

**GBV Sub-Sector Meeting Minutes**  
**Warsaw, Poland**  
13/12/2022

**Chairpersons:** Mays Zatari (UNHCR) & Katarzyna Kaszuba (CPK)

**Agencies present:**

Association for Legal Intervention (SIP), CARE, Autonomia, Feminoteka, FEDERA, Voice Amplified, Americares, Pink Box, International Rescue Committee (IRC), Mercy Corps, International Medical Corps, HIAS, Fundacja dla Somalii, Polskie Forum Migracyjne (PFM), Center for Reproductive Rights (CRR), Solettere, Foundation New Story, Centrum Praw Kobiet (CPK), UNFPA, WHO, UNHCR

**Draft Agenda:**

- Introduction
- Coordination updates: 16 Days of Activism, Referral Pathways
- Safety Audit updates
- Presentation of findings from the first phase of multi-country documentation of barriers to accessing SRH and GBV services for refugees fleeing Ukraine by Urszula Grycuk (FEDERA) & Adriana Lamačková (Center for Reproductive Rights)
- AOB

Agenda Items	Discussion	Action Points
1.Introductions	Co-chairs Mays Zatari welcomed all the participants of the GBV Sub-Sector to the meeting.	

<p><b>2. Coordination Updates by Mays Zatari (UNHCR)</b></p>	<ul style="list-style-type: none"> <li>• <b>16 Days of Activism</b></li> </ul> <p>Mays Zatari thanked all the members of the GBV Sub-Sector Group for collaboration in the organization of the 16 Days of Activism. The achievements include:</p> <ul style="list-style-type: none"> <li>• Development of Key Messages; Available in POL, UKR, and ENG. Key messages can be also used after the 16 days of activism campaign. They can be found here <a href="https://data.unhcr.org/en/documents/details/97149">https://data.unhcr.org/en/documents/details/97149</a></li> <li>• Calendar provided by Autonomia that was collaboratively used by all GBV actors; Available in ENG, POL, and UKR</li> <li>• Organization of the <i>Technical workshop on the adaptation of international guidelines for the health response to survivors of sexual violence to the Polish context</i></li> </ul> <ul style="list-style-type: none"> <li>• <b>Referral Pathway</b></li> </ul> <p>Members are encouraged to complete the Referral Pathway Kobo tool as there has been only one submission from one organization so far. Members are reminded of the importance of identification of services and one referral form to be used by all actors- with focal point details and password protection.</p>	<p><b>Action</b></p> <p>Members are encouraged to complete the Referral Pathway Kobo tool as soon as possible.</p>
<p><b>3. Safety Audit by Elisabeth Mc Guinness</b></p>	<p>Safety Assessment's goal is to look at the GBV risk related to accommodation. Safety Assessment is based on the qualitative methodology and <b>Safety Assessment Toolkit</b> includes:</p> <p><b>1. Observational Checklist:</b></p> <ul style="list-style-type: none"> <li>- The Safety Assessment Team, alongside staff members of a facility, use a checklist as they walk around a building to observe potential safety risks.</li> </ul>	<p><b>Action</b></p> <p>GBV members are encouraged to use Safety Audit Toolkit while conducting assessments. To receive Safety Audit Toolkit, contact</p>

	<ul style="list-style-type: none"> <li>- Safety Walk: Refugees within the facility join in the Safety Assessment Team when walking around the building and help them to fill out the checklist.</li> <li>- Safety Mapping: Once the checklist is completed, it can be used to guide discussion as participants draw their own map of the facility. Participants are asked to draw or mark the areas where they or a particular group feel safe/unsafe. This drawing exercise may be done at the beginning or end of a focus group discussion.</li> </ul> <ol style="list-style-type: none"> <li>2. <b>Focus Group Discussions (FGD):</b> Group discussions between 8 - 10 people representing key groups e.g. women, adolescent girls, persons with disabilities etc.</li> <li>3. <b>Key Informant Interviews (KII):</b> including GBV service providers, shelter managers, social workers, volunteers, security forces, organizations representing key groups, etc.</li> </ol> <p>Translation of the Safety Audit Toolkit to PL, UKR, and RUS is ongoing. The end of data collection is planned for the <u>mid of January</u>. Data Analysis Validating Workshop is planned for the beginning of February,</p>	
4. Presentation of findings from the first phase of multi-country documentation of barriers to accessing SRH and GBV services for	<p>The first phase of the research was conducted between July and November 2022 in Poland, Hungary, Slovakia, and Romania.</p> <p>Based on the findings from the first phase of multi-country documentation, the SRHR and GBV barriers faced by refugees fleeing Ukraine include the following:</p>	<p><b>Action</b></p> <p>To share the PPT and the link to the report with all members of the GBV Sub-Sector Group</p>

<p>refugees fleeing Ukraine by Urszula Grycuk (FEDERA) &amp; Adriana Lamačková (Center for Reproductive Rights)</p>	<p><u>Legal Barriers</u></p> <ul style="list-style-type: none"> <li>• Highly restrictive abortion law.</li> <li>• Many access abortion outside law or through travel to other countries.</li> <li>• Many order medicines from Ukraine and return to Ukraine to access sexual and reproductive healthcare.</li> <li>• Survivors of sexual violence do not want to report rape in order to access abortion.</li> <li>• CMR protocols absent.</li> <li>• Prescription requirements for emergency contraception.</li> <li>• Adolescents traveling alone: parental consent rules for SRH for everyone under 18.</li> <li>• Refusals of care from medical professionals commonplace incl. for refugees - no safeguards.</li> </ul> <p><u>Cost Barriers</u></p> <ul style="list-style-type: none"> <li>• Contraception (incl. EC) not reimbursed under national health insurance so refugees like ordinary residents must pay out of pocket.</li> <li>• Serious delays for specialized care (e.g. SRH or Mental Health) in public system mean urgent situations require recourse to costly private system.</li> <li>• No clear rules as to access to health care services and reimbursement when a person has no PESEL number.</li> <li>• Women who were migrants in Poland prior to February and now cannot return to Ukraine face difficulties if they do not have post-February 2022 border stamp in passport.</li> <li>• CSOs outside Poland providing telemedicine for abortion and travel assistance for abortion.</li> </ul>	
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	<p><u>Weak GBV Services and Protocols:</u></p> <ul style="list-style-type: none"> <li>• Long-term lack of state investment over many years into GBV services. Existing state services weak.</li> <li>• Civil society organizations providing almost all services and support.</li> <li>• Protocols for clinical management of rape do not exist or are not widely disseminated and followed.</li> <li>• Access to appropriate SRH services following sexual violence is limited, costly, haphazard.</li> <li>• Lack of emergency shelters + safe housing for survivors.</li> <li>• No one-stop centers for survivors of GBV.</li> <li>• Little-to-no training for criminal justice actors.</li> </ul> <p><u>Barriers to reporting and Seeking Support:</u></p> <ul style="list-style-type: none"> <li>• Dynamics of the war and mobilization, mean it is very challenging for women to seek support in situations of family and intimate-partner violence.</li> <li>• Inappropriate facilities at refugee accommodation facilities mean lack of privacy and confidentiality.</li> <li>• Focus on securing basic needs is prioritized over other needs.</li> <li>• Concerns about loss of work or accommodation impede seeking support, reporting GBV.</li> <li>• Disbelief that reporting will lead to anything meaningful or positive.</li> <li>• Concerns that partners will cross borders into Ukraine or Belarus with children.</li> </ul>	
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### Information Failure + Language Barriers

- Poor quality of interpretation and translation of written materials and public information undermines trust.
- Refugees seeking out native speakers from Ukraine as interpreters – trust, comfort, understanding.
- Lack of specialized interpreters for those seeking SRH or GBV services.
- Failure to recognize Ukrainian qualifications and credentials – lack of Ukrainian health-care workers.
- Significant difficulties in navigating and understanding foreign system.
- Lack of clear basic information on SRH and GBV services in public domain and limited information through official channels.
- Need to rely on social media and informal networks, word of mouth.
- Most refugees don't have necessary networks to secure information on key CSO services.

### Challenges and Threats

#### **Lack of sustainable funding sources**

- Before escalated invasion funding environment for local CSOs already limited e.g. donor withdrawal, lack of ODA eligibility.
- Onerous nature of EU funding means many smaller CSOs do not apply.
- EU refugee response going to governments which does not stream to pro-SRHR, GBV, women's rights CSOs.
- Humanitarian donors (INGOs and UN Agencies) give short-term, 3-6 month grants, heavily focused on direct service provision for refugees, reporting requirements onerous, concerning donor wish for visibility.
- CSOs lack sustainable funding streams, that allow them to prioritize needs of host populations and localization and that fund advocacy, awareness raising and long-term infrastructure.

5. Updates from members & AOB	<ul style="list-style-type: none"> <li>Following the decision of the IA Coordination Unit that focused on limiting the number of coordination meetings, GBV Sub-Sector will be part of the Protection Sector Group from the beginning of the new year 2023. More information about the mechanism will be communicated to the group</li> </ul>	

**Next Meeting: TBC**