

# **Meeting Notes**

#### Poland: 2024 Socio-Economic Insights Survey (SEIS) Preliminary Analysis Workshop

Date: 17 July 2024

Present: ACAPS, Habitat for Humanity, HumanDoc, IOM, International Medical Corps, IRC, NRC, PAH, PCPM, Plan International, Save the Children, Fundacja To Proste, UNFPA, UNICEF, WHO, UNHCR Guest: Statistical Office in Rzeszow (GUS)

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# 1. Workshop Socio-Economic Insights Survey: An Overview of the Objectives and the Methodology

The SEIS will be used as an evidence-based response for the upcoming Regional Refugee Response planning for 2025. The 2025-2026 RRP will cover a 2-year period from 1 January 2025 to 31 December 2026. It aims to simplify and further lighten the processes: more will be discussed at the workshop in mid-September.

The SEIS is being conducted in 11 countries: Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, the Republic of Moldova, Poland, Romania, Slovakia, and North Macedonia. It covers 8,800 households across the region (19,300 individuals). The data analysis Plan and questionnaire were harmonized at the regional level. The questionnaire included the UNHCR and WFP Joint Analysis Framework and the UNHCR Protection Monitoring and Results Monitoring Survey.

In the joint analysis framework, the idea was to include some indexes to look at particularly vulnerable refugees talking into consideration the fact that the majority of the refugee population is predominantly women and children. Beyond the country-level analysis, we will also conduct the Regional Sector Analysis which will be led by the regional IMWG members and Sector working groups. All the collected data is being ensured to be anonymous. Moreover, before the data is uploaded to the UNHCR Microdata Library, it is ensured that there is no personally identifiable data.

The SEIS has comparable socio-economic indicators. As it is the European context, the strategic objective is to focus on the socio-economic inclusion of refugees and look at how well refugees are managing in each European country. Therefore, the data is comparable across 10 RRP counties for the regional analysis as well as it is comparable with the 2022 and 2023 MSNA results.

The information received based on the SEIS is important for the coordination at a strategic level as it encompasses a multi-sectoral comparable overview of refugee needs, capacities and vulnerabilities. We will continue to conduct the SEIS as part of national survey data in 2025 and 2026. A major focus for the future is to conduct this exercise jointly together with the National Statistics Offices and other Ministries.

One of the key challenges observed by UNHCR was the absence of a registered list of refugees due to which a more random sampling approach was not possible. Therefore, the steps taken to prepare the sampling were to understand the existing information on the refugee population, such as geographical distribution, demographic profiles, accommodation type, etc. The goal was to diversify the sample and get the most representative sample despite the lack of a comprehensive registry and a reasonably large sample size to enhance data reliability. The data collected should include information from diverse geographical areas including urban and rural settings, and different socio-economic neighborhoods to capture a broad range of profiles, conditions and experiences.

Despite the lack of a comprehensive registry list of refugees, it was aimed to get a large sample to ensure that we possessed the most reliable data. One of the key strategies that the team employed was to diversify geographical areas: collect data from urban and rural settings and capture a broad range of profiles. After finishing data collection, we conducted the final checks. This was done to check that the distribution of the refugee population in the sample was closely aligned with the known information on the

population. In the case of Poland, the final sample looked good as it had a good distribution that was closely aligned with the known information about the refugee population.

In terms of data analysis, the key goal was to standardize the survey across different countries. All the indicators in the survey have predefined methodologies. UNHCR has prepared automated scripts to help county offices calculate the indicators therefore it would be possible to have accurate and comparable data at the regional level.

# 2. Workshop Objectives and Expected Outcomes

The SEIS (previously known as the Multi-Sector Needs Assessment, MSNA) is a collaborative process planned to identify the most pressing needs of the refugee population across various sectors such as protection, health, education, shelter, livelihoods, food security and others. The goal is to gather comprehensive and accurate data that can guide the planning, implementation and evaluation of programs and interventions aimed to address those needs.

#### The purpose and scope of the SEIS:

- To provide a multisectoral and comparable overview/update of the needs, capabilities and vulnerability situation of the refugees
- To ensure that the changing needs and vulnerabilities of different groups are understood
- To understand the driver and severity of the needs of the refugees from sector-specific and intersectoral perspectives
- To enhance targeting for the provision of assistance aiming to collect enough evidence and data to better inform future data-driven targeting
- To improve the accuracy and completeness of comparable socioeconomic indicators of refugees to support evidence-based policymaking and planning inclusion

In the context of Poland, the SEIS closely aligns with the MSNAs conducted in 2023 and 2022 to produce comparative results over time:

- the needs of Ukrainian refugees in Poland, focusing on the in-country refugee population
- the level of socioeconomic integration and access to national systems
- service gaps and refugee priorities for the coming year
- identify changing trends in refugee needs

#### **Expected Outputs:**

- 1. Data validation: ensuring the accuracy, completeness, and reliability of the data.
- 2. Presentation of preliminary analysis: a comprehensive presentation with the initial findings from the coordinated assessment, highlighting key trends, gaps, and needs.
- 3. The data analysis plan: a clear and detailed plan outlining the steps for further data analysis, including methodologies, timelines, and responsible parties.

The data collection was conducted from 16 May to 24 June 2024, by enumerators from UNHCR and IOM. The SEIS preliminary analysis was carried out by UNHCR's Information Management team. The team will continue the analysis to include more detailed data in the Final Country Report, scheduled for release in September 2024. This survey will serve as the foundation for developing the Refugee Response Plan for the coming years.

The results are based on the data collected according to the designed sample size. Over the five-week data collection period, 1,290 households participated in the in-person survey (3,093 responses). The geographic coverage included 16 regions (voivodeships) encompassing metropolitan and rural areas. Interviews were conducted in private accommodations with host families, rentals, hostels/hotels, and government-designated collective sites.

Sampling was based on publicly available information on the registration of Ukrainian refugees in Poland with specific targets set for each voivodeship. Key barriers to the data collection included the lack of comprehensive data on population locations and the timing of the survey, which was conducted before school holidays and during working hours. Respondent bias, particularly concerning questions on income, protection, and other sensitive issues, likely affected the sample. Consequently, these questions experienced high non-response rates and produced less reliable data.

# 3. Presentation on Refugee Health Dashboard: From Research to Monitoring. Future Collaboration between UNHCR and GUS – a presentation by the Statistical Office in Rzeszow

Amidst the large influx of Ukrainians to Poland, understanding their health needs became crucial leading to a collaborative survey in 2022 by Statistics Poland, WHO and health authorities. Understanding the ongoing need for updated information, Statistics Poland and WHO continued their partnership launching a new survey in 2023. The quantitative data from these surveys revealed trends and the prevalence of health concerns, while complementary qualitative data provided insight into the personal stories behind the statistics. The data in the dashboard is crucial as it helps to inform interventions, allocate resources effectively and ensure refugees receive the care they deserve. By understanding the evolving needs of the refugees, policymakers, healthcare providers, humanitarian organizations and communities from Ukraine can tailor their efforts accordingly.

The 2022–2023 surveys and data innovations – a mixed-method approach:

**Quantitative** – in 2023, collected data from 4800 refugees in households and temporary accommodation establishments and at the Polish-Ukrainian border.

**Qualitative** – to get a better understanding of the experiences the refugees have had with health care services; qualitative behavioral insights research was undertaken by carrying out 30 in-depth interviews with a selected group of questionnaire respondents to elicit further information about health service needs and access.

**Integrated** – data integration of three kinds of data sources – survey, administrative records and the big data – the latter in turn includes both the geospatial data through mobile network operators for locating the mobile populations, as well as payment card operator data to get precise expense pattern of healthcare by the Ukrainian refugees.

**Comparative findings from 2022-2023 surveys:** the 2023 survey identified long waiting times as the most frequent obstacle to accessing health care. A plausible explanation for the rise might be the increased use of public health services, as Polish citizens also reported experiencing this issue.

A collaborative effort between health and statistical agencies demonstrates the immense gains of partnership in advancing data-driven humanitarian responses, ensuring that no one is left behind in times of crisis. This is even more remarkable when striving to develop innovative solutions to understand and address the health challenges of refugees.

# 4. Group Activity and Data Validation

**Question:** Look through the thematic analysis and provide comments and recommendations for the suggested indicators.

# Recommendation from the Accommodation/Health/Education Sectors Team:

- 1) Add a question on the child's vaccination and include more information on the Roma children's vaccination as they usually don't have access to it. Mandatory vaccination might be different for Poland and Ukraine.
- 2) Add information on the children's health, health access and nutrition.
- 3) Explain why there is a huge drop in the question on the 2023-2024 primary barriers for enrolling children in school (slide 27).
- 4) Add terminology hotel and hostel.
- 5) Conduct a cross-analysis with the protection sector on the type of accommodation.
- 6) Enrolment should be provided based on the age groups as per the Polish education level.
- 7) Consider the main reasons for dropping out from children's perspective as the main respondents answering the questions were adults.
- 8) Provide a comparison with the MOE data and explain the difference.
- 9) Clarify the percentage: 40% of children attending schools: is it 40% of the 26% who are not enrolled in the Polish system?
- 10) Children who graduated add a cross-tabulation with the age group, as 30% is quite high.
- 11) Re-check the data: attending Ukrainian distance learning decreased to 40% from 79% but the Polish schooling ratio also decreased.
- 12) Include the analysis/question on MHPSS support received through education, which is relevant to the Polish context.
- 13) Include the sample size in each chart.

#### Recommendation from the Protection Sector Team:

- 1) Include gender and age disaggregation across the analysis (maybe make smaller age groups).
- 2) Include options "Other" and "I don't know" in the question about ethnic background.
- 3) Specify other difficulties in slide 13 (% top 5 difficulties faced during TP application).
- 4) Change the description in the chart (slide 19) (on % of HHs being aware of services to report violence against children) as it is misleading trust VS. awareness.
- 5) Explain why some questions include the note "Read from the list", while others don't.
- 6) Check the slide 20 (access VS. availability).
- 7) Include the option "Other" in all questions and incorporate the text in the narrative.

#### AAP:

8) Dissatisfaction with the aid received in the last 3 months (p. 22 of the presentation) - It may vary how different respondents and enumerators understand "aid" (e.g., NFIs, social benefits, protection in general), therefore in future assessments, suggest adding a short explanation next to this question in the questionnaire (e.g, "(this may include XYZ, but doesn't include ABC)"). One of the enumerators also highlighted this issue.



- 9) Findings from some important questions are missing in this initial analysis (e.g. a question on preferred means of providing feedback p. 56 of the questionnaire, Access to CFMs, appropriate response p. 58).
- 10) The findings related to the challenges faced in accessing information could be disaggregated, e.g. for households with PWD.

#### PSEA:

11) Correct the PSEA data discrepancies on the slide and ask about the expected behaviours of humanitarian actors in the future.

#### GBV:

- 12) Supplement any data collection with consultations, with women and girls, in particular Focus Group Discussions to allow them to voice their opinions and views on many issues, including safety and accessibility of goods and services in all sectors. While all data collection techniques are valid, they do often reflect a male perspective (e.g. a key informant or head of household is often male).
- 13) Ensure numerators are trained and know how to handle GBV disclosure.
- 14) When specifying different forms of GBV that include physical, emotional, psychological, economic violence etc.
- 15) Include results from the following question: Have you observed any increase in potential genderbased violence incidents (i.e. intimate partner violence) within your community following the information received on the conscription/mobilization law in Ukraine?

#### MHPSS:

- 16) Increase the space dedicated to MHPSS to two pages. Despite two years of war, the topic of mental health remains one of the top priorities for not only partners but also the government (National Mental Health Program announced recently by the Ministry of Health, the mental health of children is one of the priorities for the Ministry of Education for 2024/2025). Since this is a cross-cutting issue, it is of interest to actors not only from the protection sector but also from health and education (In this year's RRP, partners are implementing MHPSS activities in these three sectors). SEIS provides many important and new pieces of information about MHPSS, and it would be of great added value to include them in the presentation if possible. The additional space could be used to convey the following information:
  - a. The type of assistance and the institution where respondents received it (pages 18 and 19). This is crucial information from the perspective of planning future MHPSS actions, as it allows for assessing gaps based on the assistance received and better planning future actions.
  - b. Respondents' opinions on the degree of improvement in their well-being (page 20). This information will help evaluate the effectiveness of the assistance provided and take potential actions to improve it.
- 17) The preliminary analysis (page 35) shows data on the percentage of HH members who did not receive MHPSS support by reported barriers. The question on which this information is based is: "What challenges did you/she/he face in accessing the MHPSS support or services?" The answers to this question are not synonymous with not receiving assistance (we do not know if, for the respondents, challenges meant obstacles that were overcome or impossibilities).

# Recommendations from the Socio-Economic Inclusion & Livelihood Sectors Team:

- 1) Disaggregate data to analyze how different groups are affected.
- 2) Include cross-sectoral linkages (for instance unemployment and mental health, childcare and employment status).
- 3) Include the type of contract (a regulated contract or no contract) as this question is linked to the protection status.
- 4) Change the logic of the tables on slides 31, 32, 33 (2023 left side, 2024 right side).
- 5) Include the sample size in each chart.
- 6) Divide the answers not based on sectors of the economy but on skilled VS. unskilled workers (slide 30, % of HH members employed by the sectors of employment).
- 7) Add a question on whether there is enough money to cover basic needs.
- 8) Include the summary on slide 32 (Households Reporting Food-Based Coping Strategies) the information is difficult to understand, too much terminology.
- 9) Include more questions on minority groups as they are not included in the presentation. Include focus-group discussions or other types of interviews.

# 5. Action Points Summary

- 1. Upload the data to RIDL and UNHCR's MicroData Library allowing NGOs, government authorities and the humanitarian community to plan their programming for the next year.
- 2. Conduct additional analysis on the SEIS data and ensure it covers all Protection Monitoring questions.
- 3. Produce the Final SEIS Report. In the case of need, produce thematic reports focusing on gender, disability, education, health, etc.

#### 6. Agenda

- 1. Welcome and Opening Remarks Speakers: Vinothraj Ratnaraj, Senior Info Management Officer, UNHCR Jun Shirato, Deputy Representative, UNHCR Marek Cierpial-Wolan, Director, Statistical Office in Rzeszow
- 2. Introduction to the Workshop Objectives and Expected Outcomes Speakers: Vinothraj Ratnaraj, Senior Info Management Officer, UNHCR
- 2024 Socio-Economic Insights Survey An Overview of the Objectives and the Methodology (a presentation from the Regional Bureau for Europe)
  Speakers: Vinothraj Ratnaraj, Senior Info Management Officer, UNHCR
  Milindi Illangasinghe, Info Management Officer, UNHCR's Regional Bureau for Europe
  Irma Sirutyte, Associate Statistics and Data Analysis Officer, UNHCR's Regional Bureau for Europe
- 4. Presentation on Refugee Health Dashboard: From Research to Monitoring. Future Collaboration between UNHCR and GUS Speakers: Marek Cierpial-Wolan, Director, Statistical Office in Rzeszow Piotr Szlachta, Head of Centre Centre for Data Engineering, Statistical Office in Rzeszow Paulina Nowicka, WHO Country Office in Poland
- 5. Future RRP Plans and the Importance of Evidence-Based Planning Speakers: Aleksandra Kaplon, Inter-Agency Coordination Associate, UNHCR
- 6. Presentation of the 2024 SEIS Preliminary Analysis Speakers: Vinothraj Ratnaraj, Senior Info Management Officer, UNHCR
- 7. Group Activity: Data Validation and Discussion
- 8. Presentation by each group
- 9. Q&A Session



10. Closing remarks

Speakers: Vinothraj Ratnaraj, Senior Info Management Officer, UNHCR Harley Emery, Data and Research Officer, IOM Rizwanullah Khan, Monitoring and Evaluation Specialist, UNICEF

# 7. Attachments:

- Socio-Economic Insights Survey (SEIS) Regional Coordination Presentation by UNHCR Regional
  Bureau for Europe
- Poland Survey on the Health of Refugees from Ukraine conducted by WHO and Statistics Poland
- Dashboard on the Health of the Ukrainian Refugees in Poland done by WHO and Statistics Poland