



# Rapid Gender Analysis

## Ukrainian Refugees in Poland

### Introduction

Poland has received the majority of Ukrainian refugees fleeing the conflict. At the time of writing, [UNHCR reports that 1,830,711 people](#) have crossed the Ukrainian/Polish border. There has been an outpouring of solidarity in Poland for the Ukrainian refugees. Polish authorities and citizens mobilised swiftly. For example, a law was passed to allow Ukrainians to stay in Poland for 18 months and receive an identification card that facilitates their access to cash assistance and services. Third country nationals (TCNs) have 15 days to find a way out of Poland. The sheer scale and pace of the refugee influx is already creating cracks in the response. Many of these cracks have important gender and protection consequences.

This Rapid Gender Analysis (RGA) researched by CARE highlights the most significant gender and protection issues for Ukrainians in Poland and flags urgent actions required to address them. This RGA of Ukrainian Refugees in Poland builds on the [RGA Brief for Ukraine](#) published in February 2022.

The RGA is based on observations from site visits to Medyka border crossing, Przemyśl train station, Korczowa Reception Centre, Krościenko border crossing as well as Warsaw train station and accommodation centres; conversations with organisers at these sites – both official and volunteers – and with refugees and Polish Non-Governmental Organisations (NGOs) and Civil Society Organisations (CSOs). The RGA also benefits from consolidating and triangulating information coming out from multiple reports and online coordination meetings.

### Key Findings

- The Polish authorities are not collecting disaggregated data on Ukrainians coming to Poland:** Considering the scale and pace of the border crossings, the absence of registration procedures allows people to cross quickly to safety. However, it also omits the type of screening usually built into the registration of displaced people. There is no collection and, therefore, no analysis of data disaggregated by sex/gender, age, disability, nationality and destination point.

All persons fleeing Ukraine “do not need to register or worry about formalities at reception points... The same applies to Ukrainian citizens staying in Poland whose residence permits have expired.” [www.gov.pl](http://www.gov.pl)

- **Notwithstanding this, some data are undeniable:** In Ukraine, females comprise 54% and males 46% of the population. At this time, men aged between 18 and 60 years are required to stay in Ukraine to join the conflict. Accordingly, those fleeing are predominately women and children. Also among those arriving in Poland are older people – predominantly women – persons with disabilities, LGBTQI persons and third country nationals (TCNs), each with distinct needs.
- **Changing refugee demographics** - It was observed and confirmed in conversations with officials and volunteers that, in the first waves of arrivals to Poland, the majority – up to 80-90% - were relatively well-resourced, many meeting friends and relatives at the crossing to go to Polish or other European cities. The remaining 10-20% had nowhere to go and so waited for buses to take them to reception centres nearby and then onwards to accommodation centres in the cities. Even in the course of a few days, these percentages started to flip as an increasing number of people without resources or contacts arrived.
- **Adequate accommodation: An obvious, immediate and urgent need and risk:** Adequate accommodation is critical to addressing many of the important issues raised by this RGA. Adequate accommodation offers protection, privacy, dignity and a sense of security and welcome. As the crisis continues and grows, the accommodation crisis is likely to become even more acute with huge pressures on reception centres, temporary accommodation sites and, quite likely, people sleeping rough. People require accommodation that ensures their privacy, provides segregation of sexes, age groups and families, as necessary, and ensures adequate water and sanitation are available. All these elements contribute to the refugees' physical and psychosocial health and wellbeing and reduce safety and protection incidents and concerns.

The big question now is how the growing number of refugees are going to be accommodated in Poland. Every available space is being used or being sought to be used. The [SOS UA platform](#) is one of many platforms and initiatives that seeks to respond to the accommodation issue. The platform matches refugees with accommodation offered by institutions, companies and individuals. It and all other similar platforms and initiatives are important tools in the response to the accommodation crisis. However, they also create critical protection risks where the urgency of the response means proper vetting, site visits and monitoring mechanisms are not in place.

- **'A child protection crisis'** – It is estimated that about 30-40% of those fleeing Ukraine are children under 14 years, many of whom are unaccompanied or separated ([UNHCR and UNICEF, 7 March](#)). Child-focused agencies and organisations are establishing family tracing and reunification procedures to reunite children with family and friends in Poland and neighbouring countries. Efforts are also being made to establish child protection systems and reporting mechanisms. In addition, it is important to note that Ukraine has the largest number of children in institutional care in Europe and it is estimated that half of them have a disability ([ibid](#)).

The lack of clarity on the number and whereabouts of unaccompanied and separated children, including children in institutional care, who have crossed the border into Poland, create what child-focused agencies and organisations are calling a 'child protection crisis'.

- **Older people:** A [survey by HelpAge International in Moldova \(10 March\)](#) found that 83% of older Ukrainian refugees are women, 10% are men (with no data on the remaining 7%), 62% of all older people reported that they are travelling with children and 10% travelling alone. Assuming similarities with those arriving into Poland, this indicates that older people will likely play an important role in providing care to children in Poland and it will be important that information on child services in Poland is accessible to older people. More importantly, it is critical that distinct needs of this group – e.g. mobility, visual and hearing assistive devices, incontinence pads, and family reunification services - be extended to them.
- **GBV risks and response:** In a national survey on GBV, 67% of women in Ukraine have experienced psychological, physical or sexual violence by a partner or a non-partner since the age of 15 years ([OSCE, 2019](#)). Domestic violence is the most prevalent form of GBV. Reports are emerging of sexual violence by Russian soldiers against Ukrainian women and girls and fleeing the country.

In Poland, while many CSOs are active in providing GBV services, there is an ongoing national and political debate on Poland's withdrawal from the Council of Europe's (CoE) Convention on preventing and combating violence against women and domestic violence (the 'Istanbul Convention')<sup>1</sup>. Reportedly, the general GBV response environment in Poland is weak (See [CoE report, 2021](#), for example). The availability and accessibility of appropriate GBV services for the refugees remains a significant concern.

- **Healthcare services, particularly sexual and reproductive health (SRH) including maternal, neonatal and child health (MNCH), and psychosocial support (PSS)** – The Polish Government has assured all Ukrainians arriving into the country that they will be “[provided access to free medical care and Polish health services](#)”. It is understood that such access is available until at least the end of the year. Information from the UN Health Cluster clarifies that primary and emergency health services will be covered in theory but not “additional services”. CARE seeks clarity on the provision of the full basket of SRH, including MNCH, services. The Health Cluster also notes that, in theory, TCNs also have access to health services during the 15 days they can stay in the country.

After two years of the COVID-19 pandemic, the additional patients will most likely put additional strain on an overstretched Polish health service. The system will require support, especially in the areas of SRH, including MNCH, and PSS.

On **Maternal Neonatal Child Health**, [UNFPA reports](#) that an estimated 80,000 women in Ukraine will give birth in the three months from March, many of them without access to adequate maternal healthcare. In addition, 12,000 of the 80,000 will require life-saving emergency obstetric and newborn care for complications in pregnancy. In the absence of any registration at the Polish border, it is unclear how many pregnant, breastfeeding or new mothers have arrived, where they are located and how they can be referred for critical services to prevent maternal and newborn mortality. This has the potential to disrupt or deny their access to necessary support.

In terms of **COVID-19 and other infectious diseases**, medical facilities at border crossings and reception centres all appeared to provide testing and masks were being distributed, though the take-up was low. Given relatively low rates of COVID-19 vaccine coverage and routine childhood vaccinations - for polio and measles - below target among children in Ukraine, the spread of infectious diseases is a concern. As of [February 2022, just 36% of Ukrainians had a first dose of a COVID-19 vaccine](#). COVID-19 is particularly concerning for older people and people with underlying health conditions who are more at risk of having severe illness and death.

Feedback from staff and volunteers at reception and accommodation centres in Warsaw reveal that mothers in particular are seeking **psychosocial support** at night when their children are asleep. CSOs and volunteers are responding but much more is required, including in relevant languages.

- **Sanitary materials** – It is understood that multi-purpose cash assistance (MPCA) will be provided to Ukrainian refugees in Poland, which will allow them to purchase the food and non-food items they require. While sanitary items for women and girls appear to be available at accommodation centres, no evidence was found of them at border crossings and reception centres. At the time of writing, it was not clear what sanitary materials Ukrainian women and girls prefer. It is important that this information be confirmed as quickly as possible if not already done so.
- **Coordination and conditions at border crossings and reception centres:** There is generally a lack of organisation and coordination at the border crossing sites and reception centres, though small improvements were observed in some sites even over the course of a few days:
  - Information is generally very limited and communicated through handmade posters, megaphone announcements and by volunteers in an *ad hoc* manner.
  - There is a high number of individuals – observed to be almost exclusively men – present, offering refugees free rides to and accommodation in Polish and other European cities. While the majority may be well-intentioned, their presence adds to the confusion at the sites and provides the perfect cover for traffickers preying on refugees, many of whom arrive tired and disoriented. [CARE joined many organisations and authorities across Europe](#) to warn of these

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<sup>1</sup> Ukraine is a signatory to but has not ratified the Convention.

risks but critical prevention steps have not yet been taken. Action must go beyond messaging to Ukrainian refugees and focus on controlling the number of individuals with access to sites and identifying those who depart sites with refugees.

There was evidence at Krościenko border crossing and the Warsaw accommodation centre visited that access was being controlled and, in the latter, that visitor registration was underway. Such measures must be applied systematically.

- In the reception centres, spaces were not segregated by sex, toilets and hand-washing and bathing areas appeared to be inadequate for the numbers of women and girls present. It was observed that there were not enough indoor toilets and, as a result, they were not clean, though we cannot speak to the cleaning and maintenance schedule.
- At the UN GBV sub-Cluster meeting on March 15, it was reported that the Polish Army is replacing volunteers at some reception centres. This may be a feature of the response moving forward. As predominantly male soldiers join the predominantly male police, fire services and civil protection members, there is the potential for an awareness gap in terms of gender-specific needs as well as risks such as sexual exploitation and abuse.

With the increasing numbers of people staying at the border crossing to avail of transport to reception centres and of people staying at the reception centres for the 24-hour period – and perhaps beyond, urgent attention to the conditions at these sites is required.

- **Polish Women's Organisations** are organised and mobilised. Many who work in areas related to gender equality, GBV and sexual and reproductive health and rights (SRHR) have quickly turned their attention to supporting the Ukrainian refugees and have joined the GBV Working Group. Their activism and solidarity will be critical in supporting Ukrainian women to navigate a restrictive and difficult environment for SRHR in Poland.
- **Ukrainian migrants in Poland:** Prior to the current crisis, about 1.3 million Ukrainians lived in Poland, making up 64% of all non-nationals living in the country.

## Recommendations

### To the relevant authorities in Poland:

- **Increasing numbers of refugees requiring assistance at the border and at reception centres** – As noted above, we may anticipate that an increasing number of women and child refugees will require immediate assistance at the border, including transport to reception and accommodation centres. This requires that data collection, coordination as it relates to protection from sexual exploitation and abuse (PSEA), including trafficking, and conditions at the border and reception areas be enhanced urgently. Attention is drawn here to key gender and protection dimensions of these three elements:
  - **Disaggregated data:** It is important to strike a balance between keeping borders open to let people reach safety quickly on the one hand and thorough registration to ensure assistance, protection and tracing/reunification on the other. The collection and analysis of data disaggregated by sex, age, disability, nationality and point of destination (if known) will support short- and long-term planning of services and facilities that are appropriate for the needs of women, children, older people, persons with disabilities, etc. Critically, the systematic registration - with disaggregated data - of people crossing the border will support tracing and reunification efforts of unaccompanied children and older people and victims of trafficking.
  - **PSEA/trafficking:** Current conditions at border crossings and reception centres create the perfect environment for human traffickers to operate. As is already being done in some locations, the authorities must move quickly to put measures in place in all border crossing areas and reception centres to control who has direct access to refugees. These measures include identifying and registering the names of those accessing reception and accommodation centres; and the names and registration plates of those with whom refugees leave sites.
  - **Conditions at sites:** Both the facilities and staff/volunteers at border crossings and reception centres are over-stretched and there are signs that the situation will continue at this pace and



volume or even intensify. The development of the facilities at the sites has not kept pace with demand. In particular, attention is drawn to the need for better segregation of single men from families and single women and girls, adequate toilets and washing facilities for women and girls and the availability of sanitary materials for women and girls.

With the continuation of over-crowded conditions, each site must be equipped with an adequate supply of masks and other PPE, as well as rapid COVID-19 tests for use by both refugees and humanitarian staff and volunteers.

- **The provision of safe accommodation** – Accommodating hundreds of thousands, if not millions, of refugees will be an ongoing logistical challenge in Poland. Online platforms and other initiatives are important tools that responds to this challenge. However, ensuring all accommodation is safe for refugees requires additional measures be taken. Such measures include monitoring, feedback and response mechanisms for raising and addressing safety and protection concerns. The Polish authorities are urged to quickly bring on-board the expertise and capacity of national and international agencies and organisations in this regard.
- **Information** – While recognising the efforts made by the authorities to provide refugees with information about their rights and entitlements, as well as the availability of services in Poland, site visits undertaken to inform this RGA suggest there is a significant information gap at border crossings and reception centres. Additional and immediate efforts are required to enhance information-sharing, to ensure it is accurate and up-to-date and is inclusive and accessible to all, including older people travelling alone or with young children, persons with disabilities, LGBTIQ, etc. This includes providing information in multiple formats, languages and channels.
- **Ukrainian frontline health workers.** In Ukraine, women represent 83% of health and social care workers ([USAID, 2017](#)). It may be assumed that many of them have already arrived or will arrive in Poland. Given the increased demands on the Polish health service, attention should be given to registering, orientating and rapidly facilitating Ukrainian health and social workers who are available to take up key roles in the system. In the immediate phase and to bolster this effort in the longer term, efforts are required to bring in interpreters to support Ukrainians navigating the Polish health services, especially PSS and SRH (including MNCH) in line with the Minimum Initial Service Package (MISP) for SRH in crisis-settings. Ukrainians living in Poland prior to the crisis who have Polish language skills may prove to be a useful source in this regard.

## To CARE:

- **Progressive gender analysis to inform the response:** The situation of Ukrainian refugees in Poland is extremely dynamic. New systems and processes are coming online and new measures taken every day. There are many gaps in our understanding of the assistance and protection needs of the predominantly women and children coming over the border and the direction the Polish response will take and how its implementation will play out. Accordingly, it is recommended that this initial RGA be updated progressively and that the next RGA(s) is/are informed by more in-depth interviews and focus group discussions with diverse groups of Ukrainian women and girls, including from different age groups, with disabilities, from the Roma community and LGBTIQI.
- **Women's participation and leadership as protection and as defining features of CARE's response and its accountability to affected refugees:** Women's participation is women's protection as it ensures that women's needs, concerns, priorities and capacities drive the humanitarian response. CARE must continue to recognise and promote both Polish and Ukrainian women's rights, women-led and civil society organisations as the key channel for refugee women's own participation and leadership in the response in Poland. This includes a key role in the development of the progressive RGA(s), mainstreaming gender and GBV risk mitigation in all CARE-supported activities and informing all advocacy messages.
- **GBV response, prevention and mitigation:** The UN GBV sub-Cluster in Poland has identified three priority areas of focus: strengthen existing GBV response mechanisms, strengthen access to life-saving SRH services in line with the MISP, including 24/7 emergency obstetric and new-born care (EmONC) and clinical management of rape (CMR) services, and prevent and respond to

trafficking. Polish NGOs and CSOs working in this area have already reported challenges in maintaining existing services to Polish survivors while at the same time expanding services to Ukrainian refugees. CARE has a role to play here to support these organisations with financial and technical resources in order for them to be able to expand their services.

### To CARE and other humanitarian actors:

- **Partner with women's organisations in Poland:** Partnering with Polish women's organisations, as well as those representing marginalised groups among the Ukrainian refugees, such as Roma, persons with disabilities and LGBTQI people, is critical. It recognises and responds appropriately to the distinct demographic profile of the refugees as majority women and children, ensuring they are engaged centrally in the design and delivery of the response in line with commitments to Accountability to Affected Populations (AAP); it promotes and ensures women's participation and leadership; and it ensures that women refugees have a say in the immediate response and longer-term stabilisation, peacebuilding, and recovery moving-forward.

Humanitarian actors who are not doing direct implementation are encouraged to partner with women's organisations.

- **Establish effective two-way communications with refugees by conducting an assessment to understand their preferred communication and feedback formats and channels:** While predominately women and children, the refugees arriving into Poland are diverse. They include children, adolescents, adults and older people, persons with physical, sensory, intellectual and psychosocial impairments, LGBTQI persons, different language groups and literacy skills, etc. To ensure that accurate and up-to-date information is available to all, it is important that the humanitarian community understands the full range of communication and feedback formats and channels to use. Therefore, assessments should be conducted to confirm the preferences of the diverse groups and to establish robust feedback mechanisms with diverse Ukrainian refugee groups around the country.
- **Enhancing the availability of specialised health services through community hubs or equivalent:** With a large increase in demand, all sectors of the Polish health service will continue to come under immense pressure. Urgent action is required to strengthen and expand existing services and to bring in Ukrainian and Russian interpreters and community advocates to help refugees to navigate the health services they seek. Given the dispersed nature of accommodation across cities and towns, consideration should be given to the establishment of community hubs, including women and girls' safe spaces, which would provide not only health services in Ukrainian and Russian but also information on where and what services can be accessed and at what cost, and referrals. Such hubs would draw, if possible, on Ukrainian women health workers and interpreters among the pre- and current crisis populations in Poland.

In the shorter term, a mapping of existing services in each city in which refugees are going is required urgently. This information should then be communicated with staff and volunteers at reception centres, accommodation centres, existing health centres that do not have the capacity to receive the refugees, as well as all relevant authorities, CSOs and NGOs, including those operating GBV and trafficking hotlines.

### To donors:

- **Prioritise support to those organisations that partner with local women's organisations** and national/local organisations representing marginalised groups.
- **Include/insist on the inclusion of gender, age and disability sensitive data and indicators** for all proposals to ensure the impact on women, girls and marginalised population groups can be identified and measured.
- Ensure there is funding available for **the provision of essential and lifesaving SRH services and immediate services for GBV survivors**, in line with the Minimum Initial Service Package (MISP).