



*Jagiellonian University in Kraków
Faculty of International and Political Studies
Institute of European Studies*

Adepelumi Funsho Osikoya

student ID number: 1209413

Field of study: European Studies

*Assessing the effectiveness of NGO-led
initiatives in the menstrual hygiene needs of
Ukrainian female refugees in Poland: Post-
2022 invasion.*

*Magister (MA) Thesis
IMCEERES*

Thesis written under the supervision of:

*Prof. dr. hab. Kinga Gajda
Jagiellonian University*

*Dr. Nina Ivashinenko
University of Glasgow*

August 2025
Krakow, Poland

Field of Study: European Studies

In Partial Fulfillment of the Requirements for the Degree of:

Magister (mgr) of European Studies (specialty: Central and East European, Russian and Eurasian Studies), Jagiellonian University in Kraków, Poland

International Master's (IntM) in Central and East European, Russian and Eurasian Studies: University of Glasgow, UK

Master of Arts in Social Sciences (MA) in Central and East European, Russian and Eurasian Studies: University of Tartu, Estonia

Word count of the thesis: 24,334

Authorship Declaration: I have prepared this thesis independently. All the views of other authors, as well as data from literary sources and elsewhere, have been cited.

Adepelumi Funsho Osikoya, 20/08/2025

Non-exclusive licence to reproduce thesis and make thesis public

I, Adepelumi Funsho Osikoya,

1. grant the University of Tartu a free permit (non-exclusive licence) to reproduce, for the purpose of preservation, including for adding to the digital archives of the University of Tartu until the expiry of the term of copyright,

my thesis, 'Assessing the effectiveness of NGO-led initiatives in the menstrual hygiene needs of Ukrainian female refugees in Poland: Post-2022 invasion',

supervised by Prof. dr. hab. Kinga Gajda (Jagiellonian University) and Dr. Nina Ivashinenko (University of Glasgow);

2. grant the University of Tartu the permit to make the thesis specified in point 1 available to the public via the web environment of the University of Tartu, including via the digital archives, under the Creative Commons licence CC BY NC ND 4.0, which allows, by giving appropriate credit to the author, to reproduce, distribute the work and communicate it to the public, and prohibits the creation of derivative works and any commercial use of the work from 25/08/2025 until the expiry of the term of copyright;

3. am aware that the author retains the rights specified in points 1 and 2;

4. confirm that granting the non-exclusive licence does not infringe other persons' intellectual property rights or rights arising from the personal data protection legislation.

Adepelumi Funsho Osikoya,
20/08/2025

Abstract

In this study, the extent to which non-governmental organizations (NGOs) effectively provide menstrual hygiene products and services to Ukrainian female refugees in Poland after the Russian invasion in 2022 is examined. It highlights how gender, health, and humanitarian response are intertwined and criticizes the omission of NGOs as active players in meeting the menstrual demands of these refugee women. Using a framework of feminist humanitarian theory, the study looks at how NGOs contributed to the menstrual hygiene management of these groups and assessed the results of their efforts. The study uses a thematic analysis to identify major obstacles and achievements in MHM provision through 11 semi-structured interviews with representatives of non-governmental organizations, which are supplemented by 14 Ukrainian refugee interview transcripts. The findings reveal that, although NGOs have played a major role in the provision of menstrual products and services, issues like cultural stigma, a lack of resources, and inadequate long-term planning still exist. The study highlights the importance of considering menstrual hygiene as a crucial component of gender equality and human rights in refugee assistance, and further recommends more gender-inclusive, culturally aware, and sustainable frameworks for future humanitarian initiatives.

Keywords:

Menstrual Hygiene Management, Menstrual Hygiene Needs, Ukrainian Female Refugees, Non-Governmental Organizations, Feminist Humanitarianism, Displacement Crisis, Gender-sensitive Humanitarian Response

Streszczenie

W niniejszym badaniu przeanalizowano, w jakim stopniu organizacje pozarządowe (NGO) skutecznie zapewniają produkty i usługi związane z higieną menstruacyjną ukraińskim uchodźczynom w Polsce po inwazji Rosji w 2022 roku. Podkreślono powiązania między płcią, zdrowiem i pomocą humanitarną, a także skrytykowano pominięcie organizacji pozarządowych jako aktywnych podmiotów w zaspokajaniu potrzeb menstruacyjnych tych uchodźczyń. Wykorzystując ramy feministycznej teorii humanitarnej, badanie analizuje wkład organizacji pozarządowych w zarządzanie higieną menstruacyjną tych grup oraz ocenia wyniki ich działań. W badaniu wykorzystano analizę tematyczną w celu zidentyfikowania głównych przeszkód i osiągnięć w zapewnianiu MHM poprzez 11 częściowo ustrukturyzowanych wywiadów z przedstawicielami organizacji pozarządowych, które uzupełniono 14 transkryptami wywiadów z ukraińskimi uchodźczyniami. Wyniki pokazują, że chociaż organizacje pozarządowe odegrały ważną rolę w zapewnianiu produktów i usług związanych z higieną menstruacyjną, nadal istnieją problemy takie jak piętno kulturowe, brak zasobów i niewystarczające planowanie długoterminowe. Badanie podkreśla znaczenie uwzględnienia higieny menstruacyjnej jako kluczowego elementu równości płci i praw człowieka w kontekście pomocy uchodźcom, a także sugeruje bardziej inkluzywne, uwzględniające kwestie płci, kulturowe i zrównoważone ramy dla przyszłych inicjatyw humanitarnych.

Słowa kluczowe:

Zarządzanie higieną menstruacyjną, Potrzeby w zakresie higieny menstruacyjnej, Ukraińskie uchodźczynie, Organizacje pozarządowe, Humanitaryzm feministyczny, Kryzys przesiedleńczy, Reakcja humanitarna uwzględniająca kwestie płci

“...attention has been given to menstrual hygiene like never before...”

Anka (NGO representative), interview participant

“We gather input from refugee women via focus groups and surveys. With the help of this input, we can assess whether the services are meeting their needs and whether they could be enhanced.”

Danuta (NGO representative), interview participant

“We keep track of the quantity of sanitary products supplied, the number of safe spaces created, and the number of dignity kits distributed.”

Adrianna (NGO representative), interview participant

Table of Contents

Acknowledgement.....	i
List of Acronyms.....	ii
1. Introduction.....	1
1.1 Contributions to the Body of Knowledge.....	3
1.2 Research Structure.....	4
2. Reviews of Literature.....	6
2.1 Russian Invasion of Ukraine in 2022 and Refugee Conditions: An Overview....	6
Figure 1. Primary Destinations for Ukrainian Refugees.....	6
2.2 Ukrainian Female Refugees' Experiences with MHM.....	8
2.2.1 Health Issues Faced by Ukrainian Refugees.....	9
2.3 Evaluation of Menstrual Health Management Programs.....	11
2.4 Cultural Considerations: Menstrual Practices in Poland vs. Ukraine.....	12
2.5 Initiatives Implemented by NGOs: Typological Perspectives.....	13
2.5.1 The Interventions of NGO for Menstrual Hygiene Management (MHM).....	14
Among Ukrainian Refugees in Poland	
2.6 Summarizing the Trends and Identifying the Gaps in Literature.....	16
3. Conceptual and Theoretical Frameworks, and Methodology.....	19
3.1 Theoretical Framework.....	19
3.2 Focus, Aims, and Conceptualizations.....	22
3.2.1 Waves of Ukrainian Refugees in Poland: Justifying the Selection of the.....	24
Classic Refugees	
3.3 Conceptual Clarifications.....	25
3.3.1 NGO-Led Initiatives.....	25
3.3.2 Defining Menstrual Hygiene Management and Menstrual Hygiene Needs.....	28
3.3.3 Ukrainian Female Refugee.....	30
3.3.4 Measuring "effectiveness".....	31
3.4 Research Questions.....	32
3.5 Case Study.....	32
3.6 Research Methods.....	33
3.6.1 In-depth Interview.....	35
3.6.2 Thematic Analysis.....	35
3.7 Limitations, Positionality, and Ethical Considerations.....	37
4. Analysis.....	40
4.1 Participant Overview.....	40
4.2 NGOs Leading Initiatives that Address the Menstrual Hygiene Needs of.....	42
Ukrainian Female Refugees in Poland	
4.2.1 Understanding the Material Support for Ukrainian Female Refugees in.....	43
Poland	
4.2.2 Physical Support of Products and Infrastructure.....	45
4.3 Understanding the Non-Material Support for Ukrainian Female Refugees.....	46
in Poland	
4.3.1 Psychosocial, Capacity Building, and Educational Supports.....	46
4.3.2 Collaborative and Cross-Border Implementation.....	48
4.3.3 Protection, Privacy, and Trauma Sensitivity.....	50
4.4 Challenges NGOs faced in providing menstrual hygiene management.....	51
services to Ukrainian female refugees in Poland	
4.4.1 Operational and Logistical Constraints.....	52
4.4.2 Advocacy and Communication Provocations.....	53
4.4.3 Systemic and Structural Limitations.....	54

4.5	<i>Accessibility and Inclusion in Menstrual Hygiene Management Services</i>	55
4.6	<i>Measuring Effectiveness and Impact of Menstrual Hygiene Management Programs</i>	57
4.6.1	<i>Beneficiary-Centered Feedback and Community Voice as Intangible Apparatus</i>	57
4.6.2	<i>Mixed-Methods Monitoring and Evaluation Practices: A means of Tangibly Measuring NGOs' Effectiveness</i>	58
4.6.3.	<i>Behavioural and Social Change: Evidence for Tangible Assessment</i>	59
4.7	<i>Could there be a Way Forward for Menstrual Hygiene Management Services?</i>	60
4.8	<i>Discussion of Findings</i>	63
5.	Conclusion	66
5.2	<i>Policy Recommendations</i>	67
5.3	<i>Prospects for Further Research</i>	68
	References	70
	Appendices	
	<i>Appendix 1. Interview Guide</i>	82
	<i>Appendix 2. University of Glasgow ethical approval</i>	83
	<i>Appendix 3. Authorization for Processing Personal Data, Center for Migration Studies, Jagiellonian University</i>	84

Acknowledgements

First, I want to express my gratitude to everyone who helped in the interview recruitment process, and the representatives who participated in the interviews for their time, expertise, and the experience shared with me. This study would not have been feasible without your willingness to support.

Prof. Kinga Gajda and Dr. Nina Ivashinenko have my sincere gratitude for their assistance and valuable input that have influenced the planning and execution of this dissertation. Additionally, I appreciate Drs. Heiko Paabo, Catherine Gibson, and other academic staff have contributed to my academic pathways and the foundational aspects of this work.

I also want to thank Oluwakemi Yusirat, my lovely wife, for her amazing support and motivation during this process, Adewale Adejimi for being a great personality and source of motivation, Iniobong for being a kind roommate and for making my time as a student even more memorable, and my parents and siblings for their unwavering love and encouragement.

I want to finally express my gratitude to all CEERES colleagues, whose accommodation, advice, and motivation have made me remember every moment spent together.

List of Acronyms

<i>EU</i>	<i>European Union</i>
<i>INGOs</i>	<i>International Non-Governmental Organizations</i>
<i>MHM</i>	<i>Menstrual Hygiene Management</i>
<i>NGOs</i>	<i>Non-Governmental Organizations</i>
<i>NGO-R</i>	<i>Non-Governmental Organization representatives</i>
<i>PTSD</i>	<i>Post-Traumatic Stress Disorder</i>
<i>SRHR</i>	<i>Sexual and Reproductive Health Rights</i>
<i>UF-R</i>	<i>Ukrainian female refugees</i>
<i>UNICEF</i>	<i>United Nations Children’s Fund</i>
<i>UNHCR</i>	<i>United Nations High Commissioner for Refugees</i>
<i>WHO</i>	<i>World Health Organization</i>

1. Introduction

Envisioning displaced persons who travel a long distance and find out that there are only a few things taken along with them in a single bag. Apprehensively, this is “usually” with no clue of what the future holds, especially in terms of needs, who makes the provision, and the effect of how efficiently the needs are considered and addressed, on such persons’ experiences. Could this be the situation for Ukrainians seeking refuge in Poland following the Russian war on Ukraine in 2022?

24th February 2022: a date that marked the beginning of a new turn for many Ukrainians. To explain this further, it is important to borrow from the words of George (2023, p.1), “In the twenty-first century, something that was thought to be nearly unthinkable occurred, as a big European state was invaded by another big European state in full force and scope.” Consequent to this invasion, it has been recorded that Ukrainians in their millions have fled their homes, with 5,115,120 and 560,560 displaced within Europe and beyond, respectively (UNHCR, 2025). This situation has led to an influx of Ukrainians seeking refuge and stability, especially in neighboring countries, with Poland being no exception. In this context, Duszczuk and Kaczmarczyk (2022, p.165) noted that the influx of Ukrainians fleeing the conflict in their homeland to Poland is an unprecedented phenomenon.

The European Union records the highest, with some of its member states witnessing an increase in the number of immigrants under temporary protection. Compared to the slightly over 30,000 people who applied for asylum between 2014 and 2015 following Crimea’s annexation in 2014, the global figure of over 5.6 million from 2022 is different. In 2024, while detailing the successful settlement of refugees from Ukraine within European Union member states, Eurofound (2024), however, also reported that many of the recipient EU states have faced challenges as a result of the massive influx of refugees. An area that merits special attention, as noted by the same foundation, is the mainstream delivery of benefits and services for refugees with special needs, which, according to Andrews et al. (2023, p.13), was encountered at the beginning of refugees’ welcoming in Poland.

Notably, the larger percentage of the displaced persons, who are categorized under the second wave of the Ukrainian refugees in Poland, as clarified in chapter three of this work, rely mostly on humanitarian assistance due to their economic vulnerability (Center for Economic Strategy, 2025).

Despite the humanitarian challenges faced by Poland due to the influx of Ukrainian refugees into its territory (Duszczyk & Kaczmarczyk, 2022, p.165; Korzeniewski et al., 2024, pp.2-3), the government, academic institutes, and private individuals have supported refugees through several interventions to aid refugees and help address the gender specific needs (Polish Economic Institute, 2022; Think Global Health, 2022; Republic of Poland, 2025; Degtyarova & Kraśniewska, 2025, p.2). Especially the ones that deal with menstrual hygiene, since “conflict does not stop period”, which is the natural embodiment of women. While acknowledging the efforts of the above-named institutions, with their involvement being evaluated, the contributions of NGOs in Poland are rarely recognized by scholarships for appropriate assessment. Invariably, food and shelter, as the basic needs of refugees, have become prioritized at the start of the welcoming, while little or no attention is paid to the psychological effects of (mis) management of menstrual hygiene and its products and services, either from the beneficiaries’ end or the providers’ verge. This highlights a weakness in humanitarian response, as not all actors are captured where necessary, making it a silent, but profoundly felt indignity. Therefore, against the conventional knowledge of the Polish government, academic institutes, and private individuals being the major actors addressing the menstrual hygiene needs of Ukrainian female refugees, there exists an ineludible impact from the NGOs, making this study agree with a contra-expectation [empirical] puzzle (Day & Koivu, 2019, p.380).

This study, ostensibly, remains pertinent in the face of the “feminization of migration” and gendered aspects of displacement (Andrews et al., 2023, p.16), which has intensified the strain, physically or psychologically, among women refugees. This increasing share of women during forced migration has allowed me to investigate how these women’s natural embodiment needs are addressed by NGOs and the efficacy of their initiatives associated with menstrual hygiene products and services. While this is omitted in academic discourses, the understanding of whether the interventions of these NGOs have successfully considered and addressed the menstrual hygiene needs of Ukrainian female refugees, which might have contributed to their well-being or otherwise during the displacement, remains the focus of this study.

With an inductive research focus and familiarity with existing theories and conventional knowledge (Day & Koivu, 2019, p.380) on the NGO-led initiatives in the menstrual hygiene needs of female Ukrainian refugees in Poland, the study draws from feminist humanitarian literature and

studies founded on the theme of this study. Therefore, through the examination of how the humanitarian response system prioritizes and organizes women's rights, autonomy, and dignity, I applied a feminist humanitarian theory. In line with these rights and gender justice, menstrual hygiene management has been presented as a crucial humanitarian intervention rather than being supplemental. Following the ideas of Jolof et al. (2024) and Chalauhi (2025) on humanitarian intervention and MHM, this study has drawn from research that emphasizes bodily autonomy and dignity.

Methodologically, an interpretivist approach has been adopted to investigate and present the study. Owing to the triangulate institutional perspectives of NGOs as actors and the lived experience of the women refugees, I have conducted semi-structured interviews with NGO representatives participating as the providers of menstrual hygiene needs (n = 11) and, equally, explored interview transcripts of Ukrainian female refugees (n=14), collected by Jagiellonian Center for Migration Studies. The interventions examined have been analyzed thematically in line with Clarke and Braun's (2017, pp.297-296) credo. The subsequent units of this chapter will provide the study's contribution to the body of knowledge and structure, respectively.

1.1 Contributions to the Body of Knowledge

This study seeks to make several contributions to the fields of gender health, humanitarian aid, feminist and refugee studies, as it concentrates on the particular necessities of Ukrainian female refugees in Poland. The results of the study provide insight into the efficacy of NGO-led programmes that emphasize menstrual hygiene and investigate gender-sensitive strategies for filling the healthcare gap in humanitarian settings. Thus, the evaluation of these initiatives in Poland is the primary contribution of this study. This involves examining non-governmental organizations' initiatives that offer menstrual services and products, and health education. The study's evaluation of these programmes' efficacy will offer key information about how NGO activities affect the menstrual health, psychological health, and dignity of women refugees. Hence, its outcome will contribute not only to the humanitarian field of study but also to the feminist discipline.

Subsequent to my argument that Menstrual hygiene in refugee settings is still an understudied topic, this study consistently fills a major vacuum in the literature on the health of refugees by concentrating on menstrual hygiene as a crucial component of humanitarian assistance. In order

to highlight the importance of gender-sensitive healthcare interventions by NGOs, acting as major players, in refugee contexts, this study investigates how MHM can be integrated into larger humanitarian frameworks. Therefore, menstrual hygiene ought to be incorporated into refugee health initiatives and acknowledged as a human rights concern, as argued by Ociepa-Kicińska and Gorzałczyńska-Koczkodaj (2022, p.79).

With these contributions, this study offers rare perspectives on how to successfully incorporate menstrual hygiene management into NGOs' programmes, as well as empirical data that can enhance future responses to the health needs of women in displacement situations. NGOs, legislators, and humanitarian actors aiming to contribute to the MHM of Ukrainian refugee women in Poland will also find it to be a useful resource.

1.2 Research Structure

The thesis is organised into five connected chapters, each of which advances the main question of the study in a unique but complementary manner. The research's foundational framework is provided in Chapter One, which starts with a thorough examination of the seeming paradox of the gaps in a high-capacity host state and the development of the research puzzle. In an effort to ensure that readers follow the argument's development, it provides a summary of the investigation through the thesis structure, elucidating the qualitative interpretivist orientation. While this is the case at the initial chapter, the literature review in the succeeding chapter (Chapter Two) presents a critical examination of the body of literature on gendered displacement and menstrual hygiene management (MHM) of Ukrainian refugees, cultural considerations, and the initiatives of non-governmental organizations (NGOs) in filling service gaps during humanitarian emergencies.

In Chapter Three, the research design and its alignment with the study's objectives are described, along with a justification of the theoretical, conceptual, and methodological frameworks used in the research. It goes into detail on the methods used for gathering data, such as semi-structured interviews and refugee interview transcripts, and further explains the rationale behind the sampling strategy, which takes into account the viewpoints of both NGO practitioners and refugee members. The thematic analysis approach, ethical issues, and measures to guarantee the validity and reliability of results are also covered in this chapter.

The main analytical component of the thesis is presented in Chapter Four, where the empirical data are systematically categorized into thematic groups that reflect the variety and nature of NGO interventions. By combining the viewpoints of beneficiaries and service providers, this analysis provides a nuanced understanding of both successes and limitations. Chapter Five concludes by summarizing the results, considering the feminist humanitarian theoretical framework and the literature, specifically addressing the research question and assessing how well, in Poland, NGOs have addressed the menstrual health needs of Ukrainian female refugees.

2. Reviews of Literature

2.1 Russian Invasion of Ukraine in 2022 and Refugee Conditions: An Overview

Having been introduced to this subject, it is no longer novel to state that the 2014 annexation of Crimea and Russia's continued support for separatist movements in Eastern Ukraine are some of the root causes of the country's full-scale military invasion of Ukraine, which intensified hostility (Mills, 2023, p.1), has forced many Ukrainians to flee their homes. Although, Kremlin claimed that its augmentation of forces along Ukraine's borders was a reaction to NATO's provocative actions (House of Commons Library, 2024). With iota concern for such debate in this study, Duszczuk and Kaczmarczyk (2022, p.165) submit that the invasion led to widespread destruction, mass displacement, and civilian casualties, with neighboring countries, particularly Poland, absorbing the largest share of those fleeing the conflict. Unlike previous localized clashes, the 2022 conflict was not confined to military targets but involved direct assaults on major Ukrainian cities, disrupting the country's social and political structure. As a result, Russia was subject to severe economic sanctions from the US, the EU, and NATO (BBC, 2024, February 22). However, diplomatic interventions failed to halt the escalation, resulting in an unprecedented humanitarian crisis.

The war triggered a rapid displacement of civilians, with more than 14 million Ukrainians displaced in the first year (Al Jazeera, 2024, February 22). Against this figure, UNHCR record has it that Ukrainian refugees in this category are more than 5.6 million (UNHCR, 2025).

Refugees from Ukraine recorded in countries featured in the Refugee Response Plan ^[1]

Country	Refugees recorded in country as of date	Date
Bulgaria	67,730	6/30/2025
Czech Republic	374,310	5/25/2025
Estonia	40,860	6/30/2025
Hungary	63,870	6/30/2025
Latvia	31,950	6/30/2025
Lithuania	46,790	7/1/2025
Poland	1,000,320	7/8/2025
Republic of Moldova	133,310	6/30/2025
Romania	188,270	6/30/2025
Slovakia	144,970	7/13/2025
Total	2,092,380	

Figure 1. Primary Destinations for Ukrainian Refugees

Of these, the Refugee Response Plan reveals that more than 2 million sought refuge in other European countries, with Poland and others, as shown in *Figure 1*, emerging as primary destinations (UNHCR, 2025). While refugees' choice of destinations was based on geographic proximity and cultural ties, Kravcheňko and Zhuk (2022, p.166) stress that their mobility occurred in multiple waves, reflecting variations in

socioeconomic status, mobility, and external support structures. However, some individuals returned to Ukraine, while others sought longer-term resettlement solutions (Center for Economic Strategy, 2025). The sheer volume of refugees placed an immense logistical strain on Poland's border control and humanitarian infrastructure. Polish authorities, alongside humanitarian organizations, faced immediate challenges in providing emergency shelter, healthcare, and other necessities due to the rising number of refugees. Initially, much of the assistance was driven by grassroots efforts, with Polish citizens volunteering for housing, food, and transport. Many refugees were accommodated in private homes, where they lived with Polish families who self-organized to provide support before formal assistance mechanisms were established. Over time, in the words of Andrews et al. (2023, p.102), structured support systems emerged, integrating government programs and NGO-led initiatives to coordinate long-term refugee assistance.

Housing and shelter availability quickly became a pressing issue, particularly in urban centers like Warsaw, Kraków, and Łódź, which saw surges in demand for rental properties. This sudden influx contributed to a 15–25% increase in housing prices in major cities (Gluszak & Trojanek, 2024, p.1061; Dudek et al., 2023, p.13). While some refugees initially found accommodation in hotels, private rentals, or with host families, many relied on temporary shelters in repurposed schools, sports halls, and shopping centers. These emergency accommodations, though necessary, often lacked privacy and adequate hygiene facilities, creating additional challenges for vulnerable populations such as women, children, and the elderly.

Beyond immediate physical needs, healthcare emerged as a significant concern for both refugees and host communities. The high demand for medical services placed substantial pressure on Poland's healthcare system, which was already facing resource constraints before the crisis. It was noted by Prusaczyk et al. (2023, p.3) that there is no clear, long-term plan for how the Polish health care system will operate; as there exists a shortage of physicians, nurses, and midwives that plagues the health care system, and public spending on healthcare is comparatively low, and its distribution is not ideal. However, Kardas et al. (2022, p.6) applauded the Polish government's decision to provide free medical care to all Ukrainians who have crossed the Polish border since the start of the conflict, on the same terms as Polish citizens, which was made on February 26, 2022 (National Health Fund, 2024).

The psychological impact of war and forced displacement further compounded the crisis. Many refugees who came to Poland have endured traumatic experiences, such as stress, being separated from family members, and having their homes destroyed (Baran et al., 2024, p.106). It was discovered in the findings of Długosz (2023) that “80% of refugees living in public housing and 67% of refugees living in reception centres exhibit signs of depression, anxiety disorders, and PTSD” (p.101). However, access to psychological care remained limited due to language barriers (Baran et al., 2024, p.112), insufficient mental health resources, and cultural stigmas surrounding mental illness (Moroń et al., 2024, p.23). Refugees often relied on informal support networks or Ukrainian-language social media groups, which, while providing community solidarity, also risked spreading misinformation about available services. In an attempt to address communication challenges, Spiegel (2022, p.2084) noted that NGOs and government agencies distributed SIM cards at refugee reception centers, enabling displaced individuals to stay in contact with family and access critical information.

Despite the scale of the crisis, Poland’s response was marked by a high level of societal mobilization and institutional coordination (Lysienia, 2023, p.181). The government swiftly put in place short-term safeguards that allowed refugees to get access to jobs, healthcare, and education. Meanwhile, NGOs played a crucial role in filling service gaps, providing food, shelter, and legal assistance to those in need. However, challenges persisted, particularly in the healthcare sector, where existing facilities struggled to meet demand. Compared to other European countries, Poland has fewer specialized medical centers, and shortages of healthcare professionals were exacerbated by the sudden rise in patients requiring treatment. These pressures highlighted the need for long-term policy solutions to sustain refugee support beyond the emergency phase (Lee et al., 2023, p.42).

Therefore, in order to comprehend mass displacement, the Ukrainian refugee crisis in Poland provides a case study. The experience underscores the importance of pre-existing infrastructure, international cooperation, and gender-sensitive humanitarian responses in managing mass migrations. While Poland’s initial response was characterized by rapid mobilization and solidarity, the long-term sustainability of its refugee assistance framework remains a critical challenge.

2.2 Ukrainian Female Refugees’ Experiences with MHM

The personal experiences of refugees provide critical insights into the practical realities of managing menstruation in displacement settings. Empirical research highlights the aspects of the experiences physically, psychologically, and culturally through systemic bias in humanitarian response. Qualitative research studies have, over the years, given an insight into the price that women pay because of poor MHM support. Refugee women and girls stated that they feel so anxious and helpless because they cannot control their menstruation independently. It was also confirmed by UNICEF in a report stating that many of the Ukrainian women refugees in Poland are experiencing a severe level of distress (UNICEF, 2023). However, a quantitative survey of Ukrainian refugees in Poland in 2023 by Fundacja Różowa Skrzyneczka (2023) found that only 68.1% of them received proper hygiene products as part of assistance, even though 76.1% of them had access to them during their periods.

Cultural factors are arguably one of the most important factors when it comes to shaping experiences (Ociepa-Kicińska & Gorzałczyńska-Koczkodaj, 2022, p.81). Many Ukrainian refugees come from cultures where they are not encouraged at all to discuss menstrual-related topics, which discourages women even more from seeking help. This, in the words of Borges (2024, p.676), social rejection is especially felt among females who are equally the most prone to bullying or being left out while in group shelters because they are teenagers.

Hindrances to MHM do not only include the absence of products or facilities. Refugee women in Poland have highlighted some challenges, which include navigating unfamiliar systems to access aid or finding time for self-care amid caregiving responsibilities (Sood et al., 2022, p.488). Also, these challenges are made difficult by language; the women have a difficult time explaining their needs to aid providers who do not understand the Ukrainian language. The following are the psychological barriers; The other barriers are mainly psychological. The trauma of displacement, combined with the stress of navigating new environments, according to Borges (2024, p.681), often deprioritizes menstrual health, leading to neglect or unsafe practices. This research evidence indicates that some of these challenges could be addressed by a comprehensive intervention model where mental health consideration goes alongside general MHM strategies.

2.2.1 Health Issues Faced by Ukrainian Refugees

The large-scale flow of Ukrainian refugees, as noted above, has presented considerable healthcare challenges in Europe, with Poland absorbing a significant share of the burden. The sudden increase

in the number of displaced individuals exposed weaknesses in healthcare service delivery, necessitating comprehensive and culturally appropriate interventions tailored to refugee needs. Healthcare accessibility quickly emerged as a top priority among Ukrainian refugees. Based on research evidence, healthcare ranked among the top three concerns for 34% of internally displaced people, surpassed only by employment and livelihoods (Regional Refugee Response for the Ukrainian Situation, 2024). Despite the introduction of temporary protection measures granting access to public healthcare services, barriers persisted, with 11% of refugee households reporting unmet healthcare needs. **Error! Bookmark not defined.** The demand for medical services was significant, as 28% of refugee households sought medical attention within 30 days (Długosz, 2023, p.109). To complement this, Starzewski (2022, p.2), Lewtak (2023, p.2015), and Korzeniewski et al. (2024, p.3) admit that vulnerable groups, particularly individuals with disabilities, faced the greatest difficulties, with over half citing healthcare access as a major concern.

The displacement process disrupted pre-existing treatment regimens for chronic illnesses, worsening health complications among refugees. This not only led to immediate health risks but also heightened the likelihood of long-term complications, particularly among elderly refugees who required continuous treatment (Murphy et al., 2022, p.11). Reflecting the psychological toll of war and forced migration, mental health conditions such as major depression, anxiety, PTSD, and bipolar disorder were also common among refugees. Due to the cultural stigma associated with psychological care and the restricted availability of mental health services, many of these conditions remained undiagnosed or untreated. While immediate physical health needs were prioritized, Adedeji et al. (2025, p.251) highlighted that mental health support remained inadequate, with many refugees not seeking assistance due to unfamiliarity with available services or concerns about social perceptions.

While women's health presented specific challenges, particularly regarding reproductive and maternal care, access to prenatal care remained largely stable due to Poland's healthcare infrastructure. Although certain barriers persisted, particularly for refugees unfamiliar with the Polish medical system. Some displaced women encountered difficulties in navigating hospital registration procedures or obtaining medical documentation necessary for routine check-ups (Murphy et al., 2022, p.12). Equally, financial constraints and inconsistent distribution of hygiene kits across refugee shelters have been reported by Kardas et al. (2022, p.27) to be areas of concern.

The treatment of refugees at the Belarusian border was shaped by different legal, humanitarian, and political factors, requiring distinct policy responses. The war, separation from family members, and the uncertainties of resettlement significantly contributed to the mental health crisis among Ukrainian refugees. Despite the scale of the crisis, mental health services remained difficult to access. An additional fact to note, according to Rozynek et al. (2025, p.12), is that the stigma surrounding mental health issues discouraged individuals, particularly older refugees, from seeking support.

The challenges Ukrainian refugees faced in obtaining healthcare were exacerbated by systemic barriers. Even though temporary protection provisions provided refugees with access to public healthcare (Macková et al., 2024, p.4), extra expenses for prescription drugs, expert consultations, or transportation to medical facilities were frequently out of reach (Starzewski, 2022, p.7). Many refugees were forced to forgo necessary treatments due to financial hardship, leading to worsening health outcomes (Kardas et al., 2022, pp.28-29). Another critical challenge was the lack of documentation among newly arrived refugees. Many individuals lacked proper identification or medical records, delaying their ability to access healthcare. Polish healthcare providers faced difficulties verifying patient eligibility and treatment histories, leading to disruptions in care continuity. Additionally, unfamiliarity with Poland's healthcare system meant that many refugees were unaware of their rights or how to navigate medical services efficiently (Murphy et al., 2022, p.21). The health issues that Ukrainian refugees in Poland face highlight the interplay between structural impediments, a lack of resources, and vulnerabilities particular to displaced groups. Addressing these issues requires a holistic, gender-sensitive approach that prioritizes both physical and mental health. Through sustained cooperation among governmental agencies, NGOs, and international organizations, Poland and other host countries can develop long-term, sustainable solutions that uphold the dignity and well-being of refugees while strengthening healthcare systems to manage future displacement crises.

2.3 Evaluation of Menstrual Health Management Programs

Before its conceptualization in Chapter 3, I decided to review menstrual health management (MHM) programs in humanitarian contexts. The studies have hardly been widely researched, with the available few providing useful lessons for improving experiences and interventions in Poland. Following the opinions of Patel et al. (2022), Sood (2022), and Joshi and Mendhe (2025), MHM

evaluation is premised on accessibility, cultural sensitivity, and sustainability. Accessibility is the key indicator when it comes to the assessment of MHM programs. Effective implementations guarantee that there are accessible menstrual products and hygienic amenities, regardless of location or economic status. The distribution of menstrual kits by non-governmental organizations has enhanced access in a big way in Poland, especially in the urban areas. Nevertheless, Joshi and Mendhe (2025, p.90) and Sood et al.'s (2022, p.489) evaluation centers in 2023 found that rural shelters and smaller transit centers often remain underserved, highlighting the need for more equitable distribution strategies. Another well-thought-out factor is cultural sensitivity. Successful initiatives have tailored their work to the cultural backgrounds of the target population, proposing products and educational materials that meet refugees' expectations and perceptions. Patel et al. (2022, p.10) noted that programs that include input from Ukrainian women in Poland have received a higher degree of acceptance and user satisfaction than others. Empirical studies on MHM in an emergency context revealed the following needs and benefits for enhancing menstrual health among Ukrainians in Poland. These studies offer a wide-angle view of MHM interventions in terms of physical, psychological, and cultural processes, and equally, provide a comprehensive foundation for designing effective interventions.

2.4 Cultural Considerations: Menstrual Practices in Poland vs. Ukraine

Discussing menstrual hygiene requirements in light of Ukrainian refugees' experiences in Poland requires an understanding of cultural sensitivity. Poland and Ukraine share similar cultural and religious traditions, which influence attention paid to menstrual hygiene needs. While both countries predominantly follow Christian traditions of Catholicism in Poland and Orthodox Christianity in Ukraine, menstrual hygiene and its education have been approached openly and practically among larger populations compared to what we have in other global regions (Larson et al., 2025, p.23). In essence, menstrual practices are generally not stigmatized in the same way as it is in some non-European contexts where religious or cultural beliefs may impose restrictions on menstruating women. However, despite the Kulczyk Foundation's (2025) notion of “no teenage girl should have to decide between sandwich and sanitary pad”, it was discovered that “one in three girls is unprepared for their first period.” Even though this has been traced to the parents' inefficiency in adequately preparing their girl child (Ociepa-Kicinska & Gorzałczyńska-

Koczkodaj, 2022, p.78), the school and NGOs have not missed out on this aspect through mental health and well-being promotional programmes (Polish Radio SA Portal, 2024).

Therefore, similar to what exists in Ukraine, menstrual products such as pads and tampons are widely available, and menstrual health education is included in school curricula in Poland. Thus, in a recent study carried out by Larson et al. (2025, p.25), Ukrainian refugees arriving in Poland did not face significant cultural adjustments in terms of menstrual health norms. However, despite the similarities identified, differences exist in product preferences and availability. Despite the widespread use of menstrual supplies that are reusable, like tampons and pads in both nations, a growing movement in Poland is using sustainability initiatives to promote reusable menstrual products like cloth pads and menstrual cups (Adedeji et al., 2025, p.260). However, Ukrainian refugees who were unfamiliar with these alternatives may have initially hesitated to adopt them (Larson et al. 2025, p.27).

Menstrual health management for Ukrainian refugees in Poland is less about infrastructural deficiencies and more about economic accessibility and product distribution. While Poland offers a sanitary environment with access to menstrual products, some refugees may face difficulties due to financial constraints, limited availability of specific products in donation centers, or personal adaptation challenges. Targeted assistance is needed to address these problems and guarantee that everyone who experiences menstruation can handle their period health in a dignified manner.

2.5 Initiatives Implemented by NGOs: Typological Perspectives

Following the Russian invasion of Ukraine in 2022, Poland became the main destination for refugees seeking safety, resulting in an unprecedented humanitarian crisis (Baran et al., 2024, p.106). In order to support the integration and general well-being of Ukrainian refugees in Poland, non-governmental organisations (NGOs) have been instrumental in addressing their complex needs and putting different intervention strategies into practice. Hence, immediate humanitarian aid is a key component of NGO intervention. In order to provide basic services like food distribution, shelter, and medical attention, organisations such as the Polish Humanitarian Action (PAH), Fundacja Autonomia, and Centrum Praw Kobiet have set up rapid emergency response systems. These immediate interventions have been particularly effective due to the rapid mobilization of resources and strong coordination between local and international organizations (Adebayo et al, 2024, p.611).

Housing support represents another critical intervention area (Gluszak & Trojane, 2024, p.1059). NGOs have developed innovative approaches to address accommodation challenges, including rental assistance programs and mediation services between refugees and local landlords. Ciechan (2025, p.3) asserts that it is impossible to overstate the importance of the temporary housing that Polish society provided during the early stages of the crisis. These accommodations allowed the new arrivals in Wroclaw, Poland, to use public buildings, schools, gyms, and leisure centres, as well as train stations and airport terminals. NGOs in border municipalities also provided these facilities.

Educational and employment support constitute vital components of NGO interventions. Organizations have established comprehensive language training programs, school integration initiatives, and job placement services (Moroń et al., 2024, p.16). This has been affirmed by Dudek et al. (2023, p.4), stating that such interventions have enhanced refugees' prospects for economic independence and social integration; as such, it is the most reliable from the NGOs. Against this understanding, Adedeji et al. (2025, p.261) have revealed that NGOs' mental health and psychological support programs, which include group therapy initiatives, individual counselling sessions, and the implementation of trauma-informed programs, have become essential intervention programmes. Therefore, culturally sensitive methods are crucial for mental health interventions, especially for children and vulnerable populations.

Legal and administrative intervention represents another significant support source for NGOs. Some civil societies assist refugees with documentation, temporary protection status applications, and access to public services (Lysienia, 2023, p.181). Hence, Ociepa-Kicińska and Gorzałczyńska-Koczkodaj (2022, p.72) affirmed that these interventions have been particularly effective in helping refugees navigate complex bureaucratic systems and understand their rights and entitlements in Poland.

2.5.1 The Interventions of NGO for Menstrual Hygiene Management (MHM) Among Ukrainian Refugees in Poland

Many organizations have stepped in to bridge the gap in providing menstrual health products to Ukrainian refugees. Their efforts range from distributing menstrual products to conducting advocacy campaigns aimed at increasing awareness (Bouchard, 2025, p.2). Different NGOs, including Polish Humanitarian, as well as INGOs such as CARE International and UNFPA, have

utilized their resources to procure and distribute free menstrual supplies for refugees (Moroń et al., 2024, p.11). Beyond institutional efforts, Polish citizens also played a crucial role in ensuring NGOs reach their menstrual hygiene target for Ukrainian refugees (Spiegel, 2022, p.2084). In the immediate aftermath of the war's outbreak, private individuals and local grassroots groups actively purchased and donated hygiene products. Supermarkets and pharmacies across Poland saw increased purchases of menstrual products, which were donated to refugee assistance points and community centers (Ociepa-Kicińska & Gorzałczyńska-Koczkodaj, 2022, p.73). Thus, this civilian-led effort was a vital part of the initial emergency response before structured humanitarian aid became widely available.

Reusable menstrual products have also been promoted, especially as part of sustainability efforts. However, their adoption has required investments in education about their use and maintenance. Contrary to some humanitarian crises where access to clean water is a significant barrier, Poland's water and sanitation infrastructure ensured that Ukrainian refugees had adequate facilities to wash reusable products when needed. The primary challenge, therefore, was not a lack of water, in the view of Biesiada et al. (2023, p.3), but rather the unfamiliarity some refugees had with reusable options and the cultural acceptability of these alternatives.

Recognizing the need for a broader approach to menstrual hygiene, NGOs have focused on improving the physical infrastructure necessary for dignified menstrual care. Organizations have worked to provide gender-sensitive solutions (Biesiada et al., 2023, p.1), such as separate bathroom spaces for women, improved waste disposal systems, and hygiene stations equipped with menstrual products (Jolof et al., 2024, p.42). In addition to providing products and improving infrastructure, NGOs have emphasized menstrual health education (Długosz, 2023, p.119). In light of this, the Pink Box Foundation, as a case in point in Poland, has established information stands and distributed printed materials specifically designed for Ukrainian women and girls. These initiatives have played a critical role in counteracting misinformation and fostering positive, informed attitudes toward menstrual health.

Understanding cultural differences has also been an important aspect of NGO-led interventions. While Poland and Ukraine share similar cultural attitudes toward menstrual practices, NGOs still tailor their efforts to be culturally inclusive, ensuring that educational materials and product distributions align with refugees' preferences and religious considerations (Ciechan, 2025, p.4).

For example, efforts have been made to provide options that accommodate diverse cultural and personal needs as opposed to imposing a uniform strategy. Despite significant progress in MHM support, challenges remain (Kardas et al., 2022, p.26; Joshi & Mendhe, 2025, pp.89-90). NGOs initially faced funding limitations, making it difficult to sustain large-scale product distribution over an extended period (Starzewski, 2022, p.2). While finance is the focus of the previous author, Morón et al.'s (2024, p.2) stance has been that the high turnover of refugees in transit shelters has also made long-term planning difficult, as aid efforts must adapt to fluctuating numbers and changing needs. Additionally, although menstrual health education has been a priority, Jolof et al. (2024, p.57) in their argument state that infrastructural gaps persist, particularly among adolescent girls and women from conservative backgrounds

These ongoing challenges illustrate why menstrual health must remain a core component of refugee support programs. Continued investment and coordination between NGOs, government agencies, and community-driven initiatives are essential to guaranteeing fair access to resources for menstrual health. The efforts undertaken so far highlight how crucial it is to incorporate menstrual health into more comprehensive humanitarian assistance plans. By addressing both practical and educational aspects of menstrual hygiene, NGOs have contributed not just to the health of refugee girls and women but also to broader discussions on gender rights and dignity in humanitarian settings.

Non-governmental organizations, according to this review, have been essential in helping Ukrainian refugees in Poland maintain proper menstrual hygiene. Yet, the evaluation of the organizations' efforts continues to be omitted in academic discourse. Their initiatives have significantly improved access to products, infrastructure, and education. However, the evolving nature of the refugee crisis calls for sustained attention to menstrual health, particularly as integration efforts continue and the long-term needs of displaced populations become clearer. The progress made thus far underscores the necessity of maintaining menstrual health as a fundamental component of refugee assistance and broader public health initiatives.

2.6 Summarizing the Trends and Identifying the Gaps in Literature

A review of the literature reveals the complexities surrounding menstrual hygiene management (MHM) in humanitarian contexts, emphasizing Ukrainian refugees in Poland. Menstrual health is often overlooked during global displacement crises, yet it represents a critical concern where issues

of gender, health, and human rights come together. This section synthesizes the empirical and programmatic insights discussed earlier to present a consolidated understanding of challenges and opportunities for addressing MHM in refugee contexts. A recurring theme in the literature is that humanitarian crises are inherently gendered; hence, women and girls face a lot of differential challenges in seeking health and hygiene resources. This review further presents NGO-driven activities to meet MHM needs. Some initiatives have established the distribution of menstrual kits, the construction of private facilities, and educational workshops. This will relieve immediate challenges for many refugee women and girls. However, these programmes are seldom free from limitations in scope, sustainability, and appropriateness within the specific cultural context. Therefore, despite growing attention to menstrual hygiene management (MHM) among humanitarian populations, there are still knowledge and research gaps. These are particularly regarding the experiences and needs of Ukrainian refugees in Poland and the actors involved when meeting such demands. These gaps hinder the establishment of culturally competent as well as efficient, and sustainable interventions.

The Ukrainian refugee crisis has prompted extensive research on displacement, health, and integration, but menstrual health remains an underexplored area. Much of the existing research has looked into MHM in a number of countries, with very little knowledge as to how such issues play out in displacement settings, such as the case of Ukrainians finding refuge in Poland (Chalauchi, 2025, p.205). Despite the potential of global frameworks to provide useful information, the actual socio-cultural, economic, and infrastructural contexts of Ukrainian refugees remain overlooked. Equally, quantitative studies that provide robust demographic data on menstruating individuals, their access to resources, and the effectiveness of interventions are particularly scarce.

Most current evaluations of Menstrual Health Management (MHM) programs focus on output measures, such as the number of menstrual kits distributed, rather than outcome measures that demonstrate improvements in dignity, health, or psychosocial well-being (Patel et al., 2022, p.5). This output limits the understanding of the lasting impacts of interventions. The following important questions are still unresolved: How do refugees view these programmes? Do the interventions have any long-term effects? Are health outcomes improved, or stigma reduced? Given that the long-term effects of menstrual health management interventions are still not fully understood, the lack of longitudinal research makes this shortcoming worse.

There remains a wide gap in the literature on MHM among Ukrainian refugees to Poland, with a call for more comprehensive, context-specific, and intersectional studies. These gaps can be filled only by changing from output-focused evaluation to outcome-driven analysis, where long-term sustainability and psychosocial dimensions of menstrual health are at the core. When these gaps are addressed by prospective research, the evidence base needed to develop effective menstrual health policies and initiatives, which are seen as crucial to gender equality and humanitarian efforts, would be created. A major gap in existing interventions is a comprehensive assessment, which analyzes long-term outcomes. Most programs focus on output indicators, such as the number of items distributed, rather than looking at their impact on dignity, health, or psychological well-being. Moreover, reliance on short-term measures, such as emergency housing, often overlooks the root systemic issues, thus maintaining dependency rather than empowerment (Bouchard, 2025, p.14).

While this chapter's findings offer a solid basis for the research goals and methodology outlined in the following chapters, the study design and focus have been informed by the gaps in the literature that have been identified, particularly those on the experiences of Ukrainian refugees and the assessment of MHM interventions in Poland. In this respect, the emphasis on feminist and humanitarian approaches will guide the analysis of the initiatives developed by NGOs and explore innovative solutions. This framework, generated in this chapter, serves as a basis that will provide the means to evaluate the effectiveness of existing programs and give recommendations for evidence-based improvements. In order to further the conversation about menstrual health as an issue of human rights, this study will integrate feminist humanitarian theory with empirical research.

Menstrual hygiene management in displacement contexts demands a change in the way that humanitarian aid is conceptualized and delivered. The systemic barriers described in this chapter reflect broader societal inequities that must be torn down through inclusive, but transformative approaches. Prioritizing menstrual health can also enable humanitarian actors to promote gender equality, maintain dignity, and raise the overall well-being of displaced populations. This chapter concludes by underscoring once more the critical importance of MHM as a gendered and intersectional concern that needs immediate attention in research and practice.

3. Conceptual and Theoretical Frameworks, and Methodology

3.1 Theoretical Framework

In evaluating the NGOs' efforts to address the menstrual hygiene needs of Ukrainian refugees in Poland since the 2022 invasion, this study applies a feminist humanitarian theory. With a focus on the dignity, empowerment, and gender equality of female refugees, this method aids in understanding the structural arrangement of humanitarian aid, especially during displacement (Veit, 2019, p.404; Bouchard, 2025). As stated in the first sentence of this paragraph, this theory will therefore continue to be relevant to this study since it will facilitate the examination of NGOs' inventiveness with regard to the research theme's concern. This, in the words of Baran (2024, p.108), highlights its gender sensitivity and inclusiveness in a displacement context, and how this perspective addresses the female refugees with peculiar susceptibility.

As a humanitarian actor, a Non-Governmental Organization has an important role it plays in addressing the menstrual hygiene services and products needed by women in an amenable manner in conformity with their experience. This theoretical framework is used to examine the ways in which NGOs' interventions for the menstrual hygiene needs of Ukrainian women refugees are initiated and addressed in Poland following Russia's invasion of Ukraine in 2022.

The proposition of this theory is based on the fact that the primary factor to be considered in understanding a displacement cause or outcome remains gender. For clarity's sake, my interpretation of this argument is that humanitarianism is not only patriarchal in its system (Rose, 2016, p.7). While this is true, Bouchard (2025, p.2) has acknowledged that its conventional systems have often overlooked the specific needs of women, especially those who might be vulnerable. In his broad feminist work, Anderson (2024, p.5) foregrounds how the needs of displaced women could be overlooked. Nonetheless, this is not ubiquitous (Ociepa-Kicińska; Lewtak et al., 2023, p.23) as some humanitarian systems have not upheld such characteristics. In maintaining that women encounter difficulties in the case of the refugee crisis, which are naturally provocative, unlike those of their men counterparts, Fennell and Sweeney (2020) advanced, in support of the former, that while displacement poses challenges against all refugees regardless of their gender, women's menstrual hygiene needs are considered secondary to the 'supposed' immediate needs. Meanwhile, shelter, food, safety, and protection are typically regarded as urgent issues. Against this practice within the conventional humanitarian frameworks, the feminist

humanitarian theory postulates how women's natural embodiment related to menstrual and reproductive health can be given an afterthought and reconceived. This flip-flop ensures equal treatment of every gender among refugees and the inclusiveness of their fundamental human rights and needs in the aid layout.

At the beginning of the Ukrainian refugee crisis, the emergency support provided by the Polish government focused on food, shelter, and security with iota attention paid to gender concerns. In the Poland Assessment Report released by Voice and HIAS (2022), it has revealed that despite the “outpouring of public and private support for those fleeing Ukraine... an ad-hoc and gender-blind response cannot meet the basic needs...of forcibly displaced persons...” In an attempt to address this, various institutions (including the government’s parastatals, academic departments, and institutes) and private individuals intensified the support provided to these Ukrainian refugees, closing the gender vacuum. This response gave an avenue for NGOs in this area to also join as a “duty bearer”. This ability to be part of the multi-layer structure that creates space for women highlights the flexibility of NGOs as actors in a humanitarian context.

Therefore, this theory positions NGOs as one of the “duty bearers” (that is, principal actors) in contributing to gender inclusiveness among Ukrainian refugees (Voice & HIAS, 2022). With NGOs’ capability to make available support, ranging from menstrual education, psychosocial services, they have promoted women’s empowerment. The effectiveness of these supports, as stated by Spiegel (2022, p.2085), Starzewski (2022), and Moroń et al. (2024, p.3), is contingent upon the capacity of the NGOs in terms of resources, which include funding. In a nutshell, despite the huge contributions of NGOs in this aspect, the potential difficulty faced by many, if not all, is how to sustain their efforts among the league of actors. This shortcoming is due to the transitory nature of the funding available to them, and possibly, the response inconsistency among various organizations.

Invariably, the importance of agency and the dignity of women has been pointed out as one of the highlights of feminist humanitarian theory, especially in a humanitarian situation. This implies that the immediate needs of women should not only be met but also include the promotion of women's agencies. This includes their involvement in decision-making processes that have to do with reproductive health and menstrual hygiene management. In alignment with the gender equality of the feminist goal, the theory highlights women’s control in situations that have to do with their

health and bodies. Thus, NGOs' role in ensuring women are empowered through agency in the refugee context cannot be overemphasized. Unfortunately, similar to Spiegel (2022, p.2085), opinion, Moroń et al. (2024, p.5), have identified limited funding and other external factors, such as a lack of political will, as an obstacle in actualizing a long-term impact, as an actor. Therefore, if there is no long-term institutional support, female refugees will continue to be marginalized. However, Moroń et al.'s (2023) unique insight about NGOs' functionality in addressing empowerment is similar to that of Adebayo (2024) and Sood et al. (2023), with little variance. The former's attention on decision-making remains congruous with Moroń et al.'s (2024) perspective that women's empowerment is beyond products and services, but covers the ability to influence decisions targeted towards women themselves. Contrary to this perspective of the institutional challenge of NGO, Bouchard (2025) emphasizes community-level empowerment in creating the needed change. Against the background of empowerment as a top-down process, Piotrowski et al. (2023, p.652) postulate that empowerment must be in the form of self-actualization and identification by women themselves, since it (empowerment) cannot be imposed on NGOs.

Sequel to my study's focus, Ukrainian refugees in Poland, NGOs have adequately intervened, and their interventions have contributed to the dignity of displaced persons, including women. Thus, beyond the immediate needs that they provide, the restoration of women's self-worth has made their participation more of, but not limited to, a survival (Dudek et al., 2023, p.17; Baran et al., 2024, pp.104-107). Therefore, feminist humanitarian theory presents menstrual hygiene needs and how they are managed as a human rights-related issue (Bouchard, 2025, p.2). Its influence on women's autonomy and self-worth, agency, and equality has the tendency to undermine women's empowerment. Overall, this theory will serve as a lens through which this study examines NGO-led initiatives that address menstrual hygiene needs among Ukrainian female refugees in Poland. Following my attention on empowerment, dignity, and agency, for this study, this framework gives a chance for exploration of how NGOs' menstrual hygiene initiatives either enable or disempower their targeted audience, which is the women's group. Equally, this theory allows the assessment of whether (or not) NGOs provide rights-based and gender responsive MHM solutions; and goes further to investigate if NGOs' interventions have met the short-term needs or contributed to their long-term empowerment.

3.2 Focus, Aims, and Conceptualisation

The purpose of this study is to provide empirical evidence regarding the efficacy of NGO-led programmes in meeting the menstrual hygiene requirements of Ukrainian women refugees in Poland following the full-scale Russian invasion of Ukraine in 2022. While generating these insights, I have built on feminist (and) humanitarian literature, and the frameworks on humanitarian responses. This is with a focus on gender-specific challenges that have been insufficiently discussed, even with their influence on the preservation of women's menstrual well-being and dignity.

As mentioned briefly in the first chapter of this work, the Russian invasion of Ukraine has resulted in a refugee crisis throughout Europe. From among the 5.1 million refugees fleeing Ukraine as a result of this conflict, Poland has received over 2 million refugees between 2022 and 2023 (Jankowski, 2023, p.2), with 58% and 19% being women and children, respectively. As a result, a large number of these refugees are women and children. Nonetheless, the number of Ukrainian refugees in Poland has fluctuated (UNHCR, 2025). Regardless of this dissimilarity, in Poland, there has been a change in the refugee situation. Although among the over 1.6 million refugees granted temporary protection in Poland, those who remained in the country are about 1 million in number (People in Need, 2025). Therefore, the concentration of this study in relation to the clarity as to how many refugees entered, remained, and left Poland, and why, has piqued my interest to briefly discuss the three waves of refugees' arrivals in Poland in 3.2.1 of this study. The concentration, which is the second wave (arrival of women and children), comes with differing needs, in contrast to what features in the first and third waves. This variation has brought about significant consideration in the changing conditions of examining the Polish response through NGO's intervention. However, this intention is not to dispose Polish response through other institutions. At this point, it should be noted that private citizens and a number of organizations, including academic departments and institutes, have been instrumental in aiding Ukrainian refugees in Poland since the full-scale invasion began in 2022 (Szymańska, 2023, p.2). Indeed, the Polish government's efforts and contributions in the form of policies put in place to coordinate and maintain aid cannot be overemphasized (Humanitarian Leadership Academy, 2024). These efforts have shown the rate of Polish response to the refugee crisis at hand.

Despite this complexity and scale of Poland's humanitarian response, the lack of preparedness in the initial humanitarian response of Poland, which overlooked gendered needs, has made menstrual hygiene needs a point of focus for the NGOs (Morón et al., 2024, p.8). In light of this, this study, in 3.2.2, conceptualizes menstrual hygiene as an element of public health, protection, and empowerment. Of the three framings by the World Health Organization (2022), the first one is thought to be more related to health in terms of physical, psychological, and social aspects that must be addressed from a life course perspective. Therefore, this study has been positioned in line with feminist humanitarian discourse, as female refugees' menstrual health remains an important aspect of their well-being, regardless of crisis conditions.

From the reviewed literature in the second chapter of this study, it has been realized that humanitarian efforts, while it is crucial, often encounter hurdles ranging from a lack of gender responsiveness, fragmentation, and emphasis on short-term needs over long-term, as highlighted by Barbelet (2021, p.4). Despite the impact of governmental institutions, private citizens, and other academic institutes, as noted earlier, the support programs initiated by NGOs have responded to the refugee needs, which include menstrual hygiene, during the humanitarian emergency caused by the invasion in 2022. NGOs' focus on providing services related to female refugees' health and well-being, including MHM, has been portrayed by Patel et al. (2022) and Borges (2024, p.674) as being constructive.

Therefore, this research seeks to investigate the efficiency and accessibility of menstrual hygiene needs for Ukrainian female refugees through interventions led by NGOs in Poland, and also to uncover the gaps within these initiatives. By using the aid recipients' perspectives as a supplement to the representatives of NGOs, I have explored the extent to which the menstrual hygiene services and products provided by NGOs have impacted the well-being of the displaced women from Ukraine in Poland.

Instead of proving universal truths about this issue, the goal of this study is to "foster comprehension through generating an understanding" (Stenbacka, 2001, p.552) of the experiences of Ukrainian refugee women in Poland. This perception is informed by an interpretivist orientation with an onto-epistemological position that highlights truth as an apparatus that recognizes subjective and constructed meanings, social context, and the lived experience and realities of these refugees. In a nutshell, this study is driven by both ontological and epistemological beliefs.

Ontologically, neither is truth singular, nor is it objective. Rather, it is constructed through social and cultural interactions (Lincoln et al., 2011, p.97). With this study, it can be said that the Ukrainian refugee women should not be considered acquiescent to the aid provided by the NGOs, but their experience should be seen as non-passive with contextual and embodied realities shaped by humanitarian, gender, and cultural norms.

At the core of epistemological credence, this study is driven by the belief that knowledge is subjective, constructed, and situated. Therefore, this study is such an interlocutory investigation that shows that knowledge is realized through dialogical activity between me, the researcher, and the participants. To elaborate further, participants in this study are not only regarded as my “sources of data”, but I have also classified them as co-interpreters of the Ukrainian refugees' experiences with regard to the necessity of menstrual hygiene and the influence of the NGO in assessing their programmes..

With the inclusion of ‘conceptualization’ in this part of this study, as reflected in the 3.2 heading (focus, aim, and *conceptualization*), I have provided succinct clarifications of relevant concepts that help in structuring the exploratory investigation. This, therefore, ensures that there exists a logical flow in the research question about data collection and design. The framework serves as a structural guide by anchoring the methodology in a clear manner, which enables academic credibility. This conceptual clarification of relevant terms used will enable a rigorous but flexible lens that plays the role of a dynamic scaffold, which informs the design of the interviews and the insights that emerge to either expand or question the framework. However, in 3.2.1, I will provide a brief explanation of the meaning of the term “waves of Ukrainian refugees in Poland,” as used in this study thus far, before delving into the study's primary concepts in later units.

3.2.1. Waves of Ukrainian Refugees in Poland: Justifying the Selection of the Classic Refugees

The study's focus on this topic and the necessity to define the types of refugees who have entered Poland since Russia's 2022 invasion have prompted me to take a quick look at the waves of Ukrainian refugees in Poland. Drawing from the research of Duszczuk and Kaczmarczyk (2022), Korzeniewski et al. (2024), Andrews et al. (2023), and Kravcheńko and Zhuk (2022), the migration patterns have been categorised into three groups, each of which is thought to represent a separate wave of these refugees. The study focuses specifically on the second wave of these three waves,

which is an important point to note. To start with, the initial category consisted of resource-equipped Ukrainians, mainly in managerial and professional positions, who could afford to house overseas and make it available for themselves and their families. In contrast, the ability of this cohort to leave early was not the same as those who followed. Although financial security remains instrumental in the case of the first wave, as those with the financial means sought refuge abroad, it is necessary to add that the three categories share common motivations for leaving Ukraine during the crisis. These reasons for leaving range from self-protection, the safety of their families, and the infrastructure breakdown in their home cities.

Going forward, the wave, which included the wealthy Ukrainians, as explained above, was subsequently followed by a second wave that involved the mass displacement of women and children escaping the conflict (Duszczyk & Kaczmarczyk, 2022, p.99), which is a main focus of the study. The third, and what I consider and treat as the last wave, reflects the gradual return of Ukrainian refugees to their homes, Ukraine, as put forward by Korzeniewski et al. (2024, p.2). The de-escalation of the conflict, easing the conditions of Ukrainian livelihood (Andrews et al., 2023, p.99), has resulted in the action of those who belong to this category. While the first consists of “quasi-labour migrants”, the second wave is viewed as “classic refugees”, and the third is considered “patriotic and people from the combat zones.”

Coming back to the focus, the second wave, which was marked by a large number of women and children who relied on overcrowded transportation or crossing the border on foot, arrived with little or no preparation for exercises that included menstrual exertion that required humanitarian support in Poland. The topic of this study is therefore informed by this humanitarian circumstance. This is relatively connected to women refugees’ vulnerabilities contributed to the aggravation caused by the forced migration and the efforts of NGOs in providing menstrual hygiene services and products.

3.3. Conceptual Clarifications

3.3.1 NGO-Led Initiatives

While NGO-led initiative seems important as a concept, defining what a Non-Governmental Organization (NGO) is equally necessary. Therefore, an NGO, in the words of Deloffre (2021, p.9), refers to it as a voluntary, non-profit making, self-governing, and autonomous institution that

engages in pursuits such as relieving suffering through the promotion of voices for the have-not, protect the interest of the concerned victims or parties, and possibly make available amenities and/or social services that are considered basic. Putting this further, it is an entity that is supposedly free of government influence. This is driven by a core purpose of meeting humanitarian, developmental, or social targets, which may take the form of service delivery and advocacy for causes. In the context of migration, Ciechan (2025, p.12) perceived “NGOs as the third sector entities supporting persons with displaced status through certain functions such as advocacy, integration assistance, and service and needs provisions.” From the above perspectives, NGO-led initiatives may mean socio-developmental or humanitarian interventions chartered and spearheaded by non-profit and civil-society-based entities, known as Non-Governmental Organizations, operating outside the direct control of government. These initiatives led by these entities cover programmes ranging from education, gender equality, legal support, to health services and relief, which extends to the notable aspect of this study, menstrual hygiene intervention for refugees.

NGO-led initiatives have presented in their nature a multidimensionality which could be traced to the heterogeneity of scholarly definitions of the concept. Schaaf et al. (2020, p.2) have conceptualized NGO-led initiatives through the lens of reproductive justice. To them, these are operations for gender and reproductive rights, targeted towards service gaps for women in humanitarian state of affairs. These operations, as stressed by Berbelet et al. (2021, pp.2-3), are community-sensitive efforts formulated and executed by national or international NGOs to either replace or complement the response mechanism by the government. With a view into NGOs as part of a system of polycentric humanitarian governance, Deloffre (2021, p.9) conceptualizes their initiatives as “flexible mechanisms designed with a decentralized mode of service provision and humanitarian promotion that responds to localized crises and their situations.” In an attempt to shift towards a more political and rights-based, yet humanitarian, perspective, Adebayo et al. (2024, p.605) argued that these initiatives by NGOs fill governance voids in fragile states through strategically coordinated services and advocacy primarily for the benefit of displaced and marginalized populations. Despite the noticeable diversity of the above definitions, certain themes emerge. Notably, NGO-led initiatives function as gap-fillers, intending to provide social services in humanitarian settings where state actors are either lagging or their actions are insufficient.

In the context of refugee crises, NGOs have records of responding to the needs of displaced persons, which include those of women and girls. NGOs, as identified by Barbelet et al. (2021, pp.11-12), have, over time, proven to be first responders owing to their responsiveness, agility, and field presence. In Poland, key NGOs, as revealed in the analysis section of this study, have rapidly initiated programs targeted at supporting Ukrainian refugees. However, despite the NGOs' contributions, their initiatives are not without criticism. Adebayo et al. (2024), in their critique, investigate the extent to which NGOs' accountability mechanisms have been rigorously developed, stating that "the flexibility factors that prompted NGOs' initiatives and innovations have, in the same vein, shielded them from adequate efficiency vetting" (p.605). Echoing this stance are Schaaf et al. (2020, p.4), who recommended the adoption of SRHR-specific accountability frameworks in humanitarian settings, especially when the services are those that have an effect on menstrual dignity and bodily autonomy. However, there have been warnings against "humanitarian fragmentation", with Deloffre (2021, p.11) arguing that NGO that are perceived to be polycentric may have their responses lacking adequate coherence and equal distribution. Even if this seems true in the context of central Europe, where urban shelters have claimed to receive more support than rural shelters, Adebayo et al. (2024), in their assertion claimed that NGOs, over the years, have gained the trust of people due to their interventions and initiatives led by them, considering these actions to be more responsive. Thus, the latter scholars, in their work on Poland's post-2022 refugee response, have revealed that NGOs have been less bureaucratic, more accessible, and informed about gendered needs. Therefore, the initiatives targeted towards menstrual hygiene needs can be understood as being under the broad umbrella of feminist humanitarian action. In support of this scholarship, Chalauhi (2024, p.204) argues that NGOs play an important role in addressing menstrual inequality in displacement settings, since menstruation during crises is perceived as more of a gendered dignity, rather than being limited to a hygiene issue.

Sequel to these scholars' views, I am making it clear that NGOs, as used in this study, challenge the gender neutrality of the conventional humanitarian pattern that often implements stigma-reduction awareness campaigns, culturally sensitive interventions with integrated MHM support. This approach, in the words of Bobel (2020, p.4), is called a "menstrual justice lens", as menstruation is considered a component of gender equality, health rights, and bodily autonomy.

If this should be the case, I construe the term NGO-led initiative in this study, following its relevance, as “gender-sensitive interventions that are organized and undertaken by an NGO with a sole aim of responding to menstrual dignity and health needs of Ukrainian refugees in Poland, of course, females, which include supports such as education, psychosocial assistance, service provision and delivery.” This conceptualization is built on the stances deduced from feminist humanitarian literature and also agrees with the perceptions of Adebayo et al. (2024, p.606) and Deloffre (2021, p.10), whose works emphasized partnerships, health justice, and intersectional responsiveness during crisis intervention projects. To explain its attention on menstrual hygiene, especially the management, which covers the needs provision, I have evaluated, in this work, how NGOs acted efficiently, filled service gaps, shaped, through adaptability, the critical gendered essential demands and necessities of Ukrainian women within my research scope.

3.3.2 Defining Menstrual Hygiene Management and Menstrual Hygiene Needs

In a humanitarian context, central to gender justice, human dignity, and public health are the concepts of menstrual hygiene and menstrual hygiene needs. Naturally, menstruation undoubtedly has a root meaning in biology, making it often perceived as a biological process. While this is true, its “management” has led to its increased use because managing menstruation (and hygiene) becomes a complex challenge, particularly in a setting of displacement where "access" to basic resources and means like water, sanitation, and hygiene is compromised if limited to science. In this section of my work, I will elucidate the scholarly conceptualizations of menstrual hygiene and menstrual hygiene needs, placing their components within a humanitarian framework and anchored in the experiences of Ukrainian women refugees in Poland following their forced relocation from Ukraine in 2022 as a result of Russia's invasion.

Envisioning menstrual hygiene as a concept in an emergency context, Betsu et al. (2024, p.3) perceive it as a system that enables knowledge and product accessibility by women during the management of menses without ignominy, health threats, and being socially excluded. While the this idea links menstrual hygiene directly to the case of crisis and aligns it with intersectional humanitarianism through the emphasis on social exclusion and health risks, Chalauhi (2025, pp.205-206) argued that menstrual hygiene is not just about access to products, exclusion, health hazards, or sanitation, but a human rights concerns that to do with right to dignity, and access to health services and needs. This rights-based definition, focusing on autonomy and questioning the

systems that limit menstruation to sanitation, has influenced my work by situating menstrual hygiene within the gender parity debates. From this particular dimension, one can say that menstrual hygiene management is not limited to access to products and sanitation, but to accurate information, justified supportive attitudes in and outside homes. From a strategic perspective, Adebayo et al. (2024, pp.609–612) have defined MHM as a component of reproductive health in emergencies, thereby connecting sexual and reproductive health rights and gender equity. This, according to them, is where menstrual hygiene needs are addressed within broader protection indicators and gender-based susceptibility measures. The uncovering of how humanitarian responses ignored gender-based vulnerability issues, leading to gender blindness, in their analysis, has put MHM in a neglected category due to institutional bias and cultural sensitivity with menstrual activities. These intersecting definitions have helped in understanding MHM from a biomedical, rights-based, and feminist-institutional lens.

In order for women and girls who menstruate to manage their periods in a comfortable and safe manner, Schaaf et al. (2020, p.3) conceptualize menstrual hygiene needs as the intersection of material, spatial, cultural, and psychological demands. This view is pivotal in refugee research, such as mine, where displaced persons (women or girls) may not only lack products, but also privacy, cultural approval, mental safety, and menstrual security. Thus, needs when talking of menstrual hygiene are diverse, as they are shaped by the support system accessibility, trauma, culture, and background, making it obvious to avoid homogeneity when addressing displaced women. This recalls the intersectional and inclusive approach, which reinforces the integration of MHM into refugee protection directives. Considering this, menstrual hygiene needs must be addressed using educational and humanitarian response apparatuses, and psychosocial intervention targeting status, displacement, disability, culture, and age (Adebayo et al., 2024, p.611). This holistic view is critical for refugee interventions where gender rights, trauma awareness, and culturally sensitive design are incorporated. That being said, menstrual hygiene needs are being shaped by stigma and cultural silence, disposal mechanisms, and psychosocial vulnerability, which stems from displacement and trauma. The alignment of this feminist humanitarian interpretation has made me agree with the view of Schaaf et al. (2020, p.8). Therefore, in this study, menstrual hygiene needs are used in the form of a “physical, socio-cultural and emotional requirements of Ukrainian female refugees with the intent to handle menstruation with comfort, safety, and dignity in the recipient country or environment, which is enabled through access to sufficient products,

education, facilities, and other aids. The reason I have used this interpretation is because of its intersectionality, health parity, gendered displacement, and cultural sensitivity, which are fundamental to the feminist humanitarian approach.

3.3.3 Ukrainian Female Refugee

The expression “refugee”, as codified in the 1951 Refugee Convention, is perceived as persons who are not able to return to their home country safely at a particular period due to the fact that such a group of individuals fled conflict or persecution. Aligning with this definition is that of the UNHCR (n.d.), which defines a “refugee as an individual who has forcefully fled their country of origin because of the fear of persecution”. Relating this to the context of this study, Ukrainian refugees may mean individuals who have fled Ukraine following the Russian full-scale invasion in 2022 to seek protection, be it permanent or temporary, in host countries. The displacement caused by the crisis is notably feminized owing to the law disallowing Ukrainian men from leaving their home country, as they are considered human resources needed for the war. Therefore, the gendered nature of the conflict displacement, as noted by Larson et al. (2025, pp.23-25), has made my concentration on female refugees reasonable, with the fact that the health care responsibilities of women require sensitive and careful attention. To them, Ukrainian female refugees mean a displaced set of people, usually women and girls, who face risks related to expectations and functionalities associated with gender. This conceptualization places emphasis on the intersectional nature of female refugees’ experiences, where cultural, displacement, and gender contexts determine what form of difficulty these women and girls encounter. While this broad definition places this group of refugees within this context where unique vulnerabilities are faced by females within a conflict space, the double displacement approach of Murphy et al. (2022, p.13) has given a similar but tasteful meaning to it. In their voice, “Ukrainian female refugees are a group of displaced women and girls who are subjected to a double displacement. In this case, physical displacement, as a result of the Russian invasion, intersects with the psychosocial trauma which is linked to the breakdown of family structures” (pp.22-23). This double displacement pattern has highlighted the mental health aspects of this group of refugees, which I will further explore in the course of this study; this will be with attention paid to how menstrual hygiene management itself influences the mental well-being of the concerned group. Equally, these intersecting vulnerabilities, which are shaped mainly by family roles, provide the framework for

analyzing how gendered needs are silenced during humanitarian aid provision. On the other hand, Jolof et al. (2024) embraced the care economy within the refugee context, stating that Ukrainian female refugees are a set of displaced persons with caregiving responsibilities, which makes them vulnerable to psychological strain, somatic exhaustion, and lessened healthcare utilities and facilities (p.53). To them, most times, women are limited when it comes to time and resources to manage themselves, especially in health, which includes menstrual hygiene.

Overall, these definitions have ideologically heightened how gendered vulnerabilities, such as psychosocial distress, caregiving and familial roles, and physical and mental health needs, are to the understanding in my work. In this study, Ukrainian female refugees, as a concept, are operationalized as ‘women and girls who fled Ukraine due to the Russian full-scale invasion of Ukraine in 2022, seeking haven in Poland’. For clarification purposes, whenever the usage of this concept is found in the course of analysis, this research focuses on Ukrainian women and adolescent girls, who are residents of Poland with temporary protection (or permanent resident) status, and, probably, have directly or indirectly interacted with non-governmental organizations’ MHM services. I have preferably emphasized intersectionality, instead of treating them as a universal group, with consideration of age, disability status, menstrual health education, and urban or/and urban backgrounds. This aligns with the feminist perspective advocated by Larson et al. (2025, p.24), which recognizes the gender and menstrual hygiene factors. Thus, by focusing on Ukrainian female refugees in Poland, this study examines how NGOs have addressed specific needs through MHM initiatives and assesses the effectiveness of these interventions and the efforts of such entities.

3.3.4 Measuring “effectiveness”

Having established the definitions and the usage of NGO-led initiatives, menstrual hygiene needs, and Ukrainian female refugees, it is important to clarify how the term effectiveness is used in my research. The term effectiveness, in the context of NGOs, as used in this study, can be viewed from two key perspectives, which are tangible and intangible. This follows the categorization of Ciechan (2025, pp.13-15). These views of effectiveness remain important in evaluating the success or failure of NGO-led initiatives in refugee circumstances, particularly in the area of meeting menstrual hygiene needs. Effectiveness, as operationalized in this research, refers to the “extent” to which NGOs’ interventions meet their intended objectives of alleviating the difficulties

encountered by Ukrainian female refugees in Poland, which reflects in the overall well-being of these beneficiaries. Following the categorization mentioned earlier, tangible and intangible outcomes, the former connotes the concrete and measurable upshot that is quantifiably observed physically. These may include, but are not limited to, the number of educational events organized and their attendees, provision of sanitary products and dignity kits, and other facilities. On the other hand, intangible outcomes, which include empowerment, reduced stigmatization, and psychosocial impact, are less quantifiable, as is the case in the former. Although the latter category may be difficult to measure directly. However, they remain crucial when it comes to the understanding of the broader influence of humanitarian aid on refugees' long-term resilience and dignity.

In summary, while the long-term positive change in the lives of refugee women, which is borne out of an intangible effect, seems crucial, the effectiveness of tangible interventions can be gauged by their coverage and distribution efficiency when physically addressing the basic hygiene needs of Ukrainian female refugees. This research reaffirms the fact that the success of NGO-led initiatives cannot be measured solely by physical outcomes, but must also reflect on the influence made on social integration and mental health, resonating with the findings of Jolof et al. (2024, pp.61-62), who stress the menstrual equity and justice.

3.4 Research Question:

Central to this study is the following question:

To what extent do initiatives led by non-governmental organizations address and consider the needs related to the accessibility of menstrual hygiene products and services for Ukrainian refugees in Poland since the invasion in 2022?

3.5 Case Study

The use of a case study tack is a deliberate methodological decision aimed at ensuring an in-depth exploration of social phenomena (George & Bennett, 2004, p.3; Liebig & KristianRose, 2018, p.11) within a real-life context. In this study, the subject at hand is embedded within a humanitarian landscape marked by displacement, the identification of gendered hygiene needs, and NGO directions on aid coordination. Aligning with this study's commitment to Ukrainian female refugees' voices is the expression of Forman-Rabinovici and Mandel (2023), which states that

“case studies are appropriate when the researcher’s intention is targeted towards actors’ interpretation of a specific experience” (p.4853). The author’s way of characterizing a case study, which is seen as a strategy that authorizes a comprehensive examination associated with the complexity of a case (Forman-Rabinovici & Mandel, 2023, p.592), resonates with the study’s interpretivist orientation.

Therefore, sequel to the application and extension of the adopted theory to account for this event (Odell, 2001), the study is considered a disciplined/interpretive (single) case study, focusing on the Ukrainian female refugees benefiting from NGO’s initiatives that have to do with menstrual hygiene needs in Poland. Among the countries bordering Ukraine, why Poland? Poland has been selected as a case study after certain factors have been put into consideration. The first is because Poland, among all the closest countries in central and eastern Europe, has registered the largest number of refugees from Ukraine. The visa-free regime between Poland and Ukraine since the 11th of June 2017 might have contributed, as claimed by Elspeth and Kees (2023, pp.69-70). Apart from those who fled the war through the territory of Poland, there are 1000,320 Ukrainian refugees as of July 8, 2023, living among the local Poles in Poland.^{Error! Bookmark not defined.} This makes it a suitable area to focus on, to investigate the effectiveness of NGO-led initiatives in the menstrual hygiene needs of female Ukrainian refugees in Poland: Post-2022 invasion. As reported by Voice and HIAS (2022), some of the numerous concerns that the refugee populations experience include one that is noticeably absent from public discussion and policy, but an important area is menstrual hygiene management (MHM) among women and girls. Therefore, this research seeks to investigate the results brought about by the Non-Governmental Organizations’ efforts in addressing and meeting the menstrual hygiene needs of Ukrainian refugees in Poland since 2022.

3.6. Research Methods

Qualitative data from fourteen (14) other interviews conducted during the project, which I joined for my internship at the Jagiellonian Center for Migration Studies, Jagiellonian University, Poland, will be relied on. Apart from relying on the interview data from this project, “Refugee entrepreneurship and socio-economic adaptation,” which was led by Professor Jan Brzozowski, to examine this study, qualitative data were also collected through elite interviews with eleven participants, which were semi-structured. The reason for selecting a semi-structured approach is because of its flexibility and depth of enablement, which allows proper probing around the theme,

such as supports that are either material or non-material, coordination, and donor collaboration with other bodies.

The participants who are aged 18-45, who are experts sourced and recommended by non-governmental organizations on gender and menstrual hygiene products and services. This, also, has been extended to refugee institutions based in Poland, helping me to garner data that purposely provides information on the research questions and focuses on the study objectives. The thirty-minute scheduled interview was conducted with eleven participants virtually between April and June 2024. I used Teams and ZOOM video modes for the interview to maximize the available financial resources that I budgeted for this study. The interviews are anonymized. While the interviews have been conducted and transcribed in English for analysis, the participants have been recruited through snowball sampling. In the case of the participants' selection process, NGO representatives whose areas of specialization cover gender, female refugees, menstrual hygiene, and humanitarian aid have been made the focus. Another key factor considered in their selection is their expertise and direct contact with Ukrainian female refugees to collect insightful information that helps during their organizations' intervention process. The approach has enabled relevant and diverse experiences through participants' representation within the context of refugee and menstrual hygiene management settings.

In a bid to adequately cover the conceptual framework of this study, the interview guide is grounded in the themes of Ukrainian female refugees' displacement experience and health needs as soon as they arrive in Poland, NGOs' menstrual hygiene initiatives, and the evaluation of their outcomes, limitations, and perceptions in terms of empowerment.

This composition has been chosen not only for its flexibility but for its profundity. Justifiably, Lincoln et al. (2011, p.98) assert that a qualitative interview is appropriate for a discourse meant to examine realities and meanings that are latent. This arrangement aligns with feminist methodological commitments that value firsthand knowledge of humanitarian actors and challenge their power imbalance when it comes to outcomes of their interventions and actions.

To investigate the effectiveness of the NGO-led initiative in providing menstrual hygiene products and services to Ukrainian female refugees in Poland after the Russian invasion of Ukraine in 2022, this study has combined elite interviews and thematic analysis to explore the reciprocity between humanitarian actors' (that is, NGOs) planned goals and the displaced women's encounters. This,

therefore, will help understand the presented initiatives by NGOs and services received by the women refugees through a gendered perspective. Subsequent paragraphs have provided adequate explanations of these approaches and their applications.

3.6.1. In-depth Interview

The focal point of the study, which is based on the coordination and strategy of NGOs' humanitarian action and its efficiency in terms of delivery, has led me to employ elite interviews. Its adoption is due to the fact that I would be able to engage gender and humanitarian organizations through their personnel with expertise in gender, menstrual hygiene management, and refugees' health. The NGOs' representatives are selected purposely because of not only their senior roles within their organizations, but also their policy-making skill set and influence.

Despite the constraints embedded in elite interviewing, as highlighted by Lincoln et al. (2011), it has been considered appropriate for use in the context of this study, as "it involves the application of decision-making insights and astuteness" (p.109). Accordingly, its usage elucidates why and how menstrual hygiene is (not) given prominence within humanitarian settings, and the response of NGOs filling the necessary gender support vacuum among women refugees in Poland. As broadly explained in 3.6 of this chapter, interview data, following ethical guidelines, are anonymized, and the transcripts are properly stored.

3.6.2. Thematic Analysis

The method involved in thematic analysis, which ranges from design identification, configuration, to interpretation in a qualitative record (Clarke & Braun, 2017, p.298; DeJonckheere et al., 2024, pp.261-262), makes it suitable for feminist and intersectional research, such as this. Therefore, the data collected during this study through the elite (NGOs' representatives) interviews and refugee transcripts are analyzed using this theme analysis, as expounded by DeJonckheere et al. (2024, p.259). Its pliability when it comes to interpreting a composite narrative with no imposition of inflexible coding proposition contributes to its adoption.

In this study, the analysis is systematically done in five phases, which include familiarization, coding, generating and reviewing themes, defining and naming themes, and report production.

In the first phase, the data collected during the interviews are converted into transcripts, and these are duly studied to ensure a holistic understanding of the participants. The reason for multiple readings of these interview transcripts is to make myself conversant with narratives and the meanings connected to their experiences. These data, in the second phase of this analysis, are, deductively and inductively, provided with initial codes using NVivo software. While deductive generation of codes is being informed by literature and interview guides, the inductive pattern comes from data directly. Codes used for elite interviews cover policy gaps, gender inclusion, funding constraints, and localization strategies. In the case of the refugees, codes include dignity, humanitarian relief and empowerment, accessibility and availability, and strategic adaptation.

Third, the data that are coded are further used to generate themes through preliminary theme collations in this phase. A case in point is the capturing of support, such as pads, tampons, and other physically accessible menstrual items under physical (material) supports, while the non-material support theme covers those that are intangible and may be for the short term. Similarly, the codes that have to do with the emotional response of women refugees in accessing menstrual hygiene kits and the awareness and self-efficacy among these refugees are merged into a broader theme.

In the same phase, the themes generated are reviewed, ensuring that no voice is marginalized. This refinement through comparison across thematic groups helps me to identify voices in their categories without any being drowned out by the dominant narrative of success recorded by NGOs.

The fourth stage is where themes are explicitly defined and named, linking them to the aim of this study. In the fifth phase, the thematic reports are produced, and their outputs are presented in the succeeding part of this chapter; that is, Chapter 4. These outputs are illustratively presented with quotes and contextual explanations that align theoretically and ensure empirical depth.

Following the flow in the above phases, the selected method has proven its ability to capture the nuanced nature of NGOs' humanitarian interventions and the women refugees' experiences that connect to their menstrual hygiene needs. The use of thematic analysis is justified by the allowance given to me as a researcher to adequately move in the direction of an analytical description of perceptions and powers of parties involved (menstrual hygiene needs providers and recipients). This avoids total reliance on numerical performance metrics, as possibly used in getting gratitude from NGOs' representatives.

3.7. Limitations, Positionality, and Ethical Considerations

An influence on this study's depth and scope can be traced to a number of limitations encountered while conducting this research. Majorly, these limitations are linked to how this research is conducted, access to resources, and the nature of the ongoing conflict between Ukraine and Russia, which has led to the refugee situation in Poland. Time and resource limitations have made me avoid a mixed-method approach, but I adopted a simple sample size, with effort in interviewing eleven participants and complementing these interviews with refugees' interview transcripts from Jagiellonian University Center for Migration Studies. This, in the words of Stenbacka, C. (2001, p.554), makes it a figure congruent with the sample sizes, which is commonly observed in qualitative writings that address analogous themes within gender studies of this nature. This would have been more interesting, with little or no effect on the expected credibility of the comprehensive analysis, if I had been able to carry out ethnographic fieldwork and conduct direct interviews with the refugees, as I have with the NGO representatives. Given the complexity of the menstrual hygiene needs of women refugees and the intervention evaluation of the NGOs (VanLeeuwen & Torondel, 2018b, p.359; Ferris-Rotman, 2022, p.2; Downing, 2021, p.149), a balanced primary data collection would have been extremely helpful to properly understand the lived experiences of these women refugees, both from the NGO representatives' perspectives and the firsthand refugee standpoint. However, constraints that I consider logistical, including the sensitive nature of the topic, time, budget, and other security-related issues that may be attributed to the conflict itself, have prevented me from conducting a direct refugee interview or ethnographic studies of this work. Therefore, this limitation has restricted the gathering of ample qualitative data from the refugee end, tampering with the level of its trustworthiness.

Since the war had not ended at the time I conducted this research, the intervention of NGOs, when it comes to the initiatives that have to do with the menstrual hygiene needs of Ukrainian female refugees in Poland, may remain dynamic (Dudek et al., 2023, p.3; Baran et al., 2024, p.131; Bouchard, 2025, pp.6-7), as it is considered an evolving situation. I, thus, faced a challenge of researching a situation that was still going on. The implication of this is that my findings could be subject to change, as a drift in the conditions of the conflict may consequently impact on prospective policies and priorities of these NGOs, who are considered the actors. Therefore, it is

important to remind readers that the conclusions of this study may require periodic revisitation with the sole purpose of updating the study with current data that tracks the crisis development.

Sequel to the above limitations, I would like to include the positionality of this study at this point. As a male Nigerian researcher whose focus touches refugee and humanitarian studies, some factors have positioned me to properly approach this study. These include my personal experiences, cultural background, and gender. This cultural diversity from which I have come has shaped my knowledge regarding issues related to menstrual hygiene in displacement settings. Unlike what exists in the Eastern part of Europe, which includes Poland, the Nigerian perspective of issues related to gender roles and access to menstrual hygiene products and services is based on norms that are either social or cultural. Thus, my identity, as a Nigerian male, has an impact on how I have approached menstrual hygiene-related issues, especially those within the refugee context. What this means is that despite my commitment to inclusion, social justice, and gender-sensitivity research, my position cannot entirely and thoroughly capture the psychological facet of the menstrual hygiene experiences of refugee women. In the same vein, due to the gender proximity between mine and the study's focus, I might have also struggled in mirroring the experience of these female refugees in Poland. This is premised on the feminist argument of Sommer (2012) and Tellier et al. (2020), which highlights that the gender of a researcher will inevitably shape his/her understanding process, especially in a gender sensitive context that includes menstrual hygiene. Therefore, my engagement with the data might have been influenced by my socio-cultural norms and gender identity. This may have a degree of impact of impact on the way I have I have interpreted Ukrainian female refugees' needs and the efficiency of NGO initiatives in this regard.

With the nature of my data collection, which has to do with human contact, this study sought ethical approval, that got its approval on the 14th of January 2025, by the University of Glasgow's Ethics Committee for Non-Clinical Research involving Human Subjects. The interviews were conducted online through Teams and Zoom, with participants' safety and confidentiality being respected and assured. Participation was based on the information provided in a signed consent form, which emphasizes that participants' involvement is voluntary and anonymous. Knowing fully well that this topic is sensitive, I have taken extra care in creating a trauma-informed research environment, which includes support service provision, as explicitly mentioned in the information sheet, and participants' withdrawal, which could occur at any time. As noted by Veit (2019, p.409),

a feminist scholar, the “reflexivity of ethics in gender-sensitive research goes beyond being a ‘box to check’ because it is an ongoing commitment obligation.” Therefore, the privacy and confidentiality protection of the participants is invaluable when handling a sensitive topic (Stenbacka, 2001, p.552; Adedeji et al., 2025, p.259) such as this, which I tried to do.

4. Analysis

4.1 Participant Overview

This study is informed by a semi-structured interview [n=11] with key personnel representing various non-governmental organizations (NGOs) operating in Poland, each engaged in delivering humanitarian aid to Ukrainian female refugees since Russia's full-scale invasion of Ukraine in February 2022. These participants occupy fundamental positions and have direct experience with the design, coordination, or delivery of menstrual hygiene management (MHM) and related services. Data [n=14] are equally borrowed from the refugee interviews carried out by the Jagiellonian Center for Migration Studies. The two categories are presented in the table below.

Name	Gender	Residence	Age	Qualification	Span of Experience	Specialisation
Adrianna	Female	Wrocław	31-35	Bachelor's Degree	5	Gender, NGO, and women
Andrea	Female	Gdańsk	41-45	Master's degree	7	Menstrual hygiene, NGO, and gender
Ania	Female	Kraków	36-40	Master's degree	7	Gender, women, and menstrual equity
Anka	Female	Kraków	46-50	Doctoral Degree	17	Gender, women, and menstrual equity
Barbara	Female	Lublin	36-40	Bachelor's Degree	6	Menstrual hygiene, refugee needs and gender
Bogna	Female	Warsaw	41-45	Master's degree	11	Gender, women and menstrual equity
Bożena	Female	Kraków	36-40	Bachelor's Degree	8	Menstrual hygiene, refugee and gender

Danuta	Female	Warsaw	41-45	Master's degree	12	Menstrual hygiene, refugee and gender
Daria	Female	Warsaw	36-40	Bachelor's Degree	9	Menstrual hygiene, refugee and gender
Edyta	Female	Kraków	36-40	Bachelor's Degree	11	Gender, women and menstrual equity
Elisa	Female	Warsaw	26-30	Bachelor's Degree	7	Menstrual hygiene, refugee and gender
Supplementary				Data		
Name	Gender	Residence	Age	Qualification	Field	Citizenship
Agata	Female	Kraków	41-45	Bachelor's degree	Law	Ukrainian
Albina	Female	Kraków	41-45	Bachelor's degree	Arts	Ukrainian
Aldona	Female	Warsaw	36-40	-----	Salon/ Aesthetics	Ukrainian
Aniela	Female	Warsaw	41-45	Bachelor's degree	International Relations	Ukrainian/Polish
Anna	Female	Kraków	31-35	master's degree	Computer Engineer	Ukrainian
Antonina	Female	Lublin	36-40	master's degree	Arts	Ukrainian
Beata	Female	Kraków	26-30	Bachelor's degree	Hospitality	Ukrainian
Bianka	Female	Warsaw	31-35	master's degree	Diplomacy	Ukrainian
Dagma ra	Female	Warsaw	36-40	Bachelor's degree	Law	Ukrainian
Daria	Female	Kraków	26-30	master's degree	Computer Engineer	Ukrainian

(In view)						
Diana	Female	Warsaw	Belo w 26	Bachelor's degree	Administrati on	Ukrainian
Domini ka	Female	Kraków	31- 35	-----	-----	Ukrainian
Elena	Female	Kraków	41- 45	Bachelor's degree	Event	Ukrainian
Emilia	Female	Kraków	41- 45	Bachelor's degree	Arts	Ukrainian

Pseudonym

The arrangement of the table is dependent on the names, which are alphabetically arranged. All interviewees' information is pseudonymized, with names limited to Polish names with an initial alphabetical range of A to E. The reason for ensuring that all participants are female is because of the theme in question, even when there are some organizations with male directors and experts in this field (Republic of Poland, 2023; Caritas Poland, 2024). Together, these twenty-five respondents provide an in-depth understanding of how NGO-led initiatives have evolved to recognize and respond to the menstrual health needs of Ukrainian women refugees in Poland. For clarification purposes and flow of reading, the NGO-R and UF-R have been used to represent each category. Hence, while NGO-R stands for NGO representatives, UF-R is used for Ukrainian female refugees. Meanwhile, due to wordage and the attempt to avoid tautology, these have only been applied where the author's category is omitted or not explicitly defined.

4.2 NGOs Leading Initiatives that Address the Menstrual Hygiene Needs of Ukrainian Female Refugees in Poland

Since the onset of the invasion of Russia in Ukraine in 2022, it has been revealed that Non-Governmental Organizations (NGOs) operating in Poland have rapidly mobilized to respond to the urgent menstrual hygiene needs of displaced Ukrainian female (women and girls) refugees. Although this does not mean that the intervention was limited to NGOs' support, as it has been undertaken by other private individuals and institutions.

NGOs, being part of the support system, have an emplacement that helps to address the needs of the displaced population, which extends to menstrual hygiene exigency (Rutai, 2023a, p.2; Starzewski, 2022, p.2). In this part of the study, I will be drawing from the interview data, which

reveals the following key thematic areas. I will be putting these themes in broad categories of tangible, which is materialistic, and intangible, which refers to non-materialistic. These reflect physical and psychosocial supports of NGOs as interdependent pillars that collectively uphold menstrual dignity, health, and well-being among Ukrainian female refugees in Poland.

I have attempted to classify the data collected into four interrelated themes identified as material and immaterial support for Ukrainian refugee women, operational difficulties, collaborations and coordination, and sustainability gaps. The thematic analysis used in this study has helped to map the findings analytically in the direction of the research question (DeJonckheere, 2024, p.266), and however exposed more profound structural tensions within Poland's humanitarian response. Although the first theme emphasised the increasing acceptance of menstrual hygiene management as a valid area for intervention by NGOs, the following themes emphasised the limitations of this acceptance in the face of disjointed funding sources, inconsistent policy alignment, and the ad hoc nature of NGO-led provision. Importantly, the way these themes interacted revealed a paradox of NGOs repeating a cycle of reliance on donor-driven agendas that Adebayo (2024, p.604) noted to have limited long-term planning while also filling important gaps left by the state. Hence, this multi-layered thematic framework offers a little more than the expected descriptive understanding. It critically illustrates how structural injustices in humanitarian governance are perpetuated at the micro level of service provision, especially concerning the lived experiences of refugee women in Poland.

4.2.1 Understanding the Material Support for Ukrainian Female Refugees in Poland

A recurring initiative across several organizations, as expressed by the interview participants, was the direct provision of material support. These supports from the NGOs prominently focused on the direct provision of menstrual hygiene products and related services. Thus, the foundational intervention by most of these entities on the direct physical provision of menstrual health products and infrastructure includes the distribution of dignity kits (Murphy et al., 2022, p.13), as confirmed in the statement of an NGO representative, Danuta:

“...This organisation has created several programmes to help female refugees with their menstrual hygiene needs. With our nascent project centred on distributing dignity kits, which include sanitary pads, tampons, pants, and other hygiene supplies, I meant to include Ukrainian women in this. Due to our past experiences with uncirculated resources that limited our efforts, we have decided to distribute kits outside of refugee shelters due to our

prior experiences with limited resources and safe havens for refugees. Additionally, we discussed community centres and healthcare facilities...”

It would be appropriate to clarify that the usage of ‘dignity’ here reflects a feminist humanitarian ethos (Bouchard, 2025, p.6). That is, menstruation is considered a way of life for every complete woman, and their bodily integrity should not be compromised as a result of conflict. NGO representatives recognized that many women, after the full-scale invasion, fled Ukraine under duress to Poland without luggage, clothes, or hygiene products. Going forward, this distribution, as mentioned by Danuta, was complemented by ongoing menstrual health support initiatives designed to maintain consistent access to preferred products (Ciechan, 2025, p.6), acknowledging the necessity of sustainable supply chains. Kits were, at the early stage of the supply, circulated in prepacked or convenience packages. Afterwards, changes due to the feedback from beneficiaries made NGOs begin to tailor the packages to certain demographics. However, while this has been the case for some organizations, other innovations around these were adopted by a few others in making menstrual supplies available free of charge (Dudek et al., 2023, p.105). For their organization, they got a few financial supports from reputable and important Polish and Ukrainian women, some artists, who wanted to discuss the situation of Ukrainian women in Poland and how menstrual health support could be extended to them. Ania, an NGO representative, said:

“We established a Polish-Ukrainian Sisterhood [...] grant fund for Ukrainian women and girls, worth two million PLN. More than 20 organizations received grants during these two editions, with funds going to local organizations that support Ukrainian women and children and the grant programme. Furthermore, beneficiaries and partner organizations at the Domino Effect Studios received supplies of menstrual products.”

A similar approach was grounded upon by others, taking cognizance of the subject of anonymity. Hence, this method of distribution makes menstrual supplies available anonymously via public lockers in cities in Poland, as evident in the following statement:

“We also opened our main project to refugees. It consists of free public lockers with free pads and tampons that are accessible without identification. To guarantee accessibility and dignity for those in need, these lockers are positioned in well-known public areas within the community. This included providing menstrual supplies and setting up dispensers to help Ukrainian students enrolled in nearby schools. A total of 65 centres were covered by the projects...”- Bożena (NGO-R).

This design signals an archetypal shift in the casual treatment of menstrual hygiene among female refugees (Adedeji et al., 2025, p.11). While this was a leap in the initiative for Bożena’s organization, access was sometimes constrained by operational and logistical constraints such as

supply chain breakdowns, delays, the difficulty of sustaining donations or partnerships, and orderliness. Ultimately, Anka, another participant, affirms that it is still a crucial accessible stock management initiative, and refugees were still able to reliably collect menstrual hygiene products without bureaucratic barriers or social stigma. This demonstrates sensitivity to diverse preferences and the importance of dignity in product choice, recognizing that menstrual health extends beyond mere product availability to include respect for personal needs. To address the grand statement of Barbara, an NGO representative, who noted that:

“...attention has been given to menstrual hygiene like never before...”

Regardless of the approaches, all their responses emphasized the immediacy and the allegorical importance of the distributions (Cook, 2024, p.241). Overall, the data suggest that NGOs view menstrual hygiene as a core aspect of humanitarian support, as highlighted in Barbara’s statement. This, therefore, reflects a shift from seeing it as a peripheral issue to recognizing it as central to the health and dignity of female refugees.

4.2.2 Physical Support of Products and Infrastructure

The initial and most immediate response by NGOs centered on the direct physical provision of menstrual health products and infrastructure. This included the distribution of dignity kits, the establishment of gender-sensitive shelters, and the creation of access points (Friedman, 2024, p.2) such as public menstrual lockers.

“A variety of programmes have been developed at this organisation to support the MHM needs of Ukrainian female refugees. Distributing dignity kits, which contained sanitary pads, tampons, soap, and knickers, was our first project.” – Adrianna (NGO-R).

Other innovations like the Punkt Pomocy Okresowej (PPO) made menstrual supplies available anonymously and free of charge via public lockers in cities like Poznań. This was especially crucial in reducing logistical barriers (Jolof et al., 2024, p.44). Physical support also extended to safe spaces, particularly private changing areas for women, and the creation of shelters designed with gender sensitivity in mind at an early period of the crisis. These efforts acknowledged the specific needs of women in displacement contexts (Leon et al., 2022, p.16).

“In the initial months following the invasion, there were no private areas available for women to manage their periods, so we created them. Security and dignity are upheld in these secure settings...” - Danuta (NGO-R).

“Creating private changing areas was essential for mental health, particularly for women who had been sexually abused or suffered from trauma.” – Daria (NGO-R).

Collaborations with local authorities and international organizations facilitated wide coverage (Adebayo, 2024, p.609), from border checkpoints to long-term accommodation centers, and even across to women in conflict zones within Ukraine. Support from NGOs, be physical or material, has been justified to be present in their way of addressing menstrual hygiene needs among Ukrainian female refugees

4.3 Understanding the Non-Material Support for Ukrainian Female Refugees in Poland

4.3.1 Psychosocial, Capacity Building, and Educational Supports

Beyond the provision of products, NGOs invested significantly in educational initiatives aimed at increasing awareness and self-efficacy among Ukrainian female refugees. There were MHM reproductive health education encompassing formal and informal teaching sessions about menstrual cycles, hygiene practices, and common myths surrounding menstrual health. Therefore, NGO-led MHM efforts extended beyond physical aid into the realm of mental health, stigma reduction, and empowerment through education (Sivakami et al., 2022, pp.4-5). Looking through the information provided below, recognizing the mental toll of displacement and trauma, many NGOs adopted a trauma-informed approach to menstrual care.

“Maintaining one's dignity requires privacy, particularly for traumatized refugee women. We linked MHM order to offer comprehensive care, and connected its programmes with counselling and psychosocial services to offer all-encompassing care”- Adrianna (NGO-R).

“For women who had suffered from psychosocial distress during their displacement, we provided counselling and support.”- Elisa (NGO-R).

Additionally, in line with suggestions of Sobcsak-Szelc (2022, p.21), through workshops, support groups, and counseling sessions, organizations sought to rebuild confidence and facilitate healing.

“We have conducted awareness campaigns to combat the stigma... giving Polish residents and Ukrainian refugees correct information about menstrual hygiene and women's healthcare options.”- Danuta (NGO-R).

While the above are the cases of awareness and counselling, other “educational initiatives served a preventive and empowering function”, just as claimed by (Baran et al., 2024, p.106). In relation to the idea of Piortrowski et al. (2023), refugee women, including adolescents, received accurate

information about menstrual health and its care, even family planning, sometimes via peer-led or virtual formats.

“...These seminars were designed to increase women's knowledge and awareness of available healthcare services. For refugees in need, family planning education was provided to them... When in-person meetings were not possible because of logistical or cultural limitations, these tools were extremely helpful.”- Elisa (NGO-R).

By integrating education and psychosocial care with menstrual health, NGOs demonstrated, in accordance with Larson et al.'s (2025) opinion, that menstrual hygiene is deeply connected to broader mental well-being, self-worth, and bodily autonomy. It has, equally, been revealed that NGOs work with local clinics and healthcare professionals to offer reproductive health consultations (Gluszak & Trojanek, 2024, p.1046) for Ukrainian women. These were because of “identified gaps which informed the initiative on including information on menstrual hygiene, family planning, and general reproductive health” (Chalouhi et al., 2025, p.224). Despite that, educational initiatives were in various forms, the NGO Danuta works for utilized awareness campaigns more, following its evidence in her statement:

“In order to combat the stigma associated with menstruation, we have conducted awareness campaigns, giving Polish residents and Ukrainian refugees correct information about menstrual hygiene and the healthcare options available to women.”

While this foundation has conducted educational sessions and awareness programs, where these women needed to gather. Elisa, another NGO representative, added that her organization took normalizing menstrual exercising and care, and the stigma associated with their status, and increasing community-wide understanding as priorities in their educational sessions. As a result, it, in the words of Borges (2024, p.278), may foster an environment where menstrual health is openly discussed and supported.

"To ensure that they come together, we held health education sessions for Ukrainian refugees, paying particular attention to menstrual hygiene, reproductive health, mental health, and understanding the new community" – Elisa (NGO-R).

In addition to this, they took a step further by also including “workshops and courses”, which were often facilitated by healthcare professionals or trained community health workers, as advised by. Interestingly, these initiatives proved to be important in tackling some of the stigmatization that came with menstrual health and exercise. These sessions were designed not only to impart

knowledge but also to create safe spaces where participants could ask questions, share concerns that have to do with their menstrual health.

“Providing women with the information they needed to control their periods and increasing their awareness of the healthcare resources at their disposal were the goals of these workshops. These resources were particularly helpful in situations where logistical or other limitations made in-person meetings impractical.” – Adriana (NGO-R).

Equivalently, Adrianna’s statement has revealed that her organization uses the same approach, which includes conducting workshops in refugee shelters, providing the women with information on how to manage menstruation and the importance of menstrual hygiene.

“These workshops also included discussions on reproductive health and family planning...” The emphasis of these workshops is to also serve as capacity building for the refugees, providing practical information on menstrual hygiene management and reproductive health, tailored to the context of displacement and trauma. These workshops were certainly a tool for both health awareness and social inclusion.

4.3.2 Collaborative and Cross-Border Implementation

NGOs' initiatives, with reference to Sood et al.'s (2022) idea, also cut across a strong emphasis on collaboration with local health services, national and international organizations, and multi-site product delivery systems. They work closely with local clinics, health providers, and humanitarian partners to ensure integrated service delivery and maximize reach (pp.492-495).

NGO representatives, particularly Barbara and Danuta, during the virtual session with them agreed to the fact that their organizations’ efforts have complemented MHM services with collaborations with local agencies, as well as with other organizations in ensuring integration and sustainability of support for Ukrainian female refugees, especially regarding menstrual hygiene management. While collaboration with local authorities might be critical in addressing these concerns from the grassroots, Danuta has presented her observation from the following perspective:

The integration of our services into national refugee response frameworks is crucial for long-term sustainability and coordination, and this is made possible through collaboration with local authorities.

It was also necessary to “incorporate collaboration with international agencies” (Adebayo et al., 2024, p.604), which we see as an add-on for NGOs, as spelt out by Bogna, an NGO representative, in the following statement:

“...we worked with other NGOs, regional administrations, and foreign organizations to develop a comprehensive strategy for menstrual health and women's dignity in refugee environments.”

Similar to what we have above, another NGO also capitalizes on this, as Daria (NGO-R), states that their effective partnerships with International Organizations and multi-site delivery systems enhanced their reach.

“...To increase our MHM services and make sure we were attending to the needs of the most vulnerable women, such as expectant mothers, elderly women, and women with disabilities, we collaborated with local governments, UNHCR, other NGOs...”.

Following what has been noted above, it has been expressed that there have been collaborations with organizations such as UNICEF, which is pivotal to a number of Foundations’ MHM services (Sood et al., 2022, p.484), when it comes to international collaboration. This partnership has birthed strategies of “multi-site delivery” and “cross-border aid”, which also involved coordination with Ukrainian-based NGOs and international partners to facilitate the uninterrupted distribution of supplies and information (Adebayo et al., 2024, p.609). This collaborative approach was crucial for many of the NGOs in ensuring consistency in aid delivery across several aid points in Poland, as affirmed in the following representatives’ statements.

“These kits were given to community centres, healthcare facilities, and refugee shelters,” Adrianna (NGO-R) said.

“The distribution was made to emergency reception centres, border crossings, and refugee shelters.” - Danuta (NGO-R).

“These kits were dispersed among community centres, temporary housing facilities, and refugee shelters.” – Elisa (NGO-R).

“We ensured that these items were accessible at border crossings, reception centres, and makeshift shelters,” – Daria (NGO-R).

“...by delivering menstruation supplies to border crossings, relief stations, and lodging facilities where such assistance was insufficient.” – Bożena (NGO-R).

In addition to the multiple delivery sites, cross-border logistics facilitated aid across Poland and to neighboring regions. Moreover, it also helped reach the overlooked population (Spiegel, 2022, p.2085). Hence, this section has revealed that it is crucial to have NGOs coordinate resources and

knowledge across national boundaries. Ultimately, Bouchard (2025, p.6) highlighted that this helps maintain continuity of care and supply for refugees wherever they settle within Poland or transit beyond.

4.3.3 Protection, Privacy, and Trauma Sensitivity

Despite the distribution of MHM dignity kits, gender-specific vulnerabilities persisted (Ferris-Rotman, 2022, p.2). Recognizing the vulnerabilities faced by these refugee women, many NGOs embed principles of protection, privacy, and trauma sensitivity into their menstrual health programs. Many of the interview participants (NGO representatives) explained how their respective NGOs emphasized the “establishment of private MHM spaces” within shelters and community centers to provide a safe and dignified environment for refugee women and girls (Spiegel, 2022, p.7) to manage their menstrual activities away from public exposure.

“Due to the lack of private areas for menstrual care in many temporary shelters, we...constructed private changing areas for women residing there.” – Adrianna (NGO-R).

“In order to address a significant problem in the initial months following the invasion, we also collaborated with nearby shelters and reception centres to provide women with private changing areas. ... The establishment of private, secure areas where women can change their menstrual products has turned out to be just as crucial...” - Danuta (NGO-R).

“In collaboration with shelter providers, we established private changing areas that allowed women to safely and respectfully manage their periods.” – Elisa (NGO-R).

“Women need privacy to handle their periods with dignity, and many shelters lacked it in the beginning...in collaboration with shelter providers, we established private changing areas that allowed women to safely and respectfully manage their periods.” – Elisa (NGO-R).

“...we worked to establish private areas in makeshift shelters where women could change and control their periods discreetly. Additionally, we made sure that these areas were tidy and safe.” – Daria (NGO-R).

The above testimonials highlight the importance of privacy and trauma sensitivity (Baran et al., 2024, p.106), especially considering that many Ukrainian female refugees had experienced mobility stress. However, in the case of another NGO, Adrianna (NGO-R), stated that this sensitivity informed the design and delivery of their organization's MHM services, ensuring that women were not retraumatized by intrusive or culturally insensitive aid efforts.

“For women who have suffered trauma, privacy is especially important for preserving dignity...” – Adrianna (NGO-R).

Similarly, this was crucial as well for another foundation, as also stated by its coordinator:

“...In crowded shelters, it was not always possible to change or dispose of menstrual products in public, so we were able to provide privacy, which was crucial.” – Bogna (NGO-R).

Here, we also see a link between physical support, such as the provision of private spaces, and psychosocial support. Additionally, MHM support was often integrated with mental health services (Chalouhi et al., 2025, p.224), illustrating a holistic approach. A case in point is another NGO, as noted by Daria, which particularly took cognizance of refugees who had experienced mobility stress or other forms of psychosocial distress during their displacement, as the stigma and shame experienced undermined participation of these women in MHM programs. As a result of this approach, integration allowed for simultaneous referrals to psychological counseling and safe housing. Hence, broadening the scope of NGOs' MHM services from hygiene to holistic well-being.

Again, Privacy, at the beginning of the welcoming, and trauma-informed care signals and awareness that menstrual health and its hygienic factors intersect deeply with hygiene risks and mental health challenges (Cook, 2024, p.298). And so, Integration of mental health support, as evident in the actions of some NGOs, has expressed that menstrual health initiatives will always be considered a holistic approach that addresses both physical needs and emotional well-being, essential during and post-conflict humanitarian settings. Overall, NGO-led initiatives in Poland since 2022 show a comprehensive and layered approach to meeting the menstrual hygiene needs of Ukrainian female refugees. They combine immediate relief through product distribution with longer-term strategies of education, collaboration, trauma-sensitive care, and institutional program development.

4.4 Challenges NGOs faced in providing menstrual hygiene management services to Ukrainian female refugees in Poland

Several non-governmental organisations (NGOs) that responded to the 2022 invasion of Ukraine faced difficulties in providing menstrual hygiene management services in Poland (Sood et al., 2024, pp.499-500). Key interviewees' responses demonstrated the challenges their NGOs have faced in meeting the menstrual hygiene management (MHM) needs of Ukrainian women refugees since the Russian invasion in 2022. While their efforts have been impactful in many respects

(Borges, 2024, p.674), the barriers encountered reveal not only the limitations in infrastructure and resources but also deeper societal and structural barriers (Gluszak & Trojanek, 2024) that hinder effective MHM service delivery. The themes and codes developed from the data are presented below, offering insight into the nature and depth of these obstacles.

4.4.1 Operational and Logistical Constraints

Operational issues posed another layer of difficulty, as NGO representatives frequently cited supply chain challenges, especially during the initial months following the invasion when demand for hygiene products surged and overwhelmed existing procurement systems.

Like many humanitarian NGOs, Adrianna, one of the representatives, narrated how her organization encountered serious logistical bottlenecks early on, as there was a lack of availability of sanitary products due to disruptions in global supply chains. Furthermore, Danuta and Elisa further emphasized how these hindered a consistent and adequate supply of MHM products in their organizations, ranging from supply chain disruptions to funding fluctuations, exacerbated by Poland's strained capacity due to the sheer volume of arrivals. To add to this, MHM supports were not prioritized, against the preference given to broader emergency relief such as food, shelter, leading to gaps in service provision. This support goes beyond pads and tampons (Baran et al., 2024, p.105) and includes intangible or immaterial assistance.

“At the beginning, women's access to menstrual hygiene needs was restricted, at least not like food and shelter...sanitary products were not prioritized. When I say menstrual hygiene support, I mean from pads, underwear to emotional support, critical awareness...”
– Daria (NGO-R).

“...there was the issue of the limited availability of products. Sanitary pads were severely lacking for refugees at first, particularly in border areas and makeshift shelters. – Bogna (NGO-R).

Moreover, sustainable funding and distribution efforts were further complicated by limited warehouse space, infrequent restocking, and dependence on partner coordination.

“Getting donations to the appropriate location at the right time became a big problem at one point...we were not just prepared for such a heavy demand of both material and human resources...” – Adrianna (NGO-R).

“...sustainability continues to be a problem...sustained funding is an obstacle we have been faced with...it had been before the invasion. – Bożena (NGO-R).

Additionally, the organization grappled with sustainability issues, as donor fatigue and resource constraints threatened the continuity of support programs (Adebayo et al., 2024, p.604). For Andrea’s organization, sustainability emerged as a core concern. While emergency relief provided temporary solutions, long-term planning for menstrual health was not always integrated into broader program design (Korzeniewski, 2024, pp.16-17), making some initiatives short-lived.

“Systematic integration into the broader refugee care model and long-term sustainability are the main gaps that still exist.” – Andrea (NGO-R)

While this remains the position of Andrea, Bożena (NGO-R) emphasized that without predictable funding, as evident in her statement above, or long-term programmatic support (Korzeniewski, 2024, p.16), MHM interventions often lacked continuity, leaving gaps in service delivery, especially in remote shelters and smaller towns where female refugee populations were less concentrated.

4.4.2 Advocacy and Communication Provocations

Despite the similarity between the Ukrainian and Polish languages, communication remains a barrier (Ociepa-Kicińska & Gorzałczyńska-Koczkodaj, 2022, p.75), particularly due to language differences between typical service providers and refugee women. MHM services were constrained by language and cultural communication gaps. Many Ukrainian women were initially unfamiliar with Polish, and some did not speak English, which limited their ability to understand MHM-related instructions, access educational materials, or express their needs (Larson et al., 2025, p.29). As Elisa, an NGO representative, noted:

“...additional obstacle was the language barrier...some Ukrainian women spoke English poorly, and many did not speak Polish well.”

This language gap hindered accurate needs assessments, especially for MHM, which is already a sensitive topic. Similarly, Danuta and Ania also stated the same challenges faced by their organizations, respectively.

“It was difficult to give them the right instructions and emphasise the value of menstrual hygiene because many Ukrainian refugees speak only a limited amount of Polish.”
- Danuta (NGO-R).

“Communication was difficult because a large portion of Ukrainian refugees speak only Ukrainian or Russian.” – Ania (NGO-R).

At her Foundation, Bożena described how they had struggled to communicate in language-appropriate ways, particularly during the early phases of the crisis. This implied that some refugees might find it challenging to comprehend where and how to obtain MHM services (Lee et al., 2023, p.44) or how to use specific products. Despite these challenges, multilingual resources were utilized to overcome them. Also, the utilization of multilingual resources by some NGOs to combat this challenge proved pivotal, as they recorded a significant outcome. Adrianna, whose NGO is on the aforementioned, stated that “they overcame this barrier by using interpretation services and distributing multilingual educational materials”. This was also consistent with another foundation, as Danuta recounted that in her organization, the provision of multilingual materials and interpreters at service points greatly overcame the language barrier.

However, despite incorporating multilingual resources, the adaptation was neither immediate nor uniform across sites. Moreover, Elisa stated that while employing multilingual resources and interpreters, the effectiveness of this approach was variable.

Furthermore, the lack of feedback due to a language barrier could mean that at some point, NGOs may have distributed inappropriate products such as menstrual cups or tampons without considering users' preferences or cultural norms. Withal, translation delays and the lack of culturally nuanced language often led to misunderstandings (Patel et al, 2022, p.4). A case in point was when Anka, an interview participant who acted as a lead person at her foundation’s awareness session, had a sensitive discussion about menstruation requiring not only linguistic fluency but also empathy and cultural competency, areas in which gaps were identified. Thus, advocacy efforts were challenged by a lack of cultural fluency and insufficient resources for gender-sensitive communication.

4.4.3. Systemic and Structural Limitations

Finally, several systemic and structural limitations constrained NGOs' MHM services. A notable challenge was the lack of coordination among NGOs and government bodies, limited funding, and insufficient infrastructure modifications, which led to fragmented service delivery (Piotrowski, 2023, p.649). More so, agencies sometimes operated in silos, leading to duplication in some areas and neglect in others. There were also inconsistencies in referral systems and shared data

platforms, making it difficult to monitor overall MHM coverage or track unmet needs effectively, as confirmed by Danuta, an NGO representative, in her statement:

“Coordinating the response between NGOs, governments, and local authorities presents another difficulty...no matter where they live, all refugee women can access MHM services thanks to effective communication and coordinated strategies.”

Similarly, Daria reckons that one of the main challenges is the lack of coordination between NGOs, governments, and local authorities in addressing MHM needs from the outset. Therefore, without a centralized MHM strategy at the national or municipal level, Ciechan (2025, p.8) opines that NGOs championing such a course would always be left to fill the gap without clear policy guidance or shared operational standards.

4.5 Accessibility and Inclusion in Menstrual Hygiene Management Services

Deliberate efforts were needed to take into consideration vulnerability, displacement trauma, and resource disparities in order to guarantee Ukrainian female refugees in Poland access to menstrual hygiene management (MHM) services following the Russian invasion of 2022. According to the information acquired and the position taken by Sood et al. (2022), the humanitarian response to the menstrual hygiene requirements of Ukrainian female refugees in Poland, spearheaded by an NGO, exhibits a sophisticated approach to inclusivity and fair access. Data gathered from NGOs identified the following factors, confirming that they shaped these organizations’ commitment to this goal: targeted service delivery, strategic collaborations, adaptive and holistic support mechanisms, and community engagement.

One of the foremost strategies employed was the implementation of targeted services aimed at reaching refugee populations most at risk of exclusion. Interview data revealed that particular attention was given to adolescent girls, individuals with disabilities, single mothers, and those in remote or under-resourced shelters. Adrianna (NGO-R) emphasized how these target service deliveries incorporated by her organization ensured that no woman, regardless of her location, was unable to access menstrual hygiene products:

“We prioritized access to dignity kits and health services for the most marginalized groups, such as elderly women, women with disabilities, and single mothers.”

Similarly, it has been identified that some of these women populations are considered vulnerable due to intersecting barriers such as mobility constraints, social stigma, and limited access to

information or services, and so there was priority access to MHM services. As noted by Elisa (NGO-R):

“...this group of refugee women was given priority access to sanitary products and dignity kits...”

Although NGOs have made it clear that it is not limited to the above. In the case of another foundation, duly represented by Bogna, as seen below, other targeted approaches employed were delivery to mobile units, direct shelter visits, and on-the-ground volunteer mapping to avoid exclusion. This, in the voice of Moroń et al. (2024, p.3), is “distribution parity in humanitarian settings”.

“We used the nearest delivery approach to make sure we could reach the most vulnerable women.”

The most vulnerable groups within the refugee population, including elderly women, women with disabilities, and single mothers, were prioritised and the focus of MHM programmes' inclusivity, as confirmed by Danuta in agreement with Sobczak-Szelc et al. (2022). However, due to the logistical challenges surrounding displacement during the early phase of the invasion crisis, acknowledged by Lee et al. (2023, p.41), reaching the hard-to-reach population was particularly difficult. Adrianna, an NGO representative, stressed the importance of specialized outreach in such cases:

“We conducted specialized outreach to support vulnerable women who might have faced additional challenges in accessing services.”

In like manner, another NGO implemented outreach initiatives by collaborating with local authorities and international partners. These partnerships offered necessary information on demographics, resources, and technical support, which resulted in scalable efforts.

“Working with local authorities helps us reach more women, particularly those who are in hard-to-reach areas, and international partners provide us with the technical support and resources needed to scale our efforts.” – Daria, NGO representative.

Language barriers were also identified to pose accessibility challenges. Confirming this was a representative interviewed, Bożena, stating that the role of multilingual resources and interpreters serves as a reinforcement for better specialized outreach efforts to these hard-to-reach populations. Above all, through these inclusive strategies, organizations were able to identify high-need areas more effectively and allocate resources accordingly. Equally, the organization's ability to scale and

sustain accessible MHM services was largely facilitated through strategic partnerships with local governments, health institutions, and other NGOs. These collaborations, according to Adebayo et al. (2024, p.611) enabled multi-channel distribution networks, which increased both geographical coverage and supply chain resilience. Another foundational element of inclusiveness was NGOs' emphasis on community education and awareness campaigns to foster inclusivity, particularly for marginalized groups who may not initially recognize their right to request MHM services. In response to recognizing that social and cultural norms can impede access to MHM services, they implemented advocacy-driven engagement strategies aimed at destigmatizing menstruation and encouraging the use of available resources. These campaigns were tailored to both refugee communities and host populations, using culturally appropriate messaging and multiple language platforms.

4.6 Measuring Effectiveness and Impact of Menstrual Hygiene Management Programmes

The effectiveness of NGO-led menstrual hygiene interventions hinges not only on delivery and reach, but also on how impact is assessed. While Patel (2022, p.9) already agrees that assessing the effectiveness of menstrual hygiene management (MHM) programs can be challenging, qualitative insights from NGO organizations revealed in these findings have helped in the analysis by identifying the major themes that shape the organization's evaluative processes. Without derailing from my assessment patterns, "tangible" and "intangible" assessment categorizations will be maintained. While beneficiary-centered feedback and community voice have been used as an apparatus for the former, mixed-methods monitoring and evaluation practices, behavioural and social change have been put together to explain the latter.

4.6.1 Beneficiary-Centered Feedback and Community Voice as Intangible Apparatus

A core strategy for evaluating the efficacy of MHM interventions was the deliberate collection of beneficiary feedback. Most NGOs emphasized a participatory approach (Biesiada et al., 2023, p.5) that positioned Ukrainian female refugees not merely as recipients but as active informants. This intangible assessment, as noted by Adrianna, an NGO representative, involved the use of regular check-ins, feedback surveys, and informal discussions, often integrated within distribution points and community events.

“Through surveys and focus groups, we gather opinions from women who have used our MHM services. This aids in determining their level of satisfaction with the goods and services, as well as any weaknesses in our strategy.”

Daria, an NGO representative, mentioned that, more importantly, feedback mechanisms helped her foundation amplify the lived experiences of refugee women, allowing them to adjust interventions in real time and embed accountability into service delivery.

“...to gauge the effectiveness of our services, we provide feedback forms following the distribution of dignity kits or workshops. These surveys allow us to assess whether women's menstrual health needs were met and whether they thought our safe spaces were beneficial.”

This was also a pivotal strategy for another NGO with which representatives were interviewed, as this organization was able to get suggestions for improvements to its services, as noted by Danuta (NGO-R):

“We gather input from refugee women via focus groups and surveys. With the help of this input, we can assess whether the services are meeting their needs and whether they could be enhanced.”

This corroborates the narrative of Ciechan (2025, p.15), who noted that foundations gathered feedback from the recipients to gauge their satisfaction and gather suggestions for improvement. More so, by prioritizing community voice, the organization gained insights into the acceptability, cultural sensitivity, and usability of the MHM products and services delivered.

4.6.2 Mixed-Methods Monitoring and Evaluation Practices: A means of Tangibly Measuring NGOs' Effectiveness

To ensure comprehensive tracking of progress, NGOs adopted a mixed-methods evaluation framework. Quantitatively, program monitoring relied on key indicators such as distribution counts, access rates, attendance in educational sessions, and infrastructure rollouts. These tangible metrics allowed for comparisons and guided resource reallocation at the organizations represented by the following interviewees.

“We keep track of the quantity of sanitary products supplied, the number of safe spaces created, and the number of dignity kits distributed.” – Adrianna, NGO representative.

Invariably, Danuta’s foundation also utilizes quantitative data collected from refugees as an indicative measure of their success. Complementing this, formal evaluation efforts incorporated qualitative assessments such as beneficiary narratives and stakeholder interviews, offering depth

to the numbers. Qualitatively, formal evaluations were conducted through focus group discussions, staff debriefs, and semi-structured interviews, some of which fed directly into this study.

“...together with the women we have supported, we hold focus groups...these groups enable us to obtain comprehensive information about the efficacy of our services and areas for improvement...” – Daria (NGO-R).

“Regular evaluations, both internal and external, support transparency and guide the development of new programmes.” – Bogna (NGO-R).

Moreover, Ciechan (2025, p.4) explained that these approaches enabled the organization to assess the depth of intervention reach, not just its breadth. In addition to their quantitative metrics, an NGO represented by Adrianna also conducts periodic impact assessments with the help of external evaluators to assess the long-term effects of their programs. Similarly, another NGO collaborated with external evaluators to conduct impact assessments and ensure that their programs are both efficient and sustainable.

4.6.3 Behavioural and Social Change: Evidence for Tangible Assessment

Beyond service delivery, NGOs, such as the one represented by Ania, gauged effectiveness through observed and reported changes in knowledge, attitudes, and practices (Sood et al., 2022, p.485) regarding menstruation among refugees. Interview narratives pointed to increased openness in discussing menstrual issues, improved hygiene practices among beneficiaries in managing their menstrual health.

“...now when they change, their attitude shows it, and the integration struggle lessens...all that has been done so far comes with consent.” – Ania (NGO-R).

These behavioural shifts are critical indicators of sustainable impact (Biesiada et al., 2023, p.9) as they signify a move beyond short-term aid to long-term empowerment. Ania further recounted how refugees began engaging more actively with MHM education, requesting specific product types, and advocating for better facility maintenance, which are clear signs of enhanced agency and awareness. However, such changes, while meaningful, were often qualitative, highlighting the importance of narrative evidence in capturing impact that is difficult to quantify.

Overall, a thorough grasp of programme performance and impact was made possible by this hybrid measurement model, which ensured that both tangible outcomes, like the quantity of dignity kits given out, and intangible ones, like better menstrual self-management, were recorded. This implies

that regular external and internal assessments support openness and guide the creation of every new programme (Lewtak et al., 2023, p.2022).

4.7 Could there be a Way Forward for Menstrual Hygiene Management Services?

While current menstrual hygiene management (MHM) interventions for Ukrainian female refugees in Poland led by NGOs have yielded commendable outcomes, critical areas for potential improvement have been identified. These suggested improvements cover cultural sensitivity, staff development, programme sustainability, policy-level commitments, and wider cooperation. Policy mainstream and institutional commitment; strategic planning and sustainable resourcing; capacity building and cultural sensitivity; inclusive and equitable programme design; and collaborative and cross-sectoral Approaches were the five main areas identified by thematic analysis. The quality, sustainability, and inclusiveness of MHM interventions can be improved by implementing the broader systemic changes and practical needs reflected (Baran et al., 2024, p.106) in these recommendations.

A key improvement highlighted by interviewees was the need for greater policy integration and formal institutionalization of menstrual hygiene management within humanitarian interventions. As Bogna, NGO representative, emphasized, without formalized policy backing, MHM risks remaining a fragmented component rather than an integral part of all refugee support services.

"More funding should be allocated to advocacy in order to ensure that menstrual hygiene is incorporated into national refugee response plans and humanitarian frameworks and becomes policy." - Bogna (NGO-R).

Three refugees, as seen below, similarly acknowledged that there has been progress in integrating MHM into refugee response plans, but stressed the need for NGOs to keep pushing for deeper integration of MHM into larger humanitarian response frameworks.

"...the biggest improvement needed is the integration of NGO humanitarian services...", Emilia (UF-R).

"...through the positive changes in the services rendered by different organisations, NGOs inclusive, I became comfortable over time..." – Dagmara (UF-R).

"...they have done well in that humanitarian area...doing more will be appreciated..." – Aldona (UF-R).

While the response of the organization she works for has taken proactive steps, Elisa, an NGO representative, noted, agreeing with Ociepa-Kicińska and Gorzałczyńska-Koczkodaj's (2022) idea

that the absence of a system-wide institutional commitment was identified as a gap that could undermine the continuity and scalability of MHM services.

“Instead of treating menstrual hygiene management as a secondary issue, NGOs should incorporate it into their long-term planning for refugee crises...to guarantee consistency and accountability, it must be incorporated into organizational and national policies.”

Additionally, Božena emphasized that in all humanitarian contexts, NGOs must do more to promote menstrual health as a fundamental human right. Hence, institutionalizing this priority would not only solidify MHM as a non-negotiable aspect of refugee care (Korzeniewski, 2024, p.16) but also foster accountability and attract sustained investment (Murphy, 2022, p.5). In other words, stronger advocacy is crucial to ensure long-term funding and inclusion of menstrual products in essential aid packages. Adrianna, NGO representative, echoed this, arguing that policy integration would help secure dedicated resources, establish standard operating procedures, and mandate training:

“...MHM services must be strategically integrated into the overall plan for responding to refugees.”

These ultimately ensure that MHM services are not only reactive but systematically planned and monitored (Spiegel, 2022, p.2084). Nearly all respondents highlighted the lack of early-stage planning and dedicated funding streams for menstrual health initiatives during emergency responses. In many humanitarian settings, initial emergency responses often lack a long-term vision for menstrual health (Sood et al., 2022, p.501). Thus, Elisa and Danuta added that pre-positioned supplies, established delivery partnerships, and inclusion in initial planning frameworks are essential, as found respectively below:

“NGOs should prioritize MHM services early in the response phase as part of the overall refugee response plan from the very beginning.”

“With sanitary product stocks already in place and service delivery partnerships established, MHM services should be systematically included in the initial response phase.”

Equally important is the establishment of predictable, long-term funding to ensure continuity, stocking of dignity kits, infrastructure maintenance, and innovation within the MHM program:

“Providing longer-term MHM services with more sustainable funding would be another improvement.” – Adrianna (NGO-R).

This strategic resourcing would improve supply chain reliability, reduce stock-outs, and allow NGOs to scale services in response to fluctuating refugee populations' needs. To corroborate this, Elisa (NGO-R) stressed the implementation of robust funding from day one.

“This means that MHM programmes ought to be funded and put into action right away.”

While initial MHM provisions were largely effective, concerns were raised about long-term sustainability, particularly in protracted crises where needs evolve and intensify. Božena, another NGO representative, warned that, over time, donor attention to MHM tends to wane:

“A discernible decrease in funding opportunities for this cause has been observed. Numerous organizations and donors have turned their attention elsewhere...”

Hence, long-term funding should be a central element in policy mainstreaming and institutionalization, because statistics have shown a decline in funding of MHM over time. Invariably, the need for continuous staff and volunteer training remains a key area for improvement, especially in enhancing cultural sensitivity and trauma-informed care. Respondents noted that although menstrual health is a universal issue, its discussion and management vary greatly across cultures. Failure to address this nuance can lead to miscommunication, underutilization of services, or unintentional harm.

“NGOs and volunteers who work with refugees need more cultural training”, according to Adrianna (NGO-R).

Respondents advocated deeper community involvement to ensure MHM services are tailored, culturally appropriate, and sustainable:

“To guarantee that MHM services are adapted to their needs, culturally sensitive, and sustainable, NGOs should collaborate with refugee communities more closely.” - Danuta (NGO-R).

Other interviewees admit this and further added that foundations also share similar views on investments in capacity building, targeting frontline workers, partner NGOs, translators, and community educators, in a bid to increase awareness, sensitivity, and responsiveness to MHM services.

“More attention should be paid to education, not only for women but also for those who provide services to refugees, like volunteers and shelter employees.” – Daria (NGO-R).

“It is also necessary to focus more on education, not just for women but also for volunteers, shelter staff, and local communities.” – Barbara (NGO-R).

Since integrating the cultural competency framework into training modules was also emphasized, effective MHM services require a deep understanding of the cultural and psychosocial aspects (Baran et al., 2024, p.107) surrounding menstruation among diverse refugee populations. Hence, the training of staff on mental health aspects is essential to provide respectful and effective support.

“There should also be more focus on education...not just for women but also for refugee service providers, such as shelter staff and volunteers” – Anka (NGO-R).

Additionally, educating volunteers could lessen stigma by fostering an atmosphere where recipients feel secure and empowered to openly discuss menstrual health. Finally, the interviews highlighted the need for enhanced collaboration across sectors and organizations in scaling MHM services. Cross-sector partnerships with health, protection, education, and local government bodies were seen as vital for comprehensive MHM service delivery. Such cross-sector collaborations, according to Biesiada et al. (2023, p.18), can facilitate the sharing of data, harmonized policies, and the enhancement of overall Menstrual Health Management services.

Bogna, an NGO representative, pointed to the fragmented nature of services when delivered in silos and urged better and effective integration. Hence, recommended that NGOs, governments, and international agencies must collaborate more effectively to ensure coordinated and sustainable solutions. For Bożena, improving MHM delivery requires strategic partnerships, both within and beyond humanitarian actors, including engagement with local government bodies, private sector entities, and community-based organizations. Such coordination not only improves resource efficiency but also helps create synergistic interventions that reinforce menstrual health from multiple fronts.

4.8 Discussion of Findings

As explained in this chapter, the analysis has rationally presented the design and delivery strategy of NGOs in relation to the supply of menstrual hygiene products and services to Ukrainian women who were displaced due to the ongoing conflict between Russia and Ukraine. Therefore, the main question that guides this research has been directly addressed, with a focus on whether non-governmental organization-led initiatives have, after careful analysis, addressed the menstrual hygiene needs of displaced female refugees in Poland since Russia launched its full-scale invasion in 2022. This is actualized by combining tangible and intangible support and identifying the gaps limiting organizational reach, inclusivity, and viability. Consequent to these barriers, attainable

points for improvement have been highlighted to ensure feasible and sustainable systems. In this discussion, while investigating the congruence of the accounts, I have been able to identify the challenges faced by the NGOs through representatives during the delivery of this humanitarian support and have invariably framed a plausible inference for operations.

The subsequent unit in this chapter (4.2) has revealed that the NGOs did “more than sharing or giving out of pads” as a means of meeting tangible menstrual hygiene needs. They have looked into the responses of the beneficiaries, used those identified elements to create an entwined support system that puts the beneficiaries' needs, destinations, and processes into consideration. Thus, after the practitioners gathered feedback, kits such as pads, tampons, underwear, and toilet paper were shared with the beneficiary centers for refugees and receptions, extending to border points. This coverage saw a major adjustment, which was a change from unpackaged to prepacked kits. In the findings, equally, safety and privacy have been said to be needs that are beyond operational concerns. Beyond the distribution of kits, another aspect of this unit has presented menstrual health as such that has to do with rights and with fundamental necessities. With these efforts, the findings have proven that NGOs addressed menstrual hygiene needs with a system-building approach that incorporates a combination of humanitarian aid.

In determining what menstrual hygiene products and services have been provided to the women refugees by the NGOs, the study's 4.3 sections have clarified this in four interrelated components. Following the interaction among these elements, it has been revealed that products are demanded, acceptable, and through partnerships, are made available. Equally, the centers for distribution have been seen as safe, with necessary information reaching the beneficiaries through education and psychosocial support. The close eye on the conflict and how it goes has brought some adjustments, making the humanitarian arrangement drift toward continuity and a possible course of action. The practice that involves the use of a public locker for distribution has been encouraged, as such is suitable for refugee communities, especially those that are mixed or have their spaces shared.

The in-depth analysis of the trade-offs, which covers the reach and sustainability limitations, has been presented in 4.4. Apart from funding volatility, which has been an inevitable challenge recorded by NGO representatives, accounts of aid prioritization, supply chains, conveyance, cultural compatibility, and organizational goals have also been given with a response to adaptability. In the early months of arrival, provisions of these supports, especially the tangible

ones, were not sufficient as replenishment cycles were falling behind in meeting demands. Due to the aid prioritization system, which made humanitarian aid frontliners pay more attention to food, shelter, and emergency care, gaps were created with an effect on non-food and gender-sensitive needs. Despite the changes that accommodated the non-food provisions, the analysis has not failed in acknowledging the delayed experience. Another case of the barrier was a risk of misalignment, which revealed that the women refugees' willingness to engage with practitioners during group discussion was reduced due to stigmatization. Despite the improvement recorded, the analysis has presented socio-cultural orientation as a fundamental competency rather than being seen as a courtesy. The 4.5 parts of the study revealed that equality was the target as strategies were put in place to reach women refugees, regardless of their age and ability status. Geographic exclusion was minimized, if not avoided totally, through several routing systems such as mobile and nearest deliveries. Local shelter visitations were made possible through the collaboration with local authorities. This points to the fact that neither equity nor inclusivity is a one-way thing. While this is evident in the analysis, the shortcomings of the system at the initial time of welcoming have not been overlooked.

While in 4.6, the effectiveness of these interventions has been looked into from the perspectives of the tangible or intangible, based on patterns of the collected evidence, and changes made, 4.7 has revealed refugees' feedback. The latter has shown that there has been access to products such as kits and services like education and psychosocial support. However, those connected to the service were said to have benefited more. While mitigating exclusion, the diversity of delivery points was used for future cycle distributions. In the concluding part of the analysis, there is a set of improvements that could fill the identified vacuum, from emergency response to institutional application. Considering this, menstrual health management should be incorporated into all levels of humanitarian frameworks. Be it municipal, national, or international.

Despite the difficulties and limitations identified, NGOs, afterthought all, have been given credit for not treating menstrual hygiene needs as peripheral, especially when the priorities were to be adjusted during the meeting of (non) food demands. What is left is to use the response model in policy mainstreaming as a structure that may grow into a standard proposition for menstrual health in the case of displacement.

5. Conclusion

Although the menstrual hygiene needs initiatives led by NGO, as actor, have frequently reflected feminist humanitarian ideals of dignity, empowerment, and agency, there were policy, systemic, and logistical constraints that hampered their interventions to an extent. The fact that these issues still exist during these NGOs' menstrual hygiene service delivery makes institutionalized and rights-based methods of considering and addressing menstrual health care necessary in a humanitarian setting. Before reflecting on the findings of this study in the context of the literature review, theoretical and conceptual debate, and the impact of the study's outcomes on the comprehension of the research question and puzzle, it is important to highlight that menstrual hygiene has been revealed as an essential part of gender-responsive humanitarian reaction, and not a side issue, with NGOs being one of the major actors. Integrating it into the framework of refugee aid is crucial for maintaining dignity and agency, which are fundamental to feminist humanitarian ethics, as well as for menstrual health.

The purpose of this research, as stated in section 3.4, is to determine the degree to which non-governmental organization-led initiatives take into account and address the needs of Ukrainian refugees in Poland regarding the availability of menstrual hygiene products and services since the 2022 invasion. This has aided in applying a feminist humanitarian theoretical framework to critically analyse the tangible and intangible components of NGO-led interventions. It did this by using qualitative evidence from semi-structured interviews with Ukrainian refugee NGO representatives and the women refugee transcripts accessed through the Jagiellonian Center for Migration Studies.

Considering the upshot of this study in the context of the literature review, it highlighted a recurring trend in humanitarian responses, which is that interventions for menstrual health are often short-term and donor-dependent (Korzeniewski et al., 2024, p.26), hampered by the limited funds available to NGOs. The review also highlighted how access to sufficient resources, facilities, and information is hampered by structural barriers and coordination issues (Joshi & Mendhe, 2025, pp.88-89). Given the frequent failure of humanitarian responses to mainstream gender-specific needs in planning and execution, thereby undermining dignity and agency, feminist humanitarian theory provided a critical lens through which to view these limitations (Starzewski, 2022, p.9).

Even in the context of a high-capacity European host, the research's findings mainly supported these academic findings. Even though Polish NGOs conducted a range of targeted interventions, such as distributing kits and other menstrual hygiene products and offering services that included educational programmes. However, these services' sustainability, equity, and geographic reach were not uniform. The importance of combining psychosocial support and information provision was also emphasized by thematic analysis in Chapter Four, which demonstrated that menstrual health needs go beyond material provision to include knowledge, choice, and privacy. This is consistent with the feminist humanitarian emphasis on empowerment. Notwithstanding, the operational realities of NGOs, which range from funding volatility, coordination gaps, and reliance on ad hoc donations, have limited the full realization of these principles.

In addressing the influence on comprehending the research conundrum, the main research question has been seen to be based on an apparent paradox. Thus, there were still gaps in addressing the menstrual hygiene needs of displaced Ukrainian women. However, NGOs' efforts through established infrastructure, with some being relatively stable and systematically integrated into EU humanitarian coordination systems, have made these organizations register reasonable progress. Resources are not always available to guarantee equitable or comprehensive provision, as this study has shown. To explain the noticeable disparities, structural and institutional factors were crucial, including the lack of menstrual health in national humanitarian planning frameworks, disjointed coordination among NGOs, and constrained policy mandates.

In light of this reality, the results demonstrate that NGOs have played a crucial role in offering both short-term and long-term assistance, frequently filling in for formal systems that were unable to provide sufficient response. However, the same limitations observed in humanitarian contexts with limited resources have influenced their interventions (Bouchard, 2025, p.11), suggesting that governmental structures and policy priorities influence structural disregard for gender-specific needs in addition to economic capability (Adedeji et al., 2025, p.261). Both theory and practice are affected by this, implying that gender mainstreaming in humanitarian response is still uneven, with varying levels of interventions that require gender focused NGOs' logical expertise and initiative that can only be efficient in a stable humanitarian system.

5.2. Policy Recommendations

Sequel to the above conclusion, my policy recommendation is that menstrual health be a key component of humanitarian response, and the data gathered for this study supports several policy recommendations, which are applicable at various levels of governance and operation. To start with, menstrual hygiene services should be specifically included as a public health and protection priority in refugee reception and integration policies in Poland, with matching budget lines and accountability systems (Murphy et al., 2022, p.23). This will aid the national integration framework for responding to refugees, which will reflect gender inclusiveness. This may be difficult to achieve if the NGO, as an actor, is financially incapacitated. Thus, there is a need to provide models for sustainable funding. To support the consistent provision of materials, facilities, and educational initiatives, multi-year funding streams should be used in place of short-term donation-based models. An integrated delivery service, which combines the provision of products with information and psychosocial support, should be encouraged by funding mechanisms. When finance becomes the strength of the NGOs, there is a need to improve NGOs' and state agencies' coordination, and track and assess the standard of services. This incorporation will help guide the ongoing improvement of NGOs in this area by creating national indicators for the delivery of menstrual hygiene needs.

5.3 Prospects for Further Research

This study suggests some directions for further investigations that could enhance and expand knowledge of menstrual hygiene needs and care in humanitarian settings. The key findings in this thesis, which uncovered empirical gaps and thematic patterns, directly lead to these recommended directions. It will be worthwhile if the prospective research can look into studies that monitor the effects of NGO interventions over time to evaluate long-term health outcomes, sustainability, and adaptability. Equally, a comparative study of various Polish regions can be conducted to identify local innovations and best practices that could be expanded nationally. Another aspect for investigation is the intersectional analyses examining how menstrual health needs and access are influenced by age, ethnicity, disability, and other factors among refugee women, and led projects by NGOs, emphasizing how peer-to-peer models can improve uptake, trust, and cultural appropriateness. The last that comes to mind following the key findings in this thesis, which uncovered empirical gaps and thematic patterns that directly led to these recommended directions,

is the studies on the process and effects of incorporating NGOs' policy advice on menstrual health into national humanitarian frameworks through policy implementation.

References

- Adebayo, Y. O., Basit, W. O., Adam, F. I., & Islam, A. S. (2024). The impact of international NGOs on refugee support and policy influence: A global analysis. *International Journal of Science and Research Archive*, 13(01), 603–613. <https://doi.org/10.30574/ijrsra.2024.13.1.1709>
- Adedeji, A., Kaltenbach, S., Metzner, F., Kovach, V., Rudschinat, S., Arrizabalaga, I. M., & Buchcik, J. (2025). Mental health outcomes among female Ukrainian refugees: A mixed-method approach exploring resources and stressors. *Healthcare (Basel)*. 13(3):259. <https://doi.org/10.3390/healthcare13030259>
- Al Jazeera. (2024, February 22). *More than 14 million people fled homes in Ukraine since Russia invasion: UN*. Retrieved from: <https://www.aljazeera.com/news/2024/2/22/more-than-14-million-people-fled-homes-in-ukraine-since-russia-invasion-un> (Accessed: June 17, 2025)
- Anderson, K. (2024). Understanding how gender impacts EU refugee policy: A case study of Ukrainian refugees. *The Grimshaw Review of International Affairs*, 1(2), p. 1-23. Available at: <https://grimshawreview.lse.ac.uk/articles/16>
- Andrews, J., Jakub Isański, J., Nowak, M., Sereda, V., Vacroux, A., & Vakhitova, H. (2023). Feminized forced migration: Ukrainian war refugees. *Women's Studies International Forum*, 99 (1), 102756. <https://doi.org/10.1016/j.wsif.2023.102756>
- Baran M, Grzymała-Moszczyńska H, Zjawińska M, Sugay L, Pujszo I, Ovsienko Y, Naritsa V, Niedziałek J, Boczkowska M. (2024). Superhero in a skirt: Psychological resilience of Ukrainian refugee women in Poland. A thematic analysis. *International Journal of Clinical Health Psychology*. 24(4):100506. <https://doi.org/10.1016/j.ijchp.2024.100506>
- Barbelet, V., Bryant, J., & Willitts-King, B. (2021). *Interrogating the evidence base on humanitarian localisation*. Humanitarian Advisory Group. Available at: https://humanitarianadvisorygroup.org/wp-content/uploads/2021/07/Localisation_lit_review_WEB-1.pdf
- BBC. (2024, February 23). *What are the sanctions on Russia and have they affected its economy?* Retrieved from:

<https://www.bbc.co.uk/news/world-europe-60125659> (Accessed: June 20, 2025)

- Betsu, B. D., Medhanyie, A. A., Gebrehiwet, T. G., & Wall, L. L. (2024). Menstrual hygiene management interventions and their effects on schoolgirls' menstrual hygiene experiences: A systematic review. *PLoS ONE*, 19(8): e0302523. <https://doi.org/10.1371/journal.pone.0302523>
- Biesiada, A., Mastalerz-Migas, A., & Babicki, M. (2023). Response to provide key health services to Ukrainian refugees: The overview and implementation studies, *Social Science & Medicine*, 3(34), 1-22. <https://doi.org/10.1016/j.socscimed.2023.116221>
- Borges, G. M. (2024). Journey of violence: Refugee women's experiences across three stages and places. *Journal of International Migration and Integration*, 25(2), 673-693. <https://doi.org/10.1007/s12134-023-01102-z>
- Bouchard, D. (2025). *Humanity's ruins: Ethics, feminism, and genocidal humanitarianism* [1st Ed]. Duke University Press.
- Cardoso, L., Scolese, A., Harmidaddin, A., & Gupta, J. (2021). Period poverty and mental health implications among college-aged women. *BMC Women's Health*, 21(1), 14-19.
- Caritas Poland (2024). *Report 2023*. <https://caritas.pl/wp-content/uploads/2024/11/raport-caritas-za2023-en-final.pdf> (Accessed: June 7, 2025)
- Center for Economic Strategy. (2025, 3 March). *Ukrainian refugees after three years abroad. Fourth wave of research*. Retrieved from: <https://ces.org.ua/en/refugees-fourth-wave/> (Accessed May 14, 2025)
- Chalouhi, J., Currow, D. C., Dumit, N. Y., Sawleshwarkar, S., Glass, N., Stanfield, S., Digiacomio, M. (2025). The Health and Well-Being of Women and Girls Who Are Refugees: A Case for Action. *International Journal of Environment Research and Public Health*. 22(2), 204-231. <https://doi.org/10.3390/ijerph22020204>
- Ciechan, M. (2025). *Filling the human rights implementation gap: Role of NGOs in securing reproductive rights for Ukrainian refugees in Poland*. UiT The Arctic University of Norway.

- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297-298. <https://doi.org/10.1080/17439760.2016.1262613>
- Cook, L. J. (2024). *Welfare Nationalism in Europe and Russia: The Politics of 21st Century Exclusionary and Inclusionary Migrations*. Cambridge University Press. <https://doi.org/10.1017/9781108891202>
- Day, C., & Koivu, k. L. (2019). Finding the question: A puzzle-based approach to the logic of discovery. *Journal of Political Science Education*, 15(3), 377-386. <https://doi.org/10.1080/15512169.2018.1493594>
- Degtyarova, I., & Kraśniewska, N. (2025). *Polish academia's emergency response. Managing large-scale inflow of Ukrainian refugees in higher education institutions in Poland, 2022-2024*. AGILE project. Retrieved from: https://www.frp.org.pl/images/RAPORT_AGILE_2025_EN.pdf (Assessed: May 01, 2025)
- DeJonckheere, M., Vaughn, L. M., James, T. G., & Schondelmeyer, A. C. (2024). Qualitative Thematic Analysis in a Mixed Methods Study: Guidelines and Considerations for Integration. *Journal of Mixed Methods Research*, 18(3), 258-269. <https://doi.org/10.1177/15586898241257546>
- Deloffre, M. Z. (2021). Metagovernance norms and polycentricity in global humanitarian governance. *International Studies Review*, 12(4), 9–12. <https://doi.org/10.1093/isr/viab030/6403480>
- Długosz, P. (2023). War trauma and strategies for coping with stress among Ukrainian refugees staying in Poland. *Journal of Migration and Health*. 7(8):100-196. <https://doi.org/10.1016/j.jmh.2023.100196>
- Downing, S., Benjimen, S., Natoli, L., & Bell, V. (2021). Menstrual hygiene management in disasters: The concerns, needs, and preferences of women and girls. *Waterlines*. 40: 144-159. <https://doi: 10.3362/1756-3488.21-00002>

- Dudek, B., Panuciak, A., & Pawel, S. (2023). *The living and economic situation of Ukrainian migrants in Poland in 2023*. Warsaw: Narodowy Bank Polski. Available at: https://nbp.pl/wp-content/uploads/2024/02/Raport_Imigranci_2023_EN.pdf.
- Duszczek, M., & Kaczmarczyk, P. (2022). The war in Ukraine and migration to Poland: Outlook and challenges. *Intereconomics*, 57(3), 164-170. <https://doi.org/10.1007/s10272-022-1053-6>.
- Elsbeth, G., & Kees, G. (2023). The Invasion of Ukraine and the Flight to Safety into the EU 2022–2023," *Journal of Common Market Studies*. *Wiley Blackwell*, 61(S1), pp. 68-79. <https://doi.org/10.1111/jcms.13535>
- Enloe, C. (2014). Gender Makes the World Go Round': in *Bananas, Beaches and Bases*. University of California Press, pp. 1–36
- Eurofound. (2024). *Social impact of migration: Addressing the challenges of receiving and integrating Ukrainian refugees*. Retrieved from <https://www.eurofound.europa.eu/en/publications/2024/social-impact-migration-addressing-challenges-receiving-and-integrating-ukrainian> (Accessed: October 11, 2024)
- Ferris-Rotman, A. (2022). Ukraine's Women Refugees Face the Harsh Reality of Poland's Abortion Restrictions, *TIME*, June. Available at: <https://time.com/6188502/ukraine-women-poland-abortion-ban/> (Accessed: 29 February 2025).
- Forman-Rabinovici, A. & Mandel, H. (2023). The Prevalence and implications of gender blindness in quantitative political science research. *Politics & Gender*, 19(2), 482–506. <https://doi.org/doi:10.1017/S1743923X22000174>
- Friedman, E. M. (2024). "Refugees or migrants: Polish reception to Ukrainian and Syrian refugee crises (2015/2022)". *Senior Theses*. 149. Retrieved from: https://research.library.fordham.edu/international_senior/149 (Accessed: May 22, 2025)
- ¹ Fundacja Różowa Skrzyneczka. (2023, December 4). *Menstrual poverty as an overlooked aspect of migration: A study on access to healthcare and menstrual products among refugees and migrants in Poland*. Retrieved from:

<https://mapujpomoc.pl/en/menstrual-poverty-as-a-overlooked-aspect-of-migration-a-study-on-access-to-healthcare-and-menstrual-products-among-refugees-and-migrants-in-poland/>

Accessed: December 1, 2024)

Galletta, A. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. New York University Press.

Gluszak, M., & Trojanek, R. (2024). War in Ukraine, the refugee crisis, and the Polish housing market. *Housing Studies*, 40(5), 1043–1065.
<https://doi.org/doi.org/10.1080/02673037.2024.2334822>

George, A. L., & A. Bennett (2004). *Case studies and theory development in the social sciences*. MIT Press.

George, W. (2023). *What Ukraine means*. Ethics and Public Policy Center. Retrieved from: <https://eppc.org/publication/what-ukraine-means/> (Accessed: December 16, 2024)

Hennegan, J., Winkler, I. T., Bobel, C., Keiser, D., Hampton, J., Larsson, G., ... Mahon, T. (2021). Menstrual health: A definition for policy, practice, and research. *Sexual and Reproductive Health Matters*, 29(1), 31–38. <https://doi.org/doi.org/10.1080/26410397.2021.1911618>

House of Commons Library (2024). *Ukraine: Russia's "red line"*. Retrieved from:

<https://commonslibrary.parliament.uk/research-briefings/cbp-9401/> (Accessed: March 12, 2025)

Humanitarian Leadership Academy. (2024). *Transformational Humanitarian Response: The Example of Poland*. LSE Department of International Development Report commissioned by the Humanitarian Leadership Academy and Save the Children. July 5, 2025. Retrieved from: <https://www.humanitarianleadershipacademy.org/wp-content/uploads/2023/05/Transformational-Humanitarian-Response-The-Example-of-Poland.pdf> (Accessed: June 11, 2025)

Jolof, L., Rocca, P. & Carlsson, T. (2024). Support interventions to promote health and wellbeing among women with health-related consequences following traumatic experiences linked to

- armed conflicts and forced migration: a scoping review. *Arch Public Health* 82(8), 42-65.
<https://doi.org/doi.org/10.1186/s13690-023-01235-8>
- Joshi, K., & Mendhe, D. (2025). Navigating menstrual health and hygiene: Challenges and solutions. *Journal of Pharmacy & BioAllied Science*. 17(1): 88-91.
https://doi.org/10.4103/jpbs.jpbs_1637_24
- Junuzi, V. (2019). Refugee crisis or identity crisis: Deconstructing the European refugee narrative. *Journal of Identity and Migration Studies*, 13(2), pp. 117–147.
- Kulczyk Foundation. (2025, May 27). *Menstruation Is not a taboo: It's a reality for Students*. Retrieved from [https://kulczykfoundation.org.pl/en/news/Wydarzenia/Menstruation Is Not A Taboo It s A Reality For Students We Summarized The Pilot Program Of The Ministry And Kulczyk Foundation On The Eve Of Menstrual Hygiene Day](https://kulczykfoundation.org.pl/en/news/Wydarzenia/Menstruation_Is_Not_A_Taboo_It_s_A_Reality_For_Students_We_Summarized_The_Pilot_Program_Of_The_Ministry_And_Kulczyk_Foundation_On_The_Eve_Of_Menstrual_Hygiene_Day) (Accessed: June 17, 2025)
- Kardas, P., Babicki, M., Krawczyk, J., Mastalerz-Migas, A. (2022). War in Ukraine and the challenges it brings to the Polish healthcare system. *Lancet Reg Health Eur*. 1(1), 1-32.
<https://doi.org/10.1016/j.lanep.2022.100365>
- Korzeniewski, K., Shkilna, M., Huk, M., Shevchuk, O., & Marchelek-Myśliwiec, M. (2024). Ukrainian war refugees and migrants in Poland: Implications for public health. *Journal of Travel Medicine*, 31(1), 1-28. <https://doi.org/10.1093/jtm/taad119>
- Kravcheńko, I., & Zhuk, R. (2022). The new migration wave from Ukraine to EU countries: Scale, factors, consequences. *ФІНАНСОВО-КРЕДИТНА ДІЯЛЬНІСТЬ: ПРОБЛЕМИ ТЕОРІЇ ТА ПРАКТИКИ (Financial and Credit Activities: Problems of Theory and Practice)*, 6 (47), pp. 458-468. Doi:10.55643/fcaptp.6.47.2022.3931
- Larson, K. L., Płaszewska-Żywko, L, Sira N, Leibowitz J. (2025). Nursing praxis on intercultural care with war-affected refugees. *Global Qualitative Nursing Research*. 7(12), 23-39.
<https://doi.org/10.1177/23333936251336109>

- Lee, A., Khaw, F., Lindman, A., & Juszczak, G. (2023). Ukraine refugee crisis: Evolving needs and challenges. *Public Health*, 217(7), 41-45. <https://doi.org/doi.org/10.1016/j.puhe.2023.01.016>
- Leon, D. A., Jdanov, D., Gerry, C. J., Grigoriev, P., Jasilionis, D., McKee, M., ... & Vågerö, D. (2022). The Russian invasion of Ukraine and its public health consequences. *The Lancet Regional Health–Europe*, 15 (1), 1-34. <https://doi.org/10.1016/j.lanepe.2022.100358>
- Lewtak, K., Poznańska, A., & Kanecki, K. (2023). Ukrainian migrants' and war refugees' admissions to hospital: evidence from the Polish Nationwide General Hospital Morbidity Study, 2014–2022. *BMC Public Health* 23, 2336. <https://doi.org/doi.org/10.1186/s12889-023-17202-5>
- Liebig, T., & KristianRose, T. (2018). Triple Disadvantage? A first overview of the integration of refugee women, *OECD Publishing*, 126. <https://doi.org/doi.org/10.1787/3f3a9612-en>.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). 'Paradigmatic controversies, contradictions, and emerging confluences', in N. Denzin and Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (pp. 97–128): Left Coast Press.
- Lysienka, M. (2023). Following the EU response to the Russian invasion of Ukraine? The implementation of the temporary protection directive in Poland. *Central and Eastern European Migration Review*, 12(1), pp. 180-200. <https://doi.org/10.54667/ceemr.2023.14>
- Mills, C. (2025). *Ukraine conflict: An overview* [Research Briefing, No. 9723]. House of Commons Library. Retrieved from: <https://researchbriefings.files.parliament.uk/documents/CBP-9723/CBP-9723.pdf> (Accessed: June 20, 2025)
- Macková, L., Zogata-Kusz, A., Filipec, O., & Medová, N. (2024). Temporary protection for Ukrainian refugees in the Czech Republic and Poland. *Nationalities Papers*, 1(1), 1-20. <https://doi.org/doi:10.1017/nps.2024.61>
- Malanchuk, I. I. (2023). Legal framework for the protection of Ukrainian refugees: A comparative study. *Проблеми законності (Legality Issues)*, 11(160), 230-248. <https://doi.org/doi.org/10.21564/2414-990X.160.272931>

- Moroń, D., Madej, M., & Csoba, J. (Eds.). (2024). *Humanitarian aid and empowerment of Ukrainian refugees: The case of visegrad group countries: Czechia, Hungary, Poland, and Slovakia* (1st ed.). Routledge. <https://doi.org/10.4324/9781003505778>
- Murphy, A., Fuhr, D., Roberts, B., Jarvis, C., Tarasenko, A., & McKee, M. (2022). The health needs of refugees from Ukraine. *BMJ*, 377: 864, 11-29. <https://doi.org/doi.org/10.1136/bmj.o864>
- National Health Fund. (2024). *Pomoc medyczna dla obywateli Ukrainy – zasady udzielania i rozliczania świadczeń (Medical assistance for Ukrainian citizens – rules for providing and settling benefits)*. Retrieved from: <https://www.nfz.gov.pl/aktualnosci/aktualnosci-centrali/pomoc-medyczna-dla-obywateli-ukrainy-zasady-udzielania-i-rozliczania-swiadczen,8149.html>. (Accessed: May 30, 2025)
- Ociepa-Kicińska, E., & Gorzałczyńska-Koczkodaj, M. (2022). Forms of aid provided to refugees of the 2022 Russia–Ukraine war: The case of Poland. *International Journal of Environmental Research and Public Health*, 19(12), 7085. <https://doi.org/10.3390/ijerph19127085>
- Odell, J. S. (2001). Case study method in international political economy. *International Studies Perspectives*, 2(2), 161-176. <https://doi.org/10.1111/1528-3577.0004>
- Patel, K., Panda, N., Sahoo, K. C., Saxena, S., Chouhan, N. S., Singh, P., Ghosh, U., & Panda, B. (2022). A systematic review of menstrual hygiene management (MHM) during humanitarian crises and/or emergencies. *Front Public Health*. 1(1), 1-11. <https://doi.org/10.3389/fpubh.2022.1018092>
- People in Need (2025, June 18). *Ukrainian refugee crisis: The current situation*. Retrieved from: <https://www.peopleinneed.net/the-ukrainian-refugee-crisis-current-situation-9539gp#:~:text=The%20distribution%20of%20refugees%20has,Ukrainians%20to%20visit%20family%20members.> (Accessed: June 28, 2025)
- Piotrowski, A., Boe, O., Sygit-Kowalkowska, E., Petrovska, I., Predoiu, A., Görner, K., Rawat, S., & Makarowski, R. (2023). Women during the war - stress, resilience and self-efficacy during the Russian-Ukrainian war among women from Ukraine, Poland, Slovakia and

- Romania. *European Psychiatry*. 66(1):649-659.
<https://doi.org/doi:10.1192/j.eurpsy.2023.1350>
- Polish Economic Institute. (2022). *How Polish society has been helping refugees from Ukraine*. Retrieved from: <https://pie.net.pl/wp-content/uploads/2022/07/Pomoc-pol-spol-UKR-ENG-22.07.2022-C.pdf> (Accessed: February 05, 2025)
- Polish Radio SA Portal. (2024, September 2). *Mandatory education for Ukrainian children as new school year begins in Poland*. <https://www.polskieradio.pl/395/9766/artykul/3420456,mandatory-education-for-ukrainian-children-as-new-school-year-begins-in-poland> (Accessed: April 12, 2025)
- Prusaczyk, A., Bogdan, M., Vinker, S., Gujski, M., Żuk, P., Kowalska-Bobko, I., Karczmarz, S., Oberska, J., & Lewtak, K. (2023). Health care organization in Poland in light of the refugee crisis related to the military conflict in Ukraine. *International Journal of Environmental Resources and Public Health*, 20(5):3831. <https://doi.org/10.3390/ijerph20053831>
- Regional Refugee Response for the Ukraine Situation. (2024). *Navigating health and well-being challenges for refugees from Ukraine: An inter-agency exploration of data*. Retrieved from <https://data.unhcr.org/fr/documents/download/108629> (Accessed: February 21, 2025)
- Richards, D. (1996). Elite interviewing: Approaches and pitfalls. *Politics*, 16(3), 199–204. <https://doi.org/doi.org/10.1111/j.1467-9256.1996.tb00039.x>
- Republic of Poland. (2025, January 17). *Polish Aid*. Retrieved from: <https://www.gov.pl/web/polishaid/poland-shows-record-setting-solidarity-with-refugees-in-2024-with-their-highest-contribution-ever-to-unhcr> (Accessed: May 01, 2025)
- Republic of Poland. (2023, July 28). *Director of Caritas Polska meets Yemeni deputy minister of health*. Retrieved from <https://www.gov.pl/web/saudiarabia/director-of-caritas-polska-meets-yemeni-deputy-minister-of-health> (Accessed June 7, 2025)

- Rose, M. (2016). Feminist Theory and the European Refugee Crisis. *Conspectus Borealis*, 1(1). 1-16. Retrieved from: https://commons.nmu.edu/cgi/viewcontent.cgi?article=1009&context=conspectus_borealis (Accessed: 16 June 2025).
- Rozynek, D., Śmierciak, N., Wojszel, B., Rodak, W., Bagińska, M., Valynets-Cyganik, A., Slabuch, V., Talybov, S., Wojtasik-Bakalarz, K., Szwajca, M., Guzik, B., & Pilecki, M. (2025).. Ukrainian refugee crisis center at the university hospital's psychiatric clinic for adults, children and adolescents in Krakow. *Postep Psychiatr Neurol*. 34(1):11-18. <https://doi.org/10.5114/ppn.2025.149874>.
- Rutai, L. (2023a). *Despite risks, hundreds of women return to wartime Ukraine to give birth*. Reuters. Retrieved from: <https://www.aljazeera.com/features/2023/11/21/despite-risks-hundreds-of-women-return-to-wartime-ukraine-to-give-birth> (Accessed: April 21, 2025)
- Schaaf, M., Boydell, V., & Sheff, M. C. (2020). Accountability strategies for sexual and reproductive health and reproductive rights in humanitarian settings: A scoping review. *Conflict Health* 14(18), 1-9. <https://doi.org/10.1186/s13031-020-00264-2>
- Sobczak-Szelc, K., Pachocka, M., Pędziwiatr, K., Szałańska, J., & Szulecka, M. (2022). *From Reception to Integration of Asylum Seekers and Refugees in Poland* (1st ed.). Routledge. <https://doi.org/10.4324/9781003196327>
- Sommer, M. (2012). Menstrual hygiene management in humanitarian emergencies: Gaps and recommendations. *Waterlines*, 31(1–2), 83–104. <https://doi.org/10.3362/1756-3488.2012.008>
- Sood, S., Stevens, S., Okumura, M., Hauer, M., & Ramaiya, A. (2022). A Systematic Review of Menstrual Health and Hygiene Management (MHHM) as a Human Right for Adolescent Girls. *International Journal of Sexual Health*, 34(3):483-502. <https://doi.org/10.1080/19317611.2022.2050874>
- Spiegel, P.B. (2022). Responding to the Ukraine refugee health crisis in the EU. *The Lancet*, 399(10341), pp. 2084–2086. [https://doi.org/10.1016/S0140-6736\(22\)00841-8](https://doi.org/10.1016/S0140-6736(22)00841-8)

- Starzewski, Ł. (2022) *Problems of health care for refugees from Ukraine. The Ministry of Health informs the Ombudsman about its activities, Public Information Bulletin of the Ombudsman*. Retrieved from: <https://bip.brpo.gov.pl/pl/content/problemy-opieki-zdrowotnej-uchodzcow-z-ukrainy-rpo-pisze-do-ministra-zdrowia-odpowiedz>. (Accessed: June 2, 2025)
- Stenbacka, C. (2001). Qualitative research requires quality concepts of its own. *Management Decision*, 39(7), 551–556. <https://doi.org/10.1108/EUM0000000005801>
- Szymańska, J. (2023). TCUP report: Refugees from Ukraine in Poland: From Reception to Integration. Ukrainian Research Institute, Harvard University. Retrieved from: [https://www.huri.harvard.edu/sites/g/files/omnuum4931/files/huri/files/tcup-szymanska2023-final-v1.pdf#:~:text=The%20shock%20related%20to%20the, donating%20products\)%2C%20with%20slightly%20fewer](https://www.huri.harvard.edu/sites/g/files/omnuum4931/files/huri/files/tcup-szymanska2023-final-v1.pdf#:~:text=The%20shock%20related%20to%20the, donating%20products)%2C%20with%20slightly%20fewer) (Accessed: June 11, 2025)
- Tellier M., Farley A., & Jahangir A. (2020). “Practice note: Menstrual health management in humanitarian settings”. In Bobel, C., Winkler, I. T., & Fahs, B. (Eds.), *The Palgrave Handbook of Critical Menstruation Studies [Internet]*. Palgrave Macmillan. https://doi.org/10.1007/978-981-15-0614-7_45
- Think Global Health. (2022, March 3). *Periods don't stop for conflict: Addressing women's health in Ukraine and other conflict zones*. Retrieved from: <https://www.thinkglobalhealth.org/article/periods-dont-stop-conflict> (Accessed: January 30, 2025)
- UNICEF. (2023, May 18). *Majority of Ukrainian refugee mothers in Poland experiencing high or severe levels of distress: UNICEF study*. <https://www.unicef.org/eca/press-releases/majority-ukrainian-refugee-mothers-poland-experiencing-high-or-severe-levels> (Accessed: March 19, 2025)
- UNHCR. (2025, July 31). *Ukrainian refugee situation*. Retrieved from <https://data.unhcr.org/en/situations/ukraine> (Accessed: August 1, 2025)

- UNHCR. (n.d.). *Who we protect: Refugee*. Retrieved from: <https://www.unhcr.org/uk/about-unhcr/who-we-protect/refugees> (Accessed: June 13, 2025)
- VanLeeuwen, C. & Torondel, B., (2018b). Improving menstrual hygiene management in emergency contexts: literature review of current perspectives. *International Journal of Women's Health*, 10. 349-360. <https://doi.org/10.2147/IJWH.S135587>
- Veit, A. (2019). Feminism in the Humanitarian Machine. *Journal of Intervention and Statebuilding*, 13(4), 401–417. <https://doi.org/10.1080/17502977.2019.1649009>
- Voice & HIAS. (2022). *Poland assessment report - waiting for the sky to close: The unprecedented crisis facing women and girls fleeing Ukraine*. Retrieved from: https://voiceamplified.org/wp-content/uploads/2022/05/POLAND_REPORT.pdf (Accessed: March 1, 2025)
- WHO. (2022). WHO statement on menstrual health and rights. Retrieved from: <https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights> (Accessed: March 12, 2025)

Appendix 1.

Interview Guide

Section 1: Meeting the Participants

- i. Can you briefly introduce yourself?
- ii. How long have you been working with this organization?
- iii. When did your organization start working on female Ukrainian refugees?

Section 2: Non-Governmental Organization initiatives

- i. What are the initiatives your organization has implemented to support Ukrainian female refugees?
- ii. What are the challenges your organization has found out to be unique to female refugee in Poland after the full-scale invasion of Ukraine by Russia.
- iii. How has this non-governmental organization helped in addressing these challenges?

Section 3: Evaluation of NGO's Effectiveness

- i. What measures are adopted by your organization to assess the effectiveness of its initiatives?
- ii. Has the organization recorded positive results from its initiatives focused on female Ukrainian refugees?
- iii. If yes, what are these outcomes?
- iv. Among the initiatives led by your organization, what is the most impactful?

Section 4: Gaps identification and Areas of Improvement

- i. What is your opinion on the challenges faced by NGOs in providing menstrual hygiene needs support Ukrainian female refugees in Poland?
- ii. Do these refugees encounter difficulties in accessing this support by NGOs?
- iii. If they do, what are these barriers?
- iv. In your opinion, can NGOs do better in the efficiency of the support?
- v. Do NGOs collaborate with local authorities and international organizations in responding to the menstrual needs of Ukrainian female refugees?

Section 5: Recommendation and Wrap-up

- i. What is the prospect of NGO-led initiatives in menstrual hygiene needs for Ukrainian female refugees in Poland?
- ii. What do you recommend that NGOs look to improve in this aspect do?
- iii. Do you mind being contacted for follow-up questions about this study?

Appendix 2.

University of Glasgow ethical approval



Ethics Committee for Non-Clinical Research Involving Human Subjects

College of Social Sciences **Notification of Ethics Application Outcome – UG and PGT Student Applications**

Application Details

Undergraduate Student Research Ethics Application Postgraduate Student Research Ethics Application

Application Number: PGT/SP5/2025/001/IMCEERES

Applicant's Name: Adepelumi Funsho Osikoya

Project Title: Assessing the effectiveness of NGO-Led initiatives in menstrual hygiene needs of female Ukrainian refugees in Poland: Post-2022 invasion

Application Status: **Fully Approved**

Date of Review: 14/01/2025

Start Date of Approval 14/01/2025 End Date of Approval 30/08/2025

NB: Only if the applicant has been given approval can they proceed with their data collection with effect from the date of approval.

Recommendations (where changes are required)

Where changes are required by reviewers all applicants must respond in the relevant boxes to the recommendations of the Committee and provide this as the Resubmission Document to explain the changes you have made to the application as well as amending the documents. Changes to the application form or supporting documents should be highlighted either in block highlight or in red coloured text to assist the reviewers.

All resubmitted application documents should then be provided.

Approval Subject to Amendments means that the applicant can proceed with data collection with effect from the date of approval, but amendments must be fulfilled.

Amendments Subject to SEF should be submitted to ethics administrator.

If your application is rejected a new application must be submitted to the ethics administrator. Where recommendations are provided, they should be responded to and this document provided as part of the new application. A new reference number will be generated.

Please retain this notification for future reference. If you have any enquiries, please email [School ethics email address](#)

University of Glasgow
College of Social Sciences

Appendix 3.

Authorization for Processing Personal Data, Center for Migration Studies, Jagiellonian University

UPOWAŻNIENIE DO PRZETWARZANIA DANYCH OSOBOWYCH

Na podstawie art. 29 rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE (ogólne rozporządzenie o ochronie danych) (Dz. Urz. UE L 119, s. 1) - dalej RODO - nadaję upoważnienie Pani/Panu:

ADEPELUMI FUNSHO OSIKOYA / 94111715610

(IDUKA / UPOWAŻNIENIE PESEL)

Institute of European Studies, Jagiellonian University

(nazwa komórki organizacyjnej/nazwa podmiotu przetwarzającego)

do przetwarzania danych osobowych w zakresie pełnionych obowiązków służbowych na zajmowanym stanowisku, tj. uzyskuje Pani/Pan upoważnienie do przetwarzania danych osobowych w czynnościach przetwarzania (zbiorze/zbiorach danych):

opracowanie danych otrzymanych w celu badań naukowych do pracy na w ramach seminarium magisterskiego u Pani dr hab. Kingi Gajdy, Prof. UJ

(nazwa czynności przetwarzania lub zbioru/zbiorów danych)

Upoważnienie obejmuje uprawnienie do przetwarzania danych w zakresie: *zbieranie, utrwalanie, organizowanie, porządkowanie, przechowywanie, adaptowanie lub modyfikowanie, pobieranie, przeglądanie, wykorzystywanie, ujawnianie poprzez przesłanie, rozpowszechnianie lub innego rodzaju udostępnianie, dopasowywanie lub łączenie, ograniczanie, usuwanie lub niszczenie (niepotrzebne skreślić).*

Zobowiązuję Panią/Pana do przetwarzania danych osobowych, zgodnie z udzielonym upoważnieniem oraz z przepisami RODO, ustawy z dnia 10 maja 2018 r. o ochronie danych osobowych, Kodeksu pracy, a także z Polityką bezpieczeństwa danych osobowych Ministerstwa Sprawiedliwości.

Jednocześnie upoważniam Panią/Pana do tworzenia/posiadania dla potrzeb wykonywanej pracy zestawień, ewidencji oraz rejestrów z danymi osobowymi, z zachowaniem pełnej ich ochrony przy zastosowaniu środków technicznych i organizacyjnych wdrożonych w Ministerstwie Sprawiedliwości.

Upoważnienie obowiązuje od dnia 1 grudnia 2024 r. do dnia 31 stycznia 2025 r.

.....
pieczęć i podpis administratora danych



.....
data i podpis osoby upoważnionej

17-01-2025 / Adepelumi Funsho Osikoya