

UNICEF & UNHCR Joint Rapid Assessment:

Border and Reception Areas in Eastern Poland

Friday 11th – Sunday 13th March 2022



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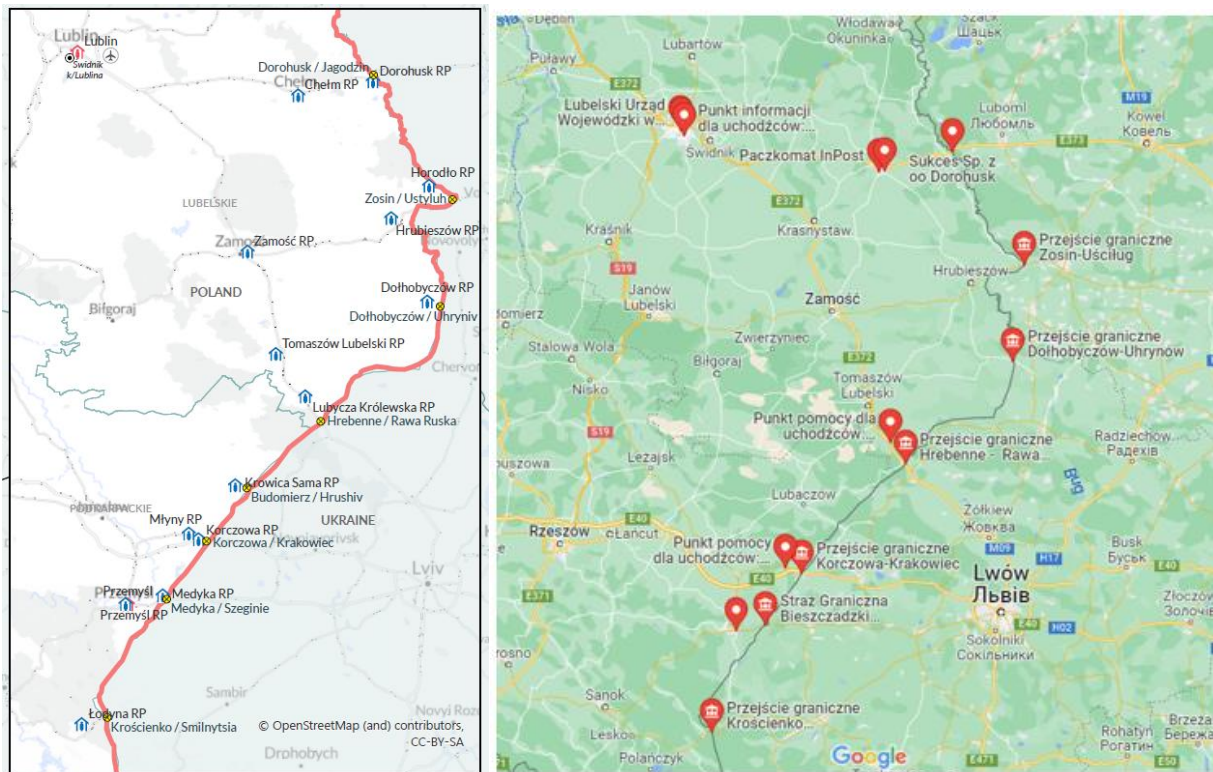
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Overview

Maps of crossing points, transit facilities, and sites visited



(L) Map of border area with high numbers of people crossing. (R) Map of sites visited during rapid assessment.

- Lublin train station & community centre
- Chelm reception center
- Dorohusk border crossing
- Zosin border crossing
- Hrebenne border crossing and Hrebenne & Rawa Ruska reception centre (in primary school lubysza)
- Budomierz border crossing & reception centre
- Korczowa border crossing point & nearby Młyny reception centre (Hala Kijowska)
- Medyka border crossing & nearby “Humanitarian” Reception center & Reception center in primary school
- Przemysł reception center & Przemysł train station
- Rzeszów train station

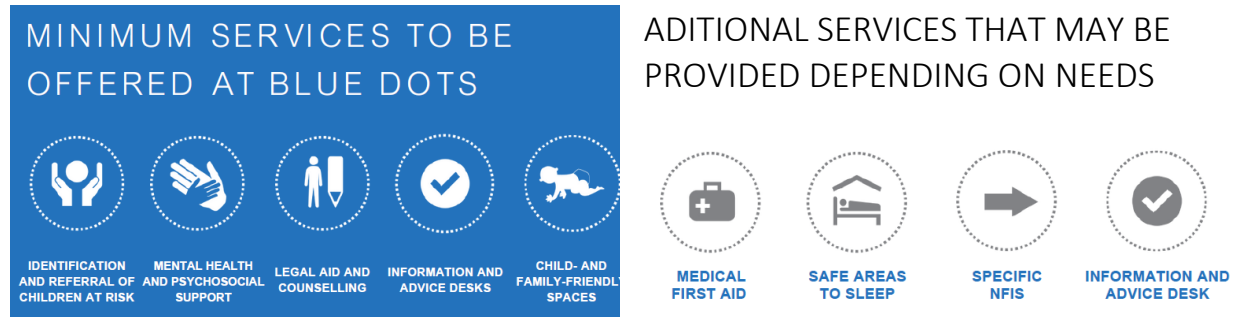
Priority interventions and needs

- **Establish Community Engagement and Accountability to children on the move and their families through clear and standardised information provision.** There is a lack of reliable, high-visibility, accurate and standardized information across locations, including key messaging on safety, wellbeing, the roles of different service providers, and next steps on arrival. There is a need to scale up community engagement through trusted community networks, volunteer training and supervision, and the establishment of child-friendly community feedback mechanisms to inform programming.
- **Strengthen systems to prevent woman and child trafficking, sexual exploitation, and abuse.** There is a lack of enrolment of new arrivals and no clear standard operating procedures (SOPs) or coordination in how new arrivals are received. The lack of vetting and verification of volunteers means there is a very high risk of exploitation and abuse, including woman and child trafficking from border posts, reception centers and in transit. Volunteers and service providers do not receive any training on these issues.
- **Establish a system for the identification and referral of unaccompanied and separated children (UASC).** There is no identification or referral mechanism currently in place, and no systematic data collection on the issue, making it difficult to assess the scale of the issue, which groups are at heightened risk, and the nature of separations.
- **Improve sanitation and hygiene facilities.** Border crossings and reception centres have toilets (mainly chemical toilets) but there is an urgent need for larger toilets with better lighting and more thorough and frequent cleaning. Few locations had disability-accessible toilets. Most toilets also could not accommodate caregivers with several children, meaning children must often be left unattended if a caregiver needs to use the facilities. More showers are needed at most reception centers.
- **Train volunteers and service providers to provide Psychological First Aid (PFA) to both adults and children.** Well-meaning volunteers are providing informal support, but there is an urgent need for training on PFA for adults and children to reduce the risk of unintended harm. Ukrainian-speaking providers and/or many more Ukrainian- and Russian- speaking interpreters are needed for this.
- **Build capacity of service providers and volunteers in humanitarian principles, a human rights-focused approach, and good practices.** The volunteers and many of the NGO staff interviewed had never been oriented on humanitarian principles, minimum standards for child protection, prevention of sexual exploitation and abuse, safeguarding, or any specialized thematic areas of intervention (infant feeding good practices, MHPSS & psychological first aid, identification and referral of children at risk, etc.) There were some reports of alleged discrimination against minority groups (e.g. Roma community members).
- **Provide needed humanitarian relief items in priority locations.** While both food and non-food items were available in most locations, there were gaps in some important items and most relied on donations with uncertain future supply. Medyka may be considered as a pilot location.

Proposed intervention modality

Blue Dots

- The Blue Dot Hubs are a standardized modality for emergency assistance where a minimum set of protection and social services are provided for children and families, including referrals for more specialized services.
- The aim is to improve accessibility and standardization of services provided by different partners, as well as predictability through a simple and easily-recognizable label – the ‘Blue Dot’.



Light Blue Dots

Smaller centres at strategic points (e.g. immediately inside border crossing points) that include initial information, small short-stay supervised child-friendly spaces, and directions to full-service Blue Dots.

Digital Blue Dots

Online access to key information via a QR code posted in visible locations on both sides of the border.

Mobile Border Teams

- Teams of protection and child protection workers operating in collaboration at both sides of the border to identify and support people at heightened risk (e.g. Unaccompanied and Separated Children) and support their safe passage through the border and on to the appropriate supports and services.

Support to government systems

- Provide technical support to voivodships and municipalities to strengthen crisis management, joint coordination systems, and referral pathways.
- Improvement in sanitation and hygiene facilities may be established through contracting and/or supporting municipalities.
- In partnership with Ombudsperson for Children strengthen child rights monitoring, access to free legal aid and scale up their national helpline.
- Provide technical support to the responsible Ministries of Social Policy in safe evacuation of children without adequate parental care from residential care institutions in Ukraine and strengthening social workforce to respond to increasing demands for child protection services.

UNICEF & UNHCR program and operations

- Deploy temporary UNICEF/UNHCR focal points at critical locations for 4 - 6 weeks to:

- Develop and maintain a more comprehensive mapping of services at each location and nearby
- Develop and sustain partnership with decentralized public authorities (Voivodeship and Municipalities)
- Develop strategic partnership with organizations based in Rzeszów (UN, INGO, LNGO, CBO)
- Monitor and report on the evolution of the situation at the border and in reception centers
- Accelerate the establishment of program activities
- Provide real-time emergency response as/when needed
- Support implementation of programs by partners
- Provide frontline advocacy on the needs of children at border and reception sites.
- Hire UNICEF/UNHCR technical advisors experienced in system strengthening, Community-based Child Protection and Border Monitoring, Cross-Sectorial Coordination, MHPSS, and MEAL to oversee programming and provide technical advice (proposed organigram available).

Additional medium-to-long-term programming potential

The situation in Poland is evolving rapidly, with the continued arrival of people fleeing Ukraine, and an evolving political, legal, and security context. Those arriving in Poland continue their journeys after crossing the border, and there is no clarity on how many will remain in Poland. Recent data from OCHA suggest that while many of those arriving in Poland plan to continue their journey to third countries, the majority of those arriving plan to stay. Notably, Poland is also in the top 3 intended destinations for those crossing from Ukraine into Slovakia, Romania, and Moldova.¹ The interventions listed above focus on immediate priorities for new arrivals. As more data become available on where people ultimately settle, and Polish laws and governmental procedures are finalized, additional programming will be needed (e.g. MHPSS for both new arrivals and host community children in schools, integration of Child Protection and MHPSS in community/youth centers, introduction of humanitarian preparedness and response training into curricula of social work, health and educational training institutes).

Detailed Report

Situation at border crossings, transport hubs and reception facilities

The reception sites and border crossings assessed serve as **quick transit points**. Most refugees spend between 20 minutes and 7 hours at the sites before taking onward transportation. In some centers, refugees stay overnight. Volunteers report that at certain border points, including Budomierz, the rate of people arriving slows down in the evening and at night, presumably due to procedures and staffing on the Ukrainian side of the border. Between border crossings and reception centers, government-provided transportation is available, but it appears that most refugees are picked up in private vehicles

¹ REACH (2022). Cross-Border Displacement from Ukraine to Poland, Slovakia, Hungary, Romania and Moldova. Update as of 14.03.2022.

both by family, friends and volunteers offering transport. This includes direct transportation to other countries, including Germany.

At all border crossings and reception centers visited, **multiple service providers were present** and are wearing vests for visibility. In some reception centers, such as Kiev Hall, many volunteers were wearing tags with their names and the languages they speak. However, many of those providing transportation to other countries did not wear any identification and **were not easily recognizable**. At the time of the assessment, at the border points, approximately 75% of the services appear to be provided by individual volunteers or small local groups or NGOs from Poland or other EU countries, with 15% of services provided by established national or international recognized organizations, such as PAH (Polish Humanitarian Action), World Central Kitchen, ZHR Scouts, and Caritas. Local authority staff (wearing a blue vest with silver strips vest - LUW) were present in some border points, but not in all.

At Hrebenne border crossing, volunteers reported that **border guards only let children pass the border with their mothers**, and that children in the care of their grandparents or other relatives have faced difficulties crossing the border. At Mlyny Reception Centre, the team encountered two young children (aged approximately two and four) who had been separated from their mother at the border and somehow transported to the Reception Centre without her. The volunteers assisting were all male and none spoke Ukrainian. Given the lack of interpreters, it was very difficult to engage with the children in a supportive and child-friendly way to establish what had happened. With the support of the assessment team, the children were reunited with their mother, however it is unlikely that this is an isolated incident.

Needs identified

Enrollment, identification and referral

Even though there is heavy police presence, no identification is required to access border areas and reception sites and private vehicles are able to drive up to these sites and pick up newly arrived refugees in their cars, leading to a high risk of trafficking and other forms of exploitation and abuse. UASC are at particular risk as there is no registration or referral system in place so that currently UASC are largely not identified or referred to services.

Registration, vetting, and capacity building of volunteers and service providers

Volunteers are not being vetted or registered in a standardized manner, nor do they receive any form of training on child safeguarding, GBV or PSEA, psychological first aid, or any other topics. There also appears to be a lack of awareness among volunteers regarding the need for training or how they could do harm. In general, there is a high turnover of volunteers, and many appear to be exhausted. Capacity to provide Psychological First Aid is severely hampered by a lack of Ukrainian- and Russian-speaking staff and volunteers.

Note the government is planning to initiate a registration process for volunteers working at government facilities.

Standardized, reliable, accessible information and interpreters

Basic information, including leaflets about human trafficking, is being provided at all border crossings and reception sites visited. This includes information leaflets developed by the government, but also

leaflets produced by local organizations or individuals, including leaflets with religious messaging. Information about trafficking is not accessible in a child-friendly format. Arrivals also report a lack of information on longer-term services available, including the legal framework in Poland (and new EU Temporary Protection Directive) and entitlements. In many of the border crossings and reception sites, information sharing desks are not prominently visible and not regularly staffed with Ukrainian speakers. Overall coordination between service providers is limited and there is no clear awareness about a referral pathway.

There is a severe shortage of Ukrainian- and Russian-speaking volunteers, service providers and interpreters who can be trained to provide information and psychological first aid. Given the sensitivities relating to the conflict, people should be asked if they are comfortable communicating in Russian, this should not be assumed. Information should also be provided on how new arrivals from Ukraine can engage in supporting the response (information on how to volunteer as interpreters, service providers etc).

Stakeholders report that there is some anxiety among those crossing the border about presenting to government and UN agencies for fear that they will be enrolled as refugees and therefore not allowed to work. In light of reports that some children have not been allowed to cross the border because they were with relatives other than their mother, those that have crossed with nieces, nephews, grandchildren and children of friends are afraid to report to authorities for fear that the children will be removed. Clarity on procedures and clear messaging on both sides of the border are required urgently to mitigate these fears.

Given the prevalence of anti-trafficking messages being shared through both formal media and informally on social media, people reported that they would find it reassuring to see recognizable, trustworthy brands such as UNICEF and UNHCR when arriving through the border, so that they know who they can trust for reliable information. It is therefore recommended that the generic 'Blue Dot' visibility is complemented with the more familiar branding of UNICEF, UNHCR and other partners in order to provide clarity and reassurance to newcomers.

Safe spaces and facilities for children

While toys for children are available at all sites, at border crossings there are no dedicated, supervised, safe and well-lit child-friendly spaces where children can play under supervision and can rest. Some of the reception sites developed for longer stays (1-5 days) have kindergarten areas with volunteers present, but they have not received training on child-focused activities, child-friendly communication, or protection issues.

Mental health and psychosocial support

There is a critical need for MHPSS activities, particularly psychological first aid training for volunteers and staff, and supervised recreational and structured activities for children. Stakeholders reported an increase in people who are visibly distressed in recent days, coinciding with an increase in arrivals from Eastern Ukraine (e.g. Kharkiv). Among those that left Ukraine in the early days of the emergency, many report feelings of extreme guilt and shame about leaving, and some reported that they have received online abuse for leaving from Ukrainians who have remained in Ukraine. Some express severe regret for having left and a desire to return to Ukraine to be with family members. There was also a clear desire

among some refugees to contribute to the emergency response while in Poland (either on a voluntary or paid basis) but they did not know how to connect with organizations to help. Poland has substantial MHPSS capacity, including university programs and professional organizations for psychology and psychiatry, however knowledge of MHPSS for humanitarian settings is extremely limited. There appears to be an emphasis on trauma-focused approaches, rather than approaches emphasizing resilience, coping and community-based interpersonal support. MHPSS focused-materials for children such as storybooks and workbooks focused on understanding and expressing feelings were seen at two sites. Neither of the materials appeared to have undergone review or endorsement by the IASC MHPSS reference group or UN agencies. Some of the content encouraged children to focus on and draw their distressing experiences, which has the potential to cause harm. Local and national actors report having little knowledge or experience of global IASC MHPSS guidelines and inter-agency MHPSS resources.

Sanitation and hygiene

At border crossings, WASH facilities are available in the form of chemical toilets, but these are not accessible for persons with disabilities or mothers with children, and do not have lighting. Chemical toilets generally do not have handwashing facilities nearby. While reception centers have WASH facilities, many are in poor condition and do not include showers. At Kiev Hall, WASH facilities are in a quiet, poorly lit area of the reception facility, raising concerns around child protection and GBV risks.

Non-food items and cash

Basic NFIs are provided at all border crossings and reception sites, including diapers, soaps, but there is limited coordination around which items are missing. According to volunteers at Dorohusk border crossing, specific NFIs, such as razor, kits for mothers who recently gave birth (nipple covers, pads), items for newborns, toothpaste for children, shampoo, deodorant, and sanitary pads for women are not available.

Facilities

Refugees report that they are not able to exchange cash once they arrive in Poland, making them vulnerable to exploitation.

While the reception sites have electricity, some of the border crossings (including Dorohusk and Zochin) either have no electricity or limited generators. At night, temperatures have dropped below freezing and refugees have not been sufficiently sheltered from the cold.

Recommendations

Child protection

- Identify existing government protocols to assist unaccompanied and separated children and collaborate with government counterparts to build on existing protocols to set up a mechanism to identify and refer unaccompanied and separated children to government service providers.
- Provide support to the government to develop and maintain service maps, contact lists, and standard referral procedures for child protection actors and other relevant service providers (governmental and non-governmental), and share these with child protection actors and other stakeholders in the refugee response (including through the Child Protection Sub-Working Group).
- Build the capacity of service providers at border points and reception facilities, including border guards and government officials, NGO and CSO service providers, and volunteers to identify

unaccompanied and separated children and apply protocols and referral mechanisms, as well as provide basic training on how to assist unaccompanied and separated children and do no harm.

- Deploy mobile teams to assist with the identification and referral of unaccompanied and separated children and children with other specific needs (e.g. mental health problems, learning needs or developmental disabilities) as part of the mobile Blue Dot response.
- Deploy field coordinators to monitor the situation at the border with regard to child protection issues, identify vulnerability patterns and develop and coordinate a multi-sectorial (cross-cutting) intervention.
- Provide technical support and capacity building to support government stakeholders to strengthen the registration and vetting (against national and international sex offender and criminal databases) of volunteers (registration has been set up in Kiev Hall near Korczowa).
- Provide technical support to standardise anti-trafficking information materials and enhance awareness raising on anti-trafficking and referral pathways among refugees and service providers. This includes strengthening the visibility and distribution of materials at border points and reception sites, as well as leveraging social media. Develop and distribute child-friendly anti-trafficking materials.
- Upgrade existing spaces set up for children to allow for safe, supervised play and recreation.
- Raise awareness among service providers to child-proof border crossings and reception facilities to prevent injury from rubble and cars.

MHPSS

- Collaborate with partners to support and promote trainings in PFA, including child-focused PFA, through engagement of Ukrainian- and Russian-speaking helpers and capacity building and supervision of service providers.
- Provide orientations and promote the use of Global IASC MHPSS Guidelines and inter-agency resources such as the [MHPSS Minimum Service Package](#), [I Support My Friends](#), [Doing What Matters in Times of Stress](#), and the [Adolescent Kit for Expression and Innovation](#).
- Disseminate technically sound MHPSS messaging to both people on the move and host communities on the wellbeing of children and caregivers, for example through the translation and dissemination of UNICEF's materials on [how to talk to children about conflict and war](#) and [how to support your child during conflict and crisis situations](#).
- Ensure that any materials to be shared with children are reviewed by humanitarian MHPSS specialists that are familiar with the IASC MHPSS guidelines and advocacy package.
- As further data become available on where children and families settle, introduce structured, longer-term MHPSS activities for children and caregivers, for example, structured group activities for children and families through the education system and in community spaces (e.g. "Świetlica").
- Work with partners to ensure that all activities from the MHPSS service package are available and accessible, including capacity building and support for caregivers and education personnel, evidence-based psychological interventions for those in need of focused support, and access to psychiatric services and medication for those with mental health conditions.

Community Engagement and Accountability, Training of volunteers

- Develop and provide standardised information to children and their families on GBV, PSEA, PFA, referrals, and services available, such as sim cards or how to access cash. Provide information about

the new EU Temporary Protection directive in a format that is easily understandable and accessible and produce information material.

- Ensure information is accessible and understandable for children and persons with disabilities, and provided via channels used by children on the move and their families (e.g. tap into social media, diaspora networks)
- Develop and distribute visuals and maps so that arrivals can orient themselves.
- Develop and put in place feedback and complaints mechanisms which are easily accessible and allow children and their families to provide feedback and submit complaints in a safe manner.
- Develop and roll out a training package for volunteers on PFA, referral pathways, especially for survivors of GBV.
- Ensure information is available in multiple languages, including Ukrainian, and translation/ interpretation is accessible.

Health, Nutrition, ECD and WASH

- Provide financial support to local government to upgrade and maintain WASH facilities, including regular waste collection, installation of simple taps, lighting (including at Dorohusk), as well as installation of accessible WASH facilities, including for persons with disabilities and families.
- Provision of specific NFIs based on gaps: razors, kits for mothers who gave birth (including pads), items for newborns, toothpaste for kids, shampoo, and day pads.
- Provision of structured ECEC in reception centres where families are staying for a number of nights – provided by trained animators and for a standard number of hours per day.