



INTER-AGENCY OPERATIONAL UPDATE UKRAINE SITUATION – REGIONAL REFUGEE RESPONSE PLAN

Poland

20 May 2022



Children's art decorates the wall of the UNHCR Cash Enrolment Point in Warsaw. ©UNHCR/Jessica Caplin

Since 24 February, over 3.4 million refugees have entered Poland from Ukraine in the span of 2.5 months, constituting one of the largest refugee movements in decades. New arrivals enter via eight official border crossing points, from where they have largely moved to main urban centres, including Warsaw, Wroclaw, Krakow and Gdansk. Poland has welcomed them with hospitality and solidarity and facilitated access to basic rights and lifesaving services. Some 90% of arrivals are women and children, including unaccompanied children, people with specific needs, as well as older people, elevating protection risks related to child protection, trafficking, gender-based violence, amid identified mental health and information needs.

The **Regional Refugee Response Plan (RRP)** was presented in Geneva on 27 April and is [available online](#). While being implemented by 87 partners (46% national ones) across all 16 voivodships, work is underway with Government of Poland to develop a national launch event with concerned stakeholders.



Refugees from Ukraine wait to enrol in the cash assistance in Warsaw. ©UNHCR

KEY NUMBERS

 **6.4 million**

Refugees from Ukraine since 24 February 2022

3.4 million

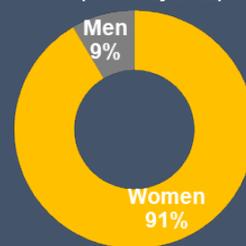
Recorded entries into Poland from Ukraine

Working in Partnership

 **87**
Partners
Involved

7 UN Agencies
36 Intl NGOs
40 National NGOs
IFRC
3 Faith-based organizations

PESEL Registration Among Age 18-59 (as of May 2022)

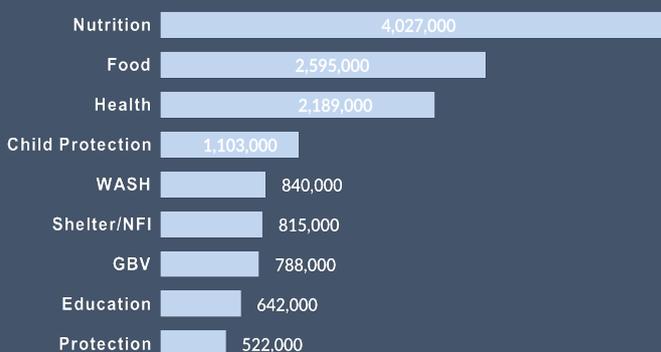


Source: <https://dane.gov.pl/en/dataset/2715zarejestrowane-wnioski-o-nadanie-statusu-ukr>

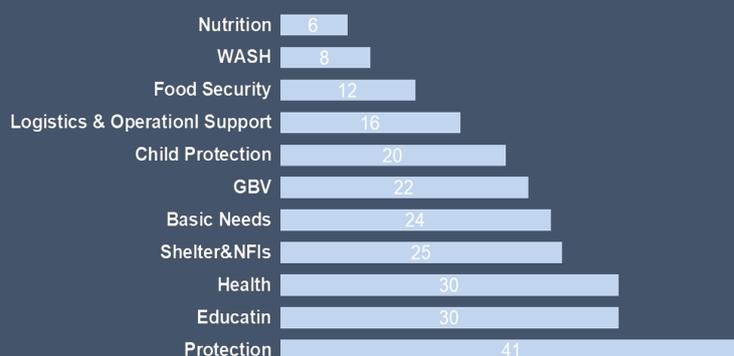
The Refugee Coordination Model was activated in the region at the onset of the emergency, and a Refugee Coordination Forum (RCF) was set up in Poland in support of government-led efforts. The architecture of the RCF has been adjusted based on the situation in the country and the reality of the response. A detailed overview of the coordination architecture and the leading actors is available on the Poland Data Portal, along with constantly updated meeting agenda and contact details: [Data Portal](#)

In addition to the national Inter-Sector Coordination Group and national Sector and Working Group meetings covering all the thematic angles of the response, at sub-national level, two local inter-sector coordination groups meet weekly in Rzeszów and Przemyśl, respectively, with over 30 partners in the Podkarpackie region.

Number of People Targeted by Sector



Number of Partners by Sector | May 2022

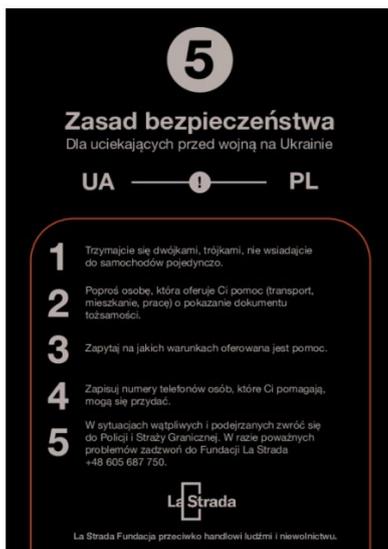


Protection

Achievements and Impact

- On 9 May, the Protection Sector issued its first **Poland Protection Analysis** (May 2022), drawing from quantitative and qualitative findings of partners.
- The Protection Sector has facilitated several thematic discussions to exchange on the protection needs of refugees in Poland, gaps in services and recommendations. For instance, over the past month, protection partners discussed barriers to access services and assistance, relation with host community, access to territory and asylum/international protection, human trafficking as well as various groups of persons with specific needs such as stateless persons and Roma people.
- Partners have been developing and circulating print and digital

Communication with Communities material on information sources, health services, MHPSS, anti-fraud and exploitation, onward movement, access to international protection in Poland, **PSEA**, counter-trafficking, health, and information on legal stay. Since 24 February, **UNHCR's help page** has been viewed **over 2.8 million times and received 1.2 million visits**, 100,000 of which from within Ukraine. A **child-friendly resource** (Polish, Ukrainian, English) launched on 29 April been viewed **over 2.8 million times and received 1.2 million visits**, 100,000 of which from within Ukraine. A **child-friendly resource** (Polish, Ukrainian, English) launched on 29 April. Halina Niec information page is available



Anti-Trafficking poster at Medyka BCP. @UNHCR/N. Abu Amr, 28 March 2022

Information site established by IOM, for third country nationals leaving Ukraine, is available in eight languages **online** and the Government of Poland's site for information, including PESEL registration information is found **online**.

- Posters, banners, and leaflets** are distributed at border points, reception centres and digitally. These include banners at borders with anti-trafficking messages to raise awareness of immediate risks for self-protection and anti-trafficking materials by the government and partners.

SPOTLIGHT ON BLUE DOTS

>6,000

Refugees received in-person support

1,373

Referrals made to other services

61%

Of visitors had a specific need

41%

Of information needs related to health & medical services

- Efforts are ongoing to map national and humanitarian services for the purpose of refugee referrals. Protection partners have faced challenges in this regard due to the localized nature of services in a context where refugees are spread across multiple urban centres and the turnover of actors initially involved in the response. The Protection Sector has developed a mapping tool and an online platform where information can be accessed by registered protection partners.
- The **Blue Dot Safe Space, Protection, and Support Hubs** established by UNHCR, and UNICEF have enabled sector members to closely collaborate in urban and border locations, facilitating the coordinated



provision of a wide range of protection services. So far, 12 Blue Dot hubs are operational including four in Warsaw, and one more due to open in Warsaw shortly, Poznan, Gdynia, two in Krakow and two in Rzeszow, Przemysl Train Station, Korczowa and Wroclaw.

- At the Blue Dots, sector members provide information and counselling with over 6,000 refugees (2,750 families) having received support as of 17 May 2022, child-friendly spaces, spaces to relax, psychosocial support, and referral services and information on education, employment and cash assistance. Refugees approaching Blue Dots have included single parents, unaccompanied children, persons with chronic medical conditions, persons with disabilities, and those missing legal documentation. Chief concerns have related to information about medical services.

Identified Needs and Remaining Gaps

- Comprehensive demographic and geolocation data of newly arrived refugees who have not registered for PESEL or other forms of temporary protection remains limited, alongside individualized information on specific needs, impeding a comprehensive protection response.
- Some groups of refugees such as third-country nationals, stateless persons, and minorities (e.g. Roma people, LGBTIQ+ people) face additional barriers accessing national services due to a less protective legal framework and discriminatory practices.
- Mechanisms to screen, register and monitor practices of volunteers, volunteer organisations, and private company providing free services to refugees, including accommodation and onward transportation would play an important role to mitigate risks of abuse and exploitation. Strengthening the capacity of first line responders also contributes to enhance the prevention of and response to protection risks.



Child Protection (CP)

Achievements and Impact

- The Sub-sector is focused on **enhancing identification** of children at-risk and unaccompanied children at border and reception sites as well as in urban areas.
- The Sub-sector has **finalized its TORs and is developing a work plan** detailing priority outcomes and activities, including referral pathways on child protection, opening of Blue Dot hubs, documenting entry procedures for unaccompanied or separated children from Ukraine, and ensuring safeguarding standards are implemented by actors, particularly those present in accommodation and care sites.
- Partners are **documenting national child protection procedures and implementing prevention and response services**. 21 child protection actors are implementing CP activities, mainly relating to psychosocial service provision, care and information, and access to national systems.

Identified Needs and Remaining Gaps

- To strengthen leadership of the national system and integrate refugee children into existing support structures, capacities of national systems need to be assessed and supported, including through technical and logistical support, and staffing of national child protection actors.
- There is need for quality assurance for best interest assessments (BIA) and determinations (BIDs) in line with global standards on child protection, including case worker ratios to ensure effective case management.
- Alternative care and childcare support have been identified as medium and long-term gaps.



Gender-Based Violence (GBV)

Achievements and Impact

- The GBV Sub-sector has updated and disseminated the updated [GBV Checklist for Reception Centres](#) that was translated into Polish, Ukrainian and Russian. It was also disseminated through other coordination structures including the Basic Needs and Shelter WGs.
- CARE International co-facilitated a basic training on GBV and PSEA with UNHCR at Przemyśl City Hall and Médyka. The sessions targeted frontline responders including volunteers. A total of 35 participants from 11 organizations participated in it. The sessions were held in English, Polish, Ukrainian, and Russian.

Identified Needs and Remaining Gaps

- The Special Representative of the Secretary General on Sexual Violence in Conflict and her delegation visited Poland following their mission to Ukraine where the Framework of Cooperation was concluded with the government of Ukraine and the United Nations on the prevention and response to conflict-related sexual violence. The delegation visited border crossing points, collective centres and reception centres and met with various organizations and volunteers working in these areas. The SRSG also met government officials at the central and local level. The need for government oversight, leadership and coordination in and across the locations was emphasized to prevent conflict related sexual violence and trafficking in persons (for the purposes for the sexual exploitation amongst others). Accountability mechanisms for conflict related sexual violence can only be effective if survivor-centred response mechanisms were in place.



Protection From Sexual Exploitation and Abuse (PSEA)

Achievements and Impact

- Partners are delivering **trainings on PSEA** and working with authorities to design dedicated trainings for volunteer induction.
- The Network is developing a **rapid needs assessment form** for all members to establish a baseline.
- The Network was briefed on **screening obligations** for organizations working in Poland to avoid hiring those (working with children/or with the possibility of having contact with children) with criminal background.



Part of 140 people trained in PSEA and GBV during a joint training delivered by UNHCR and CARE . ©UNHCR/ Raegen Hodge



> Protection Working Groups

THIRD COUNTRY NATIONALS (TCN)

- Third country nationals and stateless persons represent around 5% of those having crossed from Ukraine to Poland (roughly 105,000 persons). Working Group members liaise with diplomatic missions on available assistance and engage with TCNs to discuss return options and organize repatriation movements for those wishing to return to country of origin.
- Working Group members are following up with Polish Border Guard following reports of TCNs from Ukraine in detention in Poland. An ordinance specifying rights of non-Ukrainian refugees in Poland following changes in the last two weeks to the Act on Foreigners and the Act on Ukrainians is pending.
- Main priorities of the Working Group include mapping services and actors available to support TCNs fleeing Ukraine, information sharing on the relevant national and EU laws and regulations, and conducting research on the possibility of onward travel for TCNs through the EU. A smaller task force of members of the Working Group are working on finding solutions for TCNs in detention

ACCOUNTABILITY TO AFFECTED PEOPLE (AAP)

- The AAP Working Group is dedicated to ensuring that two-way communication and trusted feedback mechanisms are integrated into all aspects of the refugee response, with considerations for the diverse needs of all refugees. A mapping exercise is ongoing to identify new actors and activities.
- The AAP Working Group finalized a **Package of minimum AAP questions** to identify information and communication preferences among refugees, for inclusion into all monitoring activities across sectors.
- A **Do No Harm guide** for all persons engaged with refugees was circulated for feedback, alongside a 'Constant Companion' sheet of key guidance for humanitarian workers.
- A dedicated task force is developing a **Complaint and Feedback Mechanism guide**. Partners are also developing a general **AAP Explainer**, with the aim to closely coordinate its development with the NGO Forum and other national actors.
- A '**Communication with Communities**' bank of materials is available for regular inputs by actors across all sectors, in order to minimize duplication of efforts and to establish common messaging.

COUNTER-TRAFFICKING

- A new law on temporary guardianship for unaccompanied and separated children, as well as children in foster care, is relevant to the work of both the Child Protection Sub-sector and the Counter-Trafficking Working Group. A Partner shared information on the law and foster care, available in Polish and Ukrainian with the Working Group.
- Participation of the Ministry of Interior, PRM and the British Embassy in the Working Group meetings has been beneficial. The Group is discussing the possibility of an in-person workshop for actors in Warsaw and surrounding areas and counter-trafficking trainings for authorities and volunteers, as well as information sharing on the state of play and relevant referral pathways.



Refugees from Ukraine wait to enrol in the cash assistance in Warsaw. ©UNHCR/Maciej Moskwa



Cash Assistance

Achievements and Impact

- Cash Technical Working Group partners have established cash enrolment centres for refugees from Ukraine in Warsaw (2), Krakow, Poznan, Ostroda, and are expanding to new sites. By 19 May, some **95,722 individuals** (46,611 households) have been enrolled at enrolment through centres in Warsaw (Praga and Mirow), Krakow, Posnan, Gdynia, Ostroda, Wroclaw, Gdansk.
- Partners have **developed 5Ws** covering activities of seven actors, and a draft dashboard was presented. Inviting a representative from the Ministry of Family and Social Policy to a Cash Working Group meeting has been proposed to update authorities of the cash programming developments and engage in plans to absorb cash beneficiaries into social security programmes.

Identified Needs and Remaining Gaps

- Post Distribution Monitoring will be conducted with a harmonised tool for joint analysis. It is proposed that the tool also be available in Polish, Ukrainian and Russian in order to ensure that all questions are asked the same way. The aim is to have a common core of post-distribution monitoring across the region.
- The Cash Technical Working Group is exploring RAIS¹ as a data platform for deduplication at national level by all cash actors. A Data Sharing Agreement is under discussion alongside standard operating procedures.



SPOTLIGHT ON CASH

ca. 96,000

Individuals
enrolled

95%

Of refugees enrolled are
women and children (47%)

US \$8.8 million

Distributed so far to
refugees from Ukraine



Basic Needs – NFI, WASH and Food Security

Achievements and Impact

- The Basic Needs Sector has begun engagement with **WASH actors** to provide handwashing facilities at border crossing points in the Lubelski region.
- Based on a Sector recommendation, more frequent disinfections are conducted, and increased cleaning and hygiene has been implemented at reception centres hosting refugees in-transit.

Identified Needs and Remaining Gaps:

- With no regular income, refugees remain dependent on **food** aid and other items, such as summer clothing items, during the time between registering for inclusion in the national social protection system (PESEL) or humanitarian cash assistance under the RRP, and receiving cash/social assistance.

¹ RAIS is a web-based assistance management platform used by UNHCR, partners and donors to track assistance, coordinate and enhance accountability. Developed to address the demands for a more coordinated approach for the delivery of refugee assistance amongst relevant actors, RAIS has continuously been modified and updated to meet demands by humanitarian actors and supports different procedures including vulnerability assessments, assessment management, coordination of cash distribution, referrals and ticketing, offline functionalities and interoperability with applications of other agencies.



Shelter

Achievements and Impact

- On a consensus recommendation from the Basic Needs Sector, an **independent Shelter Sector** co-chaired by UNHCR and Habitat for Humanity has been established to address challenges related to access to safe housing and accommodation for refugees.
- Partners are engaged in **site mapping and monitoring**, alongside identifying improvements to a draft site mapping tool.
- In addition to Reception Points and Transit Centres, Short term accommodation is continued through booking.com and AirBnB by several organisations, creating more space for Mid-term and Long-term solutions.

Identified Needs and Remaining Gaps

- Fewer arrivals over the past weeks have notably reduced shelter needs in reception centres. That notwithstanding, refugees staying in different housing and accommodation settings, including with host families and in collective shelters, have expressed their concerns and need for medium-to-long-term accommodation (3-12 months).
- Challenges include lack of a national shelter strategy for medium-to-long term accommodation, unavailability of consolidated comprehensive site mapping and corresponding needs assessments, the impact of increased rental costs and decreased availability of rental options in urban locations, the sustainability of solidarity and host family hospitality, and the longer-term creation of additional affordable housing stock, a lack of social renting agencies and their capacities, and the need for better coordination and communication with national authorities.



Education

- The Sector is working with the Polish government at central and municipal level to **address absorption capacity** of local schools, particularly in urban areas. Nearly **195,000 Ukrainian children** have been enrolled in public schools in Poland according to the Government.



Health

Achievements and Impact

- The Sector and the Ministry of Health have agreed to **register all partners** and provide a **mapping of services**. 35 Health Sector partners have registered, of which 18 provide direct healthcare.
- The Government, through legislation,² has enabled doctors without Polish citizenship to receive **temporary medical licensing** to practice temporarily and provide health services to Ukrainian citizens in Poland. The provision is valid from 24 Feb 2022 until 23 Aug 2023.

² Law on Assistance to Citizens of Ukraine in Connection with the Armed Conflict on the Territory of Ukraine and certain other laws, Amendment of 8 April 2022 [monitorpolski.gov.pl]; Law on professions of Nurses and Midwives, 15 July 2011 [monitorpolski.gov.pl]; Apply to the Polish Chamber of Physicians and Dentists (Polish: Naczelna Izba Lekarska) <http://www.nil.org.pl>
For details, see also: <https://www.gov.pl/web/zdrowie/uproszczony-dostep-do-wykonywania-zawodu-lek-i-lek-dentysty> ; and <https://www.gov.pl/web/zdrowie/praca-dla-personelu-med-z-ukrainy>
For more information, please contact Health Sector Coordinator.



- The Sector, together with the Ministry of Health and regional and municipal authorities, supports **coordination and quality assurance** of organizations providing direct clinical care.
- The Sector with the Ministry will launch a **Minimum Data Set** for daily reporting on activities and surveillance from medical teams in border areas and accommodation centres and is working on establishing **minimum criteria for teams** wishing to support hospitals, including mechanisms to ensure that only requested, quality assured teams meeting minimum standards deploy to Poland.

Identified Needs and Remaining Gaps

- Chief concerns include unverified health referral pathways from reception centres to primary and secondary health facilities, access to health data of refugees and vaccination status, refugee access to dental care in Poland, and insufficient storage and administration of medication and other drugs since many reception centres lack a certified pharmacist.
- There is a need for legal regulation of the Polish social system to provide special care for older people, as well as a need for coordination and tracking of people with disabilities.

📍 Mental Health and Psychosocial Support (MHPSS)

Achievements and Impact

- Partners have been focusing on **capacity building and supervision** of general practitioners at primary health care centres for preventing and treating mental health conditions.
- Partners translated³ **IASC/WHO MHPSS in Emergencies** resources into Polish.
- A **Psychological First Aid (PFA) Training of Trainers (ToT)** was provided by partners in Krakow on 4-6 May.
- Partners organized a **webinar** on “The Role in Providing Access to Mental Health Services for Displaced Population” for the pilot of the National Mental Health Programme. Partners also organized **regional workshops** on community-based MHPSS in emergency settings, and child and adolescent MHPSS interventions in emergencies.
- Partners met with the NGO Forum to discuss needs and opportunities to establish and/or **integrate MHPSS into existing local coordination mechanisms** in Krakow, Lublin, Poznan and Rzeszow, as well as on how to disseminate MHPSS in Emergency tools and technical capacity.

Identified Needs and Remaining Gaps

- Refugees continue to express needs for specialized health and social services for adults and children with pre-existing mental health conditions, family separation with partners, and addressing grief and loss.

Essential Concepts and Best Practices for Mental Health and Psychosocial Support (MHPSS)

Poland MHPSS Technical Working Group

What does MHPSS refer to?

MHPSS is an umbrella term used in humanitarian and emergency contexts for mental health and psychosocial interventions that aim to support when people experience problems and promote their well-being and prevent and treat mental health conditions.

Which sectors should include MHPSS?

All sectors of emergency response should include MHPSS, including humanitarian, health and psychosocial support. The goal of MHPSS is to provide quality and timely interventions that promote recovery or prevent or resolve crises.

Essentials of MHPSS Communication

When communicating with Ukrainian nationals and those who have arrived from Ukraine as a result of the war, please remember the following:

- **Avoid assuming that someone is traumatized.** Assuming that someone is traumatized can be harmful. It can lead to a loss of trust and a breakdown in communication.
- **Psychological distress is common and normal.** Psychological distress is a normal response to a traumatic event. It is not a sign of weakness or a sign of mental illness.
- **Avoid emphasizing post-traumatic stress disorder (PTSD) in humanitarian settings.** PTSD is a clinical diagnosis that requires a formal assessment by a mental health professional.
- **Loss is widespread among civilians.** Loss is a common experience for many people in emergency settings. It can be a source of grief and trauma.
- **Children react to traumatic experiences in different ways.** Children's reactions to trauma can vary widely. Some may be withdrawn, while others may be hyperactive.
- **Do not ask people about what they have done or if they are violent.** Asking about violence can be retraumatizing and may lead to further harm.
- **Consider the needs of people with pre-existing mental health conditions.** People with pre-existing mental health conditions may have more difficulty coping with the stress of an emergency.
- **Acknowledge and validate the feelings of refugees and host communities.** Acknowledging and validating feelings can help people feel supported and understood.

Key Terminology

Key Resources

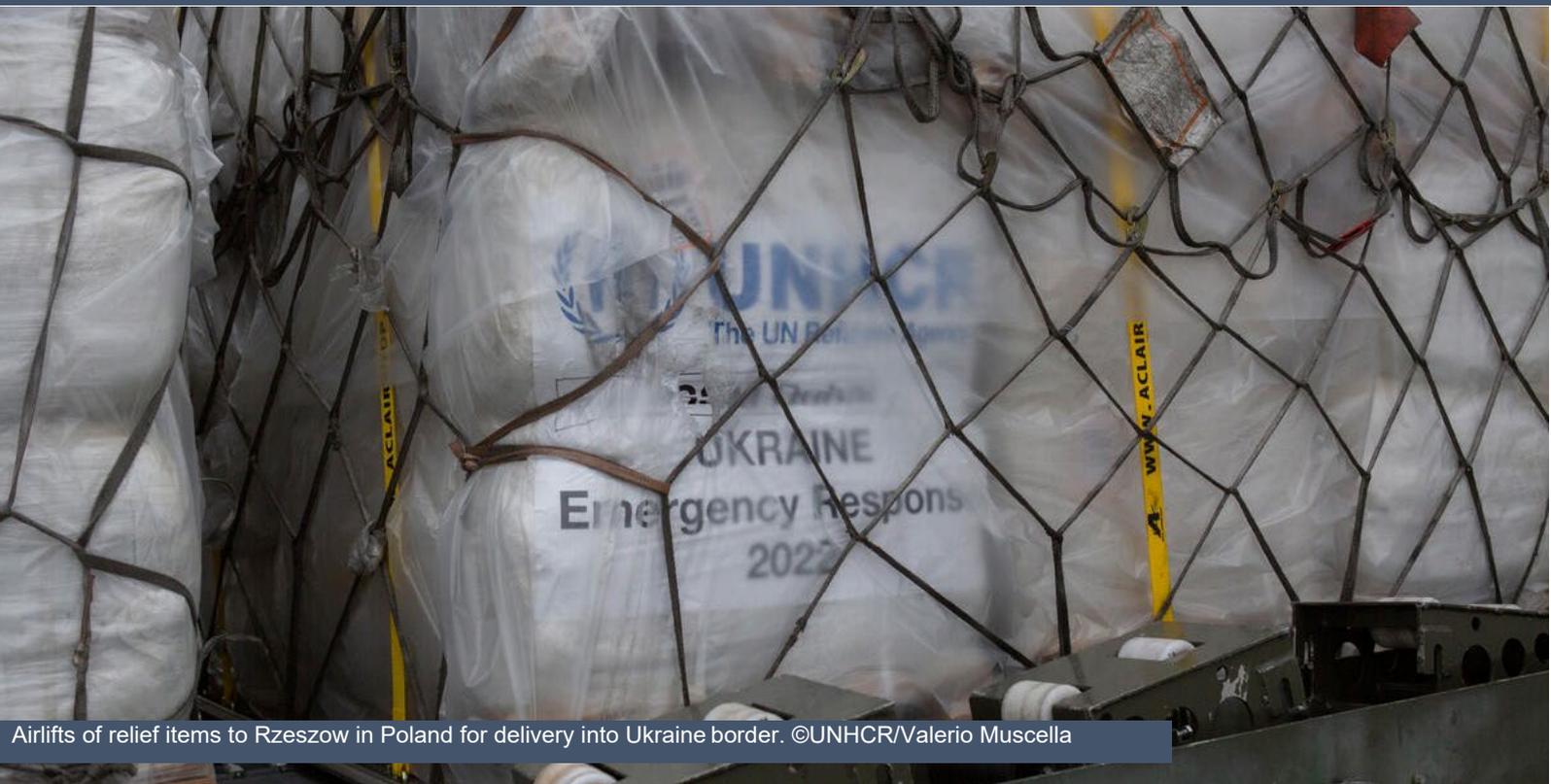
IASC Guidelines for MHPSS in Emergency Settings

WHO fact sheet on mental health in emergencies

Advocacy package: IASC Guidelines for MHPSS in Emergency Settings

Mental Health and Psychosocial Support Minimum Service Package

Poland MHPSS Technical Working Group



Airlifts of relief items to Rzeszow in Poland for delivery into Ukraine border. ©UNHCR/Valerio Muscella

Logistics

Achievements and Impact

- Partners have dispatched 127 containers (40 FT) from the logistic hub in Rzeszow to **five warehouses in western and central Ukraine** containing core relief items, emergency supplies and donations from the private sector. The items are delivered by road through a humanitarian corridor into Ukraine and include over 147,000 high thermal blankets, 66,500 regular blankets and bedding, nearly 10,000 sleeping bags, 5,700 mattresses, 30,000 towels, quilts and bedding, kitchen sets, solar lamps, hygiene kits, clothes, generators and power heaters, and furniture. The items are distributed to internally displaced persons (IDPs) in Ukraine.

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LINKS

Poland – Operational Data Portal – UNHCR Poland Help

Protection Sector | Child Protection Sub-Sector | Gender-Based Violence Sub-Sector | Accountability to Affected People WG | Cash TWG | Basic Needs Sector | Education Sector | Health Sector | Mental Health and Psychosocial Support TWG