



V.1, Oct 11th

V.2, Nov 1st

V.3, Jan 6th

Multi-Purpose Cash Assistance vs Foster Care, Disability and Other Protection Considerations in Multi-stakeholder Environment, Ukraine Refugee Response in Poland

Abbreviations:

CRDP - UN Convention on the Rights of Persons with Disabilities
CVA - Cash and Voucher Assistance
DPS - Dom Pomocy Społecznej - Community Care Home
FG - Fundacja Gdańska (*quasi-NGO*), Gdansk Foundation
GOPS - Gminny Ośrodek Pomocy Społecznej - Communal Social Welfare Center
IK - Interwencja Kryzysowa - Crisis Intervention
KIS - Key Informant Survey
LTG - Local Territorial Government
LWF - Lutheran World Federation (with its Polish branch - Fundacja Luterańska w Polsce)
MHPSS - Mental Health and Psychosocial Support
MOPR - Miejski Ośrodek Pomocy Rodzinie - Municipal Family Support Center
MOPS - Miejski Ośrodek Pomocy Społecznej - Municipal Social Welfare Center
MPCA - Multi-purpose Cash Assistance
MSIK - Miejski System Interwencji Kryzysowej - Municipal Crisis Intervention System
MSNA - Multi Sector Needs Assessment
NFZ - Narodowy Fundusz Zdrowia - The National Health Fund
PESEL [number] - Powszechny Elektroniczny System Ewidencji Ludności - the Universal Electronic Population Registration System [number]; Polish Social Security Number also used as tax number
PwD - Person with Disability
RPA - Rapid Protection Assessment
QuANGO - *quasi-NGO*
SP - Social Protection
ZUS - Zakład Ubezpieczeń Społecznych - The Social Insurance Institution, central institution distributing pensions and other cash allowances as assigned by the Ministry of Social Protection

Interviews Coding:

KI1, KI2, KI3, KI4, KI5 - Key Informant 1 etc.
PA-B-1 = Protection Assessment - City code (**B**ytom, **B**ielsko **B**iała, **O**stróda, **G**dańsk, **W**rocław, **Z**gierz) - round number. FGDs and KIS within PAs are not coded separately

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Executive Summary:

Under international human rights law¹ states are legally obligated to establish social protection systems. The systems protect women, men and children against various risks, general poverty and social exclusion. Cash and Voucher Assistance (CVA) is an example of a social protection measure and in Poland, similar to Ukraine, CVA has been used for many years as a primary social protection programming tool. Other examples can include, but are not limited to, social care services, unemployment or disability benefits, social pensions, food vouchers, fee exemptions for health care or education, or subsidised services.

Both states (Poland & Ukraine) systems already possess significant experience in polycrisis (Covid-19 response; Chechen refugee response; Ukraine refugee response in 2014-2016; the ongoing Belarusian border crisis in.al.), and have been *de facto* the biggest providers of cash assistance in the ongoing Ukraine war-triggered humanitarian crisis via the Social Protection architecture. It is noteworthy that the systems already survived their own “death” and spontaneous resurrection during the breakup of the USSR and rapid market transformation of the 1990s², and continue to perform in the current, dire circumstances. The maturity and history of social protection in the host country largely determines inclusion of the displaced population.³

This brief paper proposes a new perspective - a floating change from **transactions** (*transactional approach*) to **relations** (*relational approach*) in the widely perceived, multi-stakeholder aid industry in a particular emergency in 2022. It is offering a brief assessment of the **adequacy**, **equity** and **efficiency** of social protection provision for the Ukrainian refugees in two cash assistance project locations in Poland.

The methodology involved both desk based analysis, visits and interviews as part of a qualitative survey focused on the response in the City of Gdansk and a smaller centre - Ostroda. We offer a series of five hypotheses in the background to the study which undergird our thinking as well as some observations on the challenges of aligning humanitarian aid with social protection.

The study found that overall synergies between the systems (of humanitarian aid and social protection) were achieved to some extent in smaller and bigger centres thanks to an exceptionally woven network of local politicians, social workers, social protection officials and volunteers. Area-based and community level approaches proved to be most effective, enabling more targeted delivery.

The study makes a series of recommendations including: localising cash coordination, better acknowledgment of the existing complexity of the Social Protection system, resourcing the ICT component of public services and to implement and fix the life-cycle approach in humanitarian interventions.

¹ The right to social security is articulated in [Article 22 of the Universal Declaration of Human Rights](#) (UDHR), and in [Article 9 of the International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#).

² We find that part of the divergence [in SP systems in Eastern Europe prevailed and] relates to the severity of the economic shock suffered in the first years of transition, as well as economic performance and participation in global trade in the subsequent years See: Gugishvili, D.: *Dynamics of social protection spending in the post-communist countries of Eastern Europe and the former Soviet Union: an enduring legacy of the transition shock?*, 10.03.2022. This particular feature of Polish SP was often brought up by KIS in smaller, significantly under-resourced locations receiving Ukrainian refugees.

³ World Bank Fragility Forum

Methodology:

The methodology of the study was designed with the following components:

- Desk review: municipal level analysis on Ukrainian war refugees presence over time, refugees “lifecycle” in Poland; the Special Act on Refugees; LWF ProGres statistics; The UN Convention on the Rights of Persons with Disabilities (CRPD) marking a paradigm shift in attitudes and approaches to PwDs. Literature on social protection schemes in post-soviet and its evolution over the last 30 years (10 sources); CBM Technical Brief: *Key Principles and Recommendations for Inclusive Cash and Voucher Assistance in Ukraine (2022)*;
- C. Geertz’s *thick description* via structured interviews with civil society actors: LWF program staff; municipal staff; the beneficiaries; organisations dealing with the vulnerable groups, excluded from humanitarian transfers scheme.
The interviews capture historical, interactional, situational, relational and (to some extent) biographical details. At times, the interviews started as Key informant (KI), and morphed into group interviews/FGDs. The paper lightly examines community-based, cross sectional dyads (parent - child; social worker - beneficiary).
- The study is deepened by the general protection assessment findings (three rounds between April 2022 and October 2022, with on average up to 10 Key Informant Surveys (KIS) per location, which also doubled as identifying referral pathways, and which sometimes turned into FGDs KI’s surveyed), carried out by Corus Polish and Russian speaking international protection specialist in the six locations of the cash enrollment centres across Poland (namely - Bytom, Zgierz, Wrocław, Ostroda, Gdansk, Bielsko-Biała).
- Case Study 1 - Ostroda foster family
- Cautionary Tale 1 - Non-MPCA beneficiaries, MPCA missed opportunity - a 15 years old net of Ukrainian grassroot organisations for the visually impaired children, youth and adults evacuated to Poland and further Western Europe.

Limitations:

We believe the findings of this exercise can be extrapolated to other metropolises and smaller towns, however, this qualitative exercise has to be read in conjunction with larger qualitative and quantitative research results - MSNA, RPA, statistical data brokered by Główny Urząd Statystyczny (GUS) and other available data.

The study does not offer assessment of fiscal policy and the financing of social protection, rather its place in the broader protection services market.

Due to the size of the Ukrainian refugee population in Poland and its original socio-economic lack of homogeneity and constant movement, we find persistent contradictions in various existing studies dealing with this population. We believe the biggest drawback so far in Ukraine refugee response has been the heavy reliance on quantitative research only, and publishing the results well after the situation has changed. Otherwise, the typical drawbacks of empirical study apply.

Background & Aims of the Study:

Protection is cross-cutting and covers a wide array of issues, ranging from meeting basic needs of the affected population to securing their access to services to ensuring their safety and dignity. MPCA is intended to address the general protection concerns, while giving the beneficiaries freedom to decide how they want to spend this money. MPCA 'derivatives' such as Cash-for-Protection, Cash-for-GBV or Cash-for-Shelter have also been launched, but from the anecdotal evidence it appears that the 'Cash-for-' derivatives make no difference to the end user, once it is in one wallet.

Key protection issues that remain constant to Ukrainian refugees in Poland are finding affordable accommodation and childcare, or finding a job that is aligned with the beneficiaries' experience and skills – and pays the bills. In bigger cities, affordable food shortages have been reported. From late summer (2022) onwards, tackling winterisation has taken centre stage.

MPCA as a protection measure is intended to help the most vulnerable. However, the staff at the six enrolment centres - in Gdansk, Ostroda, Wroclaw, Bielsko Biala, Zgierz and Bytom report that around 20 percent of those coming to the centres to enrol for MPCA in phase 1 were not in dire need. In this light it is essential that:

- Cash enrollment criteria are revised, ideally in a participatory manner. Prioritisation criteria should be **human-rights based, evidence-based, relevant** and **accurate** - so that they fully serve the needs of the *most* vulnerable;
- Holistic alignment with social protection (its full dimension, standing on three pillars - central institution - Zakład Ubezpieczeń Społecznych (ZUS); Local Territorial Governmental social care institutions; the Local NGOs) is necessary to fully realise principled humanitarian response;
- Full contextualisation ought to be applied.

Consequently, this small study aims to close some burning epistemic gaps and determine:

- What was the level of synergy achieved between the Social Protection system operationalised by the City of Gdansk and smaller centre - Ostroda, and Multi-Purpose Cash transfers provided by LWF? Specifically, were the basic needs of refugees with special protection concerns (foster families, large and small; people with disability, including combined disability; refugees facing catastrophic medical expenditure) met?
- What are the possible adaptations to humanitarian response? What could the exit strategy look like? How could sustainability be achieved?
- Medical approach to disability vs the social model - how did it work in the context of MPCA response?
- What was the social outcome for the hosts in the political environment shifting Social Protection priorities?⁴

⁴ The pervasive tension for hosts between costs and benefits [of SP] - second (or - as some scholars argue - third) wave of privatisation of services that was supposed to be covered by the state as a consequence of direct social transfers. This tension, one of the most important axes of contention in the host community, has been escaping humanitarian markets analysis so far. See also, <https://instytutsprawobywatelskich.pl/lukasz-pawlowski-druga-fala-prywatyzacji-niezamierzone-skutki-rzadow-pis/>

- Lightly evaluate referral pathways introduced - both LWF's organic referral pathways and UNHCR's (with emphasis on self-referral and other community-based methods' effectiveness).
- What examples of good practices did we identify?
- What was the MOPR's incentive for working with LWF/Fundacja Gdanska [FG] ?
- What were the particular additional needs of affected populations in crisis contexts following the example of foster families formed around Ukrainian youth?
- How does the political economy of humanitarian aid influence existing Social Protection?

With this in mind we offer the following five hypotheses on the potential solutions to the underlying issues in this situation:

Hypothesis 1: The economic decisions concerning refugees ought to be depoliticised in order to achieve full synergies with existing, contributory, universal, subsidiary social protection schemes in Eastern Europe. There is an inevitable clash between the Wilsonian paradigm international organisations are operating under and the principles modern universal social protection schemes are founded on. This could be solved through the reassurance of diversity and heterogeneity these local systems offer *plus* the humanitarian system transformation.

Hypothesis 2: Whereas modern social protection mechanisms move away from clientelism, interventionism, and the facade-treatment of families in need, emergency cash aid (*industrialised approach*) to some extent supports it, complicating the handover between emergency intervention and Social Protection. This can be mitigated by stronger, long term collaboration with local (Local Territorial Government level) Social Protection services providers and the communities - both receiving/hosting and refugees *prior* to the crisis.

Hypothesis 3: Categorical targeting for MPCA (and other forms of assistance) won't work unless merged with geographical, decentralised and community-based targeting. Targeting needs to be needs-based, not 'one size fits all'. This could be achieved in Poland e.g. through deepening and contextualising the protection profiling (using humanitarian tools) and collaboration with local services providers, already proficient in protection information gathering (GOPS/ MOPR /MOPS and LNGOs system through area based coordination). Both existing digital and human Social Protection infrastructure needs to be acknowledged, balanced, adequately resourced and utilised.

Hypothesis 4: Despite several reforms and EU-recalibration, the post-soviet legacy on disability treatment undermines the system. This emergency offers the possibility of systematic transformation and lasting change.

Hypothesis 5: While MPCA was, and remains, an appropriate support mechanism, some modifications should be introduced to improve the accuracy, efficiency and impact of the response, e.g. more nuanced transfer values to meet specific needs of the concerned; time limitations and clear transition to livelihood opportunities.

As a wider background it is worth noting one of the humanitarian macro trends has been systems alignment, localisation and tweaking existing social protection. Although, as outlined by the European Commission⁵ - a certain degree of mistrust in governmental systems prevails - this pattern is not repeated in the development context. Development funding continues to be routinely streamlined via local governments and local NGOs. The reason for this difference could be linked to the current humanitarian architecture (in large part seemingly operating under a Wilsonian paradigm), with corporate-like entities competing for funding and working under the common assumption that humanitarian systems can deliver faster and better than governmental systems.⁶ Although reasons behind these assumptions are sometimes valid, this could be challenged in the refugee response in Poland⁷.

Organizational Structure of the Social Assistance System in Poland
(excluding military and police pensions system as well as allowances available to farmers via KRUS):

General: three pillars ZUS, NFZ and Central Government Ministries - Local Territorial Government institutions operationalizing Social Protection tasks - Local NGOs realising principle of subsidiarity

Detailed (some regional differences apply):

- I. Social Policy Council (advisory body to the Ministry, with seats for NGOs, e.g. Caritas)
- II. The Ministry of Social Policy
- III. Office of the Plenipotentiary for Disabled People
- III. Department of Assistance and Integration
- IV. Voivodeship Local Government
- V. Regional Center for Social Welfare
- VI. Local NGOs with assigned public tasks and funding, compliant to detailed regulations
- VII. District Family Center and corresponding institutions
- VIII. OPS - Centers for Social Welfare
- IX. Gminne placówki opiekuńcze - Localised Center for Social Welfare dedicated tasks (DPS, Centra Opiekunczo-Wychowawcze etc.)

Recent developments and findings from interviews and observations:

The role of the host community, the informal social protection system, in linking the beneficiaries with MPCA and the social protection system cannot be underestimated. Host families have been sparing no effort to help the Ukrainian refugees with formalities, filling forms, helping them secure a job – and thus linking them with social protection. Apart from the promised state support of 40 PLN per person per day (that many families have not yet received despite applying months before), the host community – service providers, host families, and the Polish society as a whole, has received absolutely no support from the state. Teachers, nurses, doctors, staff in the government offices, and the general population are expected to ‘grin and bear it’. It is often down to the kindness and goodwill of the host population and civil society that the beneficiaries are able to access state services and MPCA.

While the ‘official’ quantitative PDM study is still pending, from qualitative interviews with the beneficiaries it appears that they spend their MPCA allowance on food, accommodation, clothes and school items for children. Where possible, many save the MPCA cash for a rainy day. Many send the money back to their relatives in Ukraine, or have

⁵ See:

https://ec.europa.eu/info/sites/default/files/research_and_innovation/strategy_on_research_and_innovation/documents/c_2022_4747_1_en_annex.pdf

⁶ Ibidem.

⁷ Also the integrated information technology system for case management in Mariupol city in Eastern Ukraine is an example of such humanitarian-development integration. It allows online access to the cases via tablets; it integrates all the required forms, including needs assessment, documenting progress made and reporting to the centralised database (UNICEF and European Commission 2017).

already returned to Ukraine and cross the Polish border to withdraw their MPCA cash and/or [register for social protection benefits](#).⁸

At the same time, while the MPCA beneficiaries in the six geographically diverse locations have different needs, some needs are common for all the locations. These are: finding decently priced accommodation, securing day care especially for under 6s/pre-schoolers, placing older children in Polish schools, securing part-time jobs for young mothers, or equipping Ukrainians with job-hunting skills. MPCA is not the answer to all these issues but it empowers the beneficiaries to make their own decisions about what they need most.

⁸ Ultimately as humanitarian cash assistance providers we should be looking closely at the dynamic of remittances and actual (semi-formal) economical exchange between Poland and Ukraine as well as synergies achieved between the two SP systems. Unfortunately, this study is too short to accommodate full analysis of this process dynamics and consequence for markets.

MPCA referral pathways in multi-stakeholder environment in Gdansk and Ostroda (Northern, North-East Poland):

a. Gdansk - the floating change and *archipelagos of aid*

The localised politics of social protection fundamentally shape the available options and outcomes of humanitarian assistance, micro and macro level. The Gdansk Centre was successfully launched on Tuesday, May 17th with the vulnerable groups⁹ coming to register from a collective shelter centre (*Arena*) run by the City. It was visible that Fundacja Gdanska and the Lutheran Parish - LWF's strategic partners - understood their assignment well and did a thorough job handpicking referrals and taking care of the refugees' comfort. The level of vulnerabilities included socio-economical; health and age- related and combined. In partnership with MOPR, on Thursday, 19th the Centre served a group of 30 deaf-mute Ukrainian refugees who have been previously struggling in Poland because they use Ukrainian sign language and could not find communication interpreters (PA-G-1).

Overall, the distribution package delivered by the Fundacja has been *cash plus*. Fundacja Gdanska used UNHCR/LWF Corus assistance as a building block in a longer chain of aid. E.g. the city of Rotterdam, Gdansk's long-standing partner, has donated hundreds of thousands of Euros for in kind help in the city collective centres. The centres were the nodes of rapid screening and referrals. This screening has been done partially digitally - Fundacja Gdanska as a quasi-NGO, an entity closely linked to LTG had access to PESEL data base and was able to screen out elderly; PwD; female beneficiaries in certain "risk age"¹⁰ increasing economic vulnerability with precision... In the second phase of assistance, post new criteria introduction, the system became more mobile, with screenings moving around in kind assistance points, daily occupational therapy centres, DPS.

It was agreed that the most vulnerable are those who are **unable to find a job and generate income** due to the following circumstances:

Inability to find reliable and affordable childcare

Inability to find reliable and affordable care for an elderly and/or sick relative

No knowledge of Polish - in jobs where Polish is required, e.g. in tourism

Disability or a health condition preventing the person from finding and holding a job

Trauma (including post GBV trauma)/PTSD/depression

In addition, the following criteria were also relevant:

Single/women-headed households (HHs) with children or other dependents

Elderly-headed HHs

HHs with 2 or more dependents (if the dependents are not of working age or able to work)

HHs with one or more persons with specific needs

The level of digital convergence deployed for rapid response outperformed international entities. Ukrainians sheltering in collective centres received electronic food vouchers from *Fundacja Biedronki*. Registration and referrals for various forms of aid, not only MPCA, were streamlined through [Gdansk Pomoga](#) and *Karta Gdańszczanina* (*Card of*

⁹ In Gdansk and other centres shelter was used as a proxy for vulnerability - people who were in a way rejected (this is a simplification because the problem is much more complex and broader than this paper allows to explain; this vulnerable group was also in some part absorbed by the host community) by an informal protection network - people opening their homes, were taken to the collective shelter. This included PwDs, elderly, and the disabled.

¹⁰ This refers to the economic vulnerability of women above ~50 y.o. (generally, women just before pension age who struggle to find employment; they are perceived as not employable anymore because of their, sometimes wrongly ascribed only, lack of digital skills, int. al. This is a systemic problem in Eastern Europe, a legacy of post Soviet transformation, see for example: <https://freepolicybriefs.org/2020/10/01/transition-beyond-women-labour-market/>

Gdansk Citizen) - a digital system that was first put in place in Covid-19 response and was swiftly transformed to rapidly serve newly arriving population in need.

Against this background, the KI2 - top Municipal Social Protection practitioner mentions *Gdansk has been testing humanitarian aid system applications but has been building on Covid-19 response, our original testfiled. The Municipal Crisis Intervention System is a constant, well developed mechanism utilised in crisis situations* - continues the Key Informant. There has been an existing LNGO - LTG - Municipal Institutions working agreement, open for new entities. Gdansk joins resources and exchanges competences of aid practitioners. *Gdansk has many specialised "islands" - experts, NGO practitioners and we are working to create - utilising prof. Hausner's metaphor - archipelagos.* Over 30 entities are active in Gdansk alone - governmental, nongovernmental; institutions and individuals. They work in the realm of prophylaxis, intervention and post-intervention monitoring and complimentary support. The system is open, it links resources.

Working in an archipelago means when my entity's competences end, another entity can pick up (via MSIK - Miejski System Interwencji Kryzysowej), so as not to leave anyone behind and to complete assigned Social Protection tasks. And working with NGOs means we can fully realise the principle of subsidiarity. NGOs by definition are closer to human matters; people's micro-environment and community driven solutions.

It is noteworthy the rapid aid process in Gdansk is led by an NGO [flexible, quasi-NGO, Fundacja Gdanska], not a LTG. The rapid response system was built organically, based on existing relations and previous collaboration. We did not have to "find each other", we already knew each other, we knew who could provide volunteers; who could provide first psychological aid, including psychological aid for volunteers. The aid was delivered with success and quality, despite initial small hiccups caused by emergency staff turnover and knowledge gaps. In a longer perspective (and as part of preparedness) we should know our competences but also limitations.

What are the prevailing limitations? *Legal framework [source: [Ustawa o Opiece Społecznej i Pieczy Zastępczej](#) - The Social Welfare and Foster Care Act]. There is virtually no room for rapid intervention (outside IK), unless it is life saving intervention (suicide response; arson; violence). In these circumstances the aid flow is rapid and free of bureaucracy. Any other form of intervention requires a lengthy process - community interview; documents gathering. Administrative decisions can be taken only by qualified and authorised social workers and not all of them have this level of authorisation. This process is thorough and rightly so. In our circumstances humanitarian aid resembles more IK as it serves different purposes. [The Special Act on War Refugees](#) has introduced certain flexibility, e.g. freed the bureaucratic process and introduced declarations in lieu of attestations.*

Initially Ukrainian Persons with Disability requiring complex, 24 h assistance, sheltered in communal, municipal points were supposed to be "fast tracked" by MOPR to DPS. But legally there's no such "rapid path", there's only a full, bureaucratic, lengthy process. It wasn't anyone's ill will, just this is how it is codified by the legislator. Eventually, studiously, MOPR has found a solution.

Systematic aid is a logical next step after humanitarian intervention. The key here is complementarity. Let's not work in intervention mode when we can already move on to complex, systemic aid. Let's not prolong the intervention, including MPCA, indefinitely. The systemic aid with a refugee would also mean livelihood opportunities and labour activation and we need to enable this (KI2, KI4).

The UNHCR funded LWF MPCA centre in Gdansk, between May 2022 and September 2022, served 7,523 HHs or 17,865 individuals, including 1,379 children under 18 years old and almost 1,000 Persons with Disabilities.

BLIK cash out totaled PLN 34 413 900 or nearly USD 7 M (KI4).

b. Ostroda - operational and structural efficiency of the systems

According to the KI1 (MPCA local implementer for the past 5 months; top LNGO leader with 30 years of hands on experience), social and humanitarian aid are acting as two silos, there has been no communication, no information exchange; the humanitarian aid system has been ultimately local systems - agnostic.

Whereas social assistance is more methodologically structured and advanced (and held fully accountable by various legal mechanisms) than humanitarian aid, the Polish provincial SP is still behind, the reform is progressing slowly. First swallows can be observed in daily practice and some shift in mentality as well. The more adequate the help is to be, the more it must flow from local organisations. The humanitarian system must be working for the mobilisation and partnership of all social policy actors, starting from recognising there are more social policy actors than ZUS and that LNGOs have been working with fluid, market-dependent definition of public service.

Mobile MPCA Registration by Ostroda Team:

After static registration of phase I was concluded, the Ostroda Team introduced mobile registration, implemented together with LTGs in smaller towns in two under resourced voivodeships in NE Poland.

Vulnerable groups were partially pre-identified by GOPS, including refugees with disabilities and combined vulnerabilities (e.g. single-headed HHs with disabled children). GOPS itself more static, MPCA centers staff with greater outreach.

Distribution venues were offered free of charge by the LTGs together with some other infrastructure, e.g. wifi.

Refugee communities worked on vulnerable HHs identification in Ketrzyn, Suwalki, Gizycko and formed enrolment lists.

Humanitarian aid in the form in which it was implemented in Poland deprives people of their competences and agency. The aid "product" was not tailored because of lack of contextual understanding from the power (and resources)-holding agency. The existing system is of course not free from problems. The biggest shortcoming of the existing SP tri-pillar system is that the system is not proactive e.g. GOPS would have never searched for beneficiaries, they were not as mobile and outreaching as us. Local NGOs are.

Ultimately, it is impossible to build upon deficits, rather on resources and capacity building (related to humanitarian aid, social aid, client-oriented work). Essentially, the sector needs resource mapping, including macro-resources (institutional resources) but also acknowledgement - this system [of refugee aid] largely relies on individual relationships and replication of social links applied inside Ukraine. Network of social workers is a critical part of aid infrastructure.

A top-down allocation utilising existing NGO architecture in Poland would lead to refugee response improvement. Polish NGOs are a great undervalued resource and are fully auditable, transparent and accountable - falling under rigorous law [Ustawa o NGO - The NGO Act] and they are used to deliver social services.

The key to effectiveness is locality and how local NGOs are grounded in grassroots context. In our practice we can identify some interesting dynamics, e.g. in Ukraine more people live in cities¹¹, less in smaller towns and villages; in Poland the trend is reverse and it has its consequences in how refugees organise themselves and what level of aid is available. Refugees are in some ways in a worse situation in the provinces than in cities, because historically the province has been less prosperous, there's been significant outflow of critical resources and money determines the level of public services, including social assistance. Nevertheless, the social economy of social services - solidarity; the primacy of people over capital, and democratic and participative governance prevailed and outperformed.

Categorical targeting for MPCA and other forms of basic needs assistance worked only partially and further analysis needs to be deepened on a. level of informal social protection, e.g. transfers from refugees back to Ukraine (the KI estimates this is not a small percentage, rather tens of percentages of humanitarian transfers); real value of aid provided by host communities b. full understanding of social transfers inside Ukraine, especially non-obvious transfers suchlike utility payments for Donbas 2014 veterans and military widows.

The synergy of transfers - we'd have to measure it, weigh basic needs provision against available aid taken holistically, this would have to be done case by case and would vary in time, as people have jobs incidentally and the centralised system cannot catch up with fragile refugee employment dynamics. Application of the employability criterion leads to unfair exclusion.

Barriers to governmental Social Protection for the Refugee Population (PA-B-1; PA-O-1; PA-G-1; PA-Z-1; PA-BB-1):

Language barrier, no identified liaison for filling in the documentation.
Unclear grievance redress mechanisms for rejected applications (rejected because of errors).
Confusion with finding the right institutions/offices.
Confusion with digital systems.
Overall psychological state of refugees arriving (PA-2-O reportedly worsening with time, people who evacuated late endured atrocities, in need of MHPS).
Level of existing capacities in receiving towns and cities.
Legal loops in the Special Act, e.g. for PESEL registration for Ukrainian children under 18 yo remaining without legal guardian, uncoordinated definition of emancipation.
Lack of inter-country information sharing (within EU) to track refugees who applied for Social Protection numbers and allowances in multiple countries.
How this system relies on local relationships. Non-transferable (just yet) relationships LNGOs - SP services providers.
Fear of negative impact on applications for permanent citizenship.
Transportation to offices not always available in smaller towns.

Opportunities:

Unified vulnerability taxonomy between Poland and Ukraine and structural similarities.
Expansion of POL digital tools - adoption of Diia app with full interoperability already happening.
Piggy backing more the PESEL registration system and max use of the data base for nimble filtering out age and gender groups (coded in PESEL).
IBANs ready for those who previously applied for SP allowances.
Robust crisis intervention system with Crisis Cells activated by the Local Territorial Governments.
Local NGO sector experienced in acting as SP implementer.
Local NGOs experienced in Eastern Partnerships - decades long partnerships formed with SP providers in Ukraine.
Social Protection staff inclusion in humanitarian cash coordination.
Provide cash assistance where Polish system has no legal and financial means to intervene - e.g. for funeral allowances and repatriation of a body to Ukraine (PA-O-2).

¹¹ Urbanisation rate 2021: 69.76%, see: <https://www.statista.com/statistics/455947/urbanization-in-ukraine/>

Temporary Foster Care - Under Research *Deviant Cases* and Litmus Paper of the Response:

This particular protection and child protection concern was picked for deeper analysis as we saw in the centres' practice is the litmus paper to the Polish SP legal environment and how child protection matters are handled by the systems.

Polish people, while willing to help, often feel they are not in the position to fully embrace the responsibilities that the temporary foster care puts on them. From the PA interviews it appears that the main reasons that put Polish people off applying for temporary foster care are:

- Lack of clarity on what to do if the foster child falls seriously ill or dies
- Lack of clarity on crossing the border – e.g. if the foster child wants/has to go back to Ukraine
- Anxiety about the duration of foster care, and the foster child getting emotionally attached to the foster family. It would be challenging to determine if returning the child after an extended period of time to their 'full-time' parents – by that time likely exhausted and traumatised, would indeed be in the best interests of the child. Also, taking the child back to Ukraine after a period of time in Poland, where the child would have to 'reintegrate' in their native culture might be challenging too.

In our experience, there are three groups - mentions Senior Municipal SP representative in Gdansk (KI2):

- a. Children who remained in foster care in Ukraine - entire large orphanages relocated to Poland¹², now functioning outside of the Polish foster care system. They are not in Gdansk, but they are in the Pomeranian voivodeship [and across Poland].
- b. Children who were not in foster care in Ukraine, but did not have a real (actual) guardian in Poland and were transferred to Polish foster care. Several children are now in Polish custody in Gdansk.¹³ MOPR monitors their situation closely and their basic needs are fully met via MOPR initially humanitarian and now structural aid.
- c. Children without legal guardians in Poland¹⁴, parents remained in Ukraine, they are with informal carers but not in foster care, meaning they fall off the services' radar. MOPR identifies this group as the highest risk group.

The special law (The Special Act on War Refugees) created opportunities for the enabling of children's environment, a group that fled together Ukraine (neighbours, relatives) and it is rightly so, children should not be uprooted from the environment (if it is a

¹² Prior to war, Ukraine had the biggest percentage of children hosted in orphanages in Europe (some 90,000 children hosted in orphanages, boarding schools, other care institutions. Nearly half of them were disabled) see: <https://www.unicef.org/eca/press-releases/unicef-geneva-palais-briefing-note-situation-children-ukraine-0>

¹³ Detailed statistics for individual locations available at local MOPR/GOPR

¹⁴ NB one of the most important nuances turned to be difference in legal interpretation of emancipation. In Poland, anyone under 18yo is a child, in Ukraine - 16 yo.

non-pathological one). The Polish foster care system was not able to accommodate all Ukrainian children - concludes the KI.

The Special Act presupposes family supervision. MOPR receives ruling by the family court and address and this is where problems begin because many of them have already moved. *We receive provisions that can not be implemented - we enter the environment and people are no longer there, never were, nothing is adding up in these situations. They [the refugees] give temporary addresses and move abroad or move around. Out of 398 family court provisions around 70% do not refer to actual residence, hence the family environment monitoring is hampered.*

On paper, the Special Act grants similar caregiving arrangements to refugees that are given to the hosts. But there are some important nuances - it becomes problematic when a child turns 18. The Special Act did not take into consideration foster care children turning 18. MOPR currently has 3 such cases and is working on (centrally permitted) individual interpretation to enable prolonged support essential for smooth emancipation. Those young adults would benefit from humanitarian cash transfers (PA-G-1). However, the humanitarian cash registration introduced a cap discriminatory for foster families (KI4, KI1). In addition, it did not allow child-headed household registration (as- children on the verge of becoming independent). The PESEL registration has brought some important and somehow similar challenges, too.

The Ostroda Case

Twelve¹⁵ Ukrainian teen cyclists together with their trainer and two mothers were attending a sports camp in Poland when the war broke out - says KI1 (see also: PA-O-1). The sports team had guaranteed basic needs provision but no legal guardian in Poland making it impossible for them to apply for PESEL and navigate Polish Social Protection, health and school system. Children were not orphans per se, their parents remained in Lviv and Zhitomir, parents were sending small money. They came from places that were relatively calm. By June/July they have left either for Germany or Ukraine. When children left, foster care ceased automatically.

The initial process was difficult as Social Protection workers were learning how to navigate this new refugee situation. Local NGO leader was appointed as legal guardian. The process of change of their legal status was prompted by wojt (village mayor) and fast tracked by the family court in March 2022. The petition was processed within days, as mentioned in the Special Act on Refugees.

The appointed legal guardian was intervening only when it was necessary. Informal social protection networks (for in kind aid), MOPS, NGO and Local Territorial Government worked together to ensure children's needs were fully met.

Eventually, most of the children left with an exception of one refugee girl who continues her highschool education with Polish peers. *Nothing could have prepared us for such a situation and at times I felt overwhelmed and worried about forming bonds. Our most*

¹⁵ From 15 children the caregiving governmental institution would have had to employ additional social workers to assist the family.

considerable resource was the local network and its flexibility on so many levels - concludes KI1.

Loopholes in the PESEL system:

Up to date 1.2 M Ukrainian refugees registered for PESEL (and this number is used as a proxy of people in need in humanitarian programming) but this number does not match the number of arrivals. Per population, the largest number of PESEL identifiers were issued in small *poviats*. Although numerically the largest number of people from Ukraine was registered in large centres, this is not where the highest density of refugees with PESEL per population occurs. LTG in smaller towns were initially able to process applications faster¹⁶.

Central government statistic updated on October 12th¹⁷ mentions high registration rates in locations partially off humanitarian radar (Bydgoszcz, Grojec). Although registration data broken down by locations, sex, age is widely available, it remains unclear who had not registered for PESEL and why exactly and this group is estimated to be at least 300 000 individuals. *In our experience people were registering in and then out because they wanted to move e.g. to Germany and they cannot hold two social security numbers; overall the number of people without PESEL is low - mentions KI2. The number of PESEL-un-registered is high, much higher than 300 000 - argues KI3 and this discrepancy could come from the fact that they deal with different populations within the refugee group, with KI3 focusing on the disabled Eastern Ukrainians.*

Access to the PESEL system was made easy, much easier than for the Polish population. In smaller towns this system was even easier. People who were not registered a. already had their family members registered and were using family ties or an informal social protection system, they had enough of their own means b. they moved abroad and in order to join, e.g. German scheme they had to abandon Polish PESEL number. Overall, refugees arrive in groups. People with disabilities did not function alone, they came in a wider group and were registered by the group members - mentions KI2.

KI3: The very act of evacuation was therapeutic (in a psychological sense) but the process that led to evacuation was difficult. Reluctance to share information on evacuated groups of children was high. They did not want to evacuate certain groups of children, it seems, and were trying to keep them inside of Ukraine for as long as they could - in Kherson, Donbas, Kharkiv but also Kyiv. When it eventually changed and the Korolenko School [V. Korolenko Special School in Kharkiv - the educational complex for visually impaired children, which contains a kindergarten, elementary school, gymnasium and musical school] was beginning evacuation, we could not obtain basic information on how many children were on the way, how many actually reached Poland. We only knew $\frac{3}{4}$ after July 1st either returned or were on the move again. We began to observe certain patterns in groups - 40 adults and just a few children, without information on ages, how many exactly etc. And they fell off the radar again.

The KI3 organisation facilitated accommodation of visually impaired children and children with disabilities in Polish state-run facilities. *Several times we had information from*

¹⁶ <https://konkret24.tvn24.pl/polska/ilu-ukraincow-z-pesel-przypada-na-tysiac-mieszkancow-dominuja-male-powiaty-ra1104015>

¹⁷ <https://dane.gov.pl/pl/dataset/2715,zarejestrowane-wnioski-o-nadanie-statusu-ukr/resource/41918/table>

facilities in Sumy, Kherson, Cherkasy about ongoing children evacuation and then it suddenly stopped, children were kept inside Ukraine. They say they [Ukrainians] are going to sustain them inside the country for as long as they can.

Of course we had issues with allowances accessibility, not all the children escaped with their medical documentation necessary for issuance of medical certificate of disability; nevertheless, the documents are not transferable between the countries. New certificates were issued via ZUS but with different, localised, relationships-dependent processes. And children aged 16-18 could not register for PESEL alone - K13 flags possibly the biggest loophole of the registration system¹⁸.

¹⁸ Noticeably, according to Polish law, children in state care facilities (boarding schools for disabled, military school, juvenile shelter) where basic needs are met do not receive the 500 plus allowance. Hence the incentive to apply for PESEL could be lower.

Conclusions:

Overall synergies between the systems were achieved to some extent in smaller and bigger centres thanks to an exceptionally woven network of local politicians, social workers, social protection officials, volunteers tried in previous crises (Covid-19 response). Some ex post adjustments required would include:

- a. documenting more micro-contextual learning surfacing organic learning, especially in geographic locations and institutions excluded from traditional humanitarian, corporate system;
- b. deepening connections with local responders;
- c. piggybacking vulnerability identification systems;
- d. making MPCA truly nimble and limited in time;
- e. strengthening economic recovery measures from the very beginning of response.

Area-based and community level approaches proven to be most effective in more targeted approaches. Recommendations for ongoing support:

- Localise cash coordination (either resource CWG to expand or empower existing local offices network), bring humanitarian cash expertise to social protection experts already using cash assistance as a mean of working with vulnerable communities.
- Acknowledge the full complexity of the Social Protection system in Poland and its all actors as well as market complexity of social services. Acknowledge existence of LNGOs pillar and adopt ways to expand assistance they have been providing.
- Adequate resource the ICT component of public services. Piggyback Poland's digitalisation process and government level inter-country collaboration, e.g. on Diia app and inter-country pensions transfers.
- Implement and fix the life-cycle approach in humanitarian interventions.

Hypothesis 3 - the one we managed to test to the greatest extent in this paper, was supported but also fades into obscurity as humanitarians enter the second year of war.