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Fluctuating ‘structures’ of protection – the integration of civil society actors in government-led response at the Ukraine-Slovakian border

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Abstract

Transit Camps at the Ukraine-Slovakian border show that there is great potential in the flexibility and scalar reach of civil society actors. Yet their integration into official structures comes with a number of inherent paradoxes. The challenges to ensure protection for people fleeing Ukraine lie in bridging gaps in knowledge, communication, and in the implementation of humanitarian standards.

Theme

Shock (Im)mobilities

Keywords

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After the Russian invasion of Ukraine on 24 February 2022, EU policy makers activated the Temporary Protection Directive to ensure the protection and rights of a rapidly growing displaced population from Ukraine and to take the pressure off an asylum system already under pressure in many European countries.² As this was the first-ever activation of the directive, the details of how it would work out in practice were unknown and obscure to the multiple stakeholders, and awaited in anticipation.^{3,4}

A humanitarian mission with Arbeiter-Samariter-Bund⁵ (ASB) Germany at the Ukraine-Slovakia border provided me with insights into the ways in which the implementation on the ground was characterised by an inherent paradox: a hierarchical coordination architecture under the local government on the one hand, and its dependence on an emergent assemblage of humanitarian and civil society actors on the other. While the former was required to ensure basic coordination of relief efforts and the sovereignty of the responding state, the latter proved indispensable for the implementation itself.



Figure 1: Transit Camp Humenné, March 2022; Photo Credit: Carina Knobloch

From volunteer-based to government-led response

‘When US president Biden announced that Russia would attack Ukraine, we knew that many people would be crossing the border [to Slovakia]’, explained Tom J., team lead of Asociácia Samaritánov Slovenskej Republiky (ASSR), the Slovak Samaritan organisation. Only a few months earlier, he and his team had completed the certification process for Emergency Temporary Camps

² European Commission. 2022. Temporary protection. Available online at: https://ec.europa.eu/home-affairs/policies/migration-and-asylum/common-european-asylum-system/temporary-protection_de. Last accessed 5 April 2022.

³ This paper is based on observations during a two-week humanitarian deployment in March and April 2022. The objective of the mission was to support local organisations in the management of transit camps. The piece is meant to provide selected ethnographic insights in a timely manner, rather than exhaustive description and analysis. Pseudonyms are used for individuals.

⁴ Migration Policy Institute. 2022. Briefing on Ukraine: Avenues to Safety and Meeting Immediate Needs. Available online at: <https://www.migrationpolicy.org/events/ukraine-avenues-safety-meeting-immediate-needs>. Last accessed 5 April 2022.

⁵ The ASB Germany (English: Workers' Samaritan Federation) is a German, non-governmental aid agency which was founded in 1888 to ensure the medical treatment of work accidents. Later the objective was broadened to include elderly care, social work, civil protection and humanitarian missions. Over the years, the Samaritan movement gained traction in other European countries as well. For more information see: <https://www.asb.de/en> and <https://www.samaritan-international.eu>. Last accessed 5.4.2022.

(ETCs) by the European Commission, as part of the EU Civil Protection Mechanism.⁶ Now, four weeks into the 2022 escalation of the Russia-Ukraine war, the ASSR team was involved in the implementation and management of three transit camps close to the Ukrainian border. While one camp was entirely under ASSR lead, two other camps were managed in collaboration with, and under the lead of, the fire brigade. ‘We were prepared,’ Tom said, ‘when the first buses and cars [with persons from Ukraine] arrived, they were accommodated in town halls and school gyms at first, but not more than two days later people arriving from Ukraine could move into the heated tents and camp beds of the ETC.’

ASSR’s role as a non-governmental organisation (NGO), with both professional and volunteer staff, was embedded in an emergent and fluid system of response, in which different principles of organisation were sometimes contradicting, sometimes complementing each other; partly replacing one another, partly existing in parallel.

A former volunteer remembered how the first days of the response were in large part characterised by both a broad willingness among the public to provide assistance on the one hand, and a lack of coordination on the other.

There were many [volunteers] on the border crossing, and on the train stations in Michalovce and Košice. Many individuals were providing information and support. Volunteers from the church and people from nearby villages came with food, water, and warm clothes. It was kind, but chaotic. Uncoordinated. The warehouses quickly became too full. The police were very nervous. There were too many spontaneous camps, people, and cars. Civil society organisations and local churches – all had their own system.

This statement by the manager of one of the transit camps in eastern Slovakia, complements this picture of a response both dependent on, but also complicated by, the spontaneous solidarity of individuals:

The problem was that these were mostly ordinary people, with no [humanitarian] training. They did not know about [potential] dangers. [...] On the border, many people offered transport. This is risky for women travelling on their own. [In the warehouses,] they gave out medicine without prescription, they gave out everything. It was a mess.

After some days, the Slovakian Government took the lead as the Local Emergency Management Authority (LEMA), and by establishing so-called ‘hotspots’ in Michalovce and other strategically chosen places. These hotspots, run by the police and the Migration Office, were designed to fast track the administrative process for persons coming from Ukraine and to bundle efforts of support, providing translators, organising transport for refugees and accommodation for those who intended to stay in Slovakia, but did not yet have a place to stay (for example with friends or relatives). Foreign NGOs were banned, unless they operated under the lead and in support of Slovakian organisations. The humanitarian cluster system was not activated for Slovakia at first. The cluster system is supposed to bundle the coordination of relief actors and efforts in emergencies in each of

⁶ European Commission. 2022. EU Civil Protection Mechanism. Available online at: https://ec.europa.eu/echo/what/civil-protection/eu-civil-protection-mechanism_en. Last accessed 2 May 2022.

the 11 technical sections of humanitarian action (including health, logistics, food security, and others). When a cluster is activated, organisations working on the same thematic focus collaborate and exchange information under the lead of either an UN agency or a combination of an UN agency and an NGO.⁷ The first health cluster meeting took place in late March.

By the end of March 2022, the procedural flow was approximately as follows: people came to the border by either public transport or transport organised by the Ukrainian state and civil society actors, by foot, hitchhiking, or by using their own vehicles. When entering into Slovakia from Ukraine, their passports were stamped, and they were free to travel under the Temporary Protection Scheme to an EU country of their choice.⁸ They were required to register themselves within 90 days of crossing the border and would then be granted access to social services. By the end of March 2022, 281,000 people had crossed the border.⁹

Those who had already decided where to travel could use buses and trains to continue their journey. In Krčava, a small town three kilometres from the Vyšné Nemecké border crossing point, refugees were fetched by relatives and friends. For those who intended to stay in Slovakia, but did not yet know where exactly, the system envisaged free transport to one of the hotspots, from where they would then be sent to regions and municipalities where so-called ‘hubs’ would assist with finding rooms and accommodation. Reports by camp managers on the effectiveness of this distribution mechanism differed. Some voiced concerns that the Slovakian population would not be willing or able to accommodate many more refugees and that municipal capacity would soon reach its limits.

Transit camps were intended to provide shelter before onward travel. The camps were established in school gymnasiums, industrial buildings or as tent cities. New camp residents either arrived from the border directly, or were sent from a hotspot. Some reached the camps via the hospital. While the bulk of residents did not stay longer than a night or two, others stayed for a bit longer until they could be placed within private households or in alternative accommodation in nearby municipalities. Still others stayed in the hope of soon being able to return to Ukraine.

Transport was mostly organised by the Ministry of Transport and Construction or by volunteers. Some of the volunteers were employed by the Ministry and thus integrated into the official response structure. To fill remaining gaps, the ASSR built on their own experience and networks. They used personnel and vehicles from ASSR’s ambulance services and home care services for older persons, and also drew on the personal networks of ASSR staff.

Intertwining efforts and the emergent everyday

As the numbers of internationally displaced Ukrainians increased, the transregional and transnational cooperation of relief actors gained in importance. Other European countries offered

⁷ For more details on humanitarian coordination and multi-agency response see for example: UN OCHA. 2020. Humanitarian coordination and the cluster approach: a quick guide for local and national organizations. Available online at: <https://reliefweb.int/report/world/humanitarian-coordination-and-cluster-approach-quick-guide-local-and-national>. Last accessed 9 March 2022.

⁸ Denmark opted out of this policy. Non-EU member states like Norway, Iceland, Lichtenstein and Switzerland have partially introduced separate protection schemes, see: European Commission. 2022. EU invokes Temporary Protection Directive to help those fleeing Ukraine. Available online at: https://ec.europa.eu/migrant-integration/news/eu-invokes-temporary-protection-directive-help-those-fleeing-ukraine_en. Last accessed 5 April 2022.

⁹ UN OCHA. 2022. Ukraine: Humanitarian Impact. Situation Report. Available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/2022-03-30_Ukraine%20SitRep%20Humanitarian%20Impact.pdf. Last accessed 5 April 2022.

support to ease the burden on Slovakia as country of first arrival. To take the pressure off Slovakian hospitals, for instance, severe medical cases could be transferred to hospitals in other European countries. Transport was organised in collaboration with the Red Cross. The government of Italy sent representatives and needs assessment teams, and initiated the establishment of an additional transit camp in collaboration with the Italian NGO Associazione Nazionale Pubbliche Assistenze (ANPAS). The management of the camp was then handed over to local government structures who entrusted it to the national fire brigade as primary implementer, and ASSR as their civil society partner.

While international coordination mechanisms and government-led initiatives were seeking support in implementation from non-governmental partner organisations, these civil society and church actors in turn, accessed their very own networks. ASSR requested support via the International Samaritan Network, Samaritan International (SAMI), and could thus complement their own staff with teams sent by their partner organisations ASB Germany, ANPAS Italy, ASB Austria and the South Tyrolean Samaritan organisation Landesrettungsverein Weißes Kreuz.¹⁰ They moreover collaborated with the operators of humanitarian warehouses in the region (which were stocked by both local and foreign initiatives), local businesses who offered financial and logistical support, volunteer-based initiatives collecting donations and offering transport and organising accommodation, and, last but not least, individually acting volunteers. The overall response and resulting structures of protection were thus based on the intertwining efforts of a broad variety of both state and civil society actors.

Even though there were some activities and tasks which needed to be done on a daily basis – such as the registration of newly arriving residents, the de-registration of those who left, the coordination of cleaning and service personnel – days in a transit camp were hardly ever the same. The heterogeneity of the residents and their needs required daily flexibility and adjustments of procedures. Besides the treatment of acute medical conditions or the provision of psychological first aid, numerous organisational and logistical issues needed to be solved. While one camp resident would need support in finding a way to continue her cancer treatment, another resident would need help in seeking missing relatives, others would look for jobs and housing information, try to find details of possible destination countries and onward travel, or need an appointment at the veterinarian for their pets. Each day involved a new set of actors and a multiplicity of stakeholders, thereby touching on the mandates and responsibilities of different civil society actors, but also the government representatives and LEMA, civil-military co-operation (CIMIC) officials, international organisations (such as IOM, WHO, or the ICRC), and the office of the European Civil Protection Mechanism (EUCPM) in Bratislava.

Bridging gaps of an imagined ‘system’

Within the relief assemblage, connections, links, and mechanisms changed with the networks, knowledge, and personalities of the individuals involved. In fact, a ‘system’ only existed in so far as the persons involved implemented it through their own knowledge and actions. The interaction

¹⁰ For more information on these initiatives see: Samaritan International, <https://www.samaritan-international.eu>; ANPAS, <https://www.anpas.org/english-version.html>; Samariterbund, <https://www.samariterbund.net>; Weisses Kreuz, <https://www.weisseskreuz.bz.it/de/home-609.html>. All last accessed 2 May 2022.

and combination of volunteer-based and government-led response materialised in partly paradoxical ways. Three examples are given below.

The first paradox concerns the interaction of official relief mechanisms (imagined to be based on procedures, thus independent from individuals) and its simultaneous dependence on emergent networks (based on individuals). Organisations like the ASSR and the transit camps depended on the availability of volunteers, who donated not only their free time and manpower but also professional expertise reflecting their different backgrounds. The fact that leading positions in camp management were re-staffed on a regular basis (some individuals stayed less than a week) led to variations in expertise, but also fluctuation – and loss – of knowledge. New camp leaders often acted within a largely unknown map of actors and procedures. The challenges to the seamless transfer of knowledge became clear when newly appointed camp staff, not yet familiar with the role and capacity of institutions, misread the information ‘available accommodation’ by another transit camp as a permanent, rather than temporary possibility. As a result, residents from one transit camp were fetched by a vehicle sent by the Ministry of Transport and Construction, only to be transported to another transit camp with fewer facilities and more residents, and thus accommodated under worse circumstances than before. It was very difficult to retain information on procedures and actors proactively. As one international humanitarian staff member remarked: ‘After being on the ground for two weeks, I still find everything extremely untransparent. Up to the present day, I could not find out where all these ‘hotspots’ are. Let alone what exactly they do [...]’. Her experiences mirror those of other staff (both local and international), who noted that asking superiors did not help, as they often did not know answers on the role of certain institutions or details of procedures themselves. The combination of volunteer organisations, personal networks, and official contact persons at local government or ministerial level created powerful linkages if individuals managed to combine access to them with their own networks. Yet as these nodes emerged and disappeared with the individuals involved, the network was subject to constant change. In another instance, a lack of familiarity with the overarching coordination architecture resulted in a redundancy of care and transportation. When a medical emergency in one of the camps required a quick transfer to a Slovakian hospital and then a more permanent care solution, dedicated camp personnel organised follow-up treatment in another country, as well as transport by an ambulance. Meanwhile, the EU-wide structures of medical burden-sharing had been activated through other channels. This example demonstrated how the combination of the coordination infrastructure under government lead and emergent relief structures with rapid personnel changes on an operational level created a flexible surge capacity, but also had to deal with gaps in knowledge and challenges to vertical information-sharing when new overarching coordination structures were introduced.

Second, the progression from volunteer-based to government-led responses created an architecture for coordination, while the rapid changes and interventions in relief structures simultaneously introduced structural barriers and interrupted lines of communication. The barriers emerged when implementing actors on the ground became dependent on the understanding and knowledge of decision-makers at a higher level. Humanitarian responses are usually embedded in a combination of hierarchical elements (for example political leadership or structures of command)

and coordinative elements (for example through clusters or humanitarian coordination cells).¹¹ The weaker the responding state, the more responsibility and influence in decision-making is taken by humanitarian actors and institutions. Given that the response in Slovakia was led by the government, the national firefighters were positioned above the ASSR in the decision-making hierarchy who thus operated with limited scope for action. International humanitarian actors, such as the ASB, had no independent mandate. Different prioritisations could result in entirely different outcomes for affected persons, for example, when it came to deciding whether or not streamlined and established processes in registration procedures and camp setup should be altered to ensure inclusion and accessibility for all camp residents, including those with visible and invisible disabilities. Moreover, constant alterations in the response architecture and changes in personnel could result in gaps in lines of communication. After the establishment of the new transit camp by ANPAS for example, newly arriving refugees were still transported to already closed camps, rather than the newly established one. In such instances it becomes clear how changes in the response architecture do not integrate into existing processes automatically. One interpretation would be that new institutions and actors underwent a transition phase before they were fully operational. Another reading would suggest that the inherent social and political processes in Slovakia follow their own, internal logics, rather than seamlessly integrating into what is commonly termed the ‘humanitarian system’. A strong state can mean a weak ‘humanitarian system’.



Figure 2: Transit Camp Michalovce, March 2022; Photo Credit: Hannah Egger

The third and final paradox concerns the fact that the lower links in the hierarchical, government-led response architecture can indeed be the most powerful in terms of scalar reach. As explained above, the ASB entered this architecture below the ASSR and below the fire fighters, on the lowest hierarchical level of the government-led response. As the numbers of Ukrainians seeking refuge in Slovakia grew, it became more and more difficult to find accommodation, in particular for persons with disabilities, or in care dependency. When one of the temporary camps was looking for a permanent place for a 49-year-old man with HIV and his mother, who was suffering from Parkinson’s, no suitable accommodation could be found. Neither LEMA or any of the hotspots with their theoretical linkages to international, supra-organisational coordination mechanisms, nor

¹¹ See for example: UN OCHA. 2018. On-Site Operations Coordination Centre (OSOCC) Guidelines. Available online at: <https://www.unocha.org/sites/unocha/files/2018%20OSOCC%20Guidelines.pdf>. Last accessed 13 April 2022; World Health Organization. Emergency Medical Team Coordination Cell (EMTCC) COORDINATION HANDBOOK. Available online at: <https://resourcecenter.undac.org/wp-content/uploads/2021/01/Library.Emergency-Medical-Teams-Coordination-Handbook.pdf>. Last accessed 13 April 2022.

locally active volunteer organisations (such as Kto pomôže Ukrajině) were successful. At the same time, the cluster system under UN lead, which should be able to provide linkages to a wide range of other actors, was not operational. The two persons' bodily impairments and prevailing prejudice against HIV-infected persons had further complicated their successful placement. A solution was provided through the collaboration between the ASSR and the ASB. By reaching out to the head office in Cologne, Germany, ASB staff in Slovakia could access the federal structure of the ASB, including 16 state associations and 191 local branches in Germany. In this way, specialised care centres and accommodation for difficult cases could be found. Through reaching out to other European civil society organisations, the ASSR had widened their scalar reach to include the ASB federal structure. It eventually permitted them to add direct links to specialised ASB branches in Germany to the response assemblage on the ground.

It is important to note that although this small selection of examples is not capable of providing an adequate representation of the quality of the overall response, it does highlight its continuing evolution, as well as some of the challenges along the way. Given the fluctuations among staff, camp personnel, and relief actors, the 'structures' of protection were in constant flux. Emergent assemblages of relief provided flexibility and surge capacity when the official coordination architecture reached its limits. Simultaneously, a hierarchical, government-led response introduced barriers when decision-makers or implementing actors on the ground were not aware of procedures, protection requirements, or specific vulnerabilities. As a result, the ways in which the Temporary Protection Scheme with its envisioned access to protection, housing, and medical care materialised for individual cases was often situational. The challenges for the way ahead seem to lie in finding ways to integrate the scalar reach of emergent networks, and the knowledge and expertise of actors trained in the humanitarian standards and mechanisms, within a locally-led response architecture. There is a need for (1) an effective transfer of knowledge in the face of frequent change of personnel; (2) the training of volunteers and civil protection personnel in humanitarian standards; and (3) active linking work between civil society networks, humanitarian coordination instruments, and government institutions. As a diverse and everchanging assemblage of institutions and individuals work on supporting people arriving from Ukraine, combining and reconciling what seems to be contradictory at first, could, potentially, become very productive in combination.