in response to wartime challenges. This is particularly crucial for young children, the elderly, and persons with disabilities, as the provision, availability, and speed of assistance in these cases often become critical for survival.

1. Strategy for the Demographic Development of Ukraine until 2040 (with the corresponding 2024-2027 Action Plan) aims to increase the birth rate, reduce premature mortality, facilitate the return of migrants, and create favourable living conditions for families and children.
2. The “Regulations on the Operation of Children’s Rooms in Institutions and Organisations” defines the rules for organising temporary childcare spaces where children stay while parents work or visit. It sets safety standards, limits stays to 3 hours, requires pedagogical staff, and supports work-life balance.
3. CMU Resolution #294 (March 16, 2022) streamlines access to social services during martial law (requiring only an application and establishing shortened review periods).
4. The Ministry of Social Policy Recommendations on Social Services during Martial Law emphasize that due to limited home care capacities, institutions should organise communal living for recipients; however, the effectiveness of this approach depends on local community resources, risking service gaps for some.
5. The Law “On Preschool Education” (2025) overhauled the preschool system by introducing family-based, mini, and mobile kindergartens, allowing nurseries for infants from three months old, reducing class sizes, and improving working conditions for educators to ensure accessibility and quality.
6. CMU Resolution #664 (June 7, 2024) “Certain Issues of Reimbursing the Cost of Childcare Services under the ‘Municipal Nanny’ Program during Martial Law and for three months following its termination or cancellation.”
7. Draft Law “On Comprehensive Support for Families with Children,” approved by the CMU, provides for increased birth grants, subsidies for childcare for children aged 1-3, and the new “e-Nursery” (єЯсла) program.
8. The Verkhovna Rada of Ukraine (VRU) adopted in the first reading Draft Law #13532 “On Amendments to Certain Laws of Ukraine Regarding Support for Families with Children and Creating Conditions Conducive to Balancing Parenthood with Professional Activity.”

It should be noted separately that no special procedures for establishing guardianship or curatorship were introduced during martial law; the process follows general rules (EVERLEGAL, 2023). In practice, obtaining official caregiver status remains limited due to informational, bureaucratic, and resource-related barriers. Furthermore, the term “patronage” is not legally defined and remains purely a doctrinal category.

A general review of the regulatory framework indicates that while Ukrainian legislation offers nominal guarantees, it fails to provide sustainable and adequate support for caregivers in practice, as the mechanisms for implementation remain fragmented and unbalanced.

Despite the changes introduced after the full-scale invasion, Ukraine's current legislation provides only a basic framework for regulating care labour. It has not been adapted to the scale of the military crisis, further reinforcing the feminisation of care.

Based on the array of analysed secondary sources examining care labour, it is evident that a severe care crisis is emerging in Ukraine amidst the current wartime conditions and economic instability, affecting both families and state institutions. A body of research confirms that the war has not only intensified long-standing imbalances in the care sector but has also created new forms of burden on women and their families.

A comprehensive study of care labour transformations and the role of women amidst war, economic crisis, and migration reveals a broader context: the war destroys or restricts public care infrastructure that is spatially fixed, such as schools, kindergartens, hospitals, and nursing homes. This forces families to assume functions previously held by the state, a shift that disproportionately impacts women, whose dominant role in unpaid care labour is consistently documented by various researchers.

Home-front resilience, which is fundamental to the concept of comprehensive defence, proves to be built upon the private, invisible labour of relatives, a finding consistently supported by a range of Ukrainian studies.

The study by the NGO Pryncyp, "Behind the Scenes of Care: Veterans' Loved Ones and Care Labour" (Polek et al., 2023), reveals that the burden of caring for wounded individuals and veterans falls predominantly on women, turning it into a "second unpaid shift."

A similar situation is observed in the care of the elderly. In her work "Invisible Care: What Does Sociological Data Reveal About Family Care for the Elderly in Ukraine?," researcher O. Strelnyk (2025) notes that women most often shoulder the primary burden of care, while 87% of surveyed families have never used paid services.

The formal care sector (specifically the healthcare system, which suffers from chronic underfunding) fails to provide not only the quality but also the quantity of required services, a situation further exacerbated by the war. An analysis of the report "One for Three: How Ukrainian Nurses Work" (Tkalic, Dutchak, Lomonosova, 2025) revealed chronic overwork and staffing shortages in the nursing field. Employees are forced to fill multiple roles simultaneously while remaining among the most undervalued due to low wages.

Similar challenges affect the second formal care sector: the social protection system. Its employees, despite the devaluation of their labour and the lack of adequate protection, have become a critical mainstay for vulnerable people in frontline and liberated territories (Lomonosova, 2025).

Sociological studies also document a military-driven exacerbation of gender inequalities: more than half of the women surveyed felt that the war had increased their workload in family life (Gradus Research, 2023). Although the total time spent on childcare has risen for both sexes, the proportion of men who began spending less time with their children

(40%) significantly exceeds the corresponding figure for women (15%) (Info Sapiens, 2023). This indicates a persistent traditional division of roles and an intensifying double burden on women.

International reports further confirm the systemic invisibility of care in wartime Ukraine. For instance, the report “Gender-Responsive Capacity Building for the Civil Security Sector” (GPPI, 2024) asserts that care labour remains “behind the scenes” even within defence strategies, despite being the very foundation that sustains civilian infrastructure.

These points provide direct evidence that systemic barriers in the care sector are not merely domestic issues but strategic ones, and that care labour in wartime Ukraine represents an invisible economic and social crisis.

The excessive feminisation of the care burden acts as a kind of invisible tax, paid at the expense of women’s health and economic future. A state system plagued by chronic underfunding and bureaucratic inertia is unable to effectively compensate for these losses, thereby jeopardising societal resilience.

1.3 Typology of Care Work and Its Key Challenges

Within the context of comprehensive defence, care labour is divided into two closely intersecting types, creating a double burden for individuals involved in both categories. This study employs the following classification of care work, focusing on relevant professions and duties:

- Paid Care Labour, which encompasses nurses, preschool educators, primary school teachers, social workers, and community care workers (patronage workers). For this study, the experiences of female employees in the SES, police, and critical infrastructure sectors were additionally included. According to our hypothesis, these women also face increased workloads during the war while performing vital functions for society in wartime.
- Unpaid Care Work, which provides family-based care for children, the elderly or aging relatives, persons with disabilities, the wounded, the terminally or seriously ill, and others.

For women at the intersection of paid and unpaid spheres, care labour challenges merge into a “double burden.” In wartime, this begins with an infrastructural crisis: uneven access to preschools and hospitals, and a shortage of shelters, which transforms unpaid domestic care into a 24/7 uncompensated duty with no possibility of relief. This is further compounded by organisational and labour difficulties; both care professionals and critical infrastructure workers face double shifts, irregular hours, vague job descriptions, and staffing cuts driven by migration, low wages, and payment delays. These issues are fundamentally fuelled by gender stereotypes, where “female” professions are viewed as secondary and domestic work as a woman’s “natural duty.” Ultimately, this pressure results in profound psycho-emotional burnout, isolation, and anxiety, further intensified by the conflict between professional obligations and family needs, creating a closed loop of exhaustion.

1.4 Directions for Future Research

The results of the desk research confirm that within the context of Ukraine's comprehensive defence, care labour is critically important yet remains an undervalued, gender-asymmetric, and systematically underfunded sector, with the war only exacerbating these imbalances. While the legal framework is formally comprehensive, its implementation falters due to a lack of funding, low public awareness, and bureaucratic barriers.

Based on the results of the desk research, the research group identified the following gaps:

1. Ukraine's system is merely gender-sensitive; it lacks gender-transformative interventions aimed at challenging harmful gender norms, roles, and relations within the care sector, for instance, by tackling stereotypes or promoting parental leave for fathers.
2. Inadequate support for Paid Care Leave as a vital social function. Furthermore, the underfunding of key care sectors jeopardises the resilience of both society and the state under wartime conditions.
3. The unrecognized burden of Unpaid Care Work, which has surged due to the war. It lacks adequate support mechanisms, leading to caregiver burnout and the restriction of their economic opportunities.

1.5 Summary of Chapter 1

Based on the analysis, the existing problems and gaps are systemic rather than situational, exerting strategic pressure on human capital. The research team focuses on transforming care from an individual problem into a functional, resilient element of the civil resilience system, one that is critical for the concept of comprehensive defence and the country's future reconstruction, specifically in the following key areas:

1. Developing recommendations for relevant ministries, local self-government bodies, civil society organisations (CSOs), and international partners to alleviate the “double burden.” The goal is to design mechanisms for an equitable redistribution of the care load, for example, through equal leave policies, combating stereotypes, and more.
2. Conducting a feasibility study on investments in public care infrastructure to shift the funding focus from “expenditures” to “investments with a return.” This approach ensures the return of caregivers to the labour market, which is a strategic priority not only for resilience but also for future post-war reconstruction.
3. Formalising and supporting caregivers as a distinct social group, whose emotional burnout is a proven fact. Developing and piloting comprehensive support programs, including not only psychological assistance but also regular medical check-ups and access to “respite care,” is an international standard that must be implemented in Ukraine.

Care labour in Ukraine is a systemic pillar of social life, yet it remains undervalued in both public perception and state support. Ukraine's future depends not only on investments in production or defence but also on reimagining care work as a societal priority and a foundation for recovery.

CHAPTER 2. INFRASTRUCTURE CHALLENGES FOR WOMEN AT THE INTERSECTION OF PAID AND UNPAID CARE WORK DURING THE FULL-SCALE INVASION

The conflict between paid and unpaid care labour is not a new phenomenon; women have always balanced professional duties with family demands. However, the war has made this equilibrium significantly more fragile. What was previously managed through institutional and informal support is now often inaccessible or unpredictable, such as functioning kindergartens, help from relatives, or available social services. Air raid alerts, evacuations, the mobilisation of men, and staffing shortages in schools and hospitals have heightened the pressure on women, forcing them to struggle between multiple “shifts” without any opportunity for rest or development. This long-standing tension, amplified by wartime conditions, clearly marks the boundary where comprehensive defence loses its integrity: as long as the state fails to integrate care into its strategies, it continues to rely on the invisible and exhausting resource of women’s labour.

According to a national representative survey, 66% of women and 59% of men who combine professional roles in the care sector or critical infrastructure with unpaid domestic care reported that balancing work and caregiving has become more difficult since the start of the full-scale war. The conflict destroys infrastructure (kindergartens, schools, medical facilities), increases the number of wounded and vulnerable individuals, and adds new “caregiving tasks.”

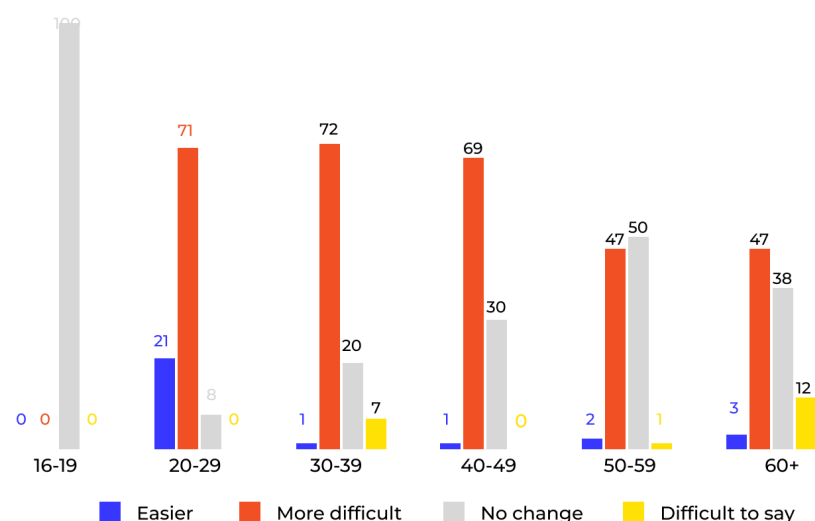
According to UNICEF estimates, over 1,600 educational institutions and approximately 790 medical facilities have been damaged or destroyed, undermining the stability of kindergarten and school schedules, as well as the availability of shelters and basic services (UNICEF, 2025a). The healthcare component is further strained by large-scale damage to facilities: as of late 2024, at least 1,938 damaged and 297 destroyed objects were recorded; by October 1, 2025, it was confirmed that 2,489 buildings across 804 medical institutions had been damaged or ruined (Ministry of Health of Ukraine, 2024; Government of Ukraine, 2025). Amidst this infrastructural degradation, by the end of the 2024-2025 academic year, over a third of students were not attending classes fully in person, with 11% studying exclusively online, often due to a lack of safe shelters (UNICEF Ukraine, 2025b). Persistent air raid alerts served as an additional factor of instability, interrupting approximately one in five lessons during the 2024-2025 school year and forcing families into frequent evacuations to shelters and unscheduled domestic care (UNICEF, 2025c).

Disruptions in care logistics mean that caregivers are overburdened, and their capacity to support the economy and the community is diminishing. According to national survey data, the difficulty of balancing work and care was most acutely felt by respondents aged 20-39 (71-72%) and 40-49 (69%). Even among those over 50, about half reported increased challenges. In contrast, the youngest group (16-19) reported no change, as they typically lack significant caregiving responsibilities. Consequently, the primary labour and mobilisation resource, people aged 20-39, felt the deterioration of the work-care balance

most severely (over 70%). This indicates that their availability as mobilised personnel, labour force, and volunteers is constrained by caregiving obligations.

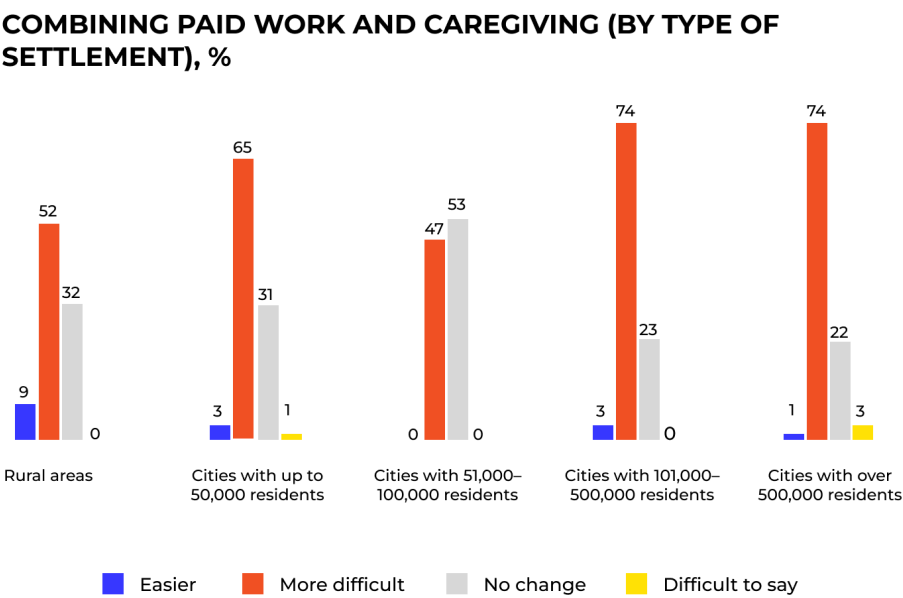
Figure 1.1. Distribution of responses to the question, “Since the beginning of the full-scale war, has it become easier or more difficult for you to balance work and care for loved ones?” (% by age)

COMBINING PAID WORK AND AGE-RELATED CAREGIVING, %



Residents of all types of settlements found it more difficult to balance work and caregiving duties (see Figure 1.2). The degree of this burden varies significantly: from 52% in villages to 74% in major cities. The highest share of “no change” responses was recorded in cities with a population of 51,000-100,000 (53%). Villages showed the highest percentage of respondents who chose “it became easier” (8%). This is likely due to the existence of traditional family support networks, which allow caregiving to be distributed among multiple family members. Nevertheless, 52% of respondents in rural areas still believe it has become harder.

Figure 1.2. Distribution of responses to the question, “Since the start of the full-scale war, has balancing work and care for loved ones become easier or more difficult for you?” (% by settlement type)

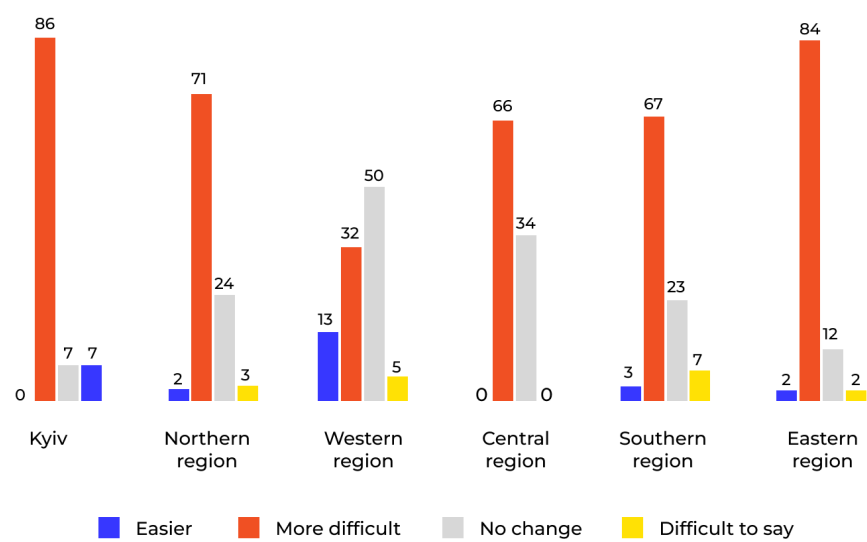


From a comprehensive defence perspective, it is vital to recognise that rural communities serve as a rear resource; however, without developing social services, care remains a burden for individual households. Cities with 51,000–100,000 residents appeared most stable, with 53% of respondents reporting “no change.” This balance likely persists because infrastructure is not as overstretched as in major cities, while social ties remain as strong as in villages, making such cities potential “resilience hubs.” Conversely, respondents in large cities most frequently reported that it has “become harder” (74%). This trend is likely driven by the overburdening of healthcare and childcare facilities in cities or districts that experienced a significant population surge due to forced displacement.

The destruction and diminished capacity of care infrastructure make balancing work and caregiving significantly more difficult: shelters cannot accommodate everyone, schools and kindergartens operate intermittently, and transportation and healthcare are disrupted by air raid alerts and power outages. Under such conditions, fewer women are able to work full-time or participate in volunteer and defence activities, directly reducing economic productivity and the reserve of comprehensive defence. In areas where destruction and threats are more frequent (Kyiv, East, North), the pressure on domestic care and work increases more rapidly than in relatively safer regions (see Figure 1.3).

Figure 1.3. Distribution of responses to the question, “Since the start of the full-scale war, has balancing work and care for loved ones become easier or more difficult for you?” (% by region)

COMBINING PAID WORK AND CAREGIVING (BY REGION), %



The West of the country can serve as a “resilience cushion” if additional respite care services, kindergarten and school spots, transportation assistance, and adult day centres for the elderly and people with disabilities are deployed there. In high-risk zones, the priorities shift to child-friendly spaces in shelters, mobile social services, and community support for caring for vulnerable categories. Without restoring and expanding care infrastructure, individuals remain “tethered” to their homes, and rising stress and burnout diminish the psychological endurance and overall resilience of communities.

2.1 Organising Safety During Air Raid Alerts in Educational Institutions as Invisible Labour

Following the full-scale invasion, schooling and childcare have been disrupted due to damaged facilities, frequent air raid alerts, and the inadequacy or lack of shelters. A significant portion of children study in hybrid or purely remote formats, creating time gaps between school/kindergarten schedules and mothers' work hours (UNICEF, 2025; World Bank et al., 2025). In the long term, these are compounded by structural trends: unequal access to kindergartens and nurseries, especially for children under two; dependence of services on the financial capacity of local communities; and the selective prioritisation of shelter construction primarily for schools and hospitals (Dutchak, 2025). Collectively, this recreates structural time-logistical gaps that families are forced to "bridge" with their own time, stress, and money.

Air raid alerts have transformed everyday work rituals into an additional, mostly invisible labour for women, who simultaneously provide both paid and unpaid care. In schools and kindergartens, safety protocols effectively create a "second shift": female staff must arrive earlier, remain with children in shelters until the alert is cleared, manage the descent and return to classes, and handle the escorting and communication with parents.

"...we are required to arrive at school much earlier... Whether there's an alert or shelling, we must be at school. It's mandatory!" (Respondent 11, primary school teacher, caregiver for her 82-year-old mother)

This "early presence" is rarely recorded as working time and directly extends the workday, a factor that is critical for women with domestic responsibilities.

The routinisation of evacuation and shelter procedures also falls on the shoulders of female-dominated staff. Teachers describe developing precise chains of action: ensuring all children safely transition to the shelter, even those in the restroom or cafeteria; carrying belongings; and helping students change clothes after physical education classes.

"...at the signal, they line up in pairs and head down to the shelter... even if a child is elsewhere, they must be brought down... and we, along with the cleaners, carry all the belongings." (Respondent 11, primary school teacher, caregiver for her 82-year-old mother)

All of this represents minute yet systematic organisational labour that "doesn't count," even though it ensures the very possibility of safe learning.

Moving lessons to shelters complicates professional duties and increases the emotional burden. The lack of desks, educational materials, and constant interruptions lower the quality of the process, while simultaneously increasing the time and effort required to adapt lessons for unsuitable conditions.

“...a long alert is true stress... Children cannot take everything they need with them... In our shelter, there are only seats, no desks.” (Respondent 16, primary school teacher, caring for a 2-year-old and has an older daughter)

In frontline schools, lessons were conducted exclusively in shelters for months on end to minimise risks.

“...we conduct lessons only there... this was done to preserve emotional stability and, of course, to save lives.” (Respondent 5, teacher, mother of two, caregiver for her parents)

The limited capacity of shelters disrupts family schedules and intensifies the overlap with unpaid care. For mothers, this means a new “survival logistics”: adjusting work shifts, shuttling children between home, school/kindergarten, and shelters, and covering “learning gaps” with at-home care. Even extracurricular activities become dependent on air raid alerts. Alerts shift a massive part of the security burden onto mothers’ shoulders.

“...my daughter has music school. I drive her there. It’s difficult with the air raid alerts: if the alert is a long one, it’s better if I go along with her.” (Respondent 5, teacher, mother of two, caregiver for her parents)

While these decisions save lives, they are simultaneously converted into additional invisible organisational labour performed specifically by women, both in paid and unpaid care sectors.

Kindergartens add their own dimensions of invisible labour: the synchronous evacuation of groups, working with children with special needs, and constant communication with “more demanding” parents.

“...during an alert, it is very difficult for children with special needs... Problems arise even in these aspects.” (Respondent 15, teacher’s assistant, caring for a 5-year-old daughter with a disability, a 5-month-old daughter, and a 94-year-old grandmother)

For some educators, their paid care work only remains possible because they can bring their own children to the same kindergarten, essentially “taking them to work.” During air raid alerts, the child evacuates with “their” group, while the mother continues her work with “hers.”

“She was at the kindergarten... I saw her in the shelter: she was with her group, and I was with mine.” (Respondent 15, teacher’s assistant, caregiver for a 5-year-old daughter with a disability, a 5-month-old daughter, and a 94-year-old grandmother)

The same respondent notes that caring for children with special educational needs is becoming even more exhausting.

“During an alert, it’s very hard with children with special needs... problems arise even with the simplest things.”

The invisible labour accompanying air raid alerts extends far beyond the education sector. Women in other fields are forced to pick up their children during shifts or bring them to the workplace when schooling is interrupted. However, for women working in critical infrastructure (police, SES, emergency medicine, and border guards) this option is often unavailable due to security protocols, risks, and ethical constraints. As one female police officer put it:

**“I wouldn’t want my child to be in a police station environment. You understand the kind of people we deal with here. In other organisations, maybe, but definitely not in the police force.”
(Respondent 1, police officer, caring for a 2-year-old child)**

Where shelters or educational schedules are not sustained by the system, the gap is filled by the individual strategies of women — yet another layer of unpaid organisational labour required to bridge the gap between safety, work, and care.

In response to these challenges, particularly in early childhood and school education, the Ministry of Education and Science (MES), alongside the European Union (EU), UNICEF, UNESCO, and the World Bank, launched a national framework for preschool transformation, an alliance and roadmap aimed at expanding the network and enhancing the quality and flexibility of access. This framework emphasizes a “closer to home” approach and sustainable financing/reconstruction (UNICEF Ukraine, 2025; MES, 2025). The security perimeter has been strengthened by a government decree on pilot protected educational spaces and MES recommendations outlining action protocols during air raids for facilities lacking full-scale shelters (CMU, 2024; UNN, 2024). Ultimately, the reform directly addresses *where* and *how* the service operates (models, networks, safety), while indirectly addressing *when* by enabling communities to implement extended or “on-call” shifts.

Our data indicate that the “when” and “who covers the shift” are not resolved automatically by law. This requires local financial instruments (such as 2-4 hour childcare vouchers), institutionalised substitution mechanisms in preschools (reserve positions for temporary replacements), and municipal decisions fixing morning and evening hours synchronised with safety protocols. On a macro level, this aligns with EU goals to increase labour market participation for women with young children, where access to quality early childhood education is explicitly identified as a prerequisite for economic engagement (EUR-Lex, 2025). Furthermore, international reviews confirm the scale of security-related disruptions (alerts, lost lessons), making time logistics as critical for families as physical access (Save the Children, 2025; VoxUkraine, 2025). Thus, while the national framework provides the “right and infrastructure,” municipal decisions transform this right into actual “care time” compatible with employment.

2.2 Unmet Needs for Short-Term Care and Challenges in Organising Staff Replacement

The war has made short-term childcare services (for a few hours during the day or overnight) both critically necessary and nearly unattainable. Many kindergartens, extracurricular activities, and private care services are either closed or operating intermittently. Air raid alerts, blackouts, and curfews shatter parents' predictable work schedules, while formalised services that could temporarily replace a mother or another family member in caregiving are virtually non-existent. As a result, women juggling paid care work and domestic duties rely on "logistics instead of services," either bringing the child along, cutting shifts short, taking leave, or scrambling to find relatives.

"If only there were an option to drop off the child for a few hours once a week... But there's nothing like that on weekends. So, I either drag my child along with me everywhere or ask the grandmothers for help." (Respondent 7, critical infrastructure worker, caregiver for a 12-year-old daughter with a disability)

"Not just for 20 minutes, but for at least an hour... so that I'd have enough strength to balance everything." (Respondent 5, teacher, caring for two children and her parents)

Alternatively, when taking a child to work is not an option, women in critical infrastructure who also provide childcare are forced to spend time on long detours.

"The kindergarten was closed, so I'd put my child in the car, drive her to my parents in the village, and from there, I'd race to work." (Respondent 1, police officer, caring for a 3-year-old child)

Caring for the elderly also "eats into" working hours.

"Taking my father for oncology screenings... If the appointment is during work hours, I have to take a day off or use my vacation time." (Respondent 5, teacher, with two children, also caring for her parents)

Those who provide care at home are left to face this burden alone at night.

"At night, it's around the clock. He needs medication, and I have to make sure he has eaten." (Respondent 3, hospital orderly, caring for her wounded grandson, a veteran)

Mobility in care work constitutes a distinct obstacle.

"There is a social taxi service, but the schedule doesn't work for us... Transport is a major issue. Often, you either have to carry everything yourself or reschedule the appointments."

(Respondent 7, critical infrastructure worker, caring for a 12-year-old daughter with a disability)

“Accompanying care and transport are needed, but we haven't found anything like that.” (Respondent 19, critical infrastructure worker, caring for parents with disabilities)

The infrastructure lacks short-term and overnight respite care, adult day centres, “on-call” groups in schools/preschools, and accessible assisted transport. Without these links, the intersection of women’s paid and unpaid labour during wartime devolves into a chronic “logistics of survival,” undermining both family and institutional resilience. According to the nationwide Info Sapiens Omnibus, the 30-39 age group most frequently combines caregiving duties: 29% care for children under 6, while 16% care for elderly relatives. For comparison, the peak for eldercare occurs in the 50-59 age group at 25%. This means that women aged 30-39 often bear the simultaneous burden of small children and care for seniors. Consequently, the lack of short-term care directly forces them out of full-time employment and disrupts shifts in critical services. The infrastructural priority is clear: deploy accessible “short-term” care services exactly where and when these gaps occur; otherwise, we lose female workers in their most productive years and weaken home-front stability.

2.3 Summary of Chapter 2

Wartime infrastructural failures (damaged facilities, insufficient shelter capacity, frequent air raids, power outages, and transport disruptions) transform the combination of paid and unpaid care labour into a chronic “double or triple shift.” Women effectively sustain institutional stability through the invisible expansion of their workday, while domestic care fills every time gap created by the unpredictability of services. This leads to time poverty, emotional exhaustion, and a loss of labour availability in the very sectors essential for home-front functionality. Therefore, it is crucial to integrate care into security planning as a distinct pillar of capacity, enhance the predictability of educational and healthcare operating hours to minimise gaps between work shifts and family logistics, and gradually build mechanisms for short-term relief and temporary care synchronised with emergency protocols. Furthermore, a “time buffer” should be built into schedules and procedures to prevent alerts and delays from being compensated for by additional unpaid labour at home. Such a systemic approach reduces the reliance of comprehensive defence on unaccounted female labour and restores predictable resilience to the community.

CHAPTER 3. ORGANISATIONAL AND LABOUR CHALLENGES DURING WARTIME: STAFF SHORTAGES, UNSTABLE WORK SCHEDULES, AND LOW WAGES

3.1 Institutional Deficit and the Extension of the Working Day

Since the beginning of the full-scale invasion, women working in the care sector and critical infrastructure have faced a double burden: institutional staffing shortages at work combined with an increase in unpaid care at home. According to our online survey (n=43), approximately one in five respondents (21%) reported an increase in the number of people under their care, while another quarter (23%) saw an overall rise in their caregiving responsibilities. Taken together, this means that a significant portion of those surveyed faced an escalation in domestic care, which intensifies the impact of labour shortages in the workplace: extended working hours overlap with increased domestic duties, reducing recovery time and heightening the risk of burnout.

Data on hours worked confirm this trend: the majority of respondents work 41–50 hours per week, though both shorter weeks and excessively long ones (exceeding 60 hours) are recorded. Since the start of the invasion, most participants rated the increase in work intensity and nervous tension at 4 or 5 on a 5-point scale; they more frequently report extended workdays and fewer days off. This correlates with the lack of substitutions and staff reserves within institutions (personnel capable of temporarily replacing core staff) and spills over into the private sphere as an increased burden of domestic care.

In schools and kindergartens, this manifests as the daily normalisation of informal, mutual substitution among colleagues who, for various reasons, are unable to report for work.

“If someone gets sick or can’t make it because of an air raid alert, I end up teaching both my class and theirs... For us, it’s already become the norm.” (Respondent 5, teacher, caring for two children and her parents)

In preschool education, the nurse’s role effectively turns into working for two.

“A 1.5-rate position on paper means two full roles in reality: from 7:30 a.m. until seven in the evening. And I do all the same work that would normally be done by two people.” (Respondent 18, head nurse at a kindergarten, caring for her own teenage children)

“When a colleague drops out, there are no support links; we just work in their place... What used to be done by two people is now handled by one.” (Respondent 15, teacher’s assistant, caring for a 5-year-old daughter with a disability, a 5-month-old daughter, and a 94-year-old grandmother)

In healthcare, personnel shortages are compounded by the complex profile of wartime patients, leading to an increase in both work intensity and shift duration.

“The staffing shortage is insane... several crews were cut, some doctors were mobilised, and others left the country. The workload has multiplied. It’s a 24-hour shift, sometimes without lunch; we drink our coffee in the ambulance. And at home, I still have to be a mother.” (Respondent 13, ambulance physician, caring for an 8-year-old child)

For junior medical staff, this feels like continuous care work with no opportunity for recovery.

“If the patients are in critical condition or bedbound, sleeping is practically impossible... After a 24-hour shift at work, I come home to a grandson who requires constant care. I am exhausted. And there is no one to replace me; staff were cut, and they aren’t hiring anyone new.” (Respondent 3, nurse’s aide, caring for her wounded grandson)

The data obtained in this study regarding the actual increase in workload in social work and among junior medical staff confirm and clarify the findings presented in “One for Three: How Ukrainian Nurses Work” (Tkalic, Dutchak, Lomonosova, 2025) and “‘Hopefully, Someone Will Remember Us One Day’: Social Workers in Times of War” (Lomonosova, 2025). These results document systemic overwork, staffing shortages, and the expansion of the invisible dimension of care labour.

In law enforcement and emergency response services, staffing shortages manifest through the cancellation of leave and virtually continuous duty. Such schedules are impossible to reconcile with caregiving without compromising either professional efficiency or the quality of care at home.

“We didn’t even have leaves. In 2022, all leaves were canceled because of staffing shortages. We worked without days off, taking turns on day and night shifts.” (Respondent 8, patrol police officer, caring for a 12-year-old daughter and a father who suffered a stroke)

When partners are at the front or otherwise absent, there is no one to provide back-up at home and unpaid care stretches across the entire morning, day, and evening, crowding out sleep and recovery.

A distinct mechanism exacerbating local shortages is the fragmentation of processes within teams where some members work remotely from abroad or other regions. All physical tasks (carrying documents between offices, interacting with regulatory bodies, and accessing local servers) automatically fall onto those who remained in the office, without any reduction in their primary duties.

“One colleague moved abroad, another to Western Ukraine. They do part of the work remotely, but not everything is possible that way. Submitting applications, I’m the one doing that... finding the right files on their computers, printing them out, handing them to management. In the end, I’m doing my own job plus a chunk of someone else’s.” (Respondent 7, critical infrastructure worker, caring for a 12-year-old daughter with a disability)

Thus, institutional “stability” is produced at the cost of an invisible extension of the workday; meanwhile, women return home not with a “reserve of energy,” but with a fresh wave of tasks awaiting them.

At the level of municipal and infrastructure enterprises, layoffs transform into permanent understaffing of shifts, where two or three people perform the work of five. Consequently, vacations or sick leaves are effectively inaccessible, not because they are prohibited, but because there is no one to cover the gap.

“We’ve cut several positions because funding was slashed. But the work itself hasn’t gone anywhere. So now, two or three people are doing what five used to do. If I need a vacation or sick leave, there’s practically no one to fill in for me.” (Respondent 19, critical infrastructure worker, caring for a father and a mother with a Category I disability)

In conclusion, the war simultaneously drives up labour demand in critical sectors while shrinking the labour supply; institutions respond not with reserve capacity or adjusted pay scales, but by stretching the workdays of those who remain. This extended workday clashes with domestic caregiving, which lacks a “reduction mode.” Ultimately, systemic efficiency is achieved through invisible female labour, both in the workplace and at home. It is here that the intersection of paid and unpaid work becomes structural rather than “personal.” Without formalised staff replacement mechanisms, transparent bonuses, and clear substitution procedures, any additional workload forces women into double or triple shifts of paid labour and domestic care, ultimately undermining the resilience of the institutions that sustain the home front.

3.2 Income During Wartime: How Financial Vulnerability Intensifies the Double Burden

Following the start of the full-scale invasion, income trends have diverged across different sectors: in some, pay rates were formally increased, while in others they were frozen, and some women saw their earnings drop significantly. Nevertheless, across all groups, respondents describe their income as unstable: any price hike, loss of a bonus, or reduction in working hours due to caregiving duties immediately leads to a budget deficit.

In this section, income vulnerability is defined as a situation where wages are low, unstable, or dependent on variable supplements (bonuses, premiums, side jobs), and where any disruption in work or health immediately pushes the household to the brink of a financial shortfall.

According to the online survey, approximately one in three respondents reported a decrease in income, nearly one in three reported no change, and about one in five reported an increase; another fifth remained uncertain. Sector-wise, this manifests differently: the SES and police show the highest fluctuations, “no change” prevails among junior medical staff, education more frequently records stagnation or decline, and critical infrastructure exhibits local “austerity regimes” instead of indexation.

In the security and rescue services, incomes rose due to wartime bonuses at the start of the conflict, but this increase was temporary and inconsistent.

“We were receiving a 30,000 UAH monthly supplement during the first year... Then the funding structure changed.” (Respondent 8, patrol police officer, caring for a 12-year-old son)

“At the beginning of the war, they started paying us a fairly high salary... Now, it’s back to about what it was before.” (Respondent 2, police officer, caring for a child and a father)

In healthcare and education, base pay rates systematically fail to keep pace with workloads and rising prices. In the pre-school education sector, the situation looks like this:

“I have been working for minimum wage for 18 years now.” (Respondent 18, head nurse at a kindergarten, caring for her own teenage children)

One-time municipal supplements do not alter the income structure (for example, the 1,300 UAH in material aid from the city administration in Chernivtsi, as reported by Respondent 10). A common practice is to replace systemic solutions with one-off payments that neither improve working conditions nor reduce the workload. As a teacher from Volyn Oblast put it:

“When they ‘toss’ 1,000 hryvnias your way in June, like you’re a hungry dog, it’s humiliating. I said, ‘I’m not taking this 1,000. I’d rather go pick raspberries or blueberries...’ I expect nothing from the state.” (Respondent 6, teacher, caring for her elderly mother and elderly distant relatives)

Her words demonstrate that instead of reforming the structure, by simplifying access to services or establishing sustainable support mechanisms, the state limits itself to one-off aid.

For junior medical staff, the pressure manifests as chronic underpayment coupled with increased responsibility.

“There’s only the salary, the minimum wage... They give you 500-700 hryvnias for overtime. On average, it comes to about 6,500 hryvnias.” (Respondent 3, hospital attendant, caring for her wounded grandson)

Some are forced to switch to part-time employment because it is the only way to “pick up the slack” in caregiving, but this further slashes their income.

“I actually switched to a half-time position... There are occasional bonuses, but they don’t cover the inflation.” (Respondent 13, emergency physician, caring for an 8-year-old daughter)

Consequently, in sectors where staff substitution is unavailable, any reduction in working hours due to caregiving needs leads directly to a decrease in income.

Critical infrastructure demonstrates a different but related mechanic: formal “hourly” supplements during wartime combined with local austerity regimes that block systemic indexation. When women effectively sustain operations in place of reduced or partially missing staff, pay raises are easily obstructed by informal discriminatory practices.

“I asked for a 4,000 UAH raise... The deputy director brushed it off: ‘Why does she need it? She has a husband, doesn’t she?’” (Respondent 7, critical infrastructure worker, caring for a 12-year-old daughter with a disability)

This constitutes direct gender discrimination in compensation decision-making: the “male breadwinner” trope serves as an informal filter for access to bonuses and raises. It reinforces the “glass ceiling” and the systemic undervaluation of female labour, particularly in caregiving and administrative-operational roles. Additional hours and responsibilities are not monetized, forcing women to subsidize institutional resilience with their own unpaid time.

Low and unstable incomes, coupled with staffing shortages and increased domestic care demands, directly undermine the labour availability of women in critical services, resulting in lost hours, shifts, and readiness. When one in three loses income and only

one in five can keep up with rising costs, the system is essentially financing its “stability” through unpaid female labour. For a comprehensive defence strategy, this signifies a decline in rear-line capacity: fewer people on shift, reduced service accessibility, and higher staff turnover.

To strengthen rear-line resilience within a comprehensive defence framework, systemic changes are required in work organisation, scheduling, substitutions, and compensation within care and critical services. This entails indexing base pay to reflect actual workloads and inflation; establishing funded personnel reserves for temporary staff replacement with clear response time standards; and integrating short-term and overnight respite care into schools, preschools, and hospitals as a core element of security infrastructure. Furthermore, it requires contractual guarantees for predictable schedules, with compensation for fragmented workdays and overtime. Complementary measures include transportation and accompaniment for those with high care needs, backed by protected budgets. Such adjustments directly alleviate household time poverty, restore paid hours to shifts, reduce staff turnover, and bolster the operational readiness of institutions, forming the material foundation for community resilience and the capacity for comprehensive defence.

3.3 Summary of Chapter 3

The full-scale war has made institutional staffing shortages and low, unstable incomes mutually reinforcing: extended working days in schools, preschools, healthcare, police, and critical infrastructure overlap with a surge in domestic care demands. Meanwhile, incomes either stagnate or fluctuate, failing to compensate for inflation or the additional workload. Consequently, women systematically subsidize institutional resilience with invisible labour, both professional and domestic, which diminishes their labour availability and erodes rear-line readiness. For comprehensive defence, this results in lost predictable shifts, deteriorating service accessibility, and rising staff turnover in critical services and care sectors.

Consequently, care must be integrated into security planning as a vital resource of both time and money. This includes predictable temporary staff substitution mechanisms and short-term or overnight care services synchronised with air raid procedures and work schedules, progressive indexation of base pay in care and critical sectors to reflect actual workloads, local compensation schemes for fragmented workdays and additional organisational labour, and eliminating discriminatory barriers to bonuses. This configuration restores paid hours to shifts, alleviates household time poverty, and bolsters institutional readiness, directly strengthening the comprehensive defence strategy.

CHAPTER 4. PSYCHO-EMOTIONAL EXHAUSTION, ANXIETY, AND LACK OF SUPPORT

4.1 Chronic Fatigue, Burnout, and Apathy

Emotional exhaustion is the primary reason for changes in work capacity or professional development for 37% of survey respondents. In their daily lives, these women juggle multiple roles — employee, mother, caregiver, and volunteer — often feeling as though they are carrying the weight of the world on their shoulders. A common thread among all interview participants is chronic sleep deprivation, which, coupled with nocturnal shelling, pushes their ability to perform professional duties to the breaking point.

“The hardest thing right now is when the night is spent under shelling, but in the morning, you still have to get up, put on a smile, and go to work.” (Respondent 16, primary school teacher, caring for two children, the youngest being 2 years old)

Online survey results indicate that a significant portion of women in critical infrastructure work 41-50 hours per week, with seven respondents working over 60 hours. In interviews, respondents speak of doing the work of “two or even three people” since colleagues either left the country or were mobilised:

“I am doing all the same work that two people used to do... Now, I’m doing the job of two.” (Respondent 18, critical infrastructure worker, caring for teenage children)

This is a barrier that cannot be solved by simply increasing funding: there is a genuine shortage of people in both the defence forces and civilian sectors. Other solutions are required here: prioritising care professions, introducing flexible schedules, and engaging local initiatives to alleviate the burden on key female workers. Many in-depth interview participants described a state of emotional burnout where work becomes automatic and the strength to recover is non-existent. The war has only amplified these symptoms, stripping away any sense of stability or recognition. For many women, the greatest exhaustion stems not just from work, but from being left entirely alone with all the household chores and concerns. The absence of a partner or any support turns daily life into an endless “pulling it all off by myself.” A teaching assistant from Poltava, who cares for an infant, a primary-school-aged daughter with a disability, and a 94-year-old grandmother, explained:

“...When I was in the hospital with the infant, my husband would take our older daughter to work with him, and he’d feed Grandma and leave food out for her for the evening. Then I returned home, and I was left completely on my own with two children and Grandma.” (Respondent 15, teaching assistant, caring for a 5-year-old daughter with a disability, a 5-month-old daughter, and a 94-year-old grandmother)

A quote from an interview with an SES employee highlights the difficulty of balancing professional and maternal duties, which leads to profound exhaustion:

“After several deployments under fire, I couldn’t sleep. But my child was waiting for me at home. I had to go to work during the day and sit in the shelter with her at night. I feel like I have three jobs: the SES, being a mother, and being a psychologist for my own child.” (Respondent 14, head of medical service at the SES, caring for a 12-year-old daughter and elderly parents)

This is precisely why they feel emotionally depleted, often working without respite as they strive to support others while remaining unsupported themselves.

“Work in the morning, helping neighbours afterward, then the kids. I simply don’t feel any joy or strength anymore.” (Respondent 5, art teacher, caring for two children and elderly, ailing parents)

In many families, caregiving responsibilities extend to elderly or ailing parents. A critical infrastructure worker from Sumy Oblast shared her experience of weekly trips to a village to care for her mother, who is a wheelchair user:

“Every week, I dedicate time to visiting my parents to handle specific tasks: cleaning, bathing, household chores. If a hospital visit is needed, I take unpaid leave because there is no other way.” (Respondent 19, critical infrastructure worker, non-ambulatory mother, elderly father)

Such testimonies demonstrate how the immense burden of care falls entirely on one individual, forcing them to balance work and family responsibilities. It also highlights the lack of adequate support for caregivers in critical life situations.

4.2 Lack of Time for Self-Care and Guilt Associated with Rest

Almost all respondents report having no time for themselves. Work, children, household chores, and the war consume all their resources. Even a brief rest is perceived as an unattainable luxury. Despite a long day at the workplace, the workday continues at home; there is simply a shift in the type of activity.

“I work until 6:30 p.m., and after 6:30, I begin my household duties.” (Respondent 10, preschool teacher, caring for a 12-year-old daughter, a 72-year-old mother, and a brother with alcohol addiction)

“Time for myself is when everyone is asleep, and I’m still doing a bit of cleaning or cooking for tomorrow.” (Respondent 6, teacher, caring for her elderly mother and elderly distant relatives)

Guilt is often tied to the war: “How can I rest when others are fighting?” Most in-depth interview participants admit that even when an opportunity to rest arises, they cannot bring themselves to take it. Feelings of guilt and shame regarding rest are deeply rooted in their attitude toward labour.

“How can I just lie there when the neighbours are weaving camouflage nets or collecting aid?” (Respondent 6, teacher, caring for her elderly mother and elderly distant relatives)

“Even on my day off, I still think that I should be doing something, because time is also a resource for others.” (Respondent 11, primary school teacher, caring for an 82-year-old mother)

Responses from the online study indicate a persistent buildup of guilt both at work and at home. Their quotes offer a poignant example of the clash between professional and family responsibilities: the struggle to be a “good worker” while simultaneously being a “caring mother.” This state of being torn between two roles is typical for women within the system of the double burden.

“To be honest, it’s become harder to maintain a work-life balance. Sometimes it feels like there’s simply not enough time for everything: work has deadlines and responsibilities, while home demands childcare, cooking, and chores. You’re constantly torn between wanting to be a good mother, a good wife, and a responsible employee. Fatigue builds up, and rest often feels like an unattainable luxury. The hardest part is not burning out emotionally and not losing yourself in this endless cycle.” (Online survey participant comment)

This gives rise to an “ethics of exhaustion”, a readiness to “hold the line” even when strength is gone, which has become the moral norm. The situation is particularly dire in

families where husbands have been mobilised. In these households, women shoulder a triple burden: they work, maintain the home entirely, and raise children single-handedly. One interviewee, a police officer, put it this way:

***“My husband is at the front, the children are at home, and I have to be in both places at once. It’s a constant internal split. And no one asks who is with the children during this time.”
(Respondent 1, police officer, caring for two children, younger son is 2 years old)***

Every interview narrative reflects a total lack of personal time and an inability to delegate care, creating an unending cycle of exhaustion.

4.3 Psycho-Emotional Barriers Women Face in Seeking Help

Some respondents admit that asking for help is difficult for them. They are accustomed to relying solely on themselves to avoid appearing weak or “problematic” to colleagues and management. For many, seeking assistance is seen as a sign of weakness; they are used to being the pillar of support for others, even when they themselves are in need of it.

***“How can I complain when others have it even harder?”
(Respondent 14, head of medical service at the SES, caring for a 12-year-old daughter)***

Although some institutions formally provide access to psychologists, a functional support system is non-existent.

According to the online survey results, 79% of respondents stated they do not seek support from the community, be it psychologists, mutual aid groups, religious organisations, or online communities; while 21% answered in the affirmative. This indicates a low rate of women seeking psychological or social assistance, which may stem from both a lack of accessible services and the internalised mindset of “I must handle it on my own.” Such a trend underscores the urgent need for developing safe and accessible spaces of trust (both offline and online).

Women rely on informal networks (friends, female colleagues, and family) instead of professional help. They have almost no access to professional psychological assistance. While casual conversations with loved ones partially relieve tension, they are no substitute for genuine support.

***“We don’t have a staff psychologist. We support one another.”
(Respondent 13, emergency room doctor, caring for an 8-year-old daughter)***

“We just support one another somehow — we talk, we have a cry, and then it’s back to work.” (Respondent 1, police officer, caring for a 2-year-old son)

In conclusion, balancing careers in socially significant professions with caregiving duties at home is an emotionally and physically taxing task. The war has intensified the burden on women in both spheres of their lives, as they have shouldered the weight not only of their own families but of entire communities: helping others, supporting the elderly, and caring for children and neighbours. Yet, behind this strength lies systemic fatigue and a lack of resources. These women require more than just moral recognition; they need practical support: opportunities for rest, access to psychological aid, stable income, and time for themselves.

4.4 Summary of Chapter 4

The war has fused together three sources of depletion: extended working hours due to staffing shortages, expanded domestic caregiving, and permanent security threats (nighttime air raids, evacuations, power outages). This produces an “ethics of exhaustion,” where rest is morally taboo and physically unattainable. Data confirm the scale: 37% of online survey respondents directly link emotional exhaustion to a decreased ability to work or develop professionally; the largest group works 41-50 hours per week, with seven working over 60 hours; 79% do not seek professional psychological support. Qualitative evidence — working “for two or three,” night shifts followed by domestic care, and a lack of temporary replacement or psychological aid — shows how apathy, guilt over resting, and chronic sleep deprivation translate into a decline in women’s functional readiness and lower service quality in critical sectors.

Therefore, we recommend treating recovery and psychological support as an operational resource rather than a “private matter.” This includes scheduled rest breaks, providing caregivers with brief respites during air raids, ensuring confidential access to psychologists and supervision, and facilitating peer-support groups within teams. We also propose minimal institutional steps: accounting for invisible organisational labour, compensating for fragmented working hours, and setting basic recovery standards. These measures directly reduce chronic fatigue and prevent the loss of professional capacity, restoring system resilience without further burning out women.

CHAPTER 5. BARRIERS TO ACCESSING SOCIAL SUPPORT AND DISTRUST OF STATE INSTITUTIONS

5.1 Information Barriers in Accessing Social Assistance

The issue of accessing information about social support in Ukraine remains one of the least visible yet most tangible challenges for those in need. The experiences of the surveyed respondents show that even those legally entitled to benefits or compensation often do not know where to turn or how to use available resources. Across all interviews, information-bureaucratic barriers typical for caregiving families are clearly evident.

“I travelled to Kovalivka with my child to ask about benefits for her. They turned me away, saying everything is for IDPs. I know I’m entitled to free transportation...” (Respondent 15, primary school teaching assistant, caring for a 5-year-old daughter with a disability, a 5-month-old daughter, and a 94-year-old grandmother)

In short, even when entitled to assistance, women do not receive clear information regarding available programs or benefits.

A respondent caring for a daughter with a disability (Respondent 7) also explained that she learns about specific initiatives by chance or through acquaintances, particularly regarding organisations for parents of disabled children. This indicates that information about support is fragmented and unsystematic: people are forced to find their own pathways to access.

“There is one organisation founded by mothers of children with disabilities... Sometimes they organise leisure activities for the kids, either for free or at a discounted price... This is also a form of help: both for one’s emotional state and for the budget.” (Respondent 7, critical infrastructure worker, caring for a 12-year-old daughter with a disability)

A clinical psychologist (Respondent 4) noted that the majority of her clients have no idea where to turn for help or how to protect their rights. However, she clarified that women seek her services privately rather than approaching social services or state structures. This indicates that official support channels are effectively non-functional; people seek assistance through “personal connections.”

A social worker operating in social services (Respondent 12) admitted that she is unaware of any state or community support programs for people with caregiving responsibilities and has never used them. This is particularly telling, as it concerns a professional who provides social assistance to others; it demonstrates that information channels are failing even the system’s own experts.

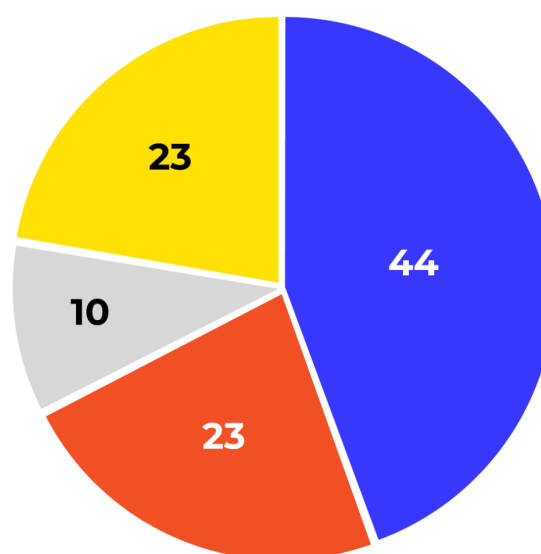
According to the online survey results, the majority of respondents provide care unofficially and lack formal status; those who do hold such status (19%) are primarily individuals caring for young children. Furthermore, 8% of participants indicated that they are completely unaware of whether they are even eligible to apply for such a status.

Regarding support programs provided by the state, social services, or CSOs, it was found that the majority are either unaware of social protection measures (45%) or only superficially familiar with them (23%). Only a small fraction actually uses such support (9% of respondents) (see Figure 5.1).

Figure 5.1. Distribution of responses to the question, “Are you aware of state or local support programs for caregivers?” (%)

**AWARENESS OF
SUPPORT
PROGRAMMES, %**

- Not aware
- Aware, but not using them
- Aware and using them
- Have heard of them, but do not know the details



Notably, none of the survey participants held the status of a caregiver for an elderly person, despite this group being one of the primary recipients of care. This points to a systemic gap between nominal rights and actual practice: existing registration and compensation mechanisms remain excessively bureaucratic and informationally opaque. At the same time, the current support model offers only a small allowance, primarily available to unemployed caregivers, making it economically unfeasible for most families who cannot afford to lose their main income.

For those balancing caregiving with employment, social guarantees are effectively non-functional: to qualify for assistance, one must have no official income for six months, yet the payout fails to compensate for financial losses or incentivise legal status. Consequently, individuals juggling work and care remain outside the support system, lacking compensation, official recognition of their labour, and credit toward their pensionable service. Despite carrying the heaviest workload, they remain the most vulnerable.

5.2 Complexity of Obtaining Statuses and Completing Documentation

The issue of bureaucratic confusion and excessive regulation of procedures is central to the experience of most respondents. For many, obtaining legal status or applying for any social assistance turns into an exhausting and often fruitless process.

Respondent 15 (a primary school teaching assistant), who cares for both her children and her grandmother, described the confusion of trying to obtain caregiver status when the state system prevents combining multiple legal grounds for assistance:

“I don’t have a status. No one grants it to me despite the fact that my eldest child has a disability. And they said that you can’t have two statuses at once... Even though my grandmother can’t hear or see. We also reached out to get a hearing aid: ‘Not through the state, go to private clinics.’” (Respondent 15, primary school teaching assistant, caring for a 5-year-old daughter with a disability, a 5-month-old daughter, and a 94-year-old grandmother)

The woman is effectively denied the possibility of receiving her legal social guarantees: the procedure is convoluted and the system remains inflexible to the family’s real-life circumstances.

Even programs declared as available to all citizens often prove unreachable due to financial or bureaucratic barriers. A primary school teacher (Respondent No. 16) noted that participation in state housing mortgage programs is nearly impossible for public sector employees:

“Take ‘eOselia,’ for example. To get an ‘eOselia’ mortgage, you need to provide a 20% down payment. But where am I supposed to get that? If an apartment costs a million, you have to save up 200,000. I don’t have that kind of money.” (Respondent 16, primary school teacher, caring for two children, the youngest being 2 years old)

While the program exists on paper, its requirements effectively disqualify the majority of potential participants, turning a social initiative into an unattainable “paper” opportunity.

Even securing the right to individualized instruction for a child with a disability requires navigating multiple levels of bureaucracy.

“...you have to get a report from a neurologist... Then the pediatrician issues the final certificate, which you take to the school. But doctors are often reluctant to issue these certificates because they’re afraid of being accused of corruption.” (Respondent 7)

Even when medical grounds are established, actual access to assistance is hindered by formal restrictions and a cumbersome approval system.

Processing the necessary documentation requires significant financial expenditure, even though the family is caring for a person with a Category I disability (resulting from a war wound). Despite this, the state fails to provide free legal assistance.

“We hired a lawyer to help us do everything correctly... For us, with my salary, it’s quite a strain. I think it’s over 20,000 hryvnias.” (Respondent 3, an ICU nursing assistant at a local hospital, caring for her grandson, a veteran with a severe traumatic brain injury)

Consequently, the registration process turns into a costly and gruelling journey that discriminates against low-income families.

A woman working as a social worker (Respondent 12) provided an example of the absurdity of formal rules, even in cases where medical treatment abroad is necessary:

“So, if needed, does your employer grant you leave, or is it sick leave? — No, they can’t issue sick leave for treatment abroad, so I have to use my own annual leave.” (Respondent 12, social worker, caring for her 9-year-old son)

This case demonstrates the complete inflexibility of the system: even when an employee has a verified medical need, the state fails to establish adaptive mechanisms for processing the necessary documentation.

Overall, the interview testimonies indicate that for most people, bureaucracy does more than just hinder access to rights; it fosters feelings of helplessness, distrust, and social injustice.

The respondents’ testimonies demonstrate a crisis of trust in state institutions. Employees in education, healthcare, the police, and critical infrastructure note that the system fails to provide real support, neither material nor moral. A formalistic approach and bureaucratic overload transform state assistance into a symbolic gesture rather than an effective tool.

5.3 Summary of Chapter 5

The results of the online survey and in-depth interviews indicate that the care sector in Ukraine remains largely invisible and informal; most women perform caregiving duties without official status or social guarantees. Low awareness of state or community support options, combined with the bureaucratic complexity of procedures, effectively bars many individuals from receiving the assistance to which they are entitled.

To support those with caregiving responsibilities, it is advisable to legally guarantee their right to flexible working hours and short-term leave, and to create a unified information portal covering all assistance programs and tools. It is crucial to organise social support services for families in the security and defence sector and to develop local care services for children, the elderly, and persons with disabilities.

CHAPTER 6. “WE ARE HOLDING THE COUNTRY TOGETHER”: WHEN “RESILIENCE” RELIES ON INVISIBLE CARE

6.1 Fatigue, Responsibility, and Indispensability

The stories of the women interviewed vividly illustrate the ‘double burden’ of professional and domestic life, where the boundaries between the two are virtually non-existent. For instance, an experienced art teacher working within the educational system is also a mother of three, with her eldest son currently missing in action. Simultaneously, she cares for her elderly parents, aged 75 and 80 (Respondent 5). Despite a long workday (from 8 a.m. to 5 p.m.), she must often prepare for the next day's lessons at home. At the same time, she manages a vast array of caregiving duties: parenting (schooling, nutrition, safety, and activities), looking after her parents with chronic illnesses, managing the household for the entire family, including her husband, and tending to pets.

“I wouldn’t even call it a duty, it’s just life.” (Respondent 5, primary school teacher, caring for two children and elderly, ill parents)

She views this not as labour but as a core part of her identity, yet at the same time, she confesses:

“First and foremost, there isn’t enough time. I just want maybe twenty minutes to sit, look out the window, and do absolutely nothing.” (Respondent 5).

An in-depth interview participant, who has worked as a nursing assistant for 29 years (24 of them in the ICU), performs gruelling, routine, yet vital work that she views as her duty. Her daily labour is an example of low-wage care work that blends humanity with exhaustion. It represents a form of state care delegated to older women:

“Patients must be fed, washed, and cleaned up after. We understand ourselves that this is our duty... If the patients are stable, we might be able to lie down for a bit. But if they are in critical condition or bedridden, then sleeping is practically impossible.” (Respondent 3, ICU nursing assistant, caring for her veteran grandson with a severe traumatic brain injury)

Thus, this woman performs work that is socially vital yet largely inconspicuous, labour that society has become accustomed to ignoring, despite its indispensability. The words of this emergency medical doctor can be seen as the ethical credo of the Ukrainian women's home front:

“We are doing a phenomenal job. Everyone — cleaners, teachers, doctors — all of us. We just don't see it. But we are

holding this country together.” (Respondent 13, emergency doctor, caring for an 8-year-old daughter)

A primary school teacher (Respondent 11) also speaks about the expansion of professional duties: in wartime conditions, teachers are no longer just educators; they have become psychologists, security guards, and logisticians. She is responsible for the children’s safety in bomb shelters, as well as their emotional comfort and adaptation. Meanwhile, her salary has decreased due to the elimination of bonuses: specifically, she noted the removal of the “prestige bonus” and an overall pay cut despite a significant rise in the cost of living.

The primary motivation for most respondents is their duty toward their loved ones, rather than hope for change. A quote from a schoolteacher is particularly telling:

“We are holding the country together, but we ourselves are barely holding on.” (Respondent 6, primary school teacher, caring for her elderly mother and elderly distant relatives)

6.2 The Intersection of Paid and Unpaid Care Work

The war has definitively erased the line between work and home. Teachers, police officers, social workers, and healthcare professionals all describe a single cycle of care, where professional duties bleed into domestic life and vice versa.

“In the police, I look after the citizens’ safety, and at home, I look after my family’s survival.” (Respondent 2, patrol police inspector, daughter 12, father post-stroke with dementia)

“At work, I listen to other people’s stories; at home, I listen to my mother’s tears.” (Respondent 4, clinical psychologist at a hospital, caring for a 7-year-old son and a 77-year-old mother)

Paid labour provides a minimal income, while unpaid labour provides moral meaning. This duality creates a sense of powerlessness, yet simultaneously offers a moral justification to keep going.

“I have to keep pushing so that my pension will be higher; otherwise, it won’t be enough to pay for my mother’s medicine.” (Respondent 6, teacher, caring for her elderly mother and elderly distant relatives)

Thus, paid work serves as a source of resources for unpaid labour, while unpaid labour provides the moral meaning for paid work. This lies at the heart of the care economy paradox: both forms of labour mutually sustain and deplete one another.

For a police officer from Rivne, the main moral dilemma is the choice between career and motherhood. She consciously turned down a leadership position to ensure she could be there for her child.

“I was offered a position as head of the sector, but I turned it down. It requires being on duty constantly; you have to be reachable at all times. For a mother of a young child, that’s just not realistic.” (Respondent 1, police officer, caring for a 2-year-old son)

A police officer from Kryvyi Rih (Respondent 2) is constantly balancing three dimensions of responsibility: professional service, motherhood (caring for her daughter), and filial duty (caring for her father following a stroke). She knows that she cannot afford even a moment of weakness.

“Every day I have to be rushing somewhere, regardless of how I feel, whether I’m sick or not, whether I want to or not. Even if I wanted to have a coffee with friends, there’s just no time. It turns out that I’m not living my own life.” (Respondent 2, police officer)

officer, caring for a 12-year-old daughter and a father with post-stroke dementia)

Her service and the care for her father symbolise the intersection of two levels of defence: the state and the home. At the same time, she does not view this as a heroic feat and expects no gratitude:

“My work is recognized by those who matter to me. For me, that is what counts the most.” (Respondent 2, police officer, caring for a 12-year-old daughter and a father with post-stroke dementia)

An interview with a pediatric nurse demonstrates how unpaid domestic care (the mother's), which involves caring for two children, compensated for the systemic lack of state support. She openly admits that she “survived thanks to family help”; otherwise, balancing work and two children would have been impossible:

“I’m on my feet all day. And at home, I have to cook and help with homework. I don’t even have time to just sit down.” (Respondent 18, head nurse at a childcare facility, caring for teenage children)

She herself articulates the paradox: she performs two caregiving roles simultaneously, one for pay and one “for conscience”, yet the state fails to recognise either as fully valid. Despite the sacrifices inherent in balancing professional and domestic care, women are beginning to redefine their roles. Healthcare workers, social workers, and teachers are starting to speak out about their right to rest. The primary moral dilemma for an interviewee from Cherkasy Oblast (Respondent 4) is how to remain caring without losing herself. She realises that the traditional model of the female role, the “mother who always must”, is no longer viable.

“My mother worked her whole life without any rest. But I said: next year, we are not planting any gardens! I want to live a woman's life — working with pleasure, not under duress.” (Respondent 4, clinical psychologist at a hospital, caring for a 7-year-old son and a 77-year-old mother)

A shift is occurring in the perception of care, where self-care is viewed as a prerequisite for caring for others.

“I told my mother, ‘I work when I want to, and I rest when I want to.’ People look at me and say, ‘How can this be? Everyone is out in the garden, and you’re just sitting there, shelling seeds?’ And I say, ‘Yes, exactly!’” (Respondent 4, clinical psychologist at a hospital, caring for a 7-year-old son and a 77-year-old mother)

In conclusion, the new vision of care is a woman who has the right to rest and to pleasure.

6.3 Summary of Chapter 6

The stories outlined attest to the fact that women caregivers perform double (and in some cases, triple) labour that is morally profound yet structurally invisible. Collectively, they constitute the moral dimension of a country at war.

Women's paid care work (as nurses, teachers, police officers, or critical infrastructure workers) acts as an extension of their unpaid labour (as mothers, wives, and daughters). As the boundaries between these spheres blur, women remain in a perpetual state of self-sacrifice. While both forms of labour are rooted in the moral values of care, neither is reinforced by adequate social guarantees.

Women sustain families and support communities, yet they remain without a foundation of support themselves, pushed to the brink of exhaustion. This is a quiet form of heroism that holds society together, yet society has not learned to care for those who care.

To strengthen the social protection of caregivers, it is essential to recognise this labour as a component of comprehensive national defence, formally establishing its legal status, social guarantees, and the principle that “care is security.” It is crucial to develop financial support mechanisms, such as social vouchers and allowances, alongside a “respite care” system for caregiver relief. Coalitions must be formed to lobby for legislative changes, ensuring that women’s caregiving experiences are integrated into civil defence programs and public communications. Supporting women in the care sector must be treated as a vital element of Ukraine's national resilience and security.

CHAPTER 7. EVERYDAY PRACTICES OF SELF-ORGANISATION, MUTUAL AID, AND SURVIVAL

In response to the lack of state support, limited access to social services, and constant crises, people are developing their own informal strategies for self-organisation, mutual aid, and survival. These strategies enable them to sustain themselves, their families, and their communities even under the most challenging circumstances.

7.1 Self-Organisation

Self-organisation is one of the most common survival strategies. Within many professional collectives, women establish their own mechanisms of support and flexibility, which partially substitute for state-run aid structures.

Teachers, educators, and nurses coordinate shifts, arrange for substitutions, and share child-rearing responsibilities.

“We made an arrangement: I pick up the kids today, and tomorrow my colleague does it. Because everyone has children, and everyone is working.” (Respondent 5, primary school teacher, caring for two children and elderly, ailing parents)

This allows small teams to function even when some staff members cannot be present. Such temporary substitutions keep institutions running; however, the entire system relies on personal solidarity rather than organised policy.

The situation within law enforcement is similar: official support mechanisms are virtually non-existent, and it is colleagues who back each other up during critical moments. Support comes from peers after shellings: they handle daily chores together, share resources, and try to alleviate psychological pressure. In the police, colleagues coordinate “flexible shifts.”

“We don’t assign night shifts to those with small children. We make these arrangements ourselves because management doesn’t always understand.” (Respondent 2, patrol police inspector, caring for a 12-year-old daughter and a father with dementia)

In the conditions of war, neighbours have often become an “extended family.” A teacher from Volyn shared how, following the mobilisation or departure of many families, elderly people were left alone in the village.

“In my village, there are elderly people left without their children, as they are either at the front or have moved away. I brought them groceries and helped with household chores. It felt like a duty because otherwise, they would have been left

entirely on their own.” (Respondent 6, teacher, caring for an elderly mother and elderly distant relatives)

A woman effectively performs multiple caregiving roles, tending not only to her own family but also to her community, taking on the responsibility for isolated elderly people who have been left without support.

Consequently, conscientious neighbours, most often women, effectively stepped in for state social services. This serves as an example of the power of local communities, but also as a symptom of a system that abdicates its responsibility, shifting the burden onto the invisible labour of citizens.

Due to the lack of official assistance, many women have taken it upon themselves to organise volunteer initiatives.

“We formed a small group to support our wounded colleagues and their families. Because from the state there is only silence.” (Respondent 13, emergency doctor, caring for an 8-year-old daughter)

Police officers and medical workers are establishing their own circles of support.

“...there is a large segment of the police community involved in volunteering, mostly former officers. They are ready to go anywhere. When it concerns former colleagues, they mobilise incredibly fast; the community supports its own. This also applies to the wounded and the fallen. Such expenses, as a rule, do not fall on the families.” (Respondent 20, police officer)

Volunteering often serves as a substitute for psychological support.

“When things get tough, we go and help others. It keeps you grounded better than any therapy.” (Respondent 18, nurse at a children’s facility, caring for adolescent children)

7.2 Domestic Support Systems

For a long time, care work has relied on kin-based mutual aid networks. Domestic support systems play a decisive role in the lives of some study participants, if not for the help of their mothers, they would be unable to work.

“And effectively, my mother voluntarily went into ‘slavery’ to look after the child for us.” (Respondent 8, patrol police officer, caring for a 12-year-old son)

“...if my mother had stayed back there (in the occupied territory), I wouldn’t have been able to balance it (with work).” (Respondent 9, border guard, caring for a 7-year-old daughter; mother is 67)

There were numerous cases where female police officers were forced to send their children abroad; if they remained in service, the responsibility for care was shifted onto their parents:

“One of my colleagues sent her parents away; both she and her husband are in service. They sent their child to Europe with the grandparents and only brought the kid back literally this year, so they could start first grade in Ukraine. So, for three years, the child lived without their parents.” (Respondent 20, police officer)

Consequently, the situation becomes significantly more complicated when both parents are in service. In such cases, couples are forced to rely solely on the help of relatives; if that is not possible, one of them must resign. This once again demonstrates that the security and defence sector must have support mechanisms in place that allow for the reconciliation of motherhood and service.

In some families, two generations of caregivers form a “female care economy” that effectively replaces state services. All support networks have a distinct gender dimension: women help women, daughters take on the roles of “little housekeepers,” and female neighbours look after the elderly. Thus, even in solidarity, inequality is reproduced: the burden of support is distributed horizontally but remains exclusively female.

7.3 Individual Recovery Strategies

The online survey included questions regarding the recovery strategies the respondents used (see Figure 7.1).

Figure 7.1. Recovery strategies of online survey participants (in absolute values)



As seen in the chart, the most common recovery strategies respondents used are active physical practices, rest and sleep, as well as “small treats for oneself.” It is worth noting that the “small treats” option encompasses not only the pursuit of positive self-care (such as rest, walks, or hobbies) but also strategies of a dubious nature, such as “a glass of wine or beer with friends.” Ranking third in prevalence (42%), this response may indicate the formation of certain negative or ineffective stress-coping mechanisms.

Interview participants also demonstrated a desire for active and relaxation-based practices: for instance, an emergency doctor actively uses yoga, meditation, running, and reading as ways to reduce stress:

“For me, sports and yoga work... I also practice contrast showers. I read literature. That is my free time.” (Respondent 13, emergency doctor, caring for an 8-year-old daughter)

Survival strategies create short-term resilience but run on the edge of exhaustion. This is not an extra “resource” for comprehensive defence, but a reserve that is quickly burning out — often without replenishment. Real comprehensive defence means turning these horizontal practices into formal support: municipal care programs, flexible schedules in critical sectors, and systemic support for families of the mobilised. Only then can informal networks become sustainable infrastructure.

7.4 Summary of Chapter 7

Informal practices partially compensate for the lack of state services: mutual shift swaps, expanded support circles of neighbours and grandmothers, volunteer initiatives by police and medics, and individual recovery strategies. They ensure a basic manageability of daily life (a child is picked up, an elderly person is fed, a department has the necessary minimum staff), but they rely on women's unpaid labour, private expenses, and the moral obligation to "hold on." Such informal support has a very limited resource and is rapidly depleted. As a result, women's labour availability decreases, exhaustion grows, and institutions de facto plan their work based on a resource that formally does not exist. For comprehensive defence, this signifies the fragility of the rear: the system depends on incidental networks instead of guaranteed services.

Therefore, it is crucial to shift self-organisation from the realm of heroism to the realm of policy: integrating local networks into formal services through micro-grants for communities and institutions to organise short-term care and emergency groups; establishing designated support coordination points at schools, preschools, clinics, and police stations, complete with a designated officer, staff substitution schedules, and access to transport support; institutionalizing volunteer circles (memoranda between institutions and CSOs, expedited procurement channels for basic aid kits); introducing short-term care vouchers and legal aid for families of the mobilised; and formalising flexible work schedules and guaranteed breaks/rest days for female employees in critical services. These are minimal yet systemic steps that translate horizontal practices into predictable infrastructure, reducing women's invisible costs and strengthening the capacity for comprehensive defence.

CONCLUSIONS AND RECOMMENDATIONS

In conclusion, this report positions care not as a backdrop to the war, but as its very infrastructure: without predictable care for children, the elderly, and people with disabilities, life schedules fail to align with work hours, causing comprehensive defence to lose vital hours, shifts, and personnel in critical sectors. The “double burden” of women, paid work within institutions and invisible labour at home, currently effectively subsidises the state’s operations. However, this reserve is not infinite: an overstretched workday quickly converts into burnout, turnover, and a decline in service quality, undermining the rear’s capacity to withstand prolonged strain.

Consequently, the challenges of balancing work and care have significant implications for both the economy and comprehensive defence. When this balance becomes harder to maintain, fewer people can work full-time or participate in volunteer and defence initiatives. This reduces the effectiveness of mobilisation and economic resilience: those who could serve as a reserve or work in critical sectors remain “tied” to domestic care. For comprehensive defence, this is a clear signal: without caregiving infrastructure, it is impossible to unlock the full potential of labour and mobilisation resources. In high-threat military zones, people are significantly more exhausted by the dual burden of care and work compared to those in relatively safe regions. The fact that western regions can more easily maintain basic care routines, due to less destruction and more stable institutions, means they can serve as a “resilience reserve” for the country. It is advisable to develop additional care infrastructure there to accommodate and support more military and IDP families. However, this in no way removes the need for dedicated support programs in the most affected regions. Areas where balancing work and care is most difficult (Kyiv, East, North) require enhanced measures: childcare spaces in shelters, mobile social services, and community aid for vulnerable groups. The difficulty of reconciling work and care exacerbates stress and burnout among caregivers, reducing their psychological endurance and, consequently, the resilience of their communities.

Time is a key resource for defence. In the absence of short-term and overnight care services, staff substitution mechanisms, and predefined protocols for adjusting work schedules during air raids and power outages, each subsequent wave of pressure reduces the total hours worked and forces women to switch to part-time employment or quit altogether. Income and caregiving mutually reinforce vulnerability: without institutionally guaranteed time for care and recovery, even pay raises fail to alleviate the burnout and chronic time poverty. Furthermore, the lack of personnel and reliable substitution schemes turns minor disruptions into a chronic loss of capacity. Informal gender barriers add further inertia: when promotions and bonuses are blocked by appeals to the “male breadwinner” myth, the system loses both motivation and fairness, precisely where women are effectively sustaining the process.

Horizontal self-organisation — informal peer substitutions, neighbourhood networks, and small volunteer circles — has proven effective as a temporary pillar, but it depletes private reserves of time, money, and health. It must be shifted from the realm of heroism to the realm of policy: into short-term and overnight care near the home, into funded personnel reserves for temporary substitution with clear response standards, and into contractual

predictability of schedules and pay for fragmented workdays. A single information pathway to statuses and benefits, coupled with free primary legal support, is as much a defence investment as logistics or shelters: it restores real access to rights and releases hours currently lost to bureaucracy.

In conclusion, integrating care into the planning of comprehensive defence is not a humanitarian add-on, but a prerequisite for the rear's operational readiness. Where care infrastructure and staff substitution mechanisms exist, the result is additional hours worked, lower staff turnover, faster personnel rotations, and higher psychological endurance within communities. Put simply: by investing in care, the state directly invests in the endurance of its defence.

To transform the invisible "second shift" into a managed home-front capability, what is needed is not a set of good intentions, but a coordinated policy where care for those in need is planned as rigorously as shelters, staff schedules, and logistics. Based on our data, we propose a framework for action that various actors can implement simultaneously, each within their area of responsibility, to reclaim lost hours, reduce staff turnover, and enhance the readiness of critical services.

The state, represented by the CMU and the VRU, must establish care within the comprehensive defence framework as a distinct policy with both short- and long-term funding. This includes indexing base pay for caregiving and critical professions, mandating rights to flexible schedules and short care-related leaves, providing compensation for fragmented workdays (where hours are split into several shifts), and creating personnel reserves for temporary staff substitution. Sectoral ministries (Ministry of Education, Ministry of Health, Ministry of Internal Affairs, SES, Ministry of Social Policy) must standardise a security and time-management "perimeter": shelters with childcare spaces, extended or "on-call" hours, day centres for short-term and overnight care at hospitals and key institutions, regular psychological support for personnel, and management key performance indicators (KPIs) focused on staff retention and well-being.

The Ministry of Social Policy, in coordination with the Ministry of Digital Transformation, should revise the criteria for granting caregiver status to allow for multiple statuses within families where a confirmed need for care exists for more than one person. Simultaneously, a clear enrolment mechanism must be established, available via the online portal and through in-person navigation at ASCs and clinics, supported by free legal assistance to ensure families do not lose their right to aid due to the system's formal constraints.

Local self-government bodies should deploy municipal "care hubs" closer to home: vouchers for short-term care (2-4 hours) and temporary overnight care services; emergency groups at kindergartens and schools; and social taxis and accompaniment services for those requiring extra support, especially in rural areas. They must synchronise educational schedules with approved air raid protocols and shelter usage (planning the duration of lessons, breaks, and extracurricular activities to account for evacuation time, time spent in shelters, and returning to learning). Additionally, local registers for temporary staff substitution should be established, alongside rapid micro-grants for

NGOs that fill service gaps. Employers in critical infrastructure (including public health facilities, schools, municipal enterprises, and police, SES, and border guard units) must plan work schedules to ensure employees have guaranteed time windows for caregiving responsibilities. They should implement transparent, pre-announced schedules and clear mechanisms for temporary substitution without financial or disciplinary penalties. Furthermore, they should organise short-term care either at or near the workplace during air raids, and conduct regular audits of workload distribution and gender pay equity.

NGOs and volunteer networks can scale horizontal mutual aid into formal services: peer support groups for caregivers, volunteer respite services, and legal clinics for securing statuses, all in partnership with communities, schools, and hospitals, and with safeguards against burnout. Business and unions can strengthen the rear through corporate short-term care services, cost reimbursements, flexible policies (remote/shift-swap), and collective agreements that guarantee scheduling stability and pay for overlapping shifts. International partners should shift focus from funding only physical reconstruction to investing in labour and people: short-term and overnight care, personnel reserves for temporary substitution, psychosocial support for staff, and digital registries with measurable indicators, such as reduced turnover, increased hours worked, and a decrease in unfilled shifts.

This is not a social welfare package; it is defence management. When care is institutionalised, the system gains stable shifts, predictable rotations, and resilient communities. In other words, investments in care convert directly into the capacity for comprehensive defence: into the time, people, and readiness without which the home front cannot sustain itself for long.

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APPENDICES

Appendix A. Nationwide Survey Questionnaire

O5. Do you provide care for family members or close persons, and if so, for whom exactly?

- A child under 6 years old
- A child aged 7–12
- A child aged 13–17
- A child with a disability
- An adult with a disability who requires ongoing care
- An older person who requires ongoing care
- A service member or veteran with health-related needs
- Other (please specify)
- No, I do not provide care
- Difficult to say / prefer not to answer (DO NOT READ ALOUD)

O6. Do you work in any of the following sectors?

- In a healthcare facility (outpatient clinic, hospital, military hospital, emergency medical service, rehabilitation centre)
- In a social protection or social work institution
- In a preschool or primary education institution
- In a critical infrastructure enterprise or institution (energy, transport, communications and telecommunications, information technologies, food security, financial and banking sector, chemical and nuclear industries, public administration)
- In the State Emergency Service (SES) or the police
- I do not work in any of the listed sectors

O7. Since the start of the full-scale war, has it become easier or harder for you to combine work and caring responsibilities for close persons?

- Combining work and care has become easier
- Combining work and care has become harder
- Nothing has changed
- Difficult to say (DO NOT READ ALOUD)

O8. Based on your personal experience, to what extent do your workplace, HR policies, and your employer's approach allow you to combine work and family responsibilities? For example, how easy is it to take time off to address family matters or to work flexible hours?

- Fully allows
- Rather allows
- Rather does not allow
- Does not allow at all
- Difficult to say (DO NOT READ ALOUD)

Appendix B. Online Survey Questionnaire

Welcome!

We are conducting a study on the role of care work—both paid and unpaid domestic care—in sustaining societal resilience during the full-scale war. If you work in the civil protection system, the police, critical infrastructure enterprises, or in the fields of education, social work, or healthcare, we invite you to take part in this survey.

The survey will take approximately 10 minutes to complete. Your participation is anonymous, confidential, and voluntary. All responses will be analysed in aggregated form only. If you would like to receive the results of the study, please indicate this at the end of the questionnaire.

This survey is conducted as part of the project **“A Gender Approach in the Context of Comprehensive Defence”**, jointly implemented with the SCO **Expert Resource Gender in Detail**, with the support of the Swedish Institute and the Swedish International Liberal Centre (SILC).

We sincerely appreciate your participation!

GENERAL INFORMATION

1. *Please indicate your gender*

- Female
- Male
- Other

2. *Age*

- 18–29
- 30–39
- 40–49
- 50–59
- 60 +

3. *Marital / relationship status*

- Married
- In a partnership / civil union
- Divorced
- Widowed
- Not in a relationship
- In a relationship or married, but not living together

4. *Place of residence*

- Regional (oblast) centre
- City / town
- Urban-type settlement
- Village

5. Please indicate your region of residence

North (Kyiv, Zhytomyr, Chernihiv, Sumy oblasts)

Central (Vinnytsia, Cherkasy, Poltava, Kirovohrad oblasts)

East (Kharkiv, Donetsk, Dnipropetrovsk, Zaporizhzhia oblasts)

West (Lviv, Ivano-Frankivsk, Ternopil, Zakarpattia, Chernivtsi, Rivne, Volyn, Khmelnytskyi oblasts)

South (Odesa, Mykolaiv, Kherson oblasts)

6. Are you an internally displaced person (IDP)?

1. Yes

2. No

SECTION 2. EMPLOYMENT

7. Do you work in any of the following sectors? (Please select one answer.)

State Emergency Service or the police

Critical infrastructure enterprises: energy / transport / communications and telecommunications / information technology / chemical and nuclear industries, etc.

Education (early childhood education)

Education (primary school)

Education (lower and upper secondary school)

Healthcare (physician)

Healthcare (junior medical staff)

Social work or social protection

Specialized care institutions for older persons and/or persons with disabilities

Private care services: nanny, caregiver, or companion

Other (please specify): _____

I do not work in any of the listed sectors (**End the survey**)

8. Type of employment

Formal full-time employment (working 8 or more hours per day)

Formal part-time employment (working less than 8 hours per day / secondary employment)

Self-employment / sole proprietor

Temporary or occasional work / side jobs / internship

9. Have you changed your place of work due to the war?

No, I remained in my previous job

Yes, I relocated but continue to work in my field

Yes, I relocated and changed my profession

10. What was the average actual length of your working week (in hours) during the last working month? Please include all work shifts, including on-call duties, overtime, and night hours, if applicable.

Less than 20 hours

21-30 hours

31-40 hours

- 41-50 hours
- 51-60 hours
- More than 60 hours

11. Which of the following is characteristic of your work (at least once a week)? Please select all that apply.

- Overtime work / irregular working hours
- Unpredictable working hours (may be called in to work)
- Evening or night work
- Work on weekends (Saturday and Sunday)
- Other (please specify): _____
- None of the above

12. How have your personal earnings from paid work changed since the start of the full-scale invasion?

- My earnings have increased
- My earnings have decreased
- My earnings have not changed
- Difficult to say

13. Please rate the following characteristics of your workplace using a 5-point scale, where 1 means the option is not available and 5 means it is highly available. Please respond to each item (circle the appropriate number).

Ability to independently choose the start and end time of the working day

1___2___3___4___5

Ability to work remotely (fully or partially)

1___2___3___4___5

Access to leave during the summer period or school holidays

1___2___3___4___5

Ability to easily arrange sick leave to care for a child

1___2___3___4___5

Availability of subsidized health and recreation programs for children (camps, sanatoriums, etc.)

1___2___3___4___5

Ability to bring a child to the workplace in exceptional cases

1___2___3___4___5

Provision of psychological trainings or activities aimed at emotional recovery

1___2___3___4___5

14. In your opinion, does your professional activity receive adequate recognition from society?

- Yes
- No
- Difficult to say

15. Has your workload increased since the start of the full-scale invasion?

Please rate the following aspects using a 5-point scale, where: 1 — No change in workload, 2 — Slight change, 3 — Noticeable increase, 4 — Significant increase, 5 — Very strong increase.

Work intensity (increase in the volume of tasks) 1___2___3___4___5

Mental strain (stress, emotional exhaustion) 1___2___3___4___5

Length of the working day (staying at work longer) 1___2___3___4___5

Number of days off (reduced opportunities for rest) 1___2___3___4___5

16. Since the start of the full-scale invasion, has it become harder for you to combine work and family responsibilities?

Yes, it has become harder

No, there have been no changes

No, it has become easier

17. If it has become more difficult, what specific challenges have you faced in combining work and family responsibilities?

18. Which household responsibilities do you perform? (Please select all options that apply.)

House cleaning (mopping floors, cleaning the bathroom and kitchen, washing windows, taking out the trash)

Laundry and clothing care (washing, ironing, folding)

Meal preparation and meal planning

Grocery shopping and household supplies management (food, sanitation and hygiene products, medicine stock)

Childcare (hygiene, feeding, sleep, illness care)

Accompanying children (transport, kindergarten/school/extracurricular activities, leisure)

Organizing a child's social life (birthday celebrations, communication with teachers/other parents, medical visits/vaccinations)

Home maintenance and technical tasks (minor/major repairs, changing light bulbs, preparing for blackouts)

Car maintenance (fuelling, technical inspections, repairs, car washing)

Financial and legal matters (paying bills, household budgeting, administrative paperwork)

Care for dependent relatives or pets

Planning family leisure and social life (vacations, trips, meeting friends, relations with neighbours)

Emotional support for family members (maintaining relationships, conflict resolution, organising family events)

Other (please specify): _____

19. Are there people who depend on you in everyday life?

(That is, people whom you regularly assist with daily activities such as cooking, cleaning, shopping, medication reminders, accompanying them to medical appointments, etc. These may include children, older relatives, partners, neighbours, acquaintances, etc.)

Yes (**proceed to the section on unpaid care work**)

No (**proceed to the final section of the survey**)

SECTION 3. CARE FOR OTHERS / UNPAID CARE WORK

20. Do you have official recognition of your caregiving role? *(For example, an officially registered status obtained through social services, such as a caregiver, custodian, or legal guardian.)*

Yes, I have an officially registered status

No, I provide care informally

I do not know whether such a status can be obtained

Other (please specify):

21. Whom do you provide care for? *(Please select all options that apply.)*

A child / children under the age of 7

A child / children aged 7–12

A child / children under the age of 18

A child with a disability since childhood

Older persons

Persons with disabilities (or persons without a formal disability status who require assistance)

Injured persons or persons with disabilities as a result of the war

Family members who have returned from the front

22. How often do you perform caregiving duties?

Daily

Several times a week

Once a week or less often

Difficult to say

23. Have your household caregiving responsibilities affected your work?

Yes, I switched to part-time work

Yes, I had to leave my job

Yes, I had to change my place of work

No

24. Are there people in your immediate environment who help you with caregiving?

Yes

No

25. If yes, who are these people to you? *(Please select all options that apply.)*

Close relatives (parents, children, siblings, in-laws)

Partner / spouse

Paid workers (nannies, nurses)

Friends or neighbours

Social worker / assistant to a child or veteran / other support provider acting within official duties (social services, support programs)
Volunteers / NGOs / charitable organisations / international support programs
Medical professional (e.g., nurse, home care or visiting nursing service)
Other (please specify): _____

26. Have your caregiving responsibilities for close persons increased since the start of the full-scale invasion? (For example, you began caring for additional family members or started spending more time on caregiving.)

Yes, new people have been added to those I care for
Yes, the volume of care responsibilities for those I previously cared for has increased
No, the situation has not changed
Difficult to say

27. How has providing caregiving affected your income and career since the start of the full-scale invasion? (Please select all options that apply.)

Caregiving responsibilities have not affected my income or opportunities for professional advancement
My income has decreased
I have completely lost my source of income
I was forced to change to a lower-paid job
I had to give up additional jobs, freelance work, or projects
I am unable to work full time
My opportunities for professional development are limited
Difficult to say
Other (please specify): _____

28. Have your opportunities to work or develop professionally changed since the start of the full-scale invasion?

Yes
No
Difficult to say

(For respondents who answered "Yes" only):

29. Question for those who answered "Yes" to the previous question: What specifically contributed to these changes? (Please select all options that apply.)

Childcare responsibilities
Care for elderly or ill relatives
Job loss due to other circumstances
Displacement / evacuation
Emotional exhaustion / stress
Other (please specify): _____

30. Have your caregiving responsibilities for close persons limited your career opportunities (e.g., promotion, job change, professional development)?

(Please rate on a scale from 1 to 5, where:)

- 1 — Completely limited / made professional growth impossible
- 2 — Limited to a significant extent
- 3 — Partially limited
- 4 — Limited to a minor extent
- 5 — Not limited at all

31. Are you aware of any national or local support programs for people who provide care for others? *(For example, financial assistance, free consultations, training programs, benefits, etc.)*

- Yes, I am aware of such programs and use them
- Yes, I am aware of such programs but do not use them
- I have heard about such programs but do not know the details
- No, I am not aware of such programs

32. In your opinion, what would make it easier for you to combine paid work and caregiving? *(Please select all options that apply.)*

- Flexible working hours
- The possibility to work remotely
- Accessible and high-quality care services (e.g., kindergartens, day care centres for older persons, etc.)
- Financial support from the national or local authorities
- Social services (e.g., a social worker, temporary/respite care)
- Tax benefits for people with caregiving responsibilities
- Understanding and support from the employer
- Psychological support / counselling
- More information about available support programs
- Other (please specify): _____

33. What is the main difficulty you face in combining paid work and caring for close persons?

34. In your opinion, does society sufficiently value and recognize the importance of unpaid domestic care work?

- Yes
- No
- Difficult to say

FINAL SECTION

35. Do you seek support from community resources (such as psychologists, peer support groups, religious or online communities, etc.)?

- Yes
- No

36. Please rate, on a 5-point scale, how much time you have for rest:

- 1 — I have no time for rest at all

- 2 — I very rarely have free time
- 3 — I sometimes have free time, but not enough
- 4 — I usually have enough free time
- 5 — I have regular and sufficient time for rest

37. Which strategies do you use for recovery and self-care? *(Please select all that apply.)*

- Physical activity (sports, walking outdoors, yoga/stretching/Pilates/dance, breathing practices, etc.)
- Rest and sleep (night sleep, daytime rest, simply lying down)
- Spending time alone (reading, meditation, quiet time, solitude)
- Social interaction and support / spending time with others (friends, family, conversations, board games, video calls)
- Cultural and digital leisure (listening to podcasts, watching films, social media, scrolling on the phone, TV series, YouTube, video games)
- Body care (baths, skincare routines, massage, visits to a barber/hairdresser, spa, etc.)
- Hobbies and creative activities (handicrafts, singing, music, drawing, gardening, etc.)
- Small pleasures for yourself (favourite foods, sweets, a glass of wine, beer with friends, shopping, etc.)
- Travel and change of environment or activities (even short trips, weekend excursions, museums, city walks, working in the garage, making or fixing things, rearranging furniture, etc.)
- Planning personal time (a weekend without obligations)
- Volunteering / helping others (community clean-ups, improving shared spaces, walking dogs from shelters, etc.)
- Nothing helps / I do not do anything — I have no energy
- Other (please specify): _____

If, after completing the survey, you would like to share your story in more depth, we would be glad to speak with you in an anonymous interview (if you wish).

Please leave your phone number, email address, or other contact details below.

Thank you for your time and for sharing your experience!

This survey is conducted as part of the project “Gender Approach in the Context of Comprehensive Defence”, implemented jointly with the CSO “Expert Resource Gender in Detail”, with the support of the Swedish Institute and the Swedish International Liberal Centre. Within the framework of this project, seven research teams are working on different aspects of societal resilience and gender equality in the context of security challenges and war.

Our research team — Tetiana Konovalova, Daryna Korkach, and Tetiana Medyna — is focusing on the role of care work in strengthening societal resilience during wartime.

If you are interested in learning about the results of this study, please indicate this in the question below:

- **Yes, I would like to receive information about the results** (please provide your email address)
- **No, I am not interested in receiving the results**

Appendix C. In-depth Interview Guide: “Care Work in Times of War”

INTRODUCTION	2 minutes
<p>Purpose: To prepare respondents for the interview</p>	<p>Welcome!</p> <p>We are a research team implementing the project “Gender Approach in the Context of Comprehensive Defence” in cooperation with the CSO “Expert Resource Gender in Detail”, with the support of the Swedish Institute and the Swedish International Liberal Centre. Within this project, seven research teams are working on different aspects of societal resilience and gender equality in the context of security challenges and war.</p> <p>As part of the project, our team — Tetiana Konovalova, Daryna Korkach, and Tetiana Medyna — is conducting research on the role of care work in strengthening societal resilience during wartime. Within this study, we are carrying out a series of anonymous interviews with women and men who have family responsibilities and work in the civil protection system, at critical infrastructure enterprises, or in care-related sectors (education, social work, healthcare).</p> <p>The interview will take the form of an informal and relaxed conversation. We will talk about your experiences and everyday life, in particular about the challenges of combining paid work and family responsibilities in the context of war. The interview will take place remotely, on a day and at a time convenient for you, using communication channels that work best for you. The estimated duration of the interview is up to 40 minutes.</p> <p>Your participation in the project is anonymous, confidential, and entirely voluntary, and we are grateful for the time you are willing to share with us.</p> <p>If you have any questions about the project or the conditions of participation, we will be happy to answer them.</p>
BLOCK 1	5 minutes
<p>General Information About the Respondent</p>	<ul style="list-style-type: none"> • Please describe your current place of residence and your family situation. • Has the full-scale invasion changed your life? If so, what exactly has changed? • Are you an internally displaced person? If yes, how has this affected your life?
BLOCK 2	10 minutes

Paid Work Experience	<ul style="list-style-type: none"> • Which sector do you work in? How have your responsibilities changed since the start of the full-scale invasion? • Please describe your day-to-day work responsibilities. How have they changed since the war began? Has your workload or level of responsibility increased? • Do you experience emotional or physical burnout? • Do you receive support from your employer? If so, what kind of support is it? • How has the war affected your income and professional opportunities? • Do you feel that your work is recognized by society??
BLOCK 3	5 minutes
Domestic and Unpaid Care Work	<ul style="list-style-type: none"> • Do you have caregiving responsibilities at home (for example, caring for children or elderly relatives)? Please describe them. • How often do you perform these caregiving duties? • What does a typical day look like for you, taking caregiving responsibilities into account? How much time do they take? • What specific challenges arise when combining paid work and caregiving at home? • How do caregiving responsibilities affect your work or other aspects of your life? • Have you ever had to change your job, work schedule, or stop working altogether because of caregiving responsibilities? • What would help you better combine paid work and caregiving (for example, access to services or financial support)? • Do you receive help from other people or organisations? If yes, how does this support work?
BLOCK 4	5 minutes
Support and Resources	<ul style="list-style-type: none"> • Are you aware of any support programmes for people who provide care? If yes, do you use them? • Do you have anyone who helps you with caregiving (a partner, family members, social services, volunteers)? • Have you ever sought support from social or community organisations? • What would help you feel less overwhelmed in your everyday life (for example, flexible working hours, financial support)? • In your view, what would make it easier to combine paid and unpaid work: flexible working hours; the possibility to work remotely; accessible and high-quality care services (kindergartens, day-care centres for older people, etc.); financial support from the state or local authorities; social services (e.g. a social worker, temporary care); tax benefits for people with caregiving responsibilities; understanding and support from employers; psychological support

	<p>or counselling; more information about available support programmes?</p> <ul style="list-style-type: none"> • Do you feel that your work — both paid and unpaid — is recognized and valued by society? • How do your colleagues, management, the state, and society at large view your work? • Do you believe that women and men have equal opportunities and support when it comes to caregiving work? • In your opinion, what should the state or civil society organisations do to make your life easier?
BLOCK 5	5 minutes
Adaptation Strategies	<ul style="list-style-type: none"> • Do you find time for yourself? How do you usually use this time? • What strategies do you use for rest and self-care? • Do you seek support from communities, psychologists, or peer support groups?
BLOCK 6	5 minutes
Interview Conclusion	<ul style="list-style-type: none"> • We have covered all the questions of our study. Is there anything you would like to add? Perhaps there are aspects of the issue that we have not addressed, or something important you would like to share? • Thank you very much for your participation. Goodbye!