

Ukraine Emergency in Neighboring countries

“BLUE DOTS” - Children and Family Support Hubs

How Blue Dots work in relation to UNICEF and UNHCR cooperation

This note is designed to guide UNICEF and UNHCR teams on how to integrate the Blue Dot concept into a joint operational modality, clearly outlining the roles and responsibilities of each agency, and recommending operational modalities to further expand and integrate these into the national response. Blue Dots are established in support of government efforts and links directly to the national child protection architecture.

1. Background

Due to the conflict in Ukraine, large-scale refugee movements of more than 2 million persons have taken place into neighbouring countries, including the Czech Republic, Hungary, the Republic of Moldova, Poland, Romania and Slovakia. Due to military conscription, almost all of those arriving are women and children.

Many children, their families, and women arriving from Ukraine require systematic protection services including to address gender-based violence, violence against children, separation from family and distress. The Blue Dots are locations where professional, trained case workers, mental health and psychosocial support (MHPSS) and legal aid providers are available to support identification of urgent social service and protection needs and ensure that those needs are addressed. Where needed, such services can also provide support or referrals to others with specific needs, such as survivors of gender-based violence, older persons, and persons with disabilities. The Blue Dots also serve the critical function of sharing reliable, updated and accurate information with new arrivals, including on services, documentation and family reunification. The information is provided through multiple channels, in accessible and child-friendly formats, different languages, and in online/digital form.

Blue Dots are mainly established along anticipated routes of major refugee flows - often done in conjunction with local municipalities in strategic urban areas or transport hubs (bus or train stations). They can also be embedded into refugee registration sites, in reception facilities, or at cash distribution points.

The Blue Dots aim to be an extension of the government’s national protection system, therefore, the Blue Dots need to be linked to the national and local referral pathways and services.

2. What are the Blue Dots?

The Children and Family Protection Support Hubs (Blue Dots) assemble a minimum set of protection and social service delivery and referrals for children and families. They aim to improve accessibility, continuation, and standardization of services provided by different partners, as well as predictability through a recognizable label – the ‘Blue Dot’. The Blue Dots have become a recognizable modality of emergency assistance and have proven to be a good example of collaboration between UNICEF and UNHCR, as well as with other partners, national and local authorities and their statutory services. They are an umbrella under which all service providers are welcomed to operate, provided the services are up to protection standards.

3. Where will the Blue Dots set up?

UNICEF and UNHCR will liaise with government authorities to assess the most suitable locations for Blue Dots in each specific context, taking into consideration the preferences and information needs of persons fleeing Ukraine. These can for example include border crossing points, transport hubs, or strategic urban locations.

Where UNHCR engages with the government to establish refugee registration or enrolment (some close to the borders, others in urban areas) and other services across affected countries, linking the Blue Dot onto these is key. Blue Dots can also be linked to other locations, such as child and family service delivery points.

4. What do the Blue Dots offer?

The Blue Dots concept is scalable and should be adapted to complement existing services. Scenarios can include: (i) complementing or scaling up existing child friendly spaces or local facilities; (ii) expand these spaces with additional functions; or (iii) establishing Blue Dots from the onset (where such spaces are not available).

The minimum services to be offered at Blue Dots are:

- 1) **Identification, rapid assessment and referral of children at risk to appropriate services;**
- 2) **Identification and referral of other persons who need support to appropriate services;**
- 3) **Mental Health and Psychosocial support (MHPSS);**
- 4) **Legal aid and counselling;**
- 5) **Information and Advice Desks;**
- 6) **Restoring family links (coordination with the Red Cross/Red Crescent Family Links Network);**
- 7) **Child- and family-friendly spaces, including for breastfeeding.**

Additional components that may be needed (based on availability of space, needs and partner interest):

- ✓ **Medical first aid** (government and non-government partners);
- ✓ **Safe areas to sleep:** Safe area where persons with specific needs can rest for a short time or will be referred to longer-term emergency accommodation (local authorities);
- ✓ **Specific NFIs:** Depending on the needs of children and women, including those with disabilities (government and local authorities, UNHCR, UNICEF and other partners);
- ✓ **Transportation of vulnerable women and children** to reception centers, shelters (for survivors of GBV) or emergency care for unaccompanied children.

Where relevant, Blue Dots should have the capacity to be mobile. Current Blue Dot minimum capacity includes: 3 shifts of 3-6 professionals (1-2 case workers, 1-2 child psychologists/psychosocial staff and 1-2 legal aid providers) and interpreters, plus a mobile team as needed (a car and a driver and an additional team) that can deploy from the Blue Dot location to other locations which face a new or heightened influx of refugees or linking to national structures and services to ensure that children referred to services access and receive these services, as well as to trace and provide monitoring to the high need cases.

5. How do the Blue Dots work in practice?

A matrix of minimum roles and responsibilities when Blue Dots are established within an established physical structure, site or effort are outlined below, focused on the role of UNHCR and UNICEF. Other partners are also invited to provide services in (or link to) the Blue Dot.

UNHCR	UNICEF	Minimum Requirements
<p>Disseminate information about the Blue Dots and services</p> <p>UNHCR will disseminate information about the Blue Dots and available services through field work and partners.</p>	<p>Disseminate information about the Blue Dots and services</p> <p>UNICEF will disseminate information about the Blue Dots and available services through field work and partners.</p>	<p>Blue Dot branding material and information posters with location and services available, visible at key locations and in online form.</p> <p>Orientation package for front-line staff from government, civil society, humanitarian actors on the Blue Dots.</p> <p>Font line workers are familiar with Blue Dot sites and services provided and can identify and refer children there.</p>
<p>Internal referral within Blue Dots</p> <p>Train UNHCR staff and partners on internal referrals</p>	<p>Internal referral within Blue Dots</p> <p>Train UNICEF staff and partners on internal referrals</p>	<p>Minimum package of immediate services defined</p> <p>Clear pathway established for referrals within the Blue Dot (e.g. legal counselling to psychosocial or vice-versa; or any of these service to best interests procedures)</p>
<p>Identification and referral of children at risk/in need of immediate care and protection, including UASC, who arrive at the Blue Dot site, and referral to specific services within the Blue Dots or to services outside the Blue Dot (for children after a rapid best interests assessment), i.e. case management and referral.</p> <p>Engagement with women at risk, including survivors of GBV who voluntarily disclose GBV incidents, and referral to appropriate services.</p>	<p>Identification and referral of children at risk/in need of immediate care and protection, including UASC, who arrive at the Blue Dot site, and referral to specific services within the Blue Dots or to services outside the Blue Dot (for children after a rapid best interests assessment), i.e. case management and referral.</p> <p>Engagement with women at risk, including survivors of GBV who voluntarily disclose GBV incidents, and referral to appropriate services.</p>	<p>Agreement within the Blue Dots regarding who will undertake case management within the Blue Dot (depending on the location and capacity this may be UNHCR, UNICEF or other partners).</p> <p>Rapid Best Interest Assessment form and form for assessment of families (assessment of GBV survivors not recommended).</p> <p>Clear pathway established for referrals to actors outside the Blue Dot to existing government and non-governmental education, health, GBV, child protection and childcare, and other social services that may be needed (with particular attention to polio, given the outbreak in Ukraine)</p> <p>SOPs for Best Interests Procedures established to clarify roles and responsibilities for children at risk including referral to national child protection statutory services and services and refugee protection and assistance services.</p> <p>Training of front-line staff and interpretation services.</p>

<p>Provide basic assistance to children and families in need, and transport where possible</p>	<p>Provide basic assistance to children and families in need, and transport where possible</p>	<p>Where needed and possible, agreement on which partner is best placed to provide basic assistance and transport for vulnerable cases. Ensure minimum package of basic assistance available for vulnerable children and families (either directly procured or provided by partners providing CRIs).</p> <p>Where possible, transportation for vulnerable cases to reception centres or other suitable accommodation (shelters for GBV survivors, emergency care centres for UAC etc.).</p>
<p>Legal aid and counseling: Legal aid and counseling to children and families, as well as others with specific needs, on registration, documentation, birth registration, family reunification and other issues.</p>	<p>Support to legal needs as needed, in particular as it relates to documentation, birth certificates, etc.</p>	
<p>Information and Advice Desks: Provision of information on available services, asylum and family reunification procedures. When specific vulnerabilities or risk concerns are detected, children and families are referred to the social worker of the Blue Dot for further assessment.</p> <p>Information to complemented by 'digital blue dots' in online form to support information for persons on the move.</p> <p>Provision of Wi-Fi connectivity and charging stations, where possible. Information boards, screens for video screening, or even tablets.</p>	<p>Disseminate information through psychosocial activities and Family and children safe spaces</p>	<p>UNHCR or partner (legal aid professionals with relevant experience).</p> <p>At least 2 persons per shift.</p> <p>Interpretation services.</p> <p>Information/communication materials and parenting materials.</p> <p>Child-friendly information and information accessible to persons with disabilities.</p> <p>Updated information, including links to the relevant UNHCR help page and government information.</p>
<p>UNHCR through field activities, registration or enrollment refer the needs of those who need Mental Health and Psycho-social support to the PSS unit in the Blue Dot.</p>	<p>Mental Health and Psychosocial Support: Establish dedicated private space to provide focused psychosocial support through individual or family/group counselling.</p> <p>Ensure individuals, families or groups with mental health conditions or in distress have access to psychological first aid and focused support through trained mental health staff.</p> <p>Ensure families and communities/groups can have access</p>	<p>UNICEF or partner.</p> <p>2-3 Trained psychologists or psychosocial staff for individual and group counselling and for psychological first aid.</p> <p>2-3 social workers/community workers with training on group activities and parenting support.</p>

	<p>to inclusive activities that support their recovery, resilience and psychological well-being of children, families and communities.</p> <p>Ensure referral to specialized mental health services for those with severe mental health conditions.</p>	
<p>Through the information and advice desk, as well as through other contact points, children and families are informed about the possibility to take advantage of the child- and mother/baby friendly spaces.</p>	<p>Child- and family- friendly spaces:</p> <p>Ensure children of all ages can have access to child-friendly spaces, allowing rest and play, separate spaces and specific interventions for adolescent girls and boys, as per respective IASC Guidelines and standards. Access to group activities for child well-being.</p> <p>Ensure mothers with young children can have access to dedicated mother and baby/toddler spaces, where women can breastfeed and clean their babies/toddler in private areas, relevant information on IYCN and access to safe drinking water for formula and ORS, including mixing containers.</p> <p>In transit locations or locations where women and children wait for long times, provide warm safe space for women and children to rest.</p>	<p>Dedicated safe, accessible spaces equipped with safe, local and culturally appropriate recreational materials with a low environmental impact.</p> <p>Dedicated safe space equipped with materials that will support breastfeeding and adequate feeding of infants and young children as per IASC Guidelines.</p> <p>Where needed and possible, provide dedicated location for rest for women and children.</p> <p>2-3 staff who will manage and facilitate activities and will have basic training and skills (e.g. in child development, communication with children, child-centered approaches, referrals, etc).</p> <p>Safeguarding policy in place.</p>

The case workers, MHPSS and legal aid providers will need at a minimum a table and a computer and space they can work from. Ideally, there would be a **dedicated private space** so that they can interact in privacy with highly vulnerable cases – UASC, GBV cases, reports of trafficking, etc. – and the locations and services should be **accessible for persons with disabilities**.

In the case where **either UNICEF or UNHCR wishes to establish a Blue Dot** in a location where the other organization will not be providing services, both organizations agree to how to ensure integrated child, women and refugee protection services are available, i.e.:

- When Blue Dots are established within a UNICEF deployment of case workers and psychologists/psychosocial workers, coordination should take place with UNHCR and government authorities to ensure identification of refugee children at risk, including unaccompanied and separated children, and referral to refugee protection and child protection services.
- When Blue Dots are established by UNHCR in a location where UNICEF is not able to provide the above services, UNHCR will coordinate with UNICEF and other partners to identify a suitable child protection partner to do so.

6. Promotion, branding and visibility

UNICEF and UNHCR will jointly promote the Blue Dot concept to government counterparts and ensure that other child protection actors in the country are invited to link their services to the Blue Dots or share referral and services information.

All Blue Dots, regardless of who established or runs them, will use the Blue Dot label for visibility:



In addition, UNHCR and UNICEF may co-brand with the two agencies' logos, below the Blue Dot label. Both agencies will jointly agree on a consistent branding approach agreed between UNHCR Regional Bureau for Europe and UNICEF Regional Office for Europe.

7. Next steps:

Three complementary scenarios are envisaged:

- Establishing Blue Dots in registration or enrolment sites (urban and border), whenever these are established by or in cooperation with the government, in line with the guidance above.
- Jointly establishing Blue Dots in additional strategic locations and ensuring connection and coordination with registration and protection services, by UNHCR and others, in line with the guidance above. This should be done based on the advice of local and municipal authorities, as well as mapping of existing border crossing points, reception centers, transport hubs and urban locations where persons fleeing Ukraine may seek information.
- Through the Child Protection Sub-Working Groups, identify other partners who are providing similar interventions, and ensure linkages are made with the Blue Dots.

UNHCR and UNICEF will ensure that the Blue Dot roll-out and the work in these spaces is aligned with the national and local protection systems – which means all the planning and execution is done with government approval and buy-in, and that clear linkages are established with nationally and locally provided service architecture.