

GBV/DV in Ukraine: protection and prevention



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Women don't know how to protect themselves from perpetrators. They hope for help from the state

"Me and my husband loved each other. It was OK in the beginning. And then he started beating me, with no reason, when he came from work. I was ashamed to tell anyone, that my husband abused me, I couldn't understand and explain to myself what I have done wrong. When the husband started beating our little son, I couldn't stand it. Though I didn't know whom to go to, whom I can tell about it and get advice and support. I just run away with the child to the street."

Tetiana, mother on maternity leave, MT client





HEALTHRIGHT INTERNATIONAL

global health and human rights organization that empowers marginalized populations to live healthy lives.

UKRAINIAN FOUNDATION FOR PUBLIC HEALTH (UFPH)

Founded in 2008 by HealthRight International.

Since 2005, HealthRight has been working in Ukraine.

OUR PRIORITIES

- Equal access to health and social services for most vulnerable populations
- Psycho-social rehabilitation of women and girls in difficult life circumstances
 - Prevention and response to GBV and DV
- Implementation of reforms in Ukraine (social sphere, public health, mental health)
- Building professional capacity of local experts.

GEOGRAPHICAL COVERAGE

18 out of 24 regions in Ukraine.

Introduction



- Since 2014, a protracted armed conflict has afflicted Eastern Ukraine, causing a large-scale relocation of people
- Economic hardship, precarious shelter, and food insecurity have caused increased risk for violence
- By 2018, there were **1.5 million** Internally Displaced Persons (IDPs)¹
- Among Ukrainian women, *aged 15-49*²:
- **19%** ever experienced **physical violence**
- **8%** ever experienced **sexual violence**
- **22%** of married women experienced **domestic violence**
- IDPs experience GBV at **3x the rate** of non-IDPs during conflict (15.2% v. 5.3%)³

Sources: 1.UNHCR/MoSP 2018; 2.UNFPA/GfK 2014; 3.UNFPA/UCSR 2015

GBV/DV Legal Framework

- On December, 7, 2017, the law of Ukraine *“About domestic violence prevention and combating”* was approved
- Provision of the Cabinet of Ministers №658 enacted *coordination protocol for subjects, who conduct activities in the area of GBV/DV prevention and combating*
- Provision of the Cabinet of Ministers №654 enacted *standard provisions about shelter for persons who survived GBV/DV*
- Provision of the Cabinet of Ministers №655 enacted *standard provisions about mobile teams for psychosocial aid to persons who survived GBV/DV*



GBV/DV: Identification, Response and Support

- **Identification: Mobile teams (MTs)**

Special units, comprised of 3 psychologists/social workers who provide psychosocial support to survivors who live in remote areas or conflict-affected communities.

- **Response: Shelters**

Provide transitional housing and rehabilitation services for women survivors who need safe accommodation.

- **Support: Day Service Centers, referrals and trainings**

Provide social, psychological and legal services to women and girls in need, access to HIV, HCV & STI testing and treatment; referrals and capacity building for providers.



Mobile Teams (MTs)

- 46 locations, 12 regions
- 54 cities, 42 *rayons* (districts),
> 2,500 villages.
- Usually located at the local center for social services with rented vehicle for outreach visits

In 2018: Over 26,000 cases; 90% are women



MT's provide:

- *Vital emergency/routine psychological & social support*
- *Case management & referral to other specialized services*
- *Disseminate information about available services, including SRH, HIV, violence and human rights*

MTs Operating Along Conflict Line Areas



Outreach visit to conflict-affected communities of Donetsk region

Shelters for Survivors of Domestic Violence



Cities with shelters: Kyiv, Kharkiv, Berdiansk, Kryvyi Rih, Dnipro, Sloviansk and Mariupol, and Kyiv region

Shelters are available only in major cities, providing the following services:

- *Safe accommodation for women survivors & their children*
- *Case management*
- *Rehabilitation: individual psychological counselling, behavior change programs, education and training, access to health services, SRH services*
- *Maintain contacts with main GBV response bodies ensuring the coordinated response to domestic violence.*

The average rehabilitation time is 3 months.



HealthRight Halfway House (shelter) in Kyiv

- Providing quality survivor-centered residence-based rehabilitation
- Accepts clients without ID documents (including many women from rural areas, internally displaced persons, HIV-positive)
- In 2018, 23 mothers and 23 of their children underwent rehabilitation, including 4 HIV+ women.



HealthRight Day Service Centers

- Operating in Kyiv and Kharkiv, served 460 women and girls in 2018
- Provide case management support, access to medical services, confidential testing for HIV, HCV & STIs, pregnancy, group HIV and violence prevention sessions.
- Conduct outreach work and awareness-raising among vulnerable populations.
- Day centers have children's spaces with staff where women can comfortably leave their children for several hours.



Provider Capacity Building

- Trainings: for staff and health providers, social workers, police
- Webinars
- Conferences
- Evaluation of knowledge











Challenges & Lessons Learned

- Sustainability is challenging (NGO-led)
- Limited by available donor resources, and not paid by state budgets
- Most vulnerable women: rural women, those who live in conflict lines, HIV+, drug addicted, on OST do not have access to services
- Lack of services for perpetrators
- There is no harmonization of reforms

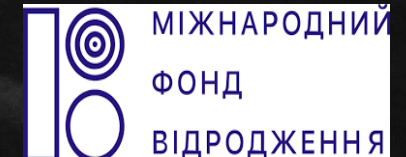


Next Steps:

- Build platforms to share guidelines and interventions across countries
- More implementation research: elderly, men, women with disabilities
- ADVOCACY
- Involve new partners and donors in providing support for GBV/DV response and prevention services
- Work with governments (national and local)

Thank you for your attention!

Our Donors



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