

Multi-Sector Needs Assessment Poland

Health Sector Findings
Poland, October 2022





Key objective:

Support an **evidence-based humanitarian response** by government authorities and the humanitarian community in Poland through the provision of **multi-sectoral data** about **the needs and coping capacities of Ukrainian refugee households** in the country.

Specifically:

1. Understand **household composition** of refugees, including key demographics.
2. Identify **priority needs of refugee households**, including protection needs, health needs, education needs, accommodation needs, and livelihood needs.
3. Understand **coping capacity and vulnerability/resilience in the event of protracted displacement**, including socio-economic vulnerabilities, labor skills, and movement intentions.
4. Identify **household profiles with the highest severity of needs** to inform targeting.

Assessment objectives

Methodology

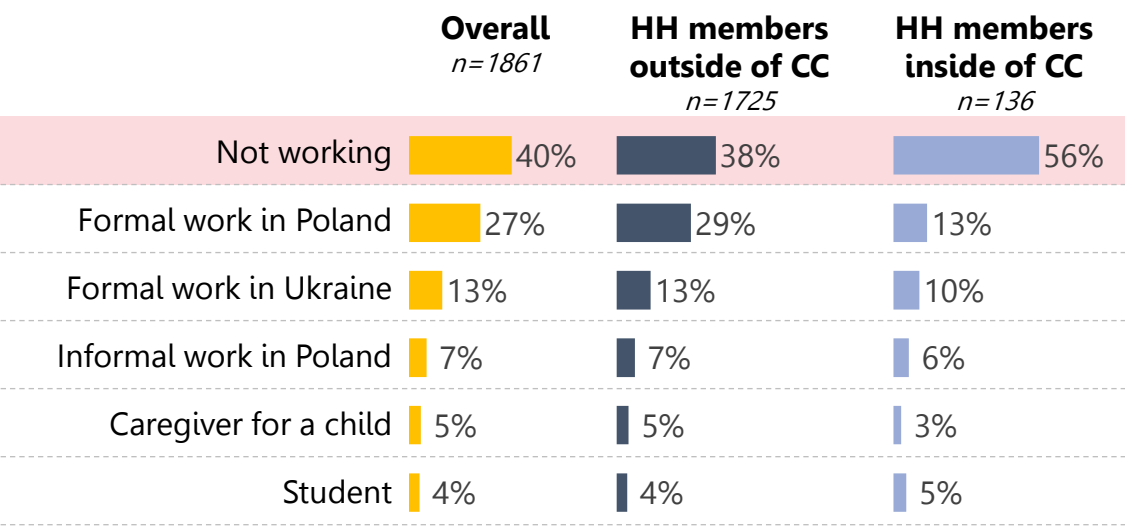
Design:	Nation-wide assessment Household interviews with refugees living outside of collective centers (CC) and in collective centers (CC) who registered or plan to register for PESEL number (the national identification number used in Poland)
Dates:	Data collection from the 24/08/2022 to 22/09/2022
Sample size – number of respondents:	1147 respondents outside of CC and 105 respondents inside of CC
Number of household members:	Including respondents, there were 3389 household (HH) members overall, 3106 HH members outside of CC and 283 HH members inside of CC.
Sampling strategy:	Purposively selected inside of CC. Non-probability quota sampling outside of CC

Cash & Livelihoods findings



48% of adult household members overall had at least a Bachelor's education. **32%** - vocational.

Occupation status*
(among 16-59 y/o household members)



*Shown answers indicated by more than 1% of 16-59 y/o HH members

Top 5 reasons for unemployment

1 st	Taking care of child	24%
2 nd	No work available	22%
3 rd	Maternity leave	16%
4 th	Lack of Polish skills	8%
5 th	Illness	5%

Top 5 sectors of employment

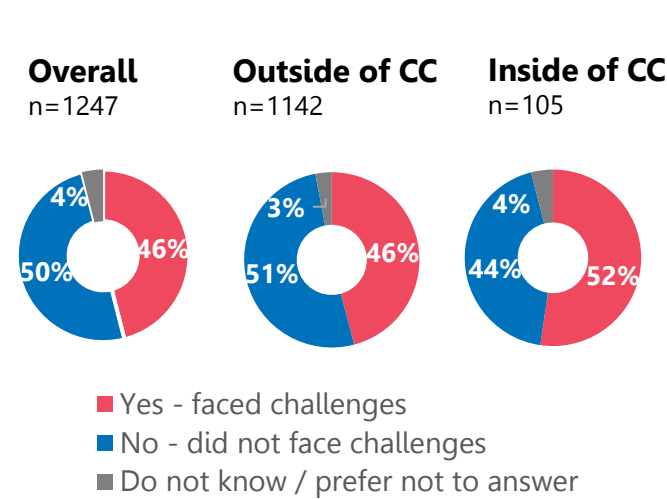
1 st	Activities of households	16%
2 nd	Manufacturing	8%
3 rd	Transportation and storage	6%
4 th	Wholesale and retail trade	5%
5 th	Construction	5%

Q1: What is your current occupation status? Q2: What is his/her occupation status?

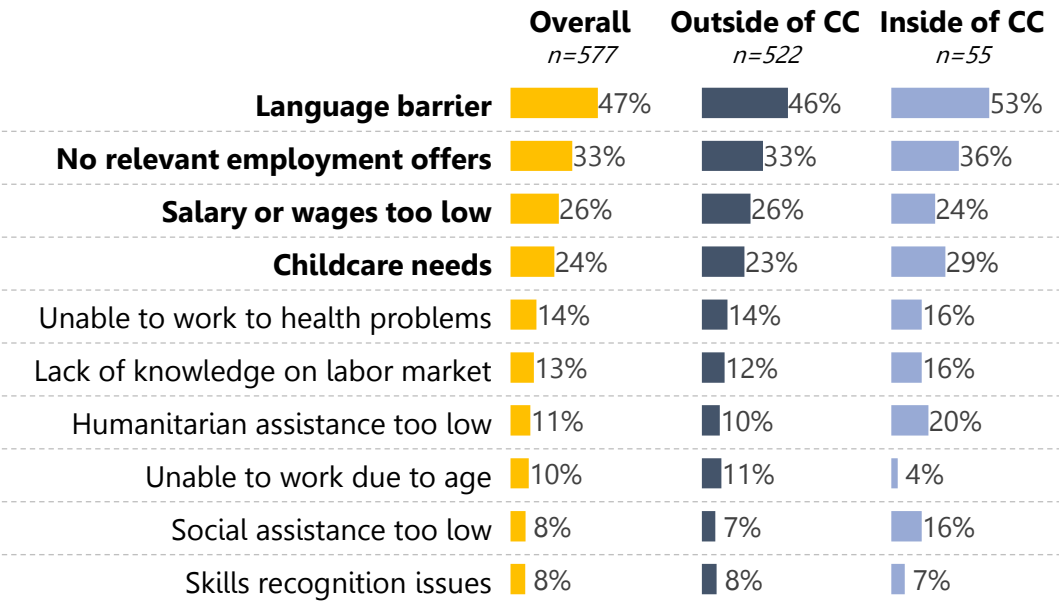
CHALLENGES OBTAINING MONEY

46% of households struggled to get enough money to meet their needs in the last 30 days prior to the interview. The language barrier was most often indicated as an obstacle to earning money, followed by the lack of relevant offers and low salary.

Proportion of households facing challenges obtaining money in the last 30 days prior to the interview



Reported challenges in obtaining money in the last 30 days prior to the interview



Shown challenges reported by more than 5% of respondents

Q: Did your household face any challenges obtaining enough money to meet its needs over the last 30 days? If yes, what were the main challenges in obtaining enough money to meet your household's needs over the last 30 days? What, if any, do you think challenges in obtaining money may arise in the next 3-6 months?

INCOME AND SPENDINGS

43% of households outside CC and **27%** of households inside CC reported that in the last 30 days prior to the interview **their expenses exceeded their income**.

INCOME

- The **average reported total income** was 2386 PLN (2423 PLN outside CC, 1984 PLN inside CC)
- **8%** of households reported a lack of income
- **55%** of households reported income from social benefits from the Polish government, **26%** income from social benefits from Ukraine, and **19%** income from UNHCR cash assistance.
- **32%** of households reported income from formal work in Poland, **12%** reported income from informal work in Poland, and **4%** income from work in Ukraine

SPENDINGS

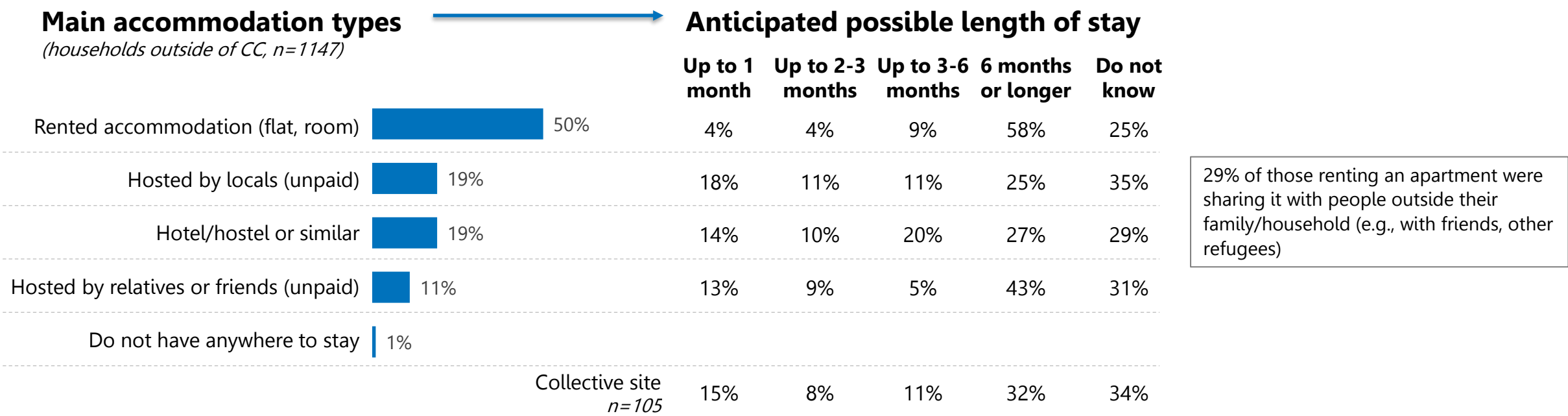
- The **average reported total spending** was 2286 PLN (2360 PLN outside CC and 1351 PLN inside CC).
- **Most frequently reported categories of spending** were food and beverages, personal hygiene items, clothes, transport health costs, and in households outside CC – rent.
- **Top shares in spending**
 - Rent - 55%
 - Food – 50%
- **Top average expenses:**
 - Rent – 1788 PLN
 - Food and beverages – 941 PLN
 - Childcare – 593 PLN

Shelter Sector findings



ACCOMMODATION

Out of the refugees living outside of collective sites, half (50%) was renting flat or room and one third (30%) was hosted – either by locals (19%) or by friends/family (11%). One fifth (19%) lived in hotels/hostels. Staying in a rented accommodation was considered most reliable and long-term solution: 58% of those renting a flat believed they could stay there for at least 6 months, compared to 25% among those hosted by locals, 27% among those staying in a hotel and 32% among those in collective sites, who more often anticipated shorter possible length of stay.



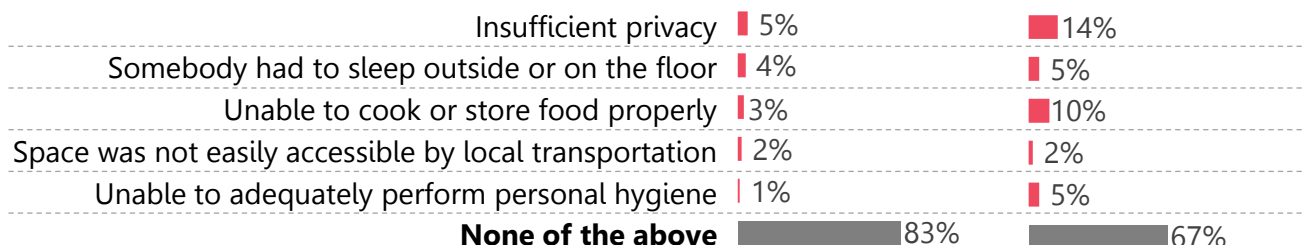
ACCOMMODATION

Households inside of collective sites more often faced problems related to housing – 14% reported the lack of privacy, and 10% – the lack the possibility of cooking or storing food (which have been noted as issues for 5% and 3% of households outside of CC, respectively). Additionally, refugees inside of collective sites were less sure about the availability of space for winter clothes, or sufficient heating than refugees staying outside of collective sites.

Top 5 issues faced in accommodation

Outside of CC
n=1147

Inside of CC
n=105

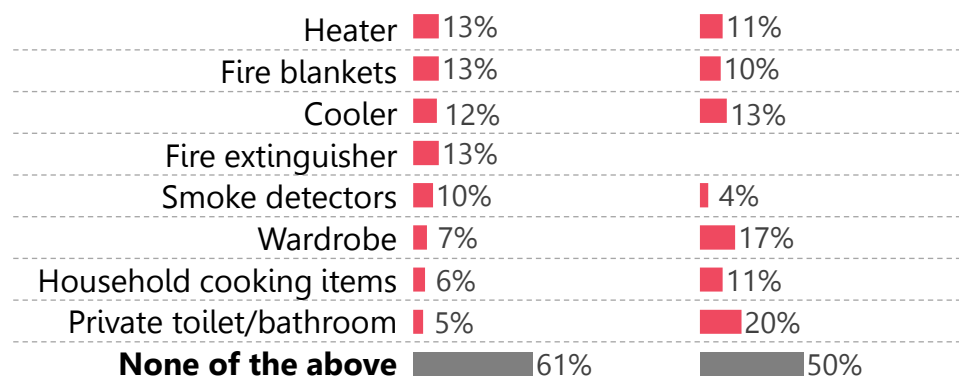


Items missing or not enough quantity

(shown indicated by at least 10% in one of the groups)

Outside of CC
n=1147

Inside of CC
n=105



Winterization

Outside of CC

Inside of CC

Sample size

n=1147

n=105



Hot water

95% 1% 4%

89% 1% 10%



Place to store winter clothes

90% 7% 3%

71% 17% 12%



Insulation

80% 4% 16%

77% 4% 19%



Sufficient heating

75% 4% 21%

66% 4% 30%

■ Yes ■ No ■ Prefer not to answer

Q1: What issues, if any, are you facing in terms of living conditions in your accommodation? Q2: Considering coming autumn and winter, select which of the following characterize your accommodation? Sufficient heating; insulation; hot water; place for storing winter clothes.; Q3: I will read a list of equipment, items and devices which might or might not be available in an accommodation. Please select ones which are missing or are not enough quantity in your accommodation.

Protection Sector findings

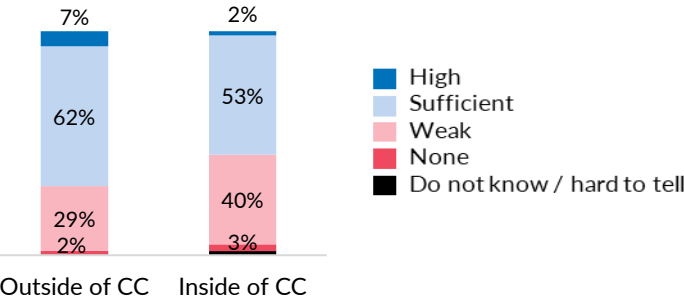


PROTECTION

Legal status

One-third (30%) of the refugees described their level of awareness of their rights and legal status in Poland as weak. The level of awareness was lower among respondents of older age.

The level of awareness of the legal status and rights in Poland:



Social cohesion

17% of households experienced hostility from the host community – most often that was verbal aggression (15%). At the same time, the subjective sense of security was high - 91% of refugees felt very or somewhat safe walking alone in their neighborhood.

Types of hostile behavior experienced

among those who experienced hostile behavior, n=213

Among all households, n=1251

Verbal aggression	90%	15%
Discriminatory behavior (job, housing)	12%	2%
Physical attack	5%	1%
Hostile comments in social media	3%	0%
Hostile comments in forums online	1%	0%
Sexual harassment	1%	0%

Security concerns

The majority of respondents did not report any safety or security concerns for men or women in their neighborhood.

	Concerns for women	Concerns for men
	Overall	Overall
Sample size	1252	1252
No concerns	78%	83%
Verbal harassment	7%	4%
Being robbed	5%	2%
Being threatened with violence	2%	1%
Psychological or emotional abuse	1%	0%
Sexual harassment or violence	1%	0%
Discrimination or persecution	1%	1%
Denial of resources, opportunities, services	1%	0%
I don't know	8%	10%

Protection from Sexual Exploitation and Abuse (PSEA)

78% of respondents did not report any safety or security concerns for women in their neighbourhood, and 1% reported concerns of sexual harassment or violence. Then, of 17% of respondents who reported experiencing hostile behaviours from host community, 1% (two persons) reported sexual harassment.

Education Sector findings

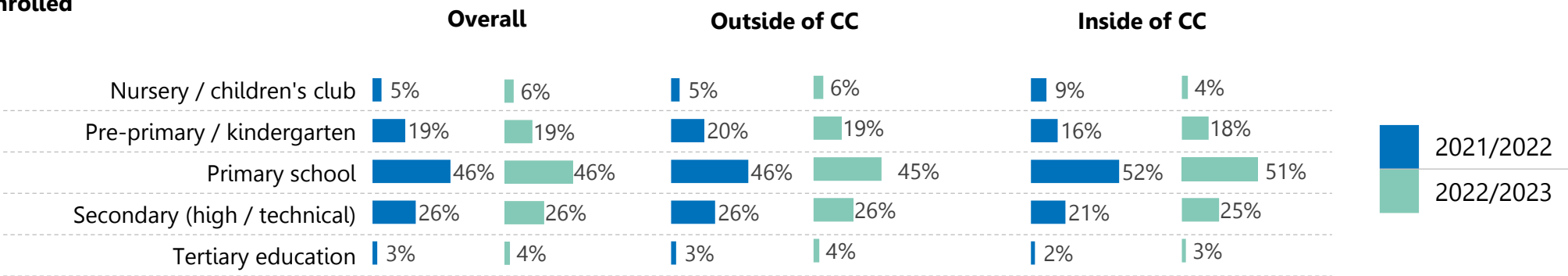


Education – enrollment in schools

50% of children and young adults were enrolled in school in Poland in the previous semester. 75% of children between 10 and 18 years old have accessed Ukrainian distance learning regularly since arriving to Poland.

Of the individuals aged 1-24, 59% were enrolled in a school/childcare in Poland in the current school year, including 47% enrolled only in Poland and 12% additionally following Ukrainian curriculum.

Proportion of individuals enrolled in school in Poland in the semester 2021/2022 and 2022/2023, by school type



Number of individuals enrolled in school in Poland according to Government's data as of 02/01/2023 (dane.gov.pl)

Pre-primary / kindergarten	37 140
Primary school	125 112
Secondary (high / technical)	28 343
	18 486*
Tertiary education	(*students enrolled after 24/02/2022)

Number of individuals aged 1-24 according to PESEL registration (dane.gov.pl): 263 318

Education – reasons for not attending school and needed support

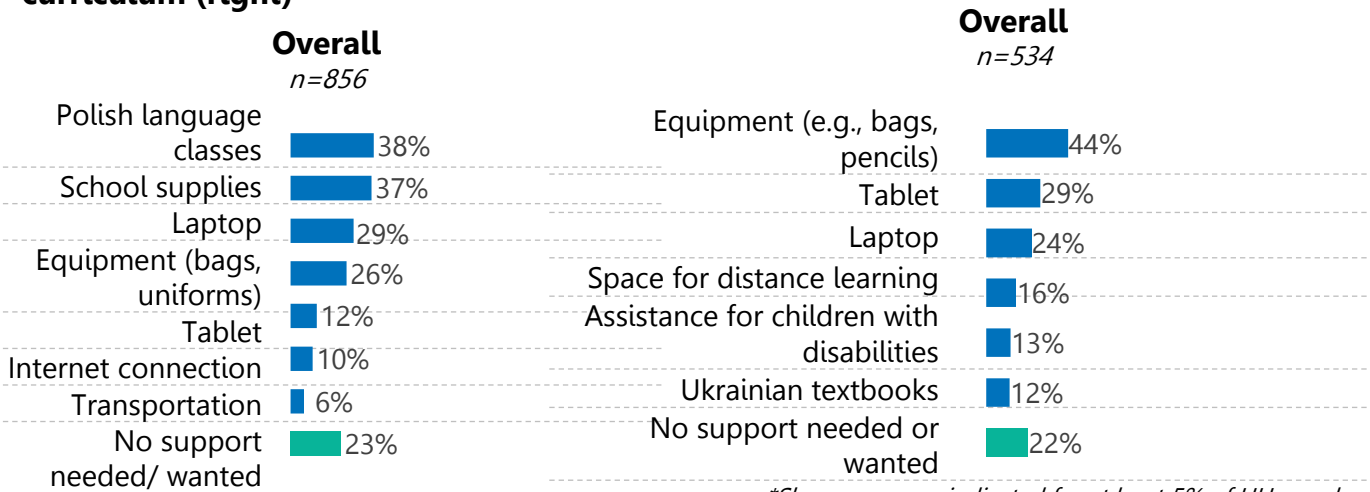
The main reasons why individuals did not enroll in a school/childcare in Poland were either that they were too young (main reason for children younger than 3 years old) or the fact that they have already finished their education (main reason for those aged 18+). Among children aged 3-17, the main barriers included the lack of space in school (13%), attending only online classes in Ukraine (14%), intention to move out soon (11%) or waiting for response on application (11%).

Reasons for not attending school in Poland

	Age group Sample size	Overall			
		Total	< 3	3-17	18 +
	222	77	71	74	
This person already finished school	27%	0%	11%	72%	
Space in school were not available	6%	5%	13%	1%	
Intention to move out soon	6%	1%	11%	5%	
Waiting for a response to the application	5%	4%	11%	0%	
Child is attending online classes in Ukraine	5%	0%	14%	1%	
Lack of inclusive schools	4%	3%	7%	1%	
Other	22%	48%	13%	4%	
I do not know	6%	9%	3%	5%	
Prefer not to answer	15%	25%	8%	11%	

77% of children enrolled in Polish school needed some support

Support needed for education in Polish schools (left) and for those following Ukrainian curriculum (right)



*Shown answers indicated for at least 5% of HH members

*Shown answers indicated for at least 5% of HH members

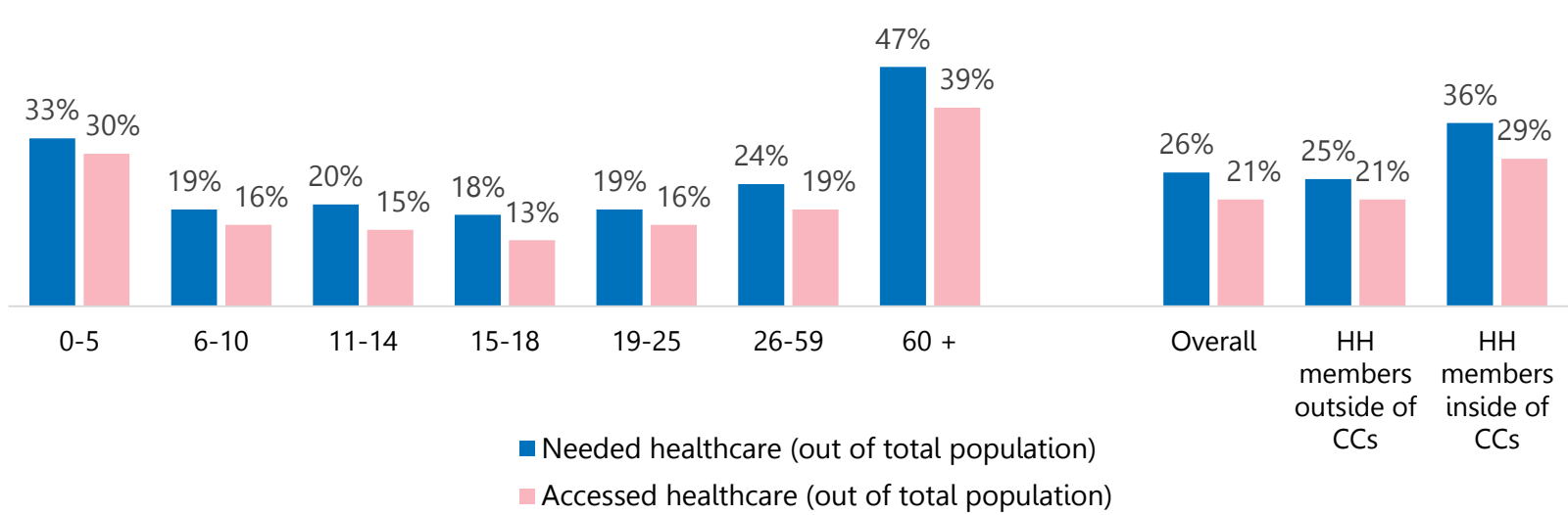
Health Sector findings



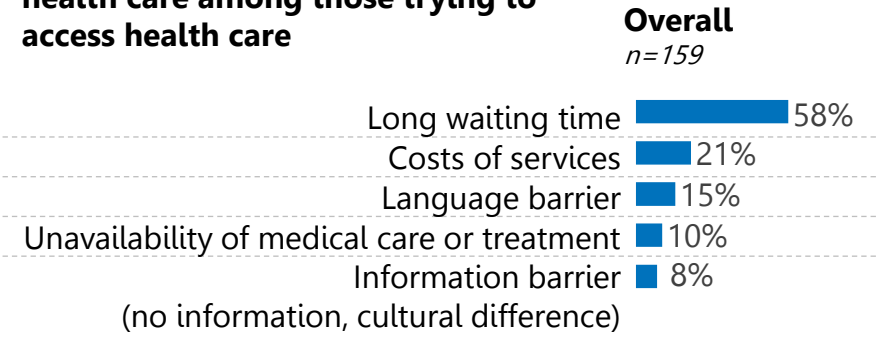
One fourth (26%) of refugees needed access to health care over the last month of whom the majority was able to obtain it. The share of refugees who needed health care was higher among those refugees residing in collective sites (36%). Those who were unable to get help stated that it was mostly due to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

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

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



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



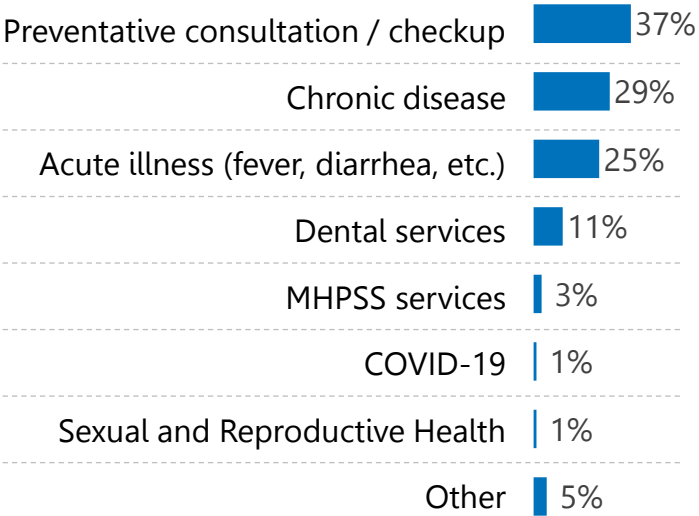
96% of household members with a health need sought help in Poland, from whom 84% in Polish government facilities and 14% in private health facility.

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

Preventive consultations, chronic diseases and acute diseases were among the most common health needs, with preventive consultations being more frequent outside of collective sites and chronic diseases being more frequent inside of collective sites.

Most frequently reported health care needs

Overall
n=891



Acute diseases were more frequent among HH members younger than 18 years old (n=155, 38%) compared to those of at least 60 years of age (n=244, 18%).

On the other hand, **chronic diseases** were more frequent among older persons (43%) compared to HH members between 18 and 59 years old (n=493, 26%) or to those younger than 18 (16%).

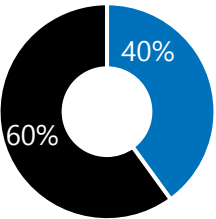
Q: What was the health care need for this person?

HEALTH – COVID VACCINATIONS

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

COVID vaccination

Overall, n=3057



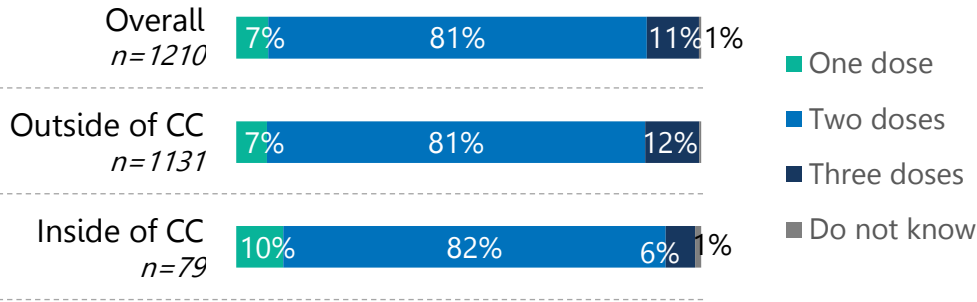
■ Yes
■ No

	Outside of CC	Inside of CC	Overall	
			Less than 12 y/o	12 y/o or older
Sample	2802	255	621	2436
Yes	40%	31%	1%	50%
No	59%	69%	99%	50%

Reasons for the lack of vaccination

	Total	Overall	
		Less than 12 y/o	12 y/o or older
Sample size	1836	617	1219
Do not want to vaccinate	53%	18%	71%
Child was too young	40%	81%	20%
Did not have time to go	2%		3%
Other reasons	4%	1%	5%

Number of COVID-19 doses



Of those vaccinated, most had their last dose **seven to eight months ago** (41%) or **ten to twelve months ago** (32%).

18% had their last dose **6 months ago or earlier**.

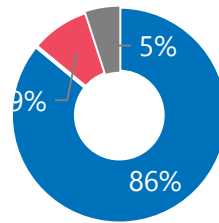
Q1: Has this person ever received any vaccinations against COVID-19? Q2: How many doses did this person receive? Q3: How many months have it been since the last dose? Q4: What was the main reason for not receiving the vaccination?

HEALTH – CHILDREN' VACCINATIONS

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

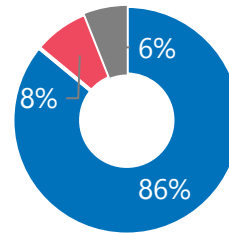
% of children with MMR vaccination

Children aged 5 or less, n=410



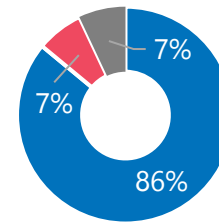
% of children with polio vaccination

Children aged 5 or less, n=410



% of children with DTP vaccination

Children aged 5 or less, n=410



■ Yes
■ No
■ Do not know / prefer not to answer

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

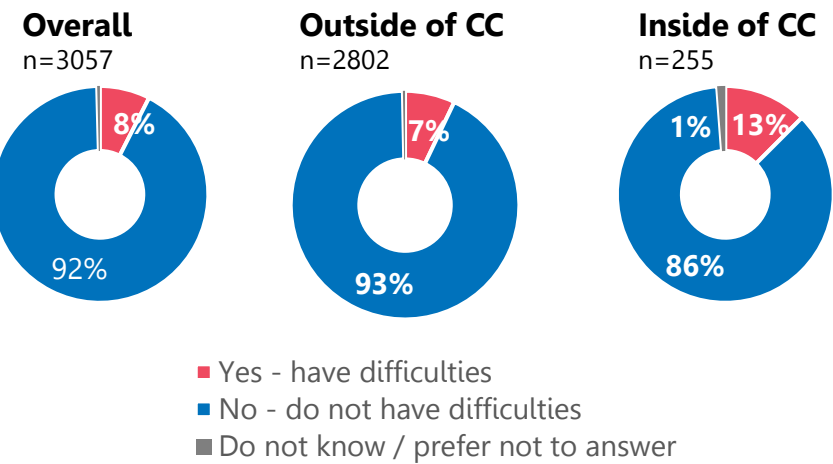
In 11 cases there were contradictions against vaccination (i.e., a child was sick or there were other health reasons), in 7 cases respondents said that a child was too young, in 6 cases they did not want to vaccinate a child, and in 6 – did not know where to go for vaccination.

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

HEALTH – THE WASHINGTON GROUP

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

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



Percentage of household members having **specific difficulties**

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

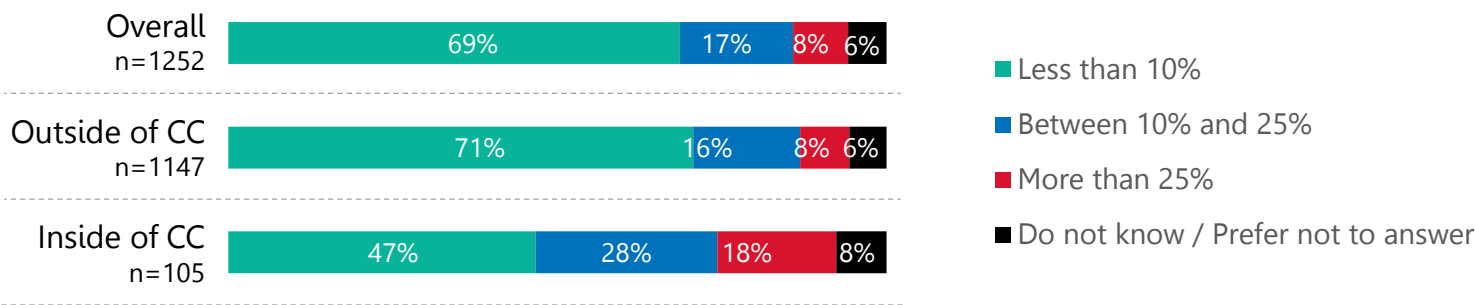
% show proportion of household members who were reported as having “a lot of difficulties” or “cannot do at all” for each activity task from the Washington Group set of questions. It should be noted that the responses on the disability of family members are purely subjective and therefore findings related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

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

HEALTH - ADDITIONAL INFORMATION

8% of households outside of CC and 18% of households inside of CC spent more than 25% of their income and savings on health care related costs.

Reported proportion of household's income & savings spent on health care related costs in the past 30 days



• **Additional information on health-related expenses:**

- **27% of respondents reported spending money on health care** during the last 30 days (26% of respondents outside of CC, 37% of respondents inside of CC). 395 PLN was the average monthly amount reported (based on 282 answers).
- **46% of respondents faced challenges obtaining enough money** to meet their needs over the last 30 days. For 14% of them, it was because they were **unable to work due to health problems**.
- **8%** (8% outside of CC, 11% inside of CC) **anticipate health problems as possible challenge in obtaining money** in the next 3-6 months.

Q1: Which expenses did your household have in the past 30 days (or since arrival in case arrival to Poland was less than 30 days ago)? Q2: Can you estimate how much approximately, did your household spend during the past 30 days, on each of the mentioned categories (in Polish zloty)? Q3: Did your household face any challenges obtaining enough money to meet its needs over the last 30 days? Q4: What, if any, do you think challenges in obtaining money may arise in the next 3-6 months? Q5: In the past 30 days or less, what proportion of your income/ savings did you need to spend on health care-related costs for you and your household members? (includes service fees, medication, other treatment costs)

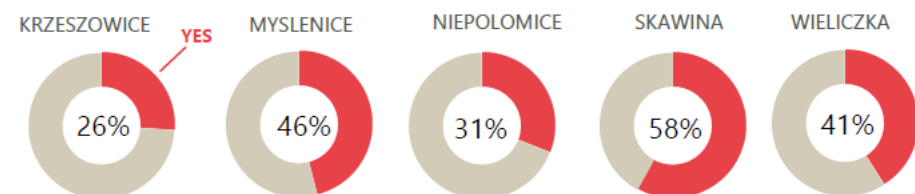


Area Based Assessment Health in Kraków Health findings

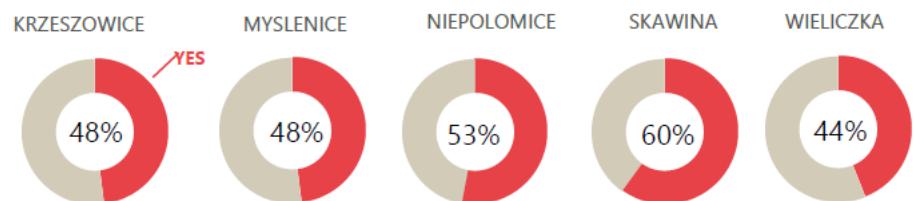
HEALTH – AREA BASED ASSESSMENT

Healthcare overview

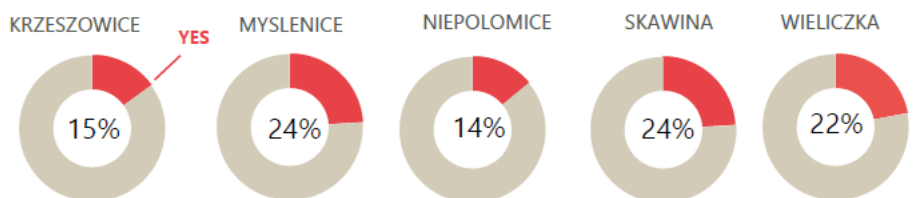
% of HHs reporting to have health insurance coverage



% of HHs reporting to have access to a facility for basic health needs



% of HHs reporting to have access to mental health and psychosocial support (MHPSS)



While all refugees in possession of a PESEL number are covered with free health insurance in Poland, HH survey data show low awareness of this right. Indeed, 98% of respondents reported having registered for PESEL, whereas only 41% reportedly had health insurance. There are also wide variations across the cities, with the lowest reported health insurance coverage in Krzeszowice (only 26% reporting being insured). Moreover, 7% of respondents overall were unsure of their insurance status, with the highest share (11%) in Myslenice. These results highlight the lack of information concerning health access among the refugee population.

Around half of respondents across the cities reported having access to medical facilities for their basic health needs, with a higher percentage in Skawina (60%), and the lowest in Wieliczka (44%).

When asked about access to mental health services or psychosocial support, the percentage of positive answers is decisively lower, with 20% overall reporting access to MHPSS. Indeed, refugee FGDs participants highlighted the lack of psychosocial services in Niepolomice, Krzeszowice and Myslenice especially. Both KIs and refugees seemed preoccupied with the lack of mental health professionals for children and the lack of this service in Ukrainian language.

Q1: Which expenses did your household have in the past 30 days (or since arrival in case arrival to Poland was less than 30 days ago)? Q2: Can you estimate how much approximately, did your household spend during the past 30 days, on each of the mentioned categories (in Polish zloty)? Q3: Did your household face any challenges obtaining enough money to meet its needs over the last 30 days? Q4: What, if any, do you think challenges in obtaining money may arise in the next 3-6 months? Q5: In the past 30 days or less, what proportion of your income/ savings did you need to spend on health care-related costs for you and your household members? (includes service fees, medication, other treatment costs)

HEALTH – AREA BASED ASSESSMENT

Awareness of medical facilities and reported usage

% HH aware of the presence of the following facilities nearby:	KRZESZOWICE	MYSLENICE	NIEPOLOMICE	SKAWINA	WIELICZKA
PUBLIC HOSPITAL	83%	54%	71%	34%	31%
PUBLIC CLINIC	22%	83%	37%	96%	70%
PRIVATE HOSPITAL	17%	15%	31%	14%	6%
PRIVATE CLINIC	9%	30%	31%	34%	17%
DENTIST	28%	48%	47%	40%	13%
MATERNITY HOSPITAL	0%	4%	2%	6%	4%

Satisfaction levels with health services

Top 6 reasons for dissatisfaction with medical facilities and services: (n=36)

1	Long waiting time	61%
2	Poor quality service	36%
3	Language barrier	28%
4	High price	25%
5	Discrimination	11%
6	Inadequate facilities	8%

A high share of respondents reported the presence of public hospitals and / or clinics in their city. On the other hand, awareness of private facilities, dentist and maternity hospitals was considerably lower. Moreover, 79% of respondents reported having made use of at least one of them, with the largest proportion (87%) in Krzeszowice and the lowest (67%) in Wieliczka. Most respondents made use of public hospitals (41%) or clinics (59%), followed by dentist (23%). Interestingly, there was a high variation within the latter: from 42% in Myslenice, to 8% in Wieliczka. Notably, very few respondents made use of maternity hospitals (less than 1%) despite the fact that 5% of households reportedly had either a pregnant or breastfeeding member.

The satisfaction level related to the use of health services was high, with 81% of respondents reporting being completely or somewhat satisfied. Among the main reasons for dissatisfaction, the long waiting time, the poor quality of the service and the language barrier were the most often mentioned. People who reported having faced discrimination were asked a follow-up question to investigate its reasons; the entirety of respondents reported that the reason for discrimination was their (Ukrainian) nationality.

The top six reported barriers to accessing health care closely mirror reported reasons for dissatisfaction. Indeed, long waiting times (40%), the language barrier (25%), poor quality service (13%), and discrimination (2%) were the most often mentioned. Notably, 38% of respondents reported no barriers. Participants in FGDs and KIIs reported the language barrier as the main barrier to access health care. In Niepolomice and Krzeszowice, many reported difficulties in accessing specialist doctors, mostly due to long waiting times or lack of translation available. Additionally, participants across the five locations reported the high cost of medicines. Furthermore, KIIs in Krzeszowice noted that hospital and doctor capacities were under considerable strain after the influx of refugees, as professional had now to deal with a higher number of patients.

MHPSS findings



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

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

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

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

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

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

*small base size

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

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

*small base size

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

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



- Yes – able to receive professional support
- No – not able to receive professional support
- Do not know / prefer not to answer

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

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

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

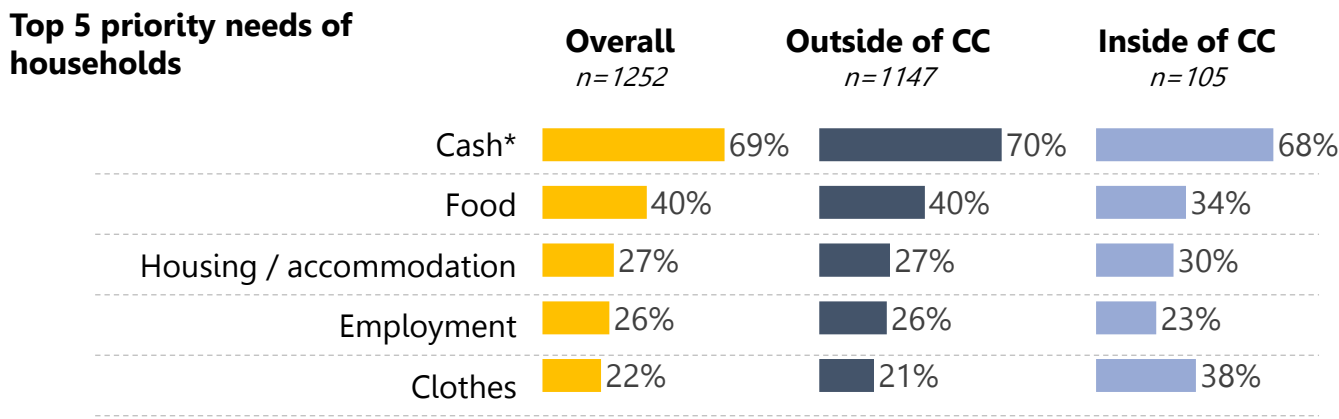
Other reasons included: lack of time, lack of trust in providers and long waiting times (each mentioned in case of two household members).

Humanitarian assistance findings



NEEDS AND HUMANITARIAN ASSISTANCE

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

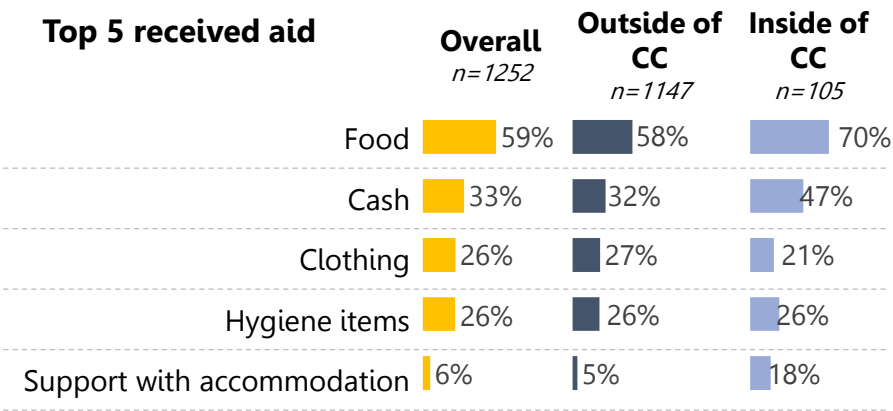


Needs for financial assistance, cash, and employment were reflected in information needs:

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

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

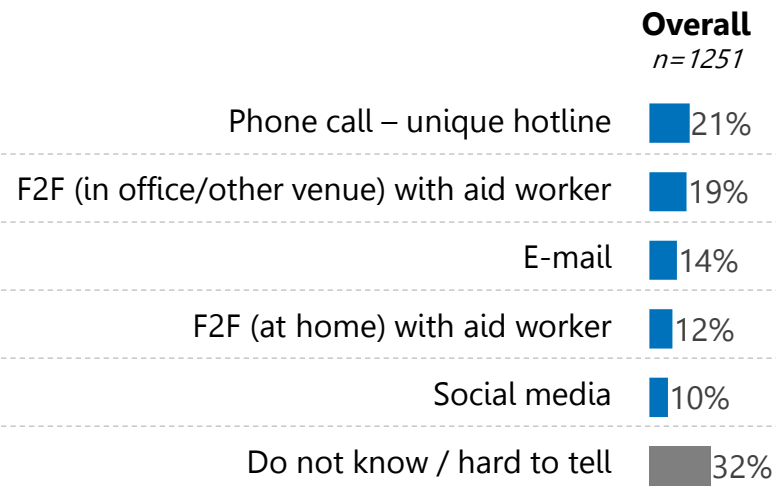
The aid received corresponds to reported priority needs.



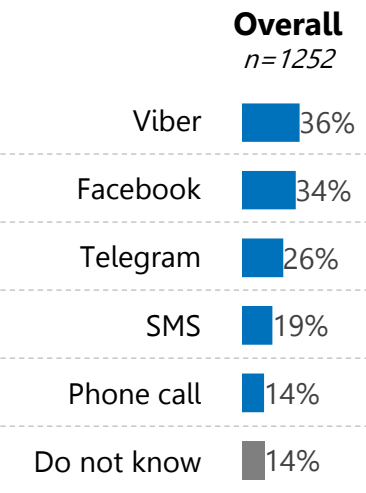
Q: What are the top three priority needs of your household?
*While cash is the priority basic need reported by refugees, it covers several underlying needs.

FEEDBACK MECHANISMS, INFORMATION SOURCES

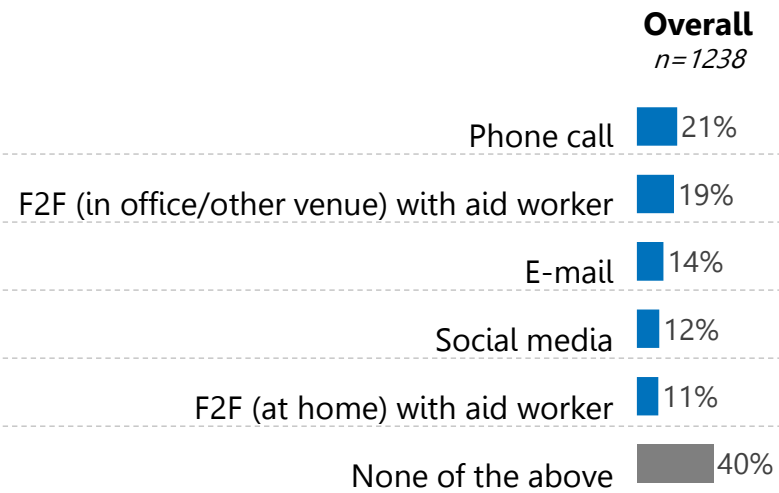
Preferred methods for providing feedback about misconduct of aid workers



Main channels for accessing information from aid providers



Awareness of complaint mechanisms



Q1: How would you prefer to give feedback to aid agencies about any bad behavior/misconduct of aid workers? Q2: Which social media? Please specify

Thank you

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