## UKRAINE REFUGEE RESPONSE Regional Sub-Working Group on Gender-Based Violence (GBV SWG) Meeting Minutes

Time & location:	e & location: 21 June 2022, at 15:00-16:15, online			
Participants:	Center for Reproductive Rights, Habitat International, HIAS, ICVA, IMC, IOM, NANE, UNFPA, UNHCR, UNICEF, UN Women, VOICE, WHO			
Agenda:	<ol> <li>Introduction - UNHCR</li> <li>GBV programme in Hungary - UNHCR &amp; NANE</li> <li>Guest speaker: Presentation on GBV prevention, risk mitigation and response in Ukraine – Olena Kochemyrovska UNFPA Ukraine</li> <li>Adoption of ToR</li> <li>AOB</li> </ol>			
AGENDA POINT	DISCUSSION			
1. Introduction	<ul> <li>UNHCR:</li> <li>WAVE Network accepted to act as Co-Chair of Regional GBV SWG.</li> </ul>			
<ol> <li>GBV programme i Hungary – UNHCF &amp; NANE</li> </ol>				
	<ul> <li>and to ensure that they are safe.</li> <li>Two out of three women have experienced psychological/sexual/physical violence back in Ukraine. UNHCR has received IPV disclosures from arriving refugees.</li> <li>UNHCR monitoring revealed that refugees in accommodation centres have increased needs for PSS.</li> </ul>			

<ul> <li>Access to SRH and familiarity of humanitarian actors with SEA risks have remained critical issues.</li> <li>Most of the incoming Roma population have lower resources and lack of information on options and services in Hum they are often kept in separate accommodation and experience discriminating practices.</li> <li>UASC, persons with disabilities and LBTIQ+ persons face greater risks of SEA.</li> <li>It is difficult to work on/around gender issues in Hungary. UNHCR has not been able to name a public provider of clim management of rape services. NGOs and experts' networks have to step in to fill the gap.</li> <li>In the coming meeting, the PWG will have refugee activists presenting on their work in Hungary. GBV features as a s item at the PWG meetings. WLOs and refugees have been encouraged to partake interagency meetings.</li> <li>GBV Referral Pathways are in place and include over 30 actors.</li> </ul>	nical
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Refugee women are increasingly vulnerable in financial terms. One third of surveyed refugee women plan to stay in	Hungary
for at least another three months; they have asked the UNHCR for assistance in looking for job opportunities and for	
on how not to be at risk when looking for work.	
Engaging with partners to see who and how can support childcare, especially when having in mind return to schools	in
September. An education Sub-Working Group has recently been established in Hungary.	
• There are many benefits and entitlements for temporary protection (TP) applicants, but their number is very low in	lungary
in comparison with other countries in the region (25,000). UNHCR is scaling up information provision on the legal sta	tus and
entitlements.	
Authorities have not allowed for cash assistance to be rolled out thus far; UNHCR is exploring room for at least small	-scale
cash assistance. There is a need to support women's entrepreneurship and safe access to labor market.	
The Health sector in Hungary is undergoing a number of challenges. Engagement with the authorities is complicated	and
there is no separate Ministry of Health (health competencies fall under Ministry of Interior). PATENT and other	
organisations operate through a network of specialists, who are filling the gaps for the time being.	
NANE:	
NANE is a Hungarian NGO association supporting victims of domestic violence, providing a helpline and other direct s	upport,
including through support groups, psychologists providing PSS, etc.	
Addressing root causes of violence through preventive workshops in schools with young adults, for them to be able t	С
recognise early signs of abusive relationships.	
The focus of the UNHCR-supported project is on training professionals and volunteers working with refugee women,	training
interpreters, case counselling, direct therapy and crisis intervention.	-
• In collaboration with NGO PATENT, providing legal aid to women survivors, group supervision and case counselling,	
providing information and handing out materials that provide insight and info on the nature of GBV and available ass	istance
/next steps.	
• SRH options are fairly limited in Hungary; the gynecologists and the health care are in poor shape, and it is hard to ge	ta
professional and thorough examination. There is no standard protocol for cases of rape, also in terms of lines of	
responsibilities. Additional challenges in terms of access for persons with double citizenships.	

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3.										
1	Presentation on	20220621-UNFPApre								
1	GBV prevention,	contation party								
1		UNFPA.								
1	response in	Ukraine ratified the Istanbul Convention on 20 June, which has strong provisions for prot	-							
<ul> <li>Ukraine - UNFPA</li> <li>Ukraine was also the first country in eastern Europe to adopt the Law on Prevention of Family Violence committed to zero tolerance environment to GBV till 2030.</li> </ul>										
1		• Since 2015, services for GBV survivors started being developed mostly in eastern Ukraine	, which have si	nce formed a						
		platform for the national system of GBV response. At present, only 35 % of such services are in place and operational, as being either damaged or not operational.								
		<ul> <li>Services to people on the move and women and children at risk have become a standard part of the humanitarian response UNFPA aims to provide services for GBV survivors during prosecution of perpetrators.</li> </ul>								
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		<ul> <li>Monitoring, social services etc. have been moved by the authorities from the east to the west of Ukraine; there is a need for a new pool of specialists to provide services with a human-rights-based approach, for updating of Referral Pathways, etc. There is a limited response by the police to CBV, due to their involvement in military actions.</li> </ul>								
1		There is a limited response by the police to GBV, due to their involvement in military acti								
1		• GBV is mainly either hidden or underreported; In 2017, before new legislation was adopt	-							
		GBV registered by the police in Ukraine, and in 2021 that number shot up to 300,026 incidents reported (with Covid having some negative impact).								
		<ul> <li>Thanks to the ratification of the Istanbul Convention, access to GBV services should be easier. Currently, evidence of GBV cases available mainly anecdotally.</li> </ul>								
1		<ul> <li>Response to CRSV: OHCHR's related report for 2015-2022 stated that CRSV-cases were linked to places of detention, and not</li> </ul>								
1		a weapon of war. Now the Ukrainian government speaks of CRSV as a weapon of war, requiring specialised training.								
		<ul> <li>UNFPA's platform ABPOPA provides access to services related to trauma and CRSV; referral pathways and case management</li> </ul>								
for CRSV remain problematic, and technical assistance is being provided to the government, who initiated the de of centres for survivors of military action, with support from the EU. Technical assistance includes capacity-build of specialists. Istanbul Convention, although a peacetime instrument.										
								<ul> <li>UNFPA-supported PSS mobile teams are operating in 13 cities of Ukraine. GBV survivors r</li> </ul>	eport to partne	er La Straua Okraine.
						4.	Adoption of ToR	See action points		
5.	AOB	• Next Regional GBV SWG meeting will take place on 19 July 2022 at 3 PM.								
No.	Action		Who	Status						
1.	Share final draft GB	SWG ToR again by email and consider them adopted on a no objection basis by the end of the	UNHCR	done						
	current week.									
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