Surviving as We Can

Risks of Gender Based Violence (GBV), and Sexual Exploitation and Abuse (SEA), Relating to Private and Collective Accommodation, Livelihoods, and Accessibility, for Persons Fleeing Ukraine:

POLAND

SUMMARY REPORT

UNHCR, in collaboration with Centrum Praw Kobiet (CPK), CORE, Foundation Towards Dialogue, Fundacja Faros Elpidas, IOM, IRC, Foundation against human trafficking-La Strada, Mudita Association, Project Hope, PRO-FIL, Podkarpackie Stowarzyszenie dla Aktywnych Rodzin (PSAR), Sex Work Polska, The Central Roma Council of Poland, The European Disability Forum, The PSEA Network, The MHPSS Task Force, Topaz, & UNICEF

INTRODUCTION

Since the invasion of Ukraine by the Russian military on February 24th, 2022, a total **8,104,606**[1] persons fleeing Ukraine have been recorded across Europe, with **4,881,590** being registered under Temporary Protection Scheme or similar national protection schemes. As of one year into the armed conflict, **1, 563, 386** of these Ukrainians have registered under temporary protection in Poland. Humanitarian actors have brought attention to the gendered nature of the crisis, in that for example, the majority of the population on the move constitutes women and children, inferring a high percentage of women-headed households. Indeed, according to a regional protection profiling and monitoring exercise,[2] **87%** of respondents in Poland identified as female. The gendered dynamics of displacement, coupled with underlying as well as conflict-related safety concerns for women and girls, have exacerbated risks of different forms of GBV, including sexual exploitation and abuse (SEA).

Though it is known that persons and/or groups at risk of exclusion generally face greater risk of GBV, alongside other protection concerns, significant knowledge gaps remain to fully understand the intersectionality of risks facing persons fleeing from Ukraine. Within the same regional protection profiling exercise, **24%** of households in Poland indicated having at least one family member with specific needs related to a disability[3] or serious medical condition. This is of particular concern for GBV, given evidence of a bi-directional relationship between disability and intimate partner violence (IPV) victimisation (i.e., disability is both a risk factor for, as well as an outcome of IPV victimisation). Similarly, persons of Roma origin are reported to make up a significant portion of those arriving to Poland from Ukraine. Women of Roma origin are reported to face heightened risk of GBV, including due to pervasive discrimination.

The majority of persons fleeing Ukraine in Europe (an estimated 66%) rely on private accommodation options available in host countries. This was noted by UNHCR staff throughout the region, to present challenges with regard to visibility, access, monitoring of risks, and oversight mechanisms etc. Within Poland, **42%** of respondents to the regional protection profiling reported living in rented accommodation, with **3%** relying on accommodation provided by an employer, and **7%** being hosted by others. A dearth of reliable data on private accommodation has been reported across the region and private accommodation is recognised as an area with which humanitarian actors are less familiar, with less pre-established guidance and standards. Integration of focus on private accommodation represents an added value within the exercise reported on below, results of which may have relevance both within Poland and other countries participating in the Regional Response Plan.

METHODS

The Safety Assessment aimed to:

1. Engage government entities, local women's organizations as well as representatives from different humanitarian sectors, to improve the mainstreaming of GBV and (where relevant) SEA risk reduction and response across all sectors.

[1] Figures recorded as of February 28th 2023.

[2] Based on 20,009 interviews conducted between October 2022 – February 2023, up-to-date as of March 1st 2023.

[3] Including difficulties walking, seeing, hearing, remembering, communicating, or in self-care.

2. Adapt and test GBV Safety Assessment Tools with the Ukrainian refugee community within Poland that can be shared with different stakeholders to increase capacity to assess and reduce GBV, including SEA risks, across different humanitarian programs and in additional locations.

3. Identify risk factors related to GBV, including SEA, as well as broader protection risks facing the Ukrainian refugee community in selected locations within Poland, including **a)** site-specific risks within collective accommodation centres; and **b)** linked to privately rented or hosted accommodation, and formulate cross-sectoral recommendations for risk-reduction. Community perceptions relating to availability and access to services for GBV response, including complaints and reporting mechanisms, will also be gathered.

4. To assess capacity to protect refugees from SEA among key stakeholders in the Safety Assessment process, based on the Eight Core Standards for PSEA Capacity, and formulate recommendations to further strengthen PSEA interventions.

The Safety Assessment used a set of adapted, contextualized, and translated versions of qualitative data collection tools within the global UNHCR Safety Assessment Toolkit to facilitate the collection of qualitative data. Methods used, included **Focus Group Discussions (FGDs)**, **Key Informant Interviews (KIIs),** and the use of an **Observational Checklist.** Tools also integrated a lens on both PSEA and accessibility for persons with disabilities, supported by International Rescue Committee (IRC), The European Disability Forum (EDF), and Mudita Association (Poland). The exercise was conducted according to international guidance and standards for research or documentation involving human subjects, specifically those formulated to address concerns related to GBV, including in emergency settings.[4] Training was provided to all those within the data collection team, to be able to appropriately discuss the issue of safety and respond to potential disclosures of GBV. Those within the data collection team represented both international and national, civil society organisations. Both purposive and snowball sampling were used. The Assessment sought to involve persons and/or groups at risk of exclusion, or positions of vulnerability. Data recording and storage were optimised for data protection. Data analysis included both top-down and bottom-up methods. Finally, an in-person workshop was held among relevant actors, in order to validate and increase the feasibility of recommendations provided in response to findings.

RESULTS

All data collection took place between November 2022-February 2023. A total of seven FGDs and twenty-five key informant interviews (among 32 participants) were held. Of seven FGDs, three were held in Warsaw, three in Rzeszow, and one in Krakow. A total of six FGDs (n= 37) were conducted among women fleeing Ukraine (with an age range of 20-68), and one among service providers of a Women's Rights Organization. Three of seven discussions (n=14) centred experiences of those living within privately rented or hosted accommodation. Within the other three (n= 23), participants were living within collective accommodation centres. Within two of these three discussions, the focus was placed on experiences in collective accommodation, while the other, conducted with the support of a community-led organisation, focused on experiences of Ukrainian women of Roma origin. One discussion focused specifically on the experience of older Ukrainian women.

[4] Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women. WHO, Geneva, 2002. Ethical and Safety Recommendations for Interviewing Trafficked Women. WHO, Geneva, 2003. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. OHCHR, New York and Geneva. 2004. Researching violence against women: a practical guide for researchers and activists. WHO, Geneva, 2005. Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. WHO, Geneva, 2007. Ethical and Safety Recommendations for Research on Perpetration of Sexual Violence, Sexual Violence Research Initiative. Medical Research Council, Pretoria, South Africa. 2012.

Key informants included psychologists within collective accommodation, MHPSS Programme Coordinators, Municipal Government, faith-based actors, sex worker rights activists, adolescent and child care facility educators, anti-trafficking advocates, staff associated with collective accommodation shelters (including programme coordinators, volunteers, human resources (HR) managers, and administrators), PSEA specialists, members of an organisation supporting Roma inclusion, staff within a national organisation for persons with disabilities, and a regional expert on the rights of persons with disabilities.

The above was complemented by use of the Observational Checklist to assess five collective accommodation centres, with varying capacity, management and infrastructure. Locations for centres included Warsaw, Krakow, and Łódź.

RISKS OF GENDER-BASED VIOLENCE AND SEXUAL EXPLOITATION AND ABUSE

PRIVATE ACCOMMODATION

Potential risks for GBV in private accommodation related to: psychological distress (such as due to fear of eviction, perceived loss of dignity relating to difficulties finding accommodation and treatment by neighbours or host communities, pressure to integrate into household dynamics), lack of awareness of tenants' rights, challenges in self-advocacy, decreased capacity to appraise information, power imbalances among hosts/landlords and tenants (which were exacerbated due to lack of paper trails, set-up of subsidy schemes i.e. hosts receiving payment, language barriers i.e. tenants being unable to read contracts where existing). Power imbalances were reported at times to lead to arbitrary rule-setting such as increasing of rent, requests for double payment, threat of eviction, limited capacity of tenants to conflict-solve, exert boundaries, or report potential wrongdoing. Risks are also related to shifting expectations of refugees, as well as expectations among hosts (i.e. for domestic work). While participants reported feeling obliged to perform domestic work, the extent to which such work was coerced was not elaborated.

Participants within FGDs in private accommodation in Poland did not report risks or concerns related to GBV. This was in contrast to participants within FGDs conducted as part of the same exercise in Hungary. This may have been reflective of comfort levels with FGD facilitators, or other factors influencing trust to discuss the topic of safety, and not necessarily indicative of a lack of concerns among participants. Concerns about the possibility of expectations of sexual exchanges were noted on behalf of key informants, however.

Substandard living conditions (such as overcrowding) were reported to cause tensions among families or tenants. Meanwhile, a lack of oversight, including vetting and monitoring schemes for hosts or landlords welcoming persons fleeing Ukraine was emphasised as facilitating the profiteering of private hosts (such as through the collection of multiple subsidies while overcrowding premises). Differential risk profiles, related to differences in power dynamics, were reported between Ukrainians with capacity to rent privately, versus those relying on private hosts (whether paid through subsidy schemes or offering premises on a voluntary basis). The latter generally were seen to have less ability to refuse precarious offers or leave coercive situations, and more vulnerable to spontaneous evictions.

In addition, discrimination was faced by Ukrainians of Roma origin, and/or Ukrainians with disabilities (due to lack of accessible housing options). Both encountered reluctance of prospective landlords or hosts to rent or accommodate due to prejudice and stereotyping. Lack of accessible housing contributed to the isolation and disrupting living and social support networks for persons with disabilities, which themselves can increase risk of GBV. Finally,

Ukrainian sex workers[5] previously residing in Poland, who were now joined by family members experienced a loss of workplace (e.g. when they worked privately from their apartments). Workers in this position were forced to choose between loss of earnings or fear of outing among family members. Loss of workplace, loss of earnings, and outing among family are all factors which may heighten risks of violence faced by sex workers.

Potential protective factors included renting/being hosted in pairs or as families (however it was reported that this was often difficult), positive relationships with neighbours (perceived to provide a greater sense of safety, however interactions among neighbours were not always reported as positive), accessible living options for persons with disabilities (particularly those that allowed for accommodation among or close to family members).

COLLECTIVE ACCOMMODATION

Potential risks for GBV and SEA in collective accommodation related to: use of harmful coping mechanisms (such as alcohol use, evidenced as associated with both perpetration and victimisation of intimate partner violence (IPV), psychological distress, again including fears, disruptions to daily functioning (impacting capacity for self-care and performing of caretaking roles), lack of mental health care for male partners with pre-existing mental health conditions, and low self-esteem (particularly among Roma communities, due to chronic exposure to discrimination). Power imbalances between staff and residents (e.g. leading to intentional or unintentional control of information flows, unidirectional rule-setting such as for curfews, limiting substance use, curtailing of visitors, dissuasion of consensual adult sexual relations) were also evident, as were shifting relationships and tensions among families and between residents (which was linked to psychological distress and precarity of conditions and seen to contribute to instances of parent-child violence). Power imbalances and one-directional rule setting may mirror dynamics of IPV (i.e. coercive control or wherein perpetrators attempt to limit victims'/survivors' access to information) and may engender secondary distress for victims/survivors living in collective accommodations (though more information on perceptions of those concerned is needed). A lack of supervision of children and adolescents was also seen as a risk (including related to difficulties in caretaking due to psychological distress).

Insufficient oversight in some collective accommodation centres (i.e. lack of adequate staffing presence and identification systems to monitor access), as well as challenging conditions (such as overcrowding, a lack of private/confidential spaces, lighting, heating, and structure of centres e.g. unused spaces, multiple entries), were also judged to heighten risk. Remote locations of some accommodation centres contributed to feelings of isolation and barriers to service access. Involvement of actors new to managing collective accommodation, remote locations and lack of awareness of humanitarian standards, and lack of contact with humanitarian actors, present challenges in meeting the needs of communities. Issues in the quality and sustainability of psychosocial interventions were also noted (e.g. use of interventions potentially causing harm due to lack of continuity of provision). Discrimination was also reported in accessing collective accommodation, and within treatment for Ukrainians of Roma origin (e.g. segregation in sleeping arrangements). Discrimination was also experienced by LGBTQI+ communities, and persons with disabilities (e.g. through lack of accessible accommodation increasing dependence on institutions and trade-offs in choosing to remain in Ukraine or relocate to institutions within neighbouring countries). Ukrainian women of Roma origin, consulted within FGDs, were unanimous in calling for the revision of the legislation necessitating contributions to collective accommodations costs among the Ukrainian community, following 120 days stay.

[5] Ukrainian women were reported to form the majority of sex workers present in Poland, prior to onset of the conflict. However, sex workers fleeing Ukraine were also reported to have arrived in Poland due to armed conflict.

LIVELIHOODS

Potential risks influencing GBV and SEA in the livelihood realm related to: disruptions to functioning (impacting upon capacity to search for employment, and in susceptibility to misinformation), distress due to financial insecurity, lack of awareness of national employment systems, labour exchanges being embedded within private accommodation, language barriers (e.g. lack of ability to read contracts), increased care burdens (i.e. limiting time resources necessary for job searching or employment hours and particularly among carers of persons with disabilities and/or sex workers, who also faced increased pressure to generate remittances for family remaining in Ukraine). Past or current limitations on household bargaining (including those linked to economic violence) were perceived to: limit embracing of ownership of finances, or breadwinning roles, downplay previous care-work as a valued form of labour, or viewing existing skills as transferable to job markets.

Precarity in employment was experienced through exclusion from the formal economy, untrustworthy employment offers, and rights violations in the workplace, such as wage theft or situations of forced labour (all of which were reported to be large concerns for Ukrainians of Roma origin). Discrimination in access to livelihood opportunities, affecting older women, LGBTQI+ communities, Ukrainians with disabilities (e.g. lack of accessible job options, given that many jobs available to Ukrainians are based on manual labour – incompatible with needs of those with physical disabilities), and those of Roma origin (e.g. perceived reluctance to hire Ukrainians of Roma origin), was also reported.

Protective factors emerged as: social networks (e.g. to support with employment searching and screening, and for sex workers to minimise risk in working conditions), receipt of direct payment (which was seen to lessen power imbalances where labour was linked to hosting) and hiring of Roma assistants to support service uptake.

BARRIERS AND ENABLERS TO SERVICE AVAILABILITY, ACCESSIBILITY, ACCEPTABILITY, AND QUALITY

Barriers to service availability were related to funding structures (leading to insecurity of programming offered by civil society organisations), challenges in national service provision systems (including structural policy and legal issues affecting access to services and the provision of sexual and reproductive health care, and domestic violence response, such as safe housing) and shrinking of civil society (in particular as linked to proliferation of the anti-gender movement). Availability of antiretrovirals, hormone replacement therapy, clinical management of rape, emergency contraception, as well as medical and surgical abortion, and post-abortion care, were reported to be limited. However, the humanitarian response was viewed as an opportunity to increase and bolster service provision within the national system.

Physical barriers to service access included: remote locations of collective accommodation, alongside centralisation of services in larger cities (reported to impact particularly on the provision of SRH care and methadone treatment), which led to a lack of continuity of care. Some Ukrainians, returned to Ukraine temporarily to access SRH care (despite risking the loss of temporary protection status due to exceeding the allotted time for exit and re-entry to Poland). Social barriers to service access included stigma (surrounding violence and mental health), normalisation of GBV, victim-blaming, lack of awareness surrounding protections from violence, lack of trust in service providers, collective accommodation managers etc., or fear of negative impacts of disclosure, and the chilling effects of the anti-gender movement on SRH care provision. Ukrainian women were also reported to face pressure to downplay the implications of IPV, in favour of upholding a sense of patriotism. Informational barriers to

access included: difficulties in appraising information due to psychological distress, language barriers, lack of awareness of referral pathways for GBV (among communities of concern, and humanitarian service providers, national service providers and volunteers). A lack of clear and predictable information flows related to multiple channels of communication and the difficulties faced by survivors in identifying and/or verifying that the information they have access to is reliable and from a trusted source was also identified. Administrative barriers to service access included the burden of providing extensive documentation, particularly relating to medical histories (e.g. to access disability benefits), lack of legal gender recognition and confusion surrounding the applicability of temporary protection status to those arriving from Ukraine prior to February 24th 2022. Financial barriers to service access (i.e. reliance on public systems, lack of ability to travel to seek services abroad) contributed to disparities in the provision of care (particularly regarding SRH care). This meant that those with greater socio-economic status have greater capacity to access care elsewhere.

Additional barriers among women from Roma communities included cultural taboos, lack of documentation, gatekeeping, language barriers where the use of Roma languages prevailed, lack of appropriate messaging on mental health literacy to support treatment uptake, and historical distrust of institutions. Additional barriers for persons with disabilities included: the threat of institutionalisation, lack of accessible transport, lack of accessible buildings/infrastructure, and disruption to care regimes due to displacement (including lack of access to psychotropics), lack of adapted communication (e.g. availability of sign language interpreters for reporting of violence to police), stereotyping of persons with disabilities (e.g. assumption that persons with disabilities do not need access to comprehensive sexual and relationship education which then limits capacity to self-advocate), infantilisation or dismissal (e.g. lack of trust in victims/survivors with disabilities), lack of awareness and provision of psychoeducation surrounding needs of children with cognitive disabilities (hindering capacity of carers to adapt parenting skills), and lack of referral and standard safeguarding systems within social and mental health care facilities.

Barriers to service acceptability included: assessment fatigue decreasing the willingness or interest of survivors to engage with proposed services, a perceived lack of commitment to localisation, and lack of appropriate inclusion of disability, sexual orientation and gender identity/expression (SOGIE) and sex worker' rights issues within humanitarian response. Finally, barriers to service quality related to limited understanding of confidentiality, lack of staffing (or shifts in professional roles without appropriate training provision), lack of integration of GBV into MHPSS programming (and vice-versa), lack of streamlining of national qualification and accreditation systems for mental health practitioners, burnout or compassion fatigue, particularly among those with lived experience of issues addressed (reflecting a lack of prioritisation of caring for carers), lack of understanding of violence dynamics (particularly psychological or economic violence, as well as intersections of GBV, Sexual Orientation, Gender Identity and Expression (SOGIE), and disability) lack of sustainable funding, challenges of mobile populations for MHPSS interventions, and discrepancy between quality of public and private healthcare.

Enablers to service availability, access, acceptability, and quality included: peer assistants (particularly among Roma communities), or peer-led or community-based service provision (particularly for mental health care uptake), technical capacity building for integration of international standards and guidance (particularly for MHPSS practitioners). Trust building among communities, gender matching in service provision, psychoeducation surrounding impacts of violence, and longevity of programming were emphasised as enablers, particularly for disclosure.

CAPACITY FOR PSEA AND ADHERENCE TO EIGHT CORE PSEA STANDARDS

Results regarding organisational capacity for PSEA are reported according to the Eight Core Standards for PSEA.[6][7] Barriers to developing and implementing organisational policies, aligned to international standards included lack of acknowledgement of SEA (e.g. dismissal of SEA as either an 'external threat' or as an isolated, as opposed to systemic occurrence), organisational culture, lack of preparedness, rapid scale-up of response, involvement of novel actors etc. Inherent tensions were noted between the UN's aim for increased localisation, and its expectation that all partners will be able to adhere to the PSEA core standards. The need for PSEA training and the development of standards, for all actors, but in particular for smaller, local organizations with limited resources, remains. The role of donors in fostering accountability among UN agencies and INGOs was also perceived as crucial. Fostering an environment conducive to preventing SEA was viewed as a gradual process, dependent on meaningful implementation of codes of conduct, as opposed to the mere presence of them.

Regarding organizational management, lack of timely prioritisation and mainstreaming of PSEA was seen to increase risks, particularly in contracting of implementing partners. Lack of prioritisation was also emphasised as indicative of disinterest among management, in certain instances.

Shifting of professional roles at national level (e.g. taking up duties of social workers without corresponding qualifications) and the pop-up of a wide range of 'de-facto' humanitarian actors, were perceived as novel challenges toward the implementation of PSEA standards.

Barriers to aligning human resource systems with international standards related to vetting (e.g. lack of clarity on the legal framework applicable to safeguarding -including the legal gaps identified-, challenges to reconcile international and national systems, and reliance on informal procedures), oversight (beyond procedures, e.g. toward shifting organisational culture). Rapid turn-over and organisational expansion were reported as additional challenges to applying vetting procedures and establishing effective oversight. Ensuring the training of all humanitarian actors was also emphasised as a challenge due to the scale and speed of the emergency.

Regarding reporting, a lack of awareness of risks of SEA and/or reporting mechanisms was reported among participants taking part in FGDs (key informants related this to gaps in awareness raising and appropriateness of messaging). Potential barriers to reporting SEA mentioned by the interviewees included a perception of "gatekeeping" (i.e. where relationships with staff members were positioned as a viable alternative to anonymised and/or official reporting mechanisms), discrimination (particularly among the Roma community, or for those with disabilities), lack of anonymisation, and weaknesses in reporting mechanisms.

While the reporting mechanisms in Poland continue to require strengthening, GBV referral pathways to offer necessary services to victims/survivors have been identified and are publicly available to partners. A need for local/regional pathways has been raised, with work toward development underway.

[6] The Common Standardized UN Partner PSEA Capacity Assessment Tool outlines the procedure adopted by few UN entities to assess the capacity of potential Partners to prevent and mitigate the risks of SEA, before entering any agreement. Partners are vetted against eight core standards. The same standards are considered in this report since they provide a useful and comprehensive framework of reference encompassing all necessary PSEA measures across different organizational policies, processes and functions.

[7] Results reported reflect those arising from both Hungary, and the corresponding exercise within Poland are reported on jointly, given overlapping findings and key informants.

Lack of administrative investigative capacity remains a key challenge for national NGOs and other actors. This was reported alongside a lack of clarity in procedures for escalation of claims, limited capacity to apply a survivor-centred approach (particularly in ensuring confidentiality), and lack of understanding surrounding protections and duties of whistle-blowers. It was emphasised that training opportunities for investigative capacity were increasingly being made available, including through the CHS Alliance and UN agencies.

Limited data was generated in relation to corrective measures among key informants interviewed, also noting that very few SEA cases have come forward to date. However, concern was expressed that insufficiencies in the legal framework regarding violence against women (e.g. lack of comprehensive prohibition/legal consequences for stalking, harassment, and image-based sexual abuse), may complicate the application of appropriate corrective measures for cases of SEA involving these forms of violence.

STRENGTHS AND LIMITATIONS

Strengths of the exercise included consideration of private accommodation as an issue of concern, as well as integration of a disability and PSEA lens. The inclusion of perspectives of those amongst persons and/or groups at risk of exclusion (including Roma communities, sex workers, and the LGBTQI+ community) also represented a strength. Limitations included the use of purposive and snowball sampling, which limits representativeness and generalisability. Respondent bias may have arisen in key informant interviews, as well as within FGDs, including where participants may not have felt comfortable enough to disclose safety issues. Ethical concerns also limited the extent to which all persons and/or groups at risk of exclusion mentioned could be consulted first-hand, as opposed to their perspectives being represented by key informants, (although several key informants were also identified among members of the respective communities).

CONCLUSIONS

The exercise highlighted the numerous risks of GBV and SEA that persons fleeing Ukraine, particularly women and girls, face within both private and collective accommodation. These risks are linked to livelihoods and economic inclusion in Poland. The exercise also helped to identify protective factors, which should be enhanced by relevant actors The report also outlines key barriers and enablers to service availability, accessibility, acceptance, and quality for persons fleeing Ukraine, to complement existing knowledge. In doing so, a lens on persons and/or groups at risk of exclusion is applied, examining the particular risks/protective factors different communities (including Roma communities, sex workers, the LGBTQI+ community, and persons with disabilities) face in private/collective accommodation and livelihood, as well as heightened barriers to services.

Concerted, and collective efforts are needed, on the part of government entities, local women's organizations as well as staff from organizations working in different humanitarian sectors, to improve the mainstreaming of GBV and where relevant, SEA risk reduction and response across all sectors. The recommendations provided pursuant to this exercise represent continuing steps that can be taken across sectors, to this end.

SECTOR SPECIFIC RECOMMENDATIONS:

SECTOR-SPECIFIC RECOMMENDATIONS
EDUCATION
▪ Expand outreach of child safe-guarding hotlines to Ukrainian learners (especially those who attend online classes and stay in private accommodations) through social media. ▪ Develop and disseminate child-friendly materials on GBV and PSEA. ▪ Strengthen GBV and PSEA awareness and response capacity of educators, especially non-formal educators (facilitators and teachers including among Ukrainian refugees, and psychologists). ▪ Add information on education systems, including related to accessibility for children with disabilities, to digital blue dots. ▪ Increase the availability of Ukrainian-speaking teachers or learning support staff within schools. ▪ Mainstream GBV in the Education sector activities by integrating the Thematic Area Guide (TAG), excerpted from the comprehensive IASC's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC, 2015), aimed at assisting education actors and communities affected by humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across the education sector. ▪ Aim at training frontline staff, including protection monitors, data collectors, enumerators, etc. on how safely handle GBV disclosure and refer to available GBV services.
HEALTH
To the Polish Government and Public Authorities: ▪ Increase the availability of Ukrainian and Russian interpreters to improve access to health services and treatment provision, ensuring prior training on medical confidentiality. Women translators should ideally be available 24/7 via a hotline. Healthcare providers, as well as patient representatives should be made aware of options for accessing translation. ▪ Ensure continuity of access to necessary treatment in national systems for cases related to substance use Waive loss of temporary protection status for Ukrainians returning to Ukraine to access vital healthcare (such as ARVs, HRT), superseding the number of allotted days. **To Humanitarian Actors with health mandates:** ▪ Translate and disseminate key standards and guidelines, including IASC MHPSS Guidelines, WHO Guidelines on clinical management of rape and IPV; protocols for use in humanitarian settings and the Policy on Integrating a Human Rights-Based Approach to United Nations efforts to Prevent and Respond to Sexual Exploitation and Abuse[8], into Polish, Russian and Ukrainian. ▪ Establish an interagency mechanism to advocate for increased access to sexual and reproductive health care, including access to abortion care, PEP, PrEP, CMR, HRT, ARVs, etc. ▪ Ensure that all health workers and affiliate staff are trained to respond to disclosure of GBV and SEA, such as through the use of WHO's LIVES, and have information on referral pathways to other services (psychosocial support, case management, shelter, legal, etc.). ▪ Mainstream GBV in the Health sector activities by integrating the Thematic Area Guide (TAG), excerpted from the comprehensive IASC's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC, 2015), aimed at assisting health actors and communities affected by humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across the health sector.

[8] See UN's Policy on Integrating a Human Rights-Based Approach to United Nations efforts to Prevent and Respond to Sexual Exploitation and Abuse (2021)

- Aim at training all frontline staff, including protection monitors, data collectors, enumerators, etc. on how to safely handle SEA disclosures and how to report to their PSEA focal points.

To CSOs working with People with Disabilities:

- Bolster availability and capacity of health advocates for persons with disabilities. Ensure health advocates maintain confidential relationships between persons with disabilities and the service organisations *AND* between families and individuals with disabilities within them. Health advocates should also be trained on referral pathways for GBV, principles of survivor-centred response, PSEA and safety in use of supported decision-making for persons with disabilities.

- Conduct assessments to examine the accessibility of healthcare services for persons with disabilities, based on standards of CRPD.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

To the Polish Government and Public Authorities:

- Advocate for improved quality and human rights standards in mental health and social care facilities.[9]

- Develop response algorithms for responding to cases of violence, in adherence with the survivor-centred approach, within mental health and social care facilities, in conjunction with organisations for persons with disabilities.

- Strengthen the national system through advocacy and capacity building to implement evidence-based low-intensity psychological interventions for people in communities affected by adversity, toward problem management, or stress reduction, such as 'Problem Management Plus (PM+)', or Self Help Plus (SH+). This may increase self-efficacy and the use of protection strategies among Ukrainians living in privately hosted or rented accommodation

To organisations providing MHPSS activities:

- Support provision of parenting skills programmes, such as WHO's 'Parenting for Lifelong Health', and psychoeducation, including caring for carers-oriented materials, among Ukrainian heads of households. This should also be adapted to the needs of children with disabilities, and their caregivers.

- Increase coverage of evidence-based, low-intensity psychological interventions for people in communities affected by adversity, toward problem management, or stress reduction, such as 'Problem Management Plus (PM+)', or Self Help Plus (SH+). This may increase self-efficacy and the use of protection strategies among Ukrainians living in privately hosted or rented accommodation.

- Disseminate messaging surrounding the potential harm of psychological de-briefing as a modality of support (including where provided as a form of faith-based intervention), and advocate instead for the implementation of PFA in collective accommodation and other settings where services are implemented by non-MHPSS actors.

- Increase initiatives for helping of helpers e.g. expansion of supervision, group reflection, planned time-off, upper limits on number of community-facing hours per helper per week, psychoeducation for stress management in caring roles etc.

- Provide GBV and PSEA awareness training among MHPSS practitioners; emphasising 'invisible' forms of violence, as well as psychological consequences & the survivor-centred approach.

- Expand outreach/involvement, as integrated within the Mental Health Reform led by the Ministry of Health, to Ukrainians in Poland, to increase mental health literacy, and treatment uptake among the Ukrainian community, & particularly among Ukrainians of Roma origin.

- Provide psychoeducation sessions surrounding psychological impacts of conflict and displacement and training on PFA for private hosts.

- Scale-up of training for Psychological First Aid among volunteers, staff of CSOs and humanitarian actors.

[9] Through for example provision of training on use of WHO Quality Rights Assessment Toolkit.

- Where possible, assess the mental health and psychosocial support needs of Ukrainians acquiring disabilities within conflict, particularly women (as emphasised that heightened impact of ableist beauty standards may lead to increased psychological distress).

To CSOs working with People with Disabilities:

- Work with humanitarian organisations, and public authorities to bolster awareness of specificities of violence against women with disabilities among medical practitioners and those working in organisations for persons with disabilities[10]

- Aim at training frontline staff, including protection monitors, data collectors, enumerators, etc. on how safely handle GBV disclosure and refer to available GBV services.

PROTECTION

To the Polish Government and Public Authorities:

- Ensure the systematic provision of information to persons at risk of trafficking residing in collective centres in a language they can understand, and regarding their rights, the services available and how to access them.

- Develop a national referral mechanism defining the roles and responsibilities of actors in coordination with the Ministry of Interior and for the purpose of enhancing identification of potential victims, particularly in the context of persons residing in collective sites where risks were reportedly high.

- Ensure that refugees from Ukraine continue benefitting from protection, status and documentation in line with UNHCR Position on Returns to Ukraine issued in March 2022, noting that where possible and appropriate, States are encouraged to extend existing legal statuses for Ukrainian refugees who had been residing in Poland prior 24th February 2022.

- Design anti-stereotyping campaigns, in conjunction with persons of Roma origin and persons with disabilities.

To Humanitarian Actors with protection mandates:

- Strengthen legal aid provision for persons at risk of trafficking, with increasing specialization and capacity building of legal aid providers on identification and response to survivors of trafficking.

- Provide training for SOGIESC inclusion in humanitarian response; this should include input into curriculums by local civil society organisations working with LGBTQI+ communities, towards contextualisation of information.

- Provide training for disability inclusion and cultural awareness surrounding Roma communities in humanitarian response, including on intersections of violence against women and disability.

- Ensure that analysis conducted by international and national organizations sufficiently captured the specific situation of groups at risk, including but not limited to the Roma population.
- Include sex worker rights organisations within humanitarian response, and particularly for anti-trafficking policy and programming development.

- Continue advocating for extending the period of allowed leave and return to Poland prior to loss of temporary protection status in line with the Document - Poland: Protection Sector Recommendations on the application of the Temporary Protection Directive in Poland (December 2022) (unhcr.org);

- Create integration initiatives to reduce the isolation of older women.

- Support the creation of accessible community spaces for Ukrainians of Roma origin, and for persons with disabilities, toward combating isolation (a known risk factor among persons with disabilities) while fostering social cohesion aimed at both adults and children as the latter face difficulties integrating.

- Support peer-led integration programmes within hosting communities, without financial barriers to participation; e.g. through the creation of community spaces e.g. community gardens, community libraries (with books in Ukrainian), language cafes etc.

- Foster integration initiatives within neighbourhoods.

[10] Such as through WHO Quality Rights Initiative materials for training guidance and transformation: modules on 'Freedom from violence, coercion and abuse,' and 'Mental health, disability and human rights.'

- Continue to promote of Digital Blue Dots and newly established UNHCR call centre in Poland.
- Advocate for recognition of gender identity, without requirement for matching gender markers within administrative or legal documents, in signing up for humanitarian aid.
- Increase the provision of accessible, easy-to-read information on GBV/SEA risks and response services (and make information available in a range of formats) for Roma communities, women and girls with disabilities, those with low literacy etc.
- Continue strengthening community-based interventions to build bridges, connections, and solidarity between women, both from the refugee and host community, through innovative methodologies such as using arts, theatre, sports, among others.
- Integrate a gender perspective within CBI/CBA initiatives, including consideration of modality of delivery, recipients, etc.
- Mainstream GBV in the Protection sector activities by integrating the Thematic Area Guide (TAG), excerpted from the comprehensive IASC's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC, 2015), aimed at assisting protection actors and communities affected by humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across the protection sector.
- Aim at training frontline staff, including protection monitors, data collectors, enumerators, etc. on how safely handle GBV disclosure and refer to available GBV services.

CHILD PROTECTION SUB-SECTOR

To the Polish Government and Public Authorities:

- Multi-sectoral review of child support schemes in collaboration with respective ministries such as the Ministry of Family Social Policy, Ministry of Health, Ministry of Education and Ministry of Justice, in conjunction with communities of concern.

To Humanitarian Actors:

- Support the provision of parenting skills programmes, such as WHO's 'Parenting for Lifelong Health', and psychoeducation, including caring for carers oriented materials, among Ukrainian heads of households. This should also be adapted to the needs of children with disabilities, and their carers.
- Promote consultations with adolescents, and girls, to identify appropriate mechanisms for accessing GBV information and appropriate services.
- Strengthen GBV awareness and linkages with GBV services in Blue Dots. Share clear information on child survivor referral pathways and best interests of the child referral procedures with frontline responders as part of GBV training.
- Increase child protection activities and engagement in host communities, and particularly within collective accommodation centres, including access to age-appropriate PSS.
- Identify and strengthen existing CP/GBV prevention and response programs specifically tailored to meet the unique needs of adolescent girls.
- Strengthen collaboration between GBV and CP sub-sectors to address overlapping issues and improve the effectiveness of CP/GBV programming.
- Explore community-led safe child-care options which could be linked to women's access to employment and livelihoods opportunities.
- Clarify legal framework surrounding provision of sexual and reproductive health education (including mapping of actors providing services within education institutions). Subsequently conduct a review of curriculum from disability and Roma community inclusion lens.
- Support establishment of day-care systems within collective accommodation centres, so that parents can search for employment opportunities.

- Mainstream GBV in the Child Protection sub-sector activities by integrating the Thematic Area Guide (TAG), excerpted from the comprehensive IASC's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC, 2015), aimed at assisting child protection actors and communities affected by humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across the child protection sub-sector.
- Aim at training all frontline staff, including protection monitors, data collectors, enumerators, etc. on how to safely handle SEA disclosures and how to report to their PSEA focal points.

To CSOs working with People with Disabilities:

- Establish dedicated groups and adapted activities for children with disabilities.
- Aim at training frontline staff, including protection monitors, data collectors, enumerators, etc. on how safely handle GBV disclosure and refer to available GBV services.

PRIVATE ACCOMMODATION	
SHELTER, HOUSING & ACCOMMODATION	**To the Polish Government and Public Authorities:** ▪ Create a centralised and pre-screened database with landlords willing to rent to Ukrainians and committing to hosting standards, based on 'European Union Agency for Asylum (EUAA) practical recommendations on provision of emergency placement in private accommodation for persons displaced from Ukraine', as well as codes of conduct; options for indicating whether hosts can accept/accommodate pets and/or children. ▪ Create an awareness campaign toward potential landlords / outlining administrative procedures, support options, expected behaviour and standards etc. [This can build on key messages provided below]. ▪ Ensure a clear and effective protocol for ensuring timely access to alternative accommodation where reports of exploitation or safety risks have been reported. ▪ Establish an oversight mechanism for private accommodation- e.g., ombudsman, dedicated reporting mechanisms to report any violations of hosting standards (in conjunction with community signalling platforms), this should include mechanisms for monitoring of accommodation including, but not limited to, accommodation linked to employment. Any reports created against hosts in breach of codes of conduct, or hosting standards, should result in their immediate removal from databases, and cessation of receipt of subsides. If hosting standards can be aligned with guidance, hosts may resume their hosting duties, **however, any reports of breaches of codes of conduct related to sexual and/or interpersonal violence and/or other abuses of power (including threats, coercion etc.) should result in the complete banning of hosts.** ▪ The option of providing subsidies directly to refugees rather than landlords/hosts should be explored, as well as a vetting process for private hosts taking part in government schemes. ▪ Create and disseminate a standard template for both rental contracts, and contracts for hosting, available in both Ukrainian and Polish. ▪ If establishing subsidy schemes, provide subsidies directly to tenants, as opposed to hosts [as this may minimise power imbalances]. Provide incentives to allow family units or friends to pursue rentals together, toward increased social cohesion / social support. ▪ Advocate and agree on a minimum duration of stay for private hosts, as well as notice periods for vacation.

	To Humanitarian Actors and CSOs: ▪ Organise a one-day workshop involving humanitarians, relevant government officials, CSOs and other relevant actors, to review and agree upon uptake of current recommendations. ▪ Translate Safe Homes Guidance materials into Polish, Ukrainian and Russian. ▪ Advocate for creation of sustainable, long-term and accessible housing particularly in rural areas (de-congestion of the cities) that offer livelihood, social services as well as public transportation connections. ▪ Support creation of self-advocacy / empowerment groups and resources for women tenants, through WLOs, RLOs, CSOs, etc. ▪ Conduct outreach regarding mechanisms for reporting in private accommodation, such as through community spaces, schools etc. ▪ Produce a guide with simple adaptations landlords/hosts could make to help tenants feel safer - installing locks inside of rooms, agreeing on boundaries. ▪ Assess willingness for basic Ukrainian language and cultural awareness courses for hosts/landlords to facilitate cross-cultural communication.
SHELTER, HOUSING & ACCOMMODATION	**COLLECTIVE ACCOMMODATION** **To Humanitarian Actors:** ▪ Advocate for rescinding of legislation obliging refugees to contribute to collective accommodation costs. While advocacy is ongoing, co-ordinate information campaigns to inform community of legislative changes, including exemptions and how to access them. - Clarify applicability of amendments to privately-run shelters. ▪ Continue site mapping and monitoring of collective accommodation centres, including from a safety and accessibility lens. ▪ Foster relationships with managers of collective accommodation centres and provide technical support for meeting of standards related to safety and accessibility. For example, in the use of the European Standards on Accessibility of the Built Environment. ▪ Provide GBV and PSEA awareness-raising and training for response to disclosures for shelter managers and staff within collective accommodation. ▪ Support collective accommodation manager to safely seek preferences for feedback mechanisms among communities and put them in place (i.e. an anonymous hotline or online, feedback box etc.). Consider the possibility of more than one feedback and response mechanism to accommodate people with different preferences and/or capacities. ▪ Awareness campaigns of humanitarian principles (e.g. impartiality) for centre managers to promote non-discrimination. ▪ Support efforts to develop the Interagency Matrix mapping solutions to support transition out of collective shelters towards long-term solutions and independent living arrangements. Draw on lessons learned and scale-up promising practice within activities shared. ▪ Mainstream GBV in Shelter and Accommodation activities by integrating the Thematic Area Guide (TAG), excerpted from the comprehensive IASC's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC, 2015), aimed at assisting shelter, settlement and recovery (SS&R) actors and communities affected by

humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across the SS&R sector.

To Collective Centre Managers:

- Ensure sufficient lighting in all accessible areas of a centre, by installing lights, provision of generators, lanterns etc.
- Consider providing residents with re-chargeable lanterns or torches for use in accessing hygiene facilities at night.
- Ensure that lighting controls can be accessed by residents (e.g. they do not rely on staff permission to turn on lights).
- As far as possible, minimise distance to restrooms in collective accommodation, ensure pathways are well-lit in evenings.
- All pathways leading up to the facility should be well-lit and allow for sufficient visibility at night.
- Strengthen participation of residents, particularly those with disabilities and older residents when discussing improvements to facilities.
- Ensure confidentially of spaces for provision of group or individual MHPSS sessions e.g. doors to consultation rooms should not be in middle of communal hallways.
- Set-up quiet-zones for persons with cognitive disabilities, and their families to make use of when experiencing sensory overload.
- Ensure robust systems for checking of IDs and controlling access to collective accommodation sites. For example, all visitors should be asked to provide photographic ID, have an official purpose of visit backed up by veritable information, and should be asked to sign in and out at reception.
- Staff and humanitarian personnel visiting a centre should be asked to wear work badges with ID, or vests, when navigating in the centre.
- Limit access of staff and humanitarian personnel from sleeping areas to preserve privacy.
- Maximum flexibility should be provided to shelter residents e.g. removal of curfews.
- Visitors such as friends or family should be announced by residents ahead of time (providing names to reception). Visitors who show up unannounced should not be granted entrance until permission has been given by the person they intend to visit, while not in their presence (e.g. do not ask the person they claim to visit for permission in front of the visitor).
- Ensure conditions of stays, including any relevant limits of duration, are communicated to residents upfront. Residents should be continually notified of changes.
- Sleeping arrangements should be separated by gender, though families should be provided with the option of staying together. Non-binary individuals should be provided a choice surrounding preference for sleeping quarters, and transgender residents should be accommodated based on gender identity (as opposed to sex-assigned at birth).
- Hygiene facilities should be separated by gender, with transgender residents should be accommodated based on gender identity (as opposed to sex-assigned at birth). Options for gender-neutral hygiene facilities should be made available.
- Bathrooms and showers should be fitted with working locks and should not be visible from outside.
- Privacy in communal spaces should be maximised e.g. set up of screens, curtains etc.

	▪ A private space should be made available for breastfeeding or pumping. ▪ Facilities should meet accessibility standards according to RECU principles (i.e. persons with disabilities can reach, enter, circulate and use facilities), or European Standards on Accessibility of the Built Environment. ▪ For organisations providing shelter for persons with disabilities, considering adopting protocols to allow for families and carers to stay in proximity (buffer against isolation). ▪ Unused spaces within premises should be locked and sealed off. ▪ There should be one primary entrance to the facility, for which entry for non-residents is controlled by security. ▪ Residents' entry and exit from centres should not be strictly controlled in order to minimise power imbalances between residents and security. ▪ Male security should not be positioned next to women's sleeping or hygiene facilities. ▪ Ideally, gender balance should be present between all staff within collective accommodation, including security. ▪ Authorisation to display information must be obtained, and individual members of the public should be limited from displaying unverified information. ▪ For centres in remote locations, consider providing a form of collective transport, to and from neighbouring cities. ▪ Residents should have access to communal phones which should be placed in a location that allows for auditory privacy. Numbers of emergency responders should be present in proximity to phones. ▪ Access to information should be democratised e.g. through provision of information boards, access to internet, access to computers (in a place of visual privacy) access to contact details of humanitarian organisations. ▪ Information on GBV response services (Hotlines, Health, Legal, etc.) should be available. Information on reporting and complaints mechanisms for SEA should be present. These should be available and shared with residents (ideally in a range of formats e.g. audio, tactile). ▪ Ensure preferences for feedback mechanisms among communities are sought and put in place (i.e. an anonymous hotline or online, feedback box etc.) If using anonymised feedback boxes, ensure these are placed at locations which allow for confidentiality, and heights which can be reached by children and persons with height differences, as well as wheelchair users. ▪ Children's play spaces should ideally be supervised at all times, particularly playgrounds outside centres. ▪ Aim at training frontline staff, including protection monitors, data collectors, enumerators, etc. on how safely handle GBV disclosure and refer to available GBV services.
ECONOMIC INCLUSION & CBI/CBA	
▪ Provide information sessions on employment rights for refugees, labour safeguards, and information on official channels for reporting complaints related to employers. - UNHCR/UNICEF should ensure said information is available on Digital Blue Dots. - All community centres should ensure that said information is available in their centres. ▪ Provide language programmes with a specific orientation towards employment e.g. useful phrases for interviewing, service jobs.	

- Integrate negotiation skills sessions in career consultations, aiming to enhance the bargaining power of individuals in various professions, including sex work.
- Promote inclusivity in CBI/CBA programs by assessing the eligibility of sex workers for assistance based on a case-by-case, person-centred approach.
- Advocate for creation of accessible /adapted job opportunities, hiring schemes etc., and awareness raising surrounding employer obligations to provide reasonable accommodations in conjunction with organisations for persons with disabilities.
- Ensure access to appropriate livelihoods opportunities that are inclusive of older persons and single-headed households, or persons with significant caring burdens. Consider flexible hours, remote working options, limiting of reliance on manual labour, and childcare options.
- Advocate for interim acceptance of official Polish translations of Ukrainian medical documentation for Ukrainians with disabilities under temporary protection, for the purpose of accessing disability benefits.
- Coordinate with collective accommodation centres to support the verification of private sector employment opportunities, as well as to provide verified 'job boards' with appropriate employment opportunities and links to private sector employers.
- Establish an oversight mechanism for private accommodation linked to employment- e.g., ombudsman, dedicated reporting mechanisms to report any violations of hosting standards (in conjunction with community signalling platforms). Any reports created against hosts in breach of codes of conduct, or hosting standards, should result in their immediate removal from databases, and cessation of receipt of subsides. If hosting standards can be aligned with guidance, hosts may resume their hosting duties, **however, any reports of breaches of codes of conduct related to sexual and/or interpersonal violence and/or other abuses of power (including threats, coercion etc.) should result in the complete banning of hosts.**
- Provide information sessions for tax-filing & filing for self-employment.
- Mainstream GBV in the Livelihoods and Economic Inclusion sector activities by integrating the Thematic Area Guide (TAG), excerpted from the comprehensive IASC's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC, 2015), aimed at assisting livelihood actors and communities affected by humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across the child livelihoods and economic inclusion sector.
- Aim at training all frontline staff, including protection monitors, data collectors, enumerators, etc. on how to safely handle SEA disclosures and how to report to their PSEA focal points.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA) NETWORK

- Support for self-assessment of partners based on guidance within "Operationalization of the UN Protocol on Allegations of SEA involving Implementing Partners."
- Support capacity-building initiatives for the establishment of SEA mechanisms, in accordance with IASC's PSEA core principles, the eight core standards on operationalization of PSEA, and the principles of survivor-centred approach.
- Contextualise PSEA visibility materials and adapt them for children, persons with different types of disabilities and members of the Roma community. Provide training to partners and members of the Network on how to use the materials. Offer information to refugees on their rights and particularly, their right not to be sexually exploited and abused in exchange of services and/or assistance.
- Advocate to authorities on the need to revise legislation that prevents performing background checks of potential employees and volunteers of humanitarian and CSO organisations, enforcement of Code of Conducts outside working hours and other basic safeguarding assurances.
- Urgently set-up an Inter-Agency referral mechanism for Poland in line with the IASC Global Standard Operating Procedures on Inter-Agency Cooperation in Community-Based Complaint Mechanisms, 2016.

	▪ Continue to provide training on PSEA, through the format of Training of Trainers to PSEA focal points, as a way to multiply its effects and to promote sustainability, ideally targeting national organisations, who are partners of UN agencies and/or part to the Refugee Response Plan for Poland. ▪ Ensure availability of tools, including relevant standards and guidelines in local languages which has been tested and revised by local experts as to avoid misunderstanding or even stigmatisation. ▪ Offer clear guidance on the application of PSEA principles and core standards in the Polish legal context. ▪ Undertake SEA risk assessments linked to cash-based interventions/approaches and distribution of NFIs.
Organisational Policy	▪ Ensure availability of PSEA Policy Templates, Code of Conduct Templates, and other materials listed within the "Operationalization of the UN Protocol on Allegations of SEA involving Implementing Partners," are available in local languages and are contextualised to the Polish legal framework.
Organisational Management	▪ Engage with novel or *'de-facto'* humanitarian actors (e.g. owners of commercial spaces turned into collective accommodation centres), surrounding PSEA, and in collaboration with local or national authorities clarify responsibilities for oversight in line with national policies and legislation. ▪ Design appropriate messaging on importance of prioritisation of PSEA for organisational management, which should be endorsed at management level (heads of agencies). ▪ Continue to offer training to authorities, and especially collective centres managers, on PSEA as well as practical tools to implement it in their centres.
Human Resource Systems	▪ Explore the possibilities, as well as the advantages and disadvantages, of various forms of formal vetting, beyond Clear Checks, such as sex-offender databases, domestic violence convictions, within the context of national legislation. ▪ Provide templates, with text in local language of self-declarations for job applications, in line with minimum requirements for vetting procedures, defined within the Misconduct Disclosure Scheme. ▪ Awareness raising surrounding insufficiency of reliance on informal vetting methods, such as being local to a community.
Mandatory Training	▪ Translate premises of PSEA policies into norms and standards at core of national systems e.g. safeguarding, child welfare, toward increased cultural resonance. ▪ Offer to provide trainings to staff of partners, surrounding dynamics of SEA, risks of perpetration etc. ▪ Translation of training packages such as "IASC, 'Saying No to Sexual Misconduct' –an Interagency Training on Protection from SEA and Sexual Harassment for partners', 'UN Online Training on PSEA', or 'Interaction PSEA Basics Training Guide', into local languages.
Reporting	▪ Ensure that physical reporting procedures attached to collective accommodation centres, such as anonymised feedback boxes, ensure adequate confidentiality e.g. placement in spaces which cannot be monitored (including through use of security cameras). ▪ Ensure use of anonymised feedback boxes within collective centres are placed at heights which can be reached by children and persons with height difference, as well as wheelchair users. ▪ Raise awareness surrounding insufficiency of reliance on relationships with staff for reporting of SEA among IPs. ▪ As far as possible, centralise reporting lines/systems, to limit burden on communities.

	▪ Review accessibility of complaints and feedback mechanisms with the communities concerned, including for persons with disabilities. ▪ Adaption of reporting mechanisms for persons with disabilities - training of staff to support persons with disabilities e.g., sign language focal points for reporting, investigation. ▪ Appropriate, acceptable and accessible PSEA awareness materials among community (e.g. positive messaging surrounding rights), with wide distribution, including of Non-Food Items and Cash. ▪ **To Humanitarian Actors:** In line with mandatory reporting and in respect of survivor-centred approach, provide for anonymized reporting of SEA allegations (i.e. not sharing the personal details of the survivor/victim) in cases where applicable. ▪ Continue to share information about existing mechanisms through diverse channels such as in Blue-Dots, Digital Blue Dots, during distribution of NFIs, CBI/CBA, information boards within collective accommodation etc. ▪ Implement child-friendly complaint mechanisms. ▪ Explore cultural adaption of reporting procedures, for example use of cultural advocates to increase literacy surrounding rights related to PSEA. ▪ Where call centres for general queries have been established, ensure that operators are trained to respond to disclosures of SEA, in line with the survivor-centred response, procedures to protect confidentiality and streamline escalation, of cases are embedded within procedures for operators. ▪ Aim at training all frontline staff, including protection monitors, data collectors, enumerators, etc. on how to safely handle SEA disclosures and how to report to their PSEA focal points.
Assistance and Referral	▪ Raise awareness of referral pathways among staff members responsible for providing case-management or referral for victims/survivors of SEA. ▪ Ensure that referrals of cases received anonymously or via call centres, are handled according to the survivor-centred approach (particularly in ensuring safety and follow-up).
Investigations	▪ Upscale/ increase national access to recognised training for investigations, in accordance with the survivor centred approach (e.g. via UNHCR and CHS Alliance online trainings). ▪ Ensure transparency in the internal procedures of member organizations surrounding escalation/pursuit of cases, e.g. independent review teams, ombuds-roles. ▪ Provide information on protections for witnesses and whistle-blowers, and support IPs to align or develop policies for whistle-blowers, in line with the EU Whistle-blowers Directive.
Corrective Measures	N/A

KEY MESSAGES FOR PROSPECTIVE PRIVATE HOSTS:

KEY MESSAGES FOR PROSPECTIVE PRIVATE HOSTS
The following key messages can be passed on as part of prospective awareness raising campaigns or targeted initiatives for private hosts. They complement and expand on messaging within SafeHomes Initiative: ▪ Consider hosting in pairs, or family units (increased social support generally means an increased sense of safety).

- Make transparent any conditions associated with an offer of a stay, including duration, notice period, as well as any expectation of labour such as cooking or cleaning.
- Include information on whether pets and/or children are accepted when creating advertisements or ascribing to hosting databases, as well as other information outlined within EUAA's practical recommendations: 'Table 2: information for hosts to gather.'
- Provide information on accessibility for persons with disabilities and older persons e.g. whether wheelchair accessible, suitable for children with disabilities etc. within offers.
- Consider setting up front and abiding to a minimum notice period should you be required to re-claim the property.
- If offering 'work for board' or similar conditions, creating an informal contract can help tenants feel more secure, and understand what's expected of them. The contract should include hours expected, rate of pay etc. Hosts envisaging this type of exchange should pay tenants directly and allow them to then re-imburse for rental costs. Even if symbolic, this can support tenants' self-esteem, as well as upholding of dignity and autonomy.
- Do not host if motivated by expectations of sexual or romantic relationships with tenants. Persons fleeing Ukraine are in extremely vulnerable psychological, social and economic positions. Expectations of any form of romantic and/or sexual relationships in exchange for housing is inappropriate and an abuse of power.
- Be transparent about who tenants will be sharing premises with, and provide information on living quarters (e.g. single room, private bathroom) etc.
- Respect tenants' private spaces and agree on boundary setting e.g. knocking before entering a room, not entering a tenant's room while they're not there, not disturbing tenants after certain hours.