### **UKRAINE CRISIS:**

### Sexual and Reproductive Health and Rights are as relevant one year on

year has passed since Russia invaded Ukraine on 24th February 2022, and during this time, humanitarian donors and actors, particularly volunteer and grassroots organisations, have come together to provide various forms of support for the 17.7 million people<sup>1</sup> that have been affected by this conflict. As of February 2023, over 8 million Ukrainian refugees<sup>2</sup> have been recorded across Europe and about 5.4 million people<sup>3</sup> are internally displaced within the country. The majority of them are women and children.



The Polish Women's Strike runs several refugee reception centres, which provide hygiene items, winter clothing, baby items, food, legal advice, and accomodation.

"We stand together and remain a people not defined by the war but by our strength, resilience and values. Under shelling, air raid sirens, without electricity, we remain committed to supporting the healthcare system through provision of essential equipment, medicine and training for doctors."

### DR GALYNA MAYSTRUK

Executive Director of Women's Health and Family Planning Ukraine

## WHY ARE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ESSENTIAL IN RESPONDING TO THE HUMANITARIAN CRISIS IN UKRAINE?

Anyone who has been forced to flee or who lives in an area of armed conflict is particularly vulnerable, even more so women, girls, adolescents and marginalised populations. People's access to health services may be suspended or the quality may be low, and they will not have access to life-saving reproductive health care. They are in a dire state of emergency and further exposed to risk of sexual violence, sexually transmitted infections including HIV, unintended pregnancies and unsafe abortions. Amid the terrifying devastation experienced through a humanitarian crisis, people need first and foremost safety and protection. Sexual and reproductive health (SRH) services save lives and prevent further suffering.

The sexual and reproductive health and rights (SRHR) needs of women, girls, adolescents and marginalised groups in Ukraine are particularly high. 9.4 million women are of reproductive age, and many of them have been forced to flee because of the conflict. According to official figures, around 195,000 babies were born in Ukraine in 2022. This means that thousands of women have experienced pregnancy during the humanitarian crisis, with hindered access to the needed health support, and many of them have been forced to deliver in basements used as bomb shelters in dire hygienic conditions4. Moreover, as a consequence of the humanitarian situation caused by the conflict, there has been a disruption in health service provision, including the provision of SRH services. In the past 12 months, there have been 747 attacks on health-care facilities recorded<sup>5</sup>, including maternity hospitals. As of February 2023, approximately 14.5 million people within Ukraine were found to be in need of health assistance and about 3.6 million people specifically required sexual and gender-based violence (SGBV) prevention and response services6, including as a consequence of the increased reported incidence of abuse, rape used as a weapon of war<sup>7</sup> and trafficking.

### 9.4 MILLION WOMEN

ARE OF REPRODUCTIVE AGE, AND MANY OF THEM HAVE BEEN FORCED TO FLEE BECAUSE OF THE CONFLICT

### 195,000 BABIES

WERE BORN IN UKRAINE IN 2022

### 747 ATTACKS

ON HEALTH-CARE FACILITIES, INCLUDING MATERNITY HOSPITALS

### 3.6 MILLION PEOPLE

REQUIRED SEXUAL AND GENDER-BASED VIOLENCE SERVICES

The proportion of people in need of some form of SRHR services, including SGBV services and access to safe abortion care, will continue to rise the longer this crisis is protracted as well as in its aftermath, and it is therefore important that the humanitarian response explicitly includes SRH services and care and respects, protects and fulfils human rights of all, especially women, girls, adolescents and the most marginalised groups.

"We helped, for example, two teenagers, 14 and 15 years old who were raped by Russian soldiers on their way to the Polish border...

I met the young girls at the Warsaw railway station in the dark of the night, and we went together to a private clinic, which opened during the night for us. They were provided with medical procedures for survivors of rape, antiretroviral injections, and HIV tests. They were so thankful; they had no words to thank us."

#### **KRYSTYNA KACPURA**

President of Federa, Poland

### WHAT DO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS MEAN IN A CRISIS?

SRHR in crisis include access to safe delivery and newborn care, access to contraceptives to prevent unintended pregnancies which could further endanger the life of the woman and her family. It also includes other key elements like prevention, detection and treatment for SGBV, access to safe abortion, comprehensive sexuality education for youth, prevention and treatment of HIV and other sexually transmitted infections, and protection for people of diverse sexual orientation and gender identities. SRHR are an essential component of the universal right to the highest attainable standard of physical and mental health, protection from violence and the right to safety and essentially the right to life enshrined in the Universal Declaration of Human Rights. Like all other human rights, it applies to refugees, internally displaced persons and anyone living in humanitarian settings. Prioritising the needs of women, girls, adolescents and the most marginalised populations in emergencies is therefore a human rights imperative and should be at the heart of the response to the humanitarian crisis in Ukraine.

## ACTIONS TO BE TAKEN BY EUROPEAN HUMANITARIAN DONORS AND ACTORS

# O1. ENSURE A SUSTAINABLE, COORDINATED AND CONTEXTUALISED HUMANITARIAN RESPONSE, PARTICULARLY BY STRENGTHENING THE COLLABORATION WITH LOCAL CIVIL SOCIETY ORGANISATIONS

There are many local and international humanitarian actors and donors currently working in and around Ukraine, providing services to affected populations. However, for these humanitarian efforts to be efficient and sustainable, the response to this conflict must be coordinated among all the donors and actors. It is also paramount for this coordinated response to **include** crisis-affected communities as well as local organisations, such as those that work on SRHR, women's and Lesbian Gay Bisexual Trans Intersex Queer Asexual (LGBTIQA+) rights, which, since the conflict began, have taken on the responsibility of providing humanitarian assistance and essential services to affected populations in Ukraine and outside its borders8. This service provision is often in addition to the services these organisations had been providing before the onset of the war. Moreover, due to their work with the affected communities, they are best placed to quickly identify and highlight marginalised and underserved populations, as well as bring forward the specific needs and priorities of the different communities. Collaborating with these local organisations allows for a more context specific, gender sensitive and sustainable response, since it allows for this crisis to be viewed through an intersectional lens, which is a crucial step in developing and implementing a contextualised humanitarian response.

### COUNTDOWN 2030 EUROPE CALLS ON EUROPEAN COUNTRIES AND THE EUROPEAN UNION (EU) TO:

- → Scale up funding to local SRHR, women's and LGBTIQA+ rights organisations and enhance funding streams that are either flexible or tailored to enable locally grounded effective interventions and to foster complementarity with multilateral and governmental initiatives;
- → Proactively involve local women-led and marginalised community-led organisations in the coordination of emergency operations among all humanitarian actors operating around the Ukrainian crisis and build up the capacity of women, girls, adolescents and marginalised groups to access and influence decision makers in the near future.



Justyna Grabowska, Founder of Asymmetrical, is a partner of the Polish Women's Strike and she provides refugees with referrals to safe places to sleep, food and other items they need like sanitary products.

## **02. PROTECT AND SUPPORT**THE MOST MARGINALISED AND UNDERSERVED

Emergencies have a disproportionate effect on the most marginalised and underserved members of a community: women, children and adolescents, as well as the elderly; people of diverse sexual orientations, gender identities and expressions, and sex characteristics; people living with disabilities; ethnic minority groups and those with a migrant background or from refugee communities. Their intersecting vulnerabilities are compounded, and they face multiple forms of discrimination, as existing inequalities are magnified in times of crises. It is crucial for an effective humanitarian response to ensure they are part of the planning and implementation phase to ensure it is tailored to their needs and wishes. Moreover, services must be provided to all without discrimination and barriers to their access must be tackled.

### COUNTDOWN 2030 EUROPE CALLS ON EUROPEAN COUNTRIES AND EU TO:

- → Prioritise, in their humanitarian response, the protection and support of the most marginalised and underserved people, responding to their needs and leaving no one behind. This can be done through:
  - collaboration and support of local CSOs
  - sustainable, flexible and long term institutional financial support of these local CSOs;
- → Ensure that access to humanitarian aid and health services, including SRHR services, is guaranteed to all, free from discrimination and in case it is not, actively work to remove access barriers.

## 03. PRIORITISE FUNDING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS CARE FOR ALL

SRHR are a fundamental part of healthcare provision and an essential element of Universal Health Coverage, however, they are often overlooked during a humanitarian crisis. Babies continue to be born, pregnancies keep happening, the need for contraception continues to exist during conflicts, as well as the necessity for basic and menstrual hygiene products. Over the past year, for the people in Ukraine, access to some of these SRHR services has become difficult as a result of the breakdown in the health system due to attacks on health infrastructure and disruption in the supply chain. For the refugees in host and transit countries, differences in legislation and policies for some SRHR services such as contraception and safe abortion, cost of services as well as access for certain groups like the LGBTIQA+ community, have been barriers to accessing key SRHR services. As a result of these barriers to access, it is important to prioritise funding for SRHR and care across this crisis response, and strive to remove these restrictions to SRHR services.

### COUNTDOWN 2030 EUROPE CALLS ON EUROPEAN COUNTRIES AND THE EU TO:

- → Through collaborations with local CSOs, allocate sufficient funding for comprehensive and non-discriminatory SRHR services, as well as invest in supply chain and logistics for the lifesaving SRH supplies required to fully implement the Minimum Initial Service Package (MISP) for SRH in crisis situations;
- → Remind all stakeholders that the full MISP is a non-negotiable international standard of care that should be implemented at the onset of every emergency, including in the humanitarian crisis that has resulted from the conflict in Ukraine, both in Ukraine itself, and also in neighbouring countries hosting refugees;
- → Ensure that provision of SRH services through MISP specifically includes services for marginalised populations such as the LGBTIQA+ communities:
- → Take actions to remove barriers and restrictions to access timesensitive and essential SRHR services, including safe abortion, in Ukraine and in the neighbouring countries.

### **04. PRIORITISATION OF SEXUAL AND GENDER-BASED** VIOLENCE SERVICES FOR ALL

Women, girls, adolescents and marginalised groups are disproportionately affected by the crisis, as emergencies exacerbate existing gender inequalities and structural discriminations and risks of SGBV, increasing their vulnerability while either remaining in the country, or during the journey to flee it. The forms of SGBV that have been reported within the conflict in Ukraine include a rise in intimate partner violence, human trafficking, conflict-related sexual violence and rape, as well as sexual exploitation and abuse. Risk mitigation and prevention strategies such as well-lit and sex-segregated toilets are not always in place in the shelters. It is important that humanitarian actors and donors make efforts to reduce the risk of SGBV for the conflict-affected populations and adequately support all survivors of SGBV, including through providing SRHR, mental health and psychosocial services.

### **COUNTDOWN 2030 EUROPE CALLS ON EUROPEAN COUNTRIES AND THE EU TO:**

- → Recognise that services to support all SGBV survivors are essential and ensure, including through funding and advocacy, that they are accessible in Ukraine and in the neighbouring countries. This should also encompass essential SRHR services for SGBV survivors, including access to life-saving safe abortion care and post-abortion care;
- → Through collaboration with local CSOs, implement risk mitigation and prevention strategies in shelters and support dissemination of information on SGBV services to the refugees and hosting communities.



Rostyslava is an artist from Odessa in Ukraine. She is a single mother, and after enduring months of bombings on her city, made the decision to flee to safety to Romania with her daughter, cat and dog. She was helped by local Romanian organisations to receive urgent SRH care.

Photographs: © IPPF / Hannah Maule-ffinch

- 1. <u>UN OCHA</u> (as of 10 February 2023).
- 2. <u>UNHCR</u> (as of 15 February 2023).
- **3.** <u>IOM</u> (as of 5 February 2023).
- 4. UNFPA.
- 5. WHO, Surveillance system for attacks on healthcare (as of February 2023).
- 6. UNFPA. SitRep #17.
- 7. Independent International Commission of Inquiry on Ukraine, October 2022.
- 8. Regional Gender Task Force, Making the Invisible Visible, October 2022.
- 9. The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crisis situations is a series of crucial, lifesaving activities required to respond to the sexual and reproductive health needs of affected populations. It includes a full package of SRHR services, including family planning, maternal and newborn health, contraception, abortion, etc.

### **PROJECT**





### **PARTNERS**































Countdown 2030 Europe (C2030E) is a Consortium of 15 leading European non-governmental organizations advocating towards European donors for increased funding and support to Sexual and Reproductive Health (SRH), including Family Planning (FP), in international development cooperation. Consult C2030E website and join us on twitter for more information on SRHR in EU policies, including the latest figures on European donor support to SRHR.



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