

CZECH REPUBLIC

MULTI-SECTOR

NEEDS ASSESSMENT

Final Report – December 2023



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CONTRIBUTIONS

MSNA is conducted in the framework of the:



Implemented by:



Funded by:



ACCESS THE DATA

UNHCR's Microdata Library (microdata.unhcr.org) is a public online library containing anonymous microdata of persons affected by forced displacement collected by UNHCR, its partners and other third parties.

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List of Acronyms

AAP	Accountability to Affected People
CZK	Czech Crown
CP	Child Protection
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GP	General Practitioner
HH	Household
ID	Identification document
MCQ	Multiple Choice Question
MHPSS	Mental Health and Psychosocial
Support	
MSNA	Multi-Sector Needs Assessment
NEET	Not in Education, Employment or
Training	
NGO	Non-Governmental Organization
PSEA	Protection from Sexual
Exploitation and Abuse	
RCF	Refugee Coordination Forum
RRP	Refugee Response Plan
TP	Temporary Protection
UNHCR	United Nations High
Commissioner for Refugees	
UNICEF	United Nations Children's Fund
WG	Washington Group
WHO	World Health Organization

EXECUTIVE SUMMARY / KEY FINDINGS

The Multi-Sector Needs Assessment (MSNA) represents a comprehensive survey conducted between June and July 2023 with more than 1,200 refugees from Ukraine who arrived in the Czech Republic after the Russian invasion of Ukraine (February 2022). It aims to capture refugees' overarching needs, understand their access to protection and services, identify gaps, and guide strategic humanitarian planning. Integral to a broader regional initiative spanning 10 countries, the MSNA is an essential step for the formulation of the 2024 Refugee Response Plan.

Demographic and vulnerability overview.

Refugee households in this survey comprise of 61% females and 39% males, among whom 69% adults and 31% children. Household structures varies, with 69% multi-member and 31% single-headed. Of the households, 11% are led by older refugees without children, 9% by under-25-year-olds with children, and 2% by persons with disabilities. Households included refugees with vulnerabilities, such as one or more members with disabilities (7%), older refugees aged 60+ (14%), or a chronically ill member (35%). Most households come from regions in Ukraine most directly affected by conflict, notably Kharkivska, Dnipropetrovska, and Donetsk oblasts.

Temporary Protection.

96% of respondents have successfully availed themselves of the Temporary Protection (TP) scheme, obtaining legal status within the Czech Republic. Of them, 76% extended their TP status participating in the verification process implemented by the government in 2023. However, 28% of respondents reported challenges in accessing information on TP.

Gender-based violence (GBV).

Approximately half of respondents reported safety and security concerns for women, including verbal harassment, discrimination, and robbery. While respondents seem aware where to seek help, barriers still exist in reporting GBV and accessing services, such as language and cultural obstacles, stigmatization, and fear of retaliation.

Child protection.

Half of the respondents expressed worries about potential risks of violence towards children in their communities, including bullying, neglect, and online threats. Notably, 90% were aware of where to report cases of violence, highlighting the police, government, specific helplines, and NGOs.

Social cohesion.

Around one-third of refugees reported instances of tensions with the host community, largely attributed to their legal status, ethnicity, and cultural differences. Notably, one in five respondents encountered safety concerns in the neighborhood where they live. Bullying in school was raised during interviews as concerns for children as well.

Access to information.

Despite ongoing communication campaigns, 28% of respondents still encounter challenges in accessing information concerning their TP status, rights, and entitlements. Refugee preferences indicate the need for diverse information and communication channels, with 42% favoring face-to-face interactions and 40% preferring official websites. A quarter of refugees also highlighted preferences for receiving information through social media channels, such as Telegram and Facebook.

Feedback on received aid.

60% of respondents received assistance in the last three months; of them, most are satisfied with the aid provided (87%). 13% cited dissatisfaction, attributing it to untimely or delayed aid delivery, infrequent assistance or aid not aligning with their needs. A noteworthy 4% expressed discontent with aid workers, highlighting perceived shortcomings in cultural sensitivity, empathy, and respect. Approximately half of the respondents expressed awareness of reporting mechanisms for inappropriate behavior by aid workers.

Priority needs.

Three-quarters of surveyed refugees expressed household needs, primarily focused on employment, housing, and language courses, all crucial for socio-economic integration. Moreover, 34% of households resorted to negative coping mechanisms to fill unmet needs, like spending savings or engaging in degrading or high-risk work due to strained resources.

Education.

As per the respondents, most refugee children (84%) attended local schools in the academic year 2022/23, adhering to mandatory school attendance requirements for TP holders. Enrollment was higher for primary education (92%) compared to secondary schools (61%). However, 15% of school-age children were not enrolled in the Czech education system, citing reasons such as being already enrolled in remote learning in Ukraine, language barriers, and limited space in local schools. 16% of youth aged 15-24 are NEET (not employed, in education or training). Looking ahead to the academic year 2023/24, 85% of refugee children intended to enroll in Czech schools. Online education remains a popular choice, often in parallel with enrollment in Czech schools.

Employment and unemployment.

Among working-age refugees (16-64 years old), 66% are employed, 17% face unemployment. 27% are outside the labour force, meaning that they are not able to work or not looking for work. Refugees are mostly employed in the manufacturing and hospitality industry, with challenges in recognizing and fully utilizing the qualifications and skills (underemployment). 16% percent of respondents work without formal contractual agreements, reflecting the precariousness of certain job arrangements and exposure to exploitation. Lack of Czech language proficiency and hurdles in the recognition of education or past work expertise are critical barriers to employment for refugees.

Housing.

71% percent of households reside in self-arranged private accommodation (52% on their own and in 19% shared arrangements), whereas 17% are residing in collective sites. 36% of households bear the full cost of accommodation, while 28% do not incur accommodation costs, hinting to the dependency of these refugees from others for their accommodations (government, NGOs, employers, friends, and hosts). One in five households faces concerns related to their accommodation arrangements, primarily linked to sharing living spaces with others.. Financial distress is evident, as a quarter of households are unable to pay rent on time. Ten percent of households reported that their arrangements are not ready for winter and at least 11% of households have housing arrangements secured for less than 3 months.

Health.

99% of the surveyed households have all members are covered by Czech health insurance. However, challenges persist in accessing health care, as approximately one in three households reported lack of access to a

General Practitioner (GP), and the same proportion to a pediatrician. 10% of households with healthcare needs in the last month encountered barriers in accessing healthcare, such as difficulties in scheduling appointments at healthcare facilities and language barriers; the percentage rises to 14% among households grappling with chronic conditions among their members.

Mental Health and Psychosocial Support.

23% of households reported having at least one member experiencing mental health or psychosocial problems in a way that affected the individual's daily functioning. Around 13% reported needing support in this area and half of them (48%) are not able to access the required assistance. Among the most commonly cited challenges there are a reluctance to seek help (preferring to wait to see if the problem would improve on its own), time constraints, and language barriers.

INTRODUCTION

Background.

The Multi-Sector Needs Assessment (MSNA) is a comprehensive survey conducted with refugees from Ukraine who arrived in the Czech Republic after the escalation of the conflict in February 2022. As of the time of the assessment (June 2023), the Czech Republic had received over 530,000 applications for Temporary Protection (TP) from Ukrainians, out of which almost 350,000 completed the verification process and are known to be residing in the country at the time of the survey.

Under the leadership of the Refugee Coordination Forum (RCF), this MSNA is the first of its kind conducted in the Czech Republic within the Ukrainian refugee situation and builds upon previous smaller-scale surveys and research. It was carried out between 21 June

and 21 July 2023 with more than 1,200 refugee households in private and collective accommodations, addressing a wide range of sectors within the humanitarian response, and aims to answer critical research questions crucial for guiding future humanitarian efforts.

The MSNA findings support the interagency refugee response in the Czech Republic, offering evidence-based data on the multi-sectoral needs of the refugee population for strategic humanitarian planning. It promotes a shared understanding of evolving needs and service gaps within the humanitarian response across various sectors. It is a key document for the 2024 Refugee Response Plan (RRP). Also, it actively includes feedback and perspectives from refugees in shaping the response.

This MSNA is part of a regional initiative involving 10 countries participating in the RRP. Preliminary findings were presented to the Refugee Coordination Forum (RCF) on September 11th, 2023, which included government departments and RRP partners. Subsequent workshops were held on October 4th in Prague, involving refugee-led and community-led organizations, and on October 5th with UN agencies and NGOs, with the aim of validating the data and conducting additional analyses.

Objectives.

Through direct consultation with refugees, the MSNA aims at capturing and understanding the needs of the in-country refugee population in Czech Republic and how they are met, the level of access to basic services and service gaps as well as refugees' priorities. It covers demographics, education, protection (including child protection, gender-based violence, and protection from sexual exploitation and abuse), economic inclusion and livelihoods, health (including mental health), and accommodation.

METHODOLOGY

Sampling, representativeness and geographical coverage.¹

The survey targeted adult Ukrainian refugees who fled to the Czech Republic after 24 February 2022. Data was collected from 1,218 households, representing a total of 2,648 individuals. The sample was convenience-based; however, it was purposely drawn to adjust for the geographical as well as gender distribution of the refugee population, as per TP data provided by the Ministry of Interior. Efforts were also made to select respondents from as many diverse types of accommodation as possible. Interviews were conducted in all 14 regions of the Czech Republic, with most interviews taking place in Prague (34%), where approximately one-fourth of refugees live. The quotas were adjusted to ensure Prague had more precise and representative allocations.

Data collection.

The digitized questionnaire was developed through interagency consultations at the regional level and adapted to the Czech context through the RCF. The data collection was carried out by SocioFactor from 21 June 2023 to 21 July 2023, with the involvement of 35 enumerators from the Ukrainian community with different professional backgrounds, including translators, social workers, intercultural workers, and teachers. Most enumerators were women (34), and one enumerator was male. The interviews were conducted face-to-face in Ukrainian or Russian language, as preferred by the respondents. SocioFactor staff underwent a one-day training of trainers by UNHCR in Ostrava on 19 June to familiarize with the tool and data collection protocols and trained the

enumerators on 20 June across the country. In addition, four focus group discussions (FGDs) were held by SocioFactor in August 2023 to address unexplored research questions and to complement the quantitative data. The FGD questionnaire was designed by the interagency team and UNHCR. FGD participants were selected based on recommendations given by enumerators who pre-selected potential participants based on requirements provided by UNHCR. FGD findings are illustrative and not representative by nature of the method.

Data quality assurance and analysis.

Data quality was assured in the pre-data collection period (skip logic and validation in the questionnaire; training of enumerators), during data collection (spot checks of data collected; real-time tracking of interviews by location/enumerator), and post-data collection (checking of interview duration). Submissions that did not pass data quality control were discarded. The report was drafted by SocioFactor in close consultation with UNHCR. Data analysis was conducted with SPSS as well as in R.

Limitations and disclaimers.

The survey results should be interpreted with limitations. The study utilized a mixed sampling method (probabilistic, proportional, convenience sampling). This potentially introduced bias and prevented the calculation of the sample's final margin of error. Consequently, while the findings may not be applicable to all Ukrainian refugees in the Czech Republic, the demographic makeup of the surveyed sample mirrored as closely as possible available administrative data, increasing the overall confidence in its reliability as an indicator of the overall refugee situation.

¹ The main administrative divisional units of the Czech Republic are called regions (kraj, pl. kraje) The Czech Republic is divided on the first administrative level into 14 units that consist of 13 regions and the capital (hlavní město), Prague (Praha).

Data collection occurred during the summer, overlapping with Ukrainian and Czech school holidays, which impacted the demographic profile of the sample. Sensitive questions on protection, mental health, and income usually suffer from high non-response rates, particularly among vulnerable refugees. There is also a risk of respondent bias, causing some indicators to be under or over-reported due to subjective perceptions (protection, feedback on aid received). The report involved AI-powered language models for readability purposes.

FINDINGS

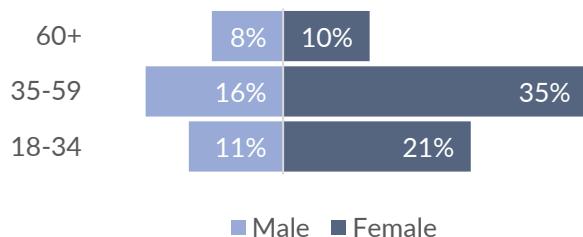
(see Annex for more graphs)

Respondents' profiles.

The survey targeted adult respondents with Ukrainian nationality, the majority falling in the 35-59 age group (50%), followed by the 18-34 group (32%), and 60 and above (18%). Most respondents were women (65%, see Figure 1).

Interviews were conducted in all 14 regions, mostly in the same region where refugees resided. The highest number of interviews was conducted in Prague (34%), the region with the highest concentration of refugees.

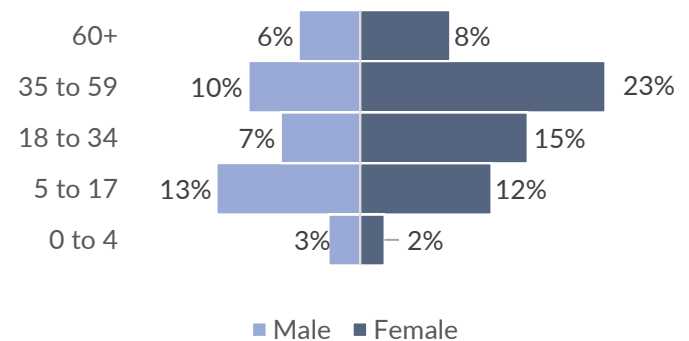
Figure 1 Profile of respondents by gender and age (N=1218)



Household profiles.

Household composition is characterized by about two-thirds of household members being females (61%), while 39% were males. Most were adults (69%), with 46% being women and 23% men, leaving 31% as children (approximately 16% boys, 14% girls).²

Figure 2 Percentage of household members by gender and age (N = 2648)



The average household size is 2.2 members; 46% of households have one or more children. Among refugee households, 69% have multiple members, while 31% are single person households. Half of the households are headed by women, and 11% have an older person as the head of household (mostly without children). Almost one in ten households (9%) is headed by a person under 25, and 2% by a person with a disability.

Across the household members, 7% reported a form of disability, with difficulties in seeing (8%), walking (4%), remembering (2%), self-care (1%), and hearing (1%), with some reporting multiple disabilities.

² Figures are rounded to a whole number.

Figure 3 Percentage of respondents by region of residence (N=1218)

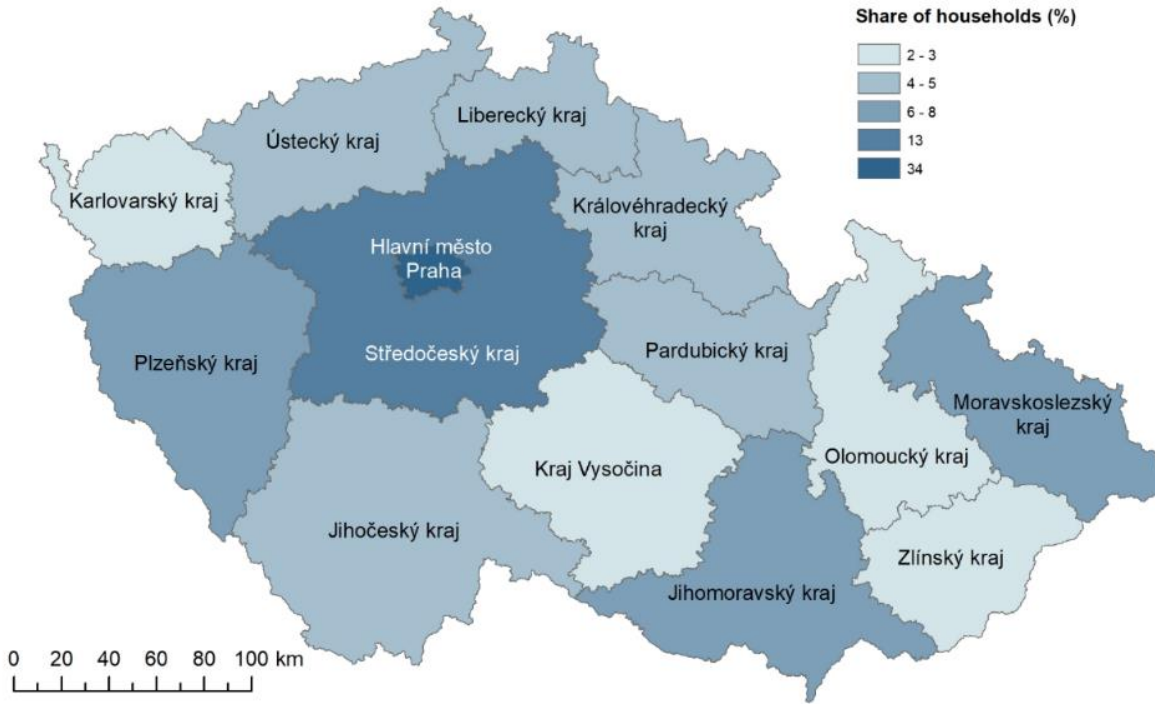
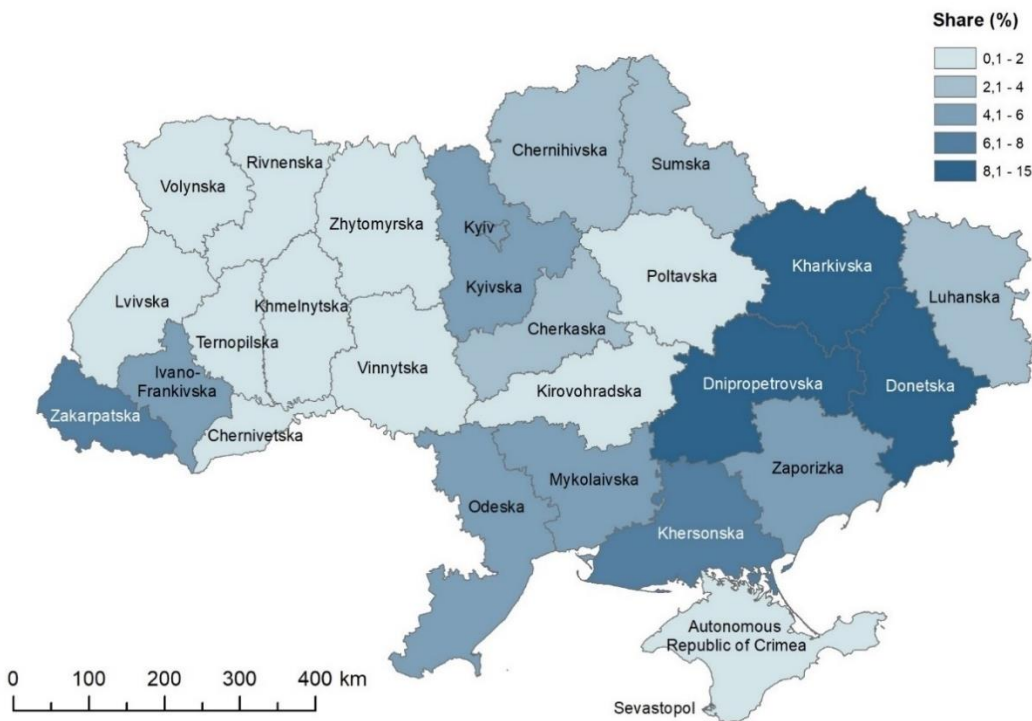


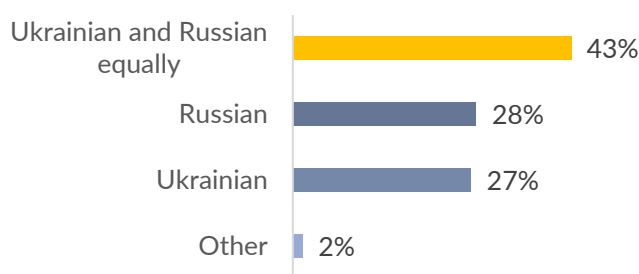
Figure 4 Distribution of Ukrainian refugees by oblast of origin (N=1218)



Most households interviewed come from the conflict-intensive eastern regions of Ukraine, notably Kharkivska oblast (15%), Dnipropetrovska oblast (9%), and Donetsk oblast (9%). On average, they have been displaced for approximately one year in the Czech Republic, with 25% of households arrived within the last 12 months.

Regarding languages spoken, refugee households most frequently use Ukrainian and Russian languages equally at home. Some use only Ukrainian (27%) or only Russian (28%) language.

Figure 5 Percentage of households by main language used at home (N = 1218)



PROTECTION

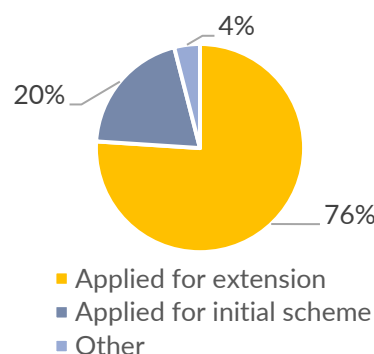
(see Annex for more graphs)

Legal Status.

Refugees from Ukraine have access to the Temporary Protection (TP) scheme in the Czech Republic since March 2022. The TP status provides access to humanitarian and social benefits, healthcare, and employment opportunities. In 2023 the Government conducted a verification exercise (online registration followed by in-person appointment) extending the validity of the TP status for another year, in line with the EU decision. 76%

of households applied for an extension of temporary protection, while 20% applied for the initial TP scheme.³ Out of the latter group, 38% arrived in the Czech Republic in 2023, while 62% arrived before 2023⁴.

Figure 6 Percentage of households who have registered for Temporary Protection (N = 1218)



While significant efforts have been made to provide refugees with essential information, a substantial portion of respondents still struggle to access information related to their Temporary Protection (TP) status, rights, and entitlements (for more details, see the section “Access to Information”).

98% of HH members reported having identity documents (e.g. National ID, passport, birth certificate)

96% of children below the age of 5 have been registered with civil authorities in Ukraine, Czech Republic, or other third countries

98% of the household members reported having identity documents, such as national IDs, passports, and birth certificates. 96% of children under five have been successfully registered with civil authorities in Ukraine, the Czech

³³ The remaining 4% (see category “other” below) either did not plan to apply for an extension of TP or a similar scheme (2%), had not applied yet but intended to do so (1%), or chose not to respond (1.3%).

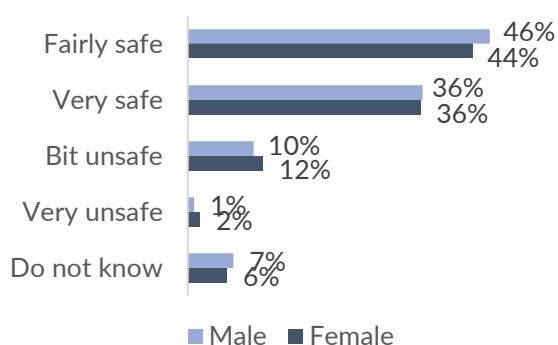
⁴ For those who arrived before 2023 and applied for the initial TP scheme but did not undergo verification, their TP would likely be expired past 31 March 2023.

Republic, or other third countries, ensuring their legal recognition and access to essential services. Identity documentation for adults and children is a crucial element in accessing status, protection, and safeguarding the rights and well-being of displaced individuals; documentation also plays a central role in the reintegration process of refugees in their country of origin upon return.

Safety and Security Concerns.⁵

Regarding safety and security, 14% of female and 11% of male respondents reported feeling unsafe in their neighborhood.⁶

Figure 7 Percentage of respondents reporting feeling safe in their neighborhood (N=1217)



More than half of the households have concerns regarding the safety and security of women. The most reported concerns for women were verbal harassment (36%), discrimination (19%) and a fear of being robbed (17%). Concerns commonly reported for men included verbal harassment (26%), robbery (19%) and threats with violence (16%).

Figure 8 Percentage of households who have concerns regarding the safety and security of women (N=1032)

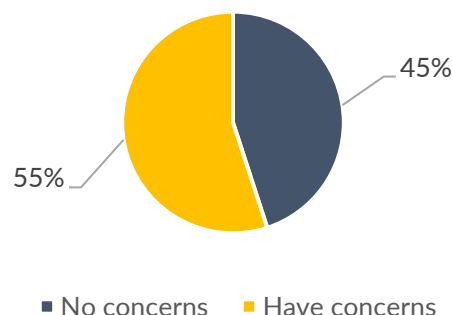
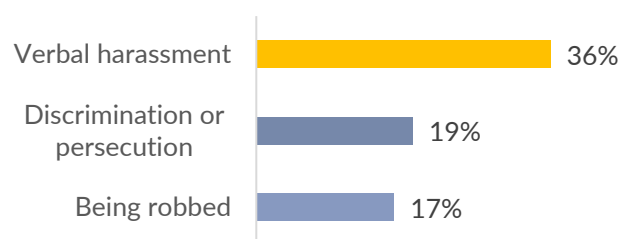


Figure 9 Top 3 safety and security concerns reported for women (out of those having concerns) (MCQ) (N=564)



Since arriving in the Czech Republic, **35% of households reported feeling tensions with the host community**

Around one-third of refugees reported unfriendly behavior from the host community, such as verbal aggression, discrimination, and negative social media comments. They attributed these actions to their refugee status (84%), ethnicity (23%), cultural differences (21%), and competition for resources and jobs (respectively 20% and 14%).⁷

⁵ The design of the MSNA ensures that sensitive protection data is not gathered, in order to respect the principles of dignity and data protection. This, however, results in potentially limited insight into the prevalence of Gender-Based Violence (GBV), and in particular domestic violence, among refugee respondents.

⁶ The question asked was the following: "How safe do you feel walking alone in your area/neighbourhood after dark?"

⁷ A recent perception survey conducted by STEM showed similar results, see: STEM, *Russian aggression against Ukraine: Survey of current Czech attitudes*, April 2022, available at <https://stem.cz/wp-content/uploads/2023/07/STEM-War-in-Ukraine-Czech-survey-results-1.pdf>

Figure 10 Percentage of households reporting hostile behavior (N=1218)

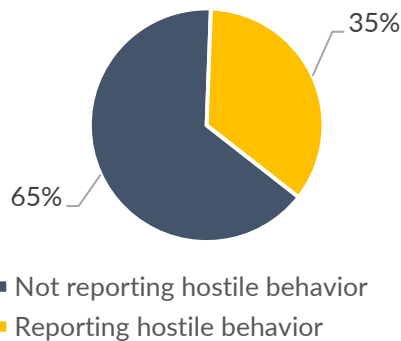
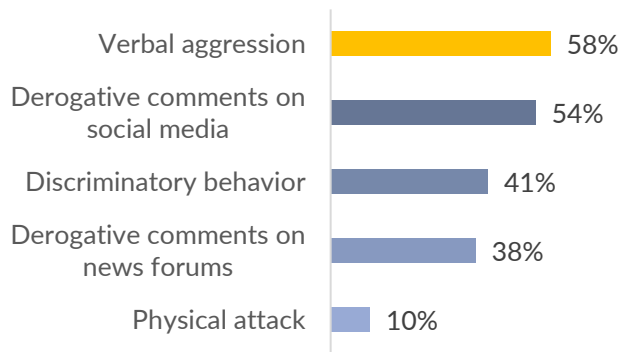


Figure 11 Percentage of households reporting hostile behavior, by type (out of those who experienced it) (MCQ) (N=426)



"Once, on the bus, I was in the middle of the call with family in Ukraine. An older lady started shouting that we have everything for free, while she has to work for everything. My children were there and were crying, because they were terribly frightened. (Refugee woman)"

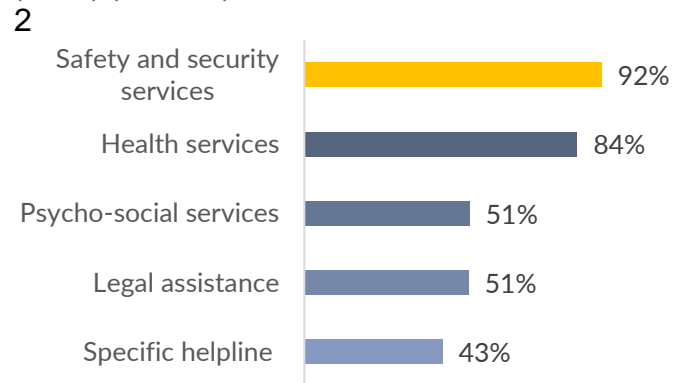
Gender-Based Violence.

Most respondents seemed familiar with how to access GBV response services, in particular those addressing safety and security (92%) as well as health needs (84%). Lower percentages are reported for psycho-social services (51%) and how to request legal assistance (51%) or contact GBV-specific helplines (43%).



91% of respondents know how to access at least one available GBV services

Figure 12 Percentage of respondents who know how to access GBV services by type of service (MCQ) (N=1113)

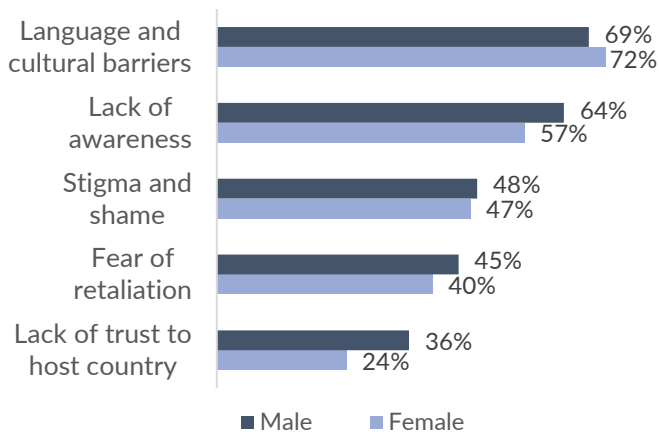


One in four survey participants acknowledged barriers in accessing GBV-specific services. Respondents highlighted difficulties related to language and cultural barriers when attempting to access GBV services, coupled with a lack of information on locally available GBV services. Additionally, survey respondents expressed apprehensions about stigmatization and retaliation in case of reporting, and a general distrust toward local GBV service providers. This implies that even when familiar with services provided, refugees might opt not to disclose and prefer not to access needed assistance.



24% of respondents reporting at least one barrier in accessing GBV services in the Czech Republic

Figure 13 Major barriers for accessing services on GBV by gender (MCQ) (N=287)

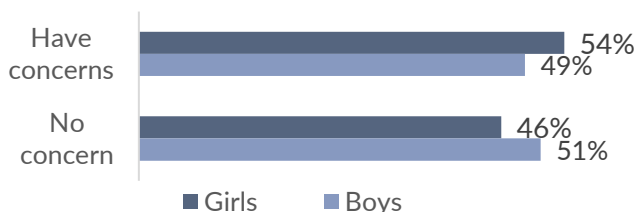


NOTE: respondents answered on behalf of their household members.

Child Protection.

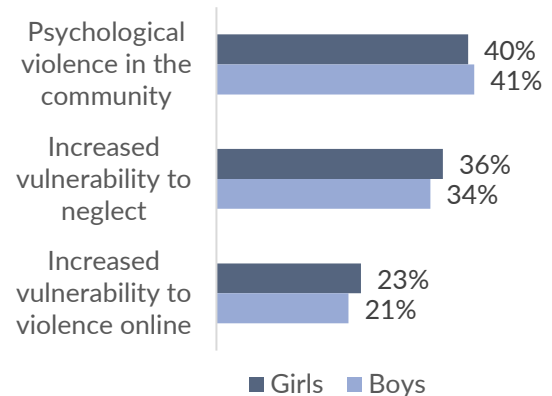
A majority of respondents, have expressed apprehensions regarding the well-being of their children in the areas where they live.

Figure 14 Percentage of households who have concerns regarding risks faced by girls and boys [N (girls) = 325; N (boys) = 348]



Parents mentioned concerns about potential risks of psychological violence affecting their children, as well as issues such as bullying, heightened vulnerability to neglect, and exposure to online violence. Notably, there are no significant distinctions in the risks identified concerning boys and girls.

Figure 15 Percentage of households reporting top 3 risks faced by girls and boys (out of those who have concerns) (MCQ) [N (girls) = 176; N (boys) = 169]



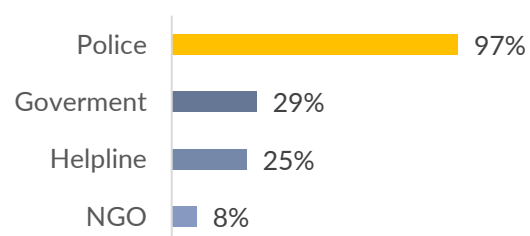
NOTE: The survey targeted only adult respondents. The perspective of children was integrated through the FGD and the results of the monitoring from partners.



90% of households are aware of child protection services they could reach out to and report cases of violence against children in the area of residence

Refugee households would most likely resort to law enforcement or public institutions to seek assistance in case of child protection incidents. Moreover, they may utilize services offered by dedicated helplines or by non-governmental organizations (NGOs). However, awareness of the latter was rather low (8%), implying a potentially low knowledge of local community-based child protection services.

Figure 16 Percentage of households being aware of services to report violence against children by type of service (MCQ) (N=1102)

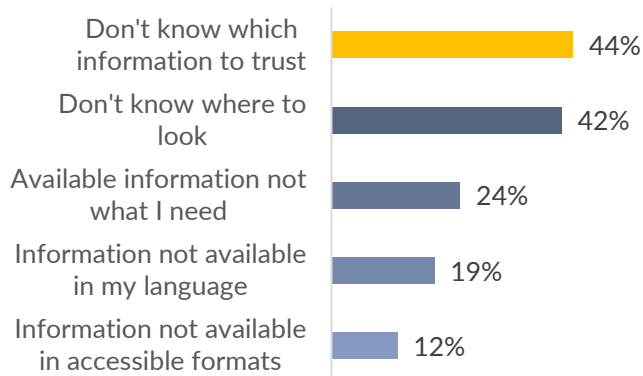


Access to Information.

Despite ongoing efforts to provide refugees with essential information, 28% of respondents continue to face difficulties in accessing information regarding their Temporary Protection (TP) status, rights, and entitlements.

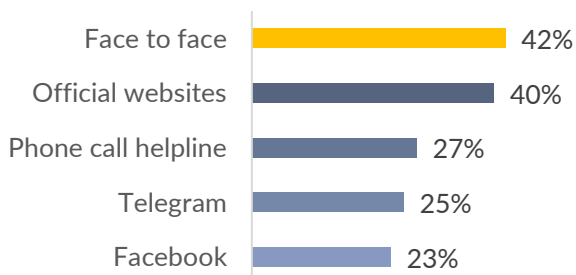
Among the most cited challenges encountered in accessing information, respondents flagged difficulties in discerning which information to trust, and where to search for information they need.

Figure 17 Percentage of households experiencing challenges in accessing information (MCQ) (N=339)



Refugees tend to favour face-to-face interactions (42%) and browsing official websites (40%). Every fourth person also mentioned a preference for receiving information through social media, especially Telegram and Facebook.

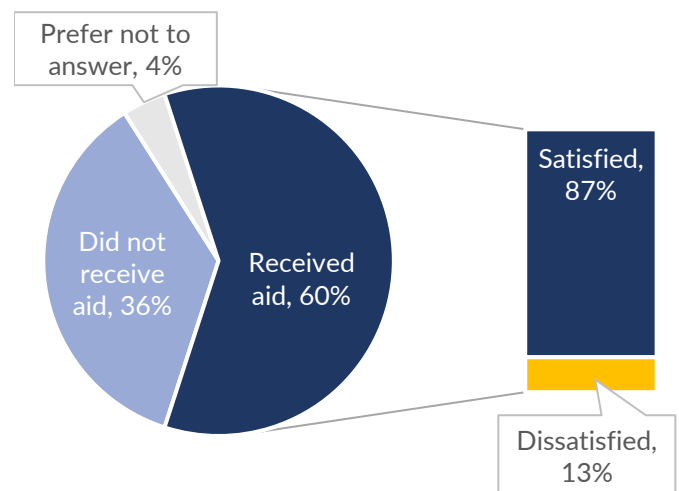
Figure 18 Preferred means (channels) of receiving information, percentage of households per channel (MCQ) (N=1218)



Feedback on assistance received and priority needs.

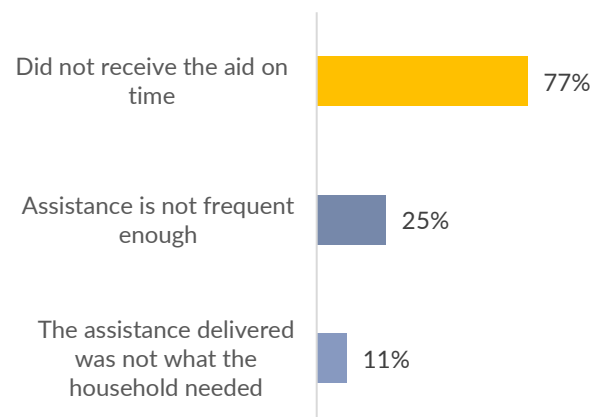
Within the past three months, 60% of respondents received assistance, with 87% expressing satisfaction with the aid received.

Figure 19 Percentage of households who received aid and satisfaction with aid (N=1218)



The remaining individuals mentioned discontent due to issues such as untimely delivery, infrequency, or aid mismatching their needs.

Figure 20 Top 3 reasons for dissatisfaction with aid (MCQ) (N=91)



Most respondents underscored a positive perception of aid workers' behaviour towards the refugee community. However, a noteworthy

4% expressed dissatisfaction, flagging perceived shortcomings in cultural sensitivity, empathy, or respectful engagement.

Figure 21 Percentage of households satisfied with aid workers (N=1218)

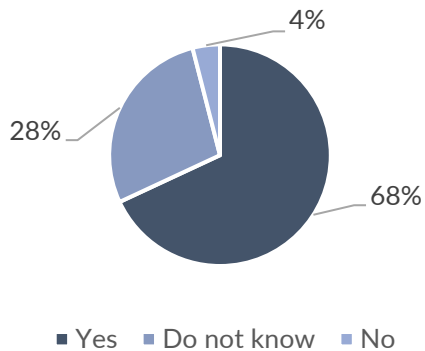
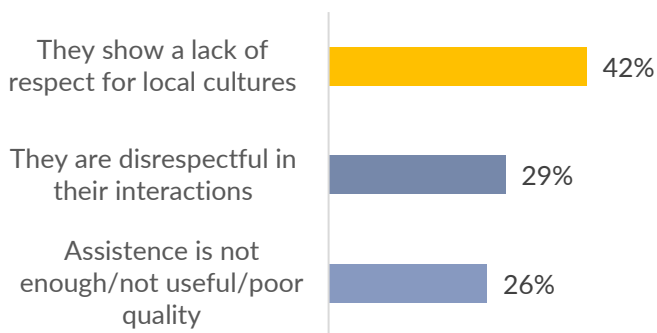


Figure 22 Top 3 reasons for dissatisfaction with the behavior of aid workers (MCQ) (N=55)



Refugees are generally aware of existing feedback mechanisms to report on the aid received, including the behaviour of the aid workers.

In providing feedback to aid providers, both male and female respondents showed a preference for direct interactions, favouring channels such as face-to-face conversations or utilizing phone call helplines. However, when the feedback relates to reporting the conduct of aid workers (inappropriate behavior by aid workers) or involves sensitive matters, there is a preference towards social media platforms, such as Facebook and Telegram.

Figure 23 Preferred means of providing feedback on the quality, quantity and appropriateness of aid (MCQ) (N=1218)

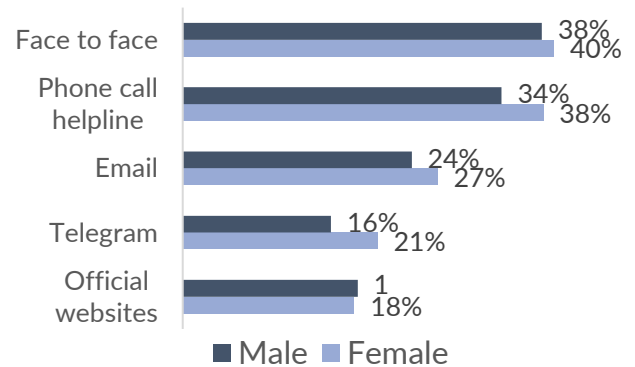
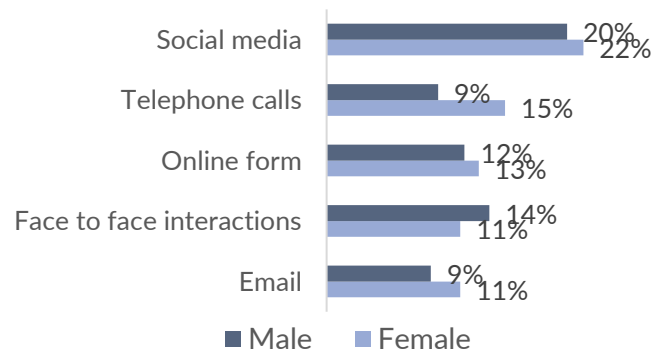
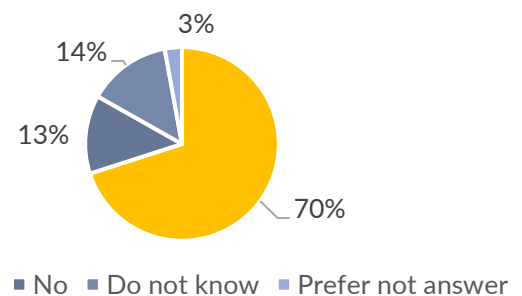


Figure 24 Top 5 preferred channels to provide feedback on behavior of aid providers and other sensitive issues (MCQ) (N=1218)



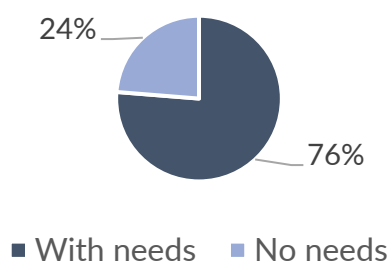
Feedback channels set up by organisations at the community level to report protection concerns, generally elicited an appropriate response (70%).

Figure 25 Percentage of respondents who feel that protection concerns reported through community mechanisms receive appropriate response (N=1218)



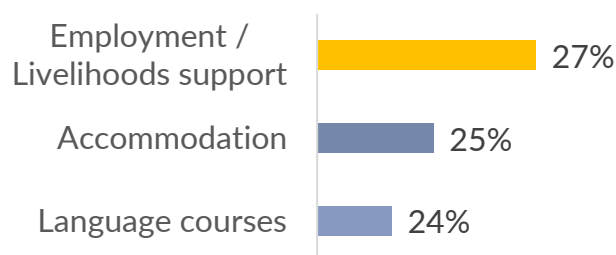
Three-quarters of refugee respondents reported priority needs within their households.

Figure 26 Percentage of households with reported needs (N=1218)



The top priorities mentioned, including employment and livelihood support, housing, and language courses, all align with factors related to socio-economic integration. The identified needs reflect on the interest from the refugee side to remain in the Czech Republic and improve their inclusion in the socio-economic tissue of the country.

Figure 27 Top 3 most commonly reported priority needs (MCQ) (N=925)



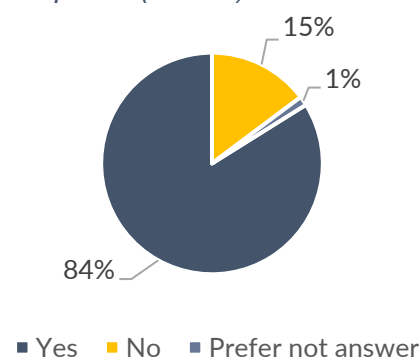
EDUCATION

(see Annex for more graphs)

Mandatory school attendance in the Czech Republic involves the completion of nine years of school, starting from the 6th year of age of the child.⁸ In addition of mandatory school attendance 1 year of pre-school is also compulsory for children of age 5-6. This applies also to foreign children residing in the country for over 90 days, hence, it is also relevant for TP applicants.

According to the respondents, 84% of school-age children (6 to 18 years old) were enrolled in Czech schools in the school year of 2022/23. 15% of refugee children were not enrolled in local schools, the most common reason including the fact that they are instead enrolled in distance learning in Ukrainian schools.

Figure 28 Percentage of school-age children who are enrolled and attending 2022/2023 school year in the Czech Republic (N=674)

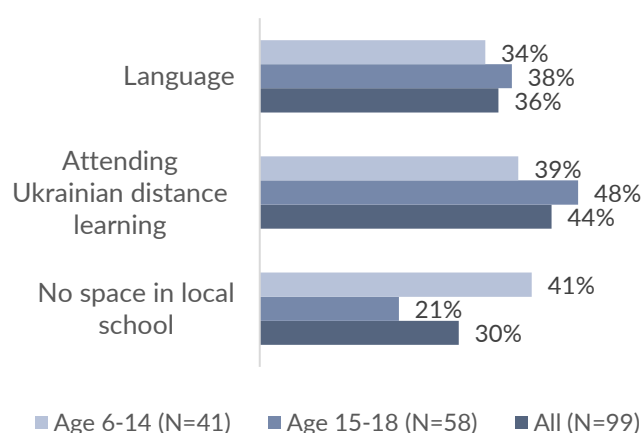


Other reasons mentioned included language barriers and the lack of capacity in Czech schools. Accounting for the respondents' gender, distance learning (53% vs 38%) and language barriers (42% vs 30%) are more prevalent as reasons for non-enrollment among female students.

⁸ Portal of the government (Gov.cz): *Basic education*. Available at: [561/2004 Collection of Law, on Pre-school, Basic, Secondary, Tertiary Professional and Other Education \(the Education Act\)](#).

Enrollment rates are higher in primary schools (92%) than in secondary schools (61%). It should be noted that as per the Education Act, secondary education is not mandatory in the Czech Republic; secondary students often opt for Ukrainian distance learning instead. Furthermore, entrance exams for class placement also hinder enrollment in secondary schools for Ukrainian refugees.

Figure 29 Top reasons for non-enrolment in primary vs. secondary school (N=99)



Note: calculated out of those who reported not being enrolled at school (15%)

Online education remains a popular choice, often in parallel with enrollment in Czech schools: of the school-age population, for the academic year 2022/23, almost half (49%) were enrolled in online education in Ukrainian schools. From among these, 82% were studying in parallel in Czech schools and online, while 18% only engaged in online Ukrainian education. Online education is more popular among primary education students (43%) compared to secondary education students (38%).



85% of HHs with school-age children planned to enroll them in the school year 2023/2024 in the Czech Republic.

The majority of households (85%) intended to enroll their school-age children in Czech schools for the 2023/2024 school year; in particular, 93% in primary school and 58% in secondary school.

Conversations with refugee children revealed that many of them experienced bullying and threats in Czech schools, particularly during the initial period following their arrival in the Czech Republic when they lacked proficiency in the Czech language. However, they acquire language skills and became more involved in activities with their peers, and are therefore better integrated.

It is important for children to know where to seek help, especially in case of bullying. During focus groups, many reported trust in the local school staff, as illustrated by the quote below.



"I already made a Czech friend in elementary school. It helped me a lot, especially mentally. Before that I was afraid that I would not learn Czech well and would not be able to study here. My friend and I also spent time together after school." (Refugee student)

"Unfortunately, I was bullied at school. Fortunately, the teacher's assistant and the school principal helped me." (Refugee student)

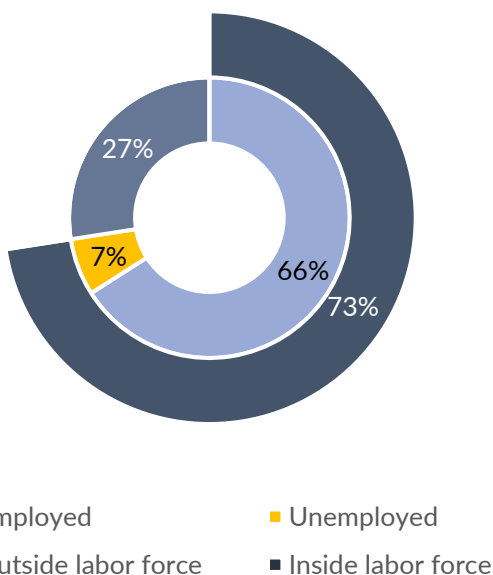
SOCIO-ECONOMIC INCLUSION

(see Annex for more graphs)

Employment, underemployment and unemployment.

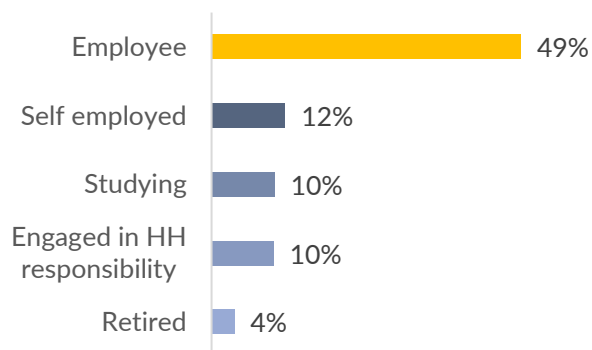
Among working-age refugees (16-64 years old), 66% are employed⁹ and 7% are unemployed.¹⁰ The unemployment rate registered among refugees is double the national one, recorded as 3.6% in August 2023.¹¹ 27% of the refugee population are outside of the labour force.¹²

Figure 30 Percentage of working-age household members participating in the labor force (N=1710)



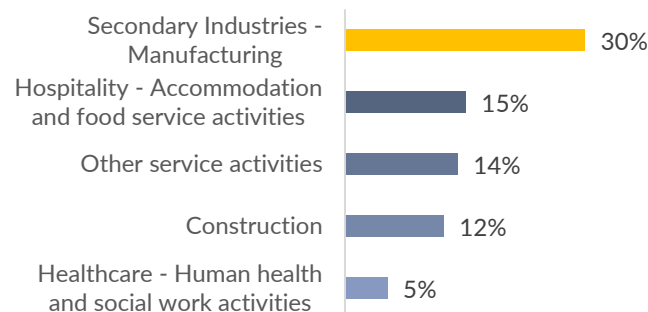
Almost half of household members (49%) were employed before leaving Ukraine, while 12% were self-employed.

Figure 31 Top 5 main activities before leaving Ukraine (N=1585)



Employed refugees mainly work in sectors of secondary industries, hospitality and other service activities, indicating challenges in the full utilization of refugee skills and qualifications.

Figure 32 Percentage of household members employed by sector(s) of current employment (N=1111)



Most employed refugees (81% of men and 80% of women) are formally employed, while 16% lack formal contract agreements, highlighting frequent precariousness of refugee employment.

The average hour of work per week for employed refugees is 37.5 hours: women work an average of 35.2 hours per week, whilst men work an average of 41.4 hours per week.

⁹ It includes employment, own business, or family business.

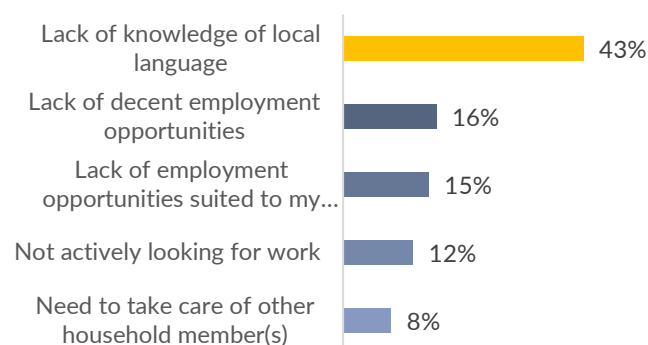
¹⁰ It includes those who are looking for work and ready to start work within 14 days.

¹¹ Note that this comparison is only approximate, as the methodologies for calculating unemployment rates in humanitarian contexts are not identical to national statistics. Source: Ministry of Social Affairs and Labour of the Czech Republic, Labour Market Statistics, <https://www.mpsv.cz/web/cz/statistiky-trhu-prace>. Accessed 15 Dec 2023.

¹² Working-age individuals who are not employed and who either cannot start working or are not looking for a job. It includes among others students (10%), those engaging in household responsibilities (10%), as well as retirees (4%).

The primary reasons reported for unemployment are attributed to a lack of language proficiency (43%), as well as the absence of suitable job opportunities that align with their skills and provide decent work opportunities (16% and 15%).

Figure 33 Percentage of household members by main reasons for not finding work (MCQ) (N=1093)



Discussions with refugees also highlighted difficulties when searching for work directly through the personnel departments of companies. Additionally, some refugees were not aware of the possibility to attend Czech language courses.

“If you want to get a better job, it is necessary to know the Czech language well and have a certified diploma.”

16% of youth aged 15-24 are not in employment, education, or training (NEET), putting them at increased risk of becoming socially excluded due to poverty and a lack of skills to improve their economic situation.

Income and Purchasing Power.

Besides employment, other source of income of refugees are humanitarian and social protection benefits.

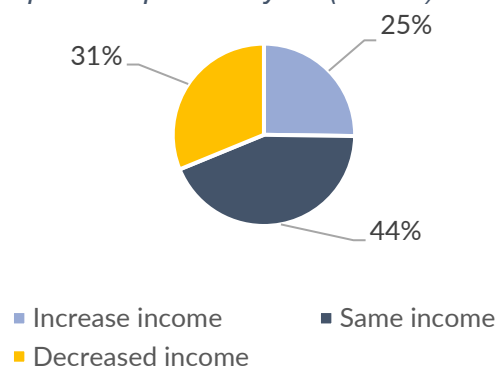
37% of households received humanitarian benefits from the Czech government, especially social protection cash.



6% of HHs are covered by the Ukrainian social protection system¹³. and 4% of HHs are covered by both the Czech and the Ukrainian social protection systems.

31% of respondents reported a decrease in their purchasing power (disposable income) since their displacement.

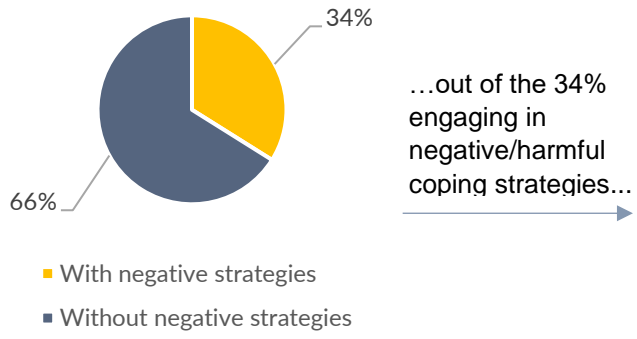
Figure 34 Percentage of households reporting changes in disposable income (purchasing power) compared to previous year (N=920)



The primary contributing factors were increased expenses for unexpected events, such as medical bills and family emergencies (43%), as well as elevated costs associated with housing or education (39%).

¹³ Most commonly, this relates to receiving pensions from the Ukrainian pensions system.

Figure 35 Percentage of households reporting engaging in negative/harmful coping strategies (MCQ) (N=413)



A third of households experienced hardship in covering basic needs in the month before the survey, due to lack of food or financial resources; as a consequence they relied on savings to meet their basic needs, on risky, degrading or illegal income source or purchased food on credit.

Figure 36 Household expenditures in the last 30 days, by category (reduced ECMEN) (N=594)

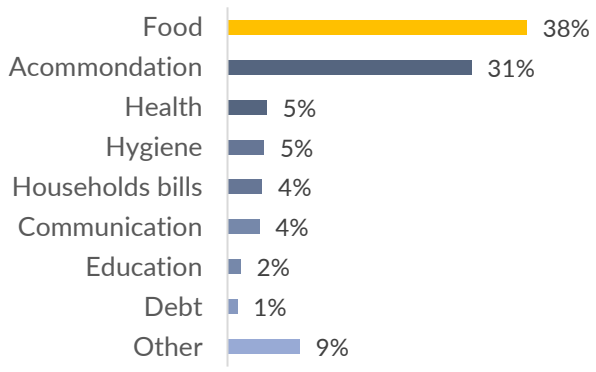
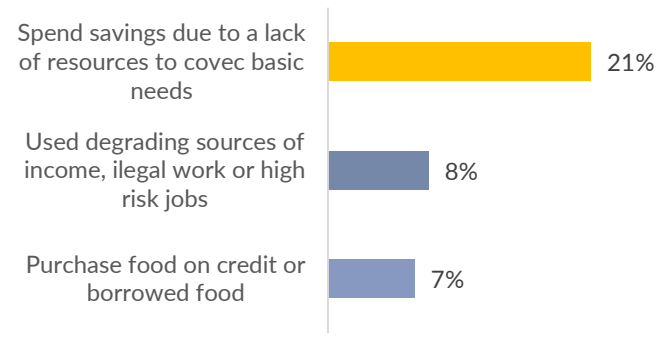


Figure 37 Percentage of households reporting engaging in negative/harmful coping strategies, by type of strategy (MCQ) (N=413)



On average, households spend the most on food, which makes up 38% of their expenditures. Accommodation comes in second place, with a share of 31%. 5% is spent on health and hygiene, 4% on household bills and communication, and 2% on education. Those carrying debt use 1% of their expenditures for repayment.

Vulnerability Indexes

Measuring household stress based on the survey data, several complex indexes can be used to assess the vulnerability of refugees

from Ukraine in various respects. These indexes provide a deeper understanding by exploring not only the livelihood of refugees but also the strategies applied to improve their situation.

Table 1 Vulnerability indexes: overview and explanation of results

	Result	Explanation
<i>Food Consumption Score (FCS)</i> ¹⁴	98% “acceptable”; 2% “borderline” or “poor”	Most Ukrainian refugees in the Czech Republic do not seem to suffer from food deprivation.
<i>Reduced Coping Strategies Index (RCSI)</i> ¹⁵	4.91 on average	Measured on a scale of 0 (no food insecurity) to 56 (maximum food insecurity), the results indicate that Ukrainian refugees rarely have to employ negative coping strategies to secure their household’s adequate nutrition. This is in line with the FCS results.
<i>Livelihood Coping Strategy Index (LCSI)</i> ¹⁶	41% have resorted to at least one kind of coping strategy	While the 2 above food security index are satisfactory, the LCSI shows that other basic needs are not always met, forcing refugees to adopt detrimental strategies to ensure an adequate level of livelihood. <i>This includes those who answered that they already used certain coping strategies and can therefore not use them again (e.g. when savings have been exhausted).</i>

HEALTH

(see Annex for more graphs)

Temporary protection holders in the Czech Republic have access to comprehensive public health insurance, covering various medical services, including preventive care, hospitalization, dental care, mental health care, and rehabilitation.¹⁷ To access these services, they need to register with a local health insurance company within 30 days of arrival and

present their health insurance card at healthcare providers. Registration with a general practitioner is recommended for coordinated care. The insurance is free for TP holders to 150 days after arrival; after this period, it is extended for free for certain vulnerable categories.¹⁸



In 99% of households, all members have health insurance in the Czech Republic¹⁹.

¹⁴ This index reflects on the food security of households, by combining information on dietary diversity, food frequency and the relative nutritional value of various food groups, asking about food consumption in details during the 7-day period preceding the survey. It is used in humanitarian crises to measure access to adequate nutrition.

¹⁵ This index measures the extent to which households engage in food-related coping strategies (such as buying less or less expensive food).

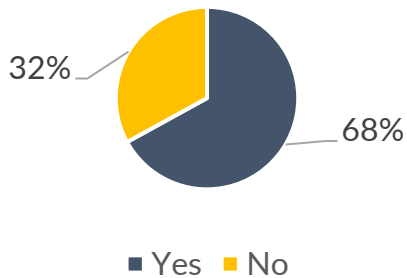
¹⁶ This index has a broader scope than the previous two indices and refers to the percentage of households reporting engaging in negative/harmful coping strategies over the last 30 days due to either a lack of food or money.

¹⁷ They are also eligible for free vaccinations, maternal and childcare, oral health care for children, and eye care for children.

¹⁸ The insurance is paid by the employer once TP holders are employed. TP holders who seek a job may register with the Labor Office; in that case, health insurance is covered by the state. Source: [Czech Ministry of Health](#).

¹⁹ Health insurance is paid by the state for a period of 150 days after arrival and further for certain groups of TP holders. For example, TP holders registered with the Labor Office as job seekers, those taking full-time care of dependent children, students and seniors. Employers pay health insurance for those TP holders employed on the basis of an employment contract. TP holders not falling into one of these groups, have to cover the costs of health insurance themselves.

Figure 38 Percentage of households where every child and infant has a pediatrician in the Czech Republic (N= 617)



As per the survey, one out of three refugee households reported not having a general practitioner (30%) or a pediatrician (32%). It should be noted that in the Czech Republic a long-term shortage of both general practitioners and pediatricians persists.²⁰

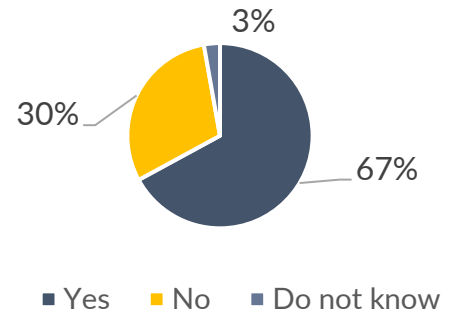
Out of all households with female members, 6% reported facing barriers in accessing sexual and reproductive health.

Regarding expenses, households allocate approximately 9% of their monthly income on average to cover healthcare. When focusing on households with at least one member having a disability, these households spend a higher proportion, around 11% of their income, on healthcare. In contrast, households without any member with a disability dedicate a lower portion, approximately 7% of their income, to healthcare expenses.



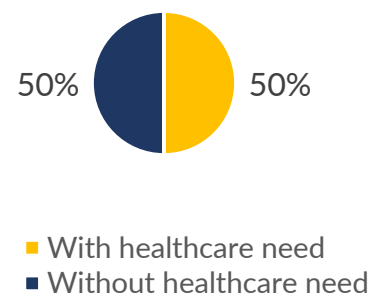
35% of households have at least one member with a **chronic medical condition**.²¹

Figure 39 Percentage of households where all members have access to a GP in the Czech Republic (N=1215)



Half of households reported a healthcare need in the last 30 days. Out of those, 10% encountered challenges in accessing the care they needed, especially relating to the inability to schedule appointments at health facilities, language barriers, and challenges in receiving the correct medication during the initial visit. The proportion rises to 12% among households with a member with disabilities and to 14% among refugees with chronic medical conditions.

Figure 40 Percentage of households with healthcare need (N=1218)



²⁰ [OECD Czechia Country Health Profile, 2023.](#)

²¹ Medical conditions or diseases that are persistent, long-lasting, and generally characterized by slow progression.

Figure 41 Percentage of households unable to access needed healthcare (N=60)

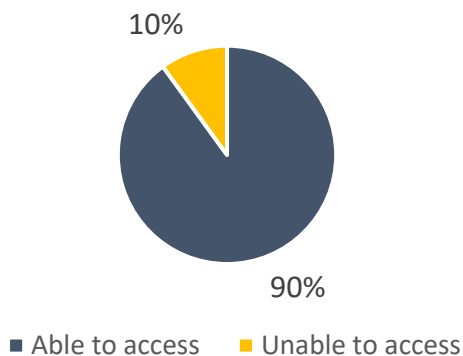
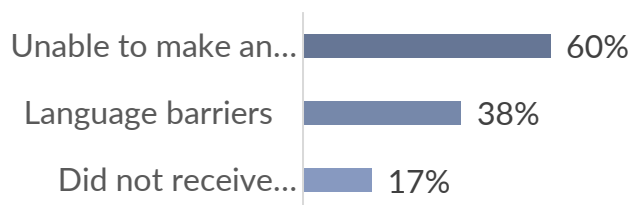


Figure 42 Percentage of households unable to access healthcare - top 3 barriers reported (MCQ) (N=60)



"They helped me find a general practitioner at KACPU. They gave me a list of all general practitioners in the region and I called them. After two months I finally found one. I looked for a pediatrician in the same way. I found the doctor in two weeks. In addition, this doctor knows the Russian language a little."

Mental Health and Psychosocial Support (MHPSS)

Data indicates the prevalence of mental health conditions, such as anxiety, stress, sleep difficulties, or depression, to an extent that it affects daily functioning²² amongst almost a quarter of surveyed households (23%, corresponding to 14% of household members).

²² For example, having difficulty getting out of bed, caring for oneself or for others in the household, or doing daily household activities such as cooking and cleaning.

²³ WHO, [New estimates highlight need for investment in mental health services in conflict-affected areas](#), July 20219.

The data is in line with the prevalence of mental health conditions experienced by conflict-affected persons globally (22%).²³ However, due to the prevailing stigma associated with disclosing mental health conditions within the Ukrainian community, it likely does not reveal the full extent of the issue. The data of the survey do not include milder mental health conditions, for example of persons whose daily functioning may not be severely inhibited, but experience anxiety, nightmares or trouble sleeping.

Figure 43 Percentage of households with at least one member experiencing mental health issues affecting their daily functioning (N=1218)

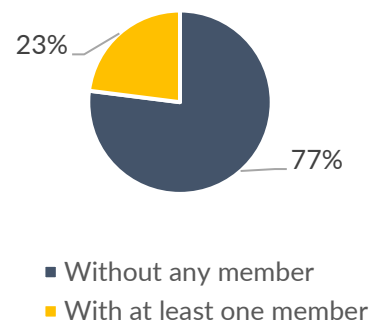
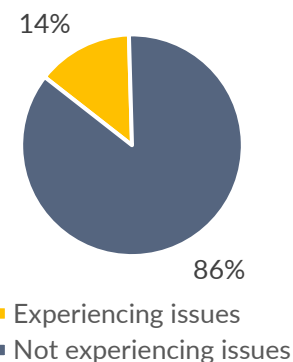


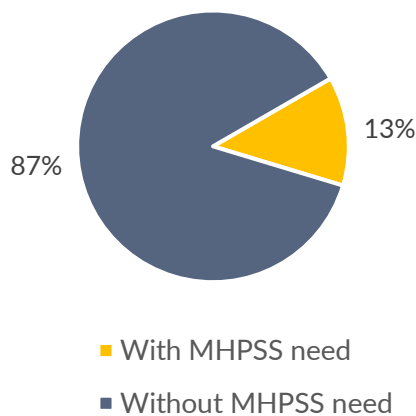
Figure 44 Percentage of individuals experiencing mental health issues affecting their daily functioning (N=2416)



Among those households that comprised individuals experiencing mental health conditions, around 13% households reported

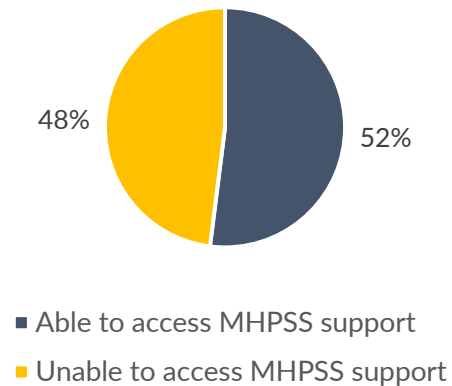
needing support in this area, noting that this report was made on behalf of their household members, and half of them (48%) are not able to access the required assistance. Among the most commonly cited barriers there are a reluctance to seek help (preferring to wait to see if the problem would improve on its own), time constraints, and language barriers.

Figure 45 Percentage of households with MHPSS needs (N=1218)



This discrepancy between the need for mental health support and actual access underscores a significant unmet need among Ukrainian refugees, ranging from psychiatrist support for more severe cases to community-based support mechanisms for milder cases. The latter is particularly crucial given the above-mentioned stigma affecting help-seeking behaviour, with the potential to contribute to a supportive environment for mental health and well-being. In addition, ensuring access to, and availability of, mental health specialists is essential to respond to the needs and referrals identified through community-based support networks.

Figure 46 Percentage of households able to access required MHPSS support (N=158)



HOUSING

(see Annex for more graphs)

TP holders in the Czech Republic access different accommodation options, depending on their individual circumstances and preferences. Free accommodation is granted to TP holders by the government in collective centers for the first 150 days (over 150 days for certain vulnerable categories only).

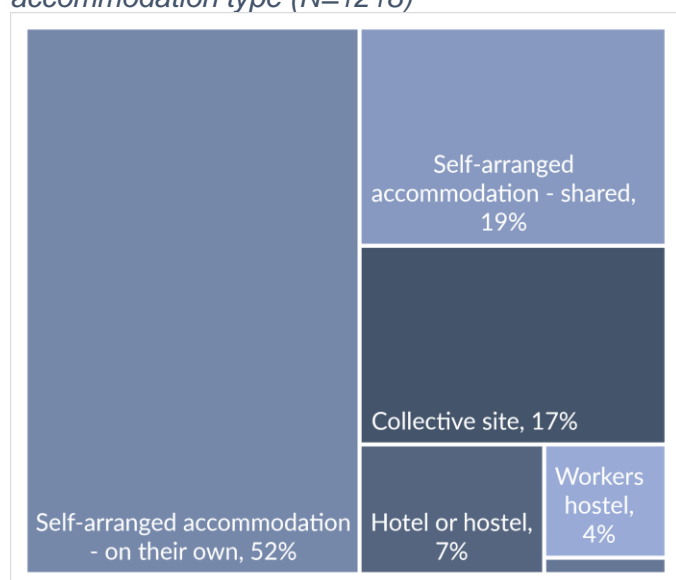
Temporary protection holders are encouraged to find and secure their own accommodation as soon as possible through private rental agreements, housing offers from friends or family, or social housing initiatives.

The Czech government provides subsidies to help temporary protection holders cover accommodation costs, particularly for those facing financial difficulties.²⁴ These subsidies can cover rent, utilities, or other housing expenses.

²⁴ As of December 2023, the monthly allowance is set at 3.000 CZK (\$135 USD) per person per house rental or 2.400 CZK (\$108 USD) if the house is not included in the housing register. Humanitarian housing in registered collective sites and hotels/hostels is free for vulnerable groups and for 150 days after arrival for all temporary protection holders. Solidarity allowances for private hosts has ended on 1 July 2023 and was replaced with the Lex Ukraine 5 with benefits for refugees supporting house rental costs.

71% of households are living in self-arranged accommodation (52% on their own and 19% shared), whereas 17% reside in collective sites. The remainder are staying in hotels/hostels (11%) or other arrangements. It should be noted that the data was collected when the Lex Ukraine V entered into force but not long enough to capture its effects. The law introduced changes in the subsidies for accommodation.

Figure 47 Percentage of households by accommodation type (N=1218)

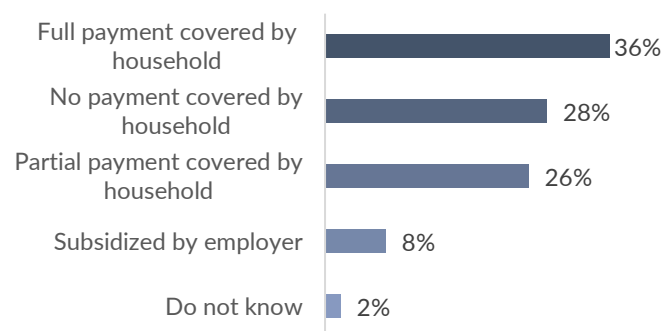


In terms of accommodation arrangements, 62% of the households cover fully (36%) or partially (26%) the cost of their accommodations, including rent, utilities, or mortgage expenses; of those only partially covering the accommodation costs, 14% are receiving government subsidies for their housing and 12% are hosted by relatives or close friends.


28% of households do not incur any accommodation costs, benefiting from free accommodation provided through government schemes, NGOs, or host families unrelated to them. 8% of households reside in accommodations subsidized by their employers.

 **10.000 CZK** is the **average monthly rent** paid by TP-holder households for self-arranged private accommodations.

Figure 48 Percentage of households by accommodation payment arrangement (N=1218)



A significant portion of households (38%) believe they pay the standard rent compared to typical rates in their neighborhood. Meanwhile, about a quarter of households (24%) are unsure whether their rent is higher or lower than the usual prices in their area. Among the rest, 19% households reported paying less than the typical rent, and 18% said they pay more than the standard rate.

 **21%** of households were **late at least once in the rental payment**, due to financial distress

21% of the households who pay for their accommodation were late in paying the rent due to financial distress, at least once (11%), twice (6%), or are regularly late (4%).

4% feel currently under pressure to leave their accommodation arrangements, mainly due to increasing living costs (43%), because the landlord is no longer making the accommodation available (41%) or tension with the neighbours.

Figure 49 Percentage of households paying rent without financial distress (N=736)

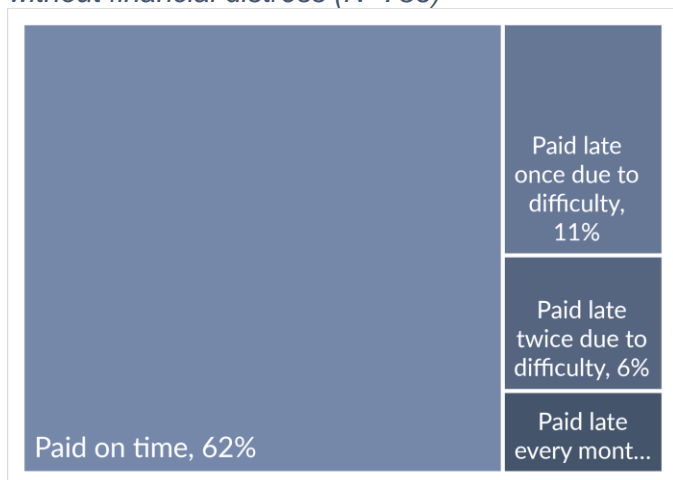


Figure 50 Reasons for households under pressure to leave current accommodation (MCQ) (N=54)



22% of households reported experiencing problems with their living conditions; the main issues reported are the lack of a separate shower and/or toilet (45%), the inability to cook and/or store food properly as the cooking facilities are unsafe or lacking sufficient cooking items (35%), a lack of privacy because the accommodation has no partitions or doors (34%), not feeling protected because they cannot lock their home securely and light inside and outside is insufficient (22%), as well as insufficient cleanliness of the space (20%).

Figure 51 Percentage of households with living conditions issues in current accommodation (N=1218)

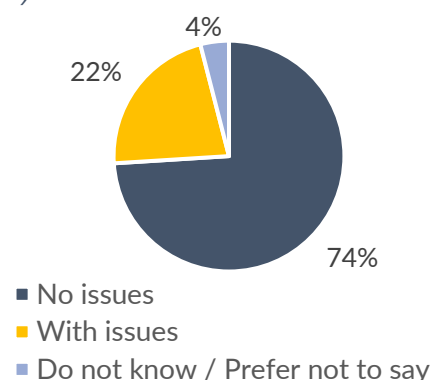
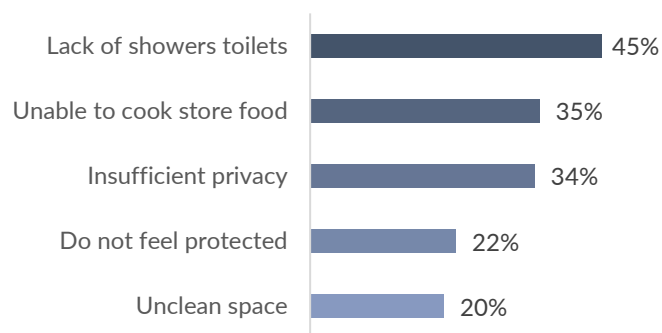
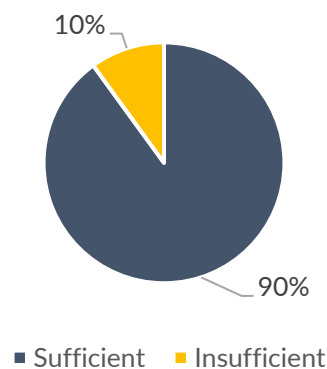


Figure 52 Living condition issues by type (MCQ) (N=274)



10% are living in accommodation with insufficient winter preparation and for some this is a reason to leave their current accommodation.

Figure 53 Percentage households living in sites with insufficient winter preparation (heating, insulation, hot water) (N=1218)



CONCLUSIONS

The Multi-Sectoral Needs Assessment (MSNA) conducted in the summer of 2023 strives to comprehend the cross-sectoral needs of Ukrainian refugees, their vulnerabilities, and challenges in the Czech Republic. Facilitated by the Refugee Coordination Forum, it informs the 2024 Refugee Response Plan by offering evidence-based insights for humanitarian programming. The findings were presented to the humanitarian community and to the government in autumn 2023.

While acknowledging progress in protection and socio-economic inclusion, the results also pinpoint areas for improvement to bolster the effectiveness of the response for and enhance socio-economic integration of Ukrainian refugees. Out of the results, here is a non-exhaustive list of recommendations for humanitarian actors:

Strengthen partnerships between governmental and non-governmental organizations to ensure refugees have effective access to protection, legal status and associated rights and information. A supportive environment for refugees to exercise their rights and access information on rights and protection services is essential to mitigate vulnerabilities and protection risks. It is important to establish a comprehensive network of interlinked referral pathways to connect government services with complementary NGO-provided services, ensuring timely access to specialized services for refugees in need. Effective two-way communication with refugees is important in this regard, given the dynamic nature of benefit schemes within the context in the Czech Republic and the changes in the legislative framework. This entails providing accurate and up-to-date information through multiple channels, including face-to-face

interactions, official websites, and social media. Information should also be accessible for all refugee groups, including older refugees and refugees with disabilities, not necessarily familiar with or facing challenges in accessing existing platforms. At the same time, it is important to ensure access to and relevance of complaint mechanisms and address community feedback, leading to an inclusive process that takes into consideration the perspectives of refugees, in particular the most vulnerable households.

Support tailored integration activities for vulnerable refugees. As the crisis grows longer, needs have become increasingly diversified. Targeted support for the most vulnerable is essential to ensure progress in the integration process, complementing larger efforts at systematic changes. It is important that social safety nets are available to all vulnerable refugees for a sustained duration; state-provided social assistance schemes should be complemented with additional humanitarian support for vulnerable refugees, with a focus on refugees with disabilities, older individuals, refugees with chronic medical conditions, and children. Lingering barriers in accessing specialized gender-based violence services, stigma, mistrust around service providers, and cultural differences should be tackled with tailored programs. Tailored activities for youth out of employment, education, or training, as well as older individuals and persons with disability, should be considered. Programs addressing the specific challenges faced by members of the Romani community should also be considered.

Three-quarters of refugees identified household needs, prioritizing socio-economic integration support: employment, housing, and language courses. **To promote refugees' self-reliance and reduce dependency on aid it is important to strengthen** an environment

where refugees can meet their needs independently and actively engage in the country's social and economic life, by:

- **Increasing language support programs.** Recognizing that language barriers significantly hinder access to rights and services and hampers meaningful inclusion of refugees, efforts should be made to expand language support services, including language training for adults, interpreters in healthcare settings, language assistance programs in schools and translation of documentations and certificates.
- **Enhancing access to education for refugee children and youth.** Promote educational inclusivity by focusing on targeted language support, expand classes in local schools, and bolstering mental health services. Strengthen anti-discrimination measures for a safe school atmosphere. Tailor outreach for secondary education and hesitant refugee parents while creating socio-economic programs for NEET youth. Facilitate foreign certificate recognition to ease enrollment and provide support to students enrolled simultaneously in Czech and Ukrainian schools.
- **Improving employment prospects by focusing on quality jobs and reducing underemployment among refugees.** This involves implementing skills training, vocational programs, and initiatives targeting gender disparities in employment. Simplify certificate recognition and validation of prior work experience. Increase accessible information in relevant languages about the labor market and laws. Address barriers hindering unemployed refugees from entering the job market, such as language proficiency and childcare issues. Ensure that refugees unable to work have access to targeted support and financial aid, to mitigate exposure to protection risks, such as trafficking, and exploitation.
- **Strengthening access to and awareness on healthcare.** Acknowledging challenges stemming from the lack of information on the health system in the Czech Republic among TP holders and around eligibility of TP holder amongst service providers in the healthcare system, strengthen awareness campaigns among refugees and health practitioners on the right to free care; also, implementing financial aid programs, and launching initiatives to enhance the accessibility of specialized medical services, including sexual and reproductive health services.
- **Enhancing access to affordable housing options.** Acknowledging the shift to private accommodations, efforts should be sustained to address access barriers to individual housing, including cost, and ensuring adequate availability of affordable housing. In addition, targeted support for families facing privacy and overcrowding concerns, as well as initiatives to promote access to suitable housing options for individuals living in housing unsuitable for winter should be considered, especially considering the implications of the changes in Lex Ukraine V. Efforts to alleviate financial burdens, potentially through rental subsidies, coupled with strategies to improve living conditions, will enhance the overall well-being of refugee households.
- **Reinforce social cohesion between refugees and host communities.** Maintaining social cohesion and peaceful coexistence between refugee and host communities is increasingly important as we approach the third year of displacement. This involves implementing initiatives that foster understanding, cooperation, and mutual support, e.g. organizing joint cultural events, recreational activities for children and older persons, bridge cultural divides and promote unity; the pre-war Ukraine diaspora in the Czech Republic is a useful means to address inclusion challenges and integration barriers. Social cohesion also involves supporting local actors, advocating for government policies that promote harmony between displaced and host communities, funding social cohesion programs, building trust and understanding, raising awareness about misinformation, disinformation and rumors, and supporting preventive measures aimed at addressing tensions between communities.

ANNEXES

Demographics

Figure 54 Percentage of respondents by citizenship (N=1218)



Figure 55 Percentage of households by ethnic group (N=1218)

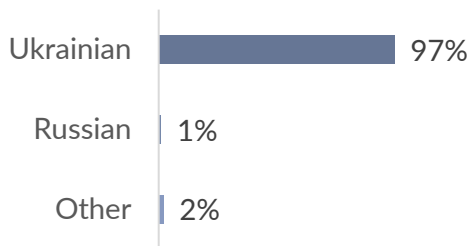


Figure 56 Percentage of households with children (N=1218)

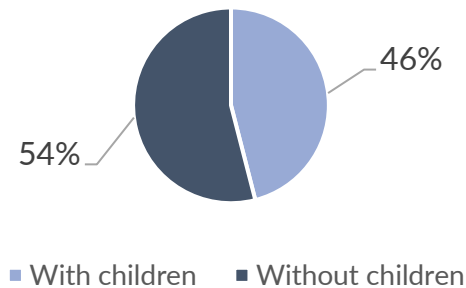


Figure 573 Percentage of households with pregnant or breastfeeding women (N=1218)

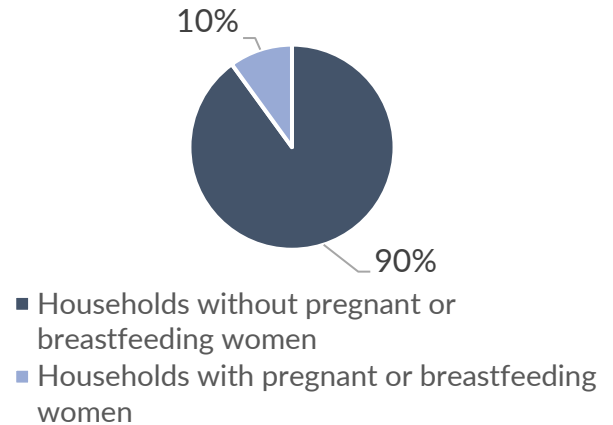
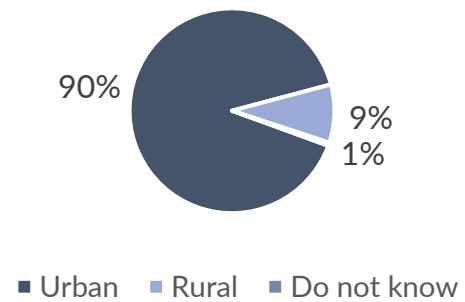


Figure 584 Percentage of households living in rural areas vs urban areas (N=1218)



Protection

Figure 595 Percentage of households who would report inappropriate behaviour from an aid worker (N=1218)

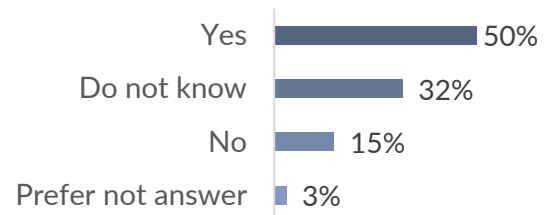


Figure 60 Percentage of households reporting access to safe and confidential feedback and reporting community-based mechanisms (N=1218)

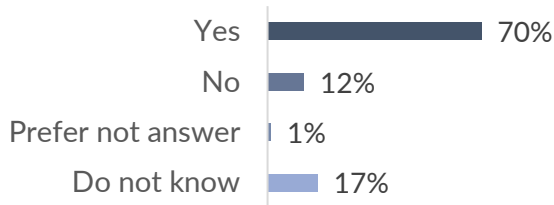


Figure 61 Percentage of households reporting awareness of protection services (N=1218)

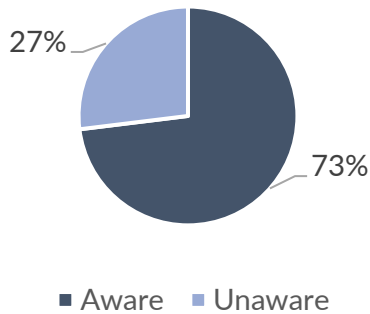


Figure 62 Percentage of households with at least one member without an ID document (N = 1218)

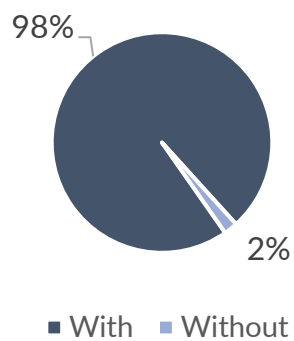


Figure 63 Percentage of household members with legally recognized identity documents or credentials (N = 2648)

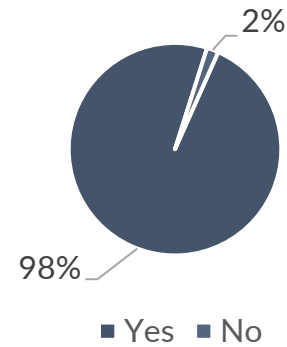


Figure 64 Percentage of households reporting assumed reasons for hostile behaviour (out of those who experienced it) (MCQ) (N = 426)

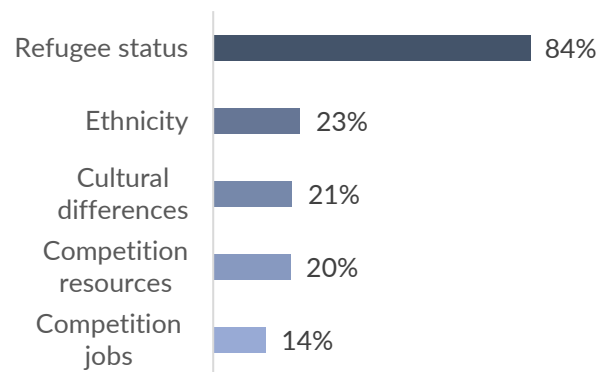
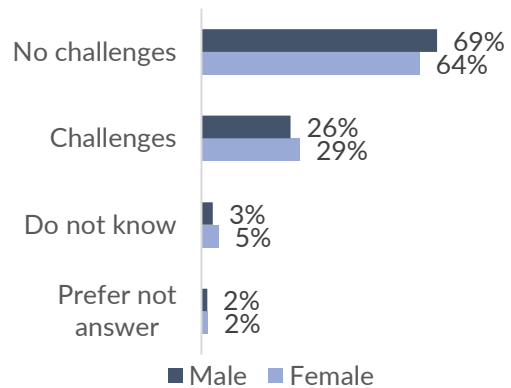


Figure 65 Percentage of households experiencing challenges in accessing information by sex of respondent (N = 1217)



Gender based violence

Figure 66 Percentage of households reporting barriers for accessing GBV services (N = 1218)

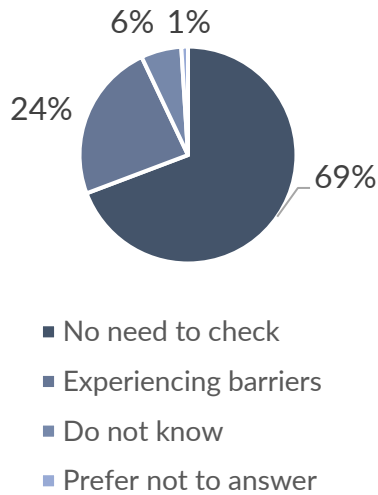


Figure 68 Percentage of households with children who do not belong to the nuclear family/families in the household (N=1218)

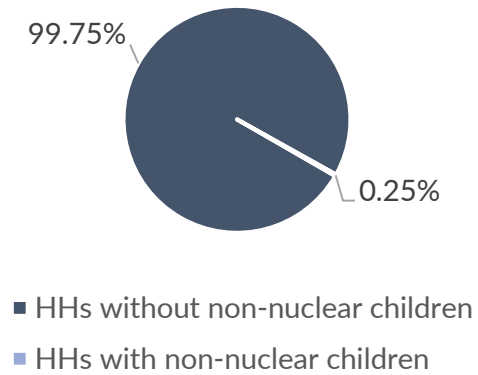
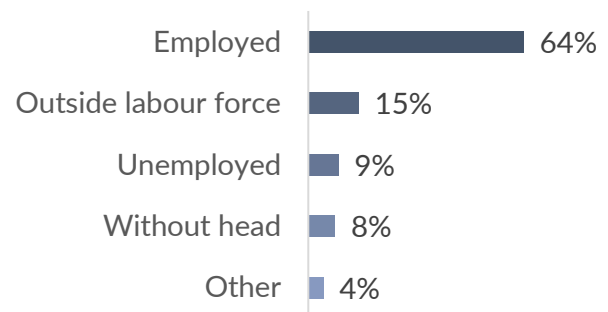


Figure 69 Percentage of children in household, by employment status of the head of household (N=809)



Child Protection

Figure 67 Proportion of children <5 years old whose birth has been registered with a civil authority (N=137)

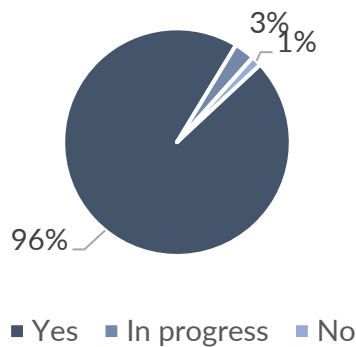
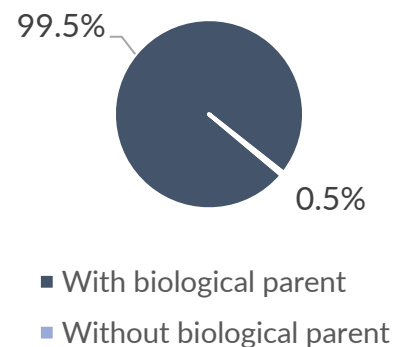


Figure 70 Percentage of households with children living with neither biological parent (N=808)



Education

Figure 71 Percentage of individuals by highest education level achieved (N=1839)

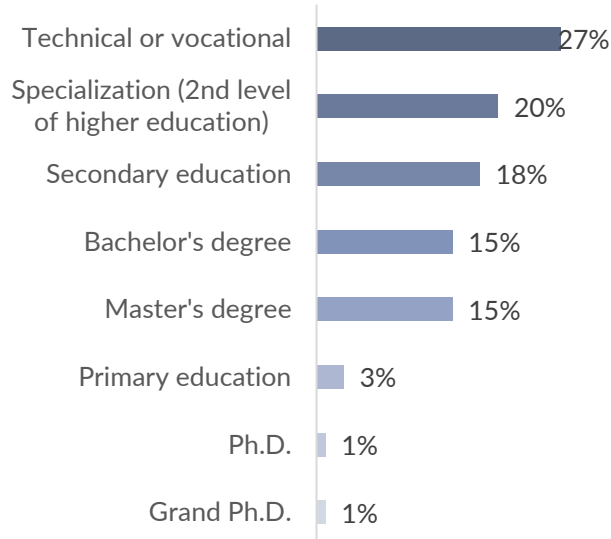


Figure 72 Percentage of children attending educational classes, by type (MCQ) (N=649)

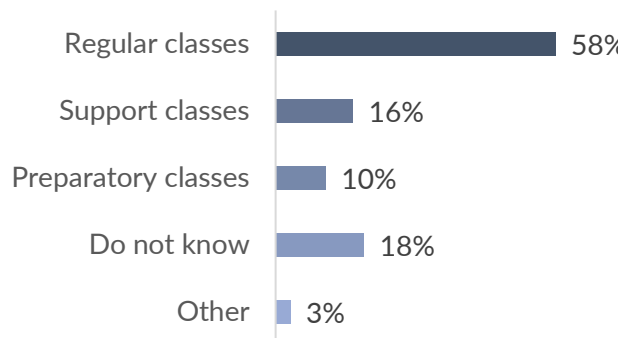


Figure 73 Percentage of refugee children attending early childhood education and care services in the Czech Republic (N=172)

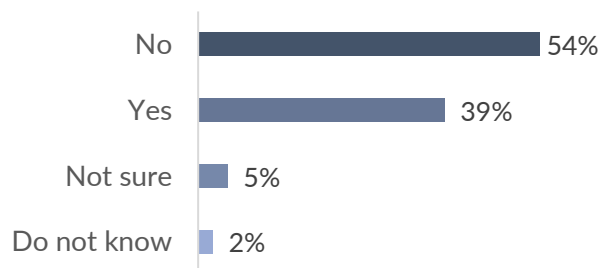


Figure 74 Percentage of school-aged children accessing Ukrainian distance learning (6-18 years) (N=674)

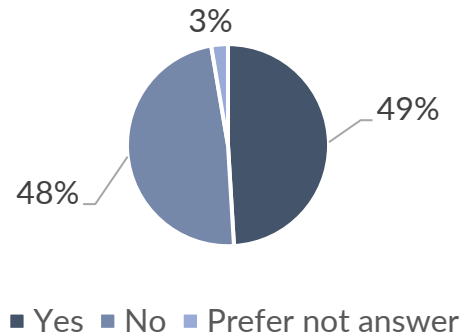


Figure 75 Percentage of school-aged children intending to access Ukrainian distance learning for next school year (2023/2024) (N=674)

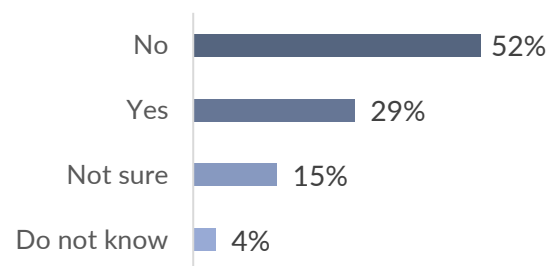
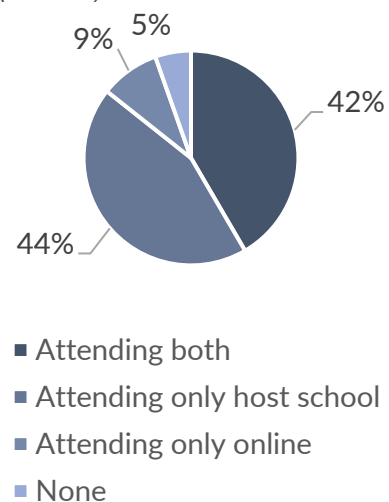


Figure 76 Percentage of school-aged children attending both school in host country and accessing Ukrainian distance learning (N=649)



Socio-economic inclusion

Figure 77 Percentage of household members by main current activity in host country (MCQ) (N=762)

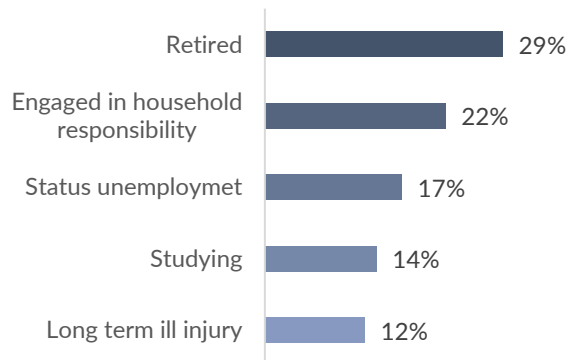


Figure 78 Percentage of household members employed formally (with contract) (N=1075)

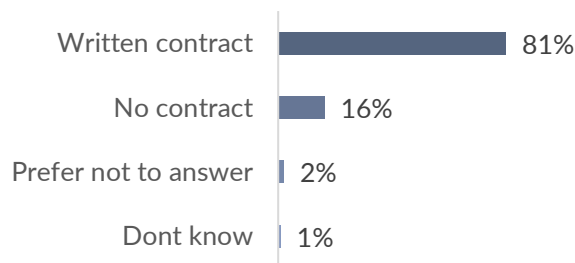


Figure 79 Percentage of household members by sector(s) of work experience or training (N=1018)

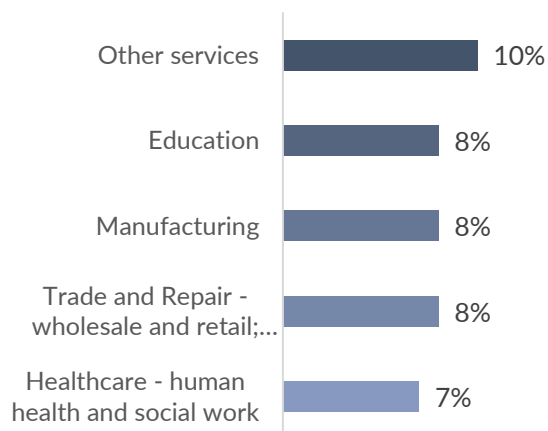


Figure 80 Percentage of households reporting access to financial services (N = 1210)

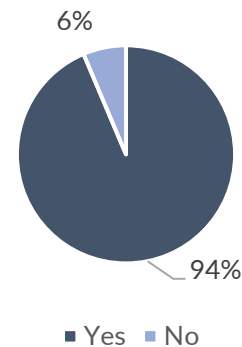


Figure 81 Household income over the last 30 days, by amount and percentage from each source (MCQ) (N=600)

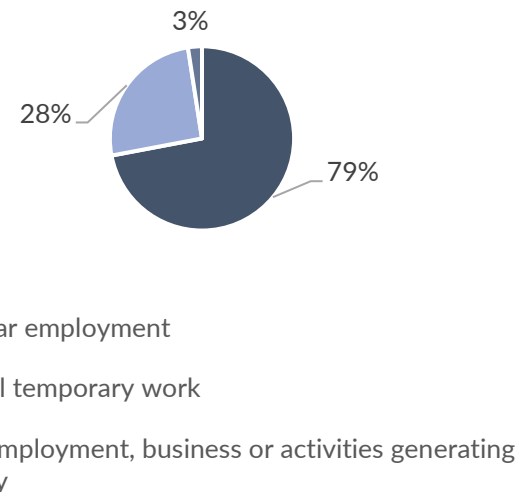


Figure 82 Household income over the last 30 days, by amount and percentage from each source (mean) (N = 600)

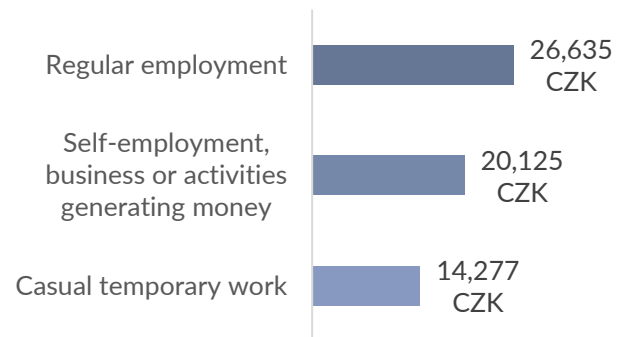


Figure 83 Percentage of households reporting negative change in disposable income compared to previous year by reason of change (MCQ) (N=287)

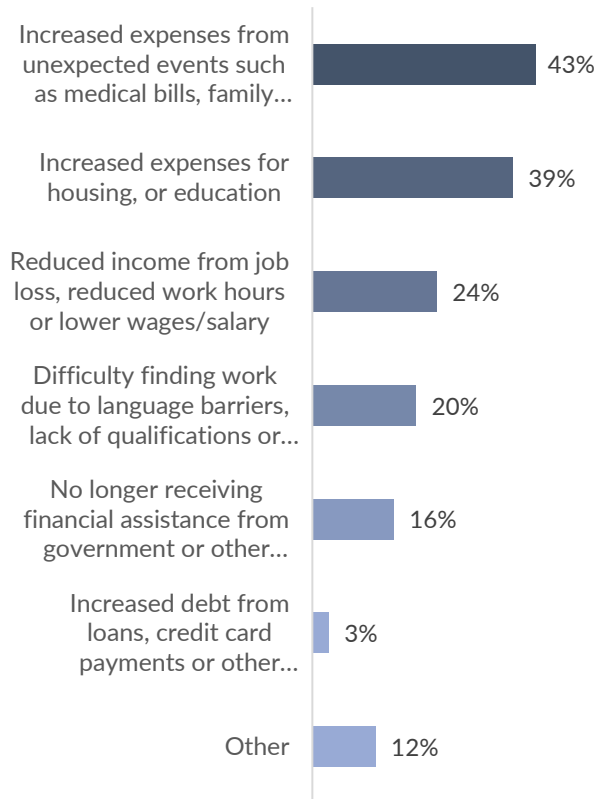


Figure 84 Household expenditure in the last 30 days, by amount and percentage from each category (reduced ECMEN) (N=594)

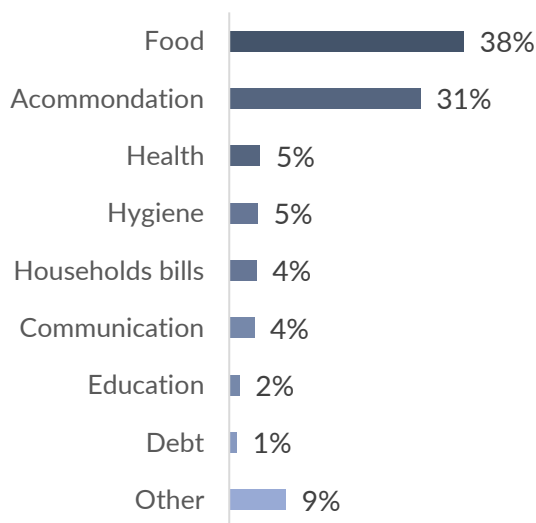


Figure 85 Ownership of productive assets (MCQ) (N=1218)

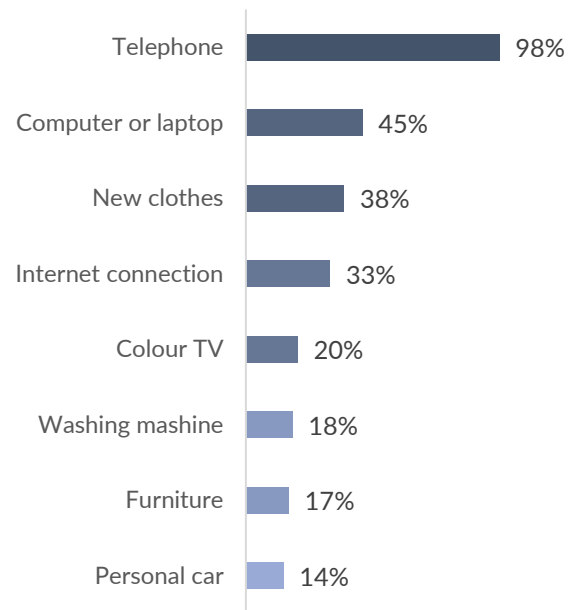


Figure 86 Percentage of households satisfied with social protection floors/systems in host country (N=876)

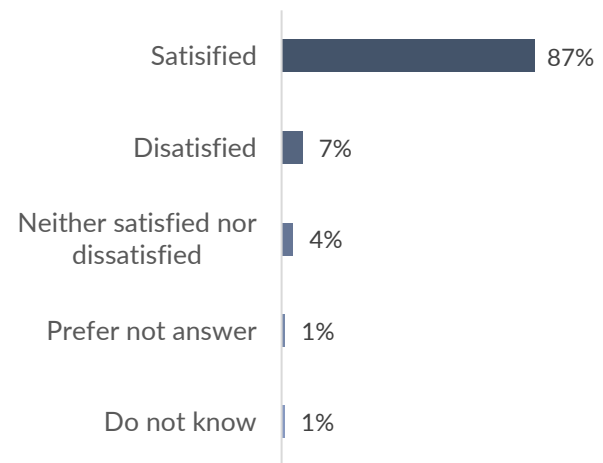


Figure 87 Percentage of households covered by social protection systems from Ukrainian government (N=1218)

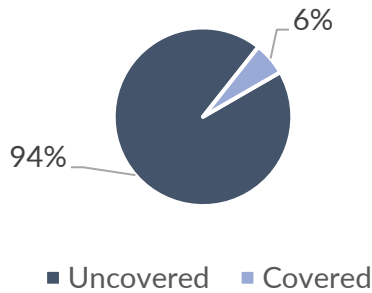
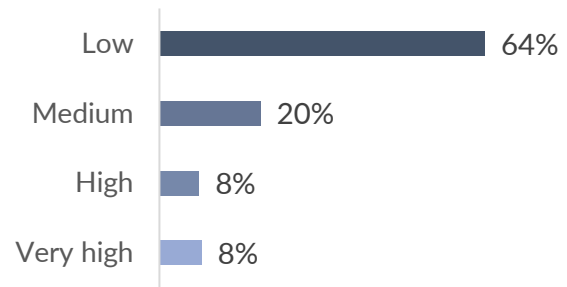


Figure 90 Share of Food Expenditure (FES) (N=613)



Indexes

Figure 88 Percentage of households by Food Consumption Score (FCS) group (N=1218)

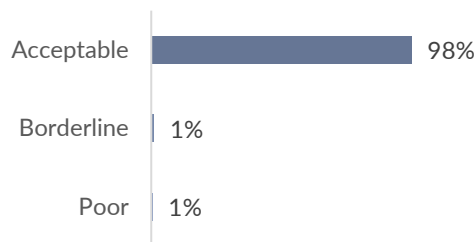


Figure 6 Food Security Classification (FSC) (N=592)

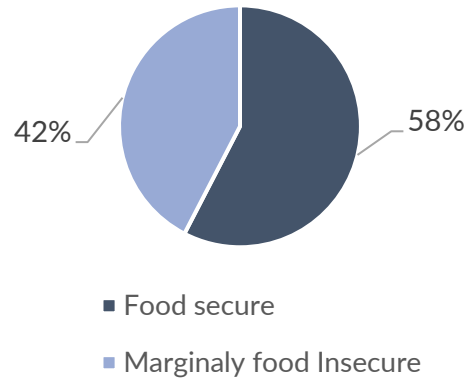
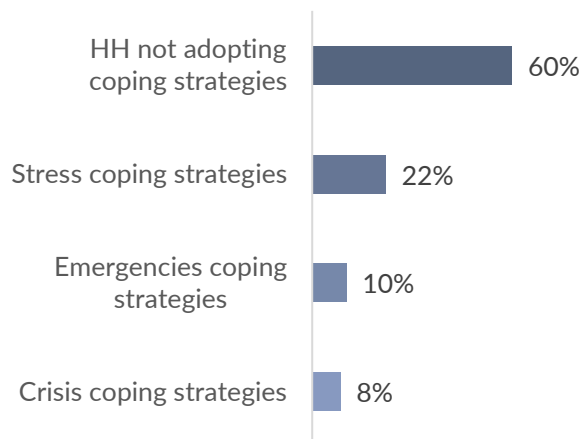


Figure 89 Livelihoods Coping Strategy Indexes (LCS-EN Essential Needs) (N=1218)



Health

Figure 92 Percentage of children (9mo-5years) who have received measles vaccination (N = 175)

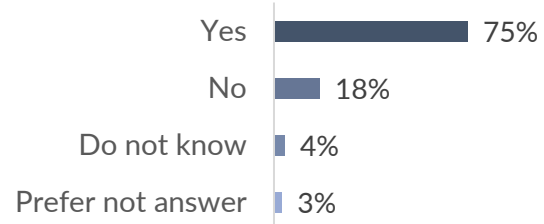


Figure 93 Percentage of children up to 6 years who have received polio vaccination (N=244)

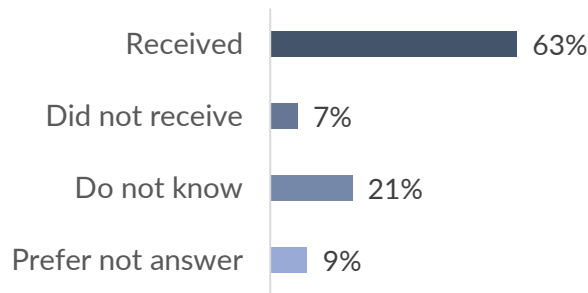


Figure 94 Timely initiation of breastfeeding in children under 24 months (N=28)

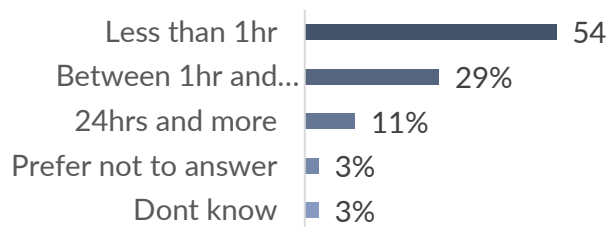
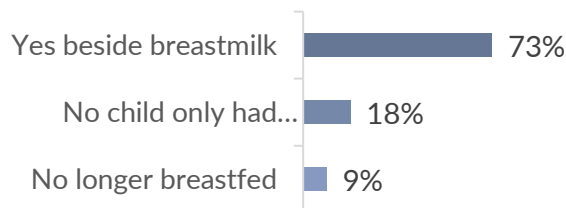


Figure 95 Exclusive breastfeeding of infants under 6 months (N=11)



Mental Health

Figure 96 Percentage of individuals who received mental health and psychosocial support services and report improvement in wellbeing (N=113)

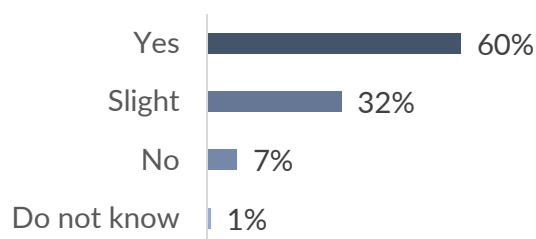
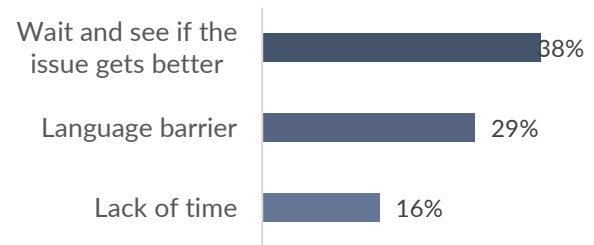


Figure 97 Top 3 barriers in finding MHPSS support, by type of barrier (MCQ) (N=97)



Housing

Figure 98 Percentage of households by living condition issue type (MCQ) (N=274)

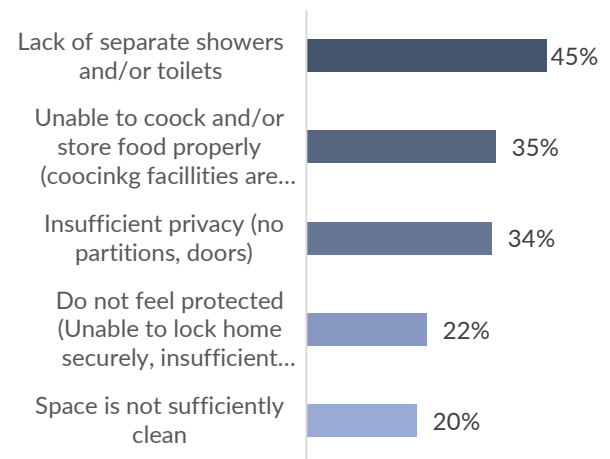


Figure 99 Percentage of households renting accommodation by payment arrangement (N=763)

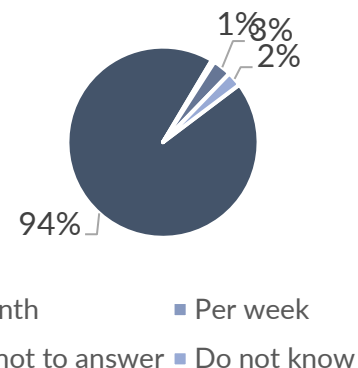


Figure 100 Perception of households of their rental price as compared to the usual price in their neighbourhood (N=1218)

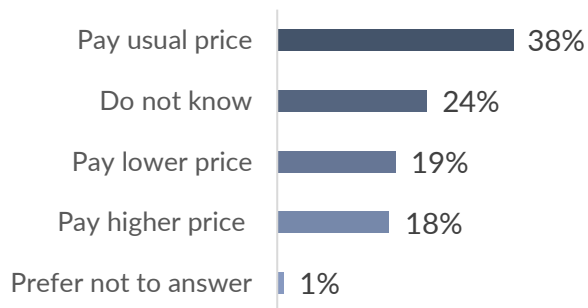


Figure 101 Percentage of households with short-term accommodation (N=1218)

