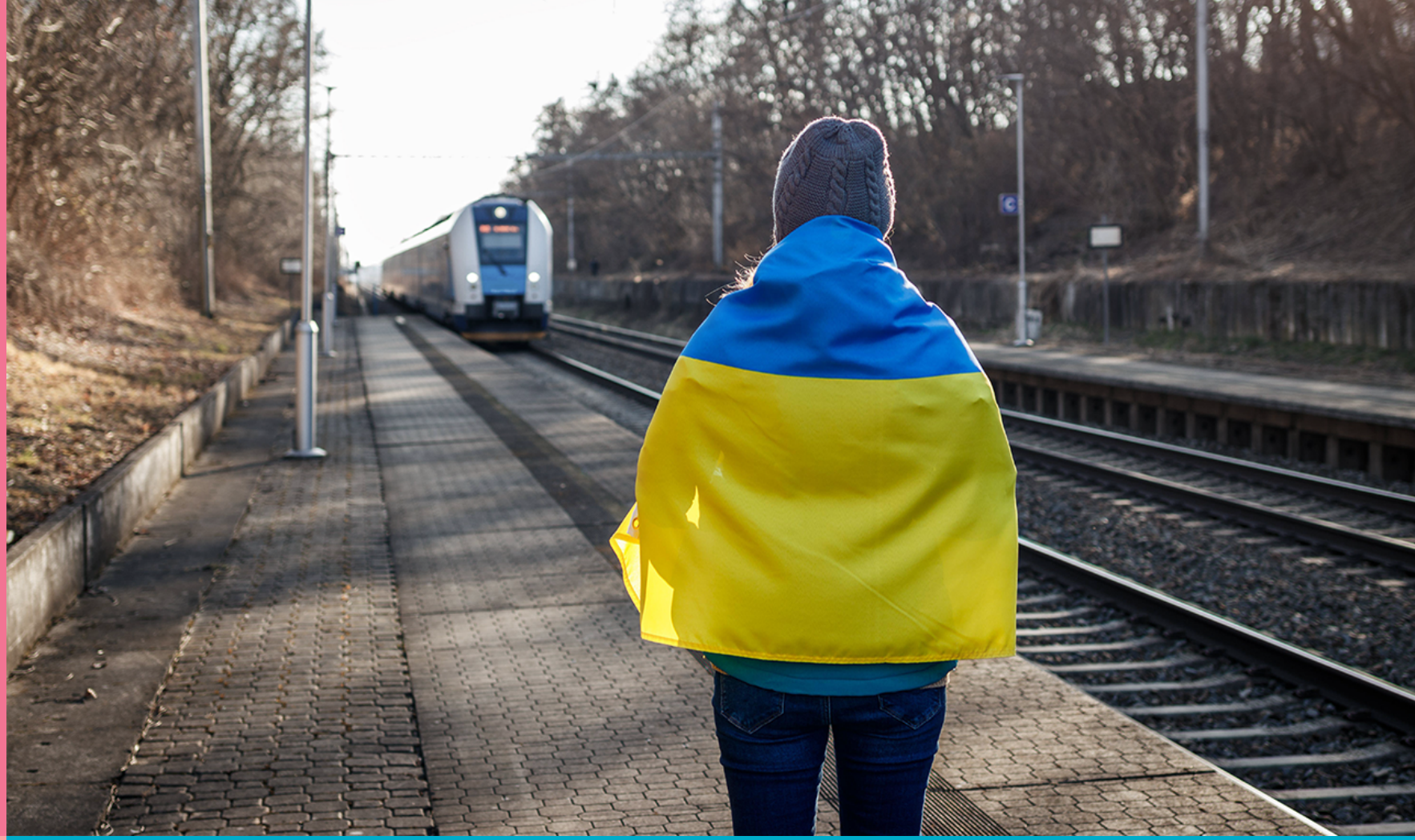

Care in Crisis

Failures to Guarantee the Sexual and Reproductive Health and Rights of Refugees from Ukraine in Hungary, Poland, Romania and Slovakia

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“We are not just some unknown people who walk down the street, we are alive and have our own value...This is humanity.”

Anna* from Ukraine living in Poland

Photo credit: Jozef Polc

Executive Summary

The full-scale invasion of Ukraine by the Russian Federation in February 2022 continues to have devastating consequences for the people of Ukraine. Extensive atrocities, attacks on civilians and civilian infrastructure and human rights violations, including gender-based crimes and conflict-related sexual violence, are being perpetrated.

Since the invasion began, millions of people from Ukraine have crossed borders into the European Union (EU). Seeking sanctuary, safety and security, many arrive first in Hungary, Poland, Romania and Slovakia. Most are women and children.

From the start of the crisis, local populations, civil society and volunteers in Hungary, Poland, Romania and Slovakia responded with unprecedented solidarity. Societies mobilized on an extraordinary scale and, although imperfect, significant efforts have been made to respond to both the immediate and long-term needs and circumstances of refugees from Ukraine.

However, Hungary, Poland, Romania and Slovakia are some of the most challenging contexts in Europe when it comes to sexual and reproductive healthcare and gender-based violence support services. Decades-long failures by national governments to invest in and prioritize these forms of care and support, combined with restrictive and unclear legal and policy frameworks and ongoing stigma and rollbacks on sexual and reproductive rights, heavily constrain access to good quality care.

As millions of women and girls from Ukraine arrived in Hungary, Poland, Romania and Slovakia, serious concerns arose regarding their ability to obtain essential forms of healthcare, services and support. It became clear that violations of fundamental rights within Ukraine were being compounded by rights violations outside of the country. There was particular concern for refugees who had suffered conflict-related sexual and gender-based violence in Ukraine, including rape and other gender-based crimes.

Between July 2022 and April 2023, our organizations undertook in-depth, multi-country fact-finding to examine the gaps and barriers in access to sexual and reproductive healthcare and gender-based violence support services that are faced by refugees from

Ukraine in Hungary, Poland, Romania and Slovakia. Over nine months, we collected information from semi-structured interviews with over 80 experts, professional stakeholders and refugees from Ukraine based across these four countries.

SERIOUS BARRIERS

Our findings reveal that a series of extensive and intersecting barriers are undermining refugees' access to care and support.

Although there are distinctions across the four countries in terms of the severity and scale of the barriers, in each case several pre-existing restrictions, limitations and shortfalls intersect in real time with the needs of refugees from Ukraine who seek access to sexual and reproductive healthcare and gender-based violence support. These barriers are compounded by a range of considerable obstacles specific to the situation of the refugees and of women fleeing active hostilities and conflict-related atrocities.

Legal barriers: In Hungary, Poland and Slovakia, abortion care and emergency contraception are heavily constrained by highly restrictive laws and procedural rules making them difficult for refugees to access without substantial hardship and delay.

"Women communicate that they don't believe they will succeed, that they don't believe they will get the protection and care."

Anastasiia Podorozhnia, Martynka, helping women from Ukraine in Poland

The near-total ban on abortion in Poland is having grave implications for refugees' access to abortion care. Medical abortion is not available in both Hungary and Slovakia, and a series of procedural requirements delay and obstruct access to care. In all three countries, access to sexual and reproductive healthcare is next to impossible without parent or guardian consent for adolescents under 18 who have travelled from Ukraine alone.

Cost barriers: In each country, cost and financial constraints mean that some forms of sexual and reproductive healthcare remain out of reach for many refugees from Ukraine, despite the application of the EU Temporary Protection Directive and national implementing legislation. Certain forms of sexual and reproductive healthcare require out-of-pocket payment in both public and private healthcare settings. A range of obstacles are preventing timely access to specialized care through the public healthcare system and many refugees cannot afford the costs of private healthcare.

Information barriers: More than a year after the full-scale invasion, information deficits and language barriers in all four countries continue to present remarkable challenges for refugees who need access to sexual and reproductive healthcare and gender-based violence support. There is still a striking lack of clear and accessible information in the public domain in Ukrainian, Russian, Romani and English languages about entitlements to, and availability of, this care and support. Effective informal dissemination channels are often not used to transmit what information does exist and there is an ongoing lack of skilled interpreters in key healthcare settings, social services and administrative contexts.

Poor quality care, stigma and discrimination: Many refugees from Ukraine receive sub-standard sexual and reproductive healthcare, encounter harmful delays or experience gaps in service-provision and discrimination in healthcare settings. These quality-of-care deficiencies result from legal restrictions, cost barriers and information shortcomings, as well as outdated standards of care and frailties and structural problems in the health system. Stigma surrounding sexual and reproductive health and rights (SRHR), and gender-based violence, also has a considerable influence on the care some refugees receive, and harmful stereotypes and gender norms impact the care-seeking experiences of women traveling alone, adolescents, Roma and LGBTIQ+ refugees. This is exacerbated by rising backlash and attacks on sexual and reproductive rights and gender equality in all four countries.

Inadequate gender-based violence services and protocols: The level of services and support available for survivors of gender-based violence from Ukraine remains sharply inadequate in all four countries. Although efforts have been made to address weaknesses, there is an ongoing lack of specialized and holistic services and cross-sectoral coordination, as well as an absence of key protocols, guidelines and training to ensure appropriate clinical and justice sector interventions and responses, particularly when it comes to sexual violence.

Challenges and threats faced by human rights defenders: Following the full-scale invasion, human rights defenders and national civil society organizations working in the field of sexual and reproductive health and rights, gender-based violence, women's rights and LGBTIQ+ rights mobilized immediately to respond to the sexual and reproductive health and gender-based violence needs of refugees fleeing the war in Ukraine. More than one year on, they remain the main providers of direct assistance to women and girls from Ukraine who need these forms of care and support. However, even as they continue their work to provide and scale up this assistance, many are grappling with a range of entrenched challenges and stark realities, including serious threats, intimidation and harassment as well as financial and operational uncertainty and insecurity.

"I order the medicines I need from Ukraine because it's faster and better...and my friends go to Ukraine...to the gynecologist. And if I need it, I will go to Ukraine myself, because it is clear there."

Anna* from Ukraine living in Poland

HARMFUL IMPACT

As a result of these barriers, it remains very difficult for many refugees from Ukraine to access affordable, good quality sexual and reproductive healthcare and gender-based violence support services in Hungary, Poland, Romania and Slovakia. Instead, they face considerable hardships when seeking care, and are exposed to harmful delays, anxiety and fear, financial burdens and sub-standard care.

1. **Women travel back to Ukraine temporarily to seek sexual and reproductive healthcare.**

   The difficulty of navigating pathways to care in Hungary, Poland, Romania and Slovakia is such that many women who crossed European Union borders in the past fifteen months seeking safety and refuge from the dangers of active hostilities and atrocities now feel that they have no choice but to return to Ukraine temporarily if they need sexual and reproductive healthcare. Although quantitative data on the number and scale of women returning to Ukraine for care does not exist, our findings suggest that it is a common phenomenon. Multiple interviewees in all four countries underlined that this is the solution to which many women resort in order to circumvent access barriers and quality of care deficiencies in host countries. Although care pathways in Ukraine are familiar for refugees, travel into Ukraine can be costly and risky and can cause high levels of stress and anxiety for refugees, especially when the sexual and reproductive healthcare they need is time sensitive.

2. **Women delay access to sexual and reproductive healthcare.**

   Outside of emergency situations, access barriers mean that many women delay seeking care for long periods of time, ultimately placing their health and wellbeing at risk. The stress and anxiety, humiliation and discrimination that many experience when attempting to navigate care pathways in Hungary, Poland, Romania and Slovakia mean that refugees from Ukraine regularly postpone efforts to obtain care for as long as possible. Others defer travel back to Ukraine to seek healthcare for extended time periods due to security concerns, family care burdens and financial considerations. These delays mean they often do not seek medical attention until the matter becomes urgent and their health is at risk.

3. **Women obtain abortion care outside of legal pathways in Poland and Hungary.**

   When they cannot travel back to Ukraine for abortion care, many women in Poland and Hungary are forced to seek care outside of legal

pathways by ordering abortion medication online from telemedicine services offered by civil society organizations based in other parts of Europe or by traveling to other European countries to seek care. This is particularly common in Poland. It is also a necessity for some refugees in Hungary, and occasionally in Slovakia, where abortion is difficult to access in practice and where only surgical abortion is available. Accessing abortion care in this way gives rise to considerable fear and apprehension for refugees.

4. Survivors of gender-based violence often go without basic services and support.

Substantial shortcomings in the levels of gender-based violence services and support available, combined with the reluctance of many refugees to seek assistance or report incidents of violence, mean that many survivors do not obtain access to appropriate forms of rehabilitation and care, including good quality psychosocial support, healthcare, safe housing and legal assistance. Despite concerted efforts over the past year by civil society organizations and humanitarian agencies in each country, the reality is that many survivors of violence from Ukraine are still falling through the cracks and dealing with trauma, health concerns and other consequences of violence on their own.

“All the women I know...are all trying to get services back in Ukraine if there is a chance to go. But it’s not always possible, so they just wait until they can go.”

Nataliya* from Ukraine living in Slovakia

“They don’t feel somehow...safe and integrated into the health system. No, they don’t feel cared for by the system, and safe.”

Irina Mateescu, Independent Midwives Association, Romania

5. **Certain groups of refugees face exacerbated barriers and intersectional discrimination.**

   Certain groups of refugees are at risk of intersectional discrimination and exacerbated access barriers when seeking sexual and reproductive healthcare and gender-based violence support services. In particular, Roma women and LGBTIQ+ refugees face concerning levels of racism and discrimination, and sometimes care is often entirely inaccessible for them or sub-standard.

6. **Where care is obtained it is often only with the assistance of NGOs and human rights defenders.**

   Where refugees do secure care and support it is often due to the efforts of national civil society organizations who have been working tirelessly to respond to the needs of refugees and assist them in overcoming access barriers. Following the invasion, organizations and activists working on human rights, sexual and reproductive health and rights, gender-based violence, women’s rights and LGBTIQ+ rights mobilized immediately to respond to the sexual and reproductive health and gender-based violence support needs of refugees from Ukraine. More than one year later, they remain the main source of information and assistance for women and girls who need these forms of care and support.

Photo credit: Center for Reproductive Rights

“Women are confused, they don’t speak the language...they are driving back to Ukraine to the Western part, finding a Ukrainian doctor and doing what they used to.”

Yulia* from Ukraine living in Romania

Legal and Policy Barriers

Laws and policies in Hungary, Poland and Slovakia place a range of restrictions on access to abortion care and contraception in contravention of international human rights standards, World Health Organization guidelines and clinical best practices. Even when services are legal, procedural requirements delay and hamper access to time-sensitive care. Each country has seen rollbacks on prior legal entitlements, as new retrogressive barriers of varying severity have been introduced into law in recent decades.

These strict legal requirements have long had significant consequences for the health and wellbeing of women and girls who are, in ordinary times, residents in each country. The legal and policy barriers are now having severe repercussions for refugees from Ukraine who need access to these essential time-sensitive forms of healthcare.

Interviewees explained that refugees from Ukraine are often shocked and confused to discover these legal and policy restrictions. No such legal constraints on access to abortion and emergency contraception

"For them, Poland was the beginning of the European Union and it was very difficult for them to understand that there is no real access to abortion in Poland and that other reproductive health services, such as emergency contraception, are very limited."

Krystyna Kacpura, FEDERA Foundation for Women and Family Planning, Poland

exist in Ukraine where medical methods of abortion and a wide range of modern contraceptives are licenced and available.

- In **Poland**, abortion is prohibited in almost all circumstances. Abortion is legal only following sexual assault or where a pregnant woman's health or life is at risk. In practice, it is extremely difficult to access abortion even in these exceptional situations. As a result, women and girls who flee to Poland from Ukraine face an environment in which legal access to abortion care is next to impossible. Polish law requires survivors of rape to report the incident to the police and obtain a prosecutorial certificate before they can qualify for legal abortion. Data shows that almost no legal abortions are carried out in Poland each year.

- Although abortion is legal in **Hungary** and **Slovakia**, a range of procedural requirements constrain access. In both countries, abortion is legal on request until 12 weeks of pregnancy and after that on exceptional grounds. Yet, in Hungary, women seeking abortion on request are required by law to confirm they are in a situation of crisis and undergo mandatory biased counselling intended to persuade them to continue the pregnancy. Laws also require them to observe a mandatory waiting period of

"They go back to Ukraine because...it's easier for them to go home and get the pill or the abortion pill. Medical abortion is not available at all in Hungary...these women can travel back and forth between Ukraine and Hungary, but it doesn't mean that it's peaceful or normal travel. It's very stressful for them."

Anna Iványi, EMMA Association, Hungary

“Everybody is solving this problem by going to Ukraine...to have an abortion. So many people do this. I’ve lived here for five years and I still never visited a gynecologist here. I used to go to Ukraine once a year because it was easier for me. I don’t know what I will do now, I need to find a doctor now because it’s not so easy to go to Ukraine at the moment.”

Maryna Milashchuk, SOS Ukrajina Sme Spolu, a Ukrainian organization in Slovakia

three days. In Slovakia, a mandatory information requirement intended to dissuade women from obtaining abortion and a mandatory waiting period of 48 hours applies to abortion on request, requiring women to make several trips to healthcare facilities. In both countries, medical abortion is unavailable and only surgical abortion can be performed.

- **Hungary** and **Poland** are the only two countries in the EU that do not allow emergency contraception to be sold in pharmacies without a prescription. In both countries, emergency contraception can only be provided with a prescription following a doctor’s visit.

- In **Hungary, Poland** and **Slovakia**, laws do not allow adolescents under 18 years of age to access healthcare, including sexual and reproductive healthcare, without the consent of a parent or guardian. In some instances, parents or guardians are also required to be present at medical examinations. Although parental consent requirements are commonplace across Europe, the norm is to allow access by adolescents over 16 without parental consent. For adolescents traveling alone from Ukraine, these restrictions place considerable limitations on their ability to obtain urgent and time-sensitive sexual and reproductive healthcare and also undermine the quality of care they receive.

“Very often people in the group ask, who is going to Ukraine and coming back, could you please buy me some medicine? And because in Ukraine we have it without prescription, everybody can go and buy it.”

Maryna Milashchuk, SOS Ukrajina Sme Spolu, a Ukrainian organization in Slovakia

“We were approached by a teenage girl, already of legal age, asking where to get the morning-after pill in Poland, because she went to a pharmacy and they looked at her so strangely and she, as a person from Ukraine, didn’t expect that.”

Anastasiia Podorozhnia, Martynka, helping women from Ukraine in Poland

“Everyone knows that there is a ban in Poland. Everyone knows the word “ban”. Therefore... many Ukrainian women do not know if there is even such a possibility. It is better for them to go to Ukraine...because everything is known and clear there.”

Anna* from Ukraine living in Poland.

THE IMPACT OF THE POLISH ABORTION BAN

Poland’s near-total ban on abortion has caused grave harm to the health and lives of generations of women. Thousands of women are forced to travel out of Poland each year to obtain abortion care in other European countries. Before the invasion, many women travelled from Poland to Ukraine seeking abortion care. Thousands more obtain abortion medication through the post via telemedicine services run by civil society organizations based in other parts of Europe. Where women in Poland cannot obtain abortion medication or travel to other countries for legal care, they may be forced to carry pregnancies against their will.

The near total ban is now causing direct harm to refugees from Ukraine who are resident or transiting through Poland.

Shock and disbelief: Interviewees described how, in the months following the invasion, many refugees from Ukraine who needed abortion care were shocked and alarmed to learn that abortion is basically illegal and inaccessible in Poland. It was often unfathomable for refugees that an essential

form of healthcare, which is legal and accessible in Ukraine, could be prohibited in the EU.

Fear of pregnancy: Over a year since the invasion, many refugees now appear to have general knowledge about the prohibition. Interviewees explained that information has spread widely through word of mouth, informal networks and media coverage. As a result, many women are frightened of unintended pregnancy because they know that legal abortion care will be almost impossible for them to access in Poland. They are also apprehensive about whether they would receive life-saving care in the case of miscarriage or other complications during pregnancy.

Travel to Ukraine: Many refugees from Ukraine who are now living in Poland feel they have no choice but to travel back to Ukraine temporarily if they need abortion care. For them, the urgency of such travel, combined with safety concerns, financial constraints, family care and administrative burdens, can give rise to considerable anxiety and stress and exacerbate pre-existing distress and trauma resulting from the war and their displacement.

Access to abortion outside of legal pathways: Many women from Ukraine are also forced to seek abortion care outside of legal pathways through telemedicine services operating in other parts of Europe.

Polish Law on Abortion

In Poland, abortion is prohibited in almost all circumstances. Although technically abortion is not illegal where a pregnancy results from sexual violence or where a patient's health or life is at risk, in practice it is almost impossible to access even in these exceptional situations. In order to obtain legal abortion following rape for which there is a 12-week time-limit, Polish law requires survivors to report the incident to the police and obtain a prosecutorial certificate before abortion care can be provided. In practice, access to abortion in this situation is almost impossible to obtain.

Polish law on abortion has been subject to retrogressive rollbacks on already limited entitlements for decades and there are regular and repeated attempts by lawmakers to ban abortion entirely. In 1993 the longstanding legality of abortion for social or economic reasons was eradicated from Polish law. In 2020 a politicized decision from the now illegitimate Constitutional Tribunal led to a new ban on abortion in situations of severe or fatal fetal impairment.

Polish law does not criminalize women who undergo illegal abortion, but instead criminalizes those who assist them, including healthcare workers, friends and family members. This has had a substantial chilling effect on the practice of medical professionals, who are often afraid and reluctant to provide abortion care even in situations where it is legal. Since the decision of the Constitutional Tribunal in 2020, a number of women have died in Poland because they were denied life-saving care during miscarriage and obstetric emergencies.

In 2023, Justyna Wydrzyńska, a human rights defender working with the organization Abortion Dream Team, was convicted by a district court in Warsaw for helping a woman to access abortion medication. In the end, the woman was unable to take the medication. This is the first conviction of its kind in the European Union.

“They are all very afraid to get pregnant, because… they don’t know what they would do…after all, here there are no options. It is very scary that you could even die and they will not help you, as we see in the news…so Ukrainian girls are terribly afraid to get pregnant…Let’s just say, no one would wish that on anyone, not even their worst enemy.”

Olena* from Ukraine living in Poland

Photo credit: NurPhoto SRL

Here they rely on information from civil society organizations and human rights defenders and order abortion medication online. These services have operated for many years and provide quality care to women throughout Europe who need access to abortion care in early pregnancy but cannot access it through legal channels in their country of residence. Interviewees explained that for many refugees from Ukraine seeking abortion care outside of legal pathways causes considerable anxiety and unease. Although Polish law does not criminalize women for undergoing illegal abortion, this is not widely known and accessing care through illegal pathways in a context where abortion is generally criminalized and highly stigmatized gives rise to fear and apprehension. Additionally, refugees worry about the legal consequences for friends, family members, colleagues and accommodation hosts if they are discovered because assisting with an illegal abortion is criminalized in Poland. Some refugees indicate distress because they cannot meet with a doctor in person prior to taking abortion medication, as is normal clinical practice in Ukraine.

Misinformation: Misinformation and information shortfalls play a significant role in exacerbating fear and anxiety against the backdrop of the prohibition of abortion. Official information about entitlements to abortion care and legal care pathways is not readily available in Poland, and patchy and erroneous

"Sometimes women in their early 40s, with a family and children, were crying during the conversations, and they told me about being raped but they said, 'please don't tell anybody, because I have my family, and my husband has been fighting. Could you imagine if I add to his troubles? What if he comes from the war and sees an additional child?'... When I explain to them that they can obtain legal abortion in Poland if they report and get a prosecutor's certificate, they say: 'my life, my family is the most important for me right now.' They don't want to report to a prosecutor, to the police station."

Krystyna Kacpura, FEDERA Foundation for Women and Family Planning, Poland

information often leads to significant confusion. Refugees are sometimes frightened that they could be prosecuted for ordering abortion medication or for traveling outside of Poland to obtain abortion care. Information failures also mean that medical professionals often lack coherent guidance on the implementation of Polish abortion law, and even though legal exceptions do exist, they regularly refuse to discuss or provide abortion care in such exceptional circumstances due to a fear of legal consequences.

Travel to other parts of the EU: Most refugees who have settled in Poland are highly averse to traveling to other parts of Europe for abortion care. However, this can be necessary where travel back to Ukraine is not possible, where timeframes for recommended self-management of abortion medication have passed, or where there is a diagnosis of severe or fatal fetal impairment. Interviewees stressed that the requirement to travel out of Poland for abortion care to other EU countries causes considerable hardship and suffering for refugees.

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

Anastasiia Podorozhnia, Martynka, helping women from Ukraine in Poland

“At what point am I committing a crime? Is it when I let her use my WiFi? Is it when I let her use my address? Is it if I drive her to the bus station? At what point am I committing a crime?”

Mara Clarke, Supporting Abortions for Everyone (S.A.F.E)

SEXUAL VIOLENCE

For survivors of conflict-related sexual violence in Ukraine who subsequently seek refuge in, or transit through Poland, the law gravely exacerbates and aggravates the harm and compounds the violations they have already endured.

For many of these women, the prospect of continuing a pregnancy resulting from rape is often untenable; yet instead of facilitating urgent access to abortion care when needed, Polish law obstructs their access to care. Although abortion is not illegal in Poland where a pregnancy results from sexual violence, this exception to the prohibition on abortion is illusory in practice. Polish law requires survivors to report to the police and obtain a prosecutorial certificate before abortion care can be provided, all of which must happen within a 12-week timeframe from the beginning of the pregnancy.

Interviewees working with refugees from Ukraine emphasized that women who have endured conflict-related sexual violence in Ukraine are often unwilling to report the violence for the purpose of securing legal abortion care in Poland. Instead, they opt to seek abortion medication online or travel out of Poland for care.

“We inform them that if it is rape they have the right to report it to the police, but of course they don’t want to. This is highly understandable because to prove rape is an ordeal, and abortion is time-sensitive.”

Ewa Zielińska, Women on Web

“Apart from language, apart from the fact that she doesn’t know her rights, doesn’t know Polish law at all...she’ll go to the doctor and get a refusal and she won’t know why he refuses... at some point she’ll realise that it’s simply a question of law.”

Maria* a Ukrainian living in Poland working for a Ukrainian NGO

Photo credit: Wiola Wiadereks

Photo credit: Konrad Zelazowski

Cost Barriers

A range of cost barriers continue to undermine refugees' access to good quality sexual and reproductive healthcare in Hungary, Poland, Romania and Slovakia. Although the specific cost barriers differ per national context, concerns regarding their impact were raised by interviewees in every country. Refugees must pay out of pocket for certain forms of sexual and reproductive healthcare, even when seeking care through the public healthcare system, and many refugees are forced to access care from costly private healthcare providers because public care is unavailable or too difficult to access.

As a result, numerous refugees avoid seeking sexual and reproductive healthcare at all because they cannot afford it, or they return to Ukraine temporarily because they believe they can obtain affordable care more easily there. Where refugees are able to receive support from civil society organizations, these organizations provide them with invaluable assistance in navigating the public healthcare system or often pay for the higher costs of private care.

"She went back because she said it is cheaper. And not only cheaper... It is about balance - quality and the prices - and in Ukraine this balance for them is better."

Tatiana Kolot, a Ukrainian living in Romania and working with A.L.E.G

GAPS IN COVERAGE AND POLICY GUIDANCE

The 2001 European Union Temporary Protection Directive, and the Council Implementing Decision of 2022 that triggered the application of the Directive to people fleeing the war in Ukraine, stipulate that affordable medical care should be provided to refugees fleeing Ukraine.

In the months that followed the invasion, Hungary, Poland, Romania and Slovakia each adopted relevant national implementing legislation to give effect to the Directive. However, gaps and limitations in national application when it comes to certain forms of sexual and reproductive healthcare, as well as a persistent lack of clarity at both the national and EU level about the extent of obligations under the Directive, mean that cost barriers remain a reality for many refugees.

The Directive outlines a general obligation to ensure access to healthcare, and specifies that this includes, "at least emergency care and essential treatment of illness," (Article 13.2). It also provides that for survivors of rape and other forms of sexual violence, as well as for other people with specific needs, this obligation extends to all, "necessary medical or other assistance," (Article 13.4). However, the European Commission has not yet provided guidance on the content of these obligations in the sphere of sexual and reproductive healthcare and what should be included in these categories of healthcare and assistance.

"I plan to visit a gynecologist, but...I don't know where to go. I don't have access to a free clinic and I have no idea where to go or how much it costs...It's a big concern for me because of the problem of prices. You know we would like to spend as little money as possible because many of us don't have money or jobs."

Alina * from Ukraine living in Romania

“It’s exactly the most vulnerable women here who are cut off from care: those who don’t have the means to travel, who don’t have money, who don’t have the knowledge.”

Irina Mateescu, Independent Midwives Association, Romania

This contributes to important gaps in national level implementation when it comes to sexual and reproductive healthcare, including care for survivors of sexual and gender-based violence.

For example:

- Although emergency contraception is clearly a form of emergency care, everyone in Hungary, Romania, Poland and Slovakia who needs emergency contraception, including refugees from Ukraine, must cover the costs of all contraception, including emergency contraception, out of pocket. In Slovakia, legal provisions explicitly prohibit the inclusion of contraception, when used to protect against unintended pregnancy, under public health insurance reimbursement schemes.

- Although abortion on request is essential time-sensitive care, in Romania and Slovakia, it must be paid for out of pocket by anyone who needs it, including refugees from Ukraine, and is not included under reimbursement or insurance schemes. In both countries, only abortion for ‘medical reasons’ is provided free of charge.

- In Slovakia, national implementing legislation provides only for the provision of free urgent and necessary healthcare for refugees with temporary

protection status. Whether different forms of sexual and reproductive healthcare, such as **antenatal care or other preventive reproductive healthcare**, fall into this category depends on the decisions of individual doctors on a case-by-case basis.

Even when it comes to the forms of sexual and reproductive healthcare that refugees are entitled to access free of charge under national implementing legislation, the absence of clear official policy documents for public hospital administrators and individual medical providers fosters extensive ongoing confusion around the forms of care that will be reimbursed. In practice, this leads to refugees being turned away from public healthcare facilities or charged up front for sexual and reproductive healthcare, even though it should be provided free of charge under national law.

For example, in Hungary, although regulations specify that antenatal care and abortion care are included in the health services that should be provided free of charge to all refugees from Ukraine, in practice many providers are unaware of these specifications and regularly ask refugees to pay out-of-pocket for these forms of healthcare.

“Women are ashamed and scared to talk about it...finding money for abortion is problematic. Imagine you are a refugee from Ukraine, where average salaries are much lower than in Slovakia, that is a huge obstacle. The problem is that it is not covered by public health insurance.”

Adriana Mesochoritisová, Freedom of Choice, Slovakia

SURVIVORS OF SEXUAL VIOLENCE

The Temporary Protection Directive stipulates that refugees from Ukraine who have survived rape and other forms of sexual violence must be provided with access to all necessary medical care. However, in reality, the policy gaps and practical challenges identified above intersect to prevent effective access to care even for this group of highly vulnerable refugees.

In addition, access barriers are exacerbated by an ongoing lack of robust expertise on clinical management of sexual violence within national healthcare systems and the absence of clinical settings, rape crisis centers or 'one-stop shops' designed to care for survivors of violence. Together with legal barriers affecting access to certain key interventions – such as emergency contraception and abortion care – this lack of expertise means that often healthcare workers and public officials do not know what care refugees from Ukraine who have survived sexual violence are entitled to obtain free of charge. For example, in Poland, healthcare workers and criminal justice officials regularly do not inform survivors of their entitlement to free sexual and reproductive healthcare, such as testing for HIV and other sexually transmitted diseases and HIV prophylaxis.

PUBLIC CARE DEFICITS

In addition to legislative gaps and policy deficits, refugees are also facing a range of additional practical challenges when seeking care within public healthcare systems. This means that often the only care pathway available to them involves recourse to costly private healthcare providers. This has particularly negative impacts on refugees from vulnerable and marginalized groups such as Roma women, who often cannot afford to pay for private healthcare services.

Although the reasons for these access challenges to public healthcare systems differ in each country, they are a considerable source of concern across the four countries.

For example:

- In **Romania**, although regulations provide for direct access to ambulatory care and specialized care for refugees from Ukraine, without the need for referral from family doctors, information failures and reimbursement concerns mean that this policy is not implemented by all hospitals. As a result, for many refugees from Ukraine registering with a family doctor remains an important gateway to sexual and reproductive healthcare. Yet, refugees continue to face widespread difficulties in registering with family

doctors and securing appointments. As a result, it can be very difficult for them to access sexual and reproductive healthcare through the public health system, unless they seek emergency care from hospital emergency departments.

- In **Hungary** and **Poland**, long waiting lists for certain forms of specialized care in the public healthcare system, including reproductive healthcare and mental healthcare, delay access to that care considerably. Where refugees from Ukraine need care that is time sensitive, for example when they have survived sexual violence, obtaining care from private healthcare providers for a substantial fee may be the only way to access care in a timely manner.

- In **Slovakia**, the reimbursement rates that medical professionals receive for care to people who have public health insurance are considerably higher than those they receive from state authorities for the same care provided to adult refugees from Ukraine who do not yet have public health insurance. As a result, there is no incentive for medical professionals to provide care to some refugees and, for many doctors, the small payment provided by state authorities does not actually compensate the time needed to provide the healthcare and handle administrative procedures. Although some do

European Union Law

On 4 March 2022, the EU activated the Temporary Protection Directive for the first time to provide protection to people from Ukraine fleeing the war and guarantee that they can enjoy harmonized rights and entitlement across the EU, including with respect to medical care. Under Article 13.2 of the Directive, EU member states are required to provide beneficiaries with adequate medical care, including at a minimum emergency care and essential treatment of illnesses. Moreover, Article 13.4 requires EU member states to ensure that individuals with special needs such as survivors of rape, or other serious forms of psychological, physical or sexual violence, have access to necessary medical care and other assistance, including specialized treatment. The European Commission has issued operational guidelines on the implementation of the Temporary Protection Directive, but the guidelines do not address these entitlements to medical care and assistance.

The EU Victims' Rights Directive sets out minimum standards for the rights, support, and protection of victims of crime, including victims of sexual violence. Articles 8 and 9 of the Directive require that EU member states ensure that victims of sexual violence have access to specialist support services, including medical and psychological care, in accordance with their individual needs and the degree of harm suffered. Under the Victims' Rights Directive, EU member states should take necessary measures to ensure that victims of sexual violence have access to immediate medical support and forensic medical examination. It also specifies that victims of sexual violence have the right to receive information on available medical and psychological services. EU member states are also required to inform victims about their rights and entitlements under national law, the type of support they can obtain and from whom, and basic information about access to medical support and any specialist support.

“The state has claimed that it offers free treatment to refugees, but in practice this does not happen. Or at least with the Roma women from Ukraine that we worked with, for them the process was very complicated.”

Anca Georgiana Nica, E-Romnja, Romania

Photo credit: CinemaPhoto

provide care, others simply refuse or charge refugees higher rates directly, rather than seeking reimbursement. Reforms have been made to improve reimbursement rates for care to children and adolescents but are still pending for adult refugees.

CIVIL SOCIETY STOPGAP

Due to these cost barriers, civil society organizations are often called upon to cover the cost of sexual and reproductive healthcare for refugees from Ukraine with donor funds. Representatives of many of these organizations expressed serious apprehension about the sustainability of the financial support they receive from donors for this and their ability to keep paying for this healthcare.

They also expressed considerable unease regarding the way in which healthcare needed by refugees from Ukraine is regularly diverted to private providers, thereby limiting expectations and demands on the public healthcare system. They underlined that this is allowing national governments to avoid much-needed action to strengthen public healthcare systems and address longstanding challenges and shortcomings.

Interviewees also highlighted that although humanitarian funds often cover the cost of private healthcare for refugees from Ukraine, this assistance

“The funding mechanism is discriminatory. They get one amount for the Slovak patients (around 25 Euros for a preventative checkup) while the same care is reimbursed for less for Ukrainian patients (7 Euro). Of course, that doctor is not motivated to favour a Ukrainian he doesn’t even understand.”

Lucia Roussier, Equita, Slovakia

is often not available to local populations who are hugely reliant on the public healthcare systems in each country. Interviewees expressed fears that this differential treatment will contribute to a backlash against refugees from Ukraine as local populations also need sexual and reproductive healthcare and face many of the same cost barriers confronting refugees.

“The topic of menstrual poverty… we saw very early on, that basic hygiene items, tampons, pads, or those tampons for nursing mothers, went like hot rolls, because it was such a basic thing that those women needed…I am worried…that it’s a society-wide Slovak phenomenon, that we really have women here who are on the border of such poverty that they can’t even access such a basic thing just in some way with dignity.”

Zuzana Juráneková, IPčko, Slovakia

Photo credit: Ukrinform

Information and Language Barriers

There continues to be a lack of clear and accessible official information in the public domain about entitlements to sexual and reproductive healthcare and gender-based violence services in the four host countries. Not only is this information not available in Ukrainian, Russian, Romani or English languages, in many instances it appears that it does not exist in the relevant national languages of the host countries.

As a result, basic information about entitlements to sexual and reproductive healthcare and survivor support services, and how to access these services, is often not available on official websites, at information points, in social and housing centers or in medical facilities. This lack of information takes on particular weight given the severity of other barriers refugees face: legal and policy restrictions, cost barriers and weak service provision. These barriers heighten the need for clear and accessible information on what care is legal and available, how to access it through affordable

"I have been here for eight months, and I have never seen a doctor. Because I do not understand how to do it. Do you understand?"

Anna* from Ukraine living in Poland

channels, and how and where to obtain specialised gender-based violence support services.

Even where guidance does exist—such as in materials created by civil society or United Nations (UN) humanitarian agencies—it does not always reach those who need it, or is not adapted to their needs, including due to illiteracy. Ukrainian refugees and volunteers stressed the importance of using informal information channels such as Facebook, Instagram, Telegram and other messaging apps, commonly used by refugees, to disseminate this information. Similarly, interviewees highlighted the importance of robust engagement with, and support for, Ukrainian volunteer networks as key partners in outreach and dissemination efforts.

INTERPRETATION SHORTCOMINGS

Inadequate numbers of interpreters in many settings continue to give rise to acute challenges for women from Ukraine who have faced gender-based violence or who need urgent sexual and reproductive healthcare.

Many hospitals and healthcare facilities still lack basic interpretation support. Interviewees highlighted how insufficient numbers of interpreters in key healthcare settings continue to jeopardize access to quality care and place heavy burdens on healthcare workers who have to identify other ways to communicate with refugees. The resulting communication challenges often mean that, outside of emergency situations, refugees give up on efforts to obtain healthcare within the public healthcare system.

The lack of specialized interpreters with experience in interpreting for survivors of gender-based violence was also repeatedly identified as a critical concern. Expedited training to equip interpreters with the necessary skills and knowledge was identified as a time-sensitive need, particularly for interpreters working with survivors of sexual violence.

In general, interviewees repeatedly highlighted how refugees seeking care and assistance gravitate towards organizations or services that are working with Ukrainian experts and volunteers and that have hired Ukrainians as interpreters. As a result, many women's rights organizations hired Ukrainian staff and volunteers, opened helplines in Ukrainian and provided Ukrainian language health advice and psychosocial support. This is directly related to increased levels of trust, comfort and ease of communication. Supporting coordination efforts by Ukrainian volunteers and support groups who receive and disseminate information through informal networks was also stressed as a vital intervention.

“I knew nothing, I had no information regarding this matter and it was a coincidence that I encountered this information on a telegram channel about an organization that provides such access. That’s it. Just a coincidence...Not all women are so lucky.”

Galyna* from Ukraine living in Romania.

Photo credit: Center for Reproductive Rights

“We couldn’t figure out for God’s sake how this system works. We were looking online for information but most information is in Romanian. We couldn’t really figure it out on our own and we still can’t figure it out. There’s actually not much information and very little information in English is available...I also asked on Facebook online different questions in the Ukrainian groups.”

Alina* from Ukraine living in Romania

“We get most of our information...from facebook groups.... Sometimes there is also telegram. At first, it was not even clear what the insurance covers and what it does not.”

Sofia* from Ukraine living in Slovakia

QUALITY CONTROLS

The quality of translated materials also remains problematic. Where translated materials do exist, the information is not always translated or checked by native speakers, and software is often used to generate translations without subsequent quality control. This leads to basic mistakes, confusion and misunderstandings for refugees who are seeking information they can trust about serious personal matters. These quality concerns were identified in relation to both information from official sources as well as information sourced from civil society and other sources.

The poor quality of translated materials intersects with other language and information barriers facing refugees and takes a toll on the degree to which they feel comfortable accessing relevant services and pursuing care pathways. In the words of one volunteer from Ukraine, “this is about trust.” Many interviewees voiced frustration regarding this problem, noting that many native speakers from Ukraine are seeking paid employment and would be able to review materials, at least with a view to correcting basic mistakes, yet such arrangements are often not put in place. They stressed the importance of avoiding assumptions that national languages are sufficiently similar to Ukrainian to obviate the need for quality control, especially when it comes to information concerning medical and legal matters.

DISINFORMATION

Amidst these information shortfalls and language barriers, the harmful impact of anti-SRHR information sources and deliberate misinformation was underscored. Organized anti-SRHR actors have created websites and targeted disinformation campaigns in Ukrainian, disseminating false and misleading information to refugees about certain forms of sexual and reproductive healthcare, in particular abortion. In the absence of widely available evidence-based information, these sources of false information can cause considerable harm to refugees seeking care and support.

“A woman from Ukraine, had an ectopic pregnancy, went to a public maternity hospital...And how did they talk to her?...with google translate. That was the way they found to translate, to explain her emergency.”

Irina Mateescu, Independent Midwives Association, Romania

“We have had women with reproductive cancer and we couldn’t find someone to translate the medical papers. The translations are very expensive, it takes a long time, the woman needed cancer treatment and we were asking for help from the community ...to donate money so we could get the documents translated so that they could be given to the doctor. ”

Ștefania Vintilă, coordinator of a public shelter for refugees from Ukraine, Romania

Poor Quality Care and Discrimination

Quality of care shortcomings remain a reality for many refugees from Ukraine. Many refugees receive sub-standard care, encounter harmful delays in access to care or are met with various forms of discrimination and prejudice in sexual and reproductive healthcare settings. Some refugees spoke of their disbelief at the low standards of reproductive healthcare, the way in which they were treated by healthcare professionals and the difference in quality of care when compared with the services available to them in Ukraine. Although the nature of these shortfalls, and the reasons for them, differ per country, interviewees in every country expressed concern regarding the quality of care available to refugees and recounted incidents of serious quality failures.

Sexual and reproductive healthcare pathways are inherently undermined by legal and policy restrictions on access to care, and care delivery is weakened by information deficits, language barriers, financial

“She was in shock that they separated her from the baby for a day and a half. She thought the baby had died. This is what she told us: ‘I honestly thought it had died.’”

Irina Mateescu, Independent Midwives Association, Romania

constraints and cost considerations. However, access barriers are not the only reason refugees receive inadequate quality of care. In addition, they face outdated standards of care, harmful stereotypes, health-system frailties as well as discrimination and bias, all of which jeopardize the provision of good quality sexual and reproductive healthcare.

BIAS AND MARGINALIZATION

In some healthcare and administrative settings, different forms of bias impacted the treatment that refugees from Ukraine experienced and the standards of care they received. This was heightened by language barriers and information deficits. For example, some refugees from Ukraine described experiences of being treated with irritation and bias by healthcare workers and health system administrators because of communication difficulties and their lack of understanding about national entitlements and health system processes. Others spoke of the difficulties they faced when trying to make medical appointments because information is not available online where they could easily translate it. Some felt that prejudice about Ukrainians negatively impacted the standard of care they received.

“The National Health Service...is in truth, very rarely friendly...when people come to the Fund to sign up, how they speak to them, how they judge them for not understanding... how they already sigh as soon as they see them...It’s difficult.”

Olena* from Ukraine living in Poland

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

Lisa Ranzenigo, Soleterre Foundation, helping refugees from Ukraine in Poland

STANDARDS OF REPRODUCTIVE HEALTHCARE

Some aspects of medical practice and standards of care in the field of sexual and reproductive healthcare in Hungary, Poland, Romania and Slovakia are out of step with modern best practice and clinical guidance, and disrespectful and abusive practices have been reported. Interviewees explained that often the standards of care in Ukraine align more closely with modern best practice, particularly when it comes to abortion care, contraception services and maternal healthcare.

In **Hungary** and **Romania**, interviewees raised concerns regarding the provision of maternal healthcare during childbirth, which regularly departs from best practice guidelines and standards and reportedly involves different forms of obstetric violence. They highlighted extensive use of medical interventions to expedite childbirth, as well as notably high reliance on caesarean sections. In addition, antiquated practices after childbirth, such as the separation of newborn babies and women for long periods, appear common. Interviewees highlighted how disconcerting these practices are for women from Ukraine who are not used to such measures and who do not understand that there is no midwife-led pathway for antenatal care and maternal healthcare.

“The problem is that even Romanians don’t have access to HIV treatment...the fact is that in Ukraine there is treatment, there is PrEP, there is PEP, things that don’t exist in Romania.”

Vlad Viski, MozaiQ, Romania

“Women come with hormonal implants and they can’t find a doctor who can remove the hormonal implant, because they are not being used in Romania, the doctors haven’t been trained in this.”

Andrada Cilibiu, FILIA Center, Romania

Although several refugees we interviewed had received good quality support and assistance from specialized NGOs, they emphasized that had they not been able to secure that support their situation would have been different.

In **Hungary** and **Slovakia,** medical abortion is not available at all and only surgical abortion is provided. As a result, interviewees underlined that the provision of abortion care is out of step with modern medical practice. For refugees from Ukraine, where abortion medication is available for early termination of pregnancy, it is often distressing to learn that the only option is to undergo a surgical procedure when seeking abortion care.

In **Hungary, Poland** and **Romania**, interviewees explained that gaps in the contraceptive methods available and the lack of widespread training for healthcare workers on long-lasting, reversible contraceptives means that refugees from Ukraine with hormonal implants or IUDs can struggle to obtain good quality care. They may delay seeking care long past advisable timeframes for removal and replacement of these devices, giving rise to anxiety and safety concerns.

HARMFUL ABORTION STIGMA AND REFUSALS OF CARE

Although abortion is legal in Hungary, Romania and Slovakia, stigma and harmful stereotypes surrounding abortion persist, thereby impacting the quality of abortion care and other pregnancy care available to refugees. In some cases, the lack of adequate clinical protocols and guidelines for sexual and reproductive healthcare, including abortion care, means that there is a lack of guardrails on hospital and healthcare practice.

Interviewees repeatedly pointed to the way in which stigma and harmful stereotypes influence the attitudes and approach of medical professionals and administrative officials. Examples included instances where healthcare workers tried to dissuade women from Ukraine from continuing with their decision to have an abortion and instances where healthcare administrators questioned how women from Ukraine could become pregnant and need access to abortion care and contraception services while their husbands remain in Ukraine.

In addition, refusals by medical professionals to provide abortion care on grounds of conscience or religion are commonplace across all four countries. Interviewees highlighted that the longstanding failure

“Many refugee women were in the East of Slovakia where we have the greatest lack of availability...Women have to travel very long distances for this service, on average several 100 kilometers. They have to go there repeatedly, many do not have the finances. It is terribly difficult to make the logistics work so that a woman can go for an abortion.”

Adriana Mesochoritisová, Freedom of Choice, Slovakia

of state authorities to properly monitor and regulate such refusals of care, and to ensure the adequate dispersal of willing providers throughout each country, is now having a direct impact on refugees from Ukraine who need abortion care.

For example, in Slovakia entire hospitals often refuse to provide abortion care on an institutional basis. This means that in large areas of the country, particularly eastern regions near the border with Ukraine, abortion care is almost entirely unavailable. As a result, refugees who have settled there must travel significant distances to obtain abortion care, and often face serious delays in access to time-sensitive care. Additionally, this situation undermines the quality of other forms of care during pregnancy. For example, there are concerns that abortion stigma and related refusals of care are also jeopardizing appropriate clinical management of miscarriage.

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

Joanna Pietrusiewicz, Fundacja Rodzić po Ludzku, Poland

HEALTH SYSTEM FRAILTIES

The quality of sexual and reproductive healthcare provided to refugees from Ukraine is also highly reliant on the individual and collective efforts of willing providers and healthcare workers. Interviewees praised the heroic efforts of many healthcare workers following the invasion. However, they emphasized the high levels of strain that the workers are under due to longstanding state failures to invest in and strengthen the health system, the residual effects of the COVID-19 pandemic and ensuing burnout, and general health system staffing shortages, particularly in nursing and midwifery, due to poor working conditions and low salaries.

The influx of refugees from Ukraine with specific needs, experiences and trauma compounded these burdens. Interviewees stressed the imperative of action on the part of national governments and state authorities to strengthen healthcare systems, invest in the creation of good quality sexual and reproductive healthcare services and care pathways, and ensure essential healthcare workers receive adequate support and remuneration.

Photo credit: Odysseas Chloridis

“We went to the border crossing at Záhony, where we found discrimination to such an extent that if I put it on paper, even the paper wouldn’t be able to take it. Roma refugees were not given food, or rather only minimal amounts, they were labelled as ‘subsistence refugees’.”

Aishe* a Roma human rights defender in Hungary

“I feel ashamed when I tell people there is no specific trans healthcare, sometimes people don’t believe us … they will ask for a list of LGTBQ+ friendly doctors, and I’m like: We don’t have such list. They will ask how to get to someone, and we will say: We don’t know. So that is very difficult … to keep repeating to people that … if you are a trans person don’t stay in Slovakia. To tell them it’s better for you to take an 8-hour train to Prague and you will be better off there. That was painful.”

Róbert Furiel, Saplinq, Slovakia

INTERSECTIONAL DISCRIMINATION

Certain groups of refugees from Ukraine are at risk of significant intersectional discrimination and exacerbated access barriers when accessing care or support services. Interviewees in Hungary, Romania and Slovakia identified the racism faced by Roma women from Ukraine as a particular concern.

Roma women refugees often face remarkable levels of prejudice and discriminatory treatment in healthcare settings, accommodation centers and administrative contexts. Roma women from Ukraine are more frequently denied access to free medical treatment to which they are entitled or are turned away from services. Sometimes they receive segregated services or are housed in separate living facilities. They are also often subject to verbal abuse and discriminatory attitudes.

In all four countries, interviewees also emphasized the dearth of good quality care and support available to LGBTIQ+ refugees. Different forms of healthcare needed by LGBTIQ+ refugees are not widely available in Hungary, Poland, Romania and Slovakia, including specialized care for trans men and women. Interviewees representing LGBTIQ+ organizations explained that often they advise LGBTIQ+ refugees to travel onward to other countries in the EU.

“The darker the refugee’s skin is, the less compassion is shown to them...[With] white people - there was an automatic assumption that they were entitled to that help. With Roma women, it was a really big problem and there you could see the prejudice just from the way people treated them.”

Zuzana Števulová, previously League for Human Rights, Slovakia

“One thing that is extremely important is the racism and discrimination that actually exists in all these systems, whether we are talking about reproductive health services, whether we are talking about the police.”

Anca Georgiana Nica, E-Romnja, Romania

“Refugee people who enter Poland, they enter provinces that are ‘so-called LGBT free,’ where systemically they get the information that nobody wants them there... There is only pale fear and discrimination at the entrance.”

Justyna Nakielska, Campaign Against Homophobia, Poland

“They are sent to some shelters where they live isolated. These shelters are themselves often segregated...the Roma refugees are sent to specific parts of the building, or they are sent to a shelter that is outside of the city centre.”

Anna Iványi, EMMA Association, Hungary

Photo credit: Wojciech Stróżyk

Weak Gender-Based Violence Support and Services

Evidence shows that refugees from Ukraine are experiencing myriad forms of gender-based violence. Chilling and widespread incidents of conflict-related sexual violence in Ukraine, alongside other serious violations of human rights and humanitarian law, have been documented by the Independent International Commission of Inquiry on Ukraine and other sources. In addition, reports indicate that some refugees are experiencing intimate partner violence, and that other forms of gender-based violence are occurring in transit and reception settings, in host and refugee communities and in accommodation and workplaces in Hungary, Poland, Romania and Slovakia.

Our fact-finding did not seek to document the types of violence refugees are experiencing or to capture incidents of violence endured by refugees. Instead, interviews focused on the quality of relevant support services and response mechanisms in each of the four countries and the barriers women face in securing access to appropriate forms of assistance and protection following such violence.

Although the severity of the situation differs per country, interviewees across the board expressed concern regarding the level of services and support available for survivors of violence from Ukraine. Despite considerable humanitarian response efforts, basic forms of appropriate rehabilitation and care, including good quality psychosocial support, healthcare, safe housing and reporting assistance, remain inadequate. Heightened concerns were raised regarding the level of services that exist for refugees who have survived sexual violence.

“A group of women came to us. I think they came from Bucha. There were several of them and there were some women who really sacrificed themselves, who were repeatedly raped by the Russian soldiers and they were doing it to protect that whole group because...the threat was that if that sex, that service, wasn’t delivered to them, they would kill them all. It was a huge trauma for that whole group, because even though some of them hadn’t been raped, they had witnessed it, and they were aware of the fact that someone else had sacrificed themselves to save them...[T]hey really needed somebody to work with them, to help them deal with that trauma, yet the response from the system at the time was that we should send these women back to that sport-hall accommodation again where would they be amongst all the other women and that was unthinkable...for such a specific situation, for such a fragile group, for such a traumatized group, it was absolutely unthinkable.”

Zuzana Juráneková, IPčko, Slovakia

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

Joanna Piotrowska, Feminoteka Foundation, Poland

LACK OF POLITICAL WILL

In Hungary, Poland and Slovakia, interviewees pointed to years of failure by national governments and state authorities to adequately prioritize and invest in the services needed by survivors of gender-based violence. They highlighted that over the past year these long-term shortcomings have had serious implications for refugees from Ukraine. Where state-funded services exist, they are often weak, inefficient and under-resourced and staff are under skilled. Most assistance to survivors is being provided by civil society organizations, many of whom have been starved of funding and state support for many years.

In all three countries, political attacks on the Council of Europe Convention on Preventing and Combating Violence Against Women, which are taking place in the context of rising backlash and attacks on sexual and reproductive rights and gender equality, have stalled ratification in Hungary and Slovakia and led to the initiation of a withdrawal process in Poland. This has contributed to an environment in which there is a lack of political will to improve national legal and policy frameworks on gender-based violence and to establish effective procedural and programmatic responses to violence against women, and which in some cases has set-back previous progress.

In Romania, the situation is less severe with several interviewees highlighting that efforts have been made in recent years to improve legislative frameworks, policies and programs. However, interviewees underlined that ongoing shortfalls in the availability of specialized services and clinical facilities, safe housing and training are taking a toll on refugees.

HUMANITARIAN RESPONSE

Throughout the past year, the international humanitarian response community has made a concerted effort to address the gaps and defects in national services and support mechanisms for survivors of gender-based violence, with a view to improving the care received by refugees from Ukraine. However, despite considerable investment and improvements, shortcomings and challenges remain.

Representatives of organizations stressed that the systemic and longstanding nature of many deficiencies means that the impact of humanitarian response and mobilization designed to respond to the needs of refugees from Ukraine will remain limited unless matched by sustainable long-term investment intended to improve services across the board. They emphasized the importance of high-level engagement with national governments in order to tackle the systemic improvements to services and support mechanisms that are needed.

REPORTING BARRIERS

A year on, the willingness of refugees from Ukraine to report violence or to seek psychosocial assistance following violence remains relatively low. This reticence results from an assortment of intersectional factors. The specific dynamics of this war, and the general mobilization following the invasion, mean that women in situations of intimate partner violence may often feel considerable guilt and shame about the prospect of seeking help or reporting the violence.

Conflict-related sexual violence and trafficking for sexual exploitation remain the focus of international organizations and world media. Although ensuring an effective response to these forms of violence is essential, it is also critical to ensure that other forms of gender-based violence are adequately prioritized. Failures to do so can entrench harmful dynamics for survivors of intimate-partner violence or violence from within the Ukrainian community.

For many refugees who have survived violence, their primary focus remains on taking care of the basic needs of themselves and their families. They prioritize this over seeking psychosocial support following situations of violence. If violence and harassment is taking place in workplace or accommodation settings, refugees are often frightened to seek support because of concern about losing employment or accommodation. Many

“We have reported cases of domestic violence, but the people in the refugee centers didn’t know how to deal with it. Even the police, when they have been called in, have not done their job.”

Anca Georgiana Nica, E-Romnja, Romania

interviewees spoke about inadequate safeguards in housing programs against potential abuse and exploitation.

INADEQUATE SPECIALIZED SERVICES

In all four countries, adequate survivor-centred services are still not sufficiently available to refugees who have survived sexual violence, including conflict-related sexual violence. In particular, there is an ongoing lack of specialized sexual violence expertise at the scale that is needed. This lack of knowledge and training affects a broad swath of professionals across the public and private sector who are now being called on to provide assistance to survivors of sexual violence from Ukraine, including social workers, psychologists, healthcare workers, interpreters and criminal justice professionals. Simultaneously, official procedures designed to ensure appropriate responses from the health system and the justice sector remain inadequate.

Protocols for the clinical management of rape still do not exist in some contexts or are not widely disseminated across healthcare settings. As a result, refugees from Ukraine who have survived sexual violence are not always informed of their legal entitlements or provided with time-sensitive clinical interventions, including HIV prophylaxis, emergency contraception and abortion care. Nor are they always automatically offered appropriate psychosocial support and mental healthcare.

LACK OF HOLISTIC CENTERS

The lack of effective 'one-stop' centers designed to provide holistic services to survivors of gender-based violence was identified as a considerable gap in service provision in every country. Such centers can be a highly effective intervention to ensure survivors can access a range of services, including healthcare, psychosocial support and legal advice, free of charge and under one roof.

However, no such centers exist yet in Hungary, Poland and Slovakia, nor is there functional multi-sectoral coordination designed to ensure integrated access to services in their absence. In Romania, an initial clinical center has been established, but interviewees highlighted that it remains under-resourced, under-staffed and is not widely known or easy to locate. In the absence of prioritization by state authorities, civil society organizations in Poland are now in the process of establishing rape crisis centers and sexual and reproductive healthcare clinics.

As a result, service provision remains ad hoc, many survivors are not informed of their entitlements and it is often difficult for survivors of violence to know where to turn. This dysfunction poses particular difficulties for refugees from Ukraine who face distinct information and language barriers.

"I think the hardest thing ...is finding therapists and social workers who know how to deal with situations of rape used as a weapon of war. Therapists who speak Ukrainian are very hard to find. Never-mind Ukrainian speaking therapists who specialize in sexual violence."

Andrada Cilibiu, FILIA Center, Romania

“I noticed a big reluctance from the police to handle refugee cases … their phone numbers are Ukrainian. Or the numbers don’t work in Romania. Or they don’t know the language … you don’t always have translator. So they find it difficult and avoid it.”

Ștefania Vintilă, coordinator of a public shelter for refugees from Ukraine, Romania

Photo credit: Konrad Zelazowski

Photo credit: Łukasz Szczepanski

Human Rights Defenders in Crisis

Representatives of organizations raised critical concerns about the challenges facing human rights defenders and national civil society organizations working in the field of sexual and reproductive health and rights, gender-based violence, women's rights and LGBTIQ+ rights. Following the full-scale invasion, many of these organizations and activists mobilized immediately to respond to the needs of refugees fleeing Ukraine.

More than one year on, they remain the main providers of direct assistance to women and girls from Ukraine who need these forms of care and support. However, many are grappling with a range of stark realities, including serious threats, intimidation and harassment as well as financial and operational uncertainty and insecurity.

Our findings point to notable differences across country contexts. In Hungary and Poland, human rights defenders are facing government-led

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

Anna Dąbrowska, Homo Faber, Poland

clampdowns and intimidation, as well as private-sphere threats, whereas in Romania and Slovakia the situation is less severe.

THE DAY-TO-DAY REALITY FOR HUMAN RIGHTS DEFENDERS

Death threats, bomb threats, threats of sexual violence and other threats to personal and family safety, surveillance, smear campaigns, online trolling, administrative and criminal investigations, and prosecution. In Hungary and Poland, these are just some examples of the harassment and intimidation that many human rights defenders working on human rights, sexual and reproductive rights, women's rights and LGBTIQ+ rights report experiencing.

For the past year, many of these human rights defenders, and the civil society organizations they work for, have led efforts to respond to the sexual and reproductive health and gender-based violence support needs of refugees from Ukraine. Yet they have done so while coping with a repressive and hostile social and political environment in which civil society space has been shrinking for many years and where they are targeted because of their advocacy, mobilization and efforts to provide services and protect the rights of those who seek their assistance.

"We see this as an opportunity for change... we want to come together, we want solidarity, we want to shift these things, we want to shatter these myths...even though we are battered by the pandemic, by our political situation, we are tired...we still have somewhere within us that ability to buck up and go at it because we simply care."

Zuzana Juráneková, IPčko, Slovakia

“As we now stand...we are in the final stages of starvation and dissection. Public resources are very corrupt or non-existent. And issues that are not the government’s cup of tea, it tries to silence, such as all women’s rights issues. So, because of this, not only because of a lack of resources, but also because of the subject itself, there is a great deal of oppression, and we are just keeping our heads above water.”

Lilla* a human rights defender in Hungary

For human rights defenders and civil society organizations in **Slovakia** and **Romania**, the situation is less extreme and those we interviewed did not report experiencing state surveillance, criminalization and repression. However, they described facing private sphere harassment and threats of violence and underlined that these have increased since the invasion of Ukraine. In particular, human rights defenders working with LGBTIQ+ communities in both countries explained that incidents of physical violence, hate speech and vandalism directed against LGBTIQ+ activists and organizations increased giving rise to considerable levels of fear. In Slovakia, rising homophobic and transphobic rhetoric in the political domain is a cause of serious anxiety and safety concerns.

These realities have a grave impact on the lives and work of human rights defenders, and on the functioning and sustainability of civil society organizations working in these spheres.

Fear of investigation and prosecution: In Hungary and Poland, human rights defenders live with the knowledge that, ultimately, they could face legal reprisals from state authorities because of their work to defend human rights. In 2023, Justyna Wydrzyńska, a Polish human rights defender and member of Abortion Dream Team, was convicted by a district court in Warsaw for helping a woman access abortion

medication. This was the first such prosecution and conviction of a human rights defender in the EU. Meanwhile, organizers of the Polish Women's Strike have been charged with a range of offences related to their role in organizing major abortion rights protests. The use of criminal investigation and prosecution to punish human rights defenders for their activism not only causes substantial harm for the individuals involved but can also have a broader chilling effect. A number of the human rights defenders we interviewed in Poland spoke about how they believed these proceedings were initiated to stoke fear among reproductive rights defenders with a view to silencing and diminishing their efforts.

Marginalization and isolation: Human rights defenders in Hungary and Poland emphasized the toll that ongoing government smear campaigns and vilification in parts of the media and political discourse has taken on civil society activism and human rights work. For many women human rights defenders and LGBTIQ+ defenders, social opprobrium regarding the work they do and the rights they are advocating for can also affect their personal and family relationships as well as their careers. In addition, they can face ostracism and isolation when interfacing with mainstream human rights movements or humanitarian response mobilization. A number of those we interviewed stressed the long-term practical effects of this operating environment on civil society organizing, highlighting its harmful impact on staff recruitment, retention and morale.

The anti-SRHR movement: In all four countries, serious concerns were raised by interviewees about the rise of a professional and resourced movement opposed to sexual and reproductive health and rights (anti-SRHR), and the way in which this is fueling nationalist, anti-rights, anti-migrant and anti-equality propaganda and discourse. This has a series of implications for human rights defenders working to advance sexual and reproductive rights and tackle gender-based violence. As anti-SRHR movements have gained ground so too has political rhetoric and mainstream criticism of human rights defenders increased. The increasing use of judicial proceedings, legislative procedures and regulatory tools to advance an anti-SRHR agenda places human rights defenders in a defensive position. In Hungary, Poland, and Slovakia there are reports of state funding being diverted to organizations with anti-SRHR or anti-LGBTIQ+ agendas. Hate speech, online harassment and trolling have increased. There are concerns that a rise in nationalism and populism following the full-scale invasion of Ukraine could exacerbate these trends.

“What we also see is an increase in violence against LGBT people in Romania, including us as an organization. We have received many threats, flyers with Hitler, with the Holocaust, with I don’t know what, with machine guns, in short, with details of how we will be killed.”

Vlad Viski, MozaiQ, Romania

“We need support because we are under fire. Our conversations can be monitored, we can become victims of state repression...the very fact that this [prosecution] is happening has such a chilling effect on other organizations, doesn’t it? There could be only two or three examples, but it has an impact.”

Joanna Pietrusiewicz, Fundacja Rodzić po Ludzku, Polandu, Poland

“The attacks that we are facing...this has intensified after Ukraine.”

Adriana Mesochoritisová, Freedom of Choice, Slovakia

“Being portrayed as enemies of the nation... we have to protect ourselves because there won’t be anyone else protecting us.”

Dalma Dojcsák, Hungarian Civil Liberties Union, Hungary

Demoralization and disbelief: Many human rights defenders expressed a sense of disbelief and disillusionment at the lack of a serious response by EU institutions and United Nations Nations (UN) agencies to the realities they are facing and the growing backlash in their societies. In Poland, many human rights defenders spoke of feeling abandoned, underlining their hope that EU institutions and UN agencies would strongly condemn government clampdowns on human rights defenders and on sexual and reproductive rights. They stressed the important role that high-level political statements and solidarity can play, even though concrete enforcement or accountability measures may not be available. In Slovakia, human rights defenders expressed concerns that in recent years some civil society organizations with anti-SRHR agendas have been recipients of funding from the European Commission. There was a sense that UN agencies that have scaled up operations in each country were generally not willing to engage with state authorities on difficult or sensitive topics for fear of repercussions. Many interviewees conveyed a sense of dashed hopes and strong feelings of anger and sadness at the failure of EU institutions and UN agencies to adequately stand up for fundamental rights and values.

“We are facing ongoing harassment. There have been thousands of cases against activists for organizing and participating in protests. There are 110 cases against me, most of them are misdemeanor charges but some are criminal charges with up to 10 years in jail.”

Marta Lempart, Polish Women’s Strike, Poland

Photo credit: Michele Ursi

Photo credit: Mircea Moira

“It really is a very starved and financially undernourished area...I feel after the 10 or 14 years that I have been in this sector that we are in a purely defensive position for obvious reasons because we don’t have the resources for long-term advocacy...we have survived and are surviving, but the question is whether that is enough?”

Róbert Furiel, Saplinq, Slovakia

LACK OF SUSTAINABLE AND FLEXIBLE FUNDING

Across the board, representatives of civil society organizations working in the field of sexual and reproductive health and rights, gender-based violence, women’s rights and LGBTIQ+ rights have raised the continued lack of sustainable and flexible funding that their organizations are facing as a major concern. Years of donor withdrawal from Central and Eastern Europe and reduced funding sources for small national organizations have taken a toll. There is an ongoing need for funding that would allow these organizations to respond to the needs of ordinary residents, as well as refugees from Ukraine and other countries, and that would not only support service provision but also vital advocacy and policy efforts.

A life of constant insecurity and uncertainty: This is how many representatives of civil society organizations described their day-to-day reality as a result of the sustained lack of adequate financial resources and government support that they have endured for many years. Most of these organizations are very small in size and have traditionally relied significantly on volunteers with only a few paid staff members. They explained that this long-term lack of adequate resources has reduced and obstructed their capacity to mobilize, coordinate, collaborate and effectively hold ground against the rise in powerful anti-SRHR movements. In addition, financial uncertainty has taken a toll on staff

“The problem is that all these funds are very short-term. We don’t know what will happen next, so we have grants until December, until June, for such short periods.”

Maria* a Ukrainian living in Poland working for a Ukrainian organization

“We are working in a resource-poor environment...There are practically no resources available to women’s organizations in Hungary, because we are an EU Member State, we belong to the developed world... and for this reason we simply no longer fitted the geographical scope of (donors).”

Luca* a human rights defender in Hungary

“It’s never been easy for feminist organizations working on women’s rights, but since 2015… it’s just gotten worse. It is a life of constant tension, insecurity and lack of any certainty that next year we will be able to continue our work at the same level and to the same extent…When the team experiences such financial uncertainty, and when the money we have is not a lot, the team can be overloaded and frustrated, and lacks a sense of security.”

Joanna Piotrowska, Feminoteka Foundation, Poland

wellbeing and morale and undermined staff retention as many staff leave civil society for the private sector where job security and income levels are much higher.

An utterly changed landscape: In the past year, the level of resources available to many of these organizations has increased dramatically with the influx of unprecedented amounts of donor funding intended to assist with refugee and humanitarian response. Although this has had many positive impacts, it is not free of risk. The challenges involved in scaling institutional capacity and operational functions to a degree sufficient to absorb and manage available funding are considerable, especially when there is a lack of longer-term certainty.

The need for financial sustainability: Representatives of civil society organizations highlighted that short-term humanitarian funding is placing their organizations under considerable strain. The lack of sustainable funding means that organizations providing vital support services cannot hire, train and retain staff. Short-term grants undermine their ability to plan and strategize for the long term. Even when funding is provided for longer periods, there is often uncertainty as to whether it will continue past the immediate humanitarian response.

Donor flexibility and care: The need for donor flexibility and thoughtful funding strategies that ensure funding does no harm was repeatedly

Photo credit: NurPhoto SRL

“At the level of government grants, no LGBT organization got any money to help refugees from the community - total systemic invisibility, total exclusion from the whole system. I know this is a situation not only for LGBT organizations.”

Justyna Nakielska, Campaign Against Homophobia, Poland

“We don’t even have the elementary resources to defend ourselves. We are just treading water, we are working to provide at least the basic services, but the superstructure is eluding us.”

Apolónia Sejková, MyMamy, Slovakia

emphasized. The highly restrictive nature of humanitarian funding that is heavily focused on direct service provision for refugees makes it very difficult for national civil society organizations to build institutional capacity and develop programming that addresses the needs of local communities as well as refugees. Sometimes organizations are being asked to accept funding with such specific and inflexible donor priorities attached, that to do so, would mean a complete shift in mission and focus for the relevant organization. Many interviewees underlined the need for donors to reassess their onerous reporting requirements and willingness to accept risk and to put in place measures designed to overcome language constraints that many national organizations face in terms of reporting and proposal submission. Donors, not civil society organizations, should bear the burdens of risk management and language limitations. In some contexts, there are concerns that donors may be inadvertently creating competition between NGOs that should be working together and not at cross purposes.

Support for systemic change: Interviewees stressed that donor funding that does not support advocacy and policy change as well as health system strengthening, alongside service provision, will be ineffective and counter-productive in the long term. Funding must allow national organizations to dedicate adequate resources to work that addresses systemic and structural barriers, prioritizes the needs of host populations, raises awareness and builds long-term infrastructure.

HUMANITARIAN COORDINATION

The massive international humanitarian response that mobilized in Hungary, Poland, Romania and Slovakia in response to the needs of the millions of refugees fleeing the full-scale invasion of Ukraine wholly altered the working environment of national civil society organizations in the field of SRHR, gender-based violence, women's rights and LGBTIQ+ rights. For decades, they had been working in isolated, challenging, and under-resourced conditions. Now new levels of financial resources became available to them, while the number of organizations working to address the sexual and reproductive health and gender-based violence needs of refugees increased. UN agencies dramatically scaled up their operations and instigated humanitarian coordination mechanisms and processes.

Many of the representatives of civil society organizations that we interviewed emphasized that the rapid change in their operating environment created new and important opportunities. However, they also explained that it has posed substantial challenges and given rise to novel concerns, many of which are ongoing or have yet to be addressed.

Capacity drain: Many interviewees stressed that the lack of knowledge of local context and basic information about operating contexts on the part of UN agencies and international humanitarian

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

Anna Dąbrowska, Homo Faber, Poland

“I’m angry like a young volunteer. I’m angry that it’s eight months since this situation began and still big committees are working on solutions.”

Maryna Milashchuk, SOS Ukrajina Sme Spolu, a Ukrainian organization in Slovakia

organizations continues to be problematic. They explained that initially they devoted considerable time to providing explanations and information and attended many meetings. However, because UN agency and international humanitarian organizations staff regularly change, due to rotation and secondment systems, national organizations are repeatedly asked to provide the same information on an ongoing basis. Simultaneously, despite efforts at coordination, different agencies and organizations initiated similar activities as part of their response, generating competition, duplication and inefficiency. Interviewees pointed to excessive bureaucracy, overreliance on jargon and significant internal preoccupation and focus on their own institutional processes as other factors limiting the effectiveness of UN agencies and other humanitarian actors.

Misplaced focus: Several interviewees expressed frustration about the type of interventions that humanitarian actors continue to prioritize in the area of sexual and reproductive health and gender-based violence. For example, some UN agencies and humanitarian organizations continue to focus their efforts on capacity building initiatives and training for local civil society organizations instead of prioritizing training and skills-building for healthcare workers, state authorities, police officials and other criminal justice actors. The level of focus on service provision for refugees, in isolation from interventions that

would also address the needs of local populations, was a source of considerable concern with potential for this to backfire in the medium term. Interviewees repeatedly stressed the need for systemic and structural solutions that would strengthen national health systems and gender-based violence infrastructure for the long term, instead of short-sighted priorities that could serve to weaken existing structures and give rise to parallel systems.

Transparency deficits: Interviewees repeatedly raised concerns regarding the levels of transparency demonstrated by UN agencies towards national civil society organizations working in the field of SRHR, gender-based violence, women's rights and LGBTIQ+ rights. They emphasized that UN agencies hold particular and privileged positions as a result of their role, mandate and relationships with national governments. However, in general they did not feel that UN agencies were forthcoming about their priorities in each country and the levels of their engagement with national governments. Information exchange does not go both ways. This undermines trust and partnership and poses particular risks for those national civil society organizations and human rights defenders who are working in difficult and hostile contexts risk.

Political will: Interviewees explained that initially they had expected UN agencies to undertake constructive engagement with national governments on the full range of issues that need to be addressed in order to ensure an effective refugee response. However, over time they regularly observed an unwillingness on the part of UN agencies to raise matters with state representatives that are perceived to be difficult or sensitive in the area of sexual and reproductive health and gender-based violence. Although interviewees underlined that many UN agency staff have made important efforts on an individual basis, they expressed disappointment at what they perceived as institutional unwillingness to address complex matters at higher political levels.

“They are trying to have an overview, to gather information from everybody. A very big problem we faced was that they were collecting data, mapping, knowing pretty much what was going on with the actors, but not passing it on to the implementing NGOs. And that’s a problem, a continuing problem.”

Andrada Cilibiu, FILIA Center, Romania

“I was under no illusion, we know what a cumbersome institution the UN is, [but] the aid could have been more targeted, they could have pushed harder. I was expecting the diplomatic assistance to be greater in the sense that somebody could put more pressure on our government to fulfil its human rights obligations.”

Adriana Mesochoritisová, Freedom of Choice, Slovakia

“I think it’s such a scandal that we had to insist...that there be translation into Polish at these meetings. This is the basis. I’m coming to a country, I’m here to deal with a humanitarian crisis, I have to have people speaking the language. It just has to be that way.”

Joanna Piotrowska, Feminoteka Foundation, Poland

Photo credit: Silvan Bachmann

“We are the European Union and, when I look at it from a global perspective, we should be able to handle it...as it turns out, we are not able, as the richest bloc in the world, to actually handle the arrival of millions of people on our own.”

Zuzana Števulová, previously League for Human Rights, Slovakia

Recommendations to the European Union

- Issue operational guidelines for the implementation of Articles 13.2 and 13.4 of the Temporary Protection Directive on the content of 'emergency care' and 'essential treatment of illness' and on the specific forms of 'medical and other assistance' that should be made available to survivors of sexual violence.
- Revise EU refugee response strategies, plans and programs to ensure a robust focus on gender equality and intersectional discrimination across the EU response.
- Publish clear information in national languages and English, Russian and Ukrainian on entitlements to sexual and reproductive healthcare and available gender-based violence services in each relevant member state. Establish partnerships with Ukrainian volunteer networks inside the EU on effective information dissemination.
- Set up online training programs for Ukrainian refugees in the EU with pre-existing language skills in national languages or English, to equip them with basic interpretation, translation and editing skills.
- Support the organization of peer-to-peer training seminars for healthcare workers and other key actors to foster the EU wide exchange and dissemination of good practices in provision of sexual and reproductive healthcare and translate relevant WHO guidelines into national languages.
- Expedite the adoption of the Directive on Combating Violence Against Women and Domestic Violence, and ensure it includes strong guarantees for access to sexual and reproductive healthcare.
- Conclude the review of the Directive on Victims' Rights and reinforce its provisions on access to relevant medical care for victims of gender-based crimes.
- Adopt a comprehensive EU strategy on civil society and human rights defenders within the EU and establish an early warning mechanism to urgently identify threats.
- Speak out in support of civil society organizations and human rights defenders working on gender equality, sexual and reproductive health and rights and gender-based violence. Support member states in addressing hate speech and physical violence against human rights defenders.
- Ensure that EU humanitarian response funding and other financial support prioritize long-term structural issues in public health systems and supports the provision of good quality sexual and reproductive healthcare.
- Ensure that EU funding streams address the needs of civil society organizations and human rights defenders working on gender equality, sexual and reproductive health and rights, gender-based violence, Roma rights, and LGBTIQ+ rights within the EU.

Photo credit: Zbigniew Jankowski

Recommendations to Humanitarian Actors and Donors

HUMANITARIAN ACTORS

- Guarantee that partnerships with national civil society organizations in Central and Eastern Europe (CEE), working on SRHR, gender-based violence, Roma rights and LGBTIQ+ rights, build on and amplify their expertise and existing priorities.
- Urgently ensure meaningful transparent consultation with these national civil society organizations and ensure that the results shape future response planning and decision-making.
- Take concrete steps to ensure that humanitarian response efforts do not shift the burden of state failures onto national civil society organizations. Ensure that the principle of do no harm is upheld with respect to civil society organizations and human rights defenders.
- Ensure that response plans and political engagement tackle the full range of systemic and structural barriers confronting refugees from Ukraine who need sexual and reproductive healthcare and gender-based violence support services. Do not shy away from issues perceived as being more sensitive.
- Establish mechanisms to ensure that UN agencies and humanitarian INGOs absorb risk, administration and reporting burdens when funding national civil society organizations in CEE.
- Ensure meaningful and effective cooperation between international humanitarian actors in order to prevent overlapping and competing demands on national civil society organizations. Ensure proper remuneration for the expertise of civil society.

DONORS

- Establish funding streams for national civil society organizations in CEE working on SRHR, gender-based violence, discrimination, Roma rights and LGBTIQ+ rights.
- Ensure that funding is long-term, sustainable and flexible, including through multi-year grants. Ensure that funding respects organizational priorities, and can be used to support operating costs and advocacy.
- Revisit funding modalities to respect civil society organizations' ways of working as well as the holistic security, safety and wellbeing of human rights defenders. Revise reporting and administrative requirements to account for the capacity of small and grassroots organizations.
- Conduct due diligence to ensure that no funding is provided to organizations with an anti-SRHR agenda.
- Establish funding streams to support actions by civil society organizations to counteract backlash against gender equality and sexual and reproductive rights in Europe, including strategies that involve human rights activism, advocacy and coalition building. • Coordinate with other donors to avoid duplication in strategies and reduce competition between grantees.

Recommendations to the Government of Hungary

INFORMATION AND COST

- Rapidly issue clear public information on entitlements to sexual and reproductive healthcare and how to access this care as well as gender-based violence support services. This should be published in Hungarian, Ukrainian, Russian, Romani languages and English and be disseminated prominently. Information materials should also include use of infographics and pictures to overcome literacy challenges.
- Issue policy documents clearly outlining the forms of sexual and reproductive healthcare that refugees and those benefiting from temporary protection are entitled to access free of charge and that will be reimbursed.
- Urgently scale up the number of Ukrainian, Russian and English speaking interpreters available in sexual and reproductive healthcare settings and ensure that they have the necessary knowledge and skills to support trauma-informed support, that they follow professional ethical guidelines and ensure that female interpreters are available.

VIOLENCE

- Ratify the Istanbul Convention and strengthen GBV services across the country, including through the adoption of a comprehensive strategy on preventing gender-based violence and the establishment of rape crisis and sexual violence centers offering medical care, high quality forensic examination and trauma support delivered by trained professionals.
- Guarantee regular training of relevant professionals dealing with survivors on identifying and responding to sexual and gender-based violence.
- Increase the housing options and community shelters for refugees, especially safe spaces for survivors of gender-based violence. Provide the staff at these centers with appropriate training and skills to recognize and provide support to survivors of gender-based violence.

SEXUAL AND REPRODUCTIVE HEALTHCARE

- Immediately license abortion medicines for use in Hungary and ensure availability of medical abortion across the country.
- Repeal requirements for mandatory biased counseling, the mandatory 3-day waiting period, and mandatory ultrasound requirements.
- Revise regulations to allow the sale of emergency contraception without a prescription in pharmacies, and include coverage of modern contraception under national health insurance schemes.
- Reform third party consent requirements for adolescents' access to sexual and reproductive healthcare in line with the age of sexual consent.
- Urge relevant professional bodies to develop or revise clinical practice guidelines on a full range of sexual and reproductive healthcare and ensure their implementation.

- Increase the financial and human capacity of public healthcare and social institutions to provide person-centered and human rights based, complex psychosocial support for refugees.

GENERAL

- Ensure simple and clear rules and administrative procedures for issuing birth certificates for children born in Hungary to parents who have fled Ukraine.
- Ensure the full and effective implementation and enforcement of the Health Act, in particular with regard to respect for informed consent, right of contact, respectful treatment and care.
- Develop an effective feedback system to enable refugees and other marginalized groups to provide feedback or file a complaint in case of violations of sexual and reproductive rights.
- Refrain from endorsing retrogressive legislative and policy measures that would roll back sexual and reproductive health and rights and refrain from any initiatives to stigmatize and vilify the concept of gender in political, educational and social spheres.

"Refugees came over from Transcarpathia, well mostly refugees of Roma origin, and it was the way in which they were treated by the big organizations...I felt the racism towards the gypsies so deeply, and we were also expelled... we were told, 'why did you bring your gypsies here?' It was terribly difficult. To be humiliated for going there and trying to help. In fact, they wanted to drive us away."

Lyuba* a Roma human rights defender in Hungary

Recommendations to the Government of Poland

INFORMATION AND COST

- Issue public information materials on entitlements to sexual and reproductive healthcare and available gender-based violence support services in Polish, Ukrainian, Russian, and English and disseminate prominently and widely.
- Disseminate policies clearly outlining the forms of sexual and reproductive healthcare that refugees from Ukraine are entitled to access free of charge and that will be reimbursed.
- Ensure that all Ukrainian's living in Poland are entitled to national health insurance, including those who were living in Poland before the full-scale invasion and now cannot safely return home.
- Urgently scale up the number of Ukrainian, Russian and English-speaking interpreters available in key sexual and reproductive healthcare settings.

VIOLENCE

- Establish and widely disseminate protocols on the clinical management of rape in line with WHO guidelines.
- Adopt a comprehensive strategy on preventing gender-based violence.
- Establish sexual violence centers offering medical care and trauma support delivered by trained professionals.
- Train relevant professionals in healthcare and criminal justice sectors, as well as interpreters, on effective and appropriate responses to sexual and gender-based violence.

SEXUAL AND REPRODUCTIVE HEALTHCARE

- Remove requirements mandating survivors of rape to obtain a prosecutor's certificate prior to abortion.
- Issue clear guidance for medical providers and hospital facilities on the requirements and process for access to legal abortion care.
- Legalize abortion on request, and repeal provisions criminalizing assistance with the provision of abortion care.
- Pending law reform, introduce a moratorium on criminal prosecutions for crimes associated with abortion assistance.
- Take effective regulatory, oversight and enforcement measures to ensure that access to legal abortion services is not delayed or undermined in practice.
- Refrain from endorsing any retrogressive legal and policy measures intended to limit access to abortion.
- Establish licensing regulations allowing the sale of emergency contraception over the counter in pharmacies and guarantee coverage of modern contraception under national health insurance.

- Establish effective procedures to ensure adolescents travelling alone can access sexual and reproductive health care without consent of a parent or guardian.

GENERAL

- Take monitoring and enforcement measures to ensure refugees belonging to marginalized and vulnerable groups are not subject to intersectional forms of discrimination.
- Recognize the critical role and expertise of civil society organizations and human rights defenders as key partners in the protection of human rights, elimination of discrimination and provision of sexual and reproductive healthcare and gender-based violence support services and ensure regular consultative dialogue.
- Adopt a National Action Plan for the implementation of Security Council resolution 1325 on women, peace and security, in cooperation with civil society organizations.

"It does not matter whether we are refugees or migrants, or Polish women. We need the same rights, nothing more than that. This is probably the most important thing, just that the authorities should give us the right to decide about our own life and health."

Maria* a Ukrainian living in Poland working for a Ukrainian NGO

Recommendations to the Government of Romania

INFORMATION AND COST

- Upgrade reimbursement policies to properly reimburse healthcare professionals for patient care and administration, thereby incentivizing them to treat refugees and register them as patients.
- Urgently scale up the number of Ukrainian, Russian, Romani and English-speaking interpreters available in key sexual and reproductive healthcare settings.
- Ensure that accurate and evidence-based information on abortion and contraception is easily accessible, at least in Romanian, English and Ukrainian in public health facilities. Take measures to address and sanction dissemination of misleading or false information on abortion care and contraception.

VIOLENCE

- Ensure the legal basis and standard operational procedures of all rape crisis centers.
- Establish specialized, dedicated resources for the clinical management of rape and other forms of sexual violence. Initiate public information campaigns and other measures to widely raise awareness about these services
- Provide sustainable funding support for relevant services and centers.
- Ensure regular training of respective professionals on sexual and gender-based violence.

SEXUAL AND REPRODUCTIVE HEALTHCARE

- Elaborate and disseminate clinical practice guidelines for sexual and reproductive healthcare, including on maternal healthcare during childbirth and neonatal care, in accordance with WHO guidelines.
- Use the Baby Friendly Hospital Initiative as a minimum standard of quality for maternity and children hospitals accreditation.
- Undertake reforms to enable midwives to provide a wide range of sexual and reproductive healthcare services including pre-, intra- and post-natal care.
- Eliminate institutional racism and related practices in healthcare facilities such as maternity hospitals by issuing zero tolerance policies against racism and transphobia.
- Make medical abortion available including via telemedicine across the country.
- Ensure universal coverage of abortion care, including abortion on request, under public health insurance.
- Guarantee sufficient numbers of trained providers across Romania and ensure abortion care is available in every maternity hospital. Take effective measures to ensure that refusals of care by health professionals based on conscience do not delay or undermine access to abortion care in practice.

- Scrutinize training curricula to ensure that medical residents receive evidence-based training on abortion care.

- Ensure adequate, accessible data collection, monitoring and reporting procedures regarding the number of abortions provided in both public and private healthcare facilities.

- Ensure universal coverage under reimbursement schemes for modern contraception and include emergency contraception under Ministry of Health programs and/or national health insurance.

- Adequately enforce laws allowing adolescents over 16 years of age to access sexual and reproductive health care without parental or guardian consent.

GENERAL

- Ensure that national civil society organizations working on sexual and reproductive health and rights, gender-based violence, Roma rights and LGBTIQ+ rights are adequately consulted about relevant legislation, policies and programs and refrain from proposing or supporting any retrogressive legislative and policy measures that would roll back support and entitlements in these areas.

- Establish and strengthen partnerships with Ukrainian organizations, volunteer networks and informal support groups based in Romania in order to seek their input and guidance on policies concerning refugees from Ukraine and on effective information dissemination.

- Adopt a revised or new National Action Plan for the implementation of Security Council resolution 1325 on women, peace and security, in cooperation with civil society organizations.

Photo credit: Vlad Ispas

Recommendations to the Government of Slovakia

INFORMATION AND COST

- Disseminate policies outlining the forms of sexual and reproductive healthcare that refugees from Ukraine are currently entitled to access free of charge and that will be reimbursed.
- Continue ongoing efforts to upgrade reimbursement policies in order to properly reimburse health professionals for patient care and administration, thereby incentivizing them to treat refugees and register them as patients.
- Urgently scale up the number of Ukrainian, Russian, Romani and English speaking interpreters available in key sexual and reproductive healthcare settings.
- Rapidly issue and disseminate public information materials on entitlements to sexual and reproductive healthcare and available gender-based violence support services in Slovak, Ukrainian, Russian, and English. This should include information on the healthcare facilities throughout Slovakia where abortion care and other sexual and reproductive healthcare is provided.

VIOLENCE

- Widely disseminate clinical practice guidelines for the clinical management of rape and other forms of sexual violence to healthcare facilities and medical professionals.
- Scale up the numbers of healthcare workers, psychologists therapists, social workers, police officials and interpreters trained and able to provide appropriate care and support to survivors of sexual violence.
- Mobilize sustainable funding for public and civil society run gender-based violence support services across the country.
- Ratify the Council of Europe Convention on Preventing and Combatting Violence against Women and Domestic Violence.

SEXUAL AND REPRODUCTIVE HEALTHCARE

- Make medical abortion available including via telemedicine.
- Guarantee universal coverage of all costs for legal abortion, including abortion on request, under public health insurance schemes.
- Ensure that sufficient numbers of trained abortion care providers are available and accessible across the country and guarantee that refusals of care by health professionals based on conscience do not impede access to abortion care and other health services.
- Repeal mandatory waiting periods, biased information requirements and third-party authorization requirements.
- Refrain from endorsing any retrogressive legal and policy measures designed to limit access to abortion.
- Adopt clinical guidance and establish training programs to ensure access to good quality healthcare for transgender refugees.

- Repeal the legislative ban on reimbursement of contraception costs and ensure universal coverage of a full range of modern contraception, including emergency contraceptives, under public health insurance schemes.

- Establish practical measures by which adolescent refugees traveling alone can access sexual and reproductive health care without requiring that parents or guardians be informed or provide consent.

GENERAL

- Repeal laws and policies that discriminate on grounds of sexual orientation, gender identity, race, ethnicity and other prohibited grounds, and take monitoring and enforcement measures to ensure refugees belonging to marginalized and vulnerable groups are not subject to intersectional forms of discrimination.

- Recognize the critical role and expertise of civil society organizations and human rights defenders as key partners in the protection of human rights, elimination of discrimination and provision of sexual and reproductive healthcare and gender-based violence support services and ensure regular consultative dialogue on relevant laws, policies and programs.

- Establish and strengthen partnerships with Ukrainian organizations in order to seek their input and guidance on policies and programs concerning refugees from Ukraine.

- Adopt a National Action Plan for the implementation of Security Council resolution 1325 on women, peace and security, in cooperation with civil society organizations working in the field of women's rights and sexual and reproductive health and rights.

Photo credit: Wiola Wiaderek

Our Organizations

We are specialist women's rights, human rights, sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) organizations working in Hungary, Romania, Poland, Slovakia, the European region as a whole and internationally. We are:

- A.L.E.G (Romania)
- Center for Reproductive Rights (International)
- EMMA Association (Hungary)
- E-Romnja (Romania)
- FEDERA Foundation for Women and Family Planning (Poland)
- Feminoteka Foundation (Poland)
- Freedom of Choice (Slovakia)
- FILIA Center (Romania)
- Independent Midwives Association (Romania).

We have been working to advance SRHR, GBV, women's rights, human rights and civil society space in Hungary, Poland, Romania and Slovakia for decades. We provide services, information and direct assistance to individuals seeking healthcare, shelter and psychosocial support. We conduct litigation and we undertake documentation and fact-finding to uncover and identify human rights violations. We educate and raise public awareness of rights, entitlements and concerns. We advocate with policymakers on the need for change and effective responses.

In June 2022, we embarked on a collective initiative designed to address the SRHR needs of refugees fleeing Ukraine following the Russian invasion and the challenges facing human rights defenders and civils society organizations. Our initiative has six pillars:

Services and Support: Many of our organizations are providing services, support and help directly to women and girls fleeing the war in Ukraine who need access to sexual and reproductive healthcare, psychosocial support, and other forms of assistance.

Documentation and Fact-Finding: Together we have documented the barriers in access to good quality sexual and reproductive healthcare and gender-based violence support services experienced by refugees fleeing the invasion. In addition, we have documented a range of challenges faced by civil society organizations and human rights defenders.

Advocacy and Awareness Raising: We are working to ensure that SRHR and GBV are prioritized by national governments, the European Union, the United Nations and donors in their humanitarian and refugee response and that action is taken to address long-term systemic and structural barriers and failures.

Survivor Centered Accountability and Justice: As justice and accountability mechanisms investigate serious violations of international law in Ukraine, we seek to ensure that they include a robust focus on the SRHR needs of those affected.

Responding to the Risk of Regression: The ramifications of the invasion have altered the trajectory of gender equality and SRHR in the European landscape and reality. We work to counter regression and develop robust anti-retrogression strategies, as well as to harness opportunities for progress.

Human Rights Defenders: We work to ensure that human rights defenders and civil society organizations working on SRHR and GBV in the European Union and across the broader Central and Eastern European region are not silenced, criminalized, threatened or harassed because of the essential work they do.

Fact Finding Methodology

The findings presented here are based on more than 80 in-depth, semi-structured interviews with people across Hungary, Poland, Romania and Slovakia.

Sources and timeframe: Interviewees included individual refugees and volunteers from Ukraine, as well as experts and organizational representatives who are involved in efforts to provide SRHR, GBV and general humanitarian support to those fleeing the war in Ukraine.The interviews were conducted between July 2022 and April 2023.

Thematic and geographic focus: Interviews focused on the barriers refugees from Ukraine face in access to sexual and reproductive healthcare and gender-based violence support services in Hungary, Poland, Romania and Slovakia. Some interviews also explored the challenges facing civil society organizations and human rights defenders working on SRHR and GBV.

Limited scope: This project focused on the situation of refugees from Ukraine in Hungary, Poland, Romania and Slovakia and did not explore the serious human rights violations that refugees from other countries or undocumented migrants face in these countries. Nor did interviews explore in a comprehensive way the issues and human rights violations faced by marginalized or vulnerable groups.

Quotations and identification: The themes in this publication are illustrated throughout by quotations from the interviewees. Most experts and organizational representatives we interviewed wished to be identified. Pseudonyms are used to protect the privacy and safety of all the refugees interviewed and some human rights defenders who did not wish to be identified.

Documentation teams: The interviews were conducted by a team of national experts from each country, working with and on behalf of our organizations: Julianna Kupcsok in Hungary; Urszula Grycuk and Aleksandra Solik in Poland; Irina Costache and Ioana Popa in Romania; and Petra Polonská and Martina Zboroňová in Slovakia.

Collaboration: As a collective and joint initiative, the initial findings and outcomes were shared across all country teams and organizations. A collective debrief was held in Budapest in March 2023 to discuss and analyze the findings.

Interview tools: In-depth, semi-structured interviews were conducted with each interviewee and interview tools with a series of questions were prepared to guide each interview.
Informed consent protocols: Participation in the interviews was entirely voluntary, and each interview was conducted with the full and informed consent of the interviewee, in compliance with relevant national law and EU privacy and data-protection regulations.

Ethical standards: In order to ensure interviews and informed consent protocols adhered to the highest ethical standards, an ethics review was conducted by two experts, who assessed draft informed consent protocols and interview tools with reference to best practices. The experts are Dr Deirdre Duffy, Lancaster University; and Dr Joanna Mishtal, University of Central Florida.

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