POLAND EMT & HEALTH SECTOR MEETING

Meeting Minutes – 3 February 2023

Meeting subject	EMT & Health Sector Coordination	
Time & Location	9:00 am CEST, online. Zoom link – click here. Passcode: who2022!	
Participants	1. Anna Walicka (interpreter) 2. Silvia Gatscher (WHO POL CO) 3. Mutrib (UNICEF) 4. Kasia Skopiec (Humanosh) 5. Maksymilian Radzikowski (PCK, Poland) 6. Norbert Kwiatkowski 7. Bdanieluk 8. Tienna Phan (WHO EMTCC) 9. Wojciech Gasiorowski (WHO POL CO) 10. Mashhour Halawani (WHO EMTCC) 11. Aleksandra Solik (FEDERA) 12. Magdalena Ankiersztejn-Bartczak 13. Ewa Karolina Matałowska 14. Sonia Mairos (IFRC)	15. Anna Bernacik 16. Laura Mirahver (Center for Reproductive Rights) 17. Anna Bernacik 18. Norbert Kwiatkowski 19. Graziella Piga 20. Wioletta Węgorowska-Mosz 21. Joanna Ladomirska (MSF) 22. Rai Buenaventura (SRHiE / UNFPA) 23. Lucia (Project HOPE) 24. Adam Szyszka (Medevac Hub/PCPM) 25. Adriana Lamačková (Center for Reproductive Rights) 26. Lucile Hermant (ACF) 27. Belma Beyaz (ASAM, Turkey) 28. Weronika Krzepkowska 29. Anastasiia Kravtsova (IMC Poland) 30. Nataliia (IFRC)
Chaired by	Silvia Gatscher (WHO POL CO)	
Minutes prepared by	Silvia Gatscher / Stella Hedlund (WHO POL CO), Kasia Skopiec (Humanosh)	
Agenda	1. New partner introduction 2. EMTCC: Medevac hub update 3. Multi-Country Documentation of SRHR and GBV barriers faced by refugees fleeing the war in Ukraine (Aleksandra Solik, FEDERA / Adriana Lamackova, CRR) 4. Partner Updates 5. AOB	

AGENDA POINTS	
Agenda Point 1	**New Partner Introduction** ● Rai Buenaventura - Just joined UNFPA as an emergency specialist, will join in Warsaw soon ● Lucile Hermant – Advocacy engagement manager for action against hunger ● Wioletta Węgorowska-Mosz - non-for-profit and association, working in the humanitarian field and setting up an EMT under WHO standards ● Graziella Piga – Project HOPE, regional gender equality and social inclusion director for 4 countries
Agenda Point 2	**EMTCC: Medevac Hub Update** **Tienna Phan, EMTCC (WHO POL CO)** **Adam Szyszka, Medevac Hub (PCPM)** • Sharing some top-line overall trends • As we close out the first month of the year, we see a slight downward trend in medevacs out of Ukraine, compared to the peak in November and early December. • Since the medevac started up in September and started keeping records, there have been about 800 medevacs, and the majority are going through the primary mechanism of the EU, but also to non-EU countries and within Ukraine • There's been an estimate of over 2,000 min vac overall since the beginning of the of the invasion. o +100 repatriations o +240 medevacs o +100 family members

Agenda Point 3	**Multi-Country Documentation of SRHR and GBV barriers faced by refugees fleeing the war in Ukraine (Aleksandra Solik, FEDERA / Adriana Lamackova, CRR)** <u>Overview of organizations involved in the process</u> • Have been working to advance SRHR, GBV, women's rights and human rights and civil society space for decades • Counties of focus are Hungary, Poland, Romania and Slovakia. • Conducts service provision and other direct assistance, litigation and representation of affected individuals and their families, advocacy and awareness raising and documentation and fact-finding work to uncover and identify human rights violations.

Overview of the study

- The first phase focused on interviews with key experts and representative organizations in these regions.
- Findings are based on legal and policy analysis and research
- In Poland analysis and interviews have been conducted by 2 national exerts.
- The second phase focuses on refugees and health professionals.
- Every interview includes some core questions, and some are adapted to the interview subject.

- **Geographic Focus**: Hungary, Poland, Romania and Slovakia
- **Thematic Focus**: SRHR, GBV, Human Rights Defenders
- **First phase timeline**: July - November 2022
- **First phase**: Over 50 interviews with key informants and some refugees
- **Second phase**: Interviews with refugees and healthcare workers
- **Second phase timeline**: November – March 2023
- Interviews conducted by in-country expert teams
- Ethics review of interview guides and informed consent materials

Key findings

Legality & Access Barriers to access SRH services

- Highly restrictive abortion law and practice as well as stigma and fear
- Survivors of sexual violence must report rape in order to access abortion care.
- Prescription requirements for emergency contraception.
- Adolescents traveling alone: parental consent rules for SRH for everyone under 18.
- Refusals of care from medical professionals is common, incl. for refugees
- Many order medicines from Ukraine and return to Ukraine to access sexual and reproductive healthcare.

Financial barriers

- National health insurance not covering essential services such as contraceptive
- Urgent health needs require costly private services due to seriously long waiting times in public system.
- Women without post-February border stamp in their passport faces additional difficulties
- CSOs outside Poland providing telemedicine and travel assistance for abortion.

Weak GBV Services and Protocols

- In Ukraine, 47% of people diagnosed with HIV are women and >3,000 children
- Europe is not prepared for such a high percentage of women living with HIV.
- Testing rates in UA have decreased because of the bombing and services / clinics being less available.
- Vertical transmission:

	Barriers to Reporting + Prevention Issues ○ Dynamics of war and mobilization makes it challenging for women to seek support in situations of family and intimate partner violence. ○ Inappropriate facilities at refugee accommodation facilities mean lack of privacy and confidentiality. ○ Focus on securing basic needs is prioritized over other needs. ○ Concerns about loss of work or accommodation impede seeking support, reporting GBV. ○ Disbelief that reporting will lead to anything meaningful or positive. ○ Concerns that partners will cross borders into Ukraine or Belarus with children. Information Failures and Language Barriers ○ Poor quality/lack of interpretation and translation impedes access and undermines trust. Compounds difficulties in navigating and understanding foreign system. ○ Lack of specialized interpreters and professionals able to speak Ukrainian for SRH or GBV services. ○ Failure to recognize Ukrainian qualifications and credentials – lack of Ukrainian health-care workers. ○ Lack of clear basic information in Ukrainian on SRH and GBV services in public domain and limited information through official channels. ○ Need to rely on social media and informal networks, word of mouth. ○ Most refugees don't have necessary networks to secure information on key CSO services Challenges and Threats – HRDs and CSOs ○ Human rights defenders and civil society organizations working on these issues are under significant strain and faces numerous challenges ○ Lack of state and fund support ○ Face continuous threats, prosecution and harassment Lack of Sustainable Funding ○ Before escalated invasion funding environment for local CSOs very limited. ○ Onerous nature of EU funding means many smaller CSOs do not apply. ○ EU response going to governments which does not stream to pro -SRHR, GBV, women's rights CSOs. Humanitarian donors giving short -term, 3 – 6 -month grants, heavily focused on direct service provision for refugees, reporting requirements onerous, concerning donor wish for visibility. ○ CSOs lack sustainable funding streams, that allow them to prioritize needs of host populations and localization and that fund advocacy, awareness raising and long -term infrastructure. ○ Lack of funding for long -term health system and GBV support system improvements at heart of gaps facing refugees.


"Grants should be more flexible, but also long-term, because our biggest problem is that we have to worry from year to year about how to sustain ourselves."
"A lot of the funds should go directly to the organizations and not through the government."
"The problem is that all these funds are very short-term. We don't know what will happen next, so we have grants until December, until June, for such short periods. […] We want to train and teach our employees, to educate specialists, but we also need to be sure that we will be able to provide them with work, and we do not have such long-term certainty."
"When the team experiences such financial uncertainty, and when the money we have is not a lot, the team can be overloaded and frustrated, and lacks a sense of security. Whereas if the financial stability is there, then the team is focused, competent, in-tune, and able to cope well."
"I often think what will remain in Poland after all this. I'm not interested in solutions for half a year. I'm interested in what will happen in 5 years from now, in 10 years from now, in 15 years."
"Adapt the conditions for applying for funds to the capabilities of small organizations. In Poland, when it comes to human rights, especially women's rights, organizations are simply tiny and are not able to administer or manage some very complicated budgets, write very complicated projects, especially in English."

	Q&A: Q. Lucile Hermant, ACF: What is your dissemination plan? Who do you hope to reach with these findings? A. Adriana Lamačková, CRR: We have already started presenting these initial findings at some of the interagency meetings, regional ones, but also in country meetings. We are planning to present them to the donor governments, to the host governments where this is possible and to other actors who would be interested in learning about these findings. Q. Nataliia, IFRC: Is there any organization that helps with pregnancy termination for GBV and other cases? A. Adriana Lamačková, CRR: FEDERA is providing support to women who need access to abortion care in Poland; https://en.federa.org.pl. Please feel free to email me and Ola directly and we can put you in touch with colleagues from FEDERA (alamackova@reprorights.org; aleksandra.solik@gmail.com). The presentation is available under this link.

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Agenda Point 4	**Partner Updates** **Silvia Gatscher, WHO POL CO** ○ CARE has asked me to circulate ToRs for research with out-of-school Ukrainian adolescent refugees, Market assessment of family planning products and services in Poland and research on the risks, the needs, and the opportunities for empowerment of migrant and refugee domestic workers in Poland. ToRs are included in these minutes and can be found here. ○ Our first combined meeting with MHPSS is held next week. We are hereby forewarning about any issues that might occur. The meeting might also take a bit longer than usual. ○ We are planning to hold an in person meeting in March, in Warsaw. Will hopefully be combined with a first aid course. If anyone has any other suggestions than a first aid course, please reach out.

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AOB	N/A

Useful links	UNHCR Data Portal, Poland Health Sector [click here] Google Drive for coordination mechanism documents [click here] Active organizations needs and capacities [click here] Group chat on Signal [click here] The Government Data Poral of Poland [click here] NFZ medical facility search engine [click here] Access to Health Services, poster in UA, PL, RU, EN [click here] NGO.PL [click here]

POLSKA SPOTKANIE EMT I SEKTORA OCHRONY ZDROWIA

Protokół z posiedzenia - 3 lutego 2023 r

Temat spotkania	Koordynacja EMT i sektora ochrony zdrowia	
Czas i lokalizacja	9:00 czasu środkowoeuropejskiego, online. Dołącz – kliknij tutaj . Hasło: who2022!	
Uczestnicy	1. Anna Walicka (interpreter) 2. Silvia Gatscher (WHO POL CO) 3. Mutrib (UNICEF) 4. Kasia Skopiec (Humanosh) 5. Maksymilian Radzikowski (PCK, Poland) 6. Norbert Kwiatkowski 7. Bdanieluk 8. Tienna Phan (WHO EMTCC) 9. Wojciech Gasiorowski (WHO POL CO) 10. Mashhour Halawani (WHO EMTCC) 11. Aleksandra Solik (FEDERA) 12. Magdalena Ankiersztejn-Bartczak 13. Ewa Karolina Matałowska 14. Sonia Mairos (IFRC)	15. Anna Bernacik 16. Laura Mirahver (Center for Reproductive Rights) 17. Anna Bernacik 18. Norbert Kwiatkowski 19. Graziella Piga 20. Wioletta Węgorowska-Mosz 21. Joanna Ladomirska (MSF) 22. Rai Buenaventura (SRHiE / UNFPA) 23. Lucia (Project HOPE) 24. Adam Szyszka (Medevac Hub/PCPM) 25. Adriana Lamačková (Center for Reproductive Rights) 26. Lucile Hermant (ACF) 27. Belma Beyaz (ASAM, Turkey) 28. Weronika Krzepkowska 29. Anastasiia Kravtsova (IMC Poland) 30. Nataliia (IFRC)
Pod przewodnictwem	Silvia Gatscher (WHO POL CO)	
Notatka przygotowana przez	Silvia Gatscher & Stella Hedlund (WHO POL CO), Kasia Skopiec (Humanosh)	

Porządek obrad	1. Wprowadzenie nowego partnera 2. EMTCC: aktualizacja informacji na temat węzła Medevac 3. Wielokrajowa dokumentacja barier w zakresie SRHR i GBV napotykanych przez uchodźców uciekających przed wojną na Ukrainie (Aleksandra Solik, FEDERA / Adriana Lamackova, CRR) 4. Aktualizacje partnerów 5. AOB
PUNKTY PORZĄDKU	
Punkt planu 1	**Wprowadzenie nowych partnerów** • Rai Buenaventura - właśnie dołączył do UNFPA jako specjalista ds. sytuacji kryzysowych, wkrótce dołączy do zespołu w Warszawie • Lucile Hermant - Advocacy engagement manager w organizacji Action against Hunger • Wioletta Węgorowska-Mosz - organizacja non-profit i stowarzyszenie, działa w obszarze humanitarnym i tworzy EMT według standardów WHO • Graziella Piga - Project HOPE, regionalny dyrektor ds. równości płci i włączenia społecznego na 4 kraje
Punkt planu 2	**EMTCC: Aktualizacja informacji dotyczących centrum Medevac** **Tienna Phan, EMTCC (WHO POL CO)** **Adam Szyszka, Medevac Hub (PCPM)** • Przedstawiamy kilka ogólnych trendów • Zamykając pierwszy miesiąc roku, widzimy lekki trend spadkowy w transportach Medevac z Ukrainy, w porównaniu ze szczytem w listopadzie i na początku grudnia. • Od momentu uruchomienia systemu Medevac we wrześniu i rozpoczęcia prowadzenia rejestrów, odbyło się około 800 transportów Medevac, a większość z nich odbywa się za pośrednictwem głównego mechanizmu UE, ale także do krajów spoza UE i na terenie Ukrainy. • Szacuje się, że od początku inwazji było ponad 2.000 transportów Medevac ogółem. o +100 repatriacji o +240 medevacs o +100 członków rodzin

Punkt planu 3	**Dokumentacja wielu krajów dotycząca barier w zakresie SRHR i GBV, na które napotykają uchodźcy uciekający przed wojną na Ukrainie (Aleksandra Solik, FEDERA / Adriana Lamackova, CRR)** <u>Przegląd organizacji zaangażowanych w proces</u> • Od dziesięcioleci pracują nad rozwojem SRHR, GBV, praw kobiet i praw człowieka oraz przestrzeni społeczeństwa obywatelskiego. • Kraje, na których się koncentruje to Węgry, Polska, Rumunia i Słowacja. • Prowadzi działalność usługową i inną bezpośrednią pomoc, spory sądowe i reprezentację osób poszkodowanych i ich rodzin, rzecznictwo i podnoszenie świadomości, a także dokumentację i pracę rozpoznawczą w celu odkrycia i zidentyfikowania naruszeń praw człowieka.

	<u>Przegląd badań</u> • W pierwszej fazie skupiono się na wywiadach z kluczowymi ekspertami i reprezentatywnymi organizacjami w tych regionach. • Ustalenia oparte są na analizie i badaniach prawnych i politycznych. • W Polsce analizy i wywiady zostały przeprowadzone przez 2 ekspertów krajowych. • Druga faza koncentruje się na uchodźcach i pracownikach służby zdrowia. • Każdy wywiad zawiera kilka podstawowych pytań, a niektóre są dostosowane do tematu wywiadu. ❖ **Geographic Focus**: Hungary, Poland, Romania and Slovakia ❖ **Thematic Focus**: SRHR, GBV, Human Rights Defenders ❖ **First phase timeline**: July - November 2022 ❖ **First phase**: Over 50 interviews with key informants and some refugees ❖ **Second phase**: Interviews with refugees and healthcare workers ❖ **Second phase timeline**: November – March 2023 ❖ Interviews conducted by in-country expert teams ❖ Ethics review of interview guides and informed consent materials <u>Kluczowe ustalenia</u> Legalność i dostęp Bariery w dostępie do usług SRH • Wysoce restrykcyjne prawo i praktyka aborcyjna, a także stygmatyzacja i strach • Osoby, które doświadczyły przemocy seksualnej, muszą zgłosić gwałt, aby uzyskać dostęp do opieki aborcyjnej. • Wymóg posiadania recepty na antykoncepcję awaryjną. • Młodzież podróżująca samotnie: zasady dotyczące zgody rodziców na SRH dla osób poniżej 18 roku życia. • Odmowa opieki ze strony personelu medycznego jest powszechna, również w przypadku uchodźców • Wiele osób zamawia leki z Ukrainy i wraca na Ukrainę, aby uzyskać dostęp do seksualnej i reprodukcyjnej opieki zdrowotnej. Bariery finansowe • Krajowe ubezpieczenie zdrowotne nie pokrywa podstawowych usług, takich jak antykoncepcja • Pilne potrzeby zdrowotne wymagają kosztownych usług prywatnych ze względu na bardzo długi czas oczekiwania w systemie publicznym. • Kobiety nieposiadające w paszporcie pieczątki z granicy po lutym napotykają na dodatkowe trudności • Organizacje pozarządowe poza Polską zapewniają telemedycynę i pomoc w podróży w celu przeprowadzenia aborcji.

	Słabe usługi i protokoły dotyczące GBV • Na Ukrainie 47% osób, u których zdiagnozowano HIV to kobiety, a >3,000 dzieci • Europa nie jest przygotowana na tak wysoki odsetek kobiet żyjących z HIV. • Liczba testów w UA spadła z powodu bombardowania i mniejszej dostępności usług / klinik. Bariery w zgłaszaniu przemocy + kwestie prewencyjne • Dynamika wojny i mobilizacji utrudnia kobietom poszukiwanie wsparcia w sytuacjach przemocy w rodzinie i wobec partnera. • Nieodpowiednie warunki w ośrodkach dla uchodźców oznaczają brak prywatności i poufności. • Skupienie się na zabezpieczeniu podstawowych potrzeb jest przedkładane nad inne potrzeby. • Obawy o utratę pracy lub mieszkania utrudniają poszukiwanie wsparcia, zgłaszanie GBV. • Niewiara, że zgłoszenie doprowadzi do czegoś znaczącego lub pozytywnego. • Obawy, że partnerzy będą przekraczać granice Ukrainy lub Białorusi z dziećmi. Niepowodzenia informacyjne i bariery językowe • Niska jakość/brak tłumaczeń ustnych i pisemnych utrudnia dostęp i podważa zaufanie. Zwiększa trudności w poruszaniu się i zrozumieniu obcego systemu. • Brak wyspecjalizowanych tłumaczy i specjalistów władających językiem ukraińskim w zakresie usług SRH lub GBV. • Nieuznawanie ukraińskich kwalifikacji i uprawnień - brak ukraińskich pracowników służby zdrowia. • Brak jasnych podstawowych informacji w języku ukraińskim na temat usług SRH i GBV w domenie publicznej i ograniczone informacje poprzez kanały oficjalne. • Potrzeba polegania na mediach społecznościowych i sieciach nieformalnych, przekazie ustnym. • Większość uchodźców nie posiada sieci kontaktów niezbędnych do uzyskania informacji o kluczowych usługach CSO. Wyzwania i zagrożenia - HRD i CSO • Obrońcy praw człowieka i organizacje społeczeństwa obywatelskiego zajmujące się tymi kwestiami są pod znacznym obciążeniem i stoją przed licznymi wyzwaniami • Brak wsparcia ze strony państwa i funduszy • Stoją w obliczu ciągłych gróźb, oskarżeń i prześladowań Brak trwałego finansowania • Przed eskalacją inwazji środowisko finansowania dla lokalnych CSO było bardzo ograniczone.

- Trudny charakter funduszy unijnych oznacza, że wiele mniejszych CSO nie składa wniosków.
- Odpowiedź UE jest kierowana do rządów, co nie wpływa na CSO działające na rzecz praw człowieka, GBV i praw kobiet. Sponsorzy humanitarnego wsparcia przyznają krótkoterminowe, 3-6-miesięczne granty, silnie skoncentrowane na bezpośrednim świadczeniu usług dla uchodźców, uciążliwe wymogi raportowania, co wpływa na chęć donatorów do bycia widocznymi.
- CSO brakuje trwałych źródeł finansowania, które pozwoliłyby im nadać priorytet potrzebom ludności przyjmującej i lokalizacji oraz finansowałyby rzecznictwo, podnoszenie świadomości i długoterminową infrastrukturę.
- Brak funduszy na długoterminowe usprawnienie systemu opieki zdrowotnej i systemu wsparcia dla ofiar przemocy domowej jest głównym problemem uchodźców.

	Q&A: Q. Lucile Hermant, ACF: Jaki jest twój plan informowania o wynikach ? Do kogo masz nadzieję dotrzeć z tymi informacjami? A. Adriana Lamačková, CRR: Zaczęliśmy już prezentować te wstępne ustalenia na niektórych spotkaniach między agencyjnych, regionalnych, ale także na spotkaniach krajowych. Planujemy przedstawić je rządom państw-darczyńców, rządom państw przyjmujących, tam gdzie to możliwe, oraz innym podmiotom, które byłyby zainteresowane poznaniem tych ustaleń. Q. Nataliia, IFRC: Czy jest jakaś organizacja, która pomaga w przerywaniu ciąży z powodu GBV i innych przypadków? A. Adriana Lamačková, CRR: FEDERA udziela wsparcia kobietom, które potrzebują dostępu do opieki aborcyjnej w Polsce; https://en.federa.org.pl. Prosimy o bezpośredni kontakt ze mną i Olą, a my skontaktujemy Cię z koleżankami z FEDERY (alamackova@reprorights.org; aleksandra.solik@gmail.com). Prezentacja dostępna jest pod tym linkiem.

Punkt planu 4	**Aktualizacje partnerów** **Silvia Gatscher, WHO POL CO** • CARE poprosiła mnie o rozesłanie ToRs na badania z ukraińskimi młodocianymi uchodźcami, ocenę rynkową produktów i usług planowania rodziny w Polsce oraz badania dotyczące zagrożeń, potrzeb i możliwości wzmocnienia pozycji migrantów i uchodźców pracujących w gospodarstwach domowych w Polsce. ToRs są dołączone do niniejszego protokołu i można je znaleźć tutaj. • Nasze pierwsze wspólne spotkanie z MHPSS odbędzie się w przyszłym tygodniu. Niniejszym uprzedzamy o wszelkich problemach, które mogą się pojawić. Spotkanie może też potrwać nieco dłużej niż zwykle. • Planujemy zorganizować spotkanie osobiste w marcu, w Warszawie. Mamy nadzieję, że będzie ono połączone z kursem pierwszej pomocy. Jeśli ktoś ma jakieś inne propozycje niż kurs pierwszej pomocy, proszę o kontakt.
AOB	Nie dotyczy
Przydatne linki	Portal Danych UNHCR, Polska Sektor Zdrowia [kliknij tutaj] Dysk Google dla dokumentów mechanizmu koordynacji [kliknij tutaj] Potrzeby i możliwości aktywnych organizacji [kliknij tutaj] Czat grupowy w Signal [kliknij tutaj] Rządowy Portal Danych Polski [kliknij tutaj] Wyszukiwarka placówek medycznych NFZ [kliknij tutaj] Dostęp do usług zdrowotnych, plakat w UA, PL, RU, EN [kliknij tutaj] NGO.PL [kliknij tutaj]

Multi-Country Documentation of SRHR and GBV barriers faced by refugees fleeing the war in Ukraine

First Phase June – November 2022


aleg
asociația pentru libertate
si egalitate de gen


Asociaţia
Moaşelor
Independente


E-ROMNJA


FACEM
AUZITE
VOCILE
FEMEILOR!
FILIA


femino
fteka


FOUNDATION
FOR WOMEN
AND FAMILY
PLANNING


možnosť voľby
FREEDOM OF CHOICE


emma
HUB


PAT
ENT


CENTER for
REPRODUCTIVE
RIGHTS

Our organizations have been working to advance SRHR, GBV, women's rights and human rights and civil society space in Hungary, Poland, Romania and Slovakia for decades. We conduct service-provision and other direct assistance, litigation and representation of affected individuals and their families, advocacy and awareness raising and documentation and fact-finding work to uncover and identify human rights violations.

- **Geographic Focus**: Hungary, Poland, Romania and Slovakia
- **Thematic Focus**: SRHR, GBV, Human Rights Defenders
- **First phase timeline**: July - November 2022
- **First phase**: Over 50 interviews with key informants and some refugees
- **Second phase**: Interviews with refugees and healthcare workers
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- Interviews conducted by in-country expert teams
- Ethics review of interview guides and informed consent materials

Initial Findings

“I order the medicines I need from Ukraine because it's faster and better, because I know what I need, it's faster, it's better than wasting time and doing it here and still not getting the right medicine. And my friends go to Ukraine […] to the gynecologist, to other doctors. And if I need it, I will go to Ukraine myself, because it is clear there.”

SRH: Legal & Access Barriers

- Highly restrictive abortion law and practice and with that related stigma and fear; many access abortion outside law or through travel to other countries.
- Survivors of sexual violence do not want to report rape in order to access abortion care.
- Prescription requirements for emergency contraception.
- Adolescents traveling alone: parental consent rules for SRH for everyone under 18.
- Refusals of care from medical professionals commonplace incl. for refugees - no safeguards.
- Many order medicines from Ukraine and return to Ukraine to access sexual and reproductive healthcare.

“When I explain to them that they can obtain legal abortion in Poland if they report and get a prosecutor’s certificate, they say: ‘my life, my family is the most important for me right now.’ They don’t want to report to a prosecutor, to the police station.”

“We are not able to help adolescents without their parents […], this is very difficult.”

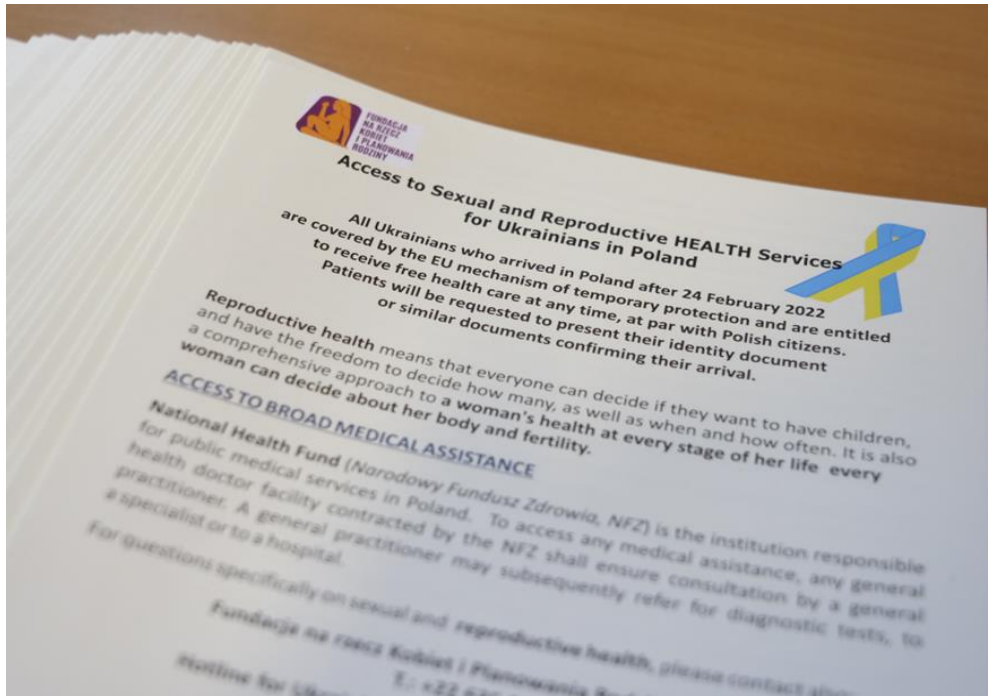
“A lot of Ukrainian women in Poland are aware of what it’s like when it comes to the laws, especially when it comes to situations of rape cases. So [they know] it's better not to disclose it, but to deal with it more discreetly or go abroad.”

“There is very deep stigma in Poland concerning abortion. The refugees feel this. You know if something is criminalized […], you feel as if you are doing something bad and against the law.”

“They need access to emergency contraception, but access to emergency contraception is extremely limited in Poland because it is no longer legal to sell this contraception over the counter.”

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

Cost Barriers



- Some essential SRH services – such as contraception (incl. EC) are not reimbursed under national health insurance; refugees like ordinary residents must pay out of pocket.
- Serious delays for specialized care (e.g. SRH or mental health) in public healthcare system mean urgent situations require recourse to costly private system.
- Women who were migrants in Poland prior to February 2022 and now cannot return to Ukraine face difficulties if they do not have post-February border stamp in passport.
- CSOs outside Poland providing telemedicine and travel assistance for abortion.

“The problem is that you have to be provided with prescription and then go to the pharmacy to buy it. If you have money, then it’s OK. If not - it's a problem.”

Not all Ukrainian citizens have such rights, so the problem may be worse for (migrant) women who can no longer return home, and they are pregnant and need to give birth in Poland, but they don't have this refugee status.”

Weak GBV Services + Protocols

- Long-term lack of state investment over many years into GBV services. Existing state services weak.
- Civil society organizations providing almost all services and support.
- Protocols for clinical management of rape are absent.
- Access to appropriate SRH services following sexual violence is limited, costly, haphazard.
- Lack of emergency shelters + safe housing for survivors.
- No one-stop centers for survivors of GBV.
- Little-to-no training for criminal justice actors.

“Most of the police do not know the procedures for dealing with people who have experienced rape, even though they were introduced in 2014.”

“The government should recognize that there is such a thing as gender-based violence.”

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

“Women need to know that if they report it, if something goes on, then something will happen, that it will not be the case that they will write a complaint to the police, and it will simply disappear, and no one will deal with it.”

“When we called the police in similar situations, to my sadness, the police did nothing.”

Barriers to Reporting + Prevention Issues

- Dynamics of war and mobilization mean it is challenging for women to seek support in situations of family and intimate-partner violence.
- Inappropriate facilities at refugee accommodation facilities mean lack of privacy and confidentiality.
- Focus on securing basic needs is prioritized over other needs.
- Concerns about loss of work or accommodation impede seeking support, reporting GBV.
- Disbelief that reporting will lead to anything meaningful or positive.
- Concerns that partners will cross borders into Ukraine or Belarus with children.

“In this new centre […] there were two rooms next to each other, or rather two separate spaces for individual counselling, which were separated by a curtain through which you could hear everything.”

“This shame, which can be even bigger in the case of women from Ukraine because of this point of reference that they have, that ‘we won't accuse our heroes’.”

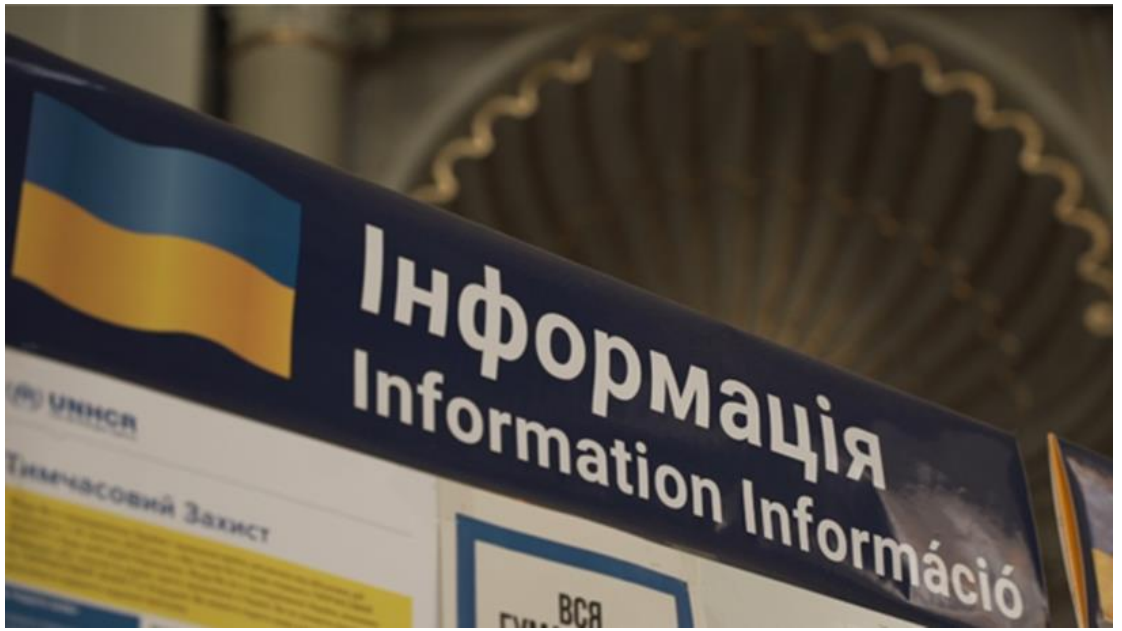
“Mothers of children in violent relationships ask, what if my husband says I’m a bad mother? What if my husband says that I am the one who beats the children? What if he takes the children away from me? Often men threaten to take them back to Ukraine or Belarus.”

“Sometimes we ask if they need psychological help and they say something like: ‘No. This is my secret. I will tell nobody about this, not even my family, because I want to continue a normal life. I don't want people look at me as a victim of rape.’”

“There are various things which are hardly ever mentioned, and not much is written about them, so as not to undermine the trust in these Ukrainian heroes and not to present them in a bad light […]. This is a barrier for them to reveal these stories.”

Information Failures + Language Barriers

- Poor quality/lack of interpretation and translation impedes access and undermines trust. Compounds difficulties in navigating and understanding foreign system.
- Lack of specialized interpreters and professionals able to speak Ukrainian for SRH or GBV services.
- Failure to recognize Ukrainian qualifications and credentials – lack of Ukrainian health-care workers.
- Lack of clear basic information in Ukrainian on SRH and GBV services in public domain and limited information through official channels.
- Need to rely on social media and informal networks, word of mouth.
- Most refugees don't have necessary networks to secure information on key CSO services.



“Access to information is probably the most important problem in all of this.”

“This is about trust.”

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

“There is a lack of professional interpreters who can support women, because this often involves a specialist vocabulary.”

“They ask, for example, about gynecologists and contraception, and most often they try to find Ukrainian or Russian-speaking doctors, to whom it will be easier to explain.”

“I didn't see any information about this anywhere [...] on Facebook, on Instagram [...] whether it's on the internet or somewhere in the city, on some posters, I didn't see such information.”

Challenges and Threats – HRDs and CSOs

“As far as the state authorities are concerned, they are totally absent.”

“The action of people and non-governmental organizations is perceived as the action of the Polish state, but this is not the action of Poland as a state, but the action of people, which stems from their good hearts. What is missing here, however, are systemic solutions.”

“This topic does not come up at all, except, of course, for condemning the fact that there are war rapes. On the other hand, for this condemnation to be followed by any concrete action, absolutely not.”

“With this government, every suggestion I make, my knowledge and experience are completely irrelevant, because this government doesn't listen and thinks that gender violence doesn't exist and abortion must be punished.”

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

“It’s never been easy for feminist organizations working on women's rights, but since 2015 […] it’s just gotten worse. It is a life of constant tension, insecurity and lack of any certainty that next year we will be able to continue our work.”

“We need support because we are under fire.”

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

“[In the past] we kept our foot in the door. It cost a lot of effort, but those doors were ajar. Right now they are slammed shut.”

“The attacks that we are facing […], this has intensified after Ukraine. We receive various emails where we are being slandered, insulted and called names.”

“It is the authorities that we have to defend ourselves from.”

Lack of Sustainable Funding

- Before escalated invasion funding environment for local CSOs very limited.
- Onerous nature of EU funding means many smaller CSOs do not apply.
- EU response going to governments which does not stream to pro-SRHR, GBV, women's rights CSOs.
- Humanitarian donors giving short-term, 3–6-month grants, heavily focused on direct service provision for refugees, reporting requirements onerous, concerning donor wish for visibility.
- CSOs lack sustainable funding streams, that allow them to prioritize needs of host populations and localization and that fund advocacy, awareness raising and long-term infrastructure.
- Lack of funding for long-term health system and GBV support system improvements at heart of gaps facing refugees.

“Grants should be more flexible, but also long-term, because our biggest problem is that we have to worry from year to year about how to sustain ourselves.”

“A lot of the funds should go directly to the organizations and not through the government.”

“The problem is that all these funds are very short-term. We don't know what will happen next, so we have grants until December, until June, for such short periods. […] We want to train and teach our employees, to educate specialists, but we also need to be sure that we will be able to provide them with work, and we do not have such long-term certainty.”

“When the team experiences such financial uncertainty, and when the money we have is not a lot, the team can be overloaded and frustrated, and lacks a sense of security. Whereas if the financial stability is there, then the team is focused, competent, in-tune, and able to cope well.”

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

“Adapt the conditions for applying for funds to the capabilities of small organizations. In Poland, when it comes to human rights, especially women’s rights, organizations are simply tiny and are not able to administer or manage some very complicated budgets, write very complicated projects, especially in English.“

Research on the risks, the needs, and the opportunities for empowerment of migrant and refugee domestic workers in Poland – Terms of Reference (ToR)

Introduction

CARE International in Poland (CARE) is seeking consultant(s) to conduct research on the risks, the needs, and the opportunities for empowerment of migrant and refugee domestic workers in Poland. The findings of the proposed research will inform CARE's communication efforts and programming in the Ukraine refugee response in Poland.

Background and purpose

Prior to February 2022, Ukrainian migrants formed a large section of Polish domestic work market. The sector includes a range of professions, including cleaning, taking care of the children, taking care of the elderly, and general housekeeping. After the escalation of the conflict, and provided its demographic, it can be assumed that the supply of these services by the refugees from Ukraine have increased further in Poland.

The sector is highly feminized, while its employment relationships are largely unregulated and often informal, and the work duties are typically conducted "behind closed doors." These characteristics presents several risks to the service providers, such as lack of insurance, high levels of stress, sexual harassment in the workplace. The capacity to seek help may be limited by a language barrier, social isolation, uncertainty about one's rights, and other factors.

With the recent registration of the Domestic Workers Committee, this group has already started mobilizing and formulating their manifesto and demands. Some of them include: adapting the legal forms of employment to the specifics of the domestic work, dignified work conditions, and protection from sexual harassment in the workplace.

Research objectives and research questions

The primary objective of the research is to identify the needs and risks of refugee and migrant domestic workers in Poland, and the opportunities for their empowerment and protection of their rights. The findings will be used to develop communications campaign and potentially inform CARE's programming in Poland to respond to the unique needs of this group.

Research objectives:

- To understand risks specific to the sphere of domestic work and risks specific to the migrant and refugee domestic workers, including differences between groups, e.g. workers employed via employment agencies and those employed directly, skilled and unskilled workers, etc.
- To understand barriers to protection of the migrant and refugee domestic workers and strategies to increase protections, such as e.g. perceptions of costs and benefits of formalized employment relationships.
- To identify strategies for empowerment and increasing resilience of the migrant and refugee domestic workers.

The research will seek to answer the following research questions (to be refined by the research consultants in consultation with CARE):

- What are the main risks related to domestic work of migrant and refugee women in Poland and how do they differ between groups?
- What are the barriers that prevent the protection of domestic migrant and refugee women's rights, including labour rights and human rights?
- What social networks and support systems of domestic migrant and refugee women exist in Poland and how do they work?
- What are the measures to increase domestic migrant and refugee women's rights protection, empowerment, and resilience?

Suggested methodology

Secondary research may be used for the background and conceptual framework; however, primary data collection should form the basis of the research. Secondary research may include literature review to identify evidence and good practices from different but relevant contexts.

Methodologies used for primary research should be participatory and inclusive.

The consultant(s) will be responsible for defining and carrying out the overall research approach, which will include specification of the techniques for data collection and analysis, and interactions with research participants. Workplans, data collection tools, methodology and findings should be reviewed, validated, and approved by relevant staff at CARE prior to implementation.

Ethics

The research should always respect the security and dignity of the research participants. The research must be based on voluntary participation and informed consent of the participants. The selected consultant(s) and any related personnel will abide by CARE's safeguarding policy. Should any risks be identified during the research process, the consultant jointly with CARE will develop a risk mitigation strategy.

Research products

CARE expects the consultant(s) to deliver the following outputs:

- Research framework, plan, and tools – developed and agreed with CARE before primary and secondary research begins
- Final report of no more than 40 pages excluding references and annexes, written in English. The report format will be finalized during the research implementation
- Summary report – no more than 5 pages, summarizing key findings and recommendations.
- Power point presentation summarizing key findings and recommendations
- Raw data – including secondary data and sources consulted in the desk review, and all primary data collected including interview notes and results of quantitative exercises

Timeline

The preliminary proposed research process will be finalized by the research consultant(s) in consultation with CARE. The proposal should include the following steps and their duration:

1. Research framework development
2. Literature desk review
3. Data collection tools development and testing
4. Data collection
5. Data analysis
6. Research report development
7. Research report finalization; summary, presentation development

Following the finalization of the report, the consultant(s) will present the findings to the CARE team and the protection sector.

Selection criteria

The applications will be evaluated by the selection committee based on the following criteria:

- Research plan and methodology and their alignment with the Terms of Reference (ToR) - 40 points
- Cost-effectiveness of the budget – 30 points
- Timeline of implementation – 10 points
- Expertise of the applying consultant(s) - 20 points

Requirements for selected consultant(s)

Selected consultant(s) will be required to comply with CARE's processes and procedures, in particular abide by CARE safeguarding policy.

Application

Research consultants', teams, or organizations' applications must be submitted in English to pl.info@care.org by February 28th, 2023, with „Domestic workers research" in the subject line.

The applications must consist of a technical and cost proposal based on this Terms of Reference (ToR). The proposal should contain:

- Technical proposal:
  - Methodology
  - Detailed plan of action indicating staff-days required
  - Schedule of key activities
- Detailed budget to cover all costs associated with the research. This should be submitted by major activities and include a break-down of the cost to contract research team members, any local travel, lodging and per diem, expenditures for hiring local personnel (translators, enumerator, etc.), translating reports, and renting venues for data collection.
- Updated CV of Team Leader and other core members of the Evaluation Team if a team of consultant is applying.
- Three writing samples authored by the applying consultant or Team Leader.
- A profile of the consulting organization, if an organization is applying, including a sample report.

CARE will not cover any costs for application development. The applicants will be notified about the selection decision via email. CARE reserves the right to partially or fully withheld the funding before signing research consultancy agreements, or negotiate the details of the proposal with selected applicant(s) prior to making final funding decision.

TERMS OF REFERENCE
"Market assessment of family planning products and services in Poland"

OVERVIEW
CARE and WRC, with a local partner, will undertake a landscape assessment to inform stakeholders and develop recommendations on how Cash and Voucher Assistance (CVA) can be used to improve access to and uptake of family planning (FP) among Ukrainian refugees in Poland. The assessment will also contribute to understanding how family planning (FP) goods and services may be considered in the Minimum Expenditure Basket (MEB), which informs the design of Multipurpose Cash Assistance (MPCA), as well as how "top-up" CVA transfers via referrals from sexual and reproductive health (SRH) service providers may be needed to adequately address the critical FP needs of refugee women and girls and host communities.

INTRODUCTION:
Women and girls face a greater risk of unintended pregnancy during a humanitarian crisis when access to FP services is limited. Cash and voucher assistance (CVA) in humanitarian settings has demonstrated improvements in accessing healthcare; however, contextual factors need to be considered to guide effective design and implementation of CVA to improve access to FP and strengthen SRH outcomes. This project aims to 1) assess barriers to FP access among Ukrainian refugees and host communities in Poland, including financial and legal barriers, 2) conduct a market assessment of FP services and supplies including their associated costs, availability, accessibility, and quality in areas serving Ukrainian refugees, using and adapting established assessment tools to measure these factors, 3) partner with local organizations and coordination groups to develop recommendations and implement strategies that address barriers, including financial barriers, to accessing family planning services and 4) document and disseminate lessons learned from the assessment and implementation activities to inform scale up of strategies to improve access to FP services.
This consultancy focuses on objective 2, conducting a market assessment of FP services and supplies including their associated costs, availability, accessibility, and quality in areas serving Ukrainian refugees. In the scope of this study, family planning is understood as contraceptive methods available in Poland, including emergency contraception.

BACKGROUND:
SRH services, including FP, are lifesaving and the standard of care in crisis-affected settings. The Minimum Initial Service Package (MISP) for SRH—the global standard for SRH response in acute emergencies—includes the prevention of unintended pregnancies as one of six objectives. People affected by crises want and need access to FP, but FP services in crisis-affected settings remain limited and uneven.[1] To meet the SRH needs and fulfil the rights of displaced women and girls of reproductive age, it is critical to strengthen FP services and pilot innovative approaches to improving FP access and availability.

Since the military offensive by the Russian Federation began in Ukraine in February 2022, more than 9 million people crossed the border from Ukraine to Poland, and over 1.5 million are currently registered in Poland2. An

[1] https://www.womensrefugeecommission.org/research-resources/contraceptive-services-humanitarian-settings-and-the-humanitarian-development-nexus/

2 https://data.unhcr.org/en/situations/ukraine/location/10781

estimated 18 million people will be affected by the crisis.[3] In host countries, refugee women and girls, including adolescents and those with disabilities, are facing critical unmet SRH needs and barriers—including financial barriers to access.[4] Prior to the crisis, birth rates among Ukrainian women were low, averaging 1.2 births,[5] suggesting that the ongoing need for FP services among refugees is likely to be high. The need for FP access is further heightened in Poland, where access to safe abortion care is legally restricted.

While health services are often intended to be available free of cost in humanitarian settings, experiences from past crises show that, in reality, displaced people often face financial barriers to accessing services.[6] Financial barriers to services can be particularly challenging for refugees to overcome as they are often restricted in how, where, and how safely they can work. This may include costs related to transportation and child-care, as well as costs related to obtaining services through alternative pathways, like pharmacies and other private sector outlets, while national health systems adjust to rapid increases in demand. Restrictive policy environments for SRH, as found in Poland in particular, can compound the financial barriers to accessing services. For example, a prescription is required to access emergency contraception (EC) in Poland, which necessitates travel to a doctor to obtain a prescription, to a pharmacy to pick it up, and back home – all within the short timeframe in which EC can be used effectively to prevent unintended pregnancy.

OBJECTIVES OF THE CONSULTANCY

Objective of the consultancy is to conduct a market assessment in the target sites (Warsaw and Przemyśl) of Family Planning services and supplies, including associated costs (direct and indirect), the availability, the accessibility, quality of services and supplies.

The market assessment will focus on the national health system, the private sector (including pharmacies and drug shops), and local and international NGO service providers. It will also assess their readiness to serve additional clients if a CVA-SRH intervention were to increase demand for services.

METHODOLOGY AND DELIVERABLES:

The work will comprise several stages as per the suggested methodology below:

1. **Information gathering**: The consultant's work will commence with a comprehensive dialogue with the appointed focal point in order to: (i) define and validate the scope of the market assessment (ii) identify the target FP providers; (iii) determine the plan and timeline.
   The consultant will then gather information through consultation with relevant stakeholders identified in collaboration with the country team, and local partner.

[3] https://data2.unhcr.org/en/situations/ukraine, https://reliefweb.int/sites/reliefweb.int/files/resources/2022-03-23_Ukraine%20Humanitarian%20Impact%20SitRep.pdf

[4] https://reproductiverights.org/ukraine-call-to-action/, https://www.wired.com/story/the-war-in-ukraine-is-a-reproductive-health-crisis-for-millions/, http://www.srhm.org/news/sexual-and-reproductive-health-rights-and-justice-in-the-war-against-ukraine-2022/

[5] Fertility rate, total (births per woman) | Data (worldbank.org)

6 https://airbel.rescue.org/studies/generating-evidence-for-the-use-of-cash-relief-for-health-outcomes/

2. **Market Assessment tool preparation**. The consultant will be responsible for: (i) defining statistically relevant sample size of FP providers to be assessed on both sites; (ii) defining key indicators that survey should track and analyze include market size, accessibility, market sustainability, quality, and market equity (iii)present the methodology to be used during the assessment; (iv) prepare the relevant tools (e.g. questionnaires, key interviews, focus group discussion guides) to be used during the data collection, using/adapting existing assessment tools where feasible; (v) present the tools to the country team, local Partner (FEDERA), CARE USA, and WRC for their review and approval.

3. **Lead the market assessment**: once tools are ready, the consultant will be responsible for (i) hiring and training the data collectors (to be approved by the country team), (ii) lead them during the data collection, (iii) collect and organize the data.

4. **Data analysis and report production**. The consultant will be responsible for (i) data analysis, (ii) provide a first draft report in English and presentation enabling feedback questions and comments from country team, local Partner (FEDERA), CARE USA, and WRC, (iii) review and integrate the comments providing a comprehensive final report using an agreed template.

The final deliverable will be a detailed report following the methodology outlined above, and which meets the expectations of CARE and WRC.

MANAGEMENT AND SUPERVISION

The consultant will work and report primarily to CARE's technical lead at country level and secondary to CARE and WRC technical advisors.

QUALIFICATIONS DESIRABLE

(a) Training and experience:

- Master's Degree in social sciences, public health, international development or similar.
- Minimum five (5) years of experience in the areas of market assessment and family planning, humanitarian assistance, or international development, and report writing.
- Demonstrated experience in healthcare and pharmaceutical market analysis.

(b) Skills:

- Good interpersonal and communication skills.
- Ability to collect, organize, analyze, distil and document significant amounts of information and process steps.
- Familiarity with the ways of working of humanitarian organisations (INGOs, NGOs) and civil societies), government actors, UN agencies and the private sector.
- Personal commitment, effectiveness and commitment to results.
- Ability to write clear text after analyzing data coming from data collection.
- Ability to manage multiple tasks while meeting strict deadlines.
- Ability to work in English.

HOW TO APPLY?

Interested applicants should send a technical and financial proposal as well as their CV including research projects portfolio and a relevant to market assessment writing sample to pl.info@care.org with the subject "**Family planning market assessment – application**" by February 21st.

Applications will be evaluated on a rolling basis and CARE reserves the right to select the consultant before that date.

The technical proposal can be brief (1-2 pages) and should provide tailored information on the consultant's research approach, draft work plan for the process, possible challenges faced in the research and how these will be addressed. The financial proposal must include the consultant's proposed daily rate and the total amount of the proposal in USD.

Research on the needs and the circumstances of the adolescent out-of-school Ukrainian refugees – Terms of Reference (ToR)

Introduction

Fundacja CARE International in Poland (CARE) is seeking consultant(s) to conduct research on the needs and conditions of the out-of-school Ukrainian adolescents aged 14-18 in Poland. The findings of the proposed research will inform CARE's strategy and programming and potentially contribute to improving education and child protection programming in the Ukraine refugee response in Poland.

Background and purpose

While the exact figures are unknown, it is estimated that between 150,000 and 200,000 of Ukrainian refugee children and adolescents may be outside of the education system in Poland. Only 24% of adolescents aged 15-18 participate in the Polish education system.[1] How many of them attend Ukrainian education system online is also unclear, but given the numerous barriers, including the recent and increasing disruptions in the energy infrastructure in Ukraine, it can be assumed that many are outside of any formal education system altogether.

In addition to potential barriers, these figures point to important child protection concerns. Adolescent girls and boys outside of the education system are missing out not only on their educations. Their isolation and social exclusion determine limited access to services for those who are at risk, and difficulties for service providers to address the needs of this hard-to-reach group. While being out-of-school, adolescents are more vulnerable, have less access to support networks and may potentially resort to negative coping strategies.

Research objectives and research questions

The primary objective of the research is to identify needs, gaps, and opportunities pertaining to out-of-school adolescent Ukrainian refugees in Poland and develop recommendation to inform CARE programming. Where relevant, the findings may also inform CARE's advocacy efforts.

Research objectives:

- To understand barriers to participation in the Polish and Ukrainian education systems and environments enabling participation, and any other push and pull factors.
- To map and understand social networks, coping mechanisms, and support systems used by the out-of-school adolescent Ukrainian refugees.
- To identify strategies to increase resilience and enable enrolment or re-enrolment of out-of-school adolescent Ukrainian refugees in the education system.

The research will seek to answer the following research questions (to be refined by the research consultants in consultation with CARE):

- What is the scale of school dropouts and non-enrolment among the adolescent Ukrainian refugees?

[1] Co w tym roku szkolnym zmieniło się w sytuacji uczniów uchodźczych i szkół? Paulina Chrostowska, Centrum Edukacji Obywatelskiej, October 2022. Available at: https://ceo.org.pl/wp-content/uploads/2022/11/CEO_uczniowie_uchodzczy_pazdziernik_2022-fin-1.pdf

- What are the demographics of students that are most likely to drop out of school? Variables may include, but are not limited to age, gender, socio-economic status, ethnicity, knowledge of Polish language, access to internet and devices for attending online Ukrainian classes, region of residence, disability, parental employment, sizes, and types of schools.
- What are the factors contributing to the decision of not enrolling or dropping out of the formal education for out-of-school adolescent Ukrainian refugees and their families?
- What risks do out-of-school adolescent Ukrainian refugees face and what are their coping mechanisms, including social networks and other support systems?
- What are the opportunities in Polish and Ukrainian formal, non-formal, or vocational education sector for the Ukrainian refugees?
- What factors can contribute to the enrolment or re-enrolment of out-of-school adolescent Ukrainian refugees in the education system?

Suggested methodology

Secondary research may be used for the background and conceptual framework; however, primary data collection should form the basis of the research. Secondary research may include for example evidence and good practices from different but relevant contexts.

For primary research, both quantitative and qualitative data should be collected. Methodologies used for this research should be participatory and inclusive.

The consultant(s) will be responsible for defining and carrying out the overall research approach, which will include specification of the techniques for data collection and analysis, and interactions with research participants. Workplans, data collection tools, methodology and findings should be reviewed, validated, and approved by relevant staff at CARE prior to implementation.

Some of the key stakeholders that should be targeted through the primary data collection include:

- Education and child protection NGO program staff
- School staff
- Other service providers
- Out-of-school adolescent Ukrainian refugees
- Out-of-school adolescent Ukrainian refugees' families

Data collection can be conducted online or in person, but it must be ethical and aimed at equitable participation of female and male adolescents, and include the most marginalized groups, such as Roma community members.

Ethics

The research should always respect the security and dignity of the research participants. The research must be based on voluntary participation and informed consent of the participants. The selected consultant(s) and any related personnel will abide by CARE's safeguarding policy. Should any risks be identified during the research process, the consultant jointly with CARE will develop a risk mitigation strategy.

Research products

CARE expects the consultant(s) to deliver the following outputs:

- Research framework, plan, and tools – developed and agreed with CARE before primary and secondary research begins.
- Final report of no more than 40 pages excluding references and annexes, in English and Polish versions. The report format will be finalized during the research implementation.
- Summary report – no more than 5 pages, summarizing key findings and recommendations.
- Power point presentation summarizing key findings and recommendations.
- Raw data – including secondary data and sources consulted in the desk review, and all primary data collected including interview notes and results of quantitative exercises

Timeline

The timeline of the research process will be finalized by the research consultant(s) in consultation with CARE. It should be included in the proposal and include the following milestones: briefing and the research framework development, literature desk review, data collection tools development and testing, data collection, data analysis, research report development, research report finalization; summary, presentation development.

Following the finalization of the report, the consultant(s) will present the findings to the CARE team and the education sector.

Selection criteria

The applications will be evaluated by the selection committee based on the following criteria:

- Research plan and methodology and their alignment with the Terms of Reference (ToR) - 40 points
- Overall amount and cost-effectiveness of the budget – 30 points
- Timeline of implementation – 10 points
- Expertise of the applying consultant(s) - 20 points

Requirements for selected consultant(s)

Selected consultant(s) will be required to comply with CARE's processes and procedures, in particular to abide by CARE safeguarding policy.

Application

Research consultants', teams, or organizations' applications must be submitted in English to pl.info@care.org by February 28th, 2023 with "Out-of-school adolescents' research" in the subject line.

The applications must consist of a technical and cost proposal based on this Terms of Reference (ToR). The proposal should contain:

- Technical proposal:
  - Methodology
  - Detailed plan of action indicating staff-days required
  - Schedule of key activities.
- Detailed budget to cover all costs associated with the research. This should be submitted by major activities and include a break-down of the cost to contract research team members, any local travel, lodging and per diem, expenditures for hiring local personnel (translators, enumerator, etc.), translating reports, and renting venues for data collection.

- Updated CV of the consultant, Team Leader and other core members of the research team.
- Three writing samples authored by the applying consultant or Team Leader.
- A profile of the consulting organization, if an organization is applying, including a sample report.

CARE will not cover any costs for application development. The applicants will be notified about the selection decision via email. CARE reserves the right to partially or fully withheld the funding before signing research consultancy agreements or negotiate the details of the proposal with selected applicant(s) prior to making final decision. Contract signing will be contingent on the successful completion of the due diligence process.