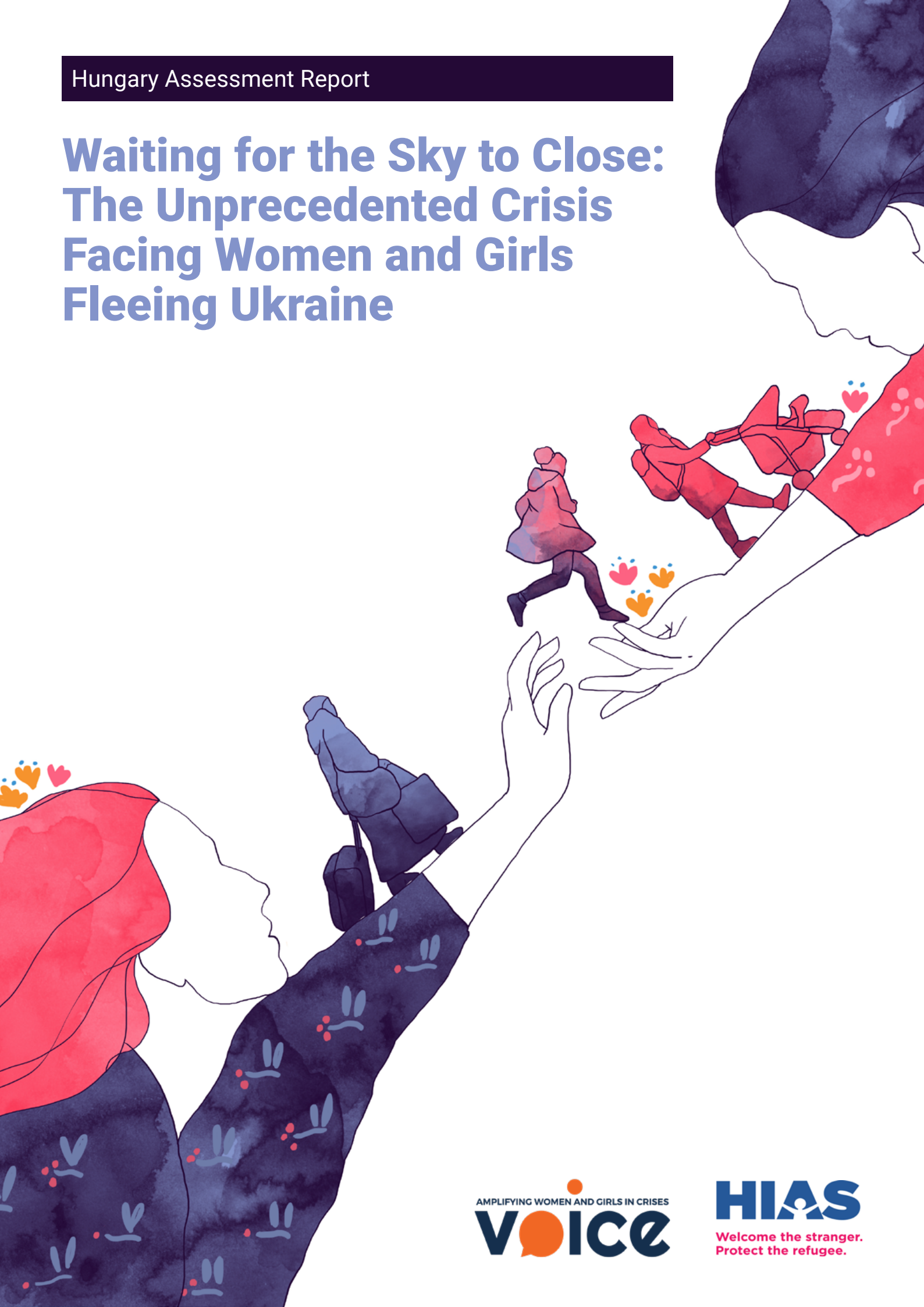
Hungary Assessment Report

Waiting for the Sky to Close: The Unprecedented Crisis Facing Women and Girls Fleeing Ukraine



AMPLIFYING WOMEN AND GIRLS IN CRISES
VOICE

HIAS
Welcome the stranger.
Protect the refugee.

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I. Executive Summary

While there has been an outpouring of public and private support for those fleeing Ukraine, the largely ad hoc and gender-blind response cannot meet the basic needs and protection concerns of forcibly displaced persons (FDPs)[1] and their host communities in Hungary. Duty-bearers —(including international non-governmental organizations [INGOs] and the United Nations [UN]— have so far failed to adhere to their own global commitments to localization of the humanitarian response. This includes systematically creating ways for women and girls to design and lead responses, incorporating their views into all phases of the operational management cycle.[2] With few exceptions, dedicated funding for sexual and reproductive health (SRH) and services for violence against women and girls (VAWG) has failed to materialize. Instead of the multi-year flexible funding that local women- and girl-led organizations need, these overworked frontline groups find themselves chasing grants that may only cover one to three months of total costs. In this way, they are made to take on humanitarian work that they are not necessarily trained for,[3] which ultimately derails their core missions.

In every armed conflict, men's violence against women and girls increases rapidly and stays elevated long after the fighting stops. Like the other countries bordering Ukraine, Hungary is facing an unprecedented refugee crisis of women and children displaced by the war. Urgently-needed, gender-sensitive violence prevention and risk

[1] The term forcibly displaced persons (FDPs, or forced migrants) used here is an imperfect one that includes FDPs and asylum seekers, as well as some economic migrants. Some foreigners living in countries neighboring Ukraine are technically economic migrants rather than FDPs or asylum seekers; however this is a gray area depending on whether their movement was forced by a loss of livelihood related to the conflict, or other causes.

[2] The Operational Management Cycle (OMC) for refugee emergencies or the Humanitarian Programme Cycle (HPC) for internally displaced persons emergencies refer to a series of actions to help prepare for, manage and deliver humanitarian response. They provide entry points for working with and for women and girls at every stage and across all clusters/working groups.

[3] We must acknowledge that refugee crises in Hungary are not new, considering the displacement caused by the previous conflict in Ukraine in 2014 and the large displacement caused by the conflict in Syria in 2015.

mitigation measures are trailing behind the general response. Women's rights organizations (WROs) in Hungary have been responding to the needs of forcibly-displaced women and girls since the war began, and these localized WROs are best positioned to design, build, and provide the creative solutions necessary. Local organizations have comprehensive strategies that can absorb the refugee response if provided the flexible funding and specific technical support needed to apply critical gender-based violence (GBV) services to the refugee crisis. These organizations are asking for recognition of their expertise and for the requisite funding to utilize their knowledge in continued response to this crisis, while not losing sight of—and continuing to meet the needs of—Hungarian women and girls.

Instead, a familiar structure is developing: a top-down, unequal relationship between capable local actors and international humanitarian agencies. This arrangement always fails women and girls, even by these agencies' own standards.[4] Women and girls are not consulted in the design of the very aid that is being developed for them, and WROs are alienated from humanitarian coordination structures and are expected to do more than ever, with little or no extra funding. VOICE witnessed this familiar scenario play out in relation to the international humanitarian community's response to COVID-19, where yet again the humanitarian aid sector —despite its commitments to crisis-affected populations—contributed to denying women and girls their rights to participation, consultation, and services, and in some cases subjected them to its own types of violence.[5]

In addition, there are a number of actors and organizations playing a vital role in the humanitarian space that may not have traditional humanitarian or crisis experience,[6] and therefore, do not or may not have the more nuanced GBV and broader protection experience. These entities are strongly encouraged to engage expertise to navigate and implement GBV and other protection regulations, policies, and strategies, and to strongly consider and integrate the related assessment recommendations included in this report.

Through a new partnership between VOICE and HIAS, and as part of a six-country assessment in the region, VOICE conducted a one-week rapid assessment in Hungary to assess the needs of women and girls affected by the war in Ukraine and the needs of WROs and groups responding to the emergency. WROs and forcibly displaced women reported that they are most concerned about trafficking; sexual exploitation and abuse; not being able to meet their basic needs, especially in regards to food security;

[4] Including the World Humanitarian Summit's Grand Bargain and Core Commitments to Women and Girls; the Sphere standards; the IASC GBV Guidelines; the Minimum Initial Services Package (MISP); and others.

[5] *We Must Do Better: A Feminist Assessment of the Humanitarian Aid System's Support of Women- and Girl-Led Organizations during the COVID-19 Pandemic.* VOICE, 2021, https://voiceamplified.org/voice-research-report-we-must-do-better/.

[6] These entities include private businesses, international for-profit organizations and other international contractors.

access to decent work; and an overall lack of access to services—all of which make women and girls in Hungary incredibly vulnerable to multiple forms of violence.

The assessment also revealed: high levels of sexual exploitation and abuse (SEA) and other forms of GBV; protection concerns related to shelter and unsustainable housing (often heightening the risk of exploitive labor); and a complete lack of data on where FDPs are, as well as the services that are available and actually reaching them. Language is a major barrier for Ukrainian FDPs in accessing services. Overall, FDPs in Hungary almost completely lack access to GBV services, reproductive healthcare, mental health and psychosocial support (MHPSS) services, and legal services and information. On top of this, Roma and LGBTQIA+ communities face additional discrimination and protection concerns.

Forcibly displaced women are running out of financial resources, and consistent access to cash assistance and sustainable housing remains out of reach for most. This is a disaster in the making that can be avoided. By providing holistic and accessible cash assistance, some of the major protection concerns that most women face—such as accepting exploitive labor, engaging in sex work, and falling prey to trafficking or SEA—will be prevented.

Local organizations and the numerous volunteer groups that mobilized and responded from day one of the war are exhausted, stretched past capacity, and underfunded, with almost no money being provided through the emergency response for core programmatic needs. Local WROs already struggled to meet the needs of Hungarian women, and now they are stretching further to fill the gaps in services for Ukrainian FDPs. At the time of the assessment, many organizations had been approached by or were receiving refugee response funds from INGOs or the UN; but they say these funds are too restrictive and more reflective of international priorities than local needs.

Data on the movement of FDPs from Ukraine is either inaccessible, sporadic, or inconsistent. Many respondents did not know how many displaced people were coming into Hungary, where they were accommodated, or how to provide them with services and needed information. The early days of the influx were marked by bottlenecks in food and supplies in some areas, while service points providing more comprehensive services were underutilized as a result of a lack of communication by authorities.

Women and children are the face of the FDP crisis, and are on the front lines of the conflict. The crisis requires locally driven, tailored responses through which women's organizations should influence the humanitarian response.

"At the beginning I thought we had all the resources to solve this crisis—and now, I have lost this view." — Hungarian volunteer leading response efforts

Hungary-specific Recommendations

ICON KEY			
United Nations (UN) Entities	European Union (EU)	Host Country Governments	Government of Ukraine
Feminist Philanthropy/ Feminist Funds	Member State Donors	LNGO (Local Non Governmental Organization)	INGO (International Non Governmental Organization)

- **Increase and bolster MHPSS and GBV services to meet the needs of women and girls at the scale needed**. This should be done in partnership with WROs in a manner that builds off of their existing work, knowledge, and expertise. If done well, FDP needs will be met while improving overall access to GBV services, including prevention and response, for all women and girls in Hungary.

- **Ensure all efforts to address GBV and sexual and reproductive health needs of FDPs are done in a way that reflects the realities and increasing pressures on women's rights and WROs in Hungary** and the shrinking space available for civil society.

- Take appropriate and relevant action to prevent and respond to trafficking. Engage local WROs and anti-trafficking organizations within the country and in the region, including cross-border work from Ukraine to Hungary. Engage trafficking destination countries—including Germany, Austria, Switzerland, the Netherlands, and Belgium, and the United Kingdom—and advocate that they work on victim identification systems and offer comprehensive services to prevent further sexual exploitation once trafficking victims have arrived in another country.

- Sufficiently resource local NGOs, WROs, and the government to provide safe and sustainable housing solutions for the medium- and long-term needs of those fleeing Ukraine.

- **Urgently engage in tripartite planning (Government of Hungary, UN, and INGOs) to address the food insecurity of FDPs in Hungary.** Immediately engage with women's organizations who are best placed to devise and support strategies to mitigate negative coping mechanisms and prevent risks of violence to women and girls in relation to their increased insecurity due to not being able to feed themselves and their families.

- Support the Government of Hungary to responsibly collect and publicly share information about FDP demographics, and aid efforts to strengthen protection and prevent trafficking across the border. Systematize information-sharing to make disaggregated information on FDPs available to service providing organizations. Non-state actors, with the leadership of the UN, should establish a joint database to collect and publicly share information about the different services and points of information they are using.

- Develop an online platform that collects all relevant information in different languages for FDPs and for professionals working on the crisis response efforts.

- Advocate with the Government of Hungary to:

  • Collect and publicly share accurate FDP movement;

  • Ensure equitable treatment of all FDPs, including third country nationals and Roma;

  • Ensure reception conditions meet international standards for all FDPs; and

  • Ensure all FDPs can access protection and integration support if unable to return to their countries of origin.

- Provide direct support to local women's rights, feminist, and LGBTQIA+ organizations and civil society at large—regardless of size, geography, or registration status—in recognition of the fundamental role they play in frontline response. Allow these organizations the time they need to strategically and sustainably develop their responses in a way that reflects the changing circumstances.

- **Identify and use communication and media channels known to be trusted and preferred by FDPs**

- Ensure all coordination structures develop Accountability to Affected Populations (AAP) mechanisms that are inclusive and take into account the preferred media and communication methods used by different groups. Two-way communication for people in need of humanitarian support should be established, where feedback and complaints are logged and timely responses are received.

- To the extent possible, **INGOs should work with the government to address the lack of civil status documents for Roma and other population groups, and to expand access to EU Temporary Protection Status.**

- Provide and coordinate the full spectrum of mental health and psychosocial support services (MHPSS) in accordance with inter-agency standards. MHPSS should be offered to IDPs and host communities at three levels: (1) Psychological First Aid should be available at IDP reception centers, through hotlines, and by psychologists in the field; (2) psychosocial support should be offered through group activities at shelters, social centers, local community gatherings, and NGOs; and (3) specialized long-term psychological or psychiatric support should be available for people with high levels of trauma. Provide specialized training to MHPSS providers on PTSD, trauma, and crisis psychology; funding for NGOs and professional associations that provide MHPSS services; and linkages among NGOs and professional associations providing MHPSS services.

II. Assessment Framework Overview

A. Working in partnership to support Women's Rights Organizations

VOICE and HIAS[7] share a vision of supporting women's rights organizations (WROs) and women's groups across the region to lead on the Ukraine humanitarian response.

The partnership aims to help WROs, local civil society organizations (CSOs), and informal groups to shape humanitarian response, recognizing the unique impact of humanitarian emergencies on women, girls, and other at-risk groups in all their diversity. It is critical that humanitarian actions —both within Ukraine and regionally—build upon the advances in gender equality and women's empowerment made by Ukrainian and regional women's rights activists, women-led groups, and CSOs.

In addition to supporting direct service delivery by local organizations, HIAS and VOICE together will continue to advocate for the need to support WROs with un-earmarked crisis funds.

About VOICE

VOICE believes that the humanitarian sector must deliver on its promise to protect women and girls—and that women and girls themselves must lead that revolution. We are confronting one of the world's oldest and most widespread human rights abuses: violence against women and girls (VAWG). We challenge traditional, ineffectual methods of addressing VAWG in humanitarian emergencies, with a proven but chronically underused resource: the leadership of women and girls themselves.

[7] HIAS, the international Jewish humanitarian organization that provides vital services to refugees and asylum seekers, has been helping forcibly displaced persons find welcome, safety and opportunity for more than 130 years. Currently working in more than 17 countries, HIAS is responding to the war in Ukraine through its core programming areas, including Economic Inclusion, Mental Health and Psychosocial Support, Legal Protection, and Prevention and Response for GBV, with a focus on violence against women and girls and individuals identifying as LGBTQIA+.

VOICE's approach, steeped in women's rights practice, offers something new and necessary in the fight to end VAWG. We are working toward a world where girls and women are respected leaders in designing and implementing solutions to eradicate violence—both in their communities and within the halls of power. Ultimately, VOICE's goal is greater direct resourcing of local women's organizations and their solutions to address violence. We help meet the needs of women- and girl-led organizations in a growing number of countries, including Afghanistan, Bangladesh, Colombia, Hungary, Iraq, Moldova, Myanmar, Pakistan, Poland, Romania, Slovakia, South Sudan, Syria, Ukraine, the United States, Venezuela, and Yemen.

B. What we did

VOICE's approach to this assessment is steeped in international best practices and centered on WROs identified through our network. Our focus on WROs is grounded in the recognition that these organizations are and will always be the first to respond, and have the most creative and timely solutions to address the risks of women and girls.

The VOICE assessment team spent seven days in Hungary conducting this rapid assessment, which focused on the needs of women and girls affected by the war in Ukraine and the needs of WROs, CSOs and groups responding to the emergency.[8]

During the assessment, the following key informant interviews (KIIs) and site observations were conducted:[9]

- 23 KIIs with: 7 heads of local organizations; 2 male police officers; 3 volunteers running shelters and providing housing to forcibly displaced persons; 8 UN agency staff members; and 3 Ukrainian diaspora women.
- 11 site observations at: 1 border crossing; 3 shelter locations; and 7 organizational service points.

[8] The overall assessment framework was envisioned and conducted by a team of VAWG and women's rights activists and practitioners from Eastern Europe and Ukraine; seasoned gender-based violence in emergencies (GBViE) technical specialists; a conflict medicine/nurse practitioner sexual and reproductive health (SRH) expert; LGBTQIA+ practitioners and activists; a trauma-informed stabilization expert; and VOICE Leadership Team members, including the Executive Director and the Emergency Response Director. This dynamic team brought global, regional, and local expertise together with a range of language skills and deep connections to Ukraine and Eastern Europe—building from years of VOICE's work in the region and from the specific and unique expertise of the assessment team.

[9] Questions were focused around the following areas of inquiry: concerns for women and girls at border crossings and while on the move; overall safety concerns in their current location; any discrimination specific groups have experienced or have been witnessed to have experienced; GBV risks for women and girls (including sexual exploitation and abuse); availability and accessibility of facilities and services; cash assistance, cash distributions, access to cash, and remaining levels of financial resources; shelter sites and private accommodations and the risks and concerns of each; legal documentation and access to legal services; access to health services, including sexual and reproductive health services such as the clinical management of rape, abortion, and pre- and post-natal care; access to good and decent work; and language accessibility through existing service provision.

Map of Ukraine

The VOICE team also attended Protection Working Group coordination meetings during the assessment.

All information shared was treated as confidential to ensure principles of Do No Harm. Through the assessment, the team was able to develop a clear picture of cross-cutting risks for VAWG across the emergency response and how they are interlinked with access to essential services.

C. Limitations

Due to the rapid nature of data collection in a complex and fluid environment, this was a rapid needs assessment and not intended to be a comprehensive risk and needs assessment. There were limitations of time and safety and security concerns. The approach was grounded in and directed by adherence to ethical considerations, which at times prevented interviews and discussions from happening. In many instances, the level of visible trauma was such that it would not have been ethical to ask different protection questions. Lastly, information was challenging to obtain in Hungary, and while official numbers and data were triangulated, it was almost impossible to find consistent and reliable sources of information.

In interviews across the five border countries assessed (Hungary, Poland, Romania, Moldova and Slovakia), forcibly displaced Ukrainian women were often reluctant to share or "complain," and they expressed gratitude for the support they were receiving. This raises the question of whether women were under-reporting instances and risks of violence.

III. Hungary Background Information

A. The humanitarian emergency in Hungary

As of May 15, 2022, over 600,000 people—primarily Ukrainians—have entered Hungary fleeing the war in Ukraine.[10] These forcibly displaced persons (FDPs) are entering a political setting in which anti-migration and anti-human rights sentiments are prevalent, and Hungarian leaders have become renowned for their xenophobic words and actions. The dismantling of the migrant reception system over the past few years—as well as a restrictive legal framework for international and humanitarian organizations—have hobbled the country's ability to cope with the influx from Ukraine. The right-wing government continues to target civil society organizations (CSOs) for harassment and funding cuts, even as these groups have stepped in as the first responders in this humanitarian response.

In the context of the war in Ukraine, Hungary presents itself to the world as being welcoming to FDPs and asylum-seekers. In reality, however, FDPs cannot meet their basic needs in Hungary and find themselves at risk of labor exploitation, deprivation, hunger, and gender-based violence (GBV), including trafficking. There is a seeming intentionality by the Hungarian government to push FDPs to keep moving onwards and only utilize Hungary as a transit country.

At the 39th session of the Human Rights Council in September 2018, Hungary's Foreign Minister Peter Szijjarto stated that "Hungary will never be a nation of migrants" and "migration is not a human right." His speech presented migrants as an inherent threat to Hungarian culture, identity and heritage, claiming that Hungarian people have "the right not to allow those persons to enter our own country who would disrespect these factors," referencing the country's "Christian culture and traditions" as well as appeals to national security.[11]

[10] UNHCR. "Operational Data Portal." *Ukraine Refugee Situation*, May 15, 2022, https://data2.unhcr.org/en/situations/ukraine.

[11] Shameem, Naureen. (2021). Rights at Risk: *Time for Action. Association for Women's Right in Development* (AWID).

The restrictive legal frameworks for international and humanitarian organizations make it difficult to assist both FDPs and migrant populations. Humanitarian access for UN actors and international non-governmental organizations (INGOs) was initially denied by the government, the response instead delegated to a handful of faith-based organizations. The few international actors who were present in the country before the war have now put some basic humanitarian coordination structures in place, but the government seems to have no interest in mounting a coordinated response to the Ukraine crisis.

A Protection Working Group is led by UNHCR, and a Basic Needs Working Group has now been established to cover shelter, food and cash assistance. Local NGOs complain that these structures are mostly "just the UN speaking to the UN," without local buy-in and without a protection lens. Women and girls and their organizations say they have not been consulted in coordination efforts, and they do not appear to have a seat in any humanitarian decision-making. As noted, WROs have started to coordinate their own multi-sectoral response but their funding is minimal, and most have no training or experience in humanitarian principles and standards.

As of May 10, only 20,275 Ukrainian people have applied for temporary protection status (TPS) in Hungary.[12] Third-country nationals coming from Ukraine are no longer eligible for TPS in Hungary; they are only allowed to stay for 30 days, and with limited rights.[13,14] An unknown number of FDPs have initiated the long visa processes for countries such as the United States, Canada, and the United Kingdom. Some FDPs are returning to Hungary from Poland, Germany, and Italy because these countries are "full."

Because men are not allowed to leave Ukraine, women and children in their full diversity make up the vast majority of the 600,000 who have fled Ukraine. Hungary is thought to be more of a transit country than a destination for FDPs, but some people are clearly staying in the country. Those who stay are often the ones in the most precarious situations—financially underprivileged groups who may not have access to mobile phones, internet, or social networks and relationships outside of Ukraine. This includes elderly people, Roma FDPs, and people who were living in remote and rural areas in Ukraine. There is no established system of special assistance to help them navigate the Hungarian system, attain TPS, or access the benefits attached to that status, such as cash assistance. As such, they are vulnerable to a variety of protection risks and labor exploitation.

https://awid.org/ours-2021.

[12] Hungary: Ukraine situation inter-agency update, UNHCR, May 10, 2022, https://reliefweb.int/report/hungary/hungary-ukraine-situation-inter-agency-update-10-may-2022.

[13] *Magyar Közlöny*, n.o 44, March 7, 2022, https://magyarkozlony.hu/dokumentumok/d98058216e0e225e56baf304d5470bc38736c590/megtekintes.

[14] According to information from the Hungarian Helsinki Committee, Third-country nationals can apply for a 30-day temporary residency with access to accommodation as a third-country resident coming from Ukraine. However, this does not allow FDPs to enter employment in Hungary, nor does it allow them to travel within the EU.

Language is a major barrier for Ukrainian FDPs, as the Hungarian language is completely different from Slavic languages such as Ukrainian, Slovak, Polish, and Russian. Conversely the Roma groups that live in the Carpathian region spanning modern day Hungary, Slovakia and Ukraine primarily speak Hungarian.

While there has been an outpouring of public support for Ukrainian FDPs, this is not a sustainable solution to their basic needs and protection concerns. A strong social media community of Ukrainians has been effective at sharing information with other Ukrainians, but people are falling through the cracks and remaining invisible.

Aid money will eventually begin to flow from the European Union, but this will take time. Funding from USAID has been pledged, but the timing is unclear. No contingency plans were mentioned in interviews with service providers, and FDPs themselves may not understand that returning to Ukraine may be a longer process than originally understood. As such, more sustainable approaches to the situations of Ukrainian FDPs in Hungary are needed.

B. The government of Hungary and restrictions on civil society

Prime Minister Viktor Orban, who was re-elected in April 2022 and has been holding the position since 2010, is known for his homophobic, ultra-conservative and anti-rights politics. He continues to use government-friendly media to target CSOs and human rights defenders and has put strict measures in place to shrink civil society further. According to a 2021 Human Rights Watch report, the government systematically attacks rule of law, academic and media freedom, rights of LGBTQIA+ people, and the rights to health, asylum and migration, and it puts civil society under high pressure and censorship.

In 2017, Hungary adopted a Nonprofit Law which requires CSOs to register as foreign-funded if they receive more than 7.2 million HUF (approximately 24,200 USD) in a tax year from foreign sources (including individuals, foundations, governments or agencies).[15] In 2018, faced with an increasingly repressive political and legal environment in Hungary, Open Society Foundation made a decision to close international operations in Budapest.[16] Subsequently, the George Soros-affiliated Central European University left Hungary as well, and key funding for rights protectors left a void for supporting progressive organizations and organizations providing services for the rights of women.

> **"War on women's bodies has been happening on Hungarian women, and now the international community is coming in and only focused on FDPs from Ukraine when they have been ringing the bell for years on the need for a focus on women's rights in Hungary."** – Local Women's Rights Organizations

Targeting civil society and restricting already-limited funding has compromised the resilience of social justice movements and encouraged the spread of far-right fundamentalism and anti-rights groups. Human rights defenders are described as 'Soros agents' or 'national security risks' in government-friendly media and are at high risk of violence, censorship, and attack.

[15] International Center for Not-for-Profit Law (ICNL). *Nonprofit Law in Hungary. Council on Foundations*, February 2021, https://www.cof.org/sites/default/files/documents/files/Hungary/Hungary-Note-September-2019.pdf.

[16] "The Open Society Foundations to Close International Operations in Budapest." *Open Society Foundations*, May 15, 2022, https://www.opensocietyfoundations.org/newsroom/open-society-foundations-close-international-operations-budapest.

Hungary's response to the FDP crisis is happening in a moment when racist, anti-Roma, anti-migration, and anti-rights views are prevalent in public discourse and politics. Knowledgeable sources accuse the government of intentionally creating an environment where data on the movement of FDPs from Ukraine is either inaccessible, sporadic or inconsistent. NGO and INGO staff said they did not have reliable information on the number of FDPs coming in, staying in, or transiting through Hungary; where FDPs are accommodated; and how to access these populations to provide services.

Hungarian officials downplay the magnitude of the problem and its myriad risks for those involved. They have claimed that zero (0) unaccompanied minors have come across the border, which cannot be true. Police at a key border crossing told the VOICE team that there are "no risks" for women and girls in transit, and nothing that needs to be done to protect them. Asked if they were concerned by the many Hungarian men at the border holding handwritten signs offering Ukrainian women opportunities for work (likely indicators of trafficking or exploitative/forced labor), police said no.

C. Pre-existing prevalence of GBV in Hungary & existing legal frameworks

Domestic violence only became a specific criminal offense in Hungary in July 2013; however, Human Rights Watch has found that legal gaps and poor implementation of the law leave women without adequate protection from GBV. In recent years, these protection spaces have shrunk even smaller as right-wing populism has led to increased anti-women and anti-LGBTQIA+ rhetoric. The 2014 European Union Agency for Fundamental Rights survey showed that 28% of women in Hungary experienced physical and/or sexual violence by a current or previous partner or by any other person since the age of 15;[17] 27% of women have experienced physical or sexual violence by an adult before the age of 15; and 49% of women have experienced psychological violence in their relationships. During the COVID-19

[17] "Survey on violence against women in EU (2012)." *European Union Agency for Fundamental Rights*, 2014, https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-violence-against-women-survey.

pandemic, rates of domestic violence were reported to have increased even more.[18]

In May 2020, Hungary's Parliament blocked the ratification of the Council of Europe Convention on Combating Violence Against Women and Domestic Violence, known as the Istanbul Convention, despite having signed the Convention on the 14th of March 2014.[19] Reasons for rejecting the ratification included that it undermines "traditional family values," "encourages homosexuality," and "promotes destructive gender ideologies" and "illegal migration."[20] A new law also made it impossible for transgender or intersex people to legally change the gender or sex assigned to them at birth—putting them at risk of further harassment, discrimination, and even violence in daily situations when they need to use identity documents.[21] Hungarian law continues to prevent reasonable access to emergency contraception and hinders access to abortion, and activists fear more barriers are forthcoming.[22]

D. Overall healthcare system in Hungary

If FDPs are able to navigate the system and gain TPS or asylum in Hungary, they are legally allowed access to medical services. In reality, the healthcare system is very slow, and many patients' health gets worse while waiting for care. Hungary spends only 4.7% of its GDP on health, the fourth lowest in the EU.[23] The system is mainly financed through the National Health Insurance Fund and taxes. It is organized around a single health insurance fund providing coverage for nearly all residents. However, the benefit package is relatively limited comparedwith other EU countries. The national government is responsible for setting strategic direction, controlling financing, and issuing and enforcing regulations, as well as delivering most outpatient specialist and inpatient care.[24]

While Hungary has not had such a massive influx of FDPs as other countries in the region, the government has provided on-site urgent and primary healthcare access at border crossings, as well as providing direct access to medications via the national stockpile.[25] Mobile health centers have been deployed to local towns to provide psychosocial support and medical care. In spite of these initiatives, major barriers to FDP integration in healthcare remain, and discrimination and limited support for FDPs in general is likely to further limit their access.

[18] Péter, Bucsky. "Másfélszeresére nőtt márciusban a családon belüli erőszak, a bűnözés negyedével csökkent [Domestic violence increased 1.5 times in March, with crime declining by a quarter]." G7, April 23, 2020, https://g7.hu/adat/20200423/masfelszeresere-nott-marciusban-a-csaladon-beluli-eroszak-a-bunozes-negyedevel-csokkent/.

[19] "Chart of signatures and ratifications of Treaty 210". *Council of Europe Portal*, May 14, 2022. https://www.coe.int/en/web/conventions/full-list?module=signatures-by-treaty&treatynum=210. Accessed May 14, 2022.

[20] Margolis, Hillary. "Hungary Rejects Opportunity to Protect Women from Violence. Government Blocks Key Treaty as Covid-19 Exposes Scale of Domestic Abuse." *Human Rights Watch*, May 8, 2020, https://www.hrw.org/news/2020/05/08/hungary-rejects-opportunity-protect-women-violence.

[21] Human Rights Watch. *World Report 2021: Hungary Events of 2020*. 2021, https://www.hrw.org/world-report/2021/country-chapters/hungary.

[22] Human Rights Watch. *Submission to the Committee on the Elimination of Discrimination against Women on Hungary 80th pre-session*. February 12, 2021, https://www.hrw.org/news/2021/02/12/submission-committee-elimination-discrimination-against-women-hungary.

[23] Gaál, Péter, et al. "Hungary: health system review 2011." *Health Systems in Transition*, vol. 13, n.o 5, June 17, 2011, https://euro-healthobservatory.who.int/countries/hungary.

[24] Inotai, Edit. "Hungary's health system has radical surgery." *Balkan Insight*, April 20, 2022, https://balkaninsight.com/2021/04/20/hungarys-health-system-has-radical-surgery/.

[25] Veres, Kristof. "Health Care at Hungary's Border." *Think Global Health*, March 18, 2022, https://www.thinkglobalhealth.org/article/health-care-hungarys-border.

IV. **Findings**

WROs and forcibly displaced women reported that they are most concerned about trafficking; sexual exploitation and abuse; not being able to meet their basic needs, especially in regards to food security; access to decent work; and an overall lack of access to services.

A. Needs and risks of women's organizations, groups, and collectives

"Women's organizations [in Hungary] have been suffocating for a long time." – Local Women's Rights Organization

Over the last decade, the number of people involved in human rights work in Hungary has declined significantly due to the government's anti-democratic rhetoric and actions. Feminist initiatives and women's rights organizations have seen their funding cut, even as their workload has ballooned in a hostile operating environment. GBV service provision for women and gender non-conforming people in Hungary has long been a challenge. WROs have been stretching to accommodate the needs of Hungarian women, and now they are working with and for FDPs from Ukraine to fill the widening gap.

Several WROs have formed a coalition with sexual and reproductive health and rights (SRHR) organizations to design a coordinated response to the war in Ukraine. Response efforts will include GBV and SRH information sharing, referrals to SRHR services, access to emergency contraception and abortion, sexually transmitted infection (STI) testing, and urgent clinical care for sexual violence and rape. Eventually, they plan to provide legal support and accompaniment to report GBV cases, as local police do not speak Ukrainian or Russian.

There is an operating helpline which provides support to pregnant women with children, and local WROs help women in accessing referrals to psychosocial and medical support in childbirth, prenatal and postnatal care. WROs intend to expand into information sharing and capacity building of volunteers and frontline responders to ensure their work is trauma- and GBV-informed.

WROs are suspicious of the larger NGOs affiliated with the government—so-called 'GONGOs'—whom they accuse of co-opting civil society spaces and soaking up limited resources. They suspect this is another government strategy to shrink space for civil society. As of now they are locked out: lacking information on where FDPs are being accommodated, how the government is responding, and how they can contribute.

WROs are currently operating in survival mode and urgently need sustainable long-term funding and flexible core support to continue. Donors continually contact local organizations and especially WROs, and it was made clear that donors are creating pressure and unreasonable burdens for these organizations. WROs are expected to develop and start activities as soon as possible and according to INGO and UN priorities, rather than what is actually needed on the ground. They are not allowed the time to strategically and sustainably develop response activities in a way that is reflective of the constantly changing circumstances.

"They [donors] expect us to commit to activities that may not be realistic, sustainable, efficient or promising in the long-run. They expect lengthy meetings, frequent updates, and complicated proposals tailored to each individual donor's internal vocabulary and systems. These are expected under tight deadlines and they are asking this from us and we are already overburdened. If it's an emergency situation and they expect us to submit ASAP, which they shouldn't, we feel that they could do the courtesy of not making us learn their systems and go through many rounds but rather create a simplified application process."
— Local WRO

B. Trafficking and other GBV risks

The existence of trafficking, exploitative labor, and sexual exploitation and abuse (SEA) by volunteers has already been reported, and it is safe to assume the most vulnerable groups (see below) are at heightened risk. Trafficking is happening in multiple ways and at multiple points, especially at the border, but there are also reports of foreigners coming to Hungary in order to traffic people. Roma and other women and girls coming from extreme poverty are typically at greatest risk. Women have few options if they experience such violence; the police do not speak Ukrainian, and few have any faith that police take crimes against FDPs seriously.

The habitual channels of trafficking run from Hungary to Western countries, most notably to

Germany, Austria, Switzerland, the Netherlands, Belgium and the United Kingdom. Western countries must pay special attention to identifying potential victims of trafficking arriving from Hungary as the Hungarian authorities cannot be counted on to intervene. Because of this, there is a need to utilize information from previous trafficking flows, as well as analyze the lack of the Hungarian government's interventions.

Exploitative labor is taking many shapes. Given the lack of access to food and shelter as well as the language barrier, FDPs are at a serious power disadvantage to potential employers. There were direct reports of women being offered hotel jobs and then having to work through unpaid probationary periods. There is also a black market of labor that exploits and severely underpays FDP women, as well as some children under the age of 18.

"She used to work as a chemist and now she is cleaning and doing dishes in a restaurant from 11am to 11pm. And she doesn't even have time to see her daughter."
— Volunteer running FDP services

As in most—if not all—emergencies globally, some of those who are meant to be helping the displaced are instead taking advantage of their positions as volunteers and agency staff to exploit people. There was a direct report of a volunteer promising to bring food to people in temporary housing; upon arrival he asked the mother for sex and for her to be his wife in exchange for the food.

When asked about risks for women and children, one volunteer offered, "they are very vulnerable here and there is a lot of violence, physical abuse, sexual assault… What am I not worried about?"

C. Shelter, sustainable housing, and food insecurity risks

Several volunteer-run and -led temporary and transit shelter sites in Hungary are making heroic efforts to meet the needs of Ukrainian FDPs for accommodations, safe transport for onward movement, hot meals, and safe spaces for children to play. The assessment team met with organizations housing and feeding over 1,000 people in private accommodations in the capital, while feeding thousands more daily in rural areas.

The lack of support from the international community and the government of Hungary make this situation untenable in the medium- and long-term. Volunteers will have to return to their paid positions, and it was noted by some that an estimated one million progressive Hungarian people are considering leaving the country in the wake of the recent elections.

"I find myself crying for two weeks at a time. Why isn't there any kind of [emergency response] structure that is usable?"
— KII with volunteer

Decent housing was frequently mentioned as one of the key issues in the context of this crisis. There is a lack of affordable housing in general in Budapest, making it difficult or impossible for FDPs to access sustainable shelter options. Even in the best of scenarios where someone is able to gain TPS and find decent work, finding housing is a major challenge. There are many volunteer-led medium- to long-term housing options being developed and implemented; however, the safety

and security of these options is not clear, and protection risks remain high.

VOICE heard direct reports from multiple sources about severe food insecurity and malnutrition. At the same time, it is general knowledge that there are warehouses filled with food that are not reaching the FDP populations who need it most.

> **"In the evening, people keep coming to us and we have already run out of food."**
> — Volunteer running a food kitchen

Displaced people are in need of food as well as hygiene products. Before they can access the benefit of cash through registering for TPS, there is a delay that one person interviewed called "the hunger period." Even when the cash distributions begin, this informant continued, "it's never enough." There is a center in Budapest where FDPs can receive hygiene products and a parcel of basic foodstuffs, but not everyone can feasibly reach this center, and they are only allowed to access this assistance once.

D. Lack of cash-based assistance, livelihoods, and access to decent work

For decades, Hungary has been a destination for Ukrainian migrant workers, such as construction workers, who were occupying low-paid jobs. In 2017, about 1.3% of the total number of Ukrainian labor migrants in the world were in Hungary, which is approximately 17,000 people. Due to the war, families of many Ukrainian labor migrants have now joined their relatives in Hungary.

While the government outright opposes immigration in its rhetoric, it is taking substantial steps behind the scenes to entice Ukrainian labor to Hungary. In 2016, the government launched a specialized program to attract Ukrainian workers. Under the program, the government signed contracts with Ukrainian employment agencies, opened employment offices in Ukraine, and organized travel for workers. Ukrainians were allowed to work in certain in-demand jobs (such as information technology, drivers, construction workers, seamstresses, carpenters, nurses, etc.) without a work permit for three months.

According to a press release issued by the government of Hungary on March 14, 2022, employers can now receive 60,000 HUF (or €160 per month) for each Ukrainian refugee they employ, as well as an additional 12,000 HUF (or €32) for each of their children.[26]

[26] "Hungary to Provide Financial Support to Employers Giving Jobs to Refugees Coming From Ukraine." *Schengeninfo news*, March 17, 2022, https://www.schengenvisainfo.com/news/hungary-to-provide-financial-support-to-employers-giving-jobs-to-refugees-coming-from-ukraine/.

Cash and voucher assistance (CVA) apparently exists, but according to the KIIs conducted, no one knows what this is or how to access it. There have been spontaneous cash initiatives from volunteer groups offering small funds to those in need. At the time of our assessment, no evidence of financial assistance received from the Hungarian government had been recorded. Informants reported that the assistance is to be provided upon obtaining TPS, which reportedly takes 45 days from the date of application. The team could find no evidence that any CVA coordination mechanism had yet been established as part of the humanitarian response.

E. Lack of access to good information

All organizations met with during the assessment shared that there is a complete lack of data on the number of FDPs, where they are being housed, and how their needs are being met. CSOs do not have the data that could enable consistent FDP needs assessments, better coordination of the emergency response, and evaluation and prevention of protection risks. As mentioned above, the government facilitates intentional disconnect between Ukrainian FDPs and Hungarian civil society, and as such the services and emergency response of local NGOs and initiative groups are disconnected and fragmented.

Without access to the complete picture of information, organizations feel unable to develop effective responses that take into account the needs of the FDPs in Hungary. In the absence of centrally collected and publicly shared information, the information that organizations can access is through informal and ad hoc means, (i.e. when one NGO representative happens to talk to another and share that there are 30 women and children in a specific town). Relying on these types of occasional conversations with people about where intended beneficiaries are located is neither sufficient nor sustainable.

In addition, it was noted by interviewees that there is a lack of credible information reaching FDPs about legal processes and services available to them. This includes a lack of clarity on the difference between TPS and applying for asylum, and confusion about what registering for TPS would mean be for their eventual return to Ukraine and/or onward movement. Without good, credible, and trusted information, FDPs cannot make informed decisions about their lives and do not have full access to services and resources that would be available to them, creating a culture of fear and also major protection risks for women and girls as resources run low and there is nowhere to safely turn for assistance.

If the Hungarian government and the UN work together to collect data, this information needs to be publicly available, as local organizations do not trust that the government will publicly share the data themselves. The data that is being requested regards the numbers of people entering and staying in Hungary, the durations of their stay, their legal status and precisely what services the state claims to be providing to them (directly or

through affiliated NGOs), and how many people have accessed these services to date. There is a fear that the Hungarian government will claim a lot of services are being provided but will fail to come up with a number of beneficiaries of these services. This has occurred in the past, where the government states that they are assisting survivors of GBV, but then fails to show actual numbers of those who they claim have received services.

It was noted by several NGOs that there should be one organization with the ability and resources to systematically collect and regularly update information that is being shared with both NGOs and FDPs.

"The multitude of random info materials (for refugees and for professionals and volunteers aiding them) circulating is ad hoc and is only good for overwhelming NGO workers' inboxes; if these would be collected systematically and 'searchably,' by content theme and country, one would just know where to look or where to direct a beneficiary for info, rather than just briefly remembering that someone sent something on this at some point... The UN agencies are not good for this, as they are only willing to publicize their own materials, leaflets and booklets, even if there are (sometimes more) useful things produced by other orgs. I also suspect that a lot of duplication of work is happening because other WROs in other countries are likely writing the same do's and don'ts guidelines as we do, for instance."

— Local NGO Representative

F. Reproductive health and GBV services

Even before the Ukraine crisis, access to reproductive health care was limited throughout Hungary, and there is now a critical need for services such as abortion, emergency contraception, gynecological care and check-ups, trained and accessible providers on the clinical management of rape, and GBV services (including access to social workers, psychosocial support and legal aid). There is a lack of good and reliable information about GBV, referral systems for GBV services, and government-led GBV services, and there are language accessibility issues for the Ukrainian FDP population.

Regulations on non-orally based contraception methods, including emergency contraception, create further barriers to reproductive health. Hungary has strict governmental criteria for who may seek surgical sterilization: only men and women over age 40, or women over age 35 if they already have three or more children. Abortive care is available in Hungary, but the means of accessing it are intentionally limited, requiring pregnant mothers (regardless of how conception occurred) to attend two separate counseling sessions with the Family Welfare Office before the abortion, and only via state-approved hospitals.[27]

CSOs say that after the recent re-election of Viktor Orban, they expect the government to further limit access to abortion services. While the influence of the church is not as strong in Hungary as it is in other nations, and abortion has a higher acceptance rate among general population than, for example, in Poland, the expectation from these groups is that anti-abortion narratives will be strong in coming years.

[27] Bajusz, Orsolya. "Hungarian "women's health": stigma and coercion." *Open Democracy*, September 29, 2016, https://www.opendemocracy.net/en/5050/feminine-health-stigma-and-coercion-hungarian-study/.

There is considerable stigmatization of women seeking reproductive health support, and in light of the reports of sexual assault as a weapon of war, this raises significant concern for the rights and needs of Ukrainian women and girls who flee into Hungary.

G. Mental health and psychosocial support

Access to mental healthcare in the Hungarian system is difficult, and the services that are being provided are not tailored to the needs of women and girls who are at risk of or have experienced violence. It is unclear whether there is any mental health and psychosocial support (MHPSS) being provided to forcibly displaced women and girls on a regular basis or at all; however from the discussions and meetings we held, there is a clear need and interest. Since the beginning of the war, the FDP population coming to Hungary is increasingly in need of MHPSS services. Respondents were not aware of any Ukrainian-speaking MHPSS activities taking place; however there are some informal groups that could use support to professionalize them and make them more accessible.

H. Double discrimination against populations of concern

Roma, LGBTQIA+, people of color, and other marginalized people who already face discrimination across the region are likely to be those most greatly impacted by the current crisis.

There is a large Roma community in Hungary, and this community historically faces racial stigma all across Europe. Roma FDP populations coming from Ukraine are primarily Hungarian-speaking from the Carpathian region, and while their language skills might make it easier for them to stay in Hungary, they generally have access to fewer emergency services than their non-Roma counterparts. Not only do they tend to have fewer resources than white ethnic Ukrainian FDPs, but they are typically diverted to remote areas without access to food, cash assistance, services and adequate housing, where tensions with already deprived host communities are more likely to flare up.

While there has been an outpouring of support by volunteers, villages, mayors, and host communities, there is no longer-term solution for resettlement and systematized support. In Hungary, there is a generalized attitude that the Roma are not "real" refugees, that they are poor and they can be poor anywhere. Gaining access to official benefits is difficult or impossible, and they are often prevented from accessing private accommodations. Roma peoples, many of whom experience health complications at higher rates than the general population, are likely to suffer as a result of preexisting discrimination in health care.

V. Recommendations and Ways Forward

These regional recommendations are foundational for the UN, Donor/Member States, the European Union, philanthropy, host country governments, INGOs, and local NGOs to implement. They are complementary to the country-specific recommendations included in this report.

ICON KEY			
United Nations (UN) Entities	European Union (EU)	Host Country Governments	Government of Ukraine
Feminist Philanthropy/ Feminist Funds	Member State Donors	LNGO (Local Non Governmental Organization)	INGO (International Non Governmental Organization)

1. Ensure a gender-sensitive humanitarian response by supporting women's movements across the region

A commitment to sustaining the gains for women and girls made in previous decades must underpin all programming for internally displaced persons (IDPs) in Ukraine and FDPs in border countries, with robust challenges to the inevitable patriarchal backlash. For a gender-sensitive humanitarian response to be successful, women's and girls' organizations and other feminist and gender justice groups providing specialist services must be supported to sustain their networks, systems of solidarity, and collective peer care.

Recommendations:

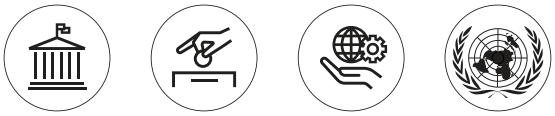
- **Fund programming tailored to the specific needs of the women and children fleeing Ukraine, as well as host communities in all border countries and beyond.** Funding should prioritize the prevention of and re

sponse to trafficking and GBV, as well as access to healthcare, childcare, CVA and education. Funding must be flexible enough to support the core operations of WROs to ensure their stability both during and after the current emergency.

- **Design programs that will not rely on women and girls to provide unpaid or underpaid labor.** In most parts of the world, women are socially expected to care for other people in their homes, families and communities. Emergency program interventions must be built in ways to reduce the burdens of unpaid care work on women and girls, making every effort not to exploit them further. Make this a core principle of all programming, and ensure donors understand this as well.

- **Support local/national feminist priorities,** ranging from legal reforms and political participation to gender mainstreaming in public policies, ending VAWG, economic empowerment, and more. Look from a systemic perspective at how to best support local activism and political agendas of women's rights, feminist, and LGBTQIA+ organizations.

- **Understand the linkages between emergency response and women's rights movement-building work.** Donors who fund movements (rather than emergency response) need to understand that organizations' emergency response activities are inextricably connected to their movement-building work. Conversely, donors who fund emergency response and not women's rights work need to understand that to divorce funding from this reality will have major shortcomings in the outcomes of the response. The localization agenda must be supported and adhered to, cou



pled with a critical lens that deeply understands why funding and linkages across the Humanitarian-Development Nexus[41] are essential to the goals we share of alleviating suffering and meeting humanitarian **needs, while strengthening existing systems and structures long term.**

[41] The Humanitarian-Development Nexus is the concept of increased collaboration between organizations working in short term humanitarian aid and long term international development promoted since 2016. Strand, Arne. "Humanitarian–development Nexus". *Humanitarianism*. Leiden, The Netherlands: Brill, 2020. https://doi.org/10.1163/9789004431140_049; and Stamnes, Eli. "Rethinking the Humanitarian-Development Nexus". *Norwegian Institute of International Affairs*, vol. 24, 2016, https://ethz.ch/content/dam/ethz/special-interest/gess/cis/center-for-securities-studies/resources/docs/NUPI-Rethinking%20the%20Humanitarian-Development.pdf.

2. Fulfill commitments to localization by shifting power to women-led organizations

Localization became a formal part of the mainstream humanitarian reform agenda through its inclusion in the 2016 Grand Bargain, a major reform agreement between humanitarian actors. The localization agenda is focused on increasing local actors' access to international humanitarian funding, partnerships, coordination spaces, and capacity building.[42] Localization is one key to upholding the rights of women and girls in emergencies, as local women's responses are often more relevant and effective than external ones.

[42] Robillard, Sabina, et al. *Localization: A «Landscape» Report*. Feinstein International Center Publication, Tufts University, December, 2021. https://fic.tufts.edu/publication-item/localization-a-landscape-report/.

Recommendations: Ethical partnership

- **Engage with local organizations and WROs as equal partners toward the enhanced protection of FDPs.** The meaningful participation of women and girls, including those from marginalized groups, should be facilitated in all decision-making processes, including in planning, coordination, implementation and monitoring.

- **Ensure WROs and other local actors are part of the (re)design of coordination structures from the beginning.** Structures should complement local efforts rather than create parallel processes, which traditionally keep power in the hands of UN entities and INGOs.

- **Avoid treating women's groups as homogenous,** and understand groups' intersectional diversity based on age, religion, ethnicity, sexual orientation, disability status, etc.

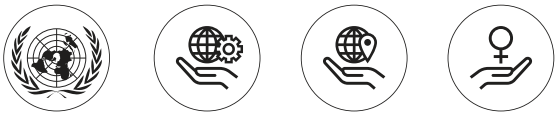
- **Enable women-led organizations and activists as leaders and change-makers at all decision-making platforms,** including them within the cluster system, the UNHCR Refugee Response Plan, and all coordination structures. UN agencies and INGOs should take action to employ staff members who understand how to engage women-led organizations in a positive and productive manner.

- **Provide access to technology and address other barriers to WROs' participation.**

The VOICE-UNICEF Partnership Assessment Guide (PAG) provides an intersectional and feminist approach to partnership building that leverages both the resources that large funding agencies can bring, as well as the local presence and specialized knowledge that women-led organizations provide. Developed through a consultative process with women leaders in Afghanistan, Bangladesh, Kenya, Liberia, Sri Lanka and South Sudan, it provides a blueprint for a new format of partnership that centers the roles of groups and organizations that are often marginalized due to arbitrary criteria.

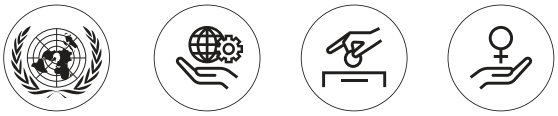
- **Hire bilingual coordinators to enhance locally-led coordination structures.** This not only enhances localization, but is also important for government and private shelters to ensure quality service delivery in health and psychosocial support. The coordinator can act as an interlocutor between the international and local actors.

- **Support and promote safe spaces (virtual or actual) for staff and volunteers in women- and girl-led organizations to meet, share experiences, and support each other.** Ensure these are focused on care for staff and volunteers and not implementation of activities, and ensure they are regular and prioritized events.



Recommendations: Funding

- **Increase stable and predictable funding for GBV programming, and support its expansion and accessibility by FDP women and girls.** This will help civil society actors respond more effectively to all forms of GBV, including sexual violence, intimate partner violence, trafficking, and SEA.



- **Provide flexible, multi-year, and unrestricted funding to local women-led organizations, including WROs, feminist organizations, and those who have been responding to the crisis in Ukraine. Include allocations for organizational strengthening and support to keep organizations sustained and healthy.** Organizations need to be trusted to determine how to spend funding according to evolving needs; just as INGOs and UN entities prefer unearmarked core funds, WROs and networks need access to the same funding flexibility. Funding and resources for WROs must be ring-fenced from the beginning and used to bolster the work these organizations are doing, especially at a time when the region's women's rights movements are facing historic threats. Include funds to reimburse WROs for costs they have incurred since the beginning of the crisis, allowing them to backdate expenditures as needed.

- **Fund both registered organizations and unregistered groups who are providing critical and urgent frontline response and services.** Supporting the sustainability of local response directly impacts the quality and scope of FDP crisis response.

- **Make it easier for WROs to access funding by reducing bureaucratic and administrative burdens.** Decrease the amount of paperwork required, and make funding mechanisms available in relevant languages as well as English so that English proficiency is not required (e.g., in Poland surrounding this emergency response, make funding mechanisms available in Polish and Ukrainian). Establish definitions and criteria for tracking against these commitments.[1]

[1] *Feminist Humanitarian System Building Block I: Advancing Gender-Transformative Localization*. Women Deliver, 2018, https://womendeliver.org/wp-content/uploads/2019/09/WD_Humanitarian-Paper-WEB.pdf.

- **Invite WROs to lead on defining their scope of work, and take care not to incentivize 'NGO-ization'2 of local groups,** which threatens to derail them from their core missions. WROs should be asked what they need and what roles they would like to play as partners in the coordinated response. Work with them to unpack any unintended risks that could come with their participation.

[2] 'NGO-ization' refers to the professionalization, bureaucratization, and institutionalization of social movements as they adopt the form of nongovernmental organizations (NGOs), which often leads to the de-politicizing of their social movements.

- **Convene current and potential grantees to discuss ways that donors (INGOs, international organizations, government/donor entities, and philanthropists) can sus-**

tainably fund local, women-led, and other feminist groups and organizations. These convenings should be non-burdensome to grantees, using approaches they agree on. Topics should include how donors can work to level the playing field.

- **Make emergency funds accessible so that WROs can redistribute aid to women at greater vulnerability.**

3. Address gaps in the protection of women and children

Given the unparalleled levels of funding that have gone into this response, along with the high level of humanitarian access to the border countries, it is paramount that essential life-saving protection interventions —detailed below— are prioritized and strengthened.

Recommendations:

- **All Call to Action on Protection from Gender-based Violence in Emergencies**[1] **(CTA) partners —especially donor/member states and international organizations— should continue to strengthen donor accountability to the Road Map**[2] to promote increased transparency around what each government/donor entity is investing in GBV or, at minimum, the efforts they are undertaking to influence their investments so that they are applied to GBV response and prevention efforts.

[1] The Call to Action is a multi-stakeholder initiative specifically aimed at driving change and increasing accountability of the humanitarian system on its response to GBV in emergencies.

[2] *The Road Map* is the Call to Action's overarching guiding framework that sets out common objectives, targets, and a governance structure to ensure that pledges are translated into concrete and targeted action on the ground. www.calltoactiongbv.com/what-we-do

- **Incorporate the views and contributions of FDPs into program monitoring to ensure Accountability to Affected Populations (AAP),** which all coordination systems (clusters/working groups), INGOs, and UN agencies have endorsed commitments to. In the preparatory stage, ensure that: women and girls participate in discussions on indicators and targets; mechanisms are developed for girls and women to provide feedback safely; and findings are used and disseminated. Anonymous feedback is also a key component of the prevention of SEA. Feedback can be collected by installing complaint boxes, distributing feedback forms, offering a website to visit or a toll-free number to call or text, and other means.[1] Communication with affected people should come through their preferred and trusted channels and media. Ensure participatory program design and continuous monitoring to ensure the response adapts to meet changing protection needs.

[1] Paragraph redacted from: IASC, *With us & for us: Working with and for Young People in Humanitarian and Protracted Crises*, UNICEF and NRC for the Compact for Young People in Humanitarian Action, 2020.

- **Bring a gender power analysis to all interventions to expose the specific risks and vulnerabilities of women and girls within the response.** Design interventions and poli-cies that take into account women's and girls' greater exposure to SEA, trafficking, and other protection concerns. Ensure the specific risks faced by double-marginalized groups of women and girls —such as women and girls with disabilities, LGBTQIA+, and Roma— are taken into account and advocated for.

- **Increase action to regulate unofficial transportation in the region to limit risks of SEA and trafficking.**

- **Support governments to collect and responsibly share FDP demographic data** disaggregated by age, gender, origin, and other factors to strengthen PSEA, anti-trafficking, and integration efforts. Lobby governments to collect and share data on FDP movement and aid delivery.

- **Expand implementation of and compliance with the existing Humanitarian Country Team Framework on Protection from Sexual Exploitation and Abuse (PSEA).** Maintain the inter-agency community-based complaints mechanism, and disseminate information to both host and FDP communities on what PSEA is, what their rights are, and how they can access the complaints mechanism. All actors in humanitarian response, including staff and volunteers, must be aware of their responsibilities and obligations related to PSEA, including reporting cases of SEA and maintaining adherence to codes of conduct. INGOs, local NGOs, and women's organizations should be engaged to monitor the risks of SEA, with specific attention to women and girls.

* with a focus on UNHCR

- **Institutionalize the use of the Guidelines for Integrating GBV Interventions in Humanitarian Action, the Interagency Minimum Standards for GBV in Emergencies Programming, and the Interagency Standing Committee Gender Handbook for Humanitarian Action** to inform service delivery.

- **Host governments should be pressured to treat third country nationals, people of color, LGBTQIA+ people, and the Roma commu-**

nity fairly and without discrimination, including in accessing safe accommodation; providing adequate reception conditions; and receiving protection and integration support if unable to return to their countries of origin.

4. Improve access to essential services

As lack of access to essential and life-saving services is directly correlated with safety and security risks, all actors must take action to meet FDP reception and integration needs—including needs for healthcare, psychosocial support, safe accommodation, cash and voucher assistance, livelihoods support, and education. As discussed above, an effective response must be grounded in local CSOs and especially WROs by investing in their capacity to scale existing services.

Recommendations: Overall

- **Each border country government should develop long-term, gender-informed strategies for response to the Ukrainian crisis, with participation of WROs, feminist groups, local NGOs, INGOs, and the EU.** In recognition of limitations of government response capacities across the different countries, the international community should help close gaps in life-saving services, including those listed below.

- **Systematize translation and interpretation services across border countries.** The lack of interpreters has been cited as a barrier in all service categories. Translators can be sourced from inside all border countries, as well as within the Ukrainian population, and could provide jobs that are desperately needed.

- **Border countries should consider the creation of humanitarian hub facilities where services can be co-located to reduce bar**

riers to access, especially for protection, health, and MHPSS.

- **Address legal constraints that inhibit those who entered border countries before February 24, 2022 (both Ukrainians and third-country nationals) from being eligible for TPS.**

- **Raise awareness among journalists, human rights documentation organizations, and government entities on survivor-centered principles and approaches to prevent them from doing unintentional harm.** This should include the importance of taking every action to protect survivors who choose to go public; and the risks of prioritizing support and care for conflict-related sexual violence (CRSV) over other forms of GBV. All actors should be guided by people with expertise on GBV in emergencies, including CRSV.

Recommendations: Health, reproductive health, and GBV services

- **Ensure medical care and reproductive health services are accessible, free and holistic.**

- **Facilitate the use of multinational medical NGOs and local volunteer services to help create direct pathways for FDP patients to obtain primary medical care.** Ideally, medical service delivery can be co-located with major FDP reception and shelter locations, as well as supported by mobile clinics at smaller shelters and apartment complexes. This will also decrease the amount of emergency room utilization and decrease emergency needs.

- **Protect and enhance reproductive health services through ring-fenced funding,** in recognition of their essential and life-saving functions for women and girls. Build capacity of reproduc

- tive health services to include responsive and survivor-centered GBV services, and ensure the provision of menstrual hygiene materials.

- **Offer additional training and education on the clinical management of rape (CMR) to providers, referral services, and volunteers working with sexual assault survivors.** Include information on the difference between forensics evidence gathering for instances of rape (i.e., 'rape kits'), and the medical and mental health service provisions involved in CMR.

- **Employ Ukrainian medical personnel who have been displaced.** Process and permit transfer of licensing and accreditation from Ukraine for medical and mental health personnel, educators, and other essential staff in short supply. Ministries of Health should establish prescriptive permissions for foreign providers and medical INGOs to increase equitable access to medication.

- **Ensure testing and vaccinations for communicable disease (including COVID-19 and tuberculosis) are widely available at shelter sites and public areas.**

- **Establish dental clinics to provide services free of charge.**

- **Explore models of outreach or mobile services to reach those confined at home.**

Recommendations: Mental health and psychosocial support

- **Continue to provide comprehensive information related to trafficking risks, access to basic services, registration processes, legal rights, and other essential information** through the distribution of flyers, informational posters, and government websites.

- **Provide direct and ongoing training to mental health providers and volunteers on recognizing risk factors for trafficking, as well as how to safely intervene and report.**

- **Create safe spaces for women —particularly those in private accommodations— to gather** to build healthy social connection and support, as well as to share comprehensive information on risks and protection issues.

- **Provide technical capacity in trauma/crisis psychological response, including specialized rapid training on trauma/crisis intervention.**

Recommendations: Food, shelter and sustainable housing

- **Operationalize immediate programming to address the food insecurity of FDPs in the region.** Work with women's organizations to mitigate negative coping mechanisms and prevent risks of violence to women and girls in relation to their increased insecurity due to not being able to meet their basic needs.

- **Develop and support strategies for long-term accommodations across all border countries.** Government-run reception centers need to provide more long-term accommodations and establish them as shelters following international standards.

- **Advocate for all shelter managers —whether hosting FDPs in a house, local business, hotel, or elsewhere— to adhere to this GBV AoR guidance note**,[1] which aligns with international standards and considers the GBV and protection risks of women, girls, and other marginalized groups. The guidance note advises why and how to be aware

[1] Michelis, Ilaria. *Supporting Women and Girls Fleeing Ukraine: Guidance and Tips for Private Accommodation Hosts*. GBV AoR HelpDesk, April 13, 2022, https://www.sddirect.org.uk/media/2485/gbv-aor-helpdesk_guidance-and-tips-for-private-accommodation-hosts-20042022.pdf.

- of power dynamics, to provide basic emotional support, and to link to support services.

- **Ensure secure shelter facilities by conducting resident registration and restricting access to public visitors.**

- **Provide basic training for shelter volunteers on GBV risk reduction and PSEA.**

- **Ensure appropriate spacing of cots (in line with SPHERE standards), quantity of handwashing stations, and available COVID-19 testing.**

- **Provide regular information sessions for all residents on shelter plans, programs, and where to report complaints and find available support.**

- **Provide access to job counseling and labor market information.** Establish programs for FDPs to obtain new professional skills needed in the labor market.

Recommendations: Cash and voucher assistance

- **Ensure that any cash assistance is coordinated with the Cash For Protection Taskforce in Ukraine and Neighboring Countries,[1] and is distributed equitably without discrimination against any groups of FDPs, with simple and convenient procedures.**

- **Blend CVA with other services (such as health or protection).** This has been shown to be more effective than standalone interventions.

- **Follow best practices for reducing risks of GBV in cash programming.** Agencies should

[1] Contact information and situation analysis can be found here.

- tance using The Cash Learning Partnership Programme Quality Toolbox.[1]

- **Sensitize women on how to access CVA.** Some may struggle without accompaniment to distribution points, particularly the elderly or disabled and those caring for them.

- **Design cash and voucher disbursements to meet the needs of all household members, including children and older people.**

[1] "Programme Quality Toolbox". CALP Network, https://www.calpnetwork.org/resources/programme-quality-toolbox/. Accessed May 17, 2022.

Recommendations: Livelihoods support

- **Address any legal barriers to the right to work that FDPs are facing.**

- **Improve and enhance all control of work conditions for FDPs in accordance with host country labor legislation to reduce risks of sexual and labor exploitation.**

- **Continue efforts to relocate and create new Ukrainian businesses in border countries to create jobs for FDPs and host communities.**

Recommendations: Access to information

- Ensure information platforms for refugees include detailed information on how to access services, including locations, phone numbers, and related social media platforms. Ensure those providing services have clear information related to how FDPs can access verified services to facilitate information-sharing with refugees.

- **Develop localized information platforms that support information-sharing to specific**

- **geographic areas,** particularly in cases in which the refugee response is decentralized to local governments.

- **For all platforms, include information for how refugees can file complaints and grievances, who they can call, and or where they can go in emergencies—including for incidences of SEA.**

- **Verify information that is physically posted in shelters or other places accessed by FDPs, and remove unverified information that could increase risk of trafficking and exploitation.**

Recommendations: Education

- **Integrate all displaced children into the host country's education system to ensure their educational attainment remains in accredited institutions.** Ministries of Education should work with local and international NGOs to meet the specific needs of displaced children in the areas of language, trauma recovery, parental/guardian engagement, and any catch-up or readiness support. If online learning is needed or preferred, then access to appropriate technology should be a focus.

- **Coordinate any and all education responses with the Education Cluster.**[1]

[1] For contact information and situation analyses, see: https://www.educationcluster.net/Ukraine.

Annex

AMPLIFYING WOMEN AND GIRLS IN CRISES
VOICE

HIAS
Welcome the stranger.
Protect the refugee.