





POLAND

MULTI-SECTOR NEEDS ASSESSMENT

October 2023

Results overview

MULTI-SECTOR NEEDS ASSESSMENT 2023 POLAND



OBJECTIVES & METHODOLOGY

OBJECTIVES



The <u>Multi-Sector Needs Assesment</u> (MSNA) for Poland is part of a regional interagency multisectoral assessment, seeking to capture and understand:

- the needs of refugees;
- the level of access to basic services, and how refugees' needs are met;
- service gaps and refugees' priorities for the coming year.

The MSNA is a key source of information for the **2024 Regional Refugee Response Plan (RRP)**, which captures priorities and funding requirements for the response.

This overview of the results covers the following topics:

- 1. DEMOGRAPHICS
- 2. **PROTECTION**
- 3. EDUCATION
- 4. SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS
- 5. HEALTH
- 6. ACCOMMODATION

OVERVIEW







Over 13,420 refugees living in metropolitan and rural areas in 16 regions (voivodeships), in private accommodation, with host families, rentals, hostels/hotels and in collective sites.

DATA COLLECTION BY

UNHCR and IOM



From **13/7** to **21/8/2023**

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UNHCR and IPSOS

METHODOLOGY

Regional Refugee Response for the Ukraine Situation

This overview of the results is based on the analysis of collected data after cleaning and weighting.

POPULATION	Refugees living country-wide as per sample based on distribution of active PESEL UKR registrations, ZUS insurance and social benefits records, school enrollment	
DESIGN	Household interviews conducted in person	
DATA COLLECTION	From 13/7 to 21/8/2023 by enumerators from UNHCR and IOM	
SAMPLE SIZE	 5,645 HHs; covering 13,421 HH members Inhabitants of 223 cities / villages 3,883 surveys for 12 biggest cities; 1,762 outside Country-wide stratum plus one for each of the 12 biggest cities 	

SAMPLING AND REPRESENTATIVITY:

Selected according to certain criteria (geographical coverage, accommodation types), but not statistically representative. Results are indicative.

LIMITATIONS:

- Data collection during summer / school holidays most likely affected the sample;
- Lack of comprehensive data and less reach regarding the refugee population **outside of urban areas**;
- Sensitivity around **protection and income questions**, therefore, large non-response rate and less reliable data;
- **Respondent bias**: certain indicators may be underreported or over-reported due to the subjectivity and perceptions of respondents.

MULTI-SECTOR NEEDS ASSESSMENT 2023 POLAND



1. DEMOGRAPHICS

TYPE OF COLLECTED DATA



HOUSEHOLDS AND HOUSEHOLD MEMBERS







RESPONDENTS REPRESENTING HOUSEHOLDS

% of respondents by gender & age



% of HHs by ethnic background (self-identified, multiple-answers question)



Around **89%** of respondents were **women**, **11%** were **men**. The largest age group is 25-39 years (44%).

100% of respondents have Ukrainian citizenship. 99% of respondents self-identified as of Ukrainian background, 3% as Russian, 1% as Belarusian.

DEMOGRAPHICS



HOUSEHOLDS – AREA OF RESIDENCE

Dolnośląskie	13%
Kujawsko-Pomorskie	3%
Lubelskie	2%
Lubuskie	4%
Łódzkie	5%
Małopolskie	9%
Mazowieckie	18%
Opolskie	2%
Podkarpackie	3%
Podlaskie	1%
Pomorskie	8%
Śląskie	16%
Świętokrzyskie	1%
Warmińsko-Mazurskie	1%
Wielkopolskie	9%
Zachodniopomorskie	6%



Interviews were conducted in **all voivodeships**. The highest number of interviews (55%) were conducted in the 12 biggest cities (**Warszawa, Wrocław, Łódź, Lublin, Kraków, Białystok, Szczecin, Poznań, Bydgoszcz, Gdańsk, Rzeszów, Katowice**).

Locations of the interviews were selected based on data from the PESEL UKR active records (temporary protection status), ZUS social insurance and government social protection benefits together with school enrollment distribution to ensure a relatively **even geographical coverage** of the country.

The majority of respondents (97%) were interviewed in the same voivodeship where they are residing.

DEMOGRAPHICS



HOUSEHOLDS – DISTRIBUTION OF UKRAINIAN REFUGEE ORIGINS BY OBLAST



Each shaded region represents the specific Oblast from which these households have been displaced.

Refugees from Ukraine in Poland mainly come from Kharkivska Oblast (12%), Dnipropetrovska Oblast (11%) and Khersonska Oblast (11%).

12%

1%

DEMOGRAPHICS



HOUSEHOLD CHARACTERISTICS



52% HHs with children



49%

HHs with a chronically ill member

42%

HHs with only one adult (18-59) and dependents*



6%

HHs with a pregnant or breastfeeding woman

28%

HHs with one or more adults (18-59) <u>without</u> dependents

20%

HHs with two or more adults (18-59) and dependents 9%

HHs with exclusively elderly

* Dependents – children (0-17 y.o.) and elderly (60+ y.o.)





HOUSEHOLD MEMBERS CHARACTERISTICS



HH members are children **37%**

HH members are elderly **12%**



HH members are individuals with disabilities (WGD 3)

5%

MULTI-SECTOR NEEDS ASSESSMENT 2023 POLAND



2. PROTECTION

HOUSEHOLD MEMBERS – STATUS

HH members who applied for PESEL UKR



Regional Refugee Response for the Ukraine Situation

HH members holding an electronic travel document (DIIA.pl)



Yes No, but planning to apply

No, and not planning to apply





HOUSEHOLDS – SOCIAL TENSIONS

% of HHs reporting tensions with host community



HOUSEHOLDS – CHILD PROTECTION 1/2





Do not know / Prefer not to answer





Proportion of HHs having concerns regarding risks faced by boys and girls, is 38% and 32%, respectively.

The two most commonly mentioned risks are the same for both groups – increased vulnerability to neglect, as well as psychological violence in the community. In the third place is increased vulnerability to abuse (for boys), and sexual violence in community (for girls).





HOUSEHOLDS – CHILD PROTECTION 2/2



Most respondents were able to mention at least one service where they can report violence against children. **16%** said that they **do not know of any services**. **79%** mentioned the **police**, **17%** reported that they know of **government services**, **10%** know of a **helpline**, and **7%** know of **NGO services**.



HOUSEHOLDS – Accountability to Affected Population (AAP) 1/3



Note: Respondents may have had different approaches to what "aid" constitutes, sometimes not understanding this to comprise certain Government services.

About half of HHs have received aid from either governmental sources or humanitarian organizations in the last 3 months. 8% were not satisfied with the aid received. The main reason for dissatisfaction with the aid received was that it was insufficient (51%).



HOUSEHOLDS – Accountability to Affected Population (AAP) 2/3

% of HHs with reported unmet need **Priority needs** 2% Employment / livelihoods 32% 15% Healthcare services 27% Accommodation 23% 82% Language courses 20% Have needs Food 15% No needs Don't know / Prefer not to answer

82% of HHs have reported unmet need(s) – the top 3 most commonly mentioned are employment / livelihoods (32%), healthcare (27%), and accommodation (23%).



HOUSEHOLDS – Accountability to Affected Population (AAP) 3/3



The vast **majority** of HHs are **satisfied with humanitarian workers**. Among those who are dissatisfied (7%), the main reported reasons are that aid criterias are not clear / seem unfair (40%), assistance does not meet needs (36%), **aid workers are disrespectful (23%)**, as well as that aid workers show a **lack of respect and empathy** for their situation (**17%**).

MULTI-SECTOR NEEDS ASSESSMENT 2023 POLAND



3. EDUCATION

EDUCATION



HOUSEHOLD MEMBERS AT SCHOOL AGE – PLANNED ENROLLMENT



Note: The education attendance figures are based on self-reported responses from participants and do not rely on official attendance records from Polish schools.

Most of the children in mandatory school age, 77%, were – according to respondents – enrolled in school in Poland in the school year 2022/23. This result is significantly higher than the data presented by the National authorities and may be due to respondent bias that is associated with compulsory schooling in Poland.

Still based on self-reporting, 80% of children in mandatory school age were to be enrolled in Poland in the coming school year, while 9% were not to be enrolled, and for 10% of children respondents said they had not decided yet or did not know.

MULTI-SECTOR NEEDS ASSESSMENT 2023 POLAND



4. SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS

SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS



HOUSEHOLD MEMBERS OF WORKING AGE

Labor Force Participation out of working age population 15 to 59 (women) and 15 to 64 (men)



11%

of youth (16 to 24) who are **Not in Education, Employment or Training (NEET)** The definitions below are based on the core ILO Labor Force Survey (LFS) questions.

Employment: Employment includes individuals of working age who have engaged in income-generating activities in the past week. This encompasses formal employment, self-employment, agricultural/fishing work, diverse income generation, temporary absence from paid roles, and unpaid contributions to family businesses.

Unemployment: % of working-age individuals who were not employed during the past week (as per the definition above), who looked for a paid job or tried to start a business in the past 4 weeks, and who are available to start working within the next 2 weeks if ever a job or business opportunity becomes available.

Outside labor force: % of working-age individuals who were not employed during the past week, and who either cannot start working within the next 2 weeks if a job or business opportunity becomes available or did not look for a paid job or did not try to start a business in the past 4 weeks.

Inside labor force: Employed and Unemployed

SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS



% of HH members by main difficulties while finding work (MCQ)

HOUSEHOLD MEMBERS OF WORKING AGE

% of HH members employed by sector of employment

Lack of knowledge of local language Secondary Industries - Manufacturing 34% 14% Accommodation and food service activities 12% Lack of decent employment opportunities 21% Trade and Repair Lack of employment opportunities suited to my skills 16% 6% Lack of education / skills recognition Transportation and storage 8% 5% Lack of employment opportunities for someone of my age Education 5% 7% Information and communication Lack of access to childcare services 6% 5% Lack of information on how to access the labour market 4% Construction 4% Healthcare Need to take care of other household member(s) 4% 4% Other service activities 23%

The most common sectors of employment are various service activities, manufacturing, and hospitality.

The main challenges reported are lack of knowledge of the Polish language, a lack of decent employment opportunities and a lack of employment opportunities suited to their skills.

SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS Regional Refugee Response for the Ukraine Situation



HOUSEHOLDS



42% of HHs declare they are covered by Polish and 18% – by Ukrainian social protection systems. The most common social benefits are child or family grant in Poland and old-age pension in Ukraine.

SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS Regional Refugee Response for the Ukraine Situation



HOUSEHOLDS



38% of HHs report that they are able to afford less than last year, the main reasons for this are increased prices (e.g. food, housing, education), reduced income, and increased expenses from unexpected events.

SOCIAL ECONOMIC INCLUSION AND LIVELIHOOD



HOUSEHOLDS – LIVELIHOOD COPING STRATEGIES

Top 5 Most Adopted Livelihood Coping Strategies

47%

of HHs adopted at least one livelihood coping strategy



SOCIAL ECONOMIC INCLUSION AND LIVELIHOOD



HOUSEHOLDS – Livelihoods Coping Strategy – Essential Needs (LCS-EN Indicator)

The Livelihood Coping Strategies – Essential Needs (LCS-EN) is an indicator used to understand the medium and longer-term coping capacity of households and their ability to overcome challenges in meeting their essential needs in the future. The indicator is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages.



% of all households

SOCIAL ECONOMIC INCLUSION AND LIVELIHOOD



HOUSEHOLDS – FOOD COPING STRATEGIES

Food Consumption Score

Households Reporting Food-Based Coping Strategies



MULTI-SECTOR NEEDS ASSESSMENT 2023 POLAND



5. HEALTH





HOUSEHOLD MEMBERS – HEALTH CARE ACCESS IN THE LAST MONTH



29% of HH members who needed healthcare in the last month. 10% of those needs were not met.

HEALTH



HOUSEHOLD MEMBERS – HEALTH CARE ACCESS IN THE LAST MONTH BARRIERS IN ACCESS (AMONG THOSE WHO WERE NOT ABLE TO OBTAIN THE NEEDED HEALTH CARE)



The main barriers in access to healthcare (HH members)

The main reported barriers in access to healthcare are **not being able to make an appointment (47%)**, **language (19%)**, and not being able to afford the **fee at the clinic (18%)**.

HEALTH



HOUSEHOLD MEMBERS – Mental Health and Psychosocial Support



According to the respondents, more than 20% HH members aged 5 years or older feel either upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning. More than half among them (12% of all HH members aged 5 years or older) were reported to be in need of mental health or psychosocial support. The question was asked to respondents who answered on behalf of their household members. However, they may not have always been aware of the existence of needs in these categories in their family. It is also worth noting that due to the sensitive nature of the question, there are chances that under-reporting may have happened.

45% of persons in need of mental health or psychosocial support have received help for their problem. The main reasons for not getting the help they needed were that they **did not know where to seek help (37%)** and **the lack of time (19%)**.

MULTI-SECTOR NEEDS ASSESSMENT 2023 POLAND



6. ACCOMMODATION

SHELTER / ACCOMMODATION



HOUSEHOLDS – SECURITY OF TENURE, LIVING CONDITIONS (1/2)



Regarding the living conditions of HHs, the most common arrangement is **accommodation on their own (59%)**. **20%** share with others, **13%** live in a hotel/hostel, and **7%** at a collective site.

Some 4% of HHs are facing pressure to leave their accommodation.

SHELTER / ACCOMMODATION



HOUSEHOLDS – SECURITY OF TENURE, LIVING CONDITIONS



26% of HHs report issues with their current living conditions. The most common problems are not enough space and a lack of separate showers or toilets.

MULTI-SECTOR NEEDS ASSESSMENT 2023 POLAND



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