

POLAND EMT & HEALTH SECTOR MEETING

Meeting Minutes – 20 January 2023

Meeting subject	EMT & Health Sector Coordination	
Time & Location	9:00 am CEST, online. Zoom link – click here . Passcode: who2022!	
Participants	<div>1. Adrianna Babik (IMC)</div> <div>2. Aleksandra Solik (FEDERA)</div> <div>3. Ana Araújo (UNFPA)</div> <div>4. Anna Przednowek (Unitatem Foundation)</div> <div>5. Belma Beyaz (ASAM, Turkey)</div> <div>6. Diana Garde (UNFPA)</div> <div>7. Dominika Miecznikowska (WHO POL CO)</div> <div>8. Jerzy Kus (City of Lublin)</div> <div>9. Magdalena Ankiersztejn-Bartczak</div> <div>10. Małgorzata Kurkowska (UNICEF)</div> <div>11. Maksymilian Radzikowski (PCK)</div> <div>12. Marta Kaminska (interpreter)</div>	<div>13. Marta Kłysz (PAH)</div> <div>14. Mashhour Halawani (WHO EMTCC)</div> <div>15. Mutribjon Bahruddinov (UNICEF)</div> <div>16. Nataliia Korniienko (IFRC)</div> <div>17. Paula Gierak (REACH)</div> <div>18. Rai Buenaventura (SRHiE / UNFPA)</div> <div>19. Silvia Gatscher (WHO POL CO)</div> <div>20. Sofia Papadopoulou (AAH Romania/Poland)</div> <div>21. Sophie (Med'EqualiTeam)</div> <div>22. Stella Hedlund (WHO POL CO)</div> <div>23. Tienna Phan (WHO EMTCC)</div> <div>24. Wojciech Gasiorowski (WHO POL CO)</div>
Chaired by	Silvia Gatscher (WHO POL CO)	
Minutes prepared by	Stella Hedlund (WHO POL CO), Silvia Gatscher (WHO POL CO)	
Agenda	<div>1. New Partner Introduction</div> <div>2. EMTCC: Medevac Hub Update</div> <div>3. Findings Multi-Sector Needs Assessment / MSNA (Paula Gierak, Country Focal Point REACH)</div> <div>4. Health sector updates (Silvia Gatscher, WHO)</div> <div>5. Partner Updates</div> <div>6. AOB</div>	
AGENDA POINTS		
Agenda Point 1	<div>New Partner Introduction</div> <div><ul style="list-style-type: none">Adrianna Babik, Senior Program Officer, IMCBelma Beyaz, Program Coordinator, Association for Solidarity with Asylum-seekers and Migrants (ASAM), TurkeyMagdalena Ankiersztejn-Bartczak, Social EducationMałgorzata (Gosia) Kurkowska, Emergency Specialist, UNICEFMaksymilian Radzikowski, MHPSS Coordinator, PCK</div>	

Agenda Point 2	<p>EMTCC: Medevac Hub Update</p> <p>Tienna Phan, EMTCC (WHO POL CO)</p> <ul style="list-style-type: none"> • As always, we want to thank our partner organizations for the excellent work they are doing. • This week, 35 patients have been evacuated out of Ukraine. <p><i>(Due to ongoing trainings this week, no hub partners were present and available to share their updates.)</i></p>
Agenda Point 3	<p>Findings Multi-Sector Needs Assessment / MSNA (Paula Gierak, Country Focal Point REACH)</p> <ul style="list-style-type: none"> • A broader overview of the survey results is provided. • The presentation will be added to the meeting minutes and also uploaded to the Health Partner and UNHCR platforms. <p>Objective:</p> <ul style="list-style-type: none"> ➤ Support humanitarian stakeholders with evidence based information, to aid in project prioritization and decision making. ➤ Focused on household composition/needs, looking at capacity, resilience and vulnerabilities. ➤ Country wide assessment conducted between Aug and Sept 2022, with quantitative data collected among populations in and outside of collective sites. ➤ An area based assessment with a mixed method approach was also conducted around greater Krakow. <p>Results:</p> <p><u>Livelihood</u></p> <ul style="list-style-type: none"> • A majority of the UA refugee population have a higher education degree. • However, nearly half of the respondents are unemployed. Differences are seen between residents inside and outside collective sites. • Top reasons for unemployment: <ul style="list-style-type: none"> - Taking care of children (child care not available) - No work available - Maternity leave - Low Polish language skills - Health conditions. • Main areas of employment are <ul style="list-style-type: none"> - Manufacturing - Transport

- Construction
- Wholesale
- In house work.
- Almost half of the respondents struggle with getting enough money to meet their needs.
- Over half of the households are dependent on social benefits from Poland, Ukraine and/or UNHCR.

Housing

- Most live in rented accommodations, many are hosted (unpaid) by locals. Housing outside of collective sites is seen as more long term and stable than housing within collective sites.
- Those living inside collective sites report additional challenges , including lack of privacy, lack of possibility to store and cook food and storage of personal belongings.
- Levels of knowledge about legal status and rights are higher among those living in collective sites.
- Generally, respondents reported low levels of security concerns. Those who have concerns describe verbal harassment.

Education

- A little over half of children/young adults were enrolled in school last semester. A few were following the Ukrainian curriculum via distance learning.
- Main reasons for not being enrolled in school (for children >3 years and <18 year):
 - Lack of space in nearby schools
 - Attending online classes in Ukraine
 - No plans to stay in Poland, therefore did not feel it was necessary.
- A majority of those attending school report some kind of need in terms of equipment.
- Children following the Ukrainian curriculum are reportedly less integrated since they stay at home and struggling to follow the Ukrainian curriculum properly due to the energy crisis in Ukraine (e.i. classes are often cancelled etc.)

Health Sector

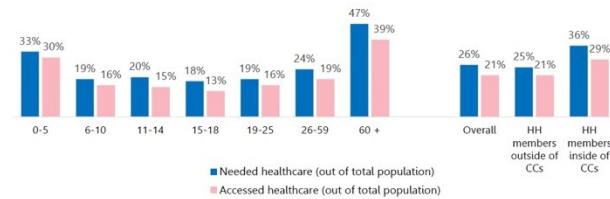
- Less than one third of respondents needed to access health care, and a majority was able to obtain the services required. Health needs were higher among those living in collective sites.
- Those who could not access health services gave the following reasons:
 - Long waiting time, costs of services, language barrier, no availability of treatment and information barriers.
- Healthcare needs were higher among the elderly and children ≤5 years. Most of the health care needs were preventative consultations or check-ups. Some were related to chronic diseases. Acute diseases are more frequent among young people and chronic more frequent among the elderly.

HEALTH

One fourth (26%) of refugees needed access to health care over the last month of whom the majority was able to obtain it. The share of refugees who needed health care was higher among those refugees residing in collective sites (36%). Those who were unable to get help stated that it was mostly due to long waiting time, high costs of services or language barriers.

HH members having a reported health care need over last 30 days, and being able to access health care services

(overall n = 3389 / HH members outside of CC n = 3106 / HH members inside of CC n = 283)



Top 5 reasons for not accessing health care among those trying to access health care



96% of household members with a health need sought help in Poland, from whom **84%** in Polish government facilities and **14%** in private health facility.

Q1: In the last month (or since arrival in case less than 30 days since arrival), did this person have a health problem and needed to access health care? Q2: Was he / she able to obtain health care when he / she felt they needed it? Q3: If no, what were the reasons this person was unable to access health care? Q4: In what country did she/he seek care? Q5: Where in Poland did she/he seek care?

REACH Informing more effective humanitarian action

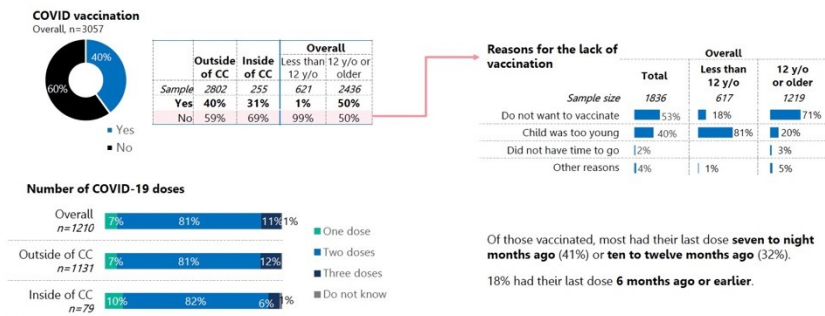
UNHCR The UN Refugee Agency

Vaccines

- Respondents were asked whether their children were vaccinated for MMR, Polio, DTP. No documented proof was obtained:
 - 10% of those up to 5 years old were not vaccinated.
 - Less than half of adults were vaccinated against Covid-19.
 - Only 10 % of respondents have received a Covid-19 booster.
- No reasons were presented in cases of lack of vaccination, aside from children being perceived as too young.

HEALTH – COVID VACCINATIONS

40% of household members living outside of collective sites and 31% of those living inside of collective sites were vaccinated against COVID-19, the majority of them (81-82%) with two doses. Only one tenth had received the COVID-19 booster.

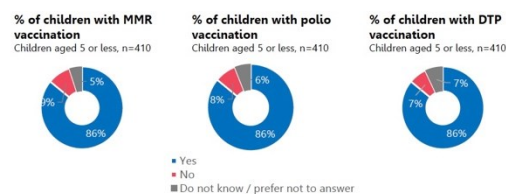


Q1: Has this person ever received any vaccinations against COVID-19? Q2: How many doses did this person receive? Q3: How many months have it been since the last dose? Q4: What was the main reason for not receiving the vaccination?

REACH Informing more effective humanitarian action HEALTH – CHILDREN' VACCINATIONS



The majority (86%) of children aged 5 years old or younger were vaccinated against polio, against diphtheria, pertussis and tetanus (DTP) and against Measles, Mumps, and Rubella (MMR).



39 children were not vaccinated with at least one of above-mentioned vaccinations.

In 11 cases there were contradictions against vaccination (i.e., a child was sick or there were other health reasons), in 7 cases respondents said that a child was too young, in 6 cases they did not want to vaccinate a child, and in 6 – did not know where to go for vaccination.

Q1: Did this child ever receive MMR vaccine? Q2: Did this child ever receive a polio vaccine? Q3: Did this child ever receive a DTP (Diphtheria, Tetanus, Pertussis/Whooping Cough) vaccine? What is the reason the child is not vaccinated? (for polio or DTP or MMR)

REACH Informing more effective humanitarian action



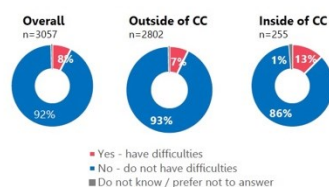
Disabilities

- Only a small percentage of respondents reported living with someone who has some kind of disability (measured through difficulty in performing normal daily tasks or functions). Most with disabilities were older persons.

HEALTH – THE WASHINGTON GROUP

8% of refugees (7% of those residing outside of collective sites, 13% of those inside of collective sites) were reported to have difficulties in performing normal daily tasks or functions. Specific difficulties were most frequent among older persons.

Percentage of household members having **difficulties in performing normal daily tasks or functions**



Percentage of household members having **specific difficulties**

Has difficulties...	Overall					
Age group	6-10	11-14	15-18	19-25	26-59	60 +
Sample size	459	331	239	127	1405	406
Seeing, even if wearing glasses	0%	0%	1%	0%	0%	4%
Hearing, even if using a hearing aid	0%	1%	0%	0%	0%	2%
Walking or climbing steps	1%	1%	1%	2%	2%	12%
Remembering or concentrating	1%	1%	0%	1%	0%	5%
Self-caring, such as washing all over or dressing	1%	1%	0%	1%	0%	3%
Communicating, e.g., understanding or being understood	1%	1%	0%	1%	0%	3%

% show proportion of household members who were reported as having "a lot of difficulties" or "cannot do at all" for each activity task from the Washington Group set of questions. It should be noted that the responses on the disability of family members are purely subjective and therefore findings related to disability are indicative only.

† Does this member of this household have any difficulties in performing normal daily tasks or functions? Q2: Does this member of this household have any difficulty in: ...seeing, even if wearing glasses?; ...hearing, even if using a hearing aid?; ...walking or climbing steps?; ...with self-care such as washing all over or dressing?; ...communicating using your usual (customary) language?

REACH Informing more effective humanitarian action



Mental Health Needs

- A majority reported being able to access MHPSS services
- Reasons for not being able to access MHPSS services were:
 - Not knowing where to go
 - Lack of trust in providers
 - Long waiting times
 - Being too busy with other things.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Mental health conditions and psychosocial (MHPS) problems were reported in 14% of refugees, with those aged 60+ being the most affected (27% felt so upset, anxious or worried that it affected their functioning). From those with the MHPS problems, 50% were in need of a professional support, 86% of whom were able to receive it.

Proportion of HH members feeling upset, anxious, worried, agitated, angry, or depressed that it affected their daily functioning:

Overall											
Age group	Total	0-5	6-10	11-14	15-18	19-25	26-59	60+			
Sample size	3389	410	459	333	240	127	1411	409			
% of yes	14%	3%	7%	10%	11%	16%	16%	27%			

Household members outside of CC											
Age group	Total	0-5	6-10	11-14	15-18	19-25	26-59	60+			
Sample size	3106	374	414	301	222	119	1294	382			
% of yes	13%	3%	6%	9%	10%	15%	16%	27%			

Household members inside of CC											
Age group	Total	0-5	6-10	11-14	15-18	19-25	26-59	60+			
Sample size	283	36*	45*	32*	18*	8*	117	27*			
% of yes	17%	6%	13%	16%	17%	25%	18%	33%			

*small base size

Proportion of HH members who needed mental health or psychosocial support for their problem:**

Overall					
Age group	Total	< 18	18-29	30-59	60+
Sample size	456	97	40*	208	111
% of yes	50%	71%	43%	45%	44%

** Showing the proportions of the overall sample because the base sizes of the two groups of HH members (including only those from outside of CC or those from inside of CC) are too small to be shown separately

Proportion of HH members who were able to obtain professional MHPSS support when they felt they needed it:**

Overall		
Yes - able to receive professional support	No - not able to receive professional support	Do not know / prefer not to answer
86%	11%	3%

Base: those needing help, n=228
** showing on overall sample, due to too small base sizes to show outside of CC and inside of CC separately

25 household members were not able to receive professional support when they needed it. Respondents indicated the following reasons for this:

- not knowing where to go for help (in case of 9 HH members)
- unknown cause (in case of 4 HH members)

Other reasons included: lack of time, lack of trust in providers and long waiting times (each mentioned in case of two household members).

REACH

Informing more effective humanitarian action



Humanitarian Assistance

The following priority needs were reported by respondents:

- Cash assistance.
- Food
- Housing and accommodation.

NEEDS AND HUMANITARIAN ASSISTANCE

Cash was most often mentioned as a priority need, followed by food, accommodation, employment and clothes. Health care services, medicines, and clothes were more often needed among respondents living inside of CC.

Top 5 priority needs of households

	Overall n=1252	Outside of CC n=1147	Inside of CC n=105
Cash*	69%	70%	68%
Food	40%	40%	34%
Housing / accommodation	27%	27%	30%
Employment	26%	26%	23%
Clothes	22%	21%	38%

Needs for financial assistance, cash, and employment were reflected in information needs:

- 26% reported need to receive information on how to find a job
- 25% - information on how to access healthcare services
- 16% - information on how to get financial support

74% of households received humanitarian assistance in the last 30 days prior to the interview.

The aid received corresponds to reported priority needs.

Top 5 received aid

	Overall n=1252	Outside of CC n=1147	Inside of CC n=105
Food	59%	58%	70%
Cash	33%	32%	47%
Clothing	26%	27%	21%
Hygiene items	26%	26%	26%
Support with accommodation	6%	5%	18%

2: What are the top three priority needs of your household?
While cash is the priority basic need reported by refugees, it covers several underlying needs.

REACH

Informing more effective humanitarian action



	<ul style="list-style-type: none"> • How respondents prefer to report cases of PSEA: <ul style="list-style-type: none"> – Phone call – Face to face – Email. <p>Q&A:</p> <p>Q. Nataliia Korniienko, IFRC: I have a question concerning MHPSS. In the assessment data, was there any division between the different levels of MHPSS support and accessibility or need for support? How do you think respondents understand the question MHPSS supports?</p> <p>A. Paula Gierak, Country Focal Point, REACH: In this case we did not ask directly about MHPSS, the majority would not know what we mean. Pre-set questions (created by MHPSS professionals) were used and centered around wellbeing and feelings. Since it was quantitative, it limited the ability to dive into their thoughts on the topic.</p> <p>Q. Magdalena Ankiersztejn-Bartczak: Is it possible to access this data?</p> <p>A. Silvia Gatscher (WHO POL CO): Yes, it is publically available. We will share the presentation together with the minutes.</p> <p>Contact details to Marta Piekarczyk (responsible for the survey), who is happy to respond to any questions further on regarding the report: marta.piekarczyk@reach-initiative.org The presentation is available under this link.</p>
<p>Agenda Point 4</p>	<p>Health Sector Updates – Silvia Gatscher (WHO POL CO)</p> <ul style="list-style-type: none"> • Regarding the previously discussed issue of several ukrainian refugees losing their special status and access to certain services after returning from Ukraine - this issue is still being discussed with MOH colleagues and updates will follow. • Update on 2023 RRP indicators: <ul style="list-style-type: none"> – All the refugee receiving countries will be reporting on the same, regional indicators. – This means the orginally proposed 7 indicators are now reduced to 4; 2 of which will be relevant for all healt partners. – UNHCR has now calculated the new targets (by summing up the targets of the previous indicators) and will reach out to partners who have submitted a 2023 RRP proposal to inform them about their new (amalgamated) targets. • A hotline has been established for Ukrainian patients who have questions on how to access health services in Poland. The leaflets are attached with the meeting minutes and can be found here. Could you please kindly

	<p>distribute via your networks.</p> <p>Q&A</p> <p><u>Q. Mutrib (UNICEF):</u> Do we have a methodology for the indicator/how to calculate the number of people having access to health services?</p> <p><u>A. Silvia Gatscher (WHO POL CO):</u> Yes we do. It will be reshared with you together with the meeting minutes.</p> <p><u>Q. Sofia Papadopoulou:</u> Will the hotline also include information about mental health services?</p> <p><u>A. Silvia Gatscher (WHO POL CO):</u> Yes, as well as HIV and TB services. The hotline managers keep a knowledge base, and are frequently asked to add services to the knowledge base.</p>
	<p>Partner Updates</p> <p><u>Magdalena Ankiersztejn-Bartczak:</u></p> <p>We are planning to start a pilot project on mobile testing for hep C, HIV and syphilis, however if we have reactive patients they need to be sent to GPs. We want to check out the possibility for such a project since we want to be sure that linkage to care is possible. Are other partners interested in collaboration? Magdalena will email the other partners about this.</p> <p><u>Mutrib (UNICEF):</u></p> <p>A large number of Ukrainian mothers in Warsaw have come for vaccinations, but have been told they need to translate their vaccination cards first. However, it costs a lot of money to translate vaccination cards. Some have been told they must go to Ukrainian doctors instead. How do we solve this? Access is one thing, but when there is a need for translated documents, there is a second issue.</p> <p><u>Silvia Gatscher (WHO POL CO):</u> We have tried to solve this since September. The idea was to offer vouchers for documents translations via the cash program. We are currently also exploring making these “translation vouchers” available via cities and health authorities. Hopefully, I should be able to give an update by February. Vaccination cards will be added to the type of documents that will be included in this project.</p>
AOB	N/A
Useful links	<p>UNHCR Data Portal, Poland Health Sector [click here]</p> <p>Google Drive for coordination mechanism documents [click here]</p> <p>Active organizations needs and capacities [click here]</p> <p>Group chat on Signal [click here]</p> <p>The Government Data Portal of Poland [click here]</p> <p>NFZ medical facility search engine [click here]</p> <p>Access to Health Services, poster in UA, PL, RU, EN [click here]</p> <p>NGO.PL [click here]</p>

POLSKA SPOTKANIE EMT I SEKTORA ZDROWIA

Notatka ze spotkania – 20 stycznia 2023 r

Temat spotkania	Koordynacja EMT i sektora zdrowia	
Czas i lokalizacja	9:00 czasu środkowoeuropejskiego, online. Dołącz – kliknij tutaj . Hasło: who2022!	
Uczestnicy	<div>1. Adrianna Babik (IMC)</div> <div>2. Aleksandra Solik (FEDERA)</div> <div>3. Ana Araújo (UNFPA)</div> <div>4. Anna Przednowek (Unitatem Foundation)</div> <div>5. Belma Beyaz (ASAM, Turkey)</div> <div>6. Diana Garde (UNFPA)</div> <div>7. Dominika Miecznikowska (WHO POL CO)</div> <div>8. Jerzy Kus (City of Lublin)</div> <div>9. Magdalena Ankiersztejn-Bartczak</div> <div>10. Małgorzata Kurkowska (UNICEF)</div> <div>11. Maksymilian Radzikowski (PCK)</div> <div>12. Marta Kaminska (interpreter)</div>	<div>13. Marta Kłysz (PAH)</div> <div>14. Mashhour Halawani (WHO EMTCC)</div> <div>15. Mutribjon Bahruddinov (UNICEF)</div> <div>16. Nataliia Korniienko (IFRC)</div> <div>17. Paula Gierak (REACH)</div> <div>18. Rai Buenaventura (SRHiE / UNFPA)</div> <div>19. Silvia Gatscher (WHO POL CO)</div> <div>20. Sofia Papadopoulou (AAH Romania/Poland)</div> <div>21. Sophie (Med'EqualiTeam)</div> <div>22. Stella Hedlund (WHO POL CO)</div> <div>23. Tienna Phan (WHO EMTCC)</div> <div>24. Wojciech Gasiorowski (WHO POL CO)</div>
Pod przewodnictwem	Silvia Gatscher (WHO POL CO) i Kasia Skopiec (Humanosh)	
Notatka przygotowana przez	Stella Hedlund (WHO POL CO), Silvia Gatscher (WHO POL CO)	
Porządek obrad	<div>1. Wprowadzenie nowego partnera</div> <div>2. EMTCC: Aktualizacja węzła Medevac</div> <div>3. Wnioski z wielosektorowej oceny potrzeb / MSNA (Paula Gierak, Krajowy punkt kontaktowy REACH)</div> <div>4. Aktualizacje dotyczące sektora ochrony zdrowia (Kasia Skopiec, Humanosh & Silvia Gatscher, WHO)</div> <div>5. Aktualności organizacji partnerskich</div> <div>6. AOB</div>	
PUNKTY PORZĄDKU		
Punkt planu 1	Wprowadzenie nowego partnera <ul style="list-style-type: none">● Adrianna Babik, Starszy specjalista ds. programów, IMC● Belma Beyaz, Koordynatorka programu, Stowarzyszenie Solidarności z Azylantami i Migrantami (ASAM), Turcja● Magdalena Ankiersztejn-Bartczak, Edukacja społeczna● Małgorzata (Gosia) Kurkowska, Specjalista ds. sytuacji kryzysowych, UNICEF● Maksymilian Radzikowski, Koordynator MHPSS, PCK	
Punkt planu 2	EMTCC: Aktualizacja centrum Medevac Tiennhan Phan, EMTCC (WHO POL CO)	

	<ul style="list-style-type: none"> • Jak zawsze chcemy podziękować naszym organizacjom partnerskim za wspierającą pracę, którą wykonują. • W tym tygodniu 35 pacjentów zostało ewakuowanych z Ukrainy. <p><i>(Ze względu na trwające w tym tygodniu szkolenia, żaden z partnerów nie był obecny i nie mógł podzielić się swoimi aktualizacjami.)</i></p>
<p>Punkt planu 3</p>	<p>Ustalenia Wielosektorowa ocena potrzeb / MSNA (Paula Gierak, Krajowy punkt kontaktowy REACH)</p> <ul style="list-style-type: none"> • Przedstawiono szerszy przegląd wyników badania. • Prezentacja zostanie dodana do protokołu ze spotkania, a także umieszczona na platformach Partnerów Zdrowia i UNHCR. <p>Cel pomocy:</p> <ul style="list-style-type: none"> ➤ Wsparcie podmiotów zaangażowanych w pomoc humanitarną informacjami opartymi na przykładach, aby pomóc im w ustalaniu priorytetów projektów i podejmowaniu decyzji. ➤ Koncentrujące się na strukturze i potrzebach gospodarstw domowych, w szczególności ich wielkości, odporności i potencjalnych zagrożeniach ➤ Ocena ogólnokrajowa przeprowadzona między sierpniem a wrześniem 2022 roku, w oparciu o dane ilościowe zebrane wśród ludności w miejscach zbiorowego pobytu i poza nimi. ➤ Została także przeprowadzona analiza wieloma metodami na obszarze aglomeracji Krakowskie <p>Wyniki:</p> <p><u>Źródło utrzymania</u></p> <ul style="list-style-type: none"> • Większość uchodźców z UA posiada wyższe wykształcenie. • Jednak prawie połowa respondentów jest bezrobotna. Widoczne są różnice pomiędzy mieszkańcami wewnątrz i na zewnątrz miejsc zbiorowych. • Główne powody bezrobocia: <ul style="list-style-type: none"> – Opieka nad dziećmi (opieka nad dziećmi niedostępna) – Brak dostępnej pracy – Urlop macierzyński – Niska znajomość języka polskiego – Warunki zdrowotne. • Główne obszary zatrudnienia to <ul style="list-style-type: none"> – Produkcja – Transport

- Budownictwo
- Hurtownia
- Praca w domu.

- Prawie połowa respondentów ma problemy z uzyskaniem wystarczającej ilości pieniędzy na zaspokojenie swoich potrzeb

Mieszkanie

- Większość mieszka w wynajętych mieszkaniach, wielu jest goszczonych (bez opłat) przez miejscowych mieszkańców. Mieszkania poza miejscami zbiorowego zakwaterowania są postrzegane jako bardziej długoterminowe i stabilne niż mieszkania w obrębie miejsc zbiorowego zakwaterowania.
- Osoby mieszkające w obrębie miejsc zbiorowego pobytu zgłaszają dodatkowe wyzwania, w tym brak prywatności, brak możliwości przechowywania i gotowania żywności oraz przechowywania rzeczy osobistych.
- Poziom wiedzy na temat statusu prawnego i praw jest wyższy wśród osób mieszkających w miejscach zbiorowego pobytu.
- Ogólnie rzecz biorąc, respondenci zgłosili niski poziom obaw związanych z bezpieczeństwem w miejscu przebywania. Najczęściej występuje nękanie słowne.

Edukacja

- Nieco ponad połowa dzieci/młodzieży była zapisana do szkoły w zeszłym semestrze. Kilka osób uczęszczało na ukraiński program nauczania za pośrednictwem kształcenia na odległość.
- Główne powody nie zapisania się do szkoły (dla dzieci >3 lat i <18 lat):
- Brak miejsca w pobliskich szkołach
- Uczęszczanie na zajęcia online na Ukrainie
- Brak planów na zostanie na dłużej w Polsce, dlatego nie uważały, że jest to konieczne.
- Większość osób uczęszczających do szkoły zgłasza jakieś potrzeby w zakresie wyposażenia mieszkań.
- Dzieci korzystające z ukraińskiego programu nauczania są podobno mniej zintegrowane środowiskowo, ponieważ pozostają w domu i mają trudności z właściwym realizowaniem ukraińskiego programu nauczania ze względu na kryzys energetyczny na Ukrainie (np. zajęcia są często odwoływane itp.)

Sektor zdrowia

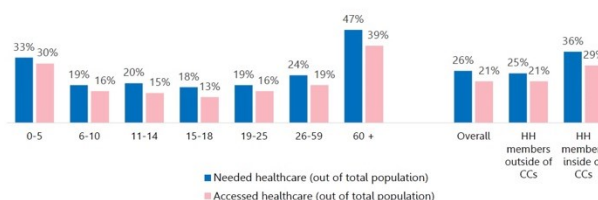
- Niespełna jedna trzecia badanych potrzebowała dostępu do opieki zdrowotnej, a większość była w stanie uzyskać potrzebne usługi. Potrzeby zdrowotne były większe wśród osób mieszkających w miastach zbiorczych.
- Osoby, które nie mogły uzyskać dostępu do usług zdrowotnych, podawały następujące przyczyny:

- Długi czas oczekiwania, koszty usług, bariera językowa, brak dostępności leczenia oraz bariery informacyjne.
- Potrzeby zdrowotne były wyższe wśród osób starszych i dzieci ≤5 lat. Większość potrzeb zdrowotnych stanowiły konsultacje profilaktyczne lub badania kontrolne. Niektóre dotyczyły chorób przewlekłych. Choroby ostre występują częściej wśród osób młodych, a przewlekłe częściej wśród osób starszych.

HEALTH

One fourth (26%) of refugees needed access to health care over the last month of whom the majority was able to obtain it. The share of refugees who needed health care was higher among those refugees residing in collective sites (36%). Those who were unable to get help stated that it was mostly due to long waiting time, high costs of services or language barriers.

HH members having a reported health care need over last 30 days, and being able to access health care services
(overall n = 3389 / HH members outside of CC n = 3106 / HH members inside of CC n = 283)



Top 5 reasons for not accessing health care among those trying to access health care



96% of household members with a health need sought help in Poland, from whom 84% in Polish government facilities and 14% in private health facility.

Q1: In the last month (or since arrival in case less than 30 days since arrival), did this person have a health problem and needed to access health care? Q2: Was he / she able to obtain health care when he / she felt they needed it? Q3: If no, what were the reasons this person was unable to access health care? Q4: In what country did she/he seek care? Q5: Where in Poland did she/he seek care?

REACH Informing more effective humanitarian action

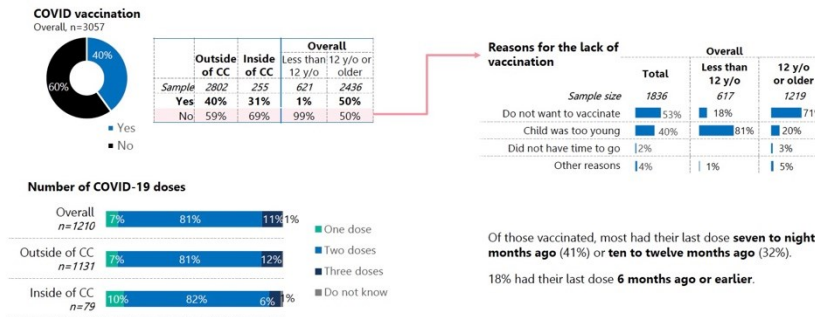
UNHCR
The UN Refugee Agency

Szczepionki

- Respondentów zapytano czy ich dzieci były szczepione na MMR, Polio, DTP. Nie posiadają zaświadczeń o szczepieniach.
 - 10% osób w wieku do 5 lat nie było szczepionych.
 - Mniej niż połowa dorosłych była zaszczepiona przeciwko Covid-19.
 - Tylko 10 % badanych otrzymało szczepionkę przypominającą Covid-19.
- W przypadkach braku szczepień nie przedstawiono żadnych powodów, poza tym, że dzieci były postrzegane jako zbyt małe.

HEALTH – COVID VACCINATIONS

40% of household members living outside of collective sites and 31% of those living inside of collective sites were vaccinated against COVID-19, the majority of them (81-82%) with two doses. Only one tenth had received the COVID-19 booster.

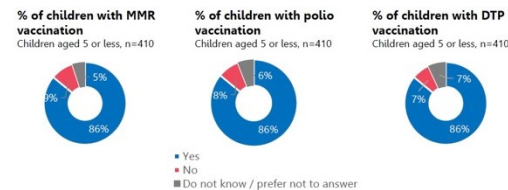


Q1: Has this person ever received any vaccinations against COVID-19? Q2: How many doses did this person receive? Q3: How many months have it been since the last dose? Q4: What was the main reason for not receiving the vaccination?



HEALTH – CHILDREN' VACCINATIONS

The majority (86%) of children aged 5 years old or younger were vaccinated against polio, against diphtheria, pertussis and tetanus (DTP) and against Measles, Mumps, and Rubella (MMR).



39 children were not vaccinated with at least one of above-mentioned vaccinations.

In 11 cases there were contradictions against vaccination (i.e., a child was sick or there were other health reasons), in 7 cases respondents said that a child was too young, in 6 cases they did not want to vaccinate a child, and in 6 – did not know where to go for vaccination.

Q1: Did this child ever receive MMR vaccine? Q2: Did this child ever receive a polio vaccine? Q3: Did this child ever receive a DTP (Diphtheria, Tetanus, Pertussis/Whooping Cough) vaccine? What is the reason the child is not vaccinated? (for polio or DTP or MMR)



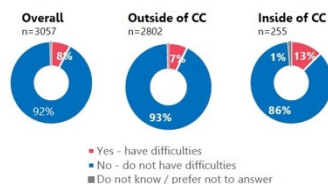
Niepełnosprawni

- Tylko niewielki odsetek respondentów podał, że mieszka z osobą, która ma jakiś rodzaj niepełnosprawności (mierzonej trudnościami w wykonywaniu normalnych codziennych zadań lub funkcji). Większość z niepełnosprawnością stanowiły osoby starsze.

HEALTH – THE WASHINGTON GROUP

8% of refugees (7% of those residing outside of collective sites, 13% of those inside of collective sites) were reported to have difficulties in performing normal daily tasks or functions. Specific difficulties were most frequent among older persons.

Percentage of household members having **difficulties in performing normal daily tasks or functions**



Percentage of household members having **specific difficulties**

Has difficulties...	Overall					
	Age group	6-10	11-14	15-18	19-25	26-59 60 +
	Sample size	459	331	239	127	1405 406
Seeing, even if wearing glasses		0%	0%	1%	0%	0% 4%
Hearing, even if using a hearing aid		0%	1%	0%	0%	0% 2%
Walking or climbing steps		1%	1%	1%	2%	2% 12%
Remembering or concentrating		1%	1%	0%	1%	0% 5%
Self-caring, such as washing all over or dressing		1%	1%	0%	1%	0% 3%
Communicating, e.g., understanding or being understood		1%	1%	0%	1%	0% 3%

% show proportion of household members who were reported as having "a lot of difficulties" or "cannot do at all" for each activity task from the Washington Group set of questions. It should be noted that the responses on the disability of family members are purely subjective and therefore findings related to disability are indicative only.

‡ Does this member of this household have any difficulties in performing normal daily tasks or functions? Q2: Does this member of this household have any difficulty in...seeing, even if wearing glasses? ...hearing, even if using a hearing aid? ...walking or climbing steps? ...self-care such as washing all over or dressing? ...communicating using your usual (customary) language?

REACH Informing more effective humanitarian action



Potrzeby w zakresie zdrowia psychicznego

- Większość stwierdziła, że ma możliwość dostępu do usług MHPSS.
- Powodami braku możliwości dostępu do usług MHPSS były:
 - Niewiedza, gdzie się udać
 - Brak zaufania do świadczeniodawców
 - Długi czas oczekiwania
 - Bycie zbyt zajęтым innymi sprawami.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Mental health conditions and psychosocial (MHPS) problems were reported in 14% of refugees, with those aged 60+ being the most affected (27% felt so upset, anxious or worried that it affected their functioning). From those with the MHPS problems, 50% were in need a professional support, 86% of whom were able to receive it.

Proportion of HH members feeling upset, anxious, worried, agitated, angry, or depressed that it affected their daily functioning:

Overall									
Age group	Total	0-5	6-10	11-14	15-18	19-25	26-59	60+	
Sample size	3389	410	459	333	240	127	1411	409	
% of yes	14%	3%	7%	10%	11%	16%	16%	27%	

Household members outside of CC									
Age group	Total	0-5	6-10	11-14	15-18	19-25	26-59	60+	
Sample size	3106	374	414	301	222	119	1294	382	
% of yes	13%	3%	6%	9%	10%	15%	16%	27%	

Household members inside of CC									
Age group	Total	0-5	6-10	11-14	15-18	19-25	26-59	60+	
Sample size	283	36*	45*	32*	18*	8*	117	27*	
% of yes	17%	6%	13%	16%	17%	25%	18%	33%	

*small base size

Proportion of HH members who needed mental health or psychosocial support for their problem:**

Overall					
Age group	Total	< 18	18-29	30-59	60+
Sample size	456	97	40*	208	111
% of yes	50%	71%	43%	45%	44%

*small base size

** Showing the proportions of the overall sample because the base sizes of the two groups of HH members (including only those from outside of CC or those from inside of CC) are too small to be shown separately

Proportion of HH members who were able to obtain professional MHPSS support when they felt they needed it:**

Overall		
Base	Yes – able to receive professional support	No – not able to receive professional support
n=228	86%	11%

Base: those needing help, n=228
** showing on overall sample, due to too small base sizes to show outside of CC and inside of CC separately

25 household members were not able to receive professional support when they needed it. Respondents indicated the following reasons for this:
- not knowing where to go for help (in case of 9 HH members)
- unknown cause (in case of 4 HH members)
Other reasons included: lack of time, lack of trust in providers and long waiting times (each mentioned in case of two household members).

REACH Informing more effective humanitarian action



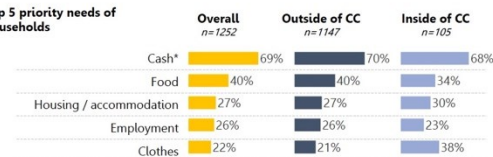
Pomoc humanitarna

- Respondenci zgłosili następujące priorytetowe potrzeby:
 - Pomoc pieniężna.
 - Żywność
 - Mieszkanie i zakwaterowanie.

NEEDS AND HUMANITARIAN ASSISTANCE

Cash was most often mentioned as a priority need, followed by food, accommodation, employment and clothes. Health care services, medicines, and clothes were more often needed among respondents living inside of CC.

Top 5 priority needs of households

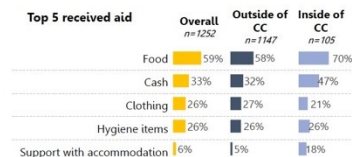


Needs for financial assistance, cash, and employment were reflected in information needs:

- 26% reported need to receive information on how to find a job
- 25% – information on how to access healthcare services
- 16% - information on how to get financial support

74% of households received humanitarian assistance in the last 30 days prior to the interview.
The aid received corresponds to reported priority needs.

Top 5 received aid



* What are the top three priority needs of your household?
While cash is the priority basic need reported by refugees, it covers several underlying needs.

REACH

Informing
more effective
humanitarian action

UNHCR
The UN Refugee Agency

• Jak respondenci wolą zgłaszać przypadki PSEA:

- Rozmowa telefoniczna
- Rozmowa osobista
- Email.

Pytania i odpowiedzi:

Pytanie: Nataliia Korniienko, IFRC: Mam pytanie dotyczące MHPSS. Czy w danych z oceny był podział na różne poziomy wsparcia MHPSS i dostępność lub potrzebę wsparcia? Jak Pani zdaniem respondenci rozumieją pytanie MHPSS wspiera?

Odpowiedzi: Paula Gierak, Krajowy punkt kontaktowy, REACH: W tym przypadku nie pytaliśmy wprost o MHPSS, większość nie wiedziałaaby, co mamy na myśli. Użyto gotowych pytań (stworzonych przez specjalistów MHPSS), które koncentrowały się na samopoczuciu i uczuciach. Ponieważ były to pytania ilościowe, ograniczyło to możliwość zagłębienia się w ich myśli na ten temat.

Pytanie: Magdalena Ankiersztein-Bartczak: Czy jest możliwość dostępu do tych danych?

Odpowiedzi: Silvia Gatscher (WHO POL CO): Tak, jest ona publicznie dostępna. Prezentację udostępnimy razem z protokołem.

Dane kontaktowe do Marty Piekarczyk (odpowiedzialnej za badanie), która chętnie odpowie na wszelkie

	<p>pytania dotyczące raportu: marta.piekarczyk@reach-initiative.org Prezentacja dostępna pod linkiem.</p>
Punkt planu 4	<p>Aktualizacje zmian w sektorze ochrony zdrowia – Silvia Gatscher (WHO POL CO)</p> <ul style="list-style-type: none"> W odniesieniu do wcześniej omawianej kwestii utraty przez kilku uchodźców ukraińskich specjalnego statusu i dostępu do niektórych usług po powrocie z Ukrainy - kwestia ta jest nadal omawiana z kolegami z MOH, a aktualizacje będą pojawiać się na bieżąco. Aktualizacja wskaźników RRP na rok 2023: <ul style="list-style-type: none"> Wszystkie kraje przyjmujące uchodźców będą raportować na podstawie tych samych, regionalnych wskaźników. Oznacza to, że pierwotnie proponowane 7 wskaźników zostało zredukowane do 4, z których 2 będą istotne dla wszystkich partnerów z sektora ochrony zdrowia. UNHCR obliczył obecnie nowe cele (poprzez zsumowanie celów poprzednich wskaźników) i dotrze do partnerów, którzy złożyli propozycję RRP 2023, aby poinformować ich o nowych (połączonych) celach. Uruchomiono infolinię dla pacjentów z Ukrainy, którzy mają pytania dotyczące dostępu do świadczeń zdrowotnych w Polsce. Ulotki są załączone do protokołu ze spotkania i można je znaleźć tutaj. Czy mogliby Państwo uprzejmie rozpowszechnić je wśród swoich podopiecznych. <p>Pytania i odpowiedzi: Pytanie: <u>Mutrib (UNICEF)</u>: Czy mamy metodologię dla wskaźnika/ sposób obliczania liczby osób mających dostęp do usług zdrowotnych? Odpowiedz: <u>Silvia Gatscher (WHO POL CO)</u>: Tak, mamy. Zostanie on Państwu ponownie udostępniony wraz z protokołem ze spotkania. Pytanie: <u>Sofia Papadopoulou</u>: Czy infolinia będzie zawierała również informacje o usługach w zakresie zdrowia psychicznego? Odpowiedz: <u>Silvia Gatscher (WHO POL CO)</u>: Tak, a także usługi związane z HIV i gruźlicą. Kierownicy infolinii prowadzą bazę wiedzy i często są proszeni o dodawanie usług do bazy wiedzy.</p>
Punkt planu 5	<p>Aktualizacje partnerów</p> <p><u>Magdalena Ankiersztejn-Bartczak</u>: Planujemy rozpocząć projekt pilotażowy dotyczący mobilnych testów na obecność wirusa żółtaczkowego typu C, HIV i kiły, jednak jeśli mamy pacjentów reaktywnych, muszą oni zostać wysłani do lekarzy pierwszego kontaktu. Chcemy sprawdzić możliwość realizacji takiego projektu, ponieważ chcemy być pewni, że</p>

	<p>powiązanie z opieką jest możliwe. Czy inni partnerzy są zainteresowani współpracą? Magdalena napisze do innych partnerów w tej sprawie.</p> <p><u>Mutrib (UNICEF)</u></p> <p>Wiele ukraińskich matek w Warszawie przyszło na szczepienia, ale powiedziano im, że muszą najpierw przetłumaczyć swoje karty szczepień. Tłumaczenie kart szczepień kosztuje jednak bardzo dużo pieniędzy. Niektórym powiedziano, że muszą iść do ukraińskich lekarzy. Jak możemy to rozwiązać? Dostęp to jedno, ale gdy zachodzi potrzeba przetłumaczenia dokumentów, pojawia się drugi problem.</p> <p><u>Silvia Gatscher (WHO POL CO):</u> Próbowaliśmy to rozwiązać od września. Pomysł polegał na zaoferowaniu bonów na tłumaczenia dokumentów za pośrednictwem programu gotówkowego. Obecnie rozważamy również udostępnienie tych "bonów na tłumaczenia" za pośrednictwem miast i urzędów zdrowia. Mam nadzieję, że do lutego powinienem być w stanie przedstawić aktualizację. Karty szczepień zostaną dodane do rodzaju dokumentów, które zostaną objęte tym projektem.</p>
AOB	Nie dotyczy
Przydatne linki	<p>Portal Danych UNHCR, Polska Sektor Zdrowia [kliknij tutaj]</p> <p>Dysk Google dla dokumentów mechanizmu koordynacji [kliknij tutaj]</p> <p>Potrzeby i możliwości aktywnych organizacji [kliknij tutaj]</p> <p>Czat grupowy w Signal [kliknij tutaj]</p> <p>Rządowy Portal Danych Polski [kliknij tutaj]</p> <p>Wyszukiwarka placówek medycznych NFZ [kliknij tutaj]</p> <p>Dostęp do usług zdrowotnych, plakat w UA, PL, RU, EN [kliknij tutaj]</p> <p>NGO.PL [kliknij tutaj]</p>