

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



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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 Slovakia. 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, Slovakia 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 the region 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 Slovakia have been responding to the needs of forcibly displaced women and girls since the war began. These localized WROs are best-positioned to design, build, and provide the creative solutions necessary for the forcibly-displaced women and girls in, and yet to arrive in, Slovakia. 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—Slovakian 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 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

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/>.

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 six-day rapid assessment in Slovakia 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. The most frequently mentioned concerns from forcibly displaced women included access to safe and sustainable housing, access to the job market for decent work (as cash assistance is not reaching them), and day-care and schooling for their children.

The assessment also revealed: high levels of trafficking, 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 inconsistent access to reliable information. Overall, FDPs in Slovakia almost completely lack access to GBV services, reproductive health-care, 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.

While cash and voucher assistance (CVA) will be one of the flagship means of protection and

[org/voice-research-report-we-must-do-better/](https://voice-research-report-we-must-do-better/).

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

service delivery in the Slovakian context, to our knowledge, women and girls do not have a seat at the table in the discussions, and it is unclear the extent to which protection safeguards are being incorporated, as well as who has received cash assistance and who has been left out. Forcibly displaced women are running out of financial resources, and consistent access to decent work 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.




The recent backlash against women's rights in Slovakia, along with COVID-19 lockdowns, has

resulted in a massive increase in caseloads for many WROs across the country. These same organizations have been on the front lines mobilizing and responding to the war in Ukraine and are exhausted, stretched past capacity, and underfunded, with no money being provided through the emergency response for core programmatic needs. At the time of the assessment, many organizations had been approached by or were receiving refugee response funds from INGOs; but they say these funds are too restrictive and more reflective of international priorities than local needs.

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.



Slovakia-specific Recommendations

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

- In partnership with and as directed by local WROs, civil society organizations (CSOs), domestic violence shelters, and organizations that are established in Slovakia, support them to develop the creative initiatives they know are needed to prevent and respond to GBV. Resource them to lead efforts to make sure volunteers across the response efforts in Slovakia are qualified, vetted, and trained on how not to exploit vulnerable women and children who have fled to Slovakia for safety.



- **Co-develop and fund mobile GBV responses to serve the hardest-to-reach women and girls, including those in unregistered shelter sites and in more rural communities.** Identify and fund local WROs that are already providing mobile responses or who are positioned to do so. Through mobile GBV service delivery, a host of issues for women and girls can be addressed, and case managers and community mobilizers can ensure the sharing of good information and referral resources. Such responses have been initiated by local GBV actors, but to date have not been funded.



- **Engage FDPs in meaningful and decent work⁷ surrounding the FDP response, where their language and other skills are relevant and applicable to the FDP crisis.** Ensure protective mechanisms are in place to prevent exploitative labor and labor trafficking.



⁷ The International Labor Organization defines “decent work” as sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men. <https://www.ilo.org/global/topics/decent-work/lang-en/index.htm>.

- **Engage Slovakian NGOs, and particularly WROs, as equal partners in the FDP response, and integrate them more holistically and creatively into the response, based on their terms.**



- ▶ At a minimum, initiate a rapid consultation process with WROs and CSOs to hear their suggestions for alternatives to the current humanitarian coordination regime.
- ▶ Invite local groups to take co-leadership of coordination, and provide them funds to take on the work.

- **Take appropriate and relevant action to prevent and respond to trafficking.** Bolster existing anti-trafficking measures that have been developed by local WROs and anti-trafficking organizations within the country and in the region, and support their work through funding and technical support. 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.



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- **Ensure forcibly displaced women and other at-risk groups (including women in more rural areas) are part of the design and operationalization of relevant cash assistance interventions.**



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- **Expand MHPSS for forcibly displaced women and girls and link them to GBV services that already exist. Support local WROs who are providing these services to scale up** in a way that is reflective of the realities and needs of their organizations given the restrictive women's rights landscape in Slovakia before the war.



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- **Connect with and provide financial support to informal diaspora and Ukrainian FDP groups who are already taking action to meet the needs of women, girls, and others at-risk.** These groups can and are immediately developing solutions to the problems they are finding in their communities.



- **Use trusted social media and informal channels to communicate with forcibly displaced women and girls about risks of violence, where to go if they need help, what services are available to them, and how to access these services.** Do not create parallel structures of information, as this likely will not be fully trusted or fully accessible.
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II. Assessment framework overview

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

VOICE and HIAS⁸ 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

⁸ 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+.

methods of addressing VAWG in humanitarian emergencies, with a proven but chronically underused resource: the leadership of women and girls themselves.

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 six days in Slovakia 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.⁹

⁹ 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



During the assessment, the following key informant interviews (KIs), focus group discussions (FGDs), and site observations were conducted:¹⁰

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.

¹⁰ 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.

- ▶ **16 KIs with:** 1 Ukrainian volunteer doula living in Slovakia for 6 years; 4 Ukrainian-led initiatives in Bratislava and Kosice; 7 local human rights, women’s rights and social initiatives and organizations; and 4 UN agency staff members (including WHO, UNHCR GBV, UNHCR Shelter, and UNHCR Information and Data)
- ▶ **1 FGD with** 10 Ukrainian forcibly displaced women around Kosice and Eastern Slovakia
- ▶ **5 site observations at:** 1 temporary shelter; 1 refugee home site; and 3 border crossing sites

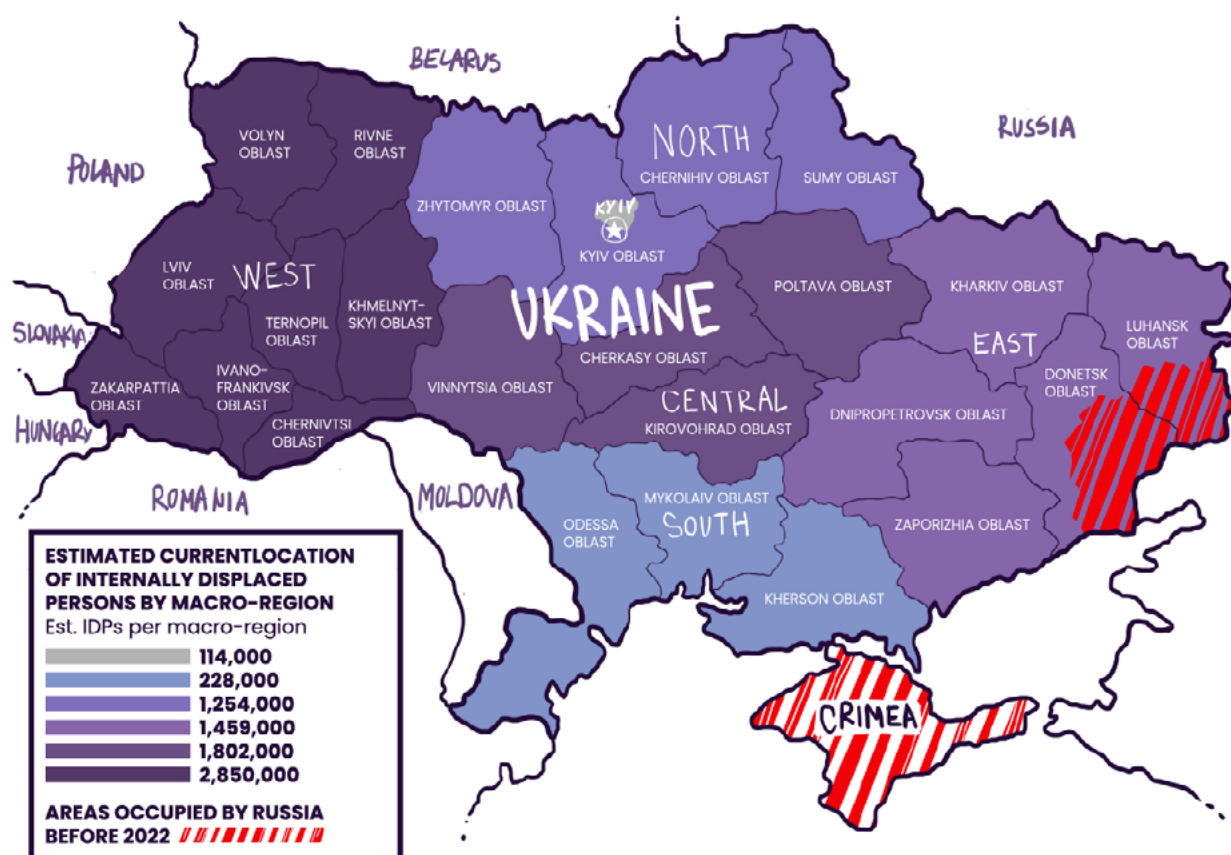
All information shared was treated as confidential to ensure principles of Do No Harm. Through the assessment, the team was able to develop a clear picture of cross-cutting risks for VAWG across the emergency response and how they are interlinked with access to essential services.

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.

Map of Ukraine



III. Slovakia background information



A. The humanitarian emergency in Slovakia

Since the onset of the war in Ukraine, over 421,662 forcibly displaced persons (FDPs) from Ukraine have entered Slovakia¹¹—the vast majority (89%) of whom are women and children, with many older people and others with specific needs as well.¹² There are now 74,818¹³ people registered for temporary protection status (TPS) in Slovakia, with approximately 300 TPS applications per day. It is estimated that 257,000 have traveled onwards to other destinations.¹⁴ We

¹¹ UNHCR. “Operational Data Portal.” *Ukraine Refugee Situation*, May 15, 2022, <https://data2.unhcr.org/en/situations/ukraine>.

¹² *Ukraine refugee situation operational update*. UNHCR Slovakia, May 4, 2022, <https://reliefweb.int/report/slovakia/unhcr-slovakia-ukraine-refugee-situation-operational-update-4-may-2022>.

¹³ UNICEF ECARO, Humanitarian Situation Report (Refugee Response), May 11, 2022, <https://reliefweb.int/report/poland/unicef-ecaro-humanitarian-situation-report-refugee-response-4-11-may-2022>.

¹⁴ Womack, Helen. “Cloud of uncertainty starts to lift for Ukrainian sisters fleeing war”. *UNHCR*, May 5, 2022. [https://www.unhcr.org/news/stories/2022/5/6273df2d4/cloud-uncertainty-starts-](https://www.unhcr.org/news/stories/2022/5/6273df2d4/cloud-uncertainty-starts-lift-ukrainian-sisters-fleeing-war.html)

have heard direct reports from people who have come all the way from Moldova through Romania, into Hungary and then arriving in Slovakia—and these numbers are likely not being captured in the overall estimates. Slovakia seems to be somewhat prepared for another influx of Ukrainian refugees, with short-term stay shelters organized by private and state actors which meet minimum standards for their capacity. At the time of this research, shelters in the Kosice region had capacity for hundreds of clients, with only a handful yet on site.

The response during the first weeks of the war was primarily spearheaded by informal groups, self-organized citizens, Ukrainian migrant groups, and Slovakian non-governmental organizations (NGOs), who provided refugees with transportation, food, information, translation services, and private housing. On February 26, a website was established by local NGOs to collate and share information—including risks to women and girls—with Ukrainians entering Slovakia.

[lift-ukrainian-sisters-fleeing-war.html](https://www.unhcr.org/news/stories/2022/5/6273df2d4/cloud-uncertainty-starts-lift-ukrainian-sisters-fleeing-war.html).

“We want to be supportive and address the needs... it is not easy to scale up, this needs to be gradual for it to be sustainable.” – KII with the head of a WRO

There are still major gaps in the system, however. At the time of this report, no long-term strategy for the Ukrainian refugee crisis was yet in place, although coordination between the government, the United Nations (UN), and local actors was picking up. All response to date has been achieved through informal coordination without formal procedures, written agreements, or clear delineation of areas of responsibility, especially at border crossings. Leading NGOs expressed concern about the lack of contingency planning and the government’s sentiment that “the crisis is over now.” As of now, there are few opportunities for forcibly displaced women, girls, and other marginalized groups to meaningfully participate in the planning, monitoring, or evaluation of humanitarian responses meant to serve them; however, activism from civil society in the country is strong.

Refugees who are planning to stay longer-term in Slovakia tend to go to the capital of Bratislava in hopes of finding work. Those in border regions usually expect to go back home to Ukraine soon. Many FDPs shared that the Slovaks have been very welcoming: “They treat us well, I can’t complain.” Due to patterns in labor migration from Ukraine to Slovakia before the war, there already exists a vibrant network of Ukrainian diaspora in Slovakia, who often serve as channels for FDPs to access information, housing, employment, and other resources. As FGD participants shared, “Lots of things are free to us here in Slovakia but we rely on our personal contacts.” This theme of relying on personal contacts was a very consistent message heard across countries and contexts, which nevertheless has its own protection

concerns for women and girls, as there is not a systematized way to ask for help, access services for gender-based violence (GBV), or access benefits such as cash, shelter, health and good information. This leaves women and children vulnerable to exploitation and abuse.



“It was the first ray of light, when we crossed the [Slovakian] border.”
– FGD participant, Ukrainian woman

B. The Government of Slovakia

In 2000, Slovakia acceded to the 1954 Convention relating to the Status of Stateless Persons, with a reservation to Article 27, and the 1961 Convention on the Reduction of Statelessness. However, the country does not have a statelessness de-

termination procedure in place.¹⁵ In 2014, the Government adopted a comprehensive policy document known as the Integration Policy of the Slovak Republic, which focuses on legal migrants and holders of international protection, with a special emphasis on vulnerable groups, including unaccompanied children.¹⁶ The Ministry of Labour, Social Affairs and Family is the main coordination body responsible for the implementation of the measures set out in this policy document.

On March 16th, Slovakia adopted Lex Ukrajina, a complex package of laws aimed at facilitating the integration of those fleeing the Russian invasion of Ukraine. The legislative package covers residence and temporary protection, access to the labor market, education, transportation, accommodation, social protection, and health-care. The new legislation reconciles temporary protection in Slovakia with the recent decision on the part of the European Union (EU) to invoke the Temporary Protection Directive.¹⁷ Under the directive, temporary protection will be provided for one year across the 27 member states of the EU (until March 2023), with the possibility of further prolongation for up to one year. For new arrivals from Ukraine, this temporary protection can be extended to family dependents rather than only applying to the nuclear family. Those fleeing Ukraine who do not have Ukrainian citizenship can obtain temporary protection if they were already granted asylum or international protection in Ukraine, or if they were granted permanent residence there and cannot return to their country of origin under stable and secure conditions. As of March, it was possible to obtain TPS at border crossings.

¹⁵ UNHCR "Slovakia - Unhcr.org.", Slovakia Fact Sheet, Sept. 2021, <https://www.unhcr.org/6172ae00.pdf>.

¹⁶ UN High Commissioner for Refugees (UNHCR), UNHCR Submission on Slovakia: 32nd UPR session, December 2018 <https://www.refworld.org/topic,50ffbce51b1,50ffbce51b4,5c-52c5e97,0,,SVK.html>.

¹⁷ https://ec.europa.eu/migrant-integration/news/eu-invokes-temporary-protection-directive-help-those-fleeing-ukraine_en.

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

The full extent of gender-based violence (GBV) in Slovakia is difficult to estimate as there is no up-to-date data. While GBV is underreported everywhere, here the situation is exacerbated because citizens generally lack trust in the police.¹⁸ According to a 2008 government survey, one in five adult women (21.2% aged 18-64 years) who currently had a partner had experienced violent behavior in the household. Levels of violence committed by former partners were even higher, affecting 27.9% of adult women.¹⁹ A 2012 European Union survey showed even higher prevalence: 34% of women in Slovakia had experienced violence before the age of 15²⁰ and 49% had experienced sexual harassment in their lifetime.²¹ Even so, sexual harassment is not criminalized under Slovakian law, and domestic violence is not explicitly named.²²

Less is known about the incidences and forms of GBV currently affecting women and girls displaced by the war in Ukraine. As in all humanitarian settings, "waiting for or seeking population-based data on the true magnitude of GBV should not be a priority...due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel

¹⁸ "Combating Violence against Women: Slovakia." European Institute for Gender Equality, 28 Feb. 2019, <https://eige.europa.eu/publications/combating-violence-against-women-slovakia>.

¹⁹ "National Action Plan for the Prevention and Elimination of Violence against Women." 18 Dec. 2013.

²⁰ "Survey on Violence against Women in EU (2012)." *European Union Agency for Fundamental Rights*, 5 June 2020, <https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-violence-against-women-survey>.

²¹ "Survey on Violence against Women in EU (2012)." *European Union Agency for Fundamental Rights*, 5 June 2020, <https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-violence-against-women-survey>.

²² "SLOVAK REPUBLIC." Development Centre, Social Institutions and Gender Index.

ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions... regardless of the presence or absence of concrete 'evidence.'"²³ Slovakia is a highly patriarchal country with strong pro-Russian sentiments and politics, and there is a great deal of Russian propaganda circulating through the country. Women's rights activists hold the sentiment that this is making Slovakia very susceptible to this rhetoric and will have a negative impact on women's rights, especially as they relate to FDPs, who are at heightened risk of exploitative labor, trafficking, and other forms of GBV.

The Government of Slovakia has various commitments to achieve gender equality through its National Strategy for Gender Equality and the related Action Plan for Gender Equality. The commitments focus especially on addressing the concerns of women from marginalized social groups, such as Roma women and women with disabilities; increasing women's representation in decision-making positions; and continuing efforts to eliminate all forms of violence against women. In September 2014, the Ministry of Labour, Social Affairs and Family started setting up a Coordinating Methodical Centre (CMC) for gender-based and domestic violence, which aims to create, implement, and coordinate a comprehensive national policy on preventing and eliminating violence.²⁴

Slovakia has been slow at best in realizing these commitments, however, and progress on wom-

en's rights has rapidly eroded in recent years, creating a discriminative climate in which WROs struggle to meet the needs of Slovakian and forcibly displaced women and girls. In 2013, the Referendum on Family labeled women's rights as a threat to the traditional family. The state has yet to ratify the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (the 'Istanbul Convention'), despite having signed the Convention on the 11th of May 2011,²⁵ in part because Slovakian reactionaries have framed the legislation as part of a conspiracy by The West to ruin 'traditional values.' For years WROs have been trying to hold back repeals on women's rights (including 11 attempts to ban abortion in the Slovakian Parliament over the past 3 years), but this has come at a cost to their time and institutions.

"This impacts the situation [for how we do our work] because we are exhausted. It has been exhausting to hold the front."
— KII with women's organization leader

D. Overall healthcare system in Slovakia

The healthcare system in Slovakia touts universal healthcare by a privatized and public system with an average of 3.4 medical doctors per 1,000 people.²⁶ While Slovakia also faces massive

²³ Gender-Based Violence Area of Responsibility, Global Protection Cluster of the Inter-Agency Standing Committee. "Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action". 2015 https://www.europarl.europa.eu/meetdocs/2014_2019/documents/femm/dv/gbv_toolkit_book_01_20_2015_/gbv_toolkit_book_01_20_2015_en.pdf.

²⁴ "Coordinating Methodical Centre for Prevention and Elimination of Violence against Women and Domestic Violence." European Crime Prevention Network, 27 Apr. 2022, https://ecpn.org/sites/default/files/document/files/sk_coordinating_methodical_centre_for_prevention_and_elimination_of_vio-

[lence_against_women_and_domestic_violence.pdf](https://ecpn.org/sites/default/files/document/files/sk_coordinating_methodical_centre_for_prevention_and_elimination_of_violence_against_women_and_domestic_violence.pdf)

²⁵ "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.

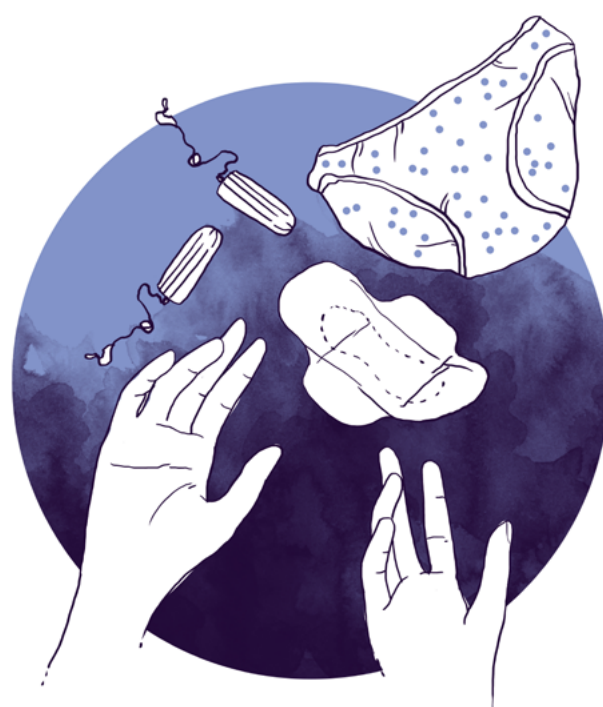
²⁶ Thelwell, K. (2020, September 12). *5 facts about healthcare*

healthcare shortages, this average number of medical doctors is significantly higher than some bordering countries. Recent investments by the government and the EU have also improved access to care and technical capacities at many medical facilities.

While Slovakia's health system endeavors to support FDPs, gaps in care still exist. Access to medical resources is only available to those FDPs who are seeking asylum, and individuals transiting through Slovakia to other destinations within the EU would be required to pay full cost. Recent efforts have been made to create pathways for care for those within the first thirty days of entering the country, to address gaps in services while waiting for asylum status.²⁷ After refugees are registered in Slovakia, they are meant to receive one month of free government medical care;²⁸ at the time of the assessment, there was no decision on whether access to further treatment would be granted. Respondents claim that after a migrant's one month of stay, access to health care depends on a doctor's personal decision. The list of medical services that are meant to be free remains an area of uncertainty. In all regions, true accessibility and utilization of government support is uneven, even for nationals. Barriers to care are likely consistent, although Slovakia does support a wider range of resources as compared to other government-run healthcare models, and

medications are often cheaper than in the rest of the EU. Ukrainian FDPs in Slovakia for any reason can obtain free COVID-19 vaccination.

Large medical international NGOs (INGOs) such as Doctors Without Borders are working inside Slovakia and in collaboration with the Ministry of Health, although exactly what services they are providing remains unclear.²⁹ The presence of medical INGOs is reassuring, as these groups use direct access models to address the needs of FDPs and their access to preventative healthcare.



in Slovakia - the borgen project - global poverty. The Borgen Project. Retrieved April 20, 2022. <https://borgenproject.org/healthcare-in-slovakia/>.

²⁷ Slovakia adopts package of legislative changes to facilitate integration of those fleeing Ukraine. European Website on Integration. (2022, March 17). Retrieved April 20, 2022. https://ec.europa.eu/migrant-integration/news/slovakia-adopts-package-legislative-changes-facilitate-integration-those-fleeing-ukraine_en#:~:text=Refugees%20will%20be%20able%20to,entitled%20to%20free%20coronavirus%20vaccinations.

²⁸ Slovakia adopts package of legislative changes to facilitate integration of those fleeing Ukraine. European Website on Integration. (2022, March 17). Retrieved April 20, 2022. https://ec.europa.eu/migrant-integration/news/slovakia-adopts-package-legislative-changes-facilitate-integration-those-fleeing-ukraine_en#:~:text=Refugees%20will%20be%20able%20to,entitled%20to%20free%20coronavirus%20vaccinations.

²⁹ MSF supports humanitarian response for Ukrainian refugees at the Slovakian border. Doctors Without Borders - USA. (2022, March 14). Retrieved April 20, 2022. www.doctorswithoutborders.org/latest/msf-supports-humanitarian-response-ukrainian-refugees-slovakian-border.

IV. Findings

The most frequently mentioned concerns from forcibly displaced women included access to safe and sustainable housing, access to the job market for decent work (as cash assistance is not reaching them), and day-care and schooling for their children. The team observed several additional protection concerns and vulnerabilities as well, described below.

The complexity of this response demands the international community go beyond the often simplistic humanitarian discourse on GBV to different ways of thinking about power, violence, male privilege, movement building, and healing. Like other parts of the report, this Findings section is informed by an intersectional feminist analysis of violence as deeply rooted in women's oppression and an understanding of how it intersects with race, antisemitism, class, sexual orientation, and gender identity. It is hard to deny, three months after the war in Ukraine started—with a response to over 2 million people, 90% of whom are women and children—that there is a failure of duty-bearers (including INGOs and the UN) to adhere to their own global commitments to localization of the humanitarian response and their mountains of commitments to women and girls, including systematically creating ways for them to design and lead responses and incorporate their views into all phases of the humanitarian programme cycle. It is critical that the international community understands the trade-off women will continue to face, if urgent action is not taken, between their own safety and well-being and the ability to meet their most basic needs.

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

The recent backlash against women's rights in Slovakia, along with COVID-19 lockdowns, has resulted in a massive increase in caseloads for

many organizations across the country, especially those supporting survivors of domestic violence. During the COVID-19 pandemic, registered social services—such as crisis counseling centers for survivors of violence—were mandated by the state and deemed essential, which has led to further exhaustion of limited human resources. Now, because of the war in Ukraine and the influx of FDPs, the State of Slovakia has instituted a State of Emergency, which has resulted in a mandate that social service centers reserve 30% of their spaces for FDPs; however, it was noted by key WRO actors that it is unclear what this means in practice: *"We have been 'asked' to work with trafficking [victims] and victims of rape,"* reported one WRO case worker. Some WROs cited that they were most worried about their staff—both from a physical safety perspective when they are operating at the border, as well as from a mental health perspective from the onslaught of work and the drastic shift in focus of their work since the beginning of the war, with no clear end in sight. Some WROs have explicitly decided not to respond to the refugee crisis, citing reasons such as their existing high caseload; a lack of organizations providing services to host communities; a lack of Ukrainian speakers on their teams; and staff shortages in general.

Diaspora and FDP groups have requested funding to support their spontaneous initiatives and to be able to formalize their activities. One group, for example, has over 40 volunteers, none of whom are paid for their work. Some women are volunteering at schools to provide Ukrainian language support to Ukrainian children, and there should be a way to compensate them for this work. One woman shared: *"My son has autism and it's been very hard for him, he looks fine but he is having a hard time in Slovak school."*

A familiar, unequal, and gendered dynamic is also playing out between professional humanitarian actors, local service providers, and affected populations. Outside of their participation in this research, there are few opportunities for forcibly

displaced women, girls, and other marginalized groups in Slovakia to meaningfully participate in shaping the humanitarian response meant to serve them. According to service providers at the border, the response of international humanitarian organizations has been largely late and inappropriate. During the first weeks when the number of refugees was the most critical, there were no INGOs working on trafficking prevention or responding to urgent needs. When INGOs did finally arrive, the experience of local NGOs was not positive:

“There was a critical attitude toward [our local NGO] workshops from the INGOs, who come in with their ideal solutions that are impossible in the reality of the situation here in this country. [Instead] what we need is for the international community to push our government to provide access to these services.” — KII with local NGO

Most local organizations interviewed reported that communication with international organizations tends to be of a ‘one-way’ nature. “[They] initiate many meetings, ask us to provide a lot of information, and do not come back with the support we need,” said one local NGO representative, adding that participation in these meetings requires a great deal of their time.

B. Trafficking and other GBV risks

There is a particular concern at the border for human trafficking. Most volunteers and staff working at the border crossing reported that they were aware of cases of trafficking, and according

to one service provider, trafficking is “happening often.” Authorities are not currently checking identity cards at the border, reportedly because Slovak legislation requires police to fill out paperwork for each check, which would create a large burden. There is now an informal system in place where minimally trained volunteers are checking the cell phones of women and girls as they cross the border, looking for trafficking risks; however, this is not a mandated function and is instead a result of innovation by local organizations. Overall, there is a lack of a cohesive approach to counter trafficking.



“We have been screaming since day one of the war that we need to protect women and girls, and no one is listening.” — Local NGO representative

Many volunteers have been leading efforts on the protection of women and girls, and many of

the organizations spearheading anti-trafficking measures are almost exclusively non-specialized and/or volunteer-led. These organizations have developed initiatives based on common sense and are responding to what they are seeing as visible trafficking and trafficking risks, without a specific mandate or formal and written agreements with relevant authorities to do so.

In one of the Facebook groups where Ukrainian FDPs have been finding key information and connecting with resources, there have been requests from companies who are looking for women to donate eggs to access these groups and advertise. While this isn't a new phenomenon and is common in Slovakia, it was noted by the administrator of the group that this was a problematic request, and there was concern around this being predatory.

Risks of trafficking, violence, and labor exploitation exist beyond the border as well, particularly in regards to shelter and accommodation (see below). Sexual exploitation and abuse (SEA) by volunteers and humanitarian actors is also known to be occurring. In general, women and girls lack information of what resources, services, and assistance is legally available to them, and there is a lack of safe spaces for them to report instances of or risks/threats of violence. Without safe places to report, there will remain a high risk to women and girls for many forms of GBV with no formal mechanisms of support.

The following three sections highlight additional key areas that can greatly increase women's vulnerability to violence.

C. Shelter and sustainable housing risks

There is a lack of individual shelter options for FDPs in Slovakia, and the available accommodations come with significant potential protec-

tion risk. Shelter response for FDPs is a mix of government-run shelters; shelters run by the private sector (such as a United States firm housing people in a training center in Kocise); and private citizens taking in Ukrainian families or hosting them in vacant apartments. The website pomocpreukrajinu.sk has been developed by authorities to help FDPs find accessible accommodation.

The temporary shelter visited in Humene was well organized, having capacity for 300 people and staffed with female and male firefighters. A second site in the area with capacity for 200-500 beds is being supported by the other European governments. Key volunteers noted that conditions at certain border locations and at the 72-hour transit shelters were not very good, citing lack of infrastructure, privacy, and other basic needs. There have been hesitations among those fleeing across the border into Slovakia to receive support at the border, and it was noted that the welcome has been a little overwhelming for those arriving: *"Everyone was so eager to help."* It has also been noted that most 'progressive' FDPs have been trying to find their way to the capital of Bratislava, but accommodations there are very crowded and longer-term housing access is an issue. People with fewer resources are staying with local hosts in smaller towns closer to the Ukraine border.

The government is incentivizing Slovakian citizens to house refugees; once a formal contract is in place, a reimbursement can be paid to hosts or landlords who choose to register. Many of these hosts, however, would prefer to receive private pay or proceed in an unregistered and un-reimbursed way. There is a justified fear among FDP respondents, especially women and girls, about going into private homes where they could face coercion, abuse, violence, and risk of trafficking; many women shared deep concerns and refused to stay with people due to safety issues. Bad actors are drawn to every humanitarian crisis, and VOICE has both anecdotal and first-hand

evidence that some ‘hosts’ in countries neighboring Ukraine have nefarious motives. Even well-meaning entities providing shelter are lacking basic training in gender or humanitarian shelter principles and standards, and there are no codes of conduct or accountability mechanisms in place. From group discussions and interviews, the assessment team learned that women and girls have not been consulted in the discussions around emergency shelter provision.

One woman in an FGD shared that she has refused accommodations and is instead staying in a transit site due to her fear that she will need to pay and is unable to pay what will be asked of her in return: *“I cannot guarantee it’s a trusted person and I am afraid of what he will ask me to do.”* Another FGD participant shared: *“They [forcibly displaced Ukrainian women and their children] won’t be raped and to go into a closed apartment with people they don’t know, this is a big risk they are not willing to take.”* It was noted that even when they do go into private accommodations, it is often very unstable, and many women are relying on oral agreements and trust: *“We could be kicked out tomorrow.”*

More informal groups have been matching FDPs from Ukraine with private accommodations; this began in a very organic way, and then a particular group of diaspora women began to formalize this process and provide some protections around it. These groups have been providing transportation, basic needs, and access to jobs. They shared that they have been trying to coordinate, but *“It has been hard and hectic.”* When meeting with previous FDPs from Ukraine as part of the Ukrainian diaspora groups in Slovakia, they shared: *“We also came as refugees, we are now volunteers and we wanted to help—we are helping with all needs.”* It was noticed that there is deep trust between these groups and strong and organic support structures in place. This outpouring of support has been massive and necessary, but they have been criticized by more formal organizations:

“We have been told [by formal organizations in Bratislava] that [how we are matching families with housing] is not correct and that we are doing this in a wrong way, but they are not providing any alternatives.” — KII with volunteer-led group

While some limited short-term shelter options exist, longer-term sustainable housing for FDPs will likely be needed. The housing market cannot sustain the increased demand without interventions to increase supply and control rent costs for the displaced and host communities alike.

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

Ukrainian FDPs face multiple obstacles to accessing the labor market in Slovakia. First, they often need to obtain a license for work in their trained specialty (depending on the area of work), which is a time-consuming process with no formal procedures for FDPs. Those who could do professional work in well-paid sectors are thwarted by legislation that gives preference to Slovak or EU citizens. These factors limit Ukrainian women to a narrow range of low-paid and less protected jobs, which in several instances were directly reported as exploitative. It also forces FDPs to accept unofficial work without a contract or social guarantees. The absence of childcare was an issue in Slovakia before the influx of forced migrants and is now exacerbated, posing another obstacle for displaced women’s employment and the safety of their children.

Exploitative working conditions were reported in multiple KIIs and FGDs: informants said that instead of the promised working conditions, employers ultimately gave them less money, less desirable jobs, and longer hours than agreed. This problem is exacerbated by the fact that few refugees speak the Slovak language and cannot easily advocate for themselves. One forcibly displaced woman was told she would be doing kitchen work, but then arriving to find it was a cleaning job. Others spoke of women having to work 12 hours a day with no days off. While these examples are in regard to the under-the-table labor market, it was also shared that there are cases of big companies with clear contracts where the work still borders on the exploitative. Information and legal counseling for refugees on employment matters is generally unavailable in Slovakia at present, and there is a need for trade unions to be engaged in developing interventions alongside FDPs and host communities.

“There are safety issues because you don’t know who you will work for or how to behave. Sometimes the conditions are not what they promise.” – Forcibly displaced woman

Access to school for children under age 16 is possible if their parents ask for temporary refuge or asylum for their children. Currently 9,700 Ukrainian children have started school in Slovakia, which presents challenges in terms of educational service capacity as well as language.³⁰ Women cannot work if they do not have access to schooling for their young children or

daycare options—putting further strain on them to provide for their families.

In Slovakia, registered refugees that acquire TPS are granted cash assistance of €160 per month. Once they start working, government policy dictates that FDPs give up their access to cash and voucher assistance (CVA). Most of the support for cash and other basic needs has been and is continuing to be provided by private individuals. As of the writing of this report, an INGO/UN/ Government of Slovakia Cash Working Group has been established, and its modalities are being agreed among these powerful stakeholders. CVA will be one of the flagship means of protection and service delivery in the Slovakian context, though to our knowledge women and girls do not have a seat at the table in the discussions, and it is unclear the extent to which protection safeguards are being incorporated, as well as who has received cash assistance and who has been left out.

Overall, it is questionable whether the majority of FDPs will be able to obtain meaningful, safe, and well-paid work in Slovakia. This underscores the critical importance of providing FDPs with continued financial assistance while developing longer-term strategies for engaging them in meaningful and decent work. By providing holistic and accessible cash initiatives, some of the major and lurking 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.

E. Lack of access to good information

Many FDPs do not understand their legal rights; some reported concerns about whether they could return home to Ukraine if they apply for asylum or move on to other countries if they register for TPS. While FDPs can come into

³⁰ UNICEF ECARO Humanitarian Situation Report (Refugee Response), May 11, 2022, p.3, <https://reliefweb.int/report/poland/unicef-ecaro-humanitarian-situation-report-refugee-response-4-11-may-2022>.

Slovakia and stay for 90 days without registering for TPS, formal registration processes are either not known or not easily accessible. This gap in knowledge and information is making it very difficult for women to access services and benefits that should be accessible to them, resulting in major protection concerns. It was even noted that the government of Slovakia had created flyers with incorrect information about TPS and the ability for FDPs to return home to Ukraine, creating further confusion and risks for women and girls.



There are hotlines and information hubs in Bratislava (in the main train station and at City Hall), and soon to be in Kocise, that provide information on TPS, asylum, and legal aid. The main challenges faced by these hotlines include new legal provisions, rapid changes in migration, high demand for legal advice, and a limited number of persons with expertise. Many questions received by these hotlines are related to healthcare access, unaccompanied minors, work rights and working conditions, and a fear around what TPS or asylum status could mean for migrants' eventual return.

There are also major unresolved questions for unaccompanied minors around legal guardianship and how decisions are made in the best interest of the child. It was noted that many families inside Ukraine who cannot leave aging, disabled, or ill parents are sending their underage children across the border to seek safety—without clear understanding of what this will mean for the children who come across the border unaccompanied. Trafficking risks, especially for unaccompanied adolescent girls, is of paramount concern.

F. Reproductive health and GBV services

GBV services are limited in Slovakia, and even more so for FDPs. Key WROs shared that there are no rape crisis centers for sexual assault survivors and no real infrastructure around the clinical management of rape (CMR). Some eastern areas of the country have only one crisis center for survivors of violence covering a very large service area. To be able to additionally meet the needs of FDPs from Ukraine would be a massive undertaking—especially at a time when existing case-loads have become unmanageable and funding for their work has been diminished since 2013.

Ukrainian women reported that if they experienced violence, sexual or otherwise, they would not know who to call. They mentioned that police do not speak Ukrainian and that this would not be a place they could turn to for their immediate safety or ongoing support. In addition, there is a mandatory reporting law that focuses on forensics, and so women are finding their way to counselling centers after having been raped as a way to avoid the mandatory reporting. There is an understanding among WROs that there is a need for safe spaces for women and girls who speak Ukrainian and Russian, and many WROs are willing to provide this support; however, they lack the funding and full support they would need to make this a reality. Some WROs

reported that the key barriers to providing these services were not the funds, but rather the human resources, language, and ability to scale up in an already-shrinking space for women's rights, along with high caseloads that are already not fully meeting the needs of Slovakian women.

Reproductive healthcare in Slovakia is available but is plagued by discrimination and barriers to access.³¹ While healthcare for pregnant women is meant to be provided for free, transportation and translation services are not, and language barriers present a major challenge to FDPs. Pregnant women living in the rural south have less access to hospitals and doctors, and FDPs are reliant on their hosts or volunteers to bring them to the doctor and hospital for check-ups and delivery. Quality of care is also in question: for example, some doctors routinely push on the bellies of pregnant women during delivery, which is an outlawed bad-practice and a form of violence against women, but apparently still common in Slovakia. It was noted that while there are accessible services in the bigger cities, "smaller cities are suffering [from a lack of services]."

While abortion on-demand is legal up until the twelfth week of pregnancy, and later due to medical necessity, only surgical abortion is currently legally available. Medical abortions are thought to be common using drugs sent from neighboring countries.³² Women and girls must go through a strict legal and bureaucratic process if they want an abortion, and numerous gynecologists, institutes, and even entire hospitals are able to refuse to provide abortions on the grounds of conscientious objection to the practice. It is un-

clear whether abortion due to sexual violence would be included under emergency healthcare insurance; Slovakia even has a ban on insurance providing contraception/birth control. As part of the backlash against women's rights and service providers in Slovakia, three regressive bills currently before the National Council seek to prohibit access to abortion care for foreigners, with obvious negative implications for FDPs needing this essential service. These obstacles often make abortion inaccessible, especially for students, the Roma community,³³ those at risk of poverty and social exclusion, and now the forcibly displaced.

G. Mental health and psychosocial support

Crisis counseling centers are available for Slovakian women, but these services do not seem to be fully extended to FDPs. There are some options for mental health and psychosocial support (MHPSS) at the border sites visited, and others beginning to activate in major cities; however, there were not many people utilizing these services, and service providers noted that they had never worked in this type of environment before and felt a little outside of their depth to provide the trauma-informed care that was needed. There were also several helplines established for MHPSS, but uptake and usage were not well understood from the assessment team. It was noted by service providers that information is "scattered and often led by grassroots organizing."

There have been requests for specific MHPSS services for elderly Ukrainians who are newly displaced, as well as for mothers with small

³¹ Šupínová M, Sonkolyová G, Klement C. Reproductive health of Roma women in Slovakia. *Cent Eur J Public Health*. 2020 Jun;28(2):143-148. doi: 10.21101/cejph.a5817. PMID: 32592560.

³² Pietruchova, O. (2020, October). *Access to abortion services for women in the EU - europa*. European Parliament's Committee on Women's rights and Gender Equality. Retrieved April 20, 2022, from [https://www.europarl.europa.eu/RegData/etudes/IDAN/2020/659922/IPOL_IDA\(2020\)659922_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/IDAN/2020/659922/IPOL_IDA(2020)659922_EN.pdf).

³³ Access to abortion services for women in the EU. Policy Department for Citizens' Rights and Constitutional Affairs Directorate-General for Internal Policies. PE 659.922 – October 2020 [https://www.europarl.europa.eu/RegData/etudes/IDAN/2020/659922/IPOL_IDA\(2020\)659922_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/IDAN/2020/659922/IPOL_IDA(2020)659922_EN.pdf).

children under three years of age. Elderly people who have been forcibly displaced are often isolated, not interacting with others, and unable to watch the news in Ukrainian. Volunteers and newly arrived Ukrainians suggested getting them Ukrainian newspapers, demonstrating their deep understanding of vulnerable groups and the solutions that would support them. If given financial support, they could immediately develop solutions to the problems they are finding in their communities.

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.

Unknown numbers of LGBTQIA+ persons have recently fled Ukraine facing stigma, harassment, and violent attacks—everyday risks to sexual and gender minorities that are often exacerbated in a conflict. Even when they reach Slovakia, they report facing discrimination, physical violence, or detention by authorities. Some gains have been made in the public acceptance of LGBTQIA+ persons in Slovakia; however, in 2020, still only 31% of Slovaks—the lowest among countries in the EU—thought that LGBTQIA+ persons should have the same rights as heterosexuals.³⁴ FDPs who are LGBTQIA+ have made specific requests for safe spaces, legal aid, and other wrap-around services.

Third-country nationals entering into Slovakia³⁵ were seemingly met with discrimination, being

separated out and sent to specific state facilities, and NGOs worked hard to get them in touch with relevant embassies and link them to legal support. Russian and Belarusian third-country nationals who have come from Ukraine are facing particular challenges because they are not able to access TPS and—as non-Ukrainian refugees—can only legally stay in Slovakia for 90 days. Many are unwilling to apply for asylum status, perhaps to keep their options open for possible return to Ukraine.





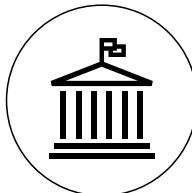





³⁴ “ECRI Report On The Slovak Republic (Sixth Monitoring Cycle).” European Commission against Racism and Intolerance, 8 Dec. 2020. <https://rm.coe.int/ecri-6th-report-on-the-slovak-republic/1680a0a088>.

³⁵ As of April 25, 2022, 7% of arrivals to Slovakia represented

Third-Country Nations (TCNs). See more at: <https://reliefweb.int/report/slovakia/ukraine-response-2022-displacement-analysis-third-country-nationals-slovakia-data>.

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

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 Nexus³⁶ are essential to the goals we share of alleviating suffering and meeting humanitarian **needs, while strengthening existing systems and structures long term.**

³⁶ 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.³⁷ 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.

³⁷ 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.³⁸



³⁸ *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'³⁹ 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.



³⁹ '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.

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- **Make emergency funds accessible so that WROs can redistribute aid to women at greater vulnerability.**
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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 Emergencies⁴⁰ (CTA) partners –especially donor/member states and international organizations– should continue to strengthen donor accountability to the Road Map⁴¹ 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.**



⁴⁰ 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.

⁴¹ *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.⁴² 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.

⁴² 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 policies 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](#),**⁴³ 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



⁴³ 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,⁴⁴ 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 assess and mitigate the risks from cash assis-



⁴⁴ Contact information and situation analysis can be found [here](#).

sistance using The Cash Learning Partnership [Programme Quality Toolbox](#).⁴⁵

- ▶ **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.**

⁴⁵ "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.**⁴⁶



⁴⁶ For contact information and situation analyses, see: <https://www.educationcluster.net/Ukraine>.

VI. Annex

