The background of the slide is a photograph showing the silhouettes of three people on a beach at sunset. The sky is a mix of blue and orange, and the water is visible in the background. The people are in the foreground, their forms dark against the lighter sky.

EUAA Thematic Meeting:

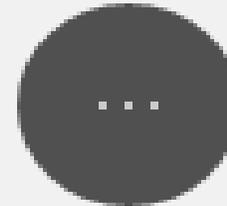
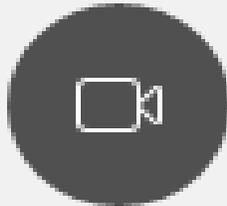
Mental Health support to children and women during high influx

Tuesday, 22/03/2022

Your WebEx control menu

Click this to
mute your
microphone

Click this to
open the
chat
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Click this to
stop your
camera

Click this to
view
participants
list

N E T I Q U E T T E



While colleagues speak kindly mute your microphones



Active participation & taking the floor



Poor connectivity, close cameras – other issues:

ICT Support – Mario, Scicluna Cuschieri;

You can also reach out to:

Nilde Robotti & Mila Mancheva



This meeting will not be recorded

Please type into the chat ...

- Your name, position (if wished) and country from which you are connecting today
- **One thought / One word** related to the topic of today's meeting:
Mental health support to children and women during high influx and the situation unfolding on Europe's Eastern Border



Opening Remarks



9:10 – 10:30 Session 1: Setting the Scene

- Updates from the EC (Isabela Atanasiu)
- Mental Health and Psychosocial support needs & responses in the Ukraine Refugee Situation, (Peter Ventevogel, UNHCR)
- Consideration around Health/MH during high influx (Dr Sa Machado, WHO)
- Q & A

5 min break

10:35 – 11.25 Session 2: Updates from EU MS and discussion

- Main involvement by authorities (Martina Cebecauerová, NCP, Slovakia)
- Other country interventions and discussion
- Support for children gone missing (Eugenia Miyashita, Missing Children Europe)
- Q & A

10min break

11:35 – 12:30 Session 3: Mental health support during high influx

- Psychological First Aid interventions for Children (Ea Suzanne Akasha, IFRC, Psychosocial Centre)
- Group support for women (Nadina Christopoulou & Thaleia Portokaloglou, Melissa network, Greece)
- Q & A

EUAA: Update on activities linked to Ukraine

EUAA Response to the War in Ukraine | European Union Agency for Asylum (europa.eu)



- ✓ Support for the implementation of the **Temporary Protection Directive (TPD)**
- ✓ Support for national **Asylum & Reception Systems**

- Regular Public **Situational updates** on the EU response

Operational support to MS:

- Joint Rapid Response Needs Assessment RO
- Preparing for possible new operational deployments
- Acceleration of the Asylum Reserve Pool

Tools, Guidance and specialised training:

- Specialised network meetings
- Information provision tools (*TPD explained - adults/children*)
- Preparing modular training on TPD
- Providing guidance to MS on application of TPD



MH Guidance development:

Arrival; During stay in Reception; *Integration & Return*;
MH support during high influx / PFA (2022/23)



The Temporary Protection Directive (TPD) and Solidarity Platform

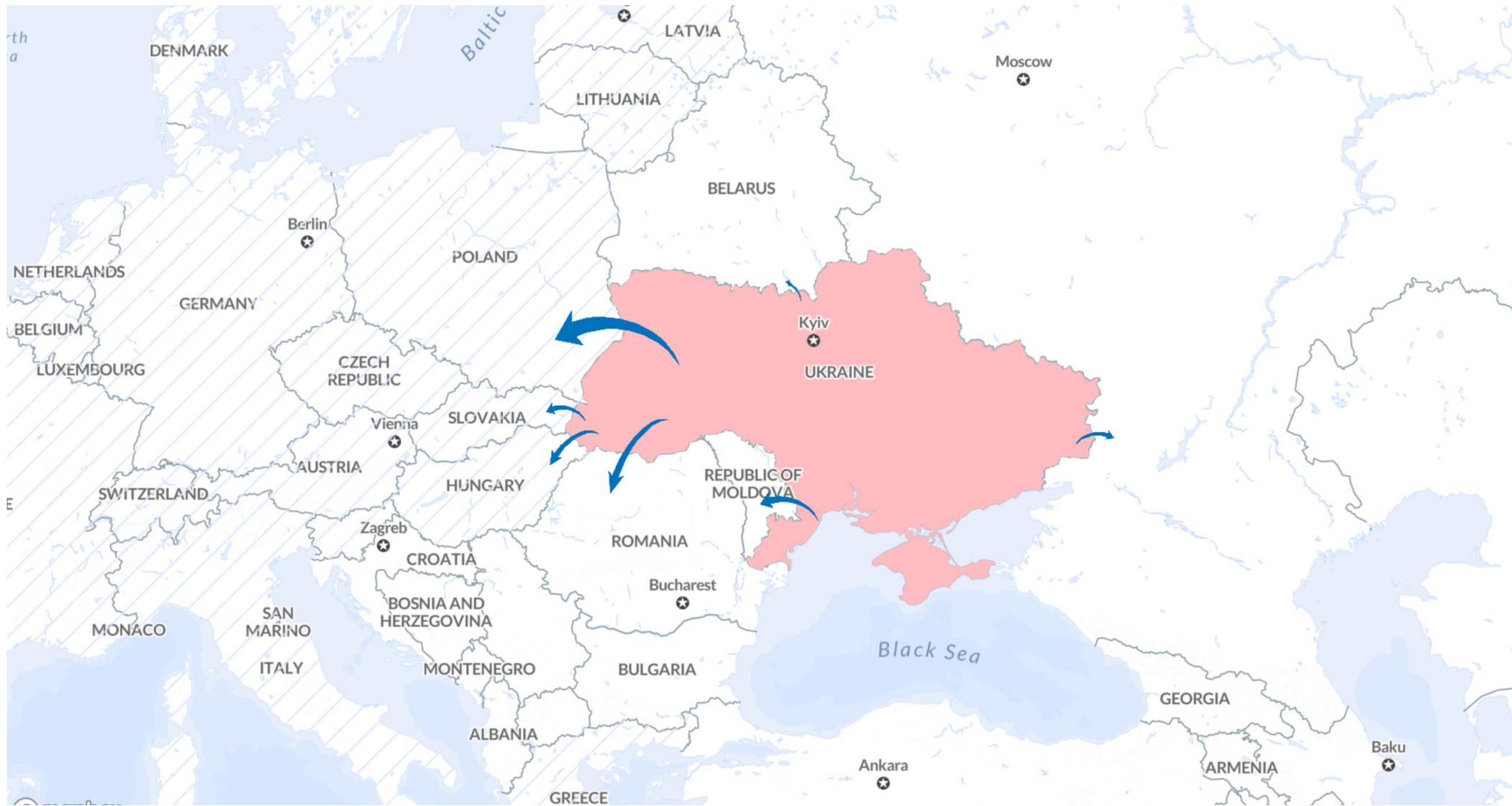
Isabela ATANASIU
European Commission
DG HOME Unit C.3 Asylum
E-mail: isabela.atanasiu@ec.europa.eu

Mental health and psychosocial support (MHPSS) in the regional refugee response for Ukrainians

Peter Ventevogel, Senior MHPSS Officer
UNHCR Geneva

Presentation for
Thematic meeting 'Mental health support for children
and women during high influx situations'
European Union Agency for Asylum

22 March 2022



Almost 3.5 million Ukrainian refugees

Country	Source	Data date	Population
Poland	<i>Government</i>	20 Mar 2022	2,083,854
Romania	<i>Government</i>	20 Mar 2022	535,461
Republic of Moldova	<i>Government</i>	20 Mar 2022	365,197
Hungary	<i>Government</i>	20 Mar 2022	312,120
Slovakia	<i>Government</i>	20 Mar 2022	250,036
Russian Federation	<i>Government</i>	20 Mar 2022	231,764
Belarus	<i>Government</i>	20 Mar 2022	3,765
TOTAL			3,489,644

Regional Refugee Response Plan



Ukraine Situation
Regional Refugee Response Plan
Summary and Inter-Agency Funding Requirements March-August 2022

 12
INTER-AGENCY
PARTNERS IN A
COORDINATED
RESPONSE PLAN

 TO ASSIST 2.4 M
INDIVIDUALS OF AN
ESTIMATED
4 M AFFECTED

 IN SUPPORT OF HOST
COUNTRIES INCLUDING
HUNGARY, THE
REPUBLIC OF
MOLDOVA, POLAND,
ROMANIA AND
SLOVAKIA

 WITH A TOTAL
\$550.6 M
OF INTER-AGENCY
REQUIREMENTS

Overview

This Inter-agency Regional Refugee Response Plan (RRP) outlines the comprehensive response and activities to support countries' efforts to protect and assist refugees coming from Ukraine. It includes the initial financial requirements of 12 partners (including UN agencies, national and international non-governmental organizations and civil society) for six months, working in tandem with concerned host Governments.

UNHCR estimates that over 4 million people could flee from Ukraine and seek protection and support across the region. This RRP aims at assisting 2.4 million refugees and asylum-seekers in neighbouring countries.

RRP partners will support government-led efforts through a multisectoral approach focusing on protection, reception/shelter and material, as well as cash assistance for the most vulnerable groups and for individuals with specific needs.

The response will identify and address refugees' needs, taking into account considerations related to age, gender and diversity. Given the high numbers of women and children – it will ensure targeted child protection interventions and proactive prevention and response to gender-based violence, including in relation to sexual exploitation and abuse.

Less than one week has elapsed since the military offensive began and the humanitarian needs of refugees are still evolving. As the situation evolves, the RRP will be revised to include additional activities and revised budgets, including from additional partners.

Inter-agency partners are responding to the refugee emergency

UNHCR and partners have emergency teams on the ground and are assisting the authorities by providing technical support, carrying out and expanding regular protection monitoring and strengthening reception capacity, as well as ensuring that basic and urgent needs are met. Across the region, reception centres are open and hotlines and webpages are available to orient new arrivals.

The RRP will strengthen the resilience of host communities and build social cohesion with the refugees. RRP partners will cooperate with relevant authorities to support third country nationals fleeing Ukraine, providing them with referral services and medical help, and assisting vulnerable individuals with humanitarian returns if required.

In line with the Global Compact on Refugees, the plan foresees a multi-partner response in support of the hosting governments and builds on the capacities and expertise of the refugees themselves and the communities acting as first responders.

The **urgent needs** identified to date include strengthening and supporting access to mental health and psychosocial support; provision of basic and domestic items including food, unrestricted cash assistance, and core relief items; and WASH, education and health services, including sexual and reproductive health services. The freezing winter temperatures mean emergency shelter assistance and items such as heaters, warm clothes and shoes are a priority.

Women and girls

- Many persons arriving in neighbouring countries are women-headed households, single women, adolescent girls, older women
 - heightened risk of GBV
- Government of Ukraine has issued a ban for men of conscription age (18-60 years) to leave the country.
- GBV experiences
 - Before displacement
 - During the displacement: sexual violence, trafficking for the purposes of sexual exploitation, SEA
- Risks increased in the context of informal shelter, reception and transit facilities, accommodation centres, private arrangements for transportation from the border.
- Many volunteers seeking to help new arrivals, but often not vetted and with limited experiences in humanitarian assistance and limited protection capacity
- UNHCR has rapidly increased capacity to respond to GBV risk in the frontline countries through the deployments of GBV staff.

Children

- Lack of comprehensive registration systems / dedicated procedures for identifying children with specific needs creates significant protection risks, particularly for Unaccompanied and Separated Children (UASC).
- Children without parental care are at a heightened risk of violence, GBV, abuse, exploitation and neglect. Risk for trafficking
- Evacuation of childcare institutions from Ukraine to Poland, etc countries
- Particular vulnerabilities of children who went through traumatic experiences, or who have pre-existing psychosocial/ intellectual disabilities

**UKRAINE EMERGENCY:
CHILDREN FLEEING UKRAINE – THE ADVOCACY AGENDA FOR ACTION**

- “The priority now must be ensuring that children and their families are **safe** and provided with the **support and assistance** they need immediately, without discrimination, while at the same time **enhancing local and national capacities** in receiving countries to rapidly scale up existing services to ensure that they can continue to accommodate, support, include and protect children and young people.”

Mental Health and Psychosocial Support

Mental health & psychosocial support

- protecting or promoting psychosocial well-being

and/or

- preventing or treating mental health conditions

Mental Health Psychosocial Support Issues in humanitarian emergencies

- High levels of distress: anxiety, worry, grief
- Increased prevalence of common mental disorders: depression, PTSD, anxiety disorder
- Increased prevalence + increased vulnerability of people with severe mental disorders
- Substance use issues

Diverse MHPSS needs in emergencies

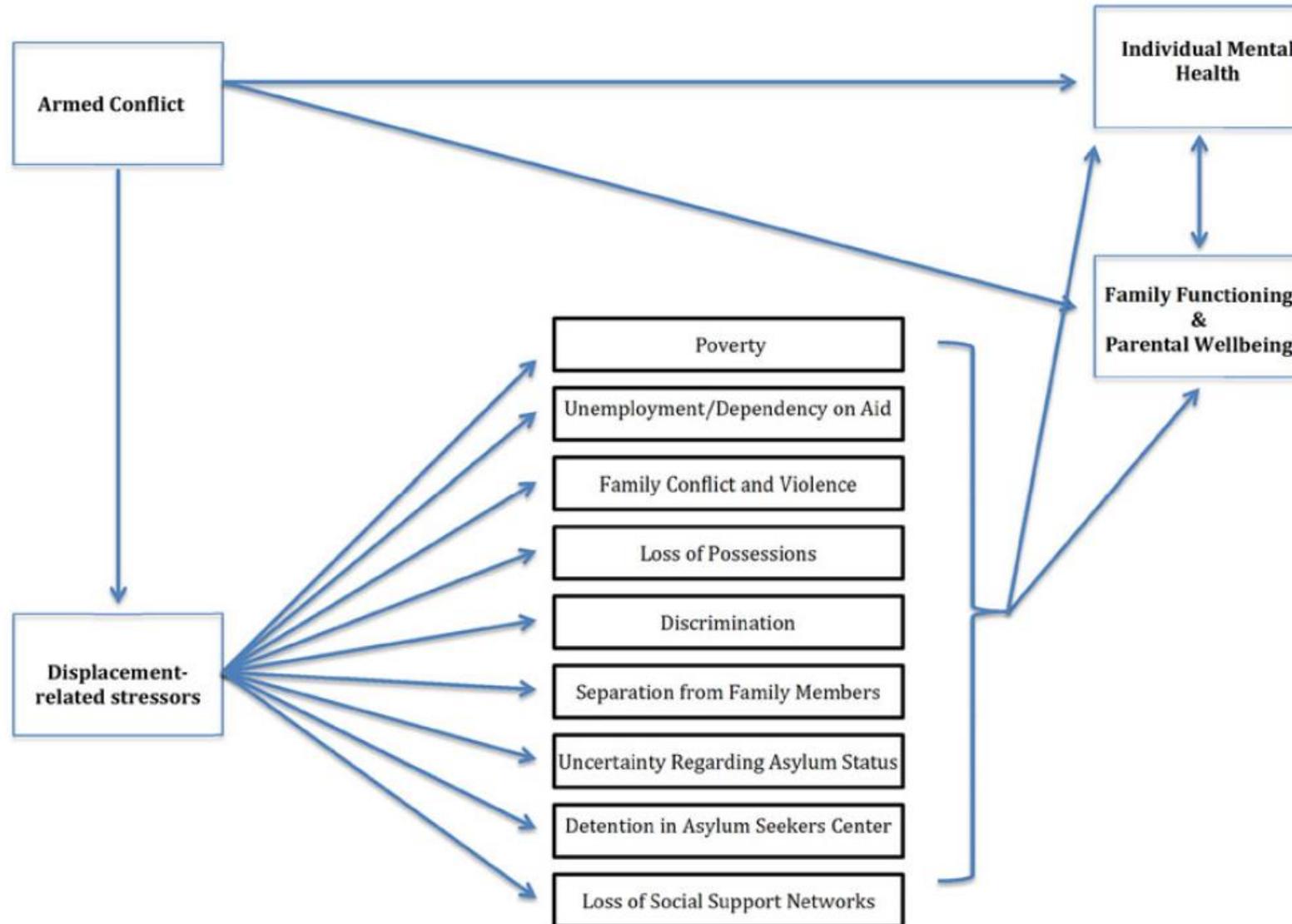
	Social problems	Psychological/ psychiatric problems
Pre-existing		
Emergency-induced		
Humanitarian aid-induced		

Prevalence of mental health conditions

	Humanitarian setting
Severe disorders (schizophrenia, bipolar, severe depression, severe anxiety (including severe PTSD))	5.1%
Moderate mental disorder (moderate forms of depression and anxiety, including moderate PTSD)	4.0%
Mild mental disorder (mild forms of depression and anxiety, including mild PTSD)	13.0%
TOTAL	22.1%

Role of daily stressors

(Miller & Rasmussen, 2016)



Response

Problems often seen in MHPSS programmes for refugees (in the past?)

- Assumption that majority are 'traumatised' and require psychological therapy or counselling
- Focus on 'traumatic events' instead of on current social stressors.
- Resources went to:
 - Screening and identification of symptoms
 - Provision of 'trauma counselling' during emergencies or in unstable situations
- 'Service' model with emphasis on pathology and victimhood, not resilience and community mobilization.

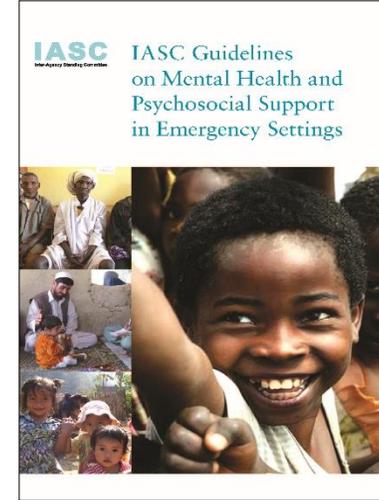
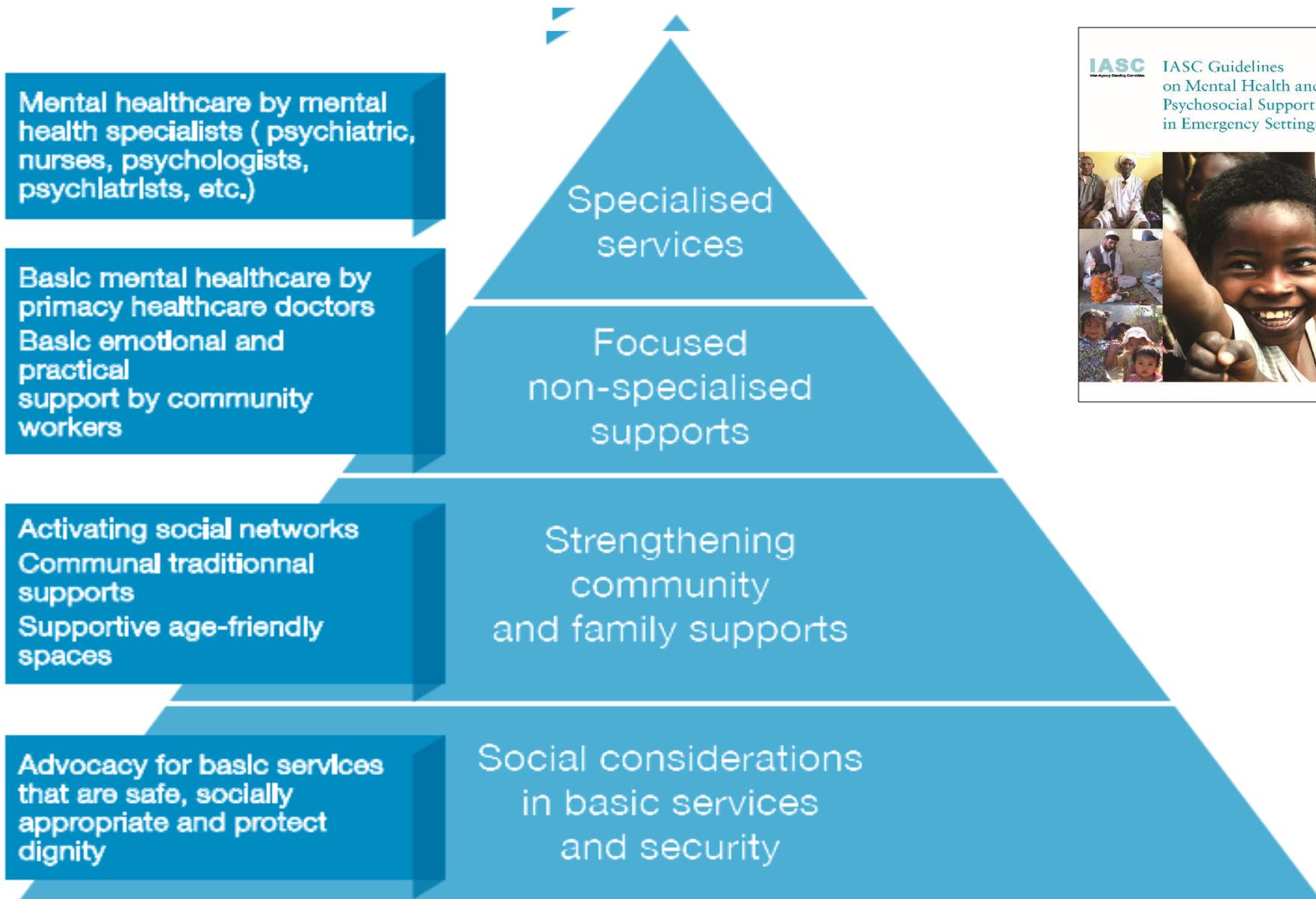
SPHERE HANDBOOK (2018 version)

Mental Health Standard: 9 key actions

1. Coordinate MHPSS across sectors.
2. Develop programmes based on identified needs and resources.
3. Work with community members, including marginalised people, to strengthen community self-help and social support.
4. Orient staff and volunteers on how to offer PFA
5. Make basic clinical mental healthcare available at every healthcare facility.
6. Make psychological interventions available where possible for people impaired by prolonged distress.
7. Protect the rights of people with severe mental health conditions in the community, hospitals and institutions.
8. Minimise harm related to alcohol and drugs.
9. Take steps to develop a sustainable mental health system during early recovery planning and protracted crises.

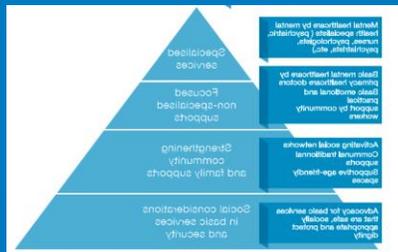
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Main elements of global work of UNHCR on MHPSS

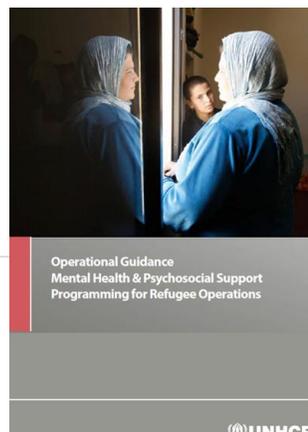
- Integration of mental health into primary health care
- Introduce 'scalable psychological interventions
- Strengthening community self help and mutual support
- Using an MHPSS approach in all our work



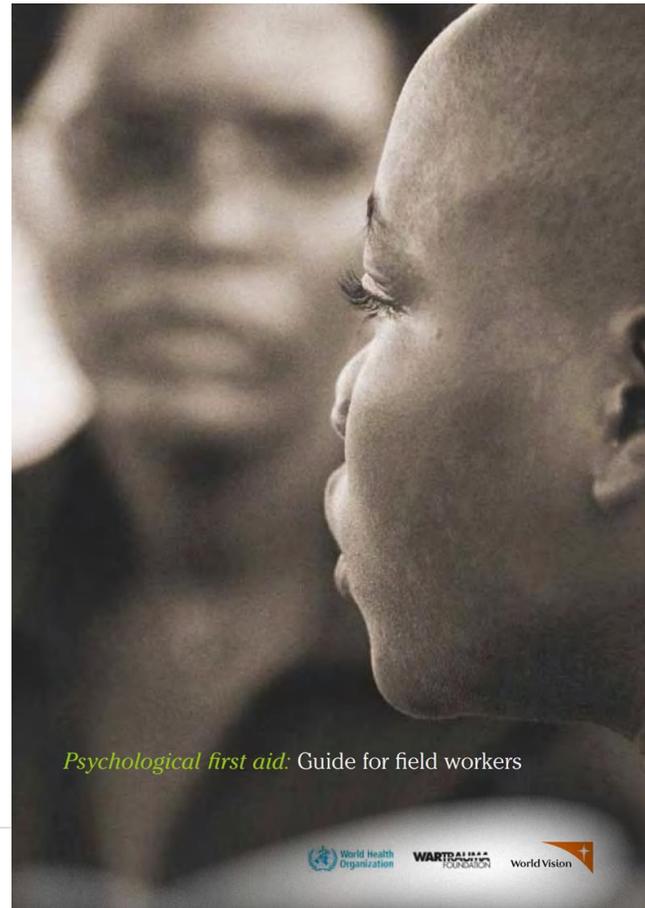
Strengthening Mental Health and Psychosocial Support in 2021

1. Using an MHPSS approach

- **MHPSS approach**
 - providing a humanitarian response in ways that are beneficial to mental health and psychosocial wellbeing. Using an MHPSS approach does not necessarily mean that humanitarian actors should do different things; rather that they do things differently.
- **MHPSS interventions**
 - activities with the explicit goal to improve the mental health and psychosocial wellbeing of refugees. MHPSS interventions are usually implemented by health, protection and education actors.

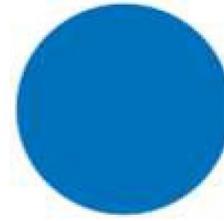


Psychological First Aid: a skill for all first responders



2. Strengthening community and family support

- Trainings in parenting skills
- Providing safe spaces for women and children in need
- Community-based psychosocial volunteers who can help other people in their community through basic psychosocial support and identify and refer people who need more support



Blue Dots

- One-stop-shop and safe space with a minimum and standardized set of protection services for children, families and others with specific needs, in support of existing services and government efforts
- Aim :
 - Improve accessibility and
 - Promote standardization of services provided by different partners
 - Promote predictability
- Includes MHPSS
- UNHCR and UNICEF have agreed to jointly roll out 25 Blue Dots in 6 countries (Czech Republic, Hungary, the Republic of Moldova, Poland, Romania and Slovakia).
- Several hubs are already operational eg
 - Romania (Sighet and Siret at border Ukraine)
 - Moldova (Otaci border crossing, Palanca border crossing, Moldexpo reception centre Chisinau).

3. Introduce 'scalable psychological interventions

Doing What Matters
in Times of Stress:
An Illustrated Guide



Важливі навички
в періоди стресу:
Ілюстроване керівництво



PROBLEM MANAGEMENT PLUS (PM+)
Individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.1, 2018
Series on Low-Intensity Psychological Interventions - 2

УПРАВЛІННЯ ПРОБЛЕМАМИ ПЛЮС (УП+)
Індивідуальна психологічна допомога для дорослих у стані дистресу в громадах, що знаходяться під впливом несприятливих обставин

Загальна версія ВООЗ 1.0, що впроваджується в польових умовах, 2018
Серія психологічних інтервенцій низької інтенсивності - 2

4. Clinical mental health care

- Ensuring access
 - Language
 - Practical issues
 - Insurance

Coordination

- Regional Refugee Response Plan with 100 organizations for an initial period of 6 months
- UNHCR facilitates coordination in line with the Refugee Coordination Model
- Inter-agency Refugee Coordination Forums (RCF), led by UNHCR at country level to support the efforts of the national governments.
- Structures are meant to be agile and to be adjusted as the situation evolves.

Coordination – an example



Guidance and tools

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT HUMANITARIAN RESPONSE IN UKRAINE AND NEIGHBOURING COUNTRIES

Resources in English, Hungarian, Latvian,
Lithuanian, Polish, Romanian, Russian,
Slovakian, and Ukrainian Version 2.0.



KEY RESOURCES



International consensus guidelines

IASC
Inter-Agency Standing Committee

IASC Guidelines
on Mental Health and
Psychosocial Support
in Emergency Settings



IASC
Inter-Agency Standing Committee
IASC Reference Group for Mental Health and
Psychosocial Support in Emergency Settings

Керівництво МПК
з психічного здоров'я
та психосоціальної підтримки
в умовах надзвичайної ситуації





HEALTH



EDUCATION



PROTECTION



GENDER BASED
VIOLENCE



CHILD
PROTECTION



MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
MINIMUM SERVICE PACKAGE



Remember 2015...

Mental Health and Psychosocial Support
for Refugees, Asylum Seekers and
Migrants on the Move in Europe
A MULTI-AGENCY GUIDANCE NOTE



1. Treat all people with dignity and respect and support self-reliance
2. Respond to people in distress in a humane and supportive way
3. Provide information about services, supports and legal rights and obligations
4. Provide relevant psycho-education and use appropriate language
5. Prioritize protection and psychosocial support for children, in particular children who are separated, unaccompanied and with special needs
6. Strengthen family support
7. Identify and protect persons with specific needs
8. Make interventions culturally relevant and ensure adequate interpretation
9. Provide treatment for people with severe mental disorders
10. Do not start psychotherapeutic treatments that need follow up when follow up is unlikely to be possible
11. Monitoring and managing wellbeing of staff and volunteers
12. Do not work in isolation: coordinate and cooperate with others

More information

- Peter Ventevogel (ventevog@unhcr.org)
- mhpss.refgroup@gmail.com
 - Weekly calls
 - Daily updates for mhpss mapping

The importance of health considerations (including mental health) during high influx of refugees and migrants

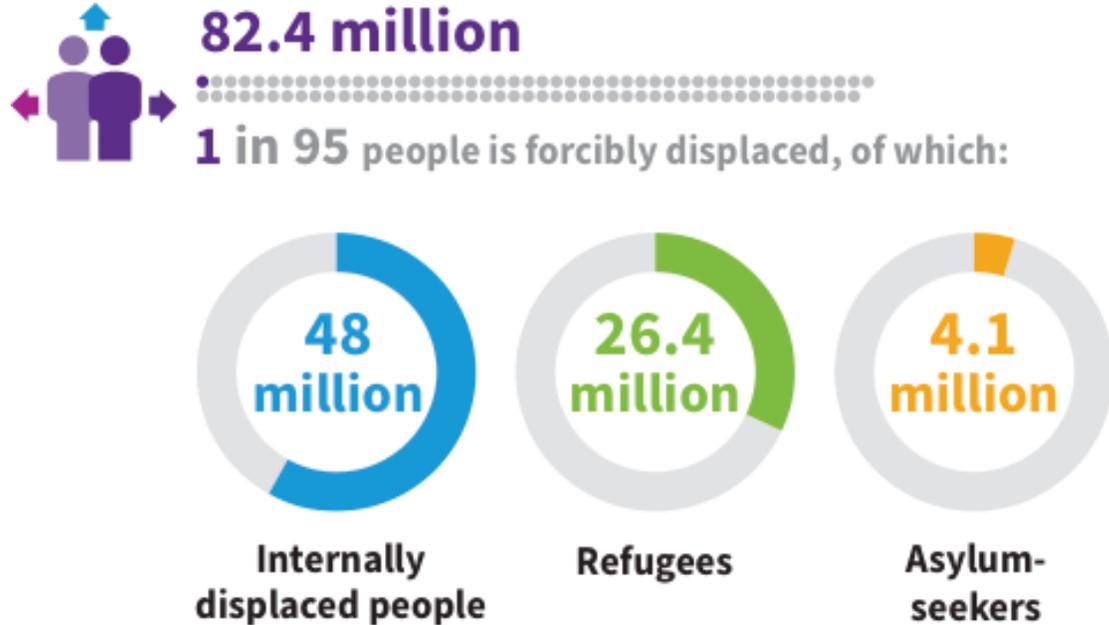


Rita Sá Machado, MD MPH

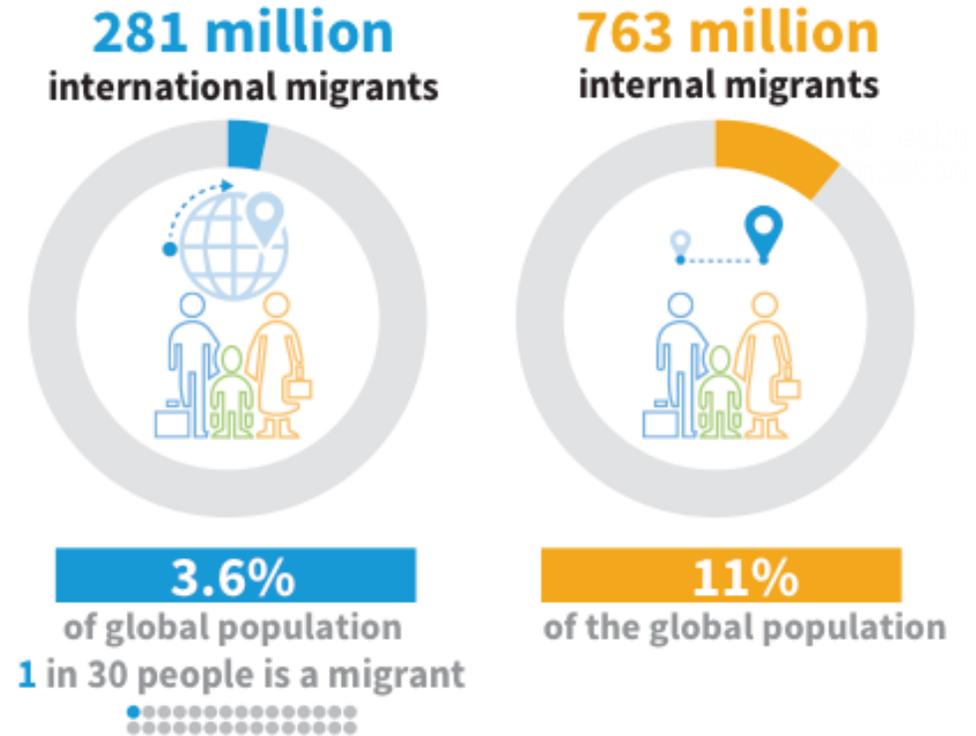
Health and Migration Programme, WHO

Global Overview

Over 1 billion people on the move



Source: UNHCR

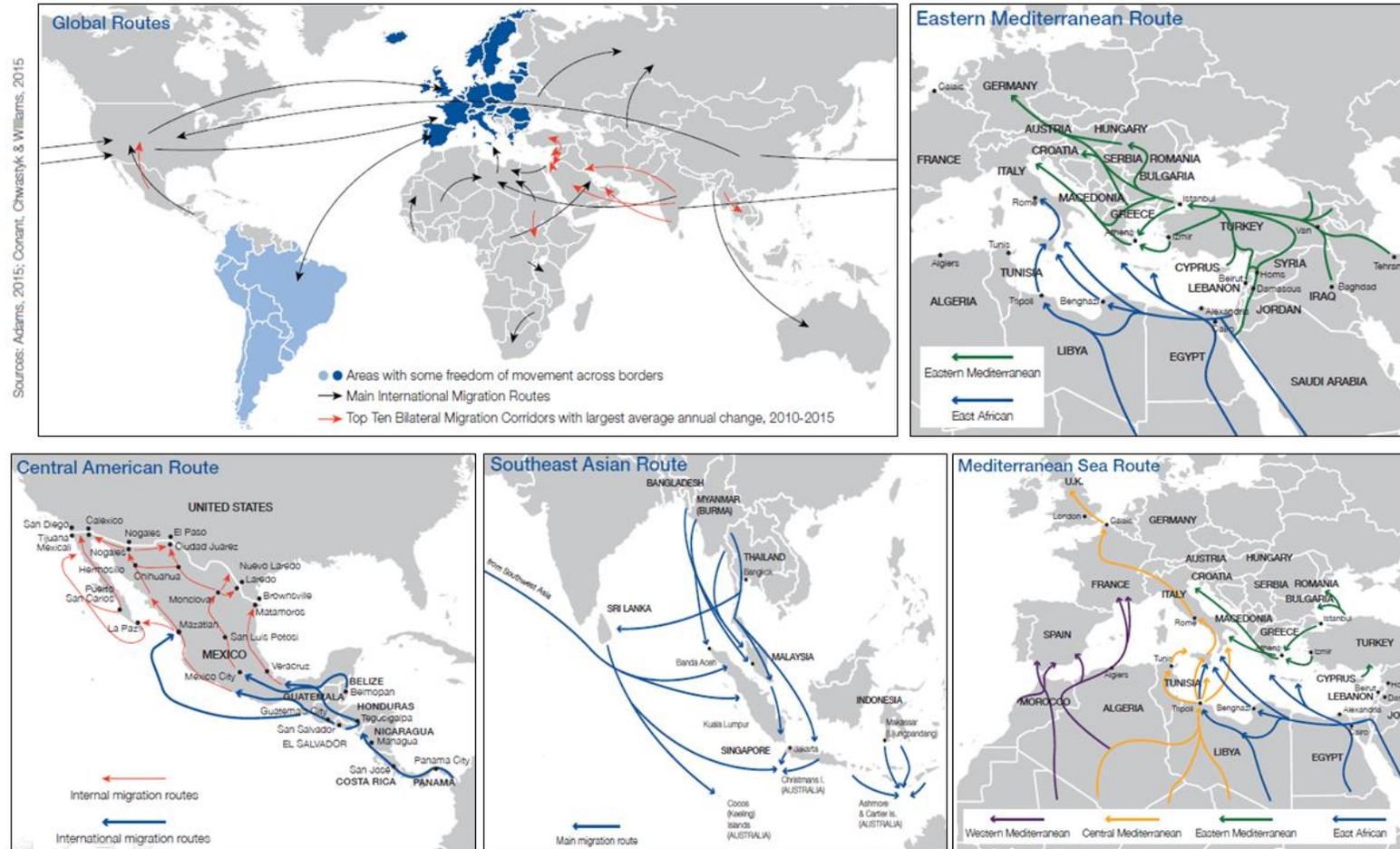


Source: IOM

Global Overview

By 2050, the total number of migrant and refugees will increase globally to 405 million

In mobility terms, 108,000 international COVID-19-related travel restrictions had been imposed globally.



Definitions

Large

The term “large” applied to influxes of refugees, and migrants is a relative term, referring to arrivals of such groups of a size and nature which overwhelms the response capacity of the receiving country, and which requires the mobilization of national and sometimes international resources.

Refugee

is an individual who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country”

Migrant

Despite the absence of a universally accepted definition of migrant, one definition is widely used: a person who moves from one place to another, whether across or within international boundaries.

Irregular/Undocumented Migrant

is “an “an individual who does not have a residence permit entitling regular stay in a host country. This may be due to irregular entry into the country, overstaying their visa or an unsuccessful asylum application”

High influx of people

Conflict



Persecution



Economic Hardship

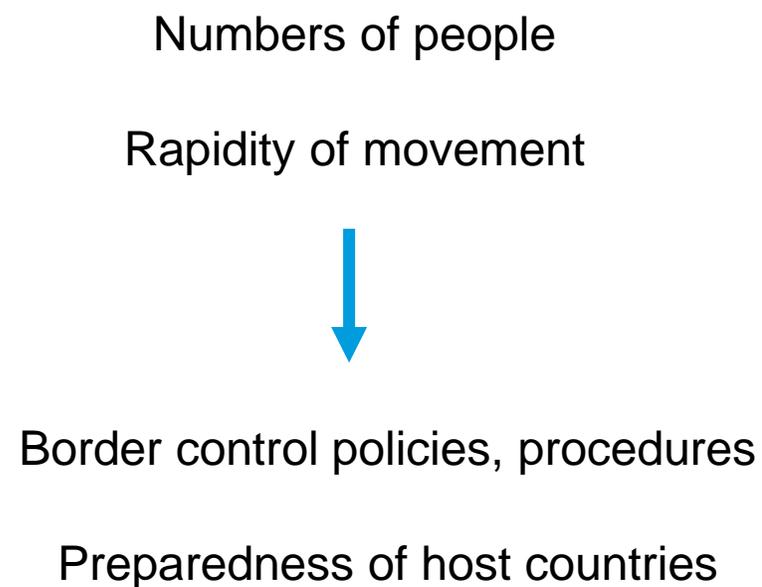
World Health Organization
Global Health Observatory



High influx of people

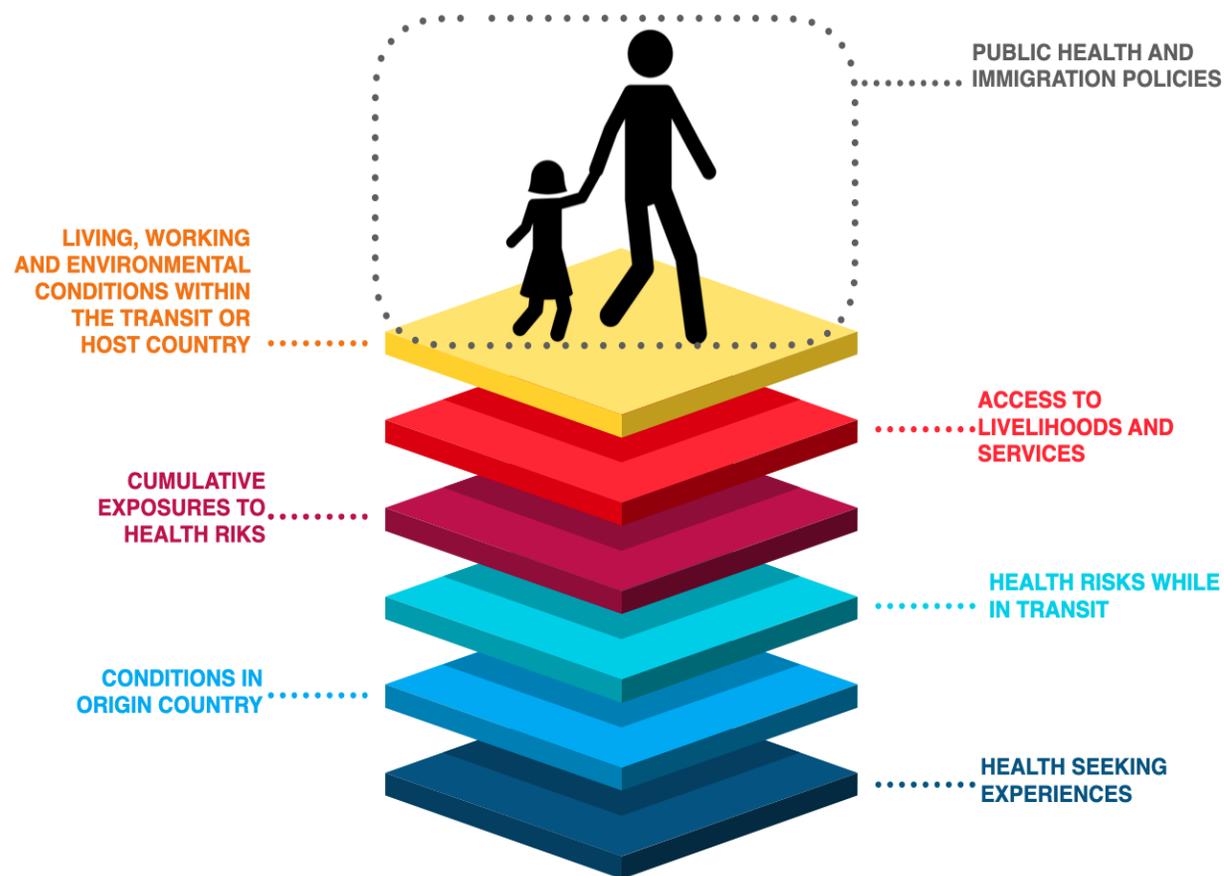
High influx of people

Health



Public health and migration

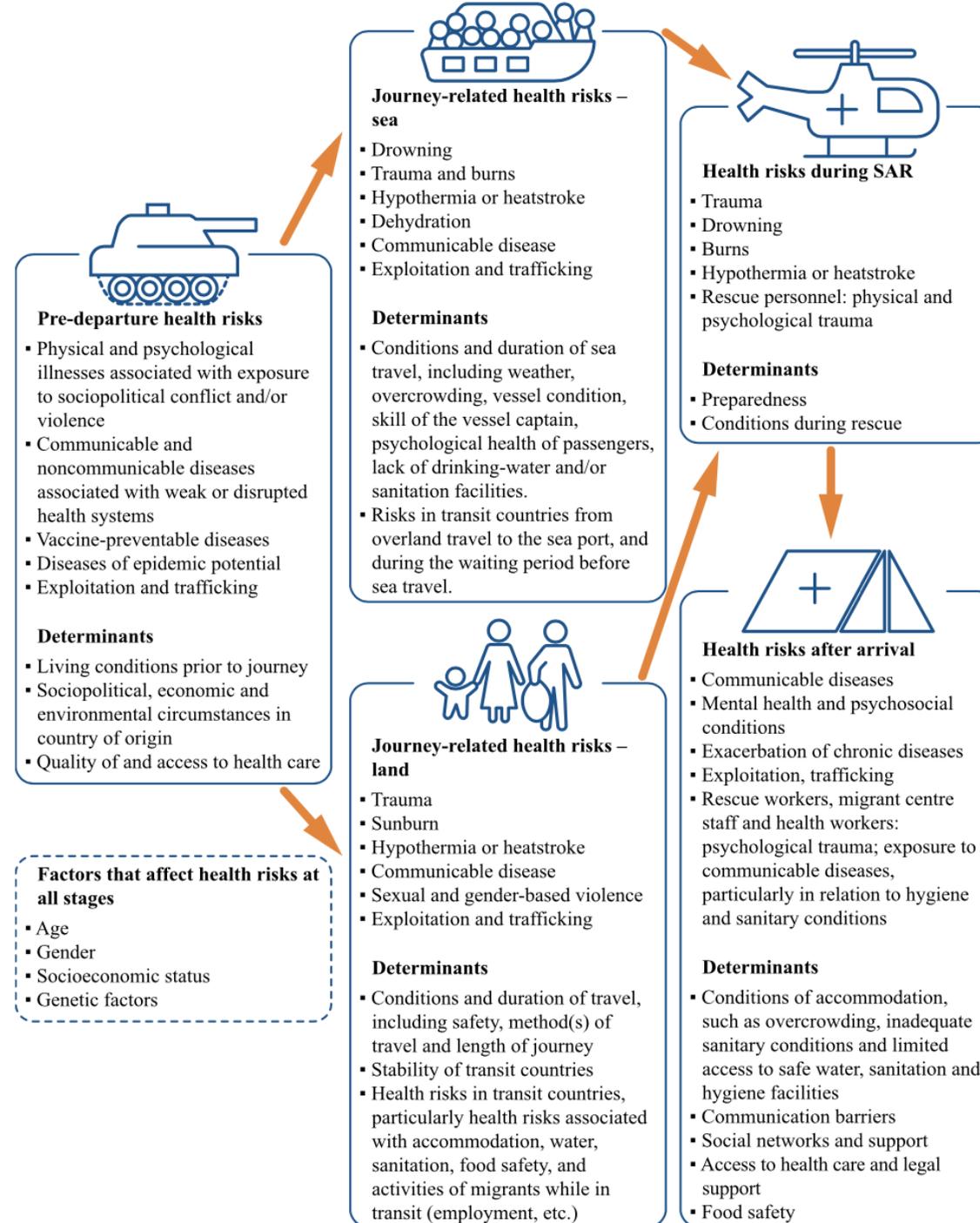
Migration could either be associated to improvement in health status or increased exposure of health risks



Migration as a determinant for improving health outcomes

1. Abubakar et al., 2018b; B. Kumar, 2011; *World Migration Report 2020*, 2019; McAuliffe & Ruhs, 2017; World Health Assembly, 2019

Health risks



Mental health risks

Premigratory	Perimigratory	Postmigratory
Persecution	Physical harm	Uncertainty
Conflict	Extortion	Detention
Economic hardship	Human trafficking	Reduced social integration
	Infectious diseases	
	Separation	



Preparation for arrivals of large groups of people

- Identifying the context
- Forecasting critical incidents
- Forecasting the health implications of critical incidents
- Planning for emergency care
- Planning for non-emergency health-care needs
- Planning for maternal and infant health needs
- Unaccompanied minors
- Planning for psychosocial support
- Forecasting and planning sites and shelter needs
- Planning for water, sanitation and hygiene
- Planning for nutrition and food safety
- Forecasting indirect health implications
- Forecasting social tensions



Response

Overcoming barriers to receiving mental health care

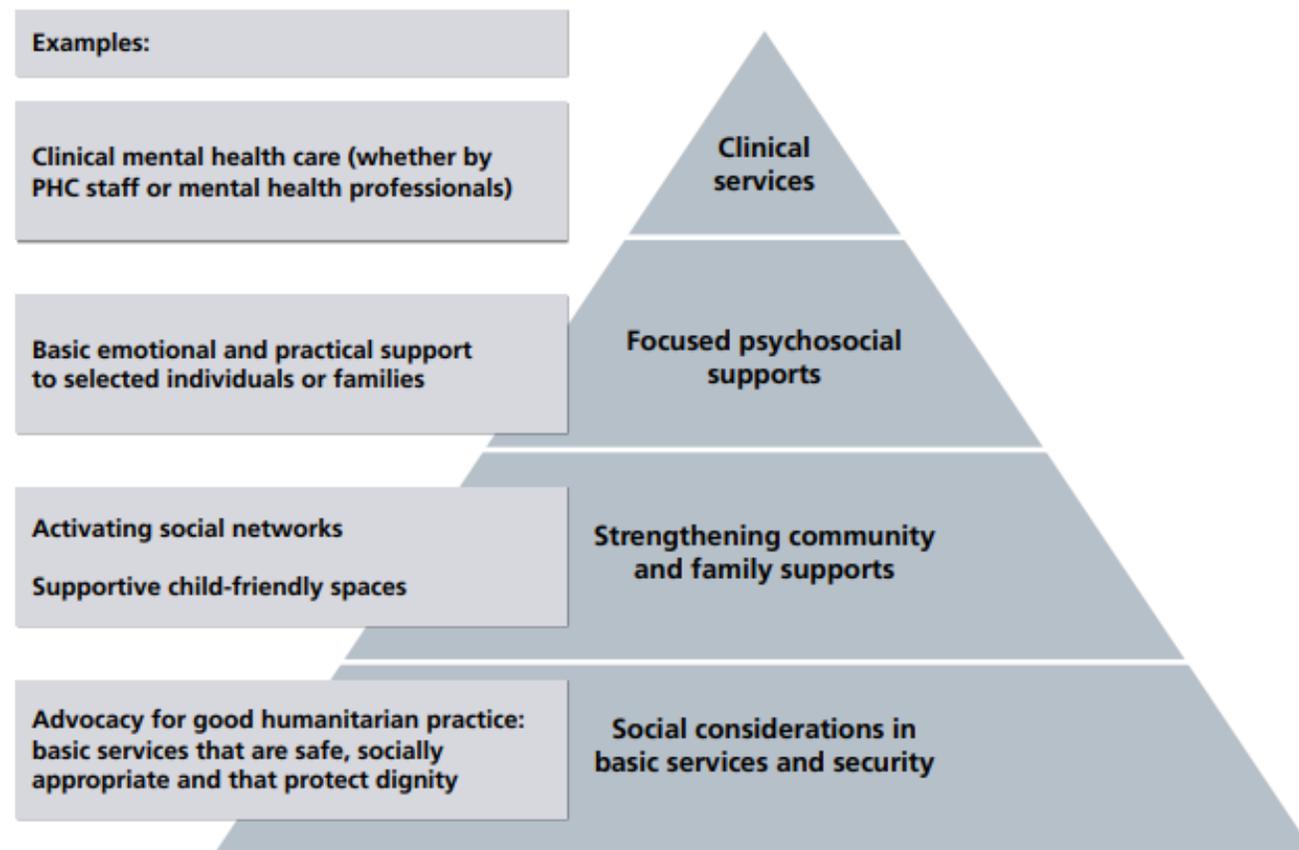
Addressing barriers to receiving mental health care should include:

- provision of **clear information on mental health care entitlements** and how to receive services (e.g. through reception centers, community outreach, schools, religious or cultural settings);
- **outreach to at-risk groups** (e.g. unaccompanied minors, persons with disabilities, persons who identify as LGBTIQ+);
- facilitation of **affordable and non-discriminatory access to care** regardless of legal status, ensuring financial coverage of mental health services and care provided;
- facilitation of **communication** (e.g. through engaging interpreters and cultural mediators);
- providing **person-centred care** that is respectful of cultural differences; and
- facilitating the **engagement of multiple sectors and systems** (e.g. law enforcement, protection, social services and education) to integrate mental health considerations and support and ensure referral and access to mental health services

Response

Integrating mental health in primary health care

- Making mental health care available through general health care can help identify migrants and refugees with mental health conditions and can make care more accessible and cost effective (e.g. see WHO mhGAP intervention guides [mhGAP-HIG](#) and [mhGAP-IG](#)).
- The delivery of interventions may require adaptation to migrant and refugee populations to take into account language and cultural considerations.
- Interventions provided should be consistent with the national guidelines and policies on mental health of the host country



IASC intervention pyramid for mental health and psychosocial support in emergencies, in mhGAP, WHO

Response

Ensuring continuity of care



Creating international protocols for assuring continuity of care



Improving communication among different social and mental health service providers



Providing key written information tailored to their needs that migrants and refugees can take with them and share with different providers



Length of stay of the migrant or refugee in the host country

Response

Addressing social determinants and promoting social integration and inclusion

- Avoid migration management policies and provision that have proved to have a negative effect on the mental well-being of migrants (e.g. separation of families and children)
- Provide equal access to employment opportunities and decent work, vocational training, financial support, social protection services, and legal and law enforcement agencies, as well as mental health care and psychosocial support.
- Recognize skills and qualifications acquired pre-migration.
- Foster activities and events that promote the social inclusion of migrants and refugees, including community forums or peer-mentorship programmes organized by members of the same refugee or migrant group who are already well-integrated into the local community.



Health and Migration programme

CORE FUNCTION 1
Provide **global leadership**, high-level **advocacy, coordination** and **policy** on health and migration



**World Health Organization
Health and Migration
Programme (PHM)**



CORE FUNCTION 5
Promote **multi-lateral action, inter-country, inter-regional** and **global** collaboration

CORE FUNCTION 2
Set **norms and standards** on health and migration and promote a **research agenda**



CORE FUNCTION 4
Provide specialized **technical assistance, response** and **capacity-building** support



CORE FUNCTION 3
Monitor trends, strengthen health information systems and develop a framework for monitoring and reporting on GAP

- Global Competency Standards, Knowledge Guide and Curriculum Guide
- Research Agenda
- GEHMs

- World Report
- Global Data Initiative on Refugee and Migrant Health

- Country Assessment Tool
- Toolkit for facilitate implementation of the GAP
- Operational Guide on Strengthening COVID-19 vaccine confidence and uptake
- Global School on Refugees and Migrants

Take away messages

- Migration challenges call for careful planning and optimizing of health system capacity.
- Conflicts and economic crises are likely to continue displacing large numbers of men, women and children, forcing them to flee in search of a more secure place and a better life.
- It is imperative that countries are prepared for the public health and humanitarian needs that such movements will require.
- Adequate standards of care for these groups are not only important for population health, but are fundamental to protecting and promoting their human rights as well as those of the host communities.
- Preparedness and response need not be difficult, but they will require commitment, multisectoral collaboration, effective coordination, robust epidemiological data and migration intelligence, careful planning, training and, above all, adherence to the principles of human rights.



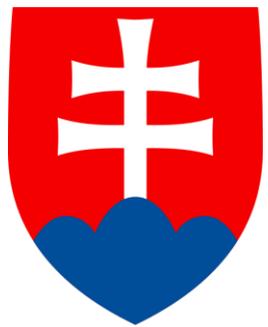
Q & A





5 min coffee / tea break





Slovakia during influx: support to children and women

Martina G. Cebecauerova

**Department of Migration and Integration
Migration Office, Ministry of Interior of SR**



Migration Office

Statistical Data

Recent Developments in the Slovak Reception System

Challenges

Questions

Migration Office is a separate office within the Ministry of Interior

It is mainly involved in the following areas:

- Reception of asylum applicants
- Decision making on asylum applications
- Integration of beneficiaries of international protection

Statistical Data

- Since 24.2.2022, there has been a high influx of persons fleeing war in Ukraine.
- According to the data, the main target group consists of women with children.

Migration flow from UA	24.2.2022 - 20.3.2022
Total number of persons:	255 208
Total number of adults:	154 921
Women:	122 281
Men:	32 640
Children:	100 287
Temporary protection applications (from 1.3.2022):	44 705

Statistical Data

Year	Asylum applications	Asylum	Subsidiary protection
2015	330	8	41
2016	146	167	12
2017	166	29	25
2018	178	5	37
2019	232	9	19
2020	282	11	27
2021	370	29	13

Recent developments in the Slovak reception system

Reception system before: asylum applicants were accommodated in the Reception Centre Humenne; and then after completion of initial procedures, they were transferred to accommodation centres (Rohovce or Opatovska Nova Ves)

Recent developments:

- From 1st March 2022, Ukrainians can apply for temporary protection in SR (not only Ukrainian citizens and their family members, but also international protection holders as well as persons with the permanent residence in Ukraine)
- Fast-track procedure
 - if the person registers with documents, the temporary protection status may be granted right away, if not, the procedure should not take longer than 30 days.
- People fleeing war in Ukraine do not need to be accommodated in the state reception structures

Contingency measures

Crisis Management Section of the Interior Ministry holds the main responsibility over contingency measures (daily meetings of the crisis management board to assess the overall emergency situation and to introduce new measures as needed)

- Facilitation of registration at the borders including fast track procedures, emergency tents at the borders
- Large- capacity centres working 24/7 in different cities
- The state cooperates with non-governmental sector in order to complement provision of basic services – a coordinator between the ministry and NGOs
- Municipalities in cooperation with Regional Offices are setting up accomodation capacities, facilitating access to basic services

Main challenges as a result of the influx

Basic needs - shelter, food, emergency health care

Accommodation

- new facilities are set up by the government,
- new contracts signed (Gabčíkovo),
- private accommodation,
- free accommodation provided through volunteering network,

Accommodation providers will receive financial support

Municipalities are involved in ensuring accommodation, some are more successful than others...

Challenges

Psychological support

- Stress
- Trauma
- Short relief after receiving safe shelter, however psychological well being may deteriorate after a while

What is done at the moment?

- different intervention teams to address needs of children (Ministry of Labour); NGOs providing psychological support at the borders and elsewhere; volunteer support (volunteers may enroll via platform *ktopomozeukrajine.sk*; *Mareena* volunteer organization); psychological support on the phone (national line for psychological support)

Challenges

Health care

- Provision of emergency health care:
 - temporary protection holders
 - Ukrainians who entered Slovakia from Ukraine (first 30 days)
- Children are ensured health care examination
- A list of free dentists providing dental services
- Free vaccination against Covid-19

Enrollment of children in schools

- Return into the school system at all levels is an important psycho-social element/ children spend more time with other kids – good for psychological wellbeing
- Capacity problems - schools are full especially in large cities
- Municipalities have to increase school capacities, in some cases, new classes only for Ukrainians will be set up
- In some facilities (Gabčíkovo with app. 250 children), the school will be arranged inside
- Ministry of education supports engagement of Ukrainian teachers in the Slovak education system, first teachers will start to work by this week

Financial support and material support

- Allowance in material need from the state (Ministry of Labour); – labour offices without capacity to receive so many applicants/ overloaded – new system needs to be set up
- Material support – since there are many babies and small children with mothers, baby nappies, milk are continuously collected
- Free public transport
- Financial issues – problematic to exchange Hryvnia to Euro due to high amounts

Long-term integration support

- Immediate **access to labour market** for temporary protection holders
 - employment portals are offering jobs for Ukrainians
- Mothers with children may face additional obstacles to sustain costs of living
- Education - online forms of learning, glossaries etc. (Ministry of Education)
- Women as more vulnerable to human trafficking (Information Centre to Combat Human Trafficking and Crime Prevention), prostitution, exploitation

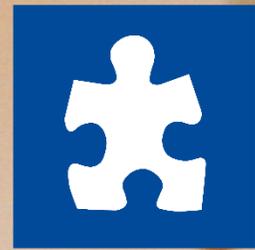
Thank you for your attention!

martina.cebecauerova@minv.sk



Q & A and other country interventions and discussion





**Missing
Children
Europe**

Missing children hotlines

Support for children going missing

116 000



With financial support from the "Rights,
Equality and Citizenship 2014-2020"
Programme of the European Union

1. Introduction to Missing Children Europe

2. Introduction to the 116 000 hotline network

3. Ukrainian hotline state of play and 116 000 network state of play

4. Current work by MCE and neighbouring countries

Contents

About Missing Children Europe

Missing Children Europe is the European Federation for Missing Children connecting 31 grassroot organizations in 26 countries across Europe.

We strive to protect and empower children to prevent them from going missing, and to keep them from harm when they do go missing.

Where we make a difference:

- Runaways
- Parental Child Abductions
- Missing Children in Migration
- Abductions by third persons
- Lost, injured or otherwise missing children

Hotlines for missing children

Hotlines run by members

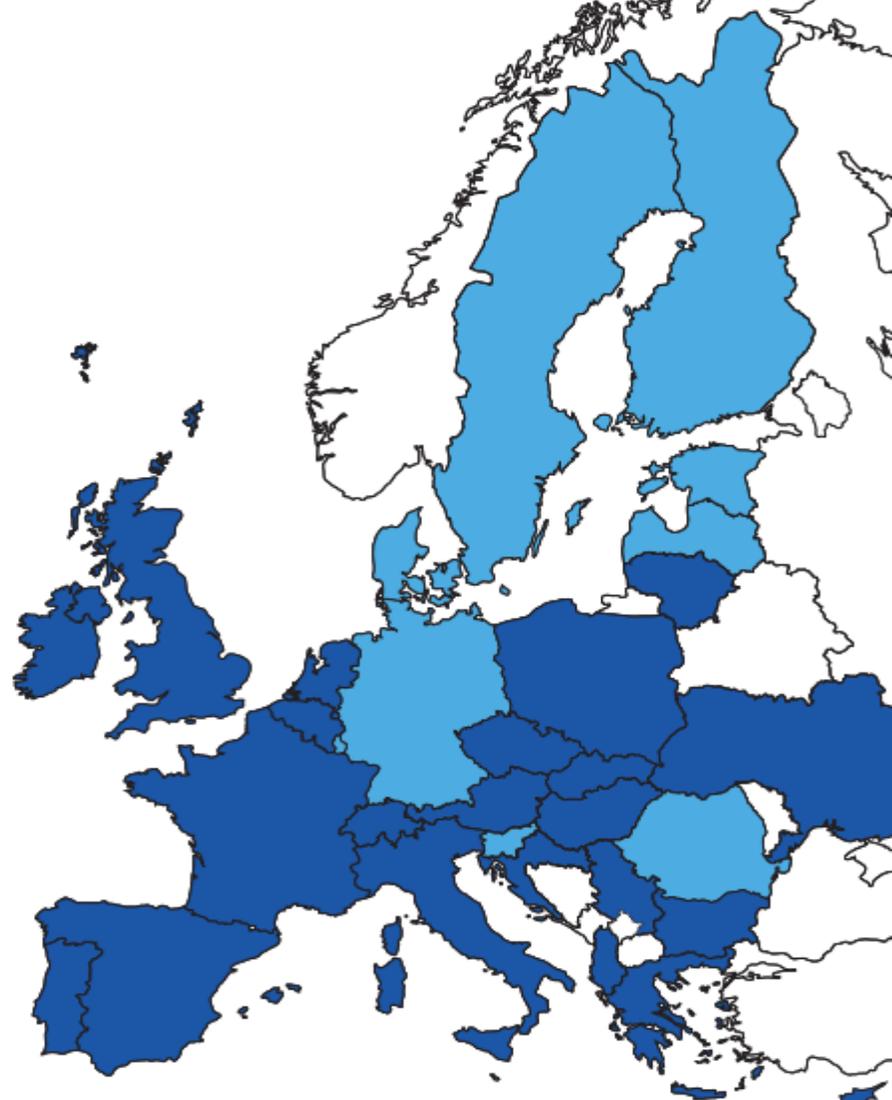
*Albania: ALO 116
Austria: 147 Rat auf Draht
Belgium: Child Focus
Bulgaria: Nadja Centre Foundation
Croatia: Centar za Nestalu
Cyprus: Consortium: SPAVO & HFC
Czech Republic: Cesta z krize, z.ú.
France: Droit d'Enfance - 116 000 Enfants Disparus
Greece: The Smile of the Child
Hungary: Kék Vonal
Ireland: Irish Society for the Prevention of Cruelty to Children
Italy: SOS Telefono Azzurro
Lithuania: Missing Persons' Families Support Centre
Poland: ITAKA
Portugal: Instituto de Apoio à Criança
Serbia: ASTRA
*Slovakia: Linka detskej istoty
Spain: Fundación ANAR
Switzerland: Missing Children Switzerland
The Netherlands: Centrum Internationale Kinderontvoering
United Kingdom: Missing People
Ukraine: NGO Magnolia

* Did not provide data for this report

Hotlines not run by members

*Denmark: Borns Vilkar¹⁹
*Estonia: Lasteabi.ee
*Finland: Nödcentralsverket
*Germany: Vermisste Kinder
*Latvia: Valsts Policija (Latvian State Police)
Luxembourg: L'Office National de l'Enfance
*Malta: The Malta Police Force
*Romania: Asociatia Telefonul Copilului
*Slovenia: Zavod 116
Sweden: SOS Alarm

19. NGO Borns Vilkar was assigned the 116000 number as of 2020.



 **116 000** 

 Hotline is run by members
 Hotline is not run by members



Latest information by NGO Magnolia in Ukraine

- More than 900 reports of missing children and families from Ukraine
 - Bombings, mass graves, etc.
- Close to 10 known cross-border cases

Ukrainian hotline - state of play

- 116 000 number not active, and it is not possible to transfer it to another line or country. MCE trying to connect to the operator's phone.
- NGO Magnolia active via Facebook. People are contacting them via chat, Marina is uploading the cases on their Facebook page.

 **116 000**

- 116 000 hotlines active in four neighboring countries (Romania, Hungary, Poland, and Slovakia)
 - Taking on an increased number of calls.
 - Capacity and languages challenges
- No hotline at the moment in Moldova
 - Short-term emergency solutions: use reporting form on MCE's website
 - Long-term solution: set up the hotline. MCE searching for organizations to do this in Moldova
- Germany, Estonia and Denmark are not members of Missing Children Europe but we are working closely with them for cross-border cases in particular.

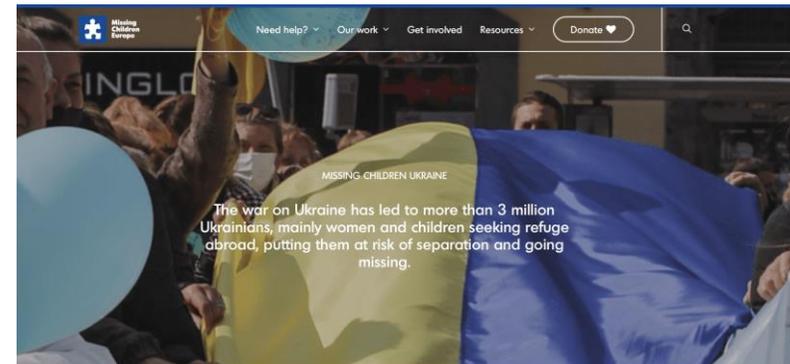
116 000 network
state of play in 4
neighbour
countries and all
members

Current work by Missing Children Europe and by 4 neighboring countries

1. Together with neighboring countries, a centralized website where people are directed to has been set up

<https://missingchildreneurope.eu/ukraine/>

- Available in Ukrainian and Russian
- Shared on EU website, OSCE, EUROPOL, ICRC Family Links
- Missing children posters, guidance on reporting, resources from our members



Warning for people crossing the Ukrainian border: Beware of individuals sharing false information and offering services for financial compensation. You can fill in the necessary documents at the border for free, you will not be refused entry into EU countries and the authorities will not separate you from your children.

Current work by Missing Children Europe and by 4 neighboring countries

2. Centralized Ukraine helpdesk to support NGO Magnolia manage the volume of cases they are receiving
 - Online reporting form for parents and families who don't speak English. Poland has their own.
 - Centralized database on cross-border cases that can be consulted by 116 000 hotlines and which links to an application producing publicity appeals
 - *Form completed - information easily gathered and translated.*
 - *Cases are uploaded on our centralized databases and shared with the 116 000 network*
 - *Members handle the cases on local level.*

Current work by Missing Children Europe and by 4 neighboring countries

3. Working group between neighboring countries and all hotlines, sharing information on cross-border cases and updates.

- Neighboring countries are working closely with local authorities and other organizations on the ground.
- ECPAT in Poland have developed recommendations for Border Guard officers aimed at protecting children crossing the border from harm, guidelines for organizations, and a website with a resource compendium on helping people affected by war in Ukraine

4. Weekly coordination meetings with 116 000 hotlines and Ukraine on Tuesday mornings

- Discuss state of play and actions

Thank you



**Missing
Children
Europe**

- > Eugenia.Miyashita@missingchildreneurope.eu
- > www.facebook.com/missingchildreneurope
- > www.twitter.com/missingchildeu
- > www.missingchildreneurope.eu



Photo by Nik Radzi on Unsplash



With financial support from the "Rights,
Equality and Citizenship 2014-2020"
Programme of the European Union

Q & A





10min coffee / tea break





Psychological First Aid for Children

Introducing the IFRC Reference Centre for Psychosocial Support

Support to National Societies as auxiliaries to EU member states in the current high influx situation

Psychological First Aid for children – the why and how

Training staff and volunteers

When the worst happens... is it really safe?

Psychological First Aid materials

How to get in touch!

Ea Suzanne Akasha, IFRC PS Centre technical advisor

THE TASKS OF THE PS CENTRE



Membership services to all 192 National Societies:



Support National Societies in developing capacity



Advise - and guide to sources of information



Develop, translate and share **tools** and **models**



Access **external research** and make it accessible



Cooperate with other humanitarian organizations



IDP children in Damascus during the Syrian crisis with a Syrian Arab Red Crescent outreach team



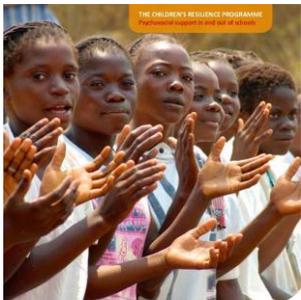


Child to child psychological first aid



Creating a safe environment for staff and volunteers in trainings as strong memories may be evoked

Children's Resilience Programme Training for Ukrainian Red Cross



Facilitator handbook 1
Getting started

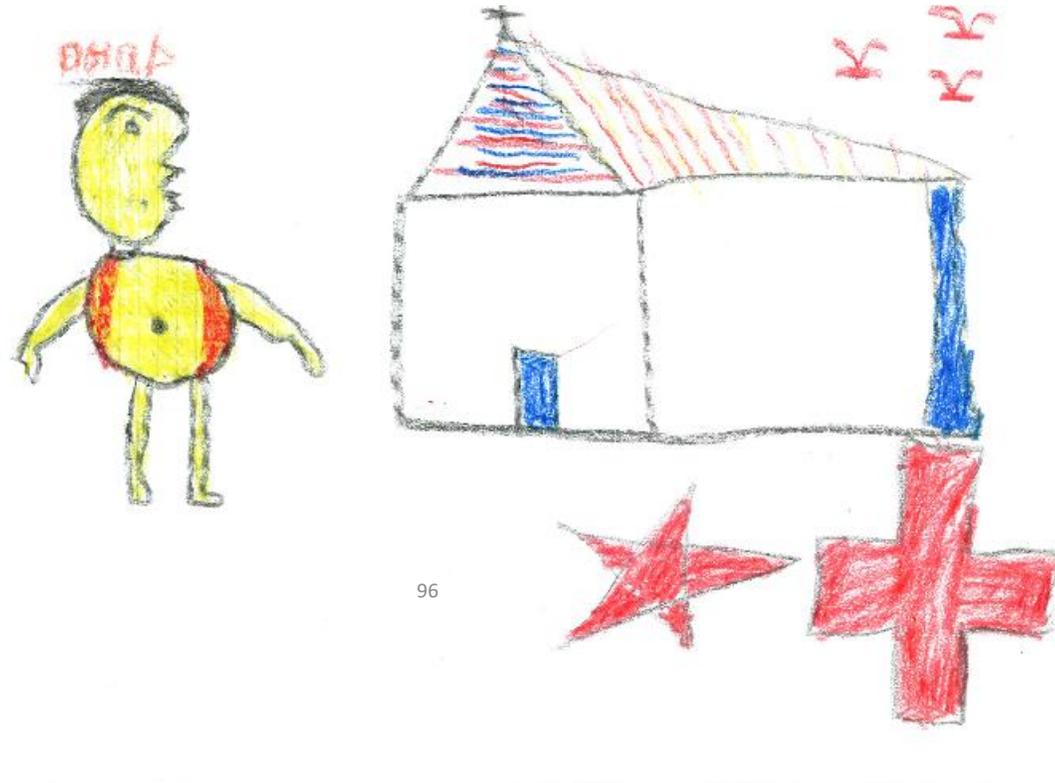


Facilitator handbook 2
Workshop tracks





95



I listen to myself Introducing the theme

Listening to yourself means paying attention to how you are doing physically, emotionally and mentally. By listening to the signals from your body, you can notice what it is telling you it needs. By listening to your feelings, you can learn to react in helpful ways. By paying attention or listening to thoughts, you can become aware of what thoughts you are thinking. Sometimes thoughts can give you good ideas on what to do. For example, if you are thinking about doing something other than schoolwork, it is possible to decide to focus on schoolwork!

Note to teachers: At the start of this new theme, it is helpful to explain to students that if they have thoughts that are worrying them, they can talk to you after class and you can work out what to do together.

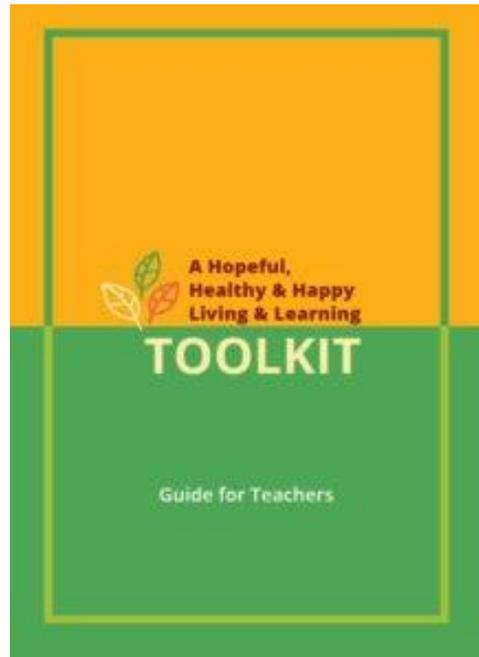
Listen to yourself

Make sure that the children use age-appropriate examples in this exercise in how they describe the sensations in their bodies, what they are feeling and what they are thinking. In some cultures, inner voices are understood as intuition, and students may ask about this.

To introduce the exercise to the class, ask students to give examples of what *listening to yourself* could be. Make sure students understand the three domains in *listening to yourself* - (1) bodily sensations, (2) feelings and (3) thoughts.

Explain that for each of these, they can take some action as a result of listening to and being aware of their body. For example:

- ☒ Bodily sensation of being tired: *When I feel tired, I can take a rest*
- ☒ Having the feeling of being angry: *When I am angry, I can wait until I calm down before I speak to my friend*
- ☒ Having thoughts about a situation: *When I think the group I am working with is helping me, I can thank them*





PARTNERS

日本赤十字社
Japanese Red Cross Society

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

unicef

Save the Children.

USAID
FROM THE AMERICAN PEOPLE

DANISH RED CROSS

Horizon 2020

R2HC FUNDING 2021

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UNHCR
The UN Refugee Agency

UNIVERSITY OF VIRGINIA

ICRC
COMITE INTERNATIONAL
GENEVE

IASC
Inter-Agency Standing Committee

Trinity College Dublin
The University of Dublin

UNITED FOR GLOBAL MENTAL HEALTH

Education Cannot Wait
a global fund for education in emergencies

International Organization for Migration (IOM)
The UN Migration Agency

World Health Organization

KINGDOM OF BELGIUM
Federal Public Service
Foreign Affairs,
Foreign Trade and
Development Cooperation

REPSSI
Psychosocial Wellbeing For All Children

UNHCR
The UN Refugee Agency

Icelandic Red Cross

german cooperation
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IOM
UN MIGRATION

UNIVERSITY OF COPENHAGEN

Canada
Department of Foreign Affairs,
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Swiss Agency for Development and Cooperation SDC

THE IFRC PSYCHOSOCIAL CENTRE COMMUNICATION CHANNELS AND PRODUCTS



Website
pscentre.org

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Resource library
pscentre.org/resource-library/



Challenges and looking ahead

Get in touch:

Ea Suzanne Akasha
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www.pscentre.org

Melissa Network

Photo: Enri Canaj / Magnum Photos



Root causes

If you don't have any choice,

if you don't have any positive emotions about yourself,

if you are not allowed to go outside,

if you cannot communicate with someone you like,

if you cannot make the food you like,

or choose the clothes you like,

but someone else decides for you,

if you cannot study,

if you cannot work,

how do you feel?

This is the life of women in my country.

They want to fly but they don't have wings.

Karima, 30, Afghanistan

1. Aid versus Integration
2. Need versus Hope & Desire
3. Vulnerability versus Potential

Integration Pathway





- Holistic
- Trauma-informed
- Culturally aware
- Agency-promoting
- Community-based
- Enabling women's participation
- Weaving social cohesion
- Addressing the roots of radicalization
- Crafting new narratives against populism, racism and xenophobia







**“Greece and specifically
Melissa, is where I leave my
pain before starting my new
life in Spain.”**

**“This yellow flower is you.
This purple flower is Karime.
And this white flower is me. I
choose the white one because
this is how I’m leaving Greece.
White.”**

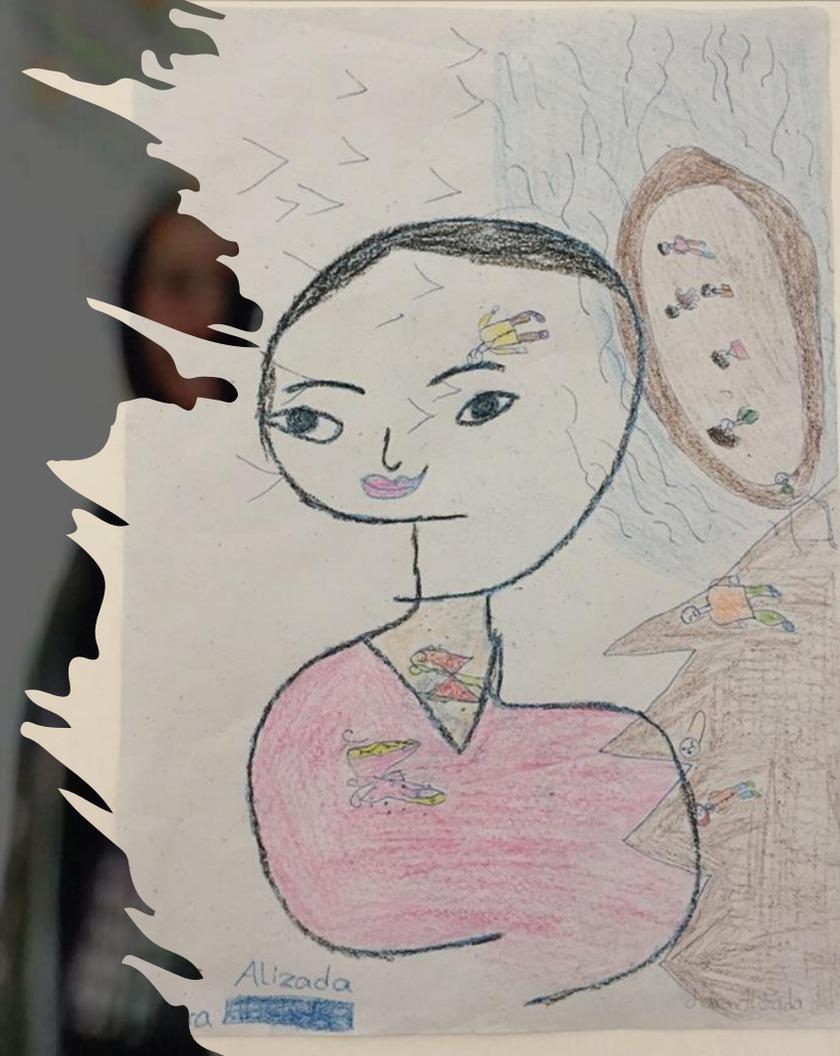
Mental Health Program

- Drama Therapy & Psychodrama for women and adolescent girls
- Dance Movement Therapy for women and adolescent girls
- Parenting Psychoeducational Workshops for mothers
- Art Therapy for children
- Individual short-term psychotherapy for women and adolescent girls
- Psychiatric evaluation and follow up for women



ARTS THERAPIES' BENEFITS:

- The “shield” of metaphor against trauma
- Specific structure, thematology and aims, as well as creative rituals promote safety
- Involving the body / physical expression and its' significance in the treatment of PTSD
- Universality of body language and artistic expression surpass cultural barriers





Melissa Network

Photo: Enri Canaj / Magnum Photos



Q & A





Feedback & Closing

POLL QUESTIONS

1. *Did the content of the meeting reach your expectations?*

Exceeded my expectations / Met my expectations / Met my expectations to some extent / Did not meet my expectations

2. **Do you think a follow up meeting on mental health needs of applicants for IP and temporary protection is needed?**

Very much / Yes / Somewhat / No

Please share in the chat:

- In case you think the EUAA should organise a follow up meeting on mental health support – kindly indicate: *topics to be covered / target groups to focus on etc.*
- Any other suggestions on how to improve a future similar meeting or any other comments:

Closing Remarks

Many thanks for your participation!



Contact us via: vulnerablegroups@euaa.europa.eu
or visit: www.euaa.europa.eu