



Multi-Country Documentation of SRHR and GBV barriers faced by refugees fleeing the war in Ukraine

First Phase June – November 2022



**CENTER *for*
REPRODUCTIVE
RIGHTS**

Our organizations have been working to advance SRHR, GBV, women's rights and human rights and civil society space in Hungary, Poland, Romania and Slovakia for decades. We conduct service-provision and other direct assistance, litigation and representation of affected individuals and their families, advocacy and awareness raising and documentation and fact-finding work to uncover and identify human rights violations.

- ❖ **Geographic Focus:** Hungary, Poland, Romania and Slovakia
- ❖ **Thematic Focus:** SRHR, GBV, Human Rights Defenders
- ❖ **First phase timeline:** July - November 2022
- ❖ **First phase:** Over 50 interviews with key informants and some refugees
- ❖ **Second phase:** Interviews with refugees and healthcare workers
- ❖ **Second phase timeline:** November – March 2023
- ❖ Interviews conducted by in-country expert teams
- ❖ Ethics review of interview guides and informed consent materials





Initial Findings



"I order the medicines I need from Ukraine because it's faster and better, because I know what I need, it's faster, it's better than wasting time and doing it here and still not getting the right medicine. And my friends go to Ukraine [...] to the gynecologist, to other doctors. And if I need it, I will go to Ukraine myself, because it is clear there."

SRH: Legal & Access Barriers

- Highly restrictive abortion law and practice and with that related stigma and fear; many access abortion outside law or through travel to other countries.
- Survivors of sexual violence do not want to report rape in order to access abortion care.
- Prescription requirements for emergency contraception.
- Adolescents traveling alone: parental consent rules for SRH for everyone under 18.
- Refusals of care from medical professionals commonplace incl. for refugees - no safeguards.
- Many order medicines from Ukraine and return to Ukraine to access sexual and reproductive healthcare.



“When I explain to them that they can obtain legal abortion in Poland if they report and get a prosecutor’s certificate, they say: ‘my life, my family is the most important for me right now.’ They don’t want to report to a prosecutor, to the police station.”

“We are not able to help adolescents without their parents [...], this is very difficult.”

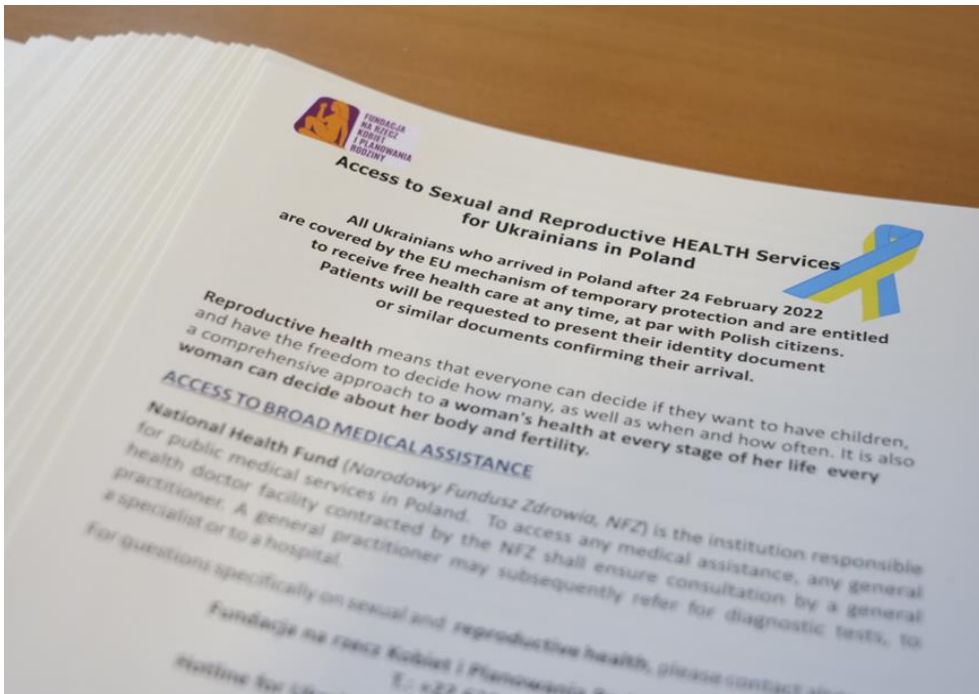
“A lot of Ukrainian women in Poland are aware of what it’s like when it comes to the laws, especially when it comes to situations of rape cases. So [they know] it's better not to disclose it, but to deal with it more discreetly or go abroad.”

“There is very deep stigma in Poland concerning abortion. The refugees feel this. You know if something is criminalized [...], you feel as if you are doing something bad and against the law.”

“They need access to emergency contraception, but access to emergency contraception is extremely limited in Poland because it is no longer legal to sell this contraception over the counter.”

“Women expect to talk to a doctor when they want to have an abortion and they don’t understand why that is not possible and it creates a very big fear for them.”

Cost Barriers



- Some essential SRH services – such as contraception (incl. EC) are not reimbursed under national health insurance; refugees like ordinary residents must pay out of pocket.
- Serious delays for specialized care (e.g. SRH or mental health) in public healthcare system mean urgent situations require recourse to costly private system.
- Women who were migrants in Poland prior to February 2022 and now cannot return to Ukraine face difficulties if they do not have post-February border stamp in passport.
- CSOs outside Poland providing telemedicine and travel assistance for abortion.

“The problem is that you have to be provided with prescription and then go to the pharmacy to buy it. If you have money, then it’s OK. If not - it's a problem.”

Not all Ukrainian citizens have such rights, so the problem may be worse for (migrant) women who can no longer return home, and they are pregnant and need to give birth in Poland, but they don't have this refugee status.”

Weak GBV Services + Protocols



- Long-term lack of state investment over many years into GBV services. Existing state services weak.
- Civil society organizations providing almost all services and support.
- Protocols for clinical management of rape are absent.
- Access to appropriate SRH services following sexual violence is limited, costly, haphazard.
- Lack of emergency shelters + safe housing for survivors.
- No one-stop centers for survivors of GBV.
- Little-to-no training for criminal justice actors.

“Most of the police do not know the procedures for dealing with people who have experienced rape, even though they were introduced in 2014.”

“The government should recognize that there is such a thing as gender-based violence.”

“When a woman is traumatized and doesn't have a safe place, so that she doesn't have to worry about having a roof over her head, there's no way to work with the trauma she may have endured [...]. A gigantic challenge is just to find a safe place, a room, an apartment, where they can be and recover, and find some equilibrium.”

“Women need to know that if they report it, if something goes on, then something will happen, that it will not be the case that they will write a complaint to the police, and it will simply disappear, and no one will deal with it.”

“When we called the police in similar situations, to my sadness, the police did nothing.”

Barriers to Reporting + Prevention Issues



- Dynamics of war and mobilization mean it is challenging for women to seek support in situations of family and intimate-partner violence.
- Inappropriate facilities at refugee accommodation facilities mean lack of privacy and confidentiality.
- Focus on securing basic needs is prioritized over other needs.
- Concerns about loss of work or accommodation impede seeking support, reporting GBV.
- Disbelief that reporting will lead to anything meaningful or positive.
- Concerns that partners will cross borders into Ukraine or Belarus with children.

“In this new centre [...] there were two rooms next to each other, or rather two separate spaces for individual counselling, which were separated by a curtain through which you could hear everything.”

“This shame, which can be even bigger in the case of women from Ukraine because of this point of reference that they have, that ‘we won’t accuse our heroes’.”

“Mothers of children in violent relationships ask, what if my husband says I’m a bad mother? What if my husband says that I am the one who beats the children? What if he takes the children away from me? Often men threaten to take them back to Ukraine or Belarus.”

“Sometimes we ask if they need psychological help and they say something like: ‘No. This is my secret. I will tell nobody about this, not even my family, because I want to continue a normal life. I don’t want people look at me as a victim of rape.’”

“There are various things which are hardly ever mentioned, and not much is written about them, so as not to undermine the trust in these Ukrainian heroes and not to present them in a bad light [...]. This is a barrier for them to reveal these stories.”

Information Failures + Language Barriers

- Poor quality/lack of interpretation and translation impedes access and undermines trust. Compounds difficulties in navigating and understanding foreign system.
- Lack of specialized interpreters and professionals able to speak Ukrainian for SRH or GBV services.
- Failure to recognize Ukrainian qualifications and credentials – lack of Ukrainian health-care workers.
- Lack of clear basic information in Ukrainian 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.



“Access to information is probably the most important problem in all of this.”

“This is about trust.”

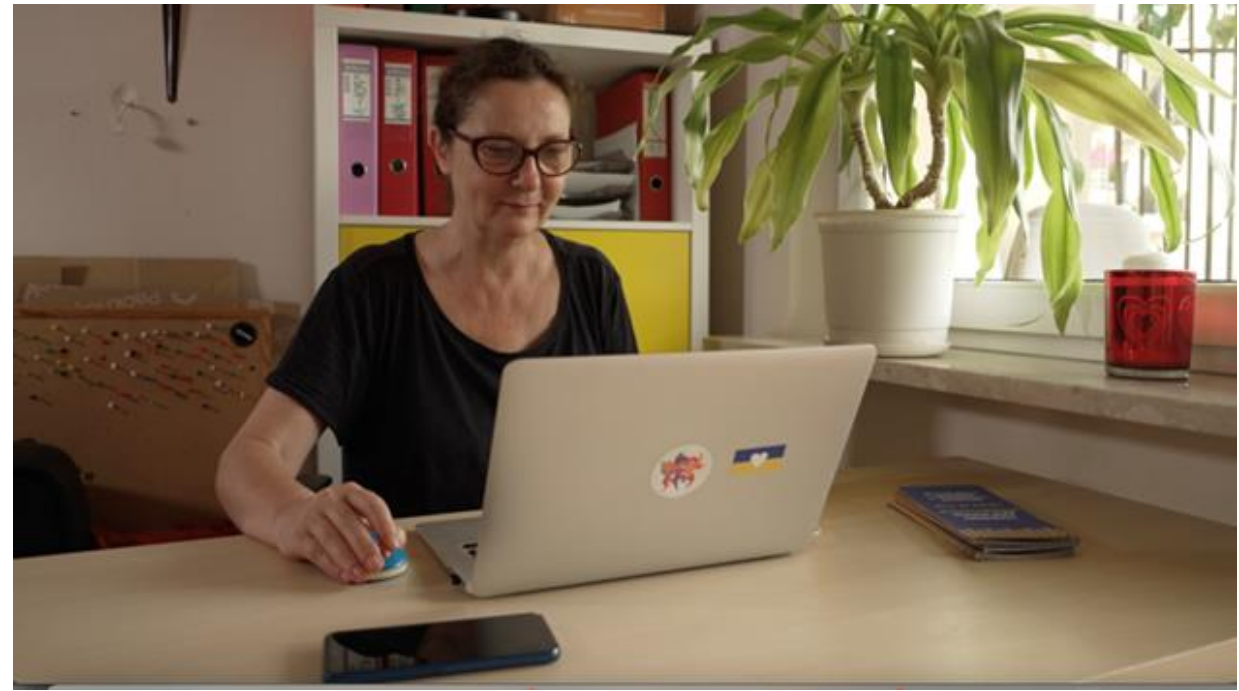
“I think that there is a lot of fear and stigma around the whole country, and not only on the side of the survivor, but also on the side of those who are supposed to provide help. Maybe it's always because there is a lack of knowledge about the legal framework and about the services available.”

“There is a lack of professional interpreters who can support women, because this often involves a specialist vocabulary.”

“They ask, for example, about gynecologists and contraception, and most often they try to find Ukrainian or Russian-speaking doctors, to whom it will be easier to explain.”

“I didn't see any information about this anywhere [...] on Facebook, on Instagram [...] whether it's on the internet or somewhere in the city, on some posters, I didn't see such information.”

Challenges and Threats – HRDs and CSOs



“As far as the state authorities are concerned, they are totally absent.”

“The action of people and non-governmental organizations is perceived as the action of the Polish state, but this is not the action of Poland as a state, but the action of people, which stems from their good hearts. What is missing here, however, are systemic solutions.”

“This topic does not come up at all, except, of course, for condemning the fact that there are war rapes. On the other hand, for this condemnation to be followed by any concrete action, absolutely not.”

“With this government, every suggestion I make, my knowledge and experience are completely irrelevant, because this government doesn't listen and thinks that gender violence doesn't exist and abortion must be punished.”

“You can't go too far on goodwill [...], that would be dangerous. The whole maternity care system and the health system in general cannot stand on heroism.”

“It’s never been easy for feminist organizations working on women's rights, but since 2015 [...] it’s just gotten worse. It is a life of constant tension, insecurity and lack of any certainty that next year we will be able to continue our work.”

“We need support because we are under fire.”

“I need that sense of security, that this country will not punish me for what I am doing. I don't have that sense of security. I keep wondering when and how this state is going to try to punish me for these actions.”

“[In the past] we kept our foot in the door. It cost a lot of effort, but those doors were ajar. Right now they are slammed shut.”

“The attacks that we are facing [...], this has intensified after Ukraine. We receive various emails where we are being slandered, insulted and called names.”

“It is the authorities that we have to defend ourselves from.”

Lack of Sustainable Funding

- Before escalated invasion funding environment for local CSOs very limited.
- Onerous nature of EU funding means many smaller CSOs do not apply.
- EU response going to governments which does not stream to pro-SRHR, GBV, women's rights CSOs.
- Humanitarian donors giving 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.
- Lack of funding for long-term health system and GBV support system improvements at heart of gaps facing refugees.

“Grants should be more flexible, but also long-term, because our biggest problem is that we have to worry from year to year about how to sustain ourselves.”

“A lot of the funds should go directly to the organizations and not through the government.”

“The problem is that all these funds are very short-term. We don't know what will happen next, so we have grants until December, until June, for such short periods. [...] We want to train and teach our employees, to educate specialists, but we also need to be sure that we will be able to provide them with work, and we do not have such long-term certainty.”

“When the team experiences such financial uncertainty, and when the money we have is not a lot, the team can be overloaded and frustrated, and lacks a sense of security. Whereas if the financial stability is there, then the team is focused, competent, in-tune, and able to cope well.”

“I often think what will remain in Poland after all this. I'm not interested in solutions for half a year. I'm interested in what will happen in 5 years from now, in 10 years from now, in 15 years.”

“Adapt the conditions for applying for funds to the capabilities of small organizations. In Poland, when it comes to human rights, especially women's rights, organizations are simply tiny and are not able to administer or manage some very complicated budgets, write very complicated projects, especially in English.”