UKRAINE REGIONAL GENDER TASK FORCE (RGTF) MEETING

21 December 2022

Meeting Minutes

1. Welcome and brief introductions

The co-chair, Rebeca Acin from UN Women ECA RO, invited the new members of the Task Force to introduce themselves:

- Zeynep Topalan, who is the new co-chair of the RGTF representing CARE International, is CARE's Regional Gender in Emergencies Coordinator for Ukraine Response. After her introduction, Zeynep Topalan made an announcement on CARE's decision of stepping down from the co-chair role of the RGTF to give a space for other agencies to support the coordination and to influence. End date for CARE's role would be end of February or beginning of March unless an organization steps in until that time. Interested members are invited to reach out to UN Women and CARE bilaterally.
- Anzhelika Bielova, Director of Association of Roma Women Voice of Romni, and organization providing humanitarian aid targeting Roma community.
- Joullanar Darouiche, GBV Technical Lead from Voice Amplified.
- Yeliena Dudko, Regional Gender in Emergencies Specialist from Plan International.

2. Presentation of findings from the first phase of multi-country documentation of barriers to accessing SRH and GBV services for refugees fleeing Ukraine

The report will be shared once published in January 2023.

Presenters were Erika Schmidt (EMMA Association, Hungary), Urszula Grycuk (FEDERA, Poland), Irina Mateescu (Independent Midwives Association, Romania) and Adriana Lamačková (Center for Reproductive Rights).

- This multi-country documentation was produced by a collective initiative consisting of ten women rights' organizations (WROs). Ten women's rights organization working on GBV and SRH sectors in Hungary, Romania, Poland, Slovakia, and other EU countries came together for this collective initiative in May. This initiative aimed to address GBV and SRHR needs of Ukranian refugees, identify gaps and barriers in service provision, and identify challenges faced by the civil society organizations and human rights defenders.
- Within this collective initiative, the organizations provide direct services and support on GBV and SRHR, including awareness raising. They document the SRHR and GBV needs and access barriers faced by women and girls affected by the conflict. They also document challenges faced by the civil society organizations and human rights defenders. This initiative provides a space for cross regional solidarity and works towards institutional sustainability for local organizations.
- Their advocacy efforts focus on that GBV and SRH interventions are prioritized by governments and UN institutions, and justice and accountability mechanisms are established to investigate violations of international human rights and humanitarian law.
- **Focus of this joint, multi-country documentation:** GBV and SRH needs of women and girls who fled the war in Ukraine and the barriers to access services in Hungary, Poland, Romania and Slovakia. The documentation also covers the challenges faced by the civil society organizations working in GBV and SRH sectors in these four countries.
- **Methodology:** The methodology included over 50 interviews with key experts and organizational representatives, and legal and policy analysis through a desk review. Interviews for this first phase took place between June-November 2022. Second phase will include interviews with Ukrainian refugees and medical professionals. The full documentation and final report will be published early next year, in 2023.

- **Key Initial Findings:**
- Hungary, Poland, Romania and Slovakia are some of the most difficult contexts in Europe when it comes to women's rights, SRHR, GBV services as well as protection of human rights defenders and civil society space. Each context is unique but in general all in these countries there has been failure by the national government to invest and prioritize SRHR and GBV services. They have been restricted under law and policies.
- **Medicine:** Ukrainian women ask medicines from Ukraine as they think it is easier to obtain there rather than hosting countries. Request for antibiotics is higher based on the findings. The study revealed that health literacy modules for Ukrainian refugees, centre coordinators or organizations that provide medical support is a need to support the Ukrainian refugees with the right information and to reduce the risks of health complications.
- For instance, the interview participants observed problems regarding medical abortion with women who brought abortion pills from Ukraine. The women did not know the age of pregnancy, used the pills late and faced complications. It is important to provide health literacy modules, awareness raising, as suggested above, to support Ukrainian women to ask for services on time and to collaborate with host country medical professionals, or civil society organizations that work on SRHR.
- **Restrictive legislation on abortion:** In Poland, abortion is illegal. In Hungary and Slovakia, women face procedural restrictions. In Romania, access to abortion care is limited as certain counties do not have abortion care services in public institutions, and in private it is very expensive. In addition to that, women face legal restrictions for obtaining emergency contraception as well, as there are prescription requirements in Poland and Hungary. Because of all these barriers, women in hosting countries access abortion through travelling to other countries, ordering medicines from Ukraine, or returning to Ukraine to access SRH care.
- Survivors of Sexual Violence do not want to report rape in order to access abortion as CMR protocols are absent in hosting countries.
- Most of medical professionals in the hosting countries refuse to provide SRH care, abortion in particular, based on religious beliefs or management decision of the health facilities.
- **Language barriers:** The study revealed that there is no gender-sensitive, survivor-centred and professional translation services in the health facilities for Ukrainian women. Women are admitted to health care without translators, and they communicate through google translate. This is one of the reasons women going back to Ukraine because they do not understand the recommendations of medical professionals and their health is at danger.
- **Cost barriers:** Temporary Protection Directive covers only emergency treatment costs. There is lack of clear policy and guidance on covering costs of or reimbursing the costs of SRHR services under TPD, and this leads to delays in service provision and refusals by women. It is easier to go to private medical service providers due to these complications. However, private service provision is expensive, average price for abortion being 440 EUR. Price of contraception are high as well. Contraceptives, including emergency contraceptives are not reimbursed under health insurance in all of the four countries.
- Only delivery is considered as emergency treatment and are free. However, this causes risks for pregnant women as they cannot access to prevention care inc. ANC/PNC.
- Services are not gender sensitive, professionals who should provide support to GBV survivors -e.g., law enforcement- do not have skills and knowledge to support survivors. In Romania, not all medical professionals are trained on GBV, CMR or referral pathways. Independent Midwifes Association does a pilot in six cities targeting 200 professionals. Based on their observation, they need basic training on GBV, otherwise they cannot handle the disclosures and refer.
- Enrolling Ukrainian refugees in national health care systems and seeking a sustainable solution is a need.
- **Lack of access to GBV services:** All four countries face a long-term lack of state investment in GBV services. Existing public services are very weak. For instance, in Poland, the state does not even recognize existence of GBV. As a result, civil society organizations provide most of the GBV and SRH services to survivors. CMR protocols are either do not exist, not well known or followed. There is no/limited access to SRH services following Sexual Violence.
- Because of the criminalization of abortion, women fear to report and secondly there are no protocols to treat them properly.
- There is lack of emergency shelters for survivors, and no stop services.
- Trainings are missing criminal justice officers.

- Men being perceived as 'heroes' prevents women from reporting IPV.
- Inappropriate accommodation for refugees cause lack of privacy and confidentially to share the GBV.
- Language barriers and lack of information dissemination cause barriers to access GBV services- e.g., poor quality of translation of the IEC materials and information provided to refugees about the health care they can obtain. There is lack of Ukrainian healthcare workers in hosting countries. Women mostly access to information through informal networks and social media and that causes barrier for the most marginalized who are not part of the networks.
- **Challenges faced by the civil society organizations and human rights defenders:** State response was delayed in the region, in particular in provision of health care. Frontline organizations had to fill this gap focusing on harm reduction at minimum.
- While the civil society tries to fill the gap in service provision, they are in constant attack, especially if they work in protection, GBV and SRHR sectors, and supporting LGBTQI+ individuals . The level of harassment to the human rights defenders and civil society varies from one country to another, but situation in Poland and Hungary is dire.
- Activists or civil society workers face personal threats as well.
- **Funding circumstances:** Most of the CSOs started humanitarian response by their own resources, relying on their drained financial and organizational capacities. Emergency funds arrived relatively early and effectively. These funds through international community arrived with an already existing system and tried to integrate CSOs into this system. However, in the Central Europe, there were already a system by the CSOs. This created parallel systems.
- CSOs do not have enough funding to maintain the core activities and support the host communities. Emergency funds do not cover general operational cost. Flexible core funding is need in the region.
- Open and regular communication is needed between local NGOs and INGOs/ UN to understand each other's need. There is great improvement on that, but this needs to continue moving forward.
- Improved coordination and collaboration are still a need with IA Coordination processes and international humanitarian actors. New actors entered to this context without sufficient knowledge on this context, they have been seeking information repetitively. New demands caused workloads and overwhelmed the local organizations.
- International community misplaces the focus of capacity building of local NGOs without recognizing existing expertise of them. As an example, capacity building of police or medical professionals is the main need.

Follow-up Discussions & Feedback on the Survey Results:

- These findings are similar to the findings in the Regional RGA. It is interesting to see that these asks remain in place. The RGTF will try to track the evolution in these topics- GBV, SRHR, intersectionality, women's leadership and participation- over the next year.
- Mercy Corps is currently doing a similar study focusing only on Poland context. It would be helpful if the presenters can share any data specifically for Poland, so that the data is triangulated. What was presented today and what was found by Mercy Corps' study is similar. Triangulating the data will strengthen the evidence, ad advocacy efforts accordingly.

3. Presentation of the FAO's complementary note on 'Different impacts of the war in Ukraine on people and guidance for planning gender-responsive and inclusive interventions.

The note can be found here and presentation as attached to the email.

Presenters were Ilario Sisto and Omnia Rizk, Gender Team, Inclusive Rural Transformation and Equality Division, FAO.

- The focus of Gender Team has been sharing available sex segregated data and producing evidence to support gender responsive planning. With this aim, they published a complementary note to explain the situation about gender in Ukraine with a focus on food insecurity.
- In Ukraine, data of last 8 years show that women are more food insecure than men. Food insecurity increased from 17.3 % to 28.9% for women, and 13.3% to 24% for men. Insufficient food consumption increased from August to November from 17% to 27.4% respectively.
- In any humanitarian crisis, women and girls are the most affected. Their specific nutritional needs are not taken into account. Female Headed Households (FHH) who were already food insecure face greater constraints.

- A Household (HH) survey was conducted in Ukraine targeting over 2900 men and 2300 women. This was to complement hunger map that was put together by World Food Program (WFP) and have data on rural HHs.
- Rural HHs were among the most affected, so it was important to conduct this survey targeting rural HHs filling a gap. Rural HHs face limited agriculture production as national markets are affected by the war. This causes complications on food consumption of rural communities. Resilience of the Rural HHs were impacted by increased production costs, reduced or stopped livestock production, decreasing sources of income.
- FAO complemented these findings with a rapid gender analysis (RGA) conducted by the RGTF. Results triangulated. For instance, according to the findings, 43% of IDP women in Ukraine were able to find employment compared to 58% of men.
- It is important to understand how different groups are affected by the war differently, how different roles they have in terms of agriculture- e.g., who is producing the food, who is involving in management of farms, who are processers, who are traders, wage workers, entrepreneur. Such analysis helps us see how we can respond to the specific needs of diverse groups. And we should focus on the role women and youth can play, and make sure that they are involved in planning and decision making.
- FAO currently continues producing the evidence to see how they can support in terms of agriculture, food insecurity and designing gender responsive mitigation measures. They monitor the gender impacts of the war on agriculture. They advocate for gender responsive protection risk analysis and strategies. They advocate for improving social protection measures- e.g., when any in kind/FI/small grants assistance is provided, they make sure gender dynamics are taken into considerations.
- FAO aims for looking at what value chain is still operational and how to better support women-run business, what kind of knowledge and resource is the need for farmers, so that they can continue producing food. They also engage with some strategic donors to see how to bring the gender dimension into food security and agriculture better.

4. Knowledge Management Products by the RGTF

- RGTF plans to develop Gender Briefs in specific topics for next year. Livelihood is first to be done. The co-chairs asked for interested participants to be part of a TF where we will look at and analyse the secondary data. FAO's participation would enrich the process. The Gender Brief- Livelihood in Focus will be ten pages maximum, and it will be translated into other languages to be useful for advocacy and influencing the programming.

5. RGFT Workplan Meeting

- In January, the RGTF will invite members for a roundtable to discuss and endorse the work plan collectively. The co-chairs emphasized how important it is to finalize the WP with members' insights and inputs.

6. Regional Resource Tracker

- The RGTF created a very simple, user-friendly tracking tool for all KML products that are being produced or available in the region. It is known that there is high number of resources being developed by all organizations. It is important to track all these resources so that when organizations decide future KML products, they do not duplicate but rather fill a gap. It is also important to know available resources in the region. The tracker is uploaded in the google drive, under Folder #12. Quick link can be found here.
- There is no deadline for filling the tracker in, it will be a living document. However, members are encouraged to insert the info at their earliest convenience for this tool to be helpful for all.
- The RGTF is in coordination with the Regional IM WG. There will be a future collaboration with them to make sure that gender related KML products are included in their tracking mechanism.

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Meeting Participants

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