

GBV Sub-Sector Meeting Minutes

Warsaw, Poland

15/03/2022

Chair: Ms Aneta Ostasz (UNHCR)

Agencies present:

A21, ActionAid, AVSI, Autonomia Foundation, CORE Response, FAROS ELPIDAS, Feminoteka Foundation, Happy Kids Foundation, Helsinki Foundation for Human Rights, IFRC, IMC, INTERSOS, IRC, La Strada, Lutheran World Federation, Oxfam, Save the Children, UNHCR, UNICEF.

Agenda:

- 1. Review of previous action points**
- 2. Announcements**
- 3. Update on coordination tools**
- 4. Updates from members**
- 5. AoB**

Agenda items	Discussion	Action points
1. Previous Action Points	<p>Refugee Response Plan</p> <p>The interim GBV SS Coordinator, Ms Aneta Ostasz, (UNHCR) thanked members for their submissions to the RRP. She noted that submissions on GBV were under-represented and that this needs to be rectified.</p> <p>The following 3 priorities were identified during consultations with key stakeholders on the ground for the initial RRP</p> <ul style="list-style-type: none">• strengthening existing national response systems on GBV• strengthening sexual & reproductive health (SRSH) services	

	<ul style="list-style-type: none"> focusing on GBV prevention and response including counter-trafficking in persons <p>These priorities were incorporated into the RRP submission.</p>	
<p>2. Announcements</p>	<p>Aneta Ostasz introduced Loretta M. Jesudoss (UNHCR) as the new GBV Sub-Sector (GBV SS) Coordinator. The latter shared that:</p> <ul style="list-style-type: none"> The GBV SS is looking for a co-lead - preferably a national/local women's led organization, refugee-led or community-based organization which specializes in GBV The draft Terms of Reference for the GBV SS will be shared with members for the 3rd meeting The GBV SS Coordinator will follow-up on the linkages made with organizations working in combatting trafficking in persons and victim assistance (La Strada, A21, IOM and others) together with the Protection Sector and Child Protection Sub-Sector Coordinators to avoid duplicity of action and complement existing initiatives with and by the national authorities. 	<p>Action:</p> <ul style="list-style-type: none"> Self-nomination/share nominations of potential co-leads to the GBV-SS Coordinator (Loretta Jesudoss - jesudoss@unhcr.org) Draft ToRS to be presented at the next meeting (GBV SS Coordinator) Follow up – ATP organizations (GBV SS Coordinator)
<p>3. Update On coordination tools</p>	<p>Referral pathway</p> <p>Preliminary information was gathered on the establishment of a GBV referral pathway during the meeting: (* <i>Summary of discussion highlighted under 'members' updates' below</i>)</p> <ul style="list-style-type: none"> A standard template will be shared The referral pathways should be disseminated to reception centres 	<p>Action:</p> <p>Protection Sector to launch an inter-agency service mapping tool including those provided by national authorities. Action: Prot. Sector Coordinator to introduce the tool on Thursday.</p>

	<ul style="list-style-type: none"> • PSS and case management should be prioritized (above legal counselling) in the template - IMC <p>Draft SOPs</p> <p>Aneta informed the forum that UNHCR had concluded a set of SOPs on GBV for asylum-seekers and refugees with the national authorities some years ago:</p> <ul style="list-style-type: none"> • To assess if a separate inter-agency GBV SOPs are needed or expand/strengthen the existing SOPs • To update/develop Inter-Agency GBV SOPs 	<p>Action: GBV SS Coordinator to review if the signed SOPs could be extended/adapted to the current situation</p>
<p>4. Members' updates</p>	<ul style="list-style-type: none"> • The number of volunteers is quickly decreasing. In some reception centres, they are being replaced by the 'army' (civil-military coordination) • INTERSOS conducting a rapid protection assessment; providing PFA and PSS services in Korczowa; has a team of doctors with good contact with local hospitals. Absence of a referral pathway in these locations. Lack of coordination observed. Limited screening initiated by the local authorities in Korczowa (driver's licence checked but not the passengers); 100 Roma left without a trace. Need for the authorities to assign responsibility at reception centres. • WHO referred to the bracelet system introduced in some reception centres (e.g. Torwar RC in Warsaw) by the local authorities to control access/entry. Unclear if it is a standard practice (not sighted in Lublin). Oxfam: Practice seen at Tesco/Przemysl. INTERSOS observed a similar practice in Chelm RC. • AVSI Foundation: providing psychosocial support for refugees in Lublin (with CARITAS Lublin) and in Chelm (with the municipality); cash for rent and food distribution. Will start services for 2000 refugees in Chelm. Polish Women's Strike: lack of capacity to respond on regular work due to the sheer size of the emergency response; attention diverted to distribution of basic aid to Ukraine. Many organizations are in a similar situation; 	

	<ul style="list-style-type: none"> • Polish Women’s Strike Sexual and reproductive health (SRSH) rights are restricted in Poland. GBV survivors from Ukraine are subject to the same restrictions as locals. • CPK/Women Right’s Centre: Lack of funding from government for local NGOs they were approached to support the emergency response. Many local NGOs are likely to run out of funding in 3 months’ time. • A21: Staff from Ukraine who are now in Poland have expertise in counter-trafficking in persons (prevention through info campaigns; rescue, restoration – holistic survivor/victim-centred approach available including health, PSS, legal, shelter, transportation, and repatriation services). Info shared on both sides of the border (Poland- Ukraine); Have skilled staff who speak Ukrainian and have offices in other European countries); Have a standard safe referral form. <p>Helsinki Foundation for Human Rights: present at the Ukrainian border; manages a legal counselling/advice hotline number for those crossing the border and have provided details of their email address and website. Problematic issues identified: risk of trafficking, GBV, unaccompanied children; observed improvement at RCs which are now safe for vulnerable individuals compared to the onset of the emergency; involved in legislative review of the new law for those affected by the war; strategic litigation (probably at a later stage); will be launching a project documenting accounts of torture. Cooperating with UK Human Rights Defenders; Helsinki Foundation for Human Rights: www.hfhr.pl. Website dedicated for people fleeing Ukraine: https://ukraina.hfhr.pl. Legal hotline: +48222905590 (11 am - 2 pm), e-mail address: refugees@hfhr.pl. Feminoteka: establishing a helpline for Ukrainians to provide individual PSS thanks to support from Action Aid; Will launch within 2 weeks a special helpline for Ukrainian women who have experienced violence in Ukrainian and Russian languages; Will train a person who will operate the helpline and have a website with basic information on psychological, therapeutic and psycho-trauma support, social support and legal support; To begin in April. Autonomia Foundation: The Office of the Ombudsperson is preparing a guide to hotlines and support/information points for refugees from Ukraine, as well as people helping them. This information will be posted and constantly updated on the Ombudsman's website: www.rpo.gov.pl and the Ombudsman</p>	<p>Action: A21 to share their safe referral form.</p>
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	<p>initiative: www.naszrzecznik.pl. Individuals and organizations wishing to support the project Koalicja Infolinii (Hotline Coalition) - updating and expanding the ROP Office's guide containing helplines and information about institutions and non-governmental organizations that provide citizens with support in various aspects of life - are asked to contact the coordinator of the Hotline Coalition project, Joanna Troszczyńska-Reyman: joannarey@poczta.onet.pl, providing the following addresses in the copy of the message: malgorzata.latecka@ofop.eu and anna.duniewicz@naszrzecznik.pl</p> <ul style="list-style-type: none"> • INTERSOS: Need for 2nd tier of support for MHPSS, i.e. psychiatric support for PTSD/war trauma; flagged out potential burnout amongst activists; currently material in Polish only which could be translated into Ukrainian; WHO: MHPSS support to GBV survivors include targeted PSS, empowerment, self-reliance, recovery. Emergency hotlines of NGOs should be region based as well. IMC: Raised concern that legal services was highlighted as a priority in the current GBV referral pathway template. According to the IA GBV SOPs individualized psychosocial and case management services alongside medical services should be prioritized. 	
AOB	<ul style="list-style-type: none"> • The PSEA Network will convene its first meeting on Friday, 18/03/2022 at 3pm. To register for this meeting, please write to Nadia Aby Amr (PSEA Network Coordinator). 	<p>Action: Email the PSEA Network Coordinator: abuamr@unhcr.org</p>

Next Meeting: Tuesday, 22/03/2022 @ 10am