

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



Table of contents

I.	Executive Summary	4
	Poland-Specific Recommendations	7
II.	Assessment Framework Overview	12
A.	Working in partnership to support Women’s Rights Organizations	13
B.	What we did	14
C.	Limitations	14
III.	Poland Background Information	15
A.	The humanitarian emergency in Poland	16
B.	Pre-existing prevalence of GBV in Poland & existing legal frameworks	18
C.	Overall healthcare system in Poland	19
IV.	Findings	20
A.	Needs and risks of women’s organizations, groups, and collectives	21
B.	Trafficking and other GBV risks	22
C.	Shelter and sustainable housing risks	24
D.	Cash-based assistance, livelihoods, and decent work	25
E.	Access to accurate legal information	27
F.	Medical care, including reproductive health and GBV services	27
G.	Mental health and psychosocial support	29
H.	Double discrimination against populations of concern	30
I.	Education	31
J.	Food insecurity	31
V.	Recommendations and Ways Forward	32
1.	Ensure a gender-sensitive humanitarian response by supporting women’s movements across the region	33
2.	Fulfill commitments to localization by shifting power to women-led organizations	35
3.	Address gaps in the protection of women and children	39
4.	Improve access to essential services	42
	Annex	49

I. **Executive Summary**



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

In every armed conflict, men's violence against women and girls increases rapidly and stays elevated long after the fighting stops. Like the other countries bordering Ukraine, Poland is facing an unprecedented refugee crisis of women and children displaced by the war. Urgently-needed, gender-sensitive violence prevention, and risk mitigation measures are trailing behind the general response. Women's rights organizations (WROs) in Poland have been responding to the needs of forcibly displaced women and girls since the war began. These local WROs are best-positioned to design, build, and provide the creative solutions necessary for women and girls, but only if provided the flexible funding and specific technical support. These organizations are asking for recognition of their expertise in responding to this crisis, while continuing to meet the needs of Polish women and girls.

Instead, a familiar structure is developing: a top-down, unequal relationship between capable local actors and international humanitarian agencies. This arrangement always fails women and girls, even by these agencies' own standards.

Women and girls are not consulted in the design of the aid that is being developed for them, and WROs are alienated from humanitarian coordination structures. They are expected to do more than ever, with little or no extra funding. VOICE witnessed this scenario play out in the international response to COVID-19, where again the humanitarian aid sector—despite its own commitments to crisis-affected populations—contributed to denying women and girls their rights to participation, consultation, and services, and in some cases subjected them to its own types of violence.¹

Already lacking funding and decision-making power, some of the organizations playing vital roles in the humanitarian response may also lack crisis experience or training in gender-based violence (GBV) and broader protection issues, including in the prevention of sexual exploitation and abuse (PSEA) by their own staff and volunteers. It is highly likely that harmful practices are happening, putting the lives and wellbeing of women and girls at risk.

Through a new partnership with HIAS to carry out a six-country rapid assessment in the region, VOICE mobilized Polish and international staff to assess the needs of women and girls affected by the war in Ukraine and the WROs responding to the emergency. The most frequently mentioned concerns from forcibly displaced women included access to safe and sustainable housing; access to decent work (as cash assistance is not reaching them); and the need for day-care or schooling for their children. Many also spoke of barriers in accessing health care. As reports of sexual violence began flowing out of Ukraine, activists raised concerns about access to medical care for survivors making their way to Poland to evade restrictive laws on abortion.

The assessment revealed an overwhelming sense of gratitude amongst forcibly displaced persons (FDPs) sheltering in private settings, in some cases receiving free food or clothing. But risks of trafficking, exploitation and other protection issues are high, as private hosts have little oversight.

Many FDPs are in need of psychosocial support, specialist healthcare or legal support. Forcibly displaced persons interviewed were largely unaware of what benefits they qualify for, and how to access them. Information campaigns were limited and fragmented, and complicated by language barriers. Fewer beds are available now that the government has rescinded its offer to reimburse hosts for sheltering Ukrainians. While access to healthcare and cash assistance is available to eligible Ukrainians, these services were already strained prior to the Ukraine crisis and tensions have already begun to rise with host communities. Working FDPs and those with children have more limited access to services, being busy during service providers' business hours.

¹ We Must Do Better: A Feminist Assessment of the Humanitarian Aid System's Support of Women- and Girl-Led Organizations during the COVID-19 Pandemic. VOICE, 2021, <https://voiceamplified.org/voice-research-report-we-must-do-better/>.

Poland-specific Recommendations

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

- Create an immediate, medium-term and long-term gender-informed strategy for response to the Ukrainian crisis in Poland with participation of the government, EU, INGOs, and including WROs and other local NGOs. Recognizing the limitations of the government response, the international community should be invited to help close gaps in life-saving services in protection, health, PSS and education, in close coordination with WROs



- Recognize that government-run reception centers need to provide more long-term accommodation and establish them as shelters following international standards.



- Use a systems approach to work with coalitions to support local activism and political agendas of women's rights, feminist and LGBTQIA+ organizations. Before the war, Polish WROs were fighting against regressive policy changes in sexual and reproductive health and rights, LGBTQIA+ rights, etc., organizing in a hostile environment with shrinking space for civil society. The war in Ukraine only deepened existing systemic inequalities. As activists work on local issues in Poland and respond to the influx from Ukraine, their workload has doubled. Philanthropic response should be reflective of the complexity WROs face in the current context and beyond.



- Create humanitarian hub facilities where services can be co-located to reduce barriers to access, especially for protection, health and PSS.



- Create safe spaces for women to build healthy social connections and support, particularly for women in private accommodations. These can be a safe entry point for GBV survivors or those at risk.



- Provide access to in-person, holistic psychosocial services, particularly related to trafficking prevention, trauma/psychological support, and referral to additional services, using professionals trained in the provision of support in an emergency environment.



- Ensure sustained support to NGOs managing shelters. These are the first line of defense for FDPs facing protection risks and exploitation.



- Deliver systematized cash assistance with an integrated protection approach, using international best-practices, and understanding the specific risks and vulnerabilities of women and girls.



- Civil society organizations should consider requesting UNHCR staff to be seconded to local organizations in order to enhance locally-led coordination functions. Priority should be on service delivery mapping, creating/enhancing referral mechanisms, and information-sharing. This is specifically important for government- and privately-run shelter operators to ensure they can coordinate services such as GBV response, healthcare and psychosocial support. The Coordinator can act as an interlocutor between the international and locally-led systems. These efforts should include looking at how WROs want to be involved in coordination structures.



- Address legal constraints that inhibit those who entered Poland before 24 February 2022 (Ukrainians and non-Ukraine citizens) to be eligible for temporary residence status.



- Coordinate communication on all respective government sponsored benefits, i.e., PESEL in Poland, across all neighboring countries and the EU, and disseminate widely through channels used by Ukrainians.



- Use and distribute the [GBV Pocket Guide in Ukrainian](#) (Polish translation is forthcoming), a resource designed to explain how to support a GBV survivor in a context where there is no GBV actor (including a referral pathway or GBV focal point) available.



- Make MHPSS and GBV services accessible, building from and with existing women's rights organizations and services in Poland. If done well, FDP needs will be met while improving overall access to GBV services, for all women and girls in Poland.



- Assume trafficking to be happening (including the recognition that unaccompanied minors are entering into Poland) and ensure that appropriate prevention and response measures are in place. WROs and anti-trafficking organizations need to be engaged from Ukraine to Poland as some of the trafficking is coordinated on both sides of the border.



- Process and permit transfer of licensing and accreditation from Ukraine for Ukrainian medical and mental health personnel, educators, and other essential staff in short supply. The MoH should establish prescriptive permissions for foreign providers and medical INGOs to increase equitable access to medication.



- Integrate displaced children into the Polish education system (in person or via online learning) in accredited institutions. The Ministry of Education should work with local and international NGOs to meet the specific needs of displaced children in the areas of language, trauma recovery, parental/guardian engagement and any catch-up or readiness support



- Facilitate the use of medical INGOs and local volunteer services to create pathways for medical care and specialized GBV services. Ideally medical service delivery can be co-located with FDP reception and shelter locations, supported by mobile clinics at smaller shelters and apartment complexes, to decrease emergency room utilization.



- Source translators from inside Poland, as well as within the Ukrainian population, providing jobs that are desperately needed.

- Employ Ukrainian medical personnel who have been displaced.

- Ensure communicable disease testing (COVID-19, TB) and vaccinations at shelter sites and public areas.

- Dental clinics should be established to provide services free of charge.

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- Improve and enhance all control of work conditions for FDPs in accordance with Polish labor legislation, to improve working conditions and reduce risks of sexual and other types of exploitation.



- Provide access to job counseling and labor market information.

- Establish programs for FDPs to obtain new professional skills needed in the labor market.

- Create opportunities for the relocation of Ukrainian businesses in Poland, and for launching new businesses to create new jobs for FDPs and host communities.

II. Assessment Framework Overview



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

VOICE and HIAS² share a vision of supporting women's rights organizations (WROs) and women's groups across the region to lead on the Ukraine humanitarian response.

This partnership aims to help WROs, local civil society organizations (CSOs), and informal groups to shape humanitarian response, recognizing the unique impact of humanitarian emergencies on women, girls, and other at-risk groups in all their diversity. It is critical that humanitarian actions—both within Ukraine and regionally—build upon

² HIAS, the international Jewish humanitarian organization that provides vital services to refugees and asylum seekers, has been helping forcibly displaced persons find welcome, safety and opportunity for more than 130 years. Currently working in more than 17 countries, HIAS is responding to the war in Ukraine through its core programming areas, including Economic Inclusion, Mental Health and Psychosocial Support, Legal Protection, and Prevention and Response for GBV, with a focus on violence against women and girls and individuals identifying as LGBTQIA+.

the advances in gender equality and women's empowerment made by Ukrainian and regional women's rights activists, women-led groups, and CSOs.

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

About VOICE

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

VOICE's approach, steeped in women's rights

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

B. What we did

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

The assessment team spent three weeks in Poland visiting border crossings, reception centers, shelters and service providers in and around Krakow and Warsaw.³ Focus group discussions (FGDs) were held with 136 displaced women, and 5 displaced men. The team held 17 FGDs and 40 key-informant interviews (KIIs), including 12 WROs focused on the protection of women and

³ The overall assessment framework was envisioned and conducted by a team of VAWG and women’s rights activists and practitioners from Eastern Europe and Ukraine; seasoned gender-based violence in emergencies (GBVIE) technical specialists; a conflict-medicine/nurse practitioner sexual and reproductive health (SRH) expert; LGBTQIA+ practitioners and activists; a trauma-informed stabilization expert; and VOICE Leadership Team members, including the Executive Director and the Emergency Response Director. This dynamic team brought global, regional and local expertise together with a range of language skills and deep connections to Ukraine and Eastern Europe—building from years of VOICE’s work in the region and from the specific and unique expertise of the assessment team.

girls and other marginalized and at-risk.⁴ The team also participated in UN-led coordination meetings and a local NGO humanitarian forum in Krakow.

All information shared was treated as confidential to ensure principles of Do No Harm. Through the assessment, the team was able to understand the cross-cutting risks for women and girls across the emergency response and how these risks are interlinked with access to other essential services.

C. Limitations

Due to the challenges of data collection in a complex and fluid environment, this was not intended to be a comprehensive risk and needs assessment. There were limitations of time, and many safety and security concerns. The approach was grounded in adherence to ethical considerations, which at times prevented interviews and discussions from happening at all. In many instances, the level of visible trauma was such that it would not have been ethical to ask questions about protection issues. Information was generally challenging to obtain in Poland, and while some official numbers were accessed, consistent and reliable sources of information were lacking.

In interviews, Ukrainian women were often reluctant to share or ‘complain,’ expressing mostly gratitude for the support they were receiving. This raises the question of whether women were under-reporting instances and risks of violence.

⁴ Questions were focused around the following areas of inquiry: concerns for women and girls at border crossings and while on the move; overall safety concerns in their current location; any discrimination specific groups have experienced or have been witnessed to have experienced; GBV risks for women and girls (including sexual exploitation and abuse); availability and accessibility of facilities and services; cash assistance, cash distributions, access to cash, and remaining levels of financial resources; shelter sites and private accommodations and the risks and concerns of each; legal documentation and access to legal services; access to health services, including sexual and reproductive health services such as the clinical management of rape, abortion, and pre- and post-natal care; access to good and decent work; and language accessibility through existing service provision.

III. Poland Background Information



The Poland assessment team was unable to speak to many government representatives apart from the Municipal Social Assistance Centers (MOPS), which are part of the city social welfare department in Krakow.

A. The humanitarian emergency and response

Since the war in Ukraine started on February 24, over 7.7 million people have fled Ukraine.⁵ Poland has received the vast majority (over 3 million)⁶ of FDPs compared to neighboring countries. While some of these individuals may continue their journey to other countries within the EU, around 2 million are believed to be staying in Poland.⁷

Ninety percent of them are women and children.⁸ There are several factors influencing FDPs to choose Poland. Compared to neighboring countries, transport is more readily available; there are language similarities; and a perception that Poland offers more refugee support. The majority of FDPs have opted to stay in the eastern part of the country, with its close proximity to the border.

"We are waiting for the sky to close, so then we will go back" -Ukrainian woman in a focus group discussion

5 *Ukraine – Internal Displacement Report – General Population Survey Round 3*, International Organization for Migration's, April 17, 2022.

6 *Ukraine – Internal Displacement Report – General Population Survey Round 3*, International Organization for Migration's, April 17, 2022.

7 *Ukraine FDP Situation*, The Operational Data Portal, 2022. <https://data2.unhcr.org/en/situations/ukraine/location?secret=unhcrrestricted>

The large congregation of FDPs in eastern Poland is straining resources. CSOs and volunteers report that the influx had waned by the end of March 2022, but additional waves may arrive given the ongoing war. As with other conflicts, many who fled into Poland during the initial

8 UNHCR and partners call for urgent support for refugees from Ukraine and their hosts, UNHCR, April 26, 2022. <https://www.unhcr.org/news/briefing/2022/4/6267ac074/unhcr-partners-call-urgent-support-refugees-ukraine-hosts.html>

weeks were those with resources, social and familial networks and destinations in mind. FDPs staying in shelters or private Polish homes are those lacking the contacts or resources to move on, or who are interested in staying close to the border due to family remaining in Ukraine. Most FDPs reported plans to go back to Ukraine when possible and are not thinking about this as a long-term displacement.

The humanitarian response in Poland is largely government- and volunteer-led. The government took some immediate if incomplete steps, formally establishing policies and procedures allowing Ukrainian FDPs to access territory, and to enroll for social services and other resources. Those with Ukrainian passports are allowed to cross the border freely, but third-country nationals have more difficulty and not all services are open to them. A Polish ID number is assigned to registered refugees, giving them legal status, access to the National Health System, cash assistance and other government support. However, access varies widely by location, and significant barriers inhibit actual usage. Initially, the government said it would reimburse citizens for housing FDPs; however, this has since changed, leaving many Polish hosts in financial despair.

The work of supporting the FDPs immediately upon arrival has largely been shouldered by Polish CSOs and individual citizens. Many INGOs and UN agencies did not have an operational presence in Poland prior to the war, and are only recently completing assessments in preparation for setting up programs. During this assessment, which started one month into the war, no international humanitarian aid services were encountered, and the only aid or services visible were those provided by the local government and CSOs. Many UN agencies and INGOs told VOICE that they plan to partner with local NGOs, but this risks overwhelming local actors if not done in an equitable, coordinated and sufficiently resourced manner.

A network of local grassroots support, donations

and coordination is active at the municipality level, but in recent weeks donations have waned. Local responses vary widely from city to city, as efforts have been delegated down to the local level of the government. While some CSOs report good relations with their city representatives, others report problems with communication, allocation of resources and implementing best practices.

City officials report significant financial barriers to implementing government-run support programs. Historically, Polish government emergency funds are not allocated beyond the national level. Government respondents said that no budget had been established for the sheltering of FDPs, and it was clear that Krakow could not sustain efforts as no funding existed. Thus they were actively encouraging shelter residents to move on to other locations. When asked if there was a plan for helping FDPs relocate, or integrate, into Polish society the answer was “no,” and, “they need to learn to integrate on their own.” This attitude was evident in multiple conversations with municipal officials, who insisted that on-site services should not be provided lest shelters become “ghettos,” a term they used frequently.

Coordination systems and communication among the international community and local CSOs are largely separate. Parallel coordination and communication mechanisms have been set up, while according to several CSOs, existing coordination systems have been overlooked or ignored. The tacit expectation is for CSOs to adapt or integrate into the UN Clusters and working groups.

International Actors interviewed acknowledged that local CSOs should play a more active role in the coordination mechanisms, but it was unclear what efforts were being made to remove the barriers to their involvement. While the Polish National Women’s Resource Center is co-chairing the GBV working group with UNHCR, most of the local groups interviewed said they were

unaware of international coordination efforts and the roles of UNHCR, UNFPA, WHO, and other multilateral agencies in the humanitarian response. While Humanitarian coordination meetings have been happening for weeks, CSOs complained that those meetings focused more on talking than action. Multiple meetings were spent more on talking than action. CSOs that were aware of these coordination meetings said they did not have the time to join them, being too busy delivering services to FDPs. Some said the meetings were hard to understand, with so much jargon and many acronyms.

"I got my master's in International Relations, and I don't understand what is happening in these meetings." -Leader of a women's rights organization in Krakow

CSOs and private volunteers said that they are mentally drained and running out of resources, unsure of how long they can continue supporting FDPs in their communities. The support they need will not come from the coordination mechanisms in their current form.

"We want to continue to help, as it is the right thing to do, however we need to restart our transportation company so we do not use up all our life-savings and have nothing left for our own family." -Polish couple

"I receive 50-100 calls every day about refugees and try to help but I do not know how much longer I can keep it up." -Polish Town Council representative, in tears

B. Pre-existing prevalence of GBV in Poland & existing legal frameworks

Poland ratified the Council of Europe Convention on Combating Violence Against Women and Domestic Violence, known as the Istanbul Convention, on the 27th of April 2015, and it entered into force on the 1st of August of the same year.⁹ The Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) has praised the introduction of such legal instruments, but have also said that urgent steps are needed to effectively combat GBV.¹⁰ In 2020, the acting government announced its intention to withdraw from the Istanbul Convention.

Violence against women is widespread in Poland. Approximately 1 in 5 Polish women have experienced physical or sexual abuse and only 28% of survivors report the incident to the police.¹¹ This abuse is sometimes fatal--an estimated 500 women die each year in Poland due to domestic violence.¹² Public information about domestic violence is also limited, especially information produced and distributed by the government. GBV services and policy frameworks in Poland were weak before the 2022 Ukraine crisis, and

9 "Chart of signatures and ratifications of Treaty 210". Council of Europe Portal, May 14, 2022. <https://www.coe.int/en/web/conventions/full-list?module=signatures-by-treaty&treatyenum=210>. Accessed May 14, 2022.

10 GREVIO Baseline Evaluation Report Poland. Council of Europe, September 16, 2021, <https://rm.coe.int/grevio-baseline-report-on-poland/1680a3d20b>.

11 Survey on violence against women in EU, Fundamental Rights Agency, 2012. <https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-violence-against-women-survey>

12 Poland. Compliance with the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, The Advocates for Human Rights, 2019.

are now under considerable strain with the influx of FDPs.¹³

Together with Malta, Poland is one of only two European Union Member States that has not legalized abortion on request. In October 2020, the Polish Constitutional Tribunal illegitimately imposed a near-total ban on abortion. As a result, Polish women seek abortion care illegally or travel to neighboring countries for care. Women in Poland who seek to terminate a pregnancy resulting from rape also face numerous barriers, despite rape being legal grounds for abortion.

Ranked as the worst country in Europe by the European Contraception Policy Atlas, Poland is the only country going backwards in terms of contraceptive access. It scored lowest for policies related to supplies and counseling, and scores poorly in terms of availability of information (56.6%).¹⁴

C. Overall healthcare system in Poland

The Polish healthcare system suffers from a lack of funding (only 6% of GDP), personnel shortages and long wait times. In some instances patients are left waiting up to a year for basic testing and are often forced to pay for private medical care in order to expedite needed services. Devastated by the COVID pandemic, the system now faces a surge of 2 million FDPs who have been promised access to the national health care system, creating healthcare inequity so dramatic that it seems the system is near implosion. Estimates show that with 2.4 MDs and 5.4 RNs per 1,000 people in Poland, the country now needs an additional 5,500 MDs and 11,500 nurses which do not exist.¹⁵ Even presuming that these staffing gaps could be closed, given the lack of access to contraception and the near total ban on abortion in Poland, FDPs have drastically reduced bodily autonomy and access to essential health care, including reproductive health, than they did in Ukraine.



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

14 EPF. [European Contraception Policy Atlas - Poland](#). Accessed 21 May 2022

15 The World Bank. (2022). Physicians (per 1,000 people) - Poland. The World Bank. chart, Washington, DC. Retrieved May 20, 2022, from <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=PL>

IV. Findings

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

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

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

Polish civil society is actively working on a wide range of social justice issues especially in light of governmental anti-rights politics and the shrinking space for CSOs. From registered, formalized and well-established NGOs to grassroots activists and informal groups, they work to realize sexual and reproductive health and rights, with a major focus on access to abortion and contraception, as well as LGBTQIA+ rights, racism and islamophobia in migration policies. Working in a hostile environment with constant pushback on human rights from the government, religious, and reactionary forces, local feminist and gender justice activists and organizations are targeted for harassment, censorship and violence. Abortion activists and LGBTQIA+ communities, in particular, report continuous backlash and death threats.

Since the start of the war, women's rights and LGBTQIA+ groups have been providing essential frontline response and services, psychosocial and legal support, medical assistance, safe housing, food and accompaniment for FDPs to navigate the Polish healthcare, migration and legal systems. Polish NGOs in Krakow and Warsaw are coordinating on a peer-to-peer level and mainly with local CSOs. At one local NGO Coordination meeting in Krakow with approximately 50 groups, VOICE was the only international organization present.

NGOs said that they operate with very limited budgets and capacity, with the majority of personnel working unpaid. This emergency work is being delivered on top of their ongoing local social justice organizing, the result being that critical service delivery to FDPs is erratic, and Polish civil society is at high risk of burnout.

Already chronically underfunded and excluded from (or unfamiliar with) humanitarian funding mechanisms, their individual donations have largely shifted to emergency response.

Despite the fact that WROs are doing a significant part of the crisis response work, governmental and philanthropic funding does not support their efforts in a consistent and sustainable manner. Money that WROs and LGBTQIA+ organizers received from private philanthropy for the Ukraine crisis is short-term, usually 3-6 months. Longer-term funding will be needed as the crisis will have long-term consequences. In Krakow, a large city with an over 175,000 registered refugees,¹⁶ the city was only able to fund \$50,000 zloty (approximately \$12,000 USD) for the entire local CSO response. Meanwhile, the national government has channeled tens of millions of dollars in Ukraine crisis funding to reactionary political allies including a Polish nationalist organization actively campaigning against women's rights.¹⁷

In spite of the lack of funds, women's rights, feminist and LGBTQIA+ organizers continue to do frontline response centered on solidarity and peer support. For example, Warsaw's LGBTQIA+ organization Human Dignity and Protection is working to prevent trafficking and help FDPs integrate, running on limited philanthropic funding and individual donations. They created a database of allies willing to host or employ LGBTQIA+ FDPs. They accompany community members from the train station to an emergency shelter they have organized, and organize in-person meetings with potential hosts. This organization also offers Polish language courses and vouchers for food and clothes.

16 *Miejska gościnność: wielki wzrost, wyzwania i szanse - Raport o uchodźcach z Ukrainy w największych polskich miastach*, Centrum Analiz i Badań Unii Metropolii Polskich im. Pawła Adamowicza, 2022.

17 Klauziński, Sebastian. *Straż Narodowa dostała od rządu 264 tys. zł na pomoc uchodźcom*. Bąkiewicz: Nie spodziewaliśmy się!, OKO.press, April 12, 2022.

Protected funding for sexual and reproductive health (SRH) and services for violence against women and girls (VAWG) has failed to materialize. Instead of the multi-year flexible funding that local women- and girl-led organizations say they need, overworked grassroots groups find themselves chasing grants that may cover 1-3 months, to take on humanitarian work that they are not trained for, and that takes them away from their core missions.

Instead of partnerships driven by and grounded in local expertise and knowledge, the humanitarian enterprise is again replicating the familiar top-down arrangement, creating parallel processes that sideline or alienate local actors including WROs. Women's groups and other de facto humanitarian workers have not been asked what roles they would like to play as partners in the response, and their barriers to their participation in decision-making have not been addressed.

B. Trafficking and other GBV risks

The overall unstructured and underfunded response creates many GBV risks for FDP women and girls. Many cities and CSOs report a lack of controls, coordination and screening amongst volunteers working directly with FDPs. Many organizations reported seeing families get into unverified vehicles and leave for unknown destinations from border areas or shelters. Some CSOs and cities have implemented minor controls (i.e. registration/verification processes) but these are often location-dependent and no central coordination/registration exists. Most shelters did not seem to have security controls in place for visitors. While others do not permit visitors, it would be easy for bad actors to slip into many of the shelter facilities.

Reporting mechanisms for GBV consist mainly of government hotlines, and the advertisement for those is only sporadic. There did not appear to be

any educational material available in shelters regarding Protection from Sexual Exploitation and Abuse (PSEA¹⁸), risks for SEA and/or reporting of SEA. During focus group discussions, almost all FDPs reported that they did not know where to report GBV except to a trusted volunteer, who is likely untrained on how to respond. Many organizations expressed the need for a clear pathway for what to do when coming into contact with survivors of GBV.

During transit and while FDPs are in Poland, there are high risks of human trafficking. Multiple sources spoke of families who had been taken farther into the EU by “volunteer” drivers promising access to jobs, shelter and resources, only to arrive and find that promises were untrue. Families are then desperate to return to Poland, where at least access to shelters is known. At border sites, the VOICE team observed random men holding signs offering Ukrainians free passage by car to Krakow or Germany.

Unknown numbers of unaccompanied minors are present in Poland, many sent to stay with a known contact while parents remained in Ukraine. Legal status for these children varies. There have already been reports of abandonment of these children, where a sponsor is unable/unwilling to care for the child and may turn to social media to find another arrangement.

Food insecurity is a known risk factor for trafficking. Many shelters were only providing one meal per day. Even at shelters providing three meals per day, access to food was still often a concern, especially for those with small children.

The tracking of residents’ whereabouts at large city-run shelters is not effective as a means of prevention of, or response to, trafficking. There is a check-in/check-out process, but this would be little help in finding an individual who did not return. One shelter reported having a registry at

train stations for FDPs to state their final destinations, however due to volunteer shortages they have been unable to follow up. Smaller shelters seem to have more personalized relationships with residents and might be more apt to notice a spontaneous absence, but even they say they cannot know their residents’ whereabouts.

While news reports abound of sexual assault in Ukraine perpetrated by the Russian military, the actual number of assaults is unknown, and Russians cannot be the only perpetrators. Some grassroots efforts report being aware of “hundreds of survivors,” while others report fewer than 10. Abortions Without Borders recently reported having over 50 women pregnant in Poland reaching out for abortive care after rape.¹⁹ While some have publicly discussed their attacks with media outlets and rights organizations, stigma often leads to under-reporting, and some victims may have been kidnapped, silenced or even killed.

Some survivors of sexual assault, some of whom were pregnant, had in fact come to Poland to receive medical care. A major concern was whether they had been made aware that access to abortive care in Poland is legally restricted. Local advocates cite the need for a specific sheltering solution for these individuals upon discharge from the hospital, as the current plan was to send them to city-run shelters where they could “integrate with society normally.”

18 Additional information and guidance about PSEA is available here. <https://psea.interagencystandingcommittee.org/>

19 Ukrainian Women Are Not Allowed to Terminate Unwanted Pregnancies in Poland, and Their Assistants Face Jail, Zaborona’s report, April 21, 2022.

C. Shelter and sustainable housing risks

Lack of access to sustainable and safe shelter and housing is a significant risk related to trafficking and GBV. 21 sites visited in Poland ranged from government reception centers housing several hundred people to privately-operated shelters with 25 - 100 individuals, all hastily established in former shopping malls, office buildings, warehouses, hotels and hostels.

The government-run shelters were located in the city centers. They were larger in size, housing several hundred at a time for short stays, although some FDPs are staying for weeks and months now. These shelters had open rooms with cots with a pillow and blanket, but it is unclear whether bedding is cleaned between individuals. The rooms were overcrowded, some with only inches between cots. Significant risk factors exist at these sites for communicable diseases such as COVID-19, tuberculosis, typhus, norovirus, rotavirus, etc. Upper respiratory infections, some severe, were present in all shelters (likely COVID-19, but testing was not available).

World Central Kitchen was set up outside these shelters to provide food, clothing, hygiene supplies, pain medication, baby formula, diapers and animal food. Supplies are 100% dependent on donations. One government shelter asked specifically for donations of women's underwear, soap and rubber shoes to wear in the showers. The water and sanitation facilities varied at each shelter but all had limited bathroom stalls, sinks and shower facilities. At one shelter in Krakow, there were 3 bathroom sinks, 10 bathroom stalls and a handful of showers for the 250 individuals residing there.

The private shelters are smaller in scale and the team's access was facilitated by the US INGO CORE. Each site has a unique setup with significant differences in resources across the sites.

Some have three meals a day, some only one. Some have private rooms, while others are communal with mats on the floor in large rooms. The financing of each site is different - some privately funded by the owner of the location, some by the town council and contributions from neighbors. None seem to be receiving any outside or institutional funding. None indicated having a long-term plan beyond the next month. There are few preparations or positioning of supplies to meet any significant increase in FDP flows. Hosts and volunteers were under extreme pressure and uncertain about how they would continue.

Whether government or privately operated, there are no regular activities - psychosocial, recreational or educational - and many were anxious from sitting all day with nothing to do. None offer links to service delivery and FDPs are reliant on their Polish hosts to meet all their needs. FDPs can come and go from the sites as they please, but must rely on people with private cars, or public transport, which is fortunately free for them.

Nearly 100% of interviewed FDPs said they did not know how long they could remain at their current shelter location. Of those few who did have some idea, the time limit ranged from one week to one month. No one reported having stable sheltering greater than one month from April 10th.

"What will we do when we have to leave this shelter? I don't know. I will just put my children in car again and drive somewhere looking for a new place to stay. What plans can I make right now?"
- Woman in a hotel-type shelter, which will soon reopen for tourists

Resettlement in Poland is complicated by an already strained housing market that anticipated a shortage of 2 million housing units even prior to the influx of 2 million FDPs.²⁰ In every city visited, CSOs reported that there were “no affordable housing options left” that FDPs could transition into, creating a need for stable, long-term shelters for thousands of women and children. Many FDPs stated that if secure housing could not be found, they would go back to Ukraine, still an active war zone.

“Who can help me go back home to Kherson for free, please? I understand a danger, but I just can’t manage here in Poland without a job, house and money. Occupied or not, at least, I have a home in Kherson.”
- Ukrainian woman’s post on Facebook

²⁰ Apartment prices to rise in Poland in 2022: study, Polska Agencja Prasowa, 2022. <https://www.polskieradio.pl/395/7786/Artykul/2895741,Apartment-prices%20to-rise-in-Poland-in-2022-study>



D. Cash-based assistance, livelihoods, and decent work

One of the top three concerns of FDPs was the lack of income, which is a significant risk factor for GBV. All Ukrainian FDPs who cross the border after February 24, 2022 have a right to work in Poland without special permissions, though third-country nationals do not necessarily qualify for the same benefit. At government-run shelters especially, interviewees said there is an underlying message that FDPs now need to find a job and a place to live, and move on.

While many prioritize finding jobs and have skills and capacities to do so, there remain several barriers. First is the language barrier, as many Ukrainians are not fluent enough to operate professionally in Polish. There are many free language classes, but it takes even motivated students 3 – 6 months to reach A2-B1 level. Ukrainian diplomas are not always recognized in Poland, and Ukrainian doctors cannot treat even Ukrainian patients legally. Most available jobs are lower-paying and physical in nature, some of which appear illegal and exploitative.²¹ FDPs in private shelters have problems with employment because often the shelters are situated in rural areas with minimal job opportunities. Availability of home-based jobs is limited; usually in the IT sector and requiring English fluency and reliable internet. Recent positive shifts in legislation will allow Ukrainian teachers to work in Polish schools, but more flexibility is required immediately to facilitate FDP employment.

²¹ Job advertisements are appearing on social media that require as much as a 14-hour work day, 5-6 days per week, with minimal salaries. Some of these jobs come with housing, so many FDPs may be tempted to take them.

“To find a job I have to leave this shelter, because there are no jobs in the town. But where could I afford to live with a child if I move to [a more expensive] place with more job opportunities?” - Ukrainian woman

Most of the FDPs we spoke to had not received any cash assistance. Some were awaiting the government dispensation of one-time 300 PLN and 500 PLN per child, per month, only available once one is registered with the government.²² It takes at least 3-4 weeks after registration to receive the cash. Many had registered for government benefits but were unclear as to what they would receive.

UNHCR has also initiated a cash assistance program providing 700 PLN per person + 600 PLN for other family members once per month for a three month period. This does not require a government ID number but there are several barriers to receiving this cash, including the need to visit a UNHCR office in Warsaw or Krakow, which is not easy for people living at a distance, especially those with small children. Again, awareness of this assistance was limited.

“We have heard about UNHCR money, but it is only for those who live in big cities. I can’t go to Warsaw with a small child for the whole day”. - young mother in a focus group discussion

Refuge registration is complicated and people cannot choose the date of their appointment, which, according to UNHCR, is often scheduled several weeks out. When they do eventually receive cash assistance, clients are required to withdraw the entire amount once each month, or forfeit the funding. This means they need to have safe places to store their cash, which is not always possible, and they may risk being prayed upon by thieves in transit.

Many INGOs said they were planning to start implementing cash or voucher assistance (CVA), but most had not started. While the assessment could not observe any Cash Coordination meetings, sources say that there is little to no coordination between CVA implemented by various entities, and coverage inequities are likely to occur. For now, it seems to be down to luck or perseverance whether FDPs can access CVA at all.



²² Tilles, Daniel. *Poland passes law expanding support for Ukrainian FDPs*, Notes from Poland, May 14, 2022.

E. Access to accurate legal information

A lack of accurate legal information poses a significant risk for women and their children. FDPs interviewed were largely unaware of what benefits they qualify for, and how to access them. Information campaigns were limited and fragmented, and complicated by language barriers.

Ukrainian FDPs can legally stay in Poland for 18 months, which is more than that provided by the common EU legal status of temporary protection (one year with the option to extend). There is no special procedure required in Poland; the only condition is a stamp in the passport showing that one crossed the border after February 24, 2022. People who entered prior to February 24th or did so afterwards but did not get a stamp in their passport may have difficulty getting the government ID number necessary to access services. Third country nationals (TCNs) are ineligible for such services. There have been many reports of people of color crossing the border being detained, for unknown reasons.

For Unaccompanied Minors, there is currently no standard process for registration. There is an effort to create a Polish legalization document that names an adult sponsor for these children, but children who cannot be placed with an adult are being placed at “intervention centers.” Regarding Ukrainian births in Poland, babies born to Ukrainian parents inside Poland are provided with ID and birth certificate, but there is no apparent communication with the Government of Ukraine to track new citizens. If these children are not gaining citizenship, they are potentially stateless and subject to a host of protection risks.

F. Medical care, including reproductive health and GBV services

One of the top three concerns of FDPs was accessing medical care. Discussions with hundreds of women in shelters made clear that access to healthcare is theoretically available, but often inaccessible. No person reported having access to primary healthcare for routine medical needs, many having been turned away from clinics. Of all the parents asked, none reported access to a pediatrician for routine medical evaluation and vaccination needs for children under 5. Not a single site had the ability for COVID-19 testing. Dozens of women reported needing basics such as glucose meters, blood pressure machines, eye drops, nasal spray, and over-the-counter medication such as paracetamol, cold and flu medication, and children’s cough medicine. Asked where they would find life-saving refills for medications for arrhythmia, hypertension, epilepsy, etc., most did not know. Many said that they had stopped taking or were rationing their medications. No families reported having sufficient medication beyond the next week.

“We visited doctors with our children because of cases of severe coughs, rotavirus, fevers or ear pain. The only answer for all diseases is paracetamol.”

[Redacted]

“Some of the children need to be consulted by an endocrinologist, a dermatologist, or an ophthalmologist. But we don’t have access to such doctors here.” -Mothers in one of the shelters

[Redacted]

While other countries have adopted dedicated onsite health support for major migration hubs via INGOs, large shelters in Poland are not offering medical care. They do offer links to the national health system, but this mainly consists of calling an ambulance. Local humanitarian support staff report that access to care is limited by the resources of the particular city, causing many to seek care “underground” through social media and word of mouth.

Access to reproductive health care in Poland is extremely limited and clinical management of rape (CMR) is heavily restricted. Emergency contraception and contraceptive pills are only available with prescriptions, and emergency contraception is scarce. Abortive care is illegal and even in instances of rape (which the Polish law does technically allow for), meeting the statutory guidelines is nearly impossible. As noted above, forcibly displaced women and girls residing in Poland who survive sexual violence are being placed in large communal shelters after hospital discharge, as specific arrangements for them have not been established. CBOs are establishing programs to send survivors abroad for abortive care, due to the many barriers in Poland.

There appear to be major gaps in technical capacity for sexual and reproductive health as well, including what medical and psychosocial support needs are required for survivors of sexual assault. Many INGO interviewees were not aware of the differences between CMR and “rape kits” or forensic DNA kits, and none were able to talk through the technical aspects of collecting forensics, or how forensics are processed.

These efforts are further complicated by knowledge barriers regarding the unique working conditions of war zones, the technicalities of prosecuting war crimes, and how GBV and survivor-centric programming reaches survivors in these scenarios. While incidence of GBV is known to be highly elevated in every humani-

tarian crisis, a representative of one group said, “we’re not sure that rape is happening because it’s not being reported.” Clearly, secondary harm to survivors is likely, due to a lack of technical knowledge in the health sector and experts who can advise on best practices.

Other reported barriers to accessing healthcare were transportation, childcare, unemployment, lack of awareness of services, cost of medications, and discrimination especially for persons with disabilities, LGBTQIA+ and Roma communities. Asked why she was unable to access healthcare, one displaced woman pointed to the basic lack of time in an refugee’s life:

“You want me to watch my three children and help them with school Monday through Friday from 8am to 5pm, and you also want me to get a job Monday through Friday from 8am to 5pm, while navigating refugee resources that are also only available Monday through Friday from 8am to 5pm, while also trying to find a place to live Monday through Friday from 8am to 5pm? I just can’t do it all.”

G. Mental health and psychosocial support

There are different ideas about what mental health and psychosocial support services (MHPSS) refers to, as opposed to psychological and therapeutic services. Typically when asked about psychosocial support, Ukrainians and Polish service providers think of formalized services offered by psychologists or psychiatrists. Psychosocial support is a standard service for FDPs to process what they have gone through and manage the trauma, as well as to devise coping mechanisms to manage their ongoing situation.

"I worry all the time about my Father, who we left behind, and our 3 cats." -Ukrainian teenage girls

Some shelters reported having a roving MHPSS professional periodically; these typically have to use translators and are reported to be only somewhat effective. FDPs in all sites reported interest in psychosocial support (PSS), but the time, mechanism of delivery (online vs in person), language issues and availability all present barriers to access.

"I used to visit a psychotherapist in Ukraine and even had prescribed antidepressants. I know that I need it even more now, but I can't have such help here. ...women in our shelters need psychological support even if they don't recognize the need." - Young Ukrainian woman

Access to quality PSS is a clear gap for all those affected by the war. Some NGOs have tried to provide this service, but coverage is erratic and spotty. Ukrainian House in Warsaw had PSS group activities, but now say they are too busy with legal counseling, helping with housing and jobs, etc. One local coffee shop turned into a humanitarian hub for Ukrainians in the surrounding apartment complexes, and while the intention was not originally for its activities to act as PSS, many women return to the site for the social engagement and support--a key factor in psychological wellness--that they cannot find elsewhere. IsraAid has provided workshops on trauma support that have received positive reviews, and many INGO have plans to establish partnerships with local NGOs to provide PSS.



H. Double discrimination against populations of concern

Undertones of racial bias were clear in some areas, most obvious towards Roma populations, but also other minorities. Reports of racist treatment of TCNs from Afghanistan, Cameroon, Pakistan, Nigeria, Russia, and other countries, who fled into Poland at the start of the war have been widespread. While the government of Poland has authorized Ukrainian citizens to access social services, the same benefits have not been extended to TCNs, with reports of some even being detained at border crossings.

"The racism was massive." -Key Informant in Warsaw referring to the treatment of non-white, non-Ukrainians



While there are GBV and protection risks for all FDPs in Poland, there are several specific populations of concern at particular risk:

- ▶ According to one contact, some unaccompanied minors are being placed into the Polish care system for minors without adequate legal support, as the system is not equipped to address their unique needs.
- ▶ According to one contact, some unaccompanied minors are being placed into the Polish care system for minors without adequate legal support, as the system is not equipped to address their unique needs.
- ▶ Transgender and gender non-conforming people face difficulties with crossing the border, especially if their passport notes they were born male, as men are currently prohibited from leaving Ukraine. Multiple cases of transphobic discrimination were reported, as well as challenges with finding safe housing and hormone therapy, which at the moment is addressed by Polish LGBTQIA+ organizations.

"We are trying to support LGBTQIA+ FDPs as much as possible. Thanks to our international contacts, we support these people throughout their whole journey from Ukraine to safe places in Western Europe. We meet them on the border and then practically pass them from hand to hand to our reliable contacts abroad."
- Shelter manager in Poland

- ▶ FDPs with disabilities may not be eligible for needed services in Poland without going through the standard evaluation process to verify their disability, which can take a year or more.

I. Education

Another of the top three concerns of FDPs was to get their children back into school. In some shelter sites, children were attending Polish schools offering basic accommodations such as Ukrainian support staff, or separate classes to learn Polish and recreate with children from Ukraine. Other children were attending Ukrainian schools online, or were out of school altogether. In one shelter housing mainly Roma FDPs, they were told that Polish schools were full - and it was unknown whether that was true or a result of racism against the Roma community.

J. Food insecurity








Food insecurity was a major theme in all sites. CSOs reported an increase in food cost, along with an overall dwindling supply of staples like potatoes, carrots, etc. Those running food distributions around Krakow said that every distribution of sandwiches and soup runs out, and though the aid is intended for newly arriving FDPs, volunteers see the same people coming back hungry every day. As is common in displacement contexts, FDPs may have to resort to harmful strategies (petty crime) or exploitative engagements (transactional sex, unpaid labor, etc.) in order to secure food. Food insecurity leaves FDPs vulnerable to labor exploitation and SEA commonly perpetrated by mostly male volunteers, officials, and staff of humanitarian agencies in warzones.

Map of Ukraine



V. Recommendations and Ways Forward

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

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

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

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

Recommendations:

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



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

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



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



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



pled with a critical lens that deeply understands why funding and linkages across the Humanitarian-Development Nexus² are essential to the goals we share of alleviating suffering and meeting humanitarian **needs, while strengthening existing systems and structures long term.**

² The Humanitarian-Development Nexus is the concept of increased collaboration between organizations working in short term humanitarian aid and long term international development promoted since 2016. Strand, Arne. "Humanitarian-development Nexus". *Humanitarianism*. Leiden, The Netherlands: Brill, 2020. https://doi.org/10.1163/9789004431140_049; and Stamnes, Eli. "Rethinking the Humanitarian-Development Nexus". *Norwegian Institute of International Affairs*, vol. 24, 2016, <https://ethz.ch/content/dam/ethz/special-interest/gess/cis/center-for-securities-studies/resources/docs/NUPI-Rethinking%20the%20Humanitarian-Development.pdf>.

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

Localization became a formal part of the mainstream humanitarian reform agenda through its inclusion in the 2016 Grand Bargain, a major reform agreement between humanitarian actors. The localization agenda is focused on increasing local actors' access to international humanitarian funding, partnerships, coordination spaces, and capacity building.³ Localization is one key to upholding the rights of women and girls in emergencies, as local women's responses are often more relevant and effective than external ones.

³ Robillard, Sabina, et al. *Localization: A «Landscape» Report*. Feinstein International Center Publication, Tufts University, December, 2021. <https://fic.tufts.edu/publication-item/localization-a-landscape-report/>.

Recommendations: Ethical partnership

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



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



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



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



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



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

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



Support and promote safe spaces (virtual or actual) for staff and volunteers in women- and girl-led organizations to meet, share experiences, and support each other.

Ensure these are focused on care for staff and volunteers and not implementation of activities, and ensure they are regular and prioritized events.



Recommendations: Funding

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



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



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



- **Make it easier for WROs to access funding by reducing bureaucratic and administrative burdens.** Decrease the amount of paperwork required, and make funding mechanisms available in relevant languages as well as English so that English proficiency is not required (e.g., in Poland surrounding this emergency response, make funding mechanisms available in Polish and Ukrainian). Establish definitions and criteria for tracking against these commitments.²



² *Feminist Humanitarian System Building Block I: Advancing Gender-Transformative Localization*. Women Deliver, 2018, https://womendeliver.org/wp-content/uploads/2019/09/WD_Humanitarian-Paper-WEB.pdf.

- **Invite WROs to lead on defining their scope of work, and take care not to incentivize ‘NGO-ization’³ of local groups,** which threatens to derail them from their core missions. WROs should be asked what they need and what roles they would like to play as partners in the coordinated response. Work with them to unpack any unintended risks that could come with their participation.



³ ‘NGO-ization’ refers to the professionalization, bureaucratization, and institutionalization of social movements as they adopt the form of nongovernmental organizations (NGOs), which often leads to the de-politicizing of their social movements.

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



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

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



3. Address gaps in the protection of women and children

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

Recommendations:

- **All Call to Action on Protection from Gender-based Violence in Emergencies² (CTA) partners –especially donor/member states and international organizations– should continue to strengthen donor accountability to the Road Map³ to promote increased transparency around what each government/donor entity is investing in GBV or, at minimum, the efforts they are undertaking to influence their investments so that they are applied to GBV response and prevention efforts.**



² The Call to Action is a multi-stakeholder initiative specifically aimed at driving change and increasing accountability of the humanitarian system on its response to GBV in emergencies.

³ *The Road Map* is the Call to Action's overarching guiding framework that sets out common objectives, targets, and a governance structure to ensure that pledges are translated into concrete and targeted action on the ground. www.calltoactiongbv.com/what-we-do

- **Incorporate the views and contributions of FDPs into program monitoring to ensure Accountability to Affected Populations (AAP),** which all coordination systems (clusters/working groups), INGOs, and UN agencies have endorsed commitments to. In the preparatory stage, ensure that: women and girls participate in discussions on indicators and targets; mechanisms are developed for girls and women to provide feedback safely; and findings are used and disseminated. Anonymous feedback is also a key component of the prevention of SEA. Feedback can be collected by installing complaint boxes, distributing feedback forms, offering a website to visit or a toll-free number to call or text, and other means.² Communication with affected people should come through their preferred and trusted channels and media. Ensure participatory program design and continuous monitoring to ensure the response adapts to meet changing protection needs.

² Paragraph redacted from: IASC, *With us & for us: Working with and for Young People in Humanitarian and Protracted Crises*, UNICEF and NRC for the Compact for Young People in Humanitarian Action, 2020.



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



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



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



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



* with a focus on UNHCR

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



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



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



4. Improve access to essential services

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

Recommendations: Overall

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



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



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



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

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



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



Recommendations: Health, reproductive health, and GBV services

- ▶ **Ensure medical care and reproductive health services are accessible, free and holistic.**
- ▶ **Facilitate the use of multinational medical NGOs and local volunteer services to help create direct pathways for FDP patients to obtain primary medical care.** Ideally, medical service delivery can be co-located with major FDP reception and shelter locations, as well as supported by mobile clinics at smaller shelters and apartment complexes. This will also decrease the amount of emergency room utilization and decrease emergency needs.
- ▶ **Protect and enhance reproductive health services through ring-fenced funding**, in recognition of their essential and life-saving functions for women and girls. Build capacity of reproduc



- ▶ tive health services to include responsive and survivor-centered GBV services, and ensure the provision of menstrual hygiene materials.
- ▶ **Offer additional training and education on the clinical management of rape (CMR) to providers, referral services, and volunteers working with sexual assault survivors.** Include information on the difference between forensics evidence gathering for instances of rape (i.e., ‘rape kits’), and the medical and mental health service provisions involved in CMR.
- ▶ **Employ Ukrainian medical personnel who have been displaced.** Process and permit transfer of licensing and accreditation from Ukraine for medical and mental health personnel, educators, and other essential staff in short supply. Ministries of Health should establish prescriptive permissions for foreign providers and medical INGOs to increase equitable access to medication.
- ▶ **Ensure testing and vaccinations for communicable disease (including COVID-19 and tuberculosis) are widely available at shelter sites and public areas.**
- ▶ **Establish dental clinics to provide services free of charge.**
- ▶ **Explore models of outreach or mobile services to reach those confined at home.**

Recommendations: Mental health and psychosocial support

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



- ▶ **Provide direct and ongoing training to mental health providers and volunteers on recognizing risk factors for trafficking, as well as how to safely intervene and report.**
 - ▶ **Create safe spaces for women —particularly those in private accommodations— to gather** to build healthy social connection and support, as well as to share comprehensive information on risks and protection issues.
 - ▶ **Provide technical capacity in trauma/crisis psychological response, including specialized rapid training on trauma/crisis intervention.**
-

Recommendations: Food, shelter and sustainable housing

- ▶ **Operationalize immediate programming to address the food insecurity of FDPs in the region.** Work with women's organizations to mitigate negative coping mechanisms and prevent risks of violence to women and girls in relation to their increased insecurity due to not being able to meet their basic needs.
- ▶ **Develop and support strategies for long-term accommodations across all border countries.** Government-run reception centers need to provide more long-term accommodations and establish them as shelters following international standards.
- ▶ **Advocate for all shelter managers —whether hosting FDPs in a house, local business, hotel, or elsewhere— to adhere to this GBV AoR [guidance note](#),**² which aligns with international standards and considers the GBV and protection risks of women, girls, and other marginalized groups. The guidance note advises why and how to be aware



² Michelis, Ilaria. *Supporting Women and Girls Fleeing Ukraine: Guidance and Tips for Private Accommodation Hosts*. GBV AoR HelpDesk, April 13, 2022, https://www.sddirect.org.uk/media/2485/gbv-aor-helpdesk_guidance-and-tips-for-private-accommodation-hosts-20042022.pdf.

- ▶ of power dynamics, to provide basic emotional support, and to link to support services.
- ▶ **Ensure secure shelter facilities by conducting resident registration and restricting access to public visitors.**
- ▶ **Provide basic training for shelter volunteers on GBV risk reduction and PSEA.**
- ▶ **Ensure appropriate spacing of cots (in line with SPHERE standards), quantity of handwashing stations, and available COVID-19 testing.**
- ▶ **Provide regular information sessions for all residents on shelter plans, programs, and where to report complaints and find available support.**
- ▶ **Provide access to job counseling and labor market information.** Establish programs for

FDPs to obtain new professional skills needed in the labor market.

Recommendations: Cash and voucher assistance



- ▶ **Ensure that any cash assistance is coordinated with the Cash For Protection Taskforce in Ukraine and Neighboring Countries,² and is distributed equitably without discrimination against any groups of FDPs, with simple and convenient procedures.**
- ▶ **Blend CVA with other services (such as health or protection).** This has been shown to be more effective than standalone interventions.
- ▶ **Follow best practices for reducing risks of GBV in cash programming.** Agencies should

² Contact information and situation analysis can be found [here](#).

▶ tance using The Cash Learning Partnership [Programme Quality Toolbox](#).²

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

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

² "Programme Quality Toolbox". CALP Network, <https://www.calpnetwork.org/resources/programme-quality-toolbox/>. Accessed May 17, 2022.

Recommendations: Livelihoods support

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



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

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

Recommendations: Access to information

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



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

- ▶ **geographic areas**, particularly in cases in which the refugee response is decentralized to local governments.
 - ▶ **For all platforms, include information for how refugees can file complaints and grievances, who they can call, and or where they can go in emergencies—including for incidences of SEA.**
 - ▶ **Verify information that is physically posted in shelters or other places accessed by FDPs, and remove unverified information that could increase risk of trafficking and exploitation.**
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Recommendations: Education

- ▶ **Integrate all displaced children into the host country's education system to ensure their educational attainment remains in accredited institutions.** Ministries of Education should work with local and international NGOs to meet the specific needs of displaced children in the areas of language, trauma recovery, parental/guardian engagement, and any catch-up or readiness support. If online learning is needed or preferred, then access to appropriate technology should be a focus.
- ▶ **Coordinate any and all education responses with the Education Cluster.²**



² For contact information and situation analyses, see: <https://www.educationcluster.net/Ukraine>.

Annex

