

POLAND EMT & HEALTH SECTOR MEETING

Meeting Minutes – 31 March, 2023

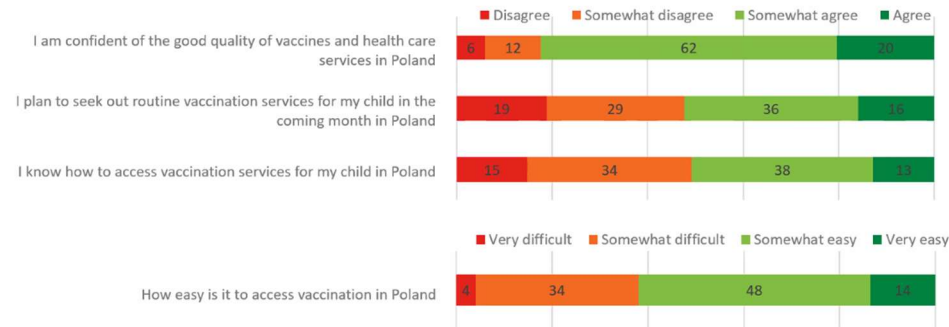
Meeting Minutes – 01 March, 2020

Meeting Subject	EMT & Health Sector Coordination	
Time & Location	9:00 am CEST, online. Zoom link – click here . Passcode: who2022!	
Participants	<div><div><div>1. Adrianna Babik (IMC)</div><div>2. Agnieszka Sochon (UNICEF)</div><div>3. Akusek</div><div>4. Aleksandra Solik (FEDERA)</div><div>5. Anastasiia Kravtsova (IMC Poland)</div><div>6. Anastasiia Nurzynska (UNICEF)</div><div>7. Anna Dzielska</div><div>8. Anna Kavouras (WHO POL CO)</div><div>9. Anna Ochmanska</div><div>10. Barbara Danieluk (Miasto Lublin)</div><div>11. Dorota Kleszczewska (Instytut Matki i Dziecka)</div><div>12. EUCPT MEDEVAC HUB RZESZOW</div><div>13. Eva Sano (IOM)</div><div>14. Ewa Karolina Matalowska</div><div>15. Faris Mahmutovic (WHO POL CO)</div><div>16. Fundacja Unitatem</div><div>17. Gasiorowski Wojciech (WHO POL CO)</div><div>18. Heather Jue-Wong (WHO EURO)</div><div>19. Joanna Glazewska (MoH PL)</div><div>20. Joanna Kujawa (MoH PL)</div><div>21. Karolina (interpreter)</div></div><div><div>22. Kasia Kukula</div><div>23. Kasia Skopiec (Humanosh)</div><div>24. Katarzyna</div><div>25. Katarzyna Kucia-Garncarczyk</div><div>26. KNIAZ (UNHCR)</div><div>27. Lisa Ranzenigo (Soleterre)</div><div>28. Lucia Uscategui (Project Hope)</div><div>29. Marek Teodorczyk (Podkarpacki UW w Rzeszowie)</div><div>30. Marta Kłysz PAH</div><div>31. Mashhour Halawani (WHO)</div><div>32. Medevac Hub</div><div>33. Mutrib (UNICEF)</div><div>34. Olga Khan (WHO POL CO)</div><div>35. Olga Lozova (AVALON Foundation)</div><div>36. Paulina Nowicka (WHO POL CO)</div><div>37. Silvia Gatscher (WHO POL CO)</div><div>38. Szymon Tomczak</div><div>39. Tienna Phan (WHO Medevac)</div><div>40. Weronika Krzepkowska (WHO POL CO)</div><div>41. Wojciech Zarębski (PAH)</div></div></div>	
Chaired by	Silvia Gatscher (WHO POL CO)	
Minutes prepared by	Anna Kavouras, Silvia Gatscher (WHO POL CO)	
Agenda	<div><div><div>1. New partner introduction</div><div>2. Demand for vaccination among refugees from Ukraine in Poland – What we know (Agnieszka Sochon, UNICEF)</div><div>3. IOM’s role & activities in vaccination (Evita Sano, IOM)</div><div>4. EMTCC: Medevac hub update</div><div>5. Health partner & health coordination updates</div><div>6. AOB</div></div></div>	
AGENDA POINTS		
Agenda Point 1	<div><div>New Partner Introduction</div><div><div><div>• Dorota Kleszczewska, the Institut of Mother and Child (IMID, click here to learn more)</div><div>• Anna Dzielska, the Institut of Mother and Child (IMID, click here to learn more)</div><div>• Agnieszka (Aga) Sochon (UNICEF)</div></div></div></div>	

	<ul style="list-style-type: none"> Katarzyna Kucia-Garnarczyk (Foundation 'Z sercem do pacjenta / American heart of Poland', click here to learn more)
Agenda Point 3	<p>Demand for vaccination among refugees from Ukraine in Poland – What we know (Agnieszka Sochon, UNICEF)</p> <ul style="list-style-type: none"> UNICEF welcomes partner organizations to join efforts in promoting vaccination Research on vaccination within Ukrainian population was conducted in collaboration with the Institute of Mother and Child and IOM. Main reasons Ukrainians do not take up vaccination: <ul style="list-style-type: none"> No obligatory requirements from schools and kindergartens. Some part of the Ukrainian population in Poland are planning to go back to Ukraine and prefer to wait and possibly resume their routine vaccination activities in Ukraine. Refugee populations forget to vaccinate. Child vaccination was not a priority over other pressing matters such as finding accommodation, jobs, schools, etc. Polish medical professionals have high credibility and trust among the refugee population. However, the local medical system is different compared to the Ukrainian one, and the beneficiaries might have challenges navigating it. It is not possible to vaccinate or to visit medical professionals through the public system on the weekend. The working hours of the medical facilities overlap with the working hours of parents. Waiting lines are another factor that hinders access to vaccination. Anxiety regarding vaccination. Lack of awareness. Language barriers. Need for translation services of vaccination certificates and other medical documentation.

What we know from the research available

Most women are confident in the quality of Polish health care, half know and plan vaccination for their children, more than a half think it is easy to access vaccination in Poland. Those who plan to come back to Ukraine in the next three months less often plan to get vaccination for children in Poland



Plan to seek out routine vaccination services for children in the coming month in Poland:

Plan to come back to Ukraine in the next three months – **34%**

2 | Barriers and Demand for Essential Services Among Refugees:

N=250

Q4, Q3a, Q5: How much do you agree with the statement

What we know from the research available

- **49% of interviewed mothers from Ukraine do not have the good understanding** on how to access vaccination in Poland.**
- **38% of interviewed mothers find it difficult** to access vaccination services in Poland.**
- During focus groups discussions **barriers to vaccinate** their children that were mentioned most often by the mothers were lack of **knowledge on how to get access** to a primary care physician and free vaccinations or general **anxiety about vaccination**; for pediatricians the one of the main concern is the **language barrier** and **lack of awareness on UA/PL vacc calendars**.*

*Based on research done by IMC (Monika May-Maciejewska (M.D.) done in October 2022; Group: pediatricians and mothers from Ukraine in Poland of children below 18 y.o. Methodology: focus groups with mothers and Telephone interviews with pediatricians.

**Based on "Barriers and Demands to Essential services among refugees" research done in December 2022. Group: 250 respondents. Methodology: CAWI; Please note: There is a need for a cross analysis to isolate only mothers of children 1-5 y.o.

What we know from the research available

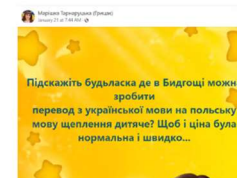
- **During the Interviews* with mothers who have not vaccinate their children during their stay in Poland, several reasons were mentioned, that prevented them from getting their children vaccinated:**
 - No such demand in a school / kinder garden
 - Psychological reason for those who want to return - delay until they will be back home in Ukraine
"I take our stay here as temporary. We really want to go back"
 - Drastic changes in life made them forget about the needs to vaccinate their children
- **Mother who took part in the interviews* expressed credibility and trust in health workers, BUT the system differs very much from Ukrainian one and services are expensive if they go to the private clinic.**
- **Other barriers expressed by interviewed mothers* while using the health services in Poland were:**
 - In order to get to the doctor a patient needs to wait a few days (even to the family doctor). And the expectations for a consultancy of a specialist can take weeks or even months.
 - There is no specialists in a small town
 - It is impossible to visit a doctor on weekend

*Based "Barriers and Demands to Essential services among refugees" qualitative research (IDIs) done in January, February 2023 on Ukrainian refugee mothers of kids aged 0-16 y.o. living in Poland 18 IDIs were conducted during the qual part of the study.

What we know from the research available

What we hear online from refugees on vaccination needs*

- Parents are interested in finding institutions in Poland where it is possible to get children vaccinations.
- Ukrainians in Poland have difficulties in obtaining or confirming vaccinations previously received in Ukraine.
- To get the child vaccinated parents are asked to provide the officially translated vaccination card into Polish, which is a barrier for a lot of people from Ukraine.



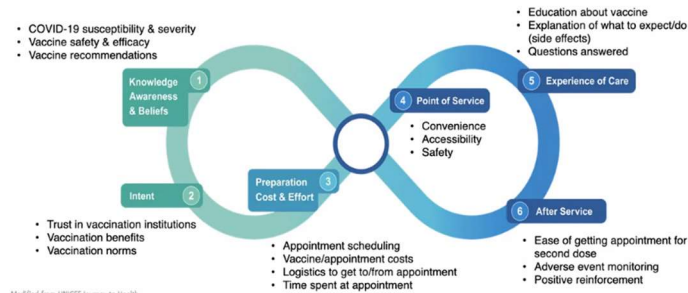
*Digital insight reports by LOOQME - Narratives of refugees from Ukraine (January 2023)
Sample of 20,000+ public posts from Twitter, Facebook, Instagram, YouTube, Telegram and various forums.

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- Based on research findings, UNICEF introduces the REDUCE model:

Psychological Insights on Vaccination

Difficult Journey to Vaccination



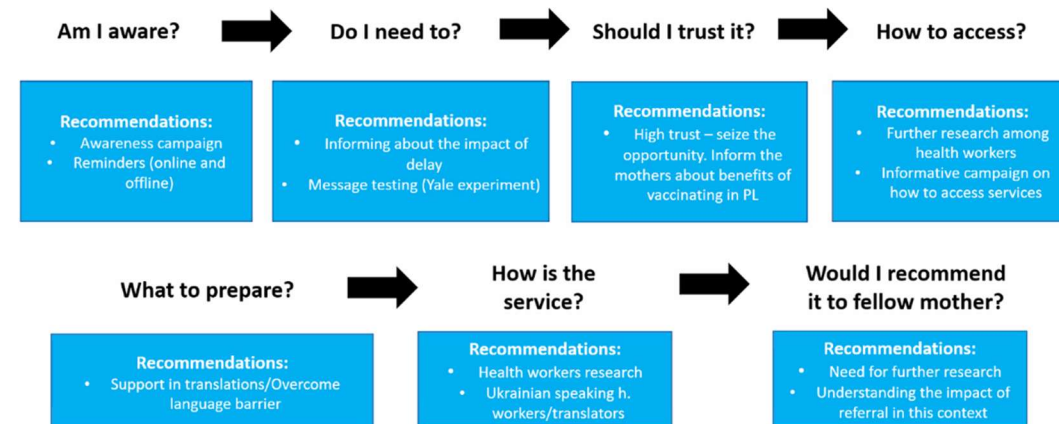
REDUCE Model

- Reactance:** Give a sense of Agency, Control, Freedom, Choice. Ask, Don't Tell. Listen.
- Endowment:** Highlight the (long-term) cost of Inaction
- Distance:** Identify the movable middle, Find the Zone of Acceptance, Look for similar feelings
- Uncertainty:** Reduce Uncertainty, Use trusted sources, Give simple facts, data and stories
- Corroborating Evidence:** Use social reference (similar, multiple, diverse)

Use **REDUCE** as a Checklist in the messaging

- Looking at barriers from the perspective of a mother is crucial.
- Messages on the importance of vaccination and the impact of any delays in vaccination on children's health should be clear.
- In cooperation with Yale University, UNICEF is testing how different messages can influence mothers' decisions to get their children vaccinated.

Overcoming barriers



* Based on "Barriers and Demands to Essential services among refugees" research done in December 2022. Group: 250 respondents. Methodology: CAWI; Please note: There is a need for a cross analysis to isolate only mothers of children 1-5 y.o.

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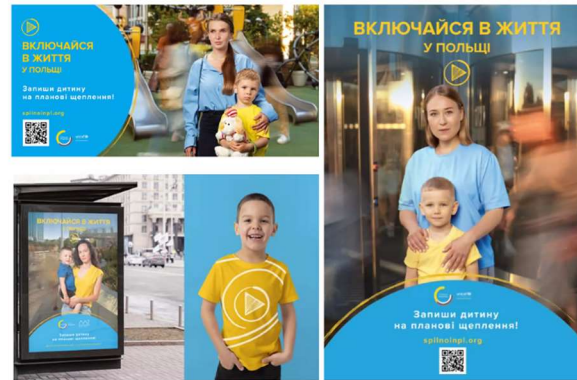
****Digital insight reports by [LOOQME](#) - Narratives of refugees from Ukraine (January 2023) Sample of 20,000+ public posts from Twitter, Facebook, Instagram, YouTube, Telegram and various forums.

- There is a library of materials on vaccination available in the open domain. For more information see the presentation attached.

Available materials

Outdoor campaign, printed and video materials

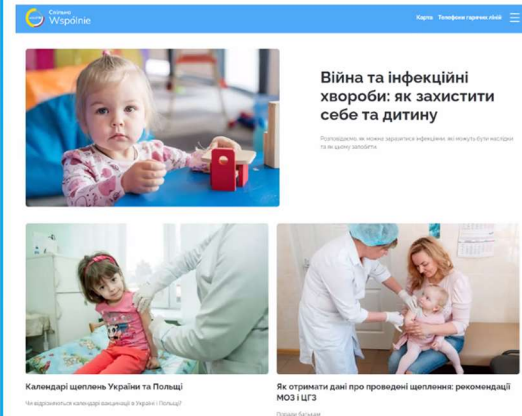
[Vaccination visuals](#)



TYPE TO ENTER A CAPTION.

UNICEF Spilno website with recommendations and answers

<https://spilnoinpl.org/batkam/zdorovia?subcategory=vaktsynatsiia#>



- Useful links:
 - Preventive vaccination for children, [materials in Ukrainian on the MoH Poland website](#)
 - [Spilnoinpl.org](#) platform launched by UNICEF

What we have done so far

- Quantitative research conducted: Barriers and Demands to Essential services among refugees” research done in December 2022. Group: 250 respondents. Methodology: CAWI; Please note: There is a need for a cross analysis to isolate only mothers of children 1-5 y.o.
- Qualitative research conducted: “Barriers and Demands to Essential services among refugees” qualitative research (IDIs) done in January; February 2023 on Ukrainian refugee mothers of kids aged 0-16 y.o. living in Poland 18 IDIs were conducted during the qual part of the study.
- Research done by IMC (Monika May-Maciejewska (M.D.) done in October 2022; Group: pediatricians and mothers from Ukraine in Poland of children below 18 y.o. Methodology: focus groups with mothers and Telephone interviews with pediatricians)
- Experimental research to test interventions jointly with Yale University
- More than 1.5 million Ukrainian caregivers across Poland were reached through targeted interventions in pharmacies, social media, outdoor and public transport on vaccine confidence.
- As part of partnership with the Institute of Mother and Child (Ministry of Health) more than 1,500 health workers were reached through conferences and webinars on addressing vaccine hesitancy.

For more information, contact Agnieszka (Aga) Sochon from UNICEF (asochon@unicef.org) or Silvia Gatscher sgatscher@who.int

IOM's role & activities in vaccination (Eva Sano, IOM)

- IOM introduced a tool for translation of UA vaccination records. For more information, contact Eva Sano, esano@iom.int

Problem statement

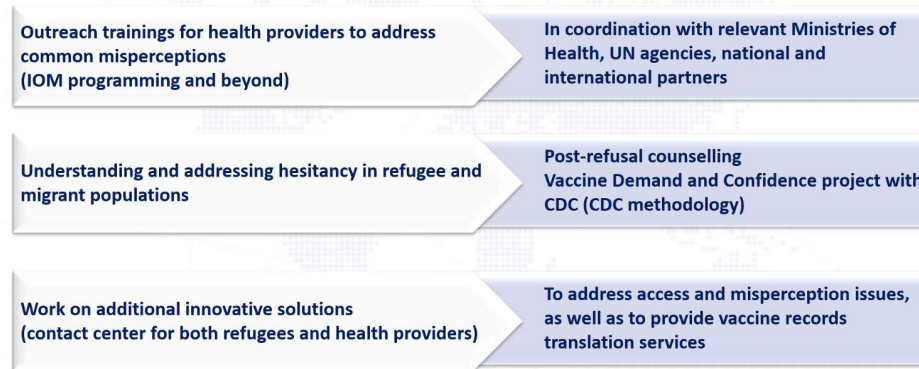


Problem statement



- The role of the IOM in the vaccination campaigns for Ukrainian population in Poland:

IOM role



Q&A

- **Wojciech Zarębski, Polish Humanitarian Action, a coordinator for the Social Inclusion project in Olsztyn:** Polish Humanitarian Action worked with a pilot group of 10 families from UA within the project. Young Ukrainian mothers stated that their children were vaccinated, but it was difficult to clarify which vaccines were administered since there were no documents confirming the fact of vaccination. What solution could be suggested to those families?
- **Eva Sano, IOM:** There are ways to obtain vaccination records by contacting a family doctor or their local medical facility back in Ukraine. If there is no evidence or record, we consider the child not vaccinated.

Comments from the Ministry of Health of Poland:

- There is an MoH website, where the information on vaccination is provided also in the Ukrainian language: <https://moz.gov.ua/article/health/jak-otrimati-dani-pro-provedeni-scheplennja-rekomendacii-moz-dlja-bizhenciv-i-pereselenciv>
- The vaccination status of Ukrainian children with postnatal vaccinations (against tuberculosis, hepatitis B) is comparable to the vaccination status of Polish children and exceeds 95%.
- There is a willingness to get vaccinated among the Ukrainian population in Poland
- Explicit information on vaccination available is provided <https://szczepienia.pzh.gov.pl/>
- Vaccinations are also available from private clinics and pharmacies (adults and Covid-19 and flu only). Fees apply to commercial services.
- According to data from the Ministry of Health, over 21,000 doses of vaccinations were given to children from Ukraine in the period from February 2022 to the beginning of March 2023

	<ul style="list-style-type: none"> Refugees opt not only for the required vaccinations but also for additional vaccines, such as HPV and meningococcal vaccines. If information regarding a patient's vaccinations is not available, we will consider that the vaccine was not administered and recommend full vaccination according to the Polish vaccination schedule. Reasons not to vaccinate and skepticism regarding vaccination observed in the Ukrainian population are similar to the ones in the Polish population. Messages related to the importance of vaccination are always needed to outweigh the information coming from fake news (anti-vaccine campaigns). MoH introduced digital tools to monitor vaccination levels. Every vaccinated patient can have access to their own vaccination record online. If Ukrainian refugees got vaccination in Poland but are either traveling further or are coming back to Ukraine, their vaccination certificate can be generated in the Polish, Ukrainian and English language and serve as a legit medical record of administrated vaccinations. Vaccination certificates cannot be issued in a medical entity, but individual information about the patient's vaccination is available in the Individual Patient Account, which can be accessed by the patient by logging into the website: https://pacient.gov.pl/internetowe-konto-pacjenta
Agenda Point 4	<p>EMTCC: Medevac Hub Update</p> <ul style="list-style-type: none"> From 24th –31st March there were medevac operations to Austria, Czechia and Germany. Repatriations from Germany took place on 31st March. Medevac is entering a new phase of response and some activities are going to be partially reorganized. There was a high-level visit at the hub from the ECHO DG, Maciej Popowski. <p>For more information, contact phanti@who.int or eu-medevac@eucpt.eu</p>
Agenda Point 5	<p>Health Sector Update (Silvia Gatscher, WHO Poland CO)</p> <ul style="list-style-type: none"> The Dental Emergency Team (www.dental-emt.org) operating in Krakow had 800 visits scheduled in March and they are planning to expand their operations. If you have observed dental needs within the refugee community in your area, please contact sgatscher@who.int or dental-emt@web.de. <p>Coordination Mechanism:</p> <ul style="list-style-type: none"> From now on, the coordination meetings are scheduled twice a month. <ul style="list-style-type: none"> Every 2nd Friday – Adjoined meeting with the MHPSS Technical Working Group. Every 4th Friday – Health & EMT coordination meeting The next coordination meetings are scheduled for: <ul style="list-style-type: none"> Friday, April 14th, 9:00-10:30 (conjoined meeting with MHPSS Technical Working Group) Friday, April 28th, 9:00-10:00 (Health & EMT coordination meeting) A new invitation and link will be shared together with the agenda for the next meeting.

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

POLSKA SPOTKANIE EMT I SEKTORA ZDROWIA

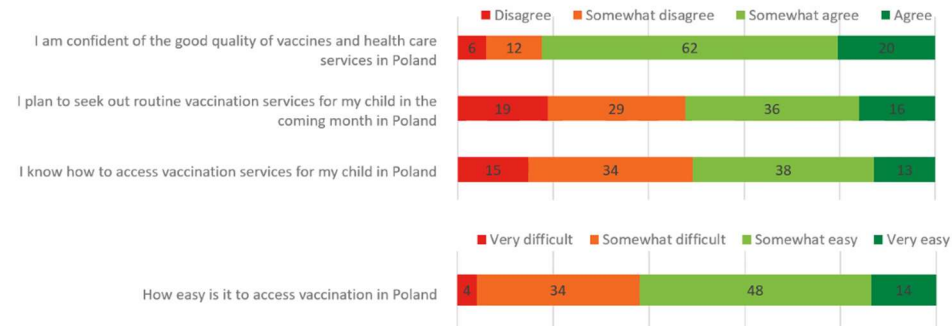
Protokół z posiedzenia – 31 marca 2023 r

Temat spotkania	Koordynacja EMT i sektora zdrowia	
Czas i lokalizacja	9:00 czasu środkowoeuropejskiego, online. Link do powiększenia – kliknij tutaj . Hasło: who2022!	
Uczestnicy	42. Adrianna Babik (IMC) 43. Agnieszka Sochoń (UNICEF) 44. Akusek 45. Aleksandra Solik (FEDERA) 46. Anastazja Krawcowa (IMC Polska) 47. Anastazja Nurzyńskiej (UNICEF) 48. Anna Dzielska 49. Anna Kavouras (WHO POL CO) 50. Anna Ochmańska (IOM) 51. Barbara Danieluk (Miasto Lublin) 52. Dorota Kleszczewska (Instytut Matki i Dziecka) 53. EUCPT MEDEVAC HUB RZESZÓW 54. Eva Sano (IOM) 55. Ewy Karoliny Matałowskiej 56. Faris Mahmutovic (WHO POL CO) 57. Fundacja Unitatem 58. Gąsiorowski Wojciech (WHO POL CO) 59. Heather Jue-Wong (WHO EURO) 60. Joanna Glazewska (MZ PL) 61. Joanna Kujawa (MZ PL) 62. Karolina (tłumaczka)	63. Kasia Kukuła 64. Kasia Skopiec (Humanosh) 65. Katarzyna 66. Katarzyna Kucia-Garncarczyk 67. KNIAZ (UNHCR) 68. Lisa Ranzenigo (Soleterre) 69. Lucia Uscategui (Projekt Nadzieja) 70. Marek Teodorczyk (Podkarpacki UW w Rzeszowie) 71. Marta Kłysz (PAH) 72. Mashhour Halawani (WHO) 73. Hub Medevac 74. Mutrib (UNICEF) 75. Olga Khan (WHO POL CO) 76. Olga Łozowa (Fundacja AVALON) 77. Paulina Nowicka (WHO POL CO) 78. Silvia Gatscher (WHO POL CO) 79. Szymon Tomczak 80. Tienna Phan (WHO Medevac) 81. Weronika Krzepkowska (WHO POL CO) 82. Wojciech Zarębski (PAH)
Pod przewodnictwem	Silvia Gatscher (WHO POL CO)	
Protokół przygotowany przez	Anna Kavouras, Silvia Gatscher (WHO POL CO)	
Porządek obrad	7. Przedstawienie nowych partnerów 8. Zapotrzebowanie na szczepienia wśród uchodźców z Ukrainy w Polsce – co wiemy (Agnieszka Sochoń , UNICEF) 9. Rola i działania IOM w zakresie szczepień (Evita Sano, IOM) 10. EMTCC: aktualności z centrum Medevac 11. Aktualności 12. AOB	
PUNKTY PORZĄDKU		
Punkt porządku obrad 1	Przedstawienie nowych partnerów <ul style="list-style-type: none">Dorota Kleszczewska, Instytut Matki i Dziecka (IMID, kliknij tutaj, aby dowiedzieć się więcej)Anna Dzielska, Instytut Matki i Dziecka (IMID, kliknij tutaj, aby dowiedzieć się więcej)	

	<ul style="list-style-type: none"> • Agnieszka (Aga) Sochoń (UNICEF) • Katarzyna Kucia-Garncarzyk (Fundacja „Z sercem do pacjenta / American Heart of Poland”, kliknij tutaj, aby dowiedzieć się więcej)
porządku dziennego 3	<p>Zapotrzebowanie na szczepienia wśród uchodźców z Ukrainy w Polsce – co wiemy (Agnieszka Sochoń, UNICEF)</p> <ul style="list-style-type: none"> • UNICEF zaprasza organizacje partnerskie do dołączenia do działań na rzecz promocji szczepień • Badania dotyczące poziomu zaszczepienia ludności ukraińskiej przeprowadzono we współpracy z Instytutem Matki i Dziecka oraz IOM. • Główne powody, dla których Ukraińcy nie decydują się na szczepienia: <ul style="list-style-type: none"> - Brak obowiązkowych wymagań ze strony szkół i przedszkoli. - Część ludności ukraińskiej w Polsce planuje wrócić na Ukrainę i woli poczekać i ewentualnie wznowić rutynowe szczepienia na Ukrainie. - Uchodźcy zapominają o szczepieniu. Szczepienia dzieci nie były priorytetem w stosunku do innych pilnych spraw, takich jak znalezienie mieszkania, pracy, szkoły itp. - Polscy lekarze cieszą się wśród uchodźców dużą wiarygodnością i zaufaniem. Jednak lokalny system medyczny różni się od ukraińskiego, a beneficjenci mogą mieć trudności z poruszaniem się po nim. - Nie ma możliwości szczepienia ani wizyty u lekarza w systemie publicznym w weekend. Godziny pracy placówek medycznych pokrywają się z godzinami pracy rodziców. Kolejki oczekujących to kolejny czynnik, który wskazuje na dostęp do szczepień. - Niepokój związany ze szczepieniami. - Brak zrozumienia i wiedzy odnośnie do szczepień. - Bariery językowe. - Potrzeba usług tłumaczeniowych świadectw szczepień i innej dokumentacji medycznej.

What we know from the research available

Most women are confident in the quality of Polish health care, half know and plan vaccination for their children, more than a half think it is easy to access vaccination in Poland. Those who plan to come back to Ukraine in the next three months less often plan to get vaccination for children in Poland



Plan to seek out routine vaccination services for children in the coming month in Poland:

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2 | Barriers and Demand for Essential Services Among Refugees:

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- **49% of interviewed mothers from Ukraine do not have the good understanding** on how to access vaccination in Poland.**
- **38% of interviewed mothers find it difficult** to access vaccination services in Poland.**
- During focus groups discussions **barriers to vaccinate** their children that were mentioned most often by the mothers were lack of **knowledge on how to get access** to a primary care physician and free vaccinations or general **anxiety about vaccination**; for pediatricians the one of the main concern is the **language barrier** and **lack of awareness on UA/PL vacc calendars**.*

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What we know from the research available

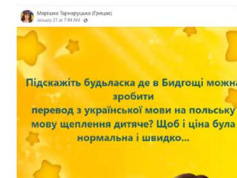
- **During the Interviews* with mothers who have not vaccinate their children during their stay in Poland, several reasons were mentioned, that prevented them from getting their children vaccinated:**
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- **Mother who took part in the interviews* expressed credibility and trust in health workers, BUT the system differs very much from Ukrainian one and services are expensive if they go to the private clinic.**
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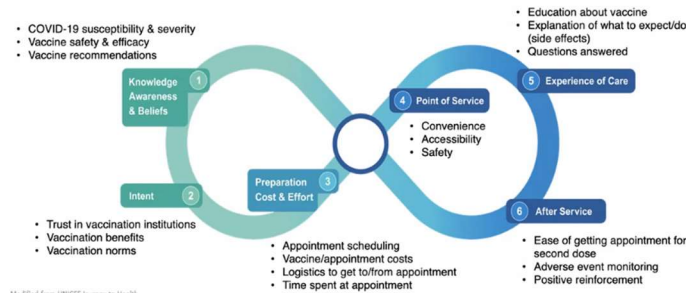
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- Na podstawie wyników badań UNICEF wprowadza model REDUCE:

Psychological Insights on Vaccination

Difficult Journey to Vaccination



Modified from UNICEF Journey to Health, ESARO Network Meeting 2019

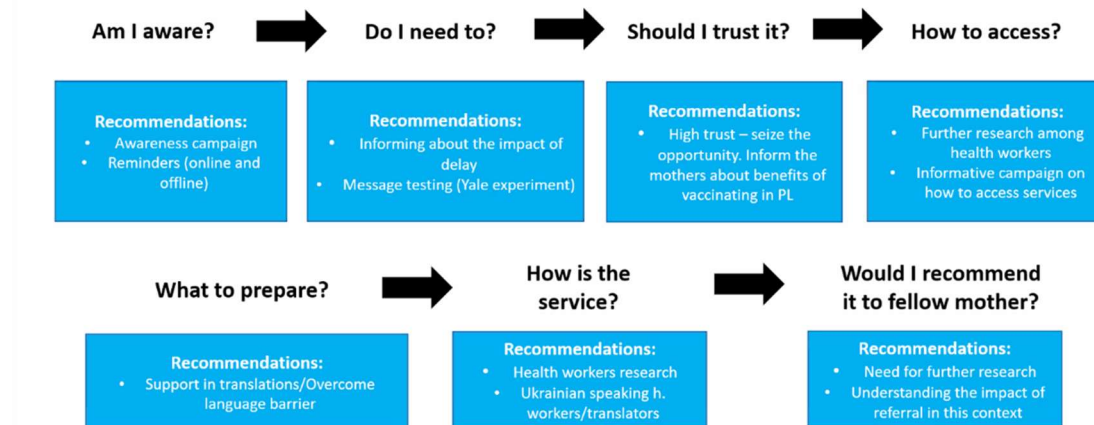
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- Uncertainty:** Reduce Uncertainty, Use trusted sources, Give simple facts, data and stories
- Corroborating Evidence:** Use social reference (similar, multiple, diverse)

Use **REDUCE** as a Checklist in the messaging

- Spojrzenie na bariery z perspektywy matki jest kluczowe.
- Przekazy dotyczące znaczenia szczepień i wpływu wszelkich opóźnień w szczepieniach na zdrowie dzieci powinny być jasne.
- We współpracy z Uniwersytetem Yale UNICEF bada, w jaki sposób różne komunikaty mogą wpływać na decyzje matek o szczepieniu dzieci.

Overcoming barriers



* Based on "Barriers and Demands to Essential services among refugees" research done in December 2022. Group: 250 respondents. Methodology: CAWI; Please note: There is a need for a cross analysis to isolate only mothers of children 1-5 y.o.

**Based on research done by IMC (Monika May-Maciejewska (M.D.) done in October 2022; Group: pediatricians and mothers from Ukraine in Poland of children below 18 y.o. Methodology: focus groups with mothers and Telephone interviews with pediatricians.

***Based "Barriers and Demands to Essential services among refugees" qualitative research (IDIs) done in January, February 2023 on Ukrainian refugee mothers of kids aged 0-16 y.o. living in Poland 18 IDIs were conducted during the qual part of the study.

****Digital insight reports by [LOOQME](#) - Narratives of refugees from Ukraine (January 2023) Sample of 20,000+ public posts from Twitter, Facebook, Instagram, YouTube, Telegram and various forums.

- W domenie otwartej dostępna jest biblioteka materiałów na temat szczepień. Więcej informacji w załączonej prezentacji.

Available materials

Outdoor campaign, printed and video materials

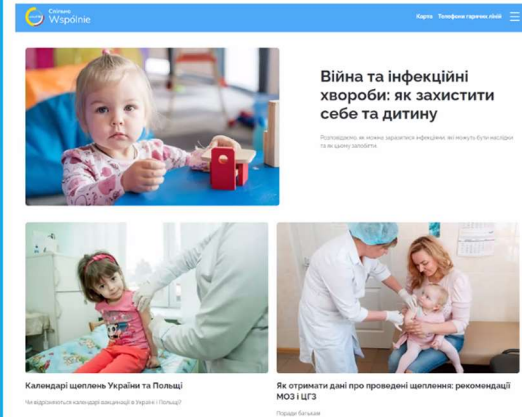
Vaccination visuals



TYPE TO ENTER A CAPTION.

UNICEF Spilno website with recommendations and answers

<https://spilnoinpl.org/batkam/zdorovia?subcategory=vaktsynatsiia#>



- Przydatne linki:
 - Szczepienia ochronne dla dzieci, [materiały w języku ukraińskim na stronie MZ Polski](#)
 - [Spilnoinpl.org](https://spilnoinpl.org) uruchomiona przez UNICEF

What we have done so far

- Quantitative research conducted: "Barriers and Demands to Essential services among refugees" research done in December 2022. Group: 250 respondents. Methodology: CAWI; Please note: There is a need for a cross analysis to isolate only mothers of children 1-5 y.o.
- Qualitative research conducted: "Barriers and Demands to Essential services among refugees" qualitative research (IDIs) done in January; February 2023 on Ukrainian refugee mothers of kids aged 0-16 y.o. living in Poland 18 IDIs were conducted during the qual part of the study.
- Research done by IMC (Monika May-Maciejewska (M.D.) done in October 2022; Group: pediatricians and mothers from Ukraine in Poland of children below 18 y.o. Methodology: focus groups with mothers and Telephone interviews with pediatricians)
- Experimental research to test interventions jointly with Yale University
- More than 1.5 million Ukrainian caregivers across Poland were reached through targeted interventions in pharmacies, social media, outdoor and public transport on vaccine confidence.
- As part of partnership with the Institute of Mother and Child (Ministry of Health) more than 1,500 health workers were reached through conferences and webinars on addressing vaccine hesitancy.

Aby uzyskać więcej informacji, skontaktuj się z Agnieszką (Agą) Sochoń z UNICEF (asochon@unicef.org) lub
Silvią Gatscher sgatscher@who.int

Rola i działania IOM w szczepieniach (Eva Sano, IOM)

- IOM wprowadził narzędzie do tłumaczenia dokumentacji szczepień UA. Aby uzyskać więcej informacji, skontaktuj się z Evą Sano, esano@iom.int

Problem statement

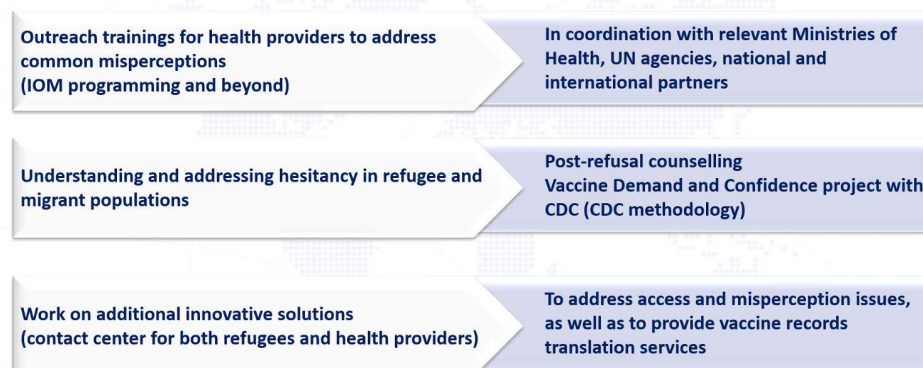


Problem statement



-
- Rola IOM w akcjach szczepień ludności ukraińskiej w Polsce:

IOM role



Pytania i odpowiedzi

- **Wojciech Zarębski, Polska Akcja Humanitarna, koordynator projektu Integracji Społecznej w Olsztynie:** Polska Akcja Humanitarna współpracowała z pilotażową grupą 10 rodzin z UA w ramach projektu Social Inclusion. Młode matki z Ukrainy twierdziły, że ich dzieci były szczepione, ale trudno było określić, jakie szczepionki były podawane, ponieważ nie było dokumentów potwierdzających fakt szczepienia. Jakie rozwiązanie można zaproponować tym rodzinom?
- **Eva Sano, IOM:** Istnieją sposoby uzyskania dokumentacji szczepień poprzez kontakt z lekarzem rodzinnym lub lokalną placówką medyczną w Ukrainie. Jeśli nie ma dowodów ani zapisów, uznajemy, że dziecko nie zostało zaszczepione.

	<p>Uwagi ministerstwo Zdrowia RP.</p> <ul style="list-style-type: none"> • Na stronie internetowej Ministerstwa Zdrowia dostępne są informacje o szczepieniach również w języku ukraińskim: https://moz.gov.ua/article/health/jak-otrimati-dani-pro-provedeni-scheplennja-rekomendacii-moz-dlja-bizhenciv-i-pereselenciv • Stan zaszczepienia dzieci ukraińskich szczepieniami podawanymi po urodzeniu (przeciw gruźlicy, wirusowemu zapaleniu wątroby typu B) jest porównywalny ze stanem zaszczepienia dzieci polskich i przekracza 95%. • Przyzwolenie na szczepienie ze strony Ukraińców jest • Informacje o działaniu szczepienia znajdują się na stronie https://szczepienia.pzh.gov.pl/ • Szczepienia są również dostępne w prywatnych klinikach i aptekach (tylko osoby dorosłe i przeciw Covid-19 i grypie). Przy świadczeniach komercyjnych obowiązują opłaty. • Według danych MZ dzieciom z Ukrainy w okresie od lutego 2022 do początku marca 2023 podano ponad 21 000 dawek szczepień • Uchodźcy decydują się nie tylko na szczepienia wymagane, ale także na dodatkowe szczepionki, takie jak HPV i przeciw meningokokom. • Jeśli nie ma dostępu do dokumentacji dotyczącej szczepień pacjenta, uznajemy, że szczepionka nie była podana i zalecamy szczepienie. • Powody nieszczepienia i sceptycyzm wobec szczepień obserwowany w populacji ukraińskiej jest bardzo podobny do obserwowanego wśród Polaków. • Przekazy związane ze znaczeniem szczepień są zawsze potrzebne, aby przeważyć informacje pochodzące z Fake news (kampanie antyszczepionkowe). • Ministerstwo Zdrowia wprowadza narzędzia cyfrowe do monitorowania poziomu szczepień. Każdy zaszczepiony pacjent może mieć dostęp online do swojej historii szczepień. Jeśli uchodźcy ukraińscy uzyskali szczepienia w Polsce, ale podróżują dalej lub wracają na Ukrainę, ich zaświadczenie o szczepieniach może zostać wygenerowane w języku polskim, ukraińskim i angielskim i służy jako legitymacja medyczna wykonanych szczepień. • Zaświadczenia o szczepieniu mogą być wydane w podmiocie leczniczym, ale informacja indywidualna o szczepieniu pacjenta dostępna jest w Indywidualnym Koncie Pacjenta, do której pacjent może uzyskać dostęp logując się do serwisu : https://pacjent.gov.pl/internetowe-konto-pacjenta
<p>Punkt porządku dziennego 4</p>	<p>EMTCC: Aktualizacja centrum Medevac</p> <ul style="list-style-type: none"> • W dniach od 24 do 31 marca odbyły się akcje medevac do Austrii, Czech i Niemiec. • Repatriacje z Niemiec odbyły się 31 marca. • Medevac wchodzi w nową fazę organizacyjną i część działań zostanie częściowo przeorganizowana. • W centrum odbyła się wizyta wysokiego szczebla z DG ECHO, Macieja Popowskiego. <p>Aby uzyskać więcej informacji, napisz na adres phanti@who.int lub eu-medevac@eucpt.eu</p>

<p>Punkt porządku obrad 5</p>	<p>Aktualizacja sektora zdrowia (Silvia Gatscher , WHO Poland CO)</p> <ul style="list-style-type: none"> • Stomatologiczny Zespół Ratunkowy (www.dental-emt.org) działający w Krakowie miał zaplanowanych w marcu 800 wizyt i planuje rozszerzyć swoją działalność. Jeśli zauważyłeś potrzeby dentystyczne w społeczności uchodźców w Twojej okolicy, skontaktuj się z sgatscher@who.int lub dental-emt@web.de. <p>Mechanizm koordynacji:</p> <ul style="list-style-type: none"> • Od teraz spotkania koordynacyjne będą odbywać się dwa razy w miesiącu. <ul style="list-style-type: none"> - Co drugi piątek – Spotkanie towarzyszące z Techniczną Grupą Roboczą MHPSS. - Co czwarty piątek – spotkanie koordynacyjne dla organizacji partnerskich w sektorze zdrowia • Kolejne spotkania koordynacyjne zaplanowano na: <ul style="list-style-type: none"> - Piątek, 14 kwietnia, 9:00-10:30 (spotkanie połączone z Techniczną Grupą Roboczą MHPSS) - Piątek, 28 kwietnia, 9:00-10:00 (Spotkanie koordynacyjne Health & EMT) • Nowe zaproszenie i link zostaną udostępnione wraz z agendą kolejnego spotkania.
<p>AOB</p>	<p>Nie dotyczy</p>
<p>Przydatne linki</p>	<p>Portal Danych UNHCR, Polska Sektor Zdrowia [kliknij tutaj]</p> <p>Dysk Google dla dokumentów mechanizmu koordynacji [kliknij tutaj]</p> <p>Potrzeby i możliwości aktywnych organizacji [kliknij tutaj]</p> <p>Czat grupowy w Signal [kliknij tutaj]</p> <p>Portal Danych Rządowych RP [kliknij tutaj]</p> <p>Wyszukiwarka placówek medycznych NFZ [kliknij tutaj]</p> <p>Dostęp do usług zdrowotnych, plakat w UA, PL, RU, EN [kliknij tutaj]</p> <p>NGO.PL [kliknij tutaj]</p>