



Regional Refugee Response
for the Ukraine Situation

POLAND

**MULTI-SECTOR
NEEDS**

**Protection Challenges for
Refugees from Ukraine**

February 2024

OBJECTIVES

The Multi-Sector Needs Assessment (MSNA) for Poland is a part of a regional interagency multi-sectoral 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 Refugee Response Plan (RRP)**, which captures priorities and funding requirements for the response.

This summary of the MSNA's findings related to Protection covers:

1. Status and documentation
2. Physical health and difficulties
3. Mental health and psychosocial difficulties
4. Child protection
5. Safety
6. Access to services
7. Social protection

TWO LEVELS OF COLLECTED DATA

1. **Household level** – 5,645 refugee households represented by **adult representative of the household (respondent)**
2. **Individual level** – 13,421 refugee household members of all ages whose **situation** was described by respondents (adult household representatives)



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METHODOLOGY

POPULATION	Refugees living in Poland 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 July 2023 to 21 August 2023 by enumerators from UNHCR and IOM
SAMPLE SIZE	5,645 households covering 13,421 refugee household members

SAMPLING AND REPRESENTATIVENESS:

Purposively selected (geographical coverage, different accommodation types), but **not statistically representative**. Results are indicative.

More data on the sample are presented in the general MSNA report.

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 and from under-represented groups**;
- Sensitivity around **protection 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.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

STATUS AND DOCUMENTATION

- Ukrainian refugees in Poland have civil documents with them. By far the most common type (in the case of over 80% of people) is a biometric passport for foreign travel.
- Almost all people covered by the study have registered for PESEL UKR (98%), and about 60% have an electronic travel document (diia.pl).
- 1% of children in the surveyed households are not part of a nuclear or extended family.
- In the case of children under the age of three, a quarter were born in Poland and about 70% in Ukraine. Over 90% have their birth certificates with them in Poland.

PHYSICAL HEALTH AND HEALTH CARE DIFFICULTIES

- About 20% of refugees face physical health difficulties, the most prevalent eye sight issues, even while using glasses (11%).
- 5% of all refugees and 18% of older persons are considered disabled based on the Washington Group Disabilities indicators.
- Almost a third of refugees (29%) have a chronic illness. This percentage increases greatly in the oldest age groups.
- Almost a third of refugees (29%) had a health problem and needed access to health care in the last month. 10% were not able to obtain the health care they needed.
- Most refugees who obtained the needed health care did not have any particular grievances, while 36% complained about long waiting times for appointments.
- 47% of those who were unable to obtain the health care they needed could not make an appointment.

EXECUTIVE SUMMARY

MENTAL HEALTH AND PSYCHOSOCIAL DIFFICULTIES

- One in five refugees experience psychological distress to a degree that impacts daily functioning. Over half (55%) of them require, but often do not receive, mental health or psychosocial support. The need for mental health and psychosocial support is largely unmet, which may be related to stigma.
- According to household representatives, women are more likely to report emotional distress than men. The same applies to refugees without employment.
- Household representatives suggest that older refugees are more likely to experience mental health and psychosocial issues and less likely to receive support. This applies in particular to refugees 60+, which suggests the need to pay more attention to this demographic group.
- Refugees who did not receive mental health and psychosocial support (MHPSS) often cited lack of information on where to go, suggesting a need for improved access to information. The fear of negative perception is a noticeable barrier, which highlights the need to fight the stigma associated with mental health services.

SAFETY AND CHILD PROTECTION

- Child Protection programs aimed at preventing various forms of neglect and violence should include gender-sensitive measures.
- Approximately 80% of households would report cases of child violence, exploitation, or neglect to the police. The study highlights a knowledge gap – 16% could not identify any institution for seeking assistance.

EXECUTIVE SUMMARY

ACCESS TO SERVICES

- Access to sexual and reproductive health services is a challenge for 14% of households.
- Approximately 30% of households anticipate increased difficulties in accessing housing, schools, medical services, or employment. When designing social programs to address these needs, special attention should be given to households that include refugees with disabilities or chronic illnesses, as they appear to be more vulnerable to these potential challenges.

SOCIAL PROTECTION

- Approximately 40% of households access social protection schemes from the Polish government, while 18% receive benefits from the Ukrainian social protection system, both services are received by 8% refugee households.
- The most common benefit from the Polish system is the child or family grant. Polish benefits are generally met with satisfaction.
- Within the households receiving Ukrainian support, pensions are most frequently provided.

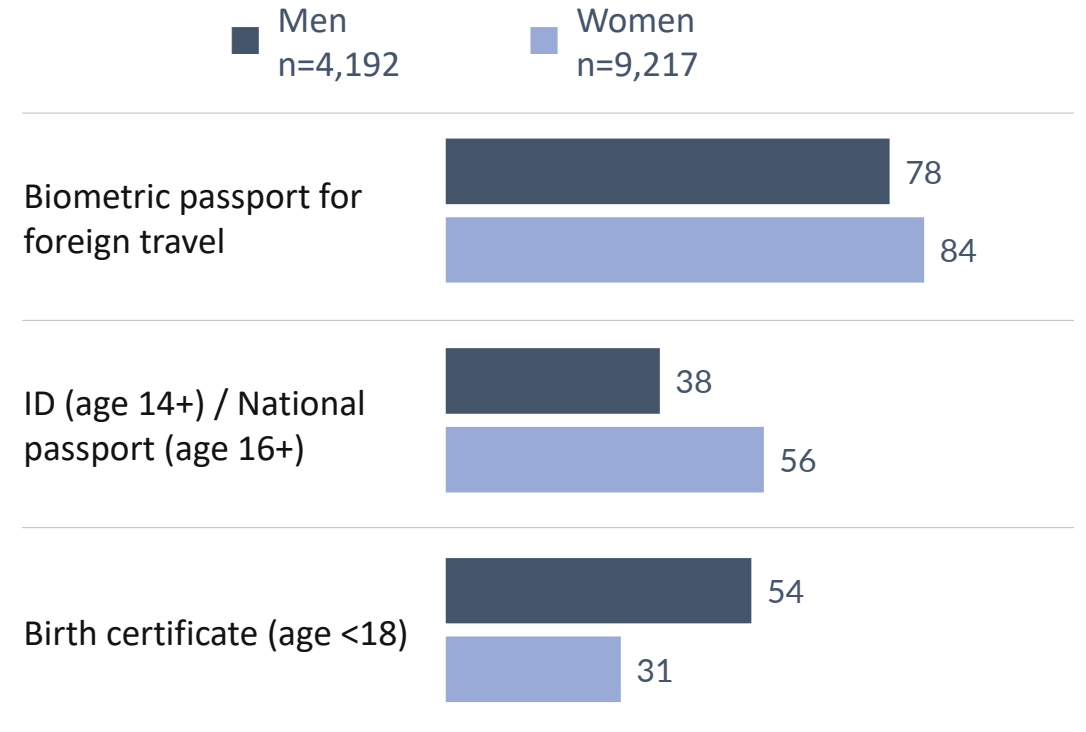


STATUS AND DOCUMENTATION

CIVIL DOCUMENTS REFUGEES HAVE IN POLAND

Type of civil documents held in Poland (in %)

n=13,421, multiple choice question

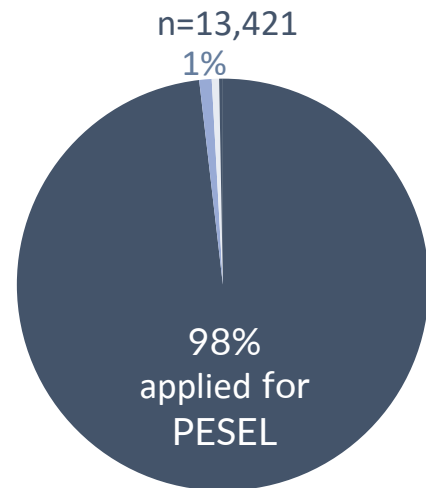


The vast majority of refugees (over 80%) carry a biometric passport for foreign travel. According to household representatives, male refugees are more likely than female refugees to carry a birth certificate. This is due to the different age structures – 60% of male refugees are under-18, while among women the analogous percentage is twice as low.

2.4. What civil documents does this person have with them in Poland?

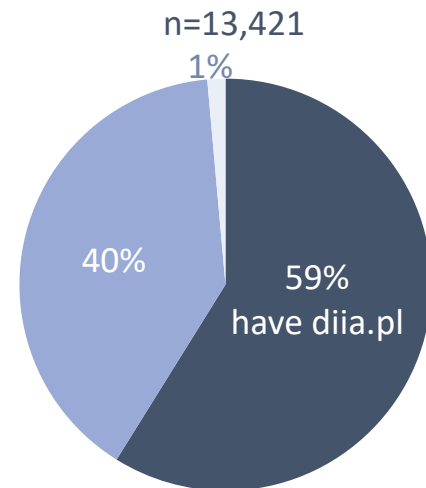
PESEL UKR AND ELECTRONIC TRAVEL DOCUMENTS

Registered for PESEL UKR number (in %)



- Yes
- No, but planning to
- No, and not planning to

In possession of electronic travel documents (in %)



- Yes
- No
- Do not know / no answer

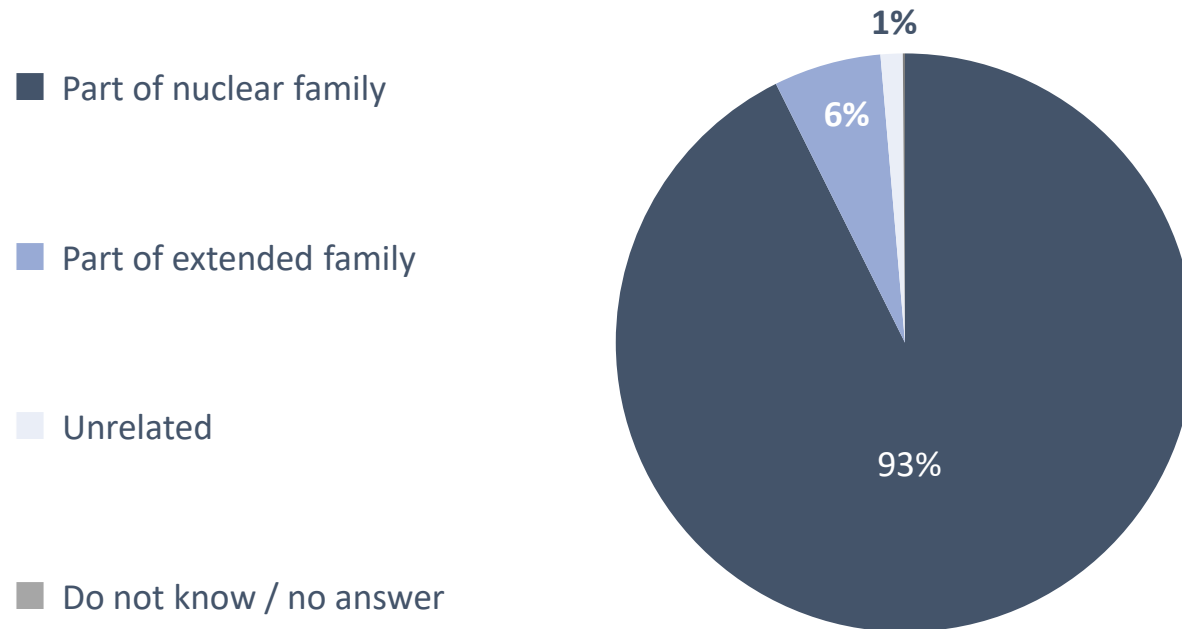
Women, n=9,217 – 63%
Men, n=4,192 – 49%

While the vast majority of refugees have registered for PESEL UKR, about **60% have an electronic travel document (diia.pl)**. Females are more likely to have an electronic travel document than males, which may be due to the different age structure of refugees of different genders.

2.4.1. Did this person register for PESEL UKR number in Poland?
2.4.2. Does this person have an electronic travel document (DIIA.pl)?

Relationship with the child (in %)

Children under 18 y.o., n=5,011



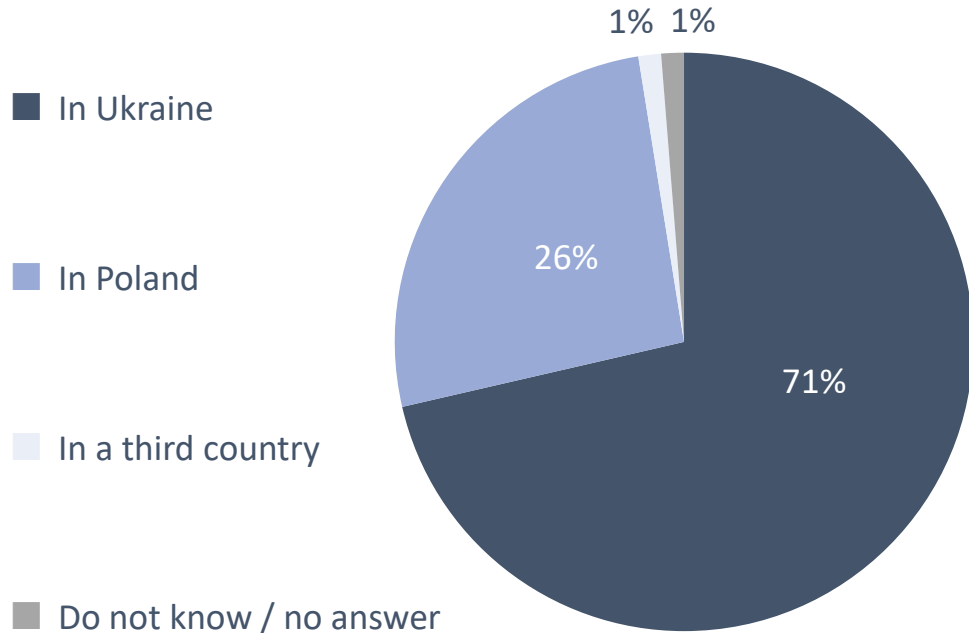
Among the surveyed refugees, the vast majority of children are part of the nuclear or extended family of adults living in the same household.

2.3. Is this child directly related to you or another member of your household (part of your nuclear or extended family)?

STATUS OF CHILDREN UNDER 3 YEARS OLD

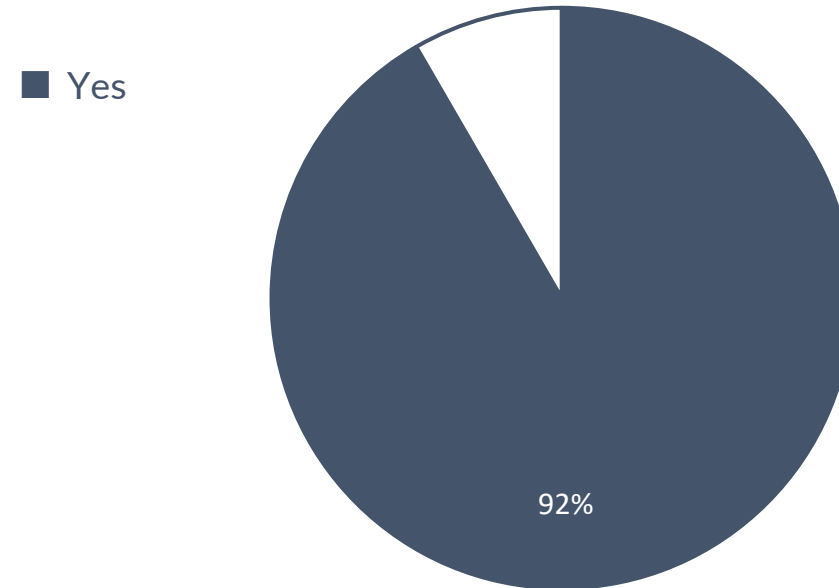
Child's birthplace (in %)

Children <3 y/o, n=395



Child's birth certificate held in Poland* (in %)

Children <3 y/o, n=395



*child's birth certificate, which was issued in Ukraine, Poland or another country and is currently in the possession of a respondent residing in Poland

One in four children under the age of 3 was born in Poland. More than 90% of children of this age have a birth certificate in Poland, regardless of where it was issued. In this case, there are no differences between boys and girls.

2.2.1. Where was the baby born?

2.4. What civil documents does this person have with them in Poland?

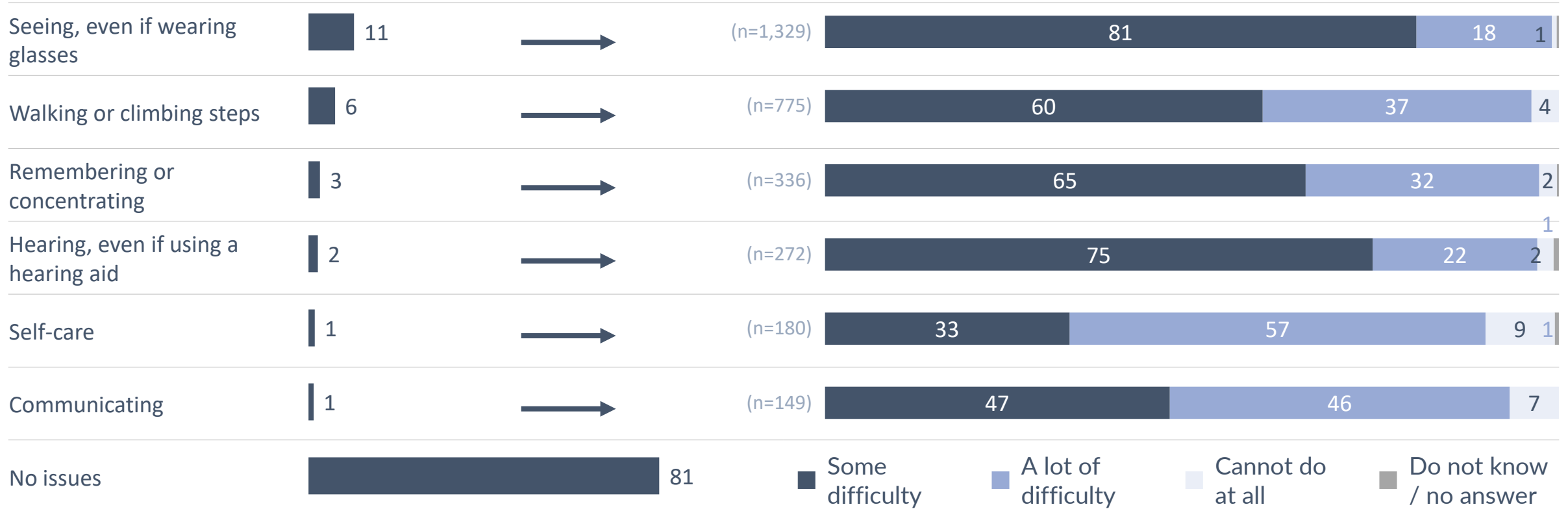
PHYSICAL HEALTH AND HEALTH CARE DIFFICULTIES

TYPES OF EXPERIENCED PHYSICAL DIFFICULTIES

Types of experienced difficulties (in %)

(n=12,541, multiple choice question)

Severity of experiencing each difficulty (in %)



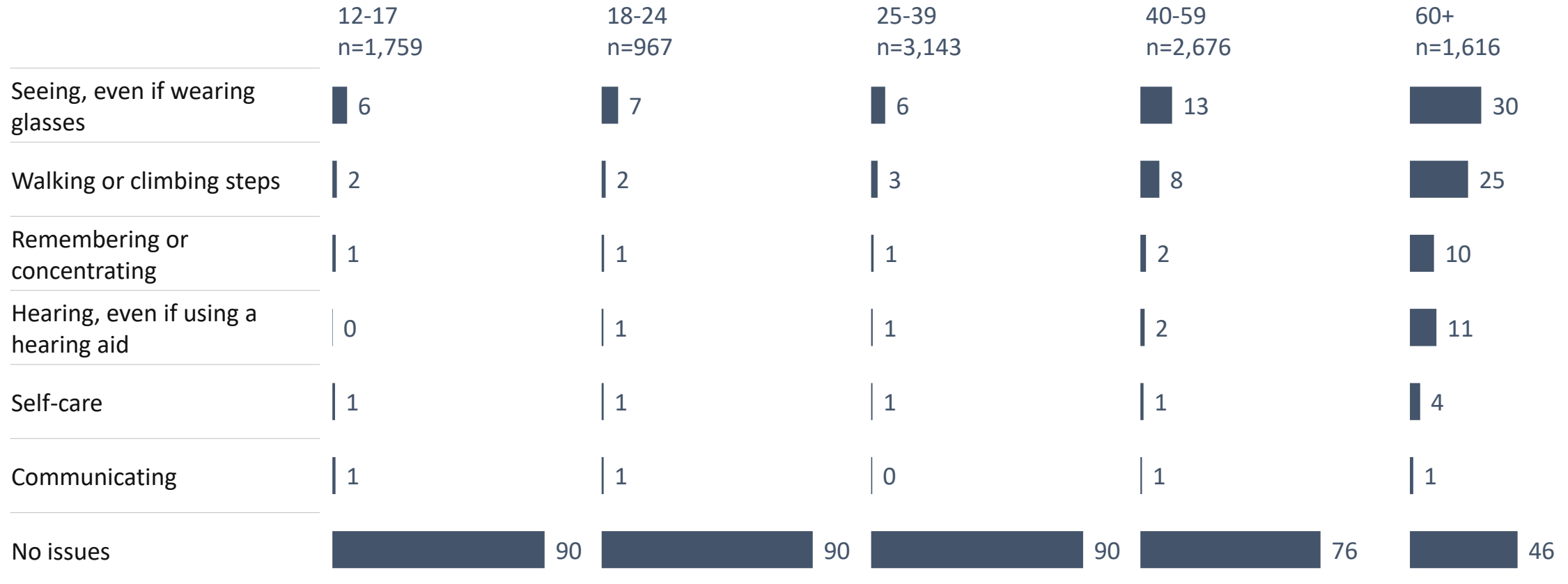
Approximately one in five refugees encounters a form of physical difficulty, the most prevalent being vision issues, even while using glasses (11%). Although there are relatively few of them, refugees who have problems with communication or self-care experience more intense difficulties in their day-to-day lives.

Physical difficulties can be both a cause of bad health and lead to negative impact on health.

TYPES OF EXPERIENCED PHYSICAL DIFFICULTIES (AGE ANALYSIS)



Types of experienced difficulties by age (in %)



Of the different age groups, older refugees (60+) experience the most difficulties. More than half of them face at least one difficulty potentially adversely impacting their **independence** - 30% reported difficulties seeing and 25% reported mobility difficulties (i.e. difficulty walking and climbing steps).

2.5.1. Does individual have difficulty with any of the following?

WASHINGTON GROUP DISABILITY ANALYSIS

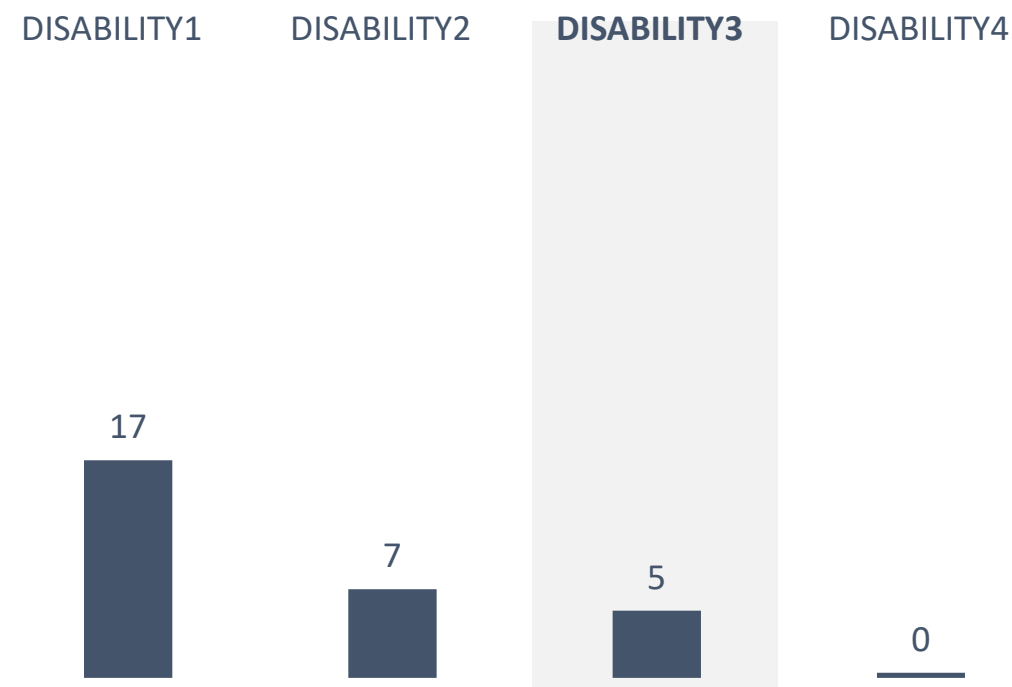
Questions about experienced difficulties are the basis for calculating the Washington Group Disabilities indicators. For the 2023 MSNA, Disability3 is used as the cut-off, meaning that 5% of refugees are considered to have a disability severely affecting their daily functioning in at least one domain of physical difficulty. Among refugees over the age of 60, this rate is 18%.

The Washington Group Short Set on Functioning – Enhanced (WG-SS Enhanced) was developed, tested and adopted by the Washington Group on Disability Statistics (WG). The questions reflect advances in the conceptualization of disability and use the World Health Organization’s International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework.

- **DISABILITY1:** the level of inclusion is at least one domain/question is coded SOME DIFFICULTY or A LOT OF DIFFICULTY or CANNOT DO AT ALL.
- **DISABILITY2:** the level of inclusion is at least 2 domains/questions are coded SOME DIFFICULTY or any 1 domain/question is coded A LOT OF DIFFICULTY or CANNOT DO AT ALL.
- **DISABILITY3:** the level of inclusion is any 1 domain/question is coded A LOT OF DIFFICULTY or CANNOT DO AT ALL.
- **DISABILITY4:** the level of inclusion is any one domain is coded CANNOT DO AT ALL

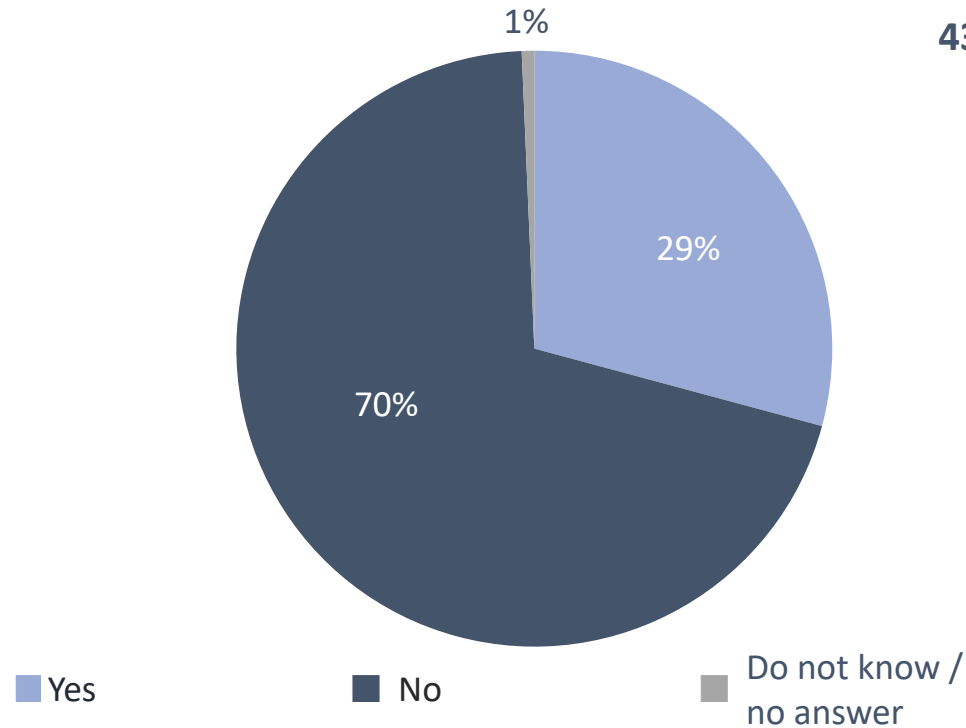
Disability levels according to Washington Group Index (in %)

n=13,421



Having a chronic illness (in %)

n=13,421



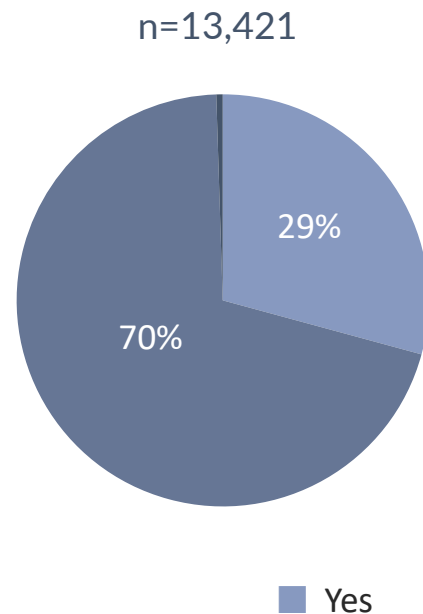
79% of refugees aged 60 and above, n=1,616
43% of refugees aged 40-59, n=2,676

Almost a third of refugees (29%) have a chronic illness. This percentage increases greatly in the oldest age groups: 43% in 40-59 and 79% in 60 and above.

2.7.1.1. Does the person have a chronic illness?

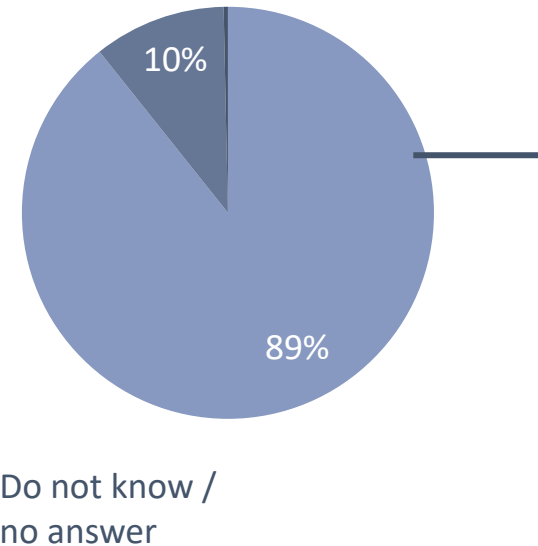
ACCESS TO NEEDED HEALTH CARE

Having a health problem and needing to access health care in the last month (in %)



Obtaining the needed health care (in %)

Those needing to access healthcare, n=3,922



97% of those obtaining the needed health care accessed it in Poland, n=3,502

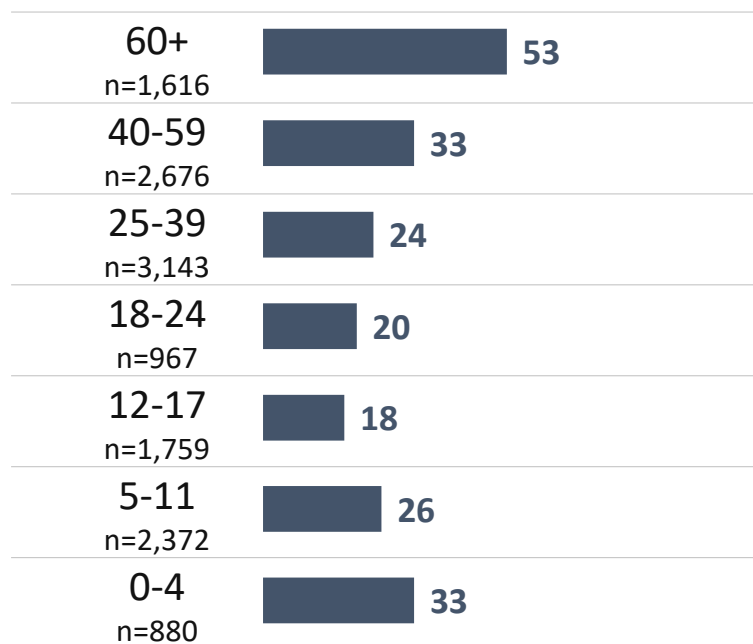
Almost a third of refugees (29%) had a health problem and needed access to health care in the last month. 10% were not able to obtain the health care they needed. Almost all refugees who have accessed health care have done so in Poland.

2.7.1.2. In the last month (or since arrival in case less than 30 days since arrival), did this person in your household have a health problem and needed to access health care?
2.7.1.2.1. Was the person able to obtain the needed health care?
2.7.1.2.1.2. Where did the person access the health care services?

ACCESS TO HEALTH CARE (AGE ANALYSIS)

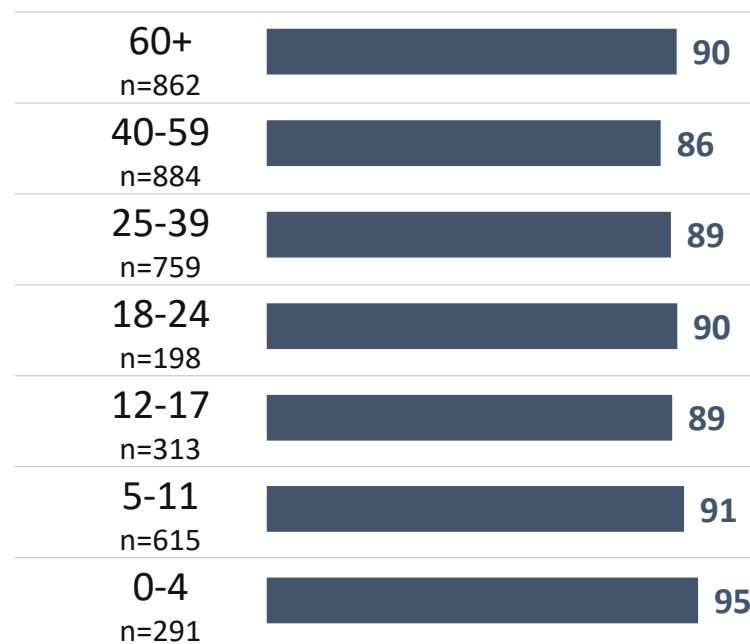
More than half of refugees aged 60 years and above (53%) needed access to health care in the last month. Age had no bearing on whether a person obtained the health care they needed.

Having a health problem and needing to access health care in the last month
(in %, YES)



Obtaining the needed health care (in %, YES)

Those needing to access health care



2.7.1.2. In the last month (or since arrival in case less than 30 days since arrival), did this person in your household have a health problem and needed to access health care?
2.7.1.2.1. Was the person able to obtain the needed health care?

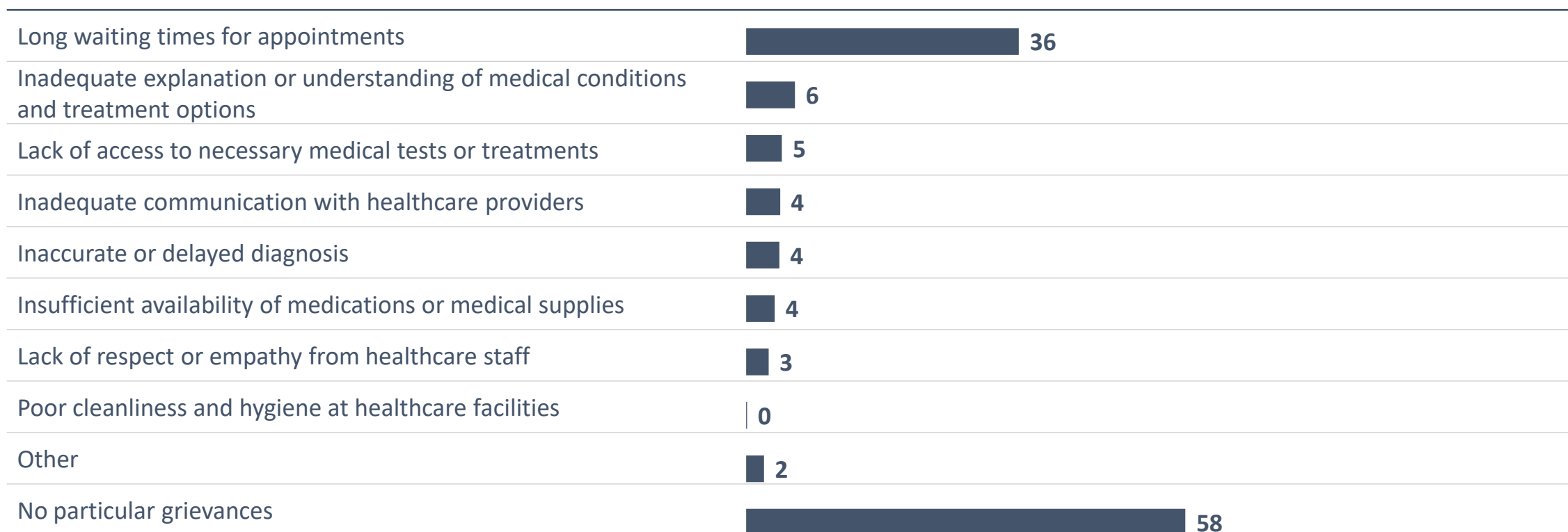


PROBLEMS WITH OBTAINED HEALTH CARE

58% of refugees who obtained the needed health care did not have any particular grievances on its quality. The most frequently mentioned grievance is the long waiting time for an appointment.

Main grievances on the quality of health care (in %)

Those who obtained the needed health care, n=3,502, multiple choice question



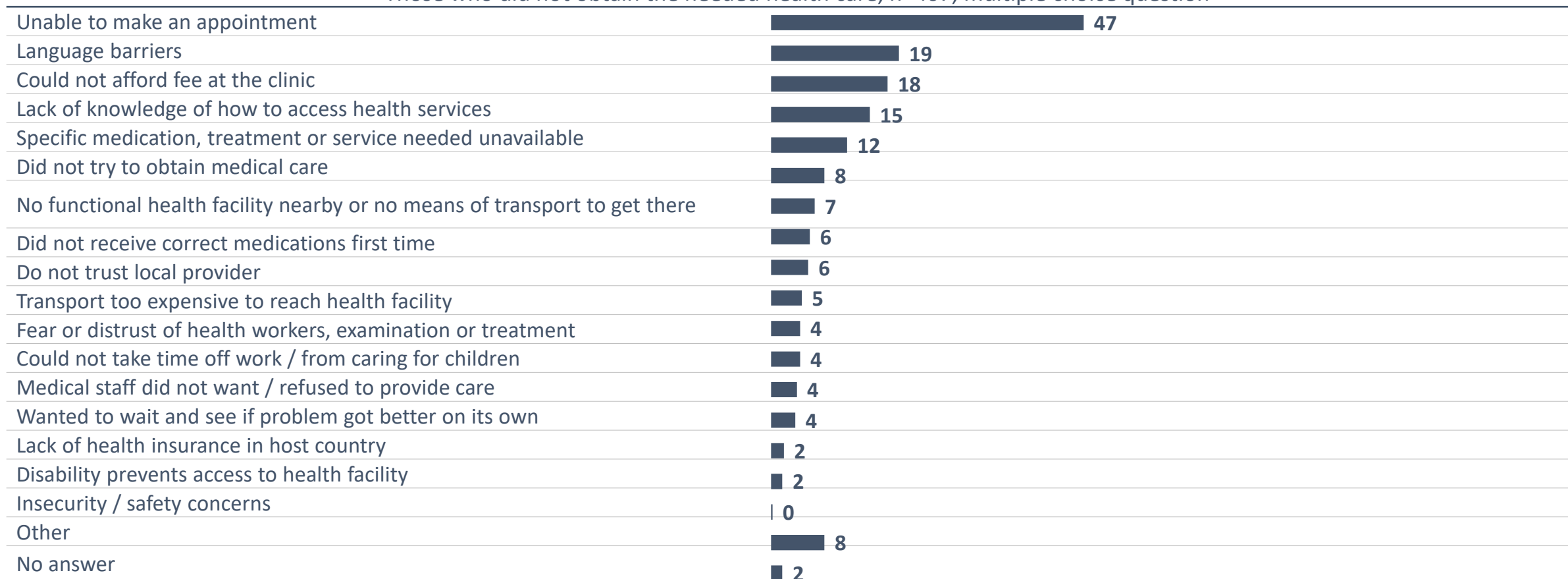
2.7.1.2.1.3. If any, what were the main grievances of this person on the quality of health care?

BARRIERS TO OBTAINING THE NEEDED HEALTH CARE

Almost half of those who were unable to obtain the health care they needed (47%) say they could not make an appointment. 19% point to language barriers and 18% mention that they could not afford the clinic fee.

Main reasons of being unable to obtain the needed health care (in %)

Those who did not obtain the needed health care, n=407, multiple choice question

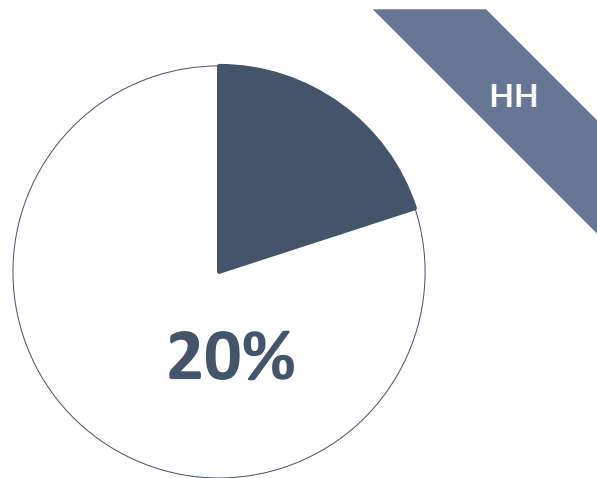


MENTAL HEALTH AND PSYCHOSOCIAL DIFFICULTIES

MENTAL HEALTH AND PSYCHOSOCIAL DIFFICULTIES – INDICATORS*

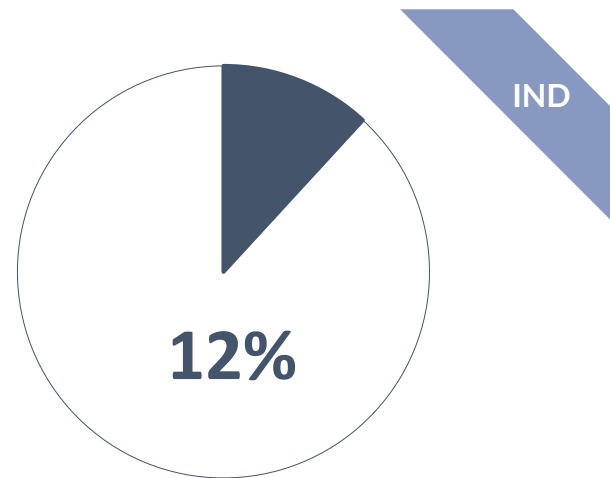
n=5,645

% OF HOUSEHOLDS WITH AT LEAST ONE MEMBER WHO NEED MENTAL HEALTH OR PSYCHOSOCIAL SUPPORT



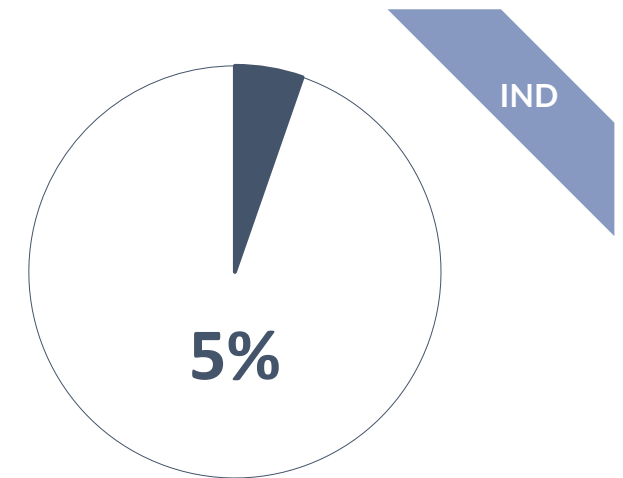
Refugees 5 y.o and more*, n=12,548

% OF REFUGEES WHO NEED MENTAL HEALTH OR PSYCHOSOCIAL SUPPORT



Refugees 5 y.o and more*, n=12,527

% OF REFUGEES WHO NEED MENTAL HEALTH OR PSYCHOSOCIAL SUPPORT AND RECEIVED IT



*Numbers relate to total population of households / individuals

In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.

**Without answers: „do not know” and „prefer not to answer”.*

2.9.1. Does this person currently feel so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning?

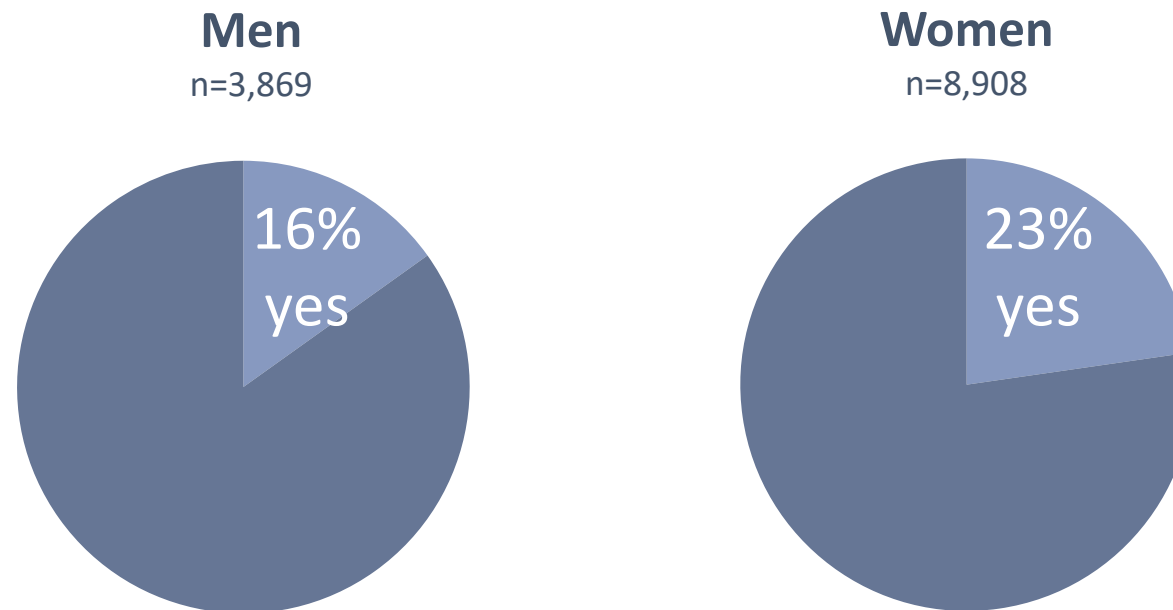
2.9.2. Do you think that this person needs mental health or psychosocial support for this problem?

2.9.3. Did this person receive mental health and psychosocial support?

MENTAL HEALTH AND PSYCHOSOCIAL DIFFICULTIES (GENDER ANALYSIS)

Women are more likely to report feeling psychological distress than men, potentially due to societal norms and expectations. Reaching men who are struggling with mental health and psychosocial issues might pose a greater challenge due to these societal norms.

Feeling either upset, anxious, worried, agitated, angry, or depressed to the point that it affects the person's daily functioning (in %, yes)



*In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
2.9.1. Does this person currently feel so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning?*

MENTAL HEALTH AND PSYCHOSOCIAL DIFFICULTIES

According to household representatives, one in five refugees experience psychological distress of an intensity which affects their daily functioning. More than half (55%) of those who feel psychological distress mentally need support. Among those who need it, 54% of refugees did not receive any mental health or psychosocial support.

Refugees 5 y.o and more, n=12,781

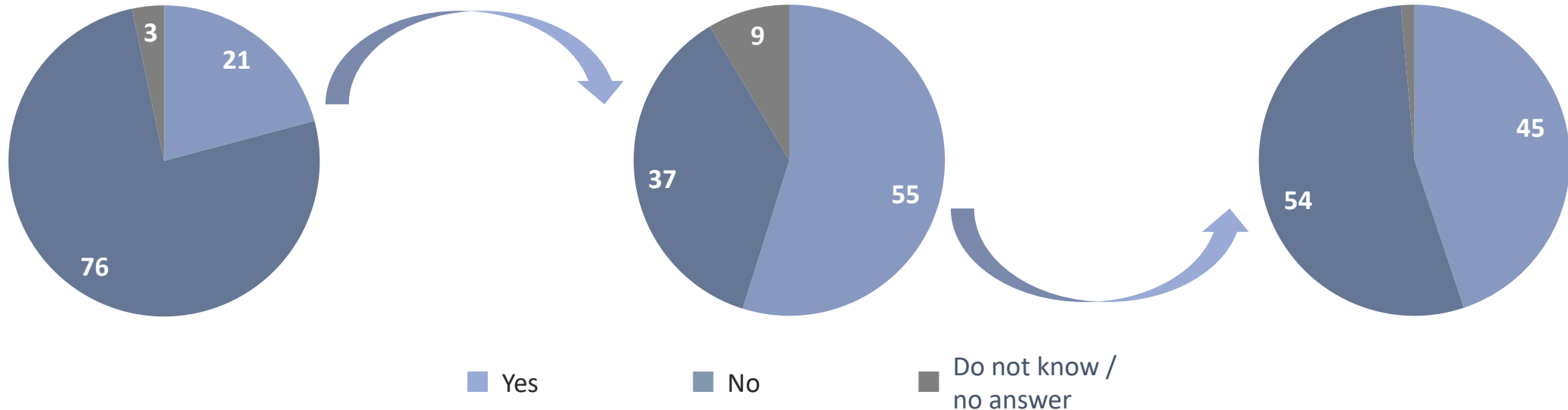
Those feeling so upset that it affects daily functioning, n=2,708

Those needing MHPSS, n=1,484

FEELING EITHER UPSET, ANXIOUS, WORRIED, AGITATED, ANGRY, OR DEPRESSED TO THE POINT THAT IT AFFECTS THE PERSON'S DAILY FUNCTIONING (IN %)

NEEDING MENTAL HEALTH OR PSYCHOSOCIAL SUPPORT (IN %)

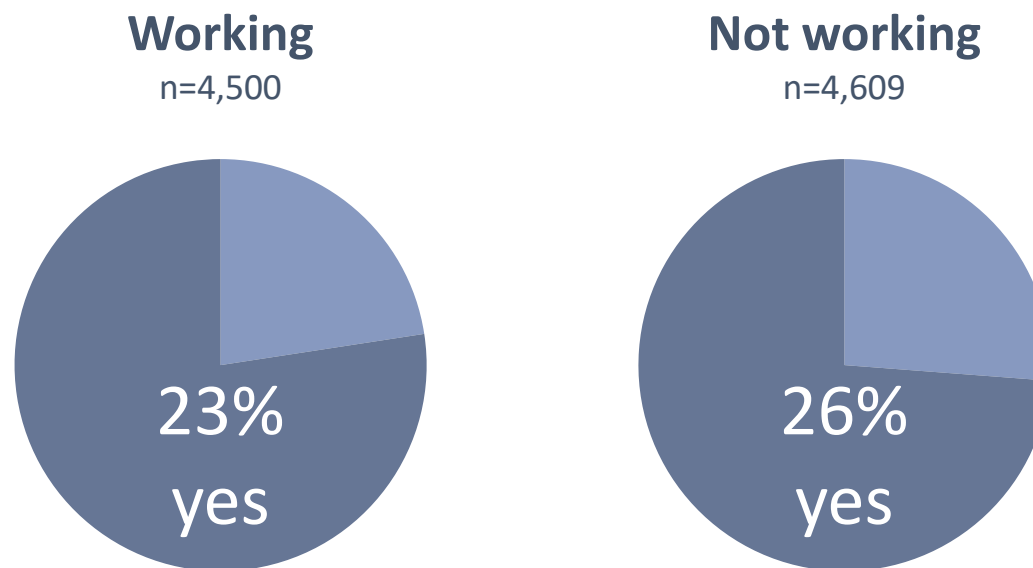
RECEIVING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (IN %)



In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
 2.9.1. Does this person currently feel so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning?
 2.9.2. Do you think that this person needs mental health or psychosocial support for this problem?
 2.9.3. Did this person receive mental health and psychosocial support?

MENTAL HEALTH AND PSYCHOSOCIAL DIFFICULTIES BY WORK STATUS

Feeling either upset, anxious, worried, agitated, angry, or depressed to the point that it affects the person's daily functioning (in %, yes)



Refugees who do not work are more likely to report feeling psychological distress than those who work.

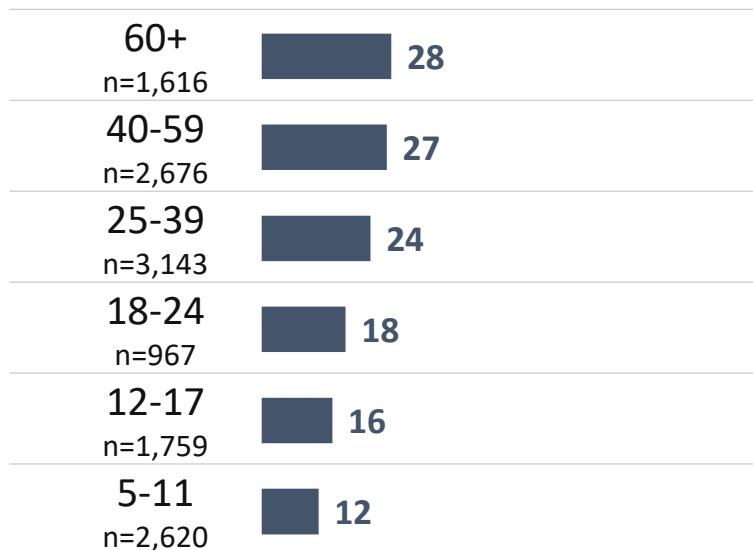
*In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
2.9.1. Does this person currently feel so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning?*

MENTAL HEALTH AND PSYCHOSOCIAL DIFFICULTIES (AGE ANALYSIS)



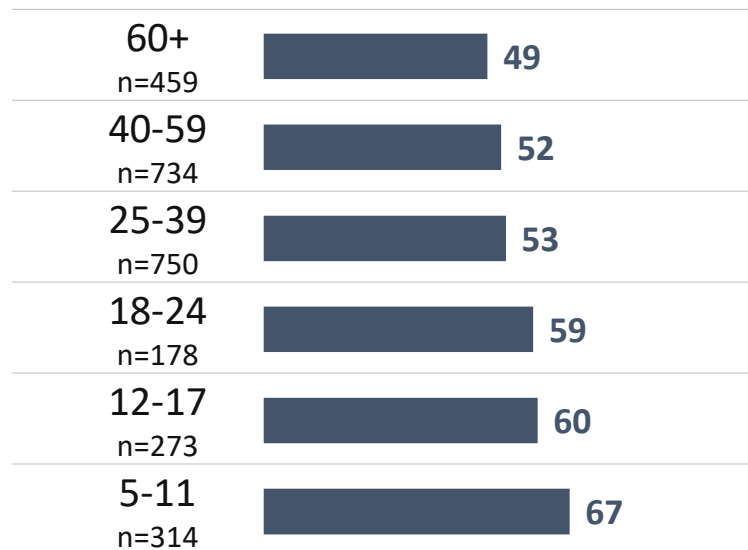
Household representatives assess that household members aged 25 and above are more likely to experience mental health and psychosocial issues that affect their daily functioning than younger refugees. On the other hand, the affected older people are less likely to need support, but also the ones less likely to receive it when needed. This is particularly evident in relation to the oldest age group. This may be due to the fact that older people are generally less aware or less comfortable reporting such needs and indicating that special attention should be given to the oldest people in terms of mental health and psychosocial support services.

Feeling so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning (in %, YES)



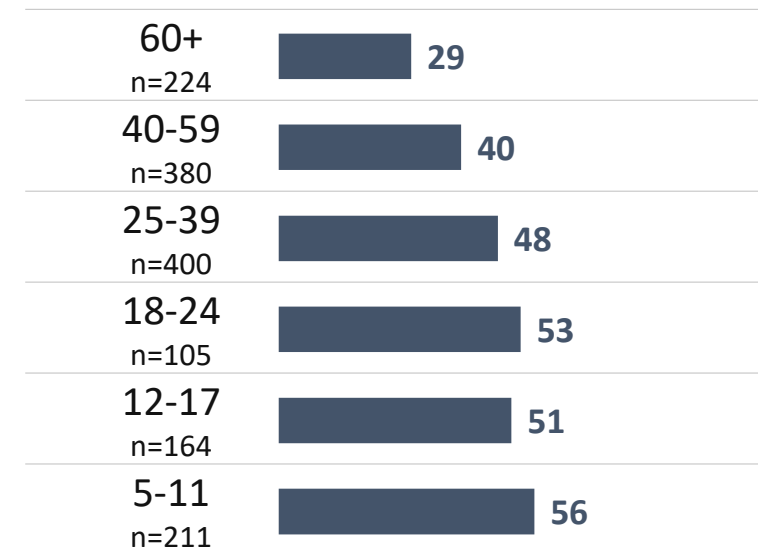
Needing mental health or psychosocial support (in %, yes)

Among those feeling so upset that it affects daily functioning



Receiving mental health and psychosocial support (in %, YES)

Among those needing MHPSS



In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.

2.9.1. Does this person currently feel so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning?

2.9.2. Do you think that this person needs mental health or psychosocial support for this problem?

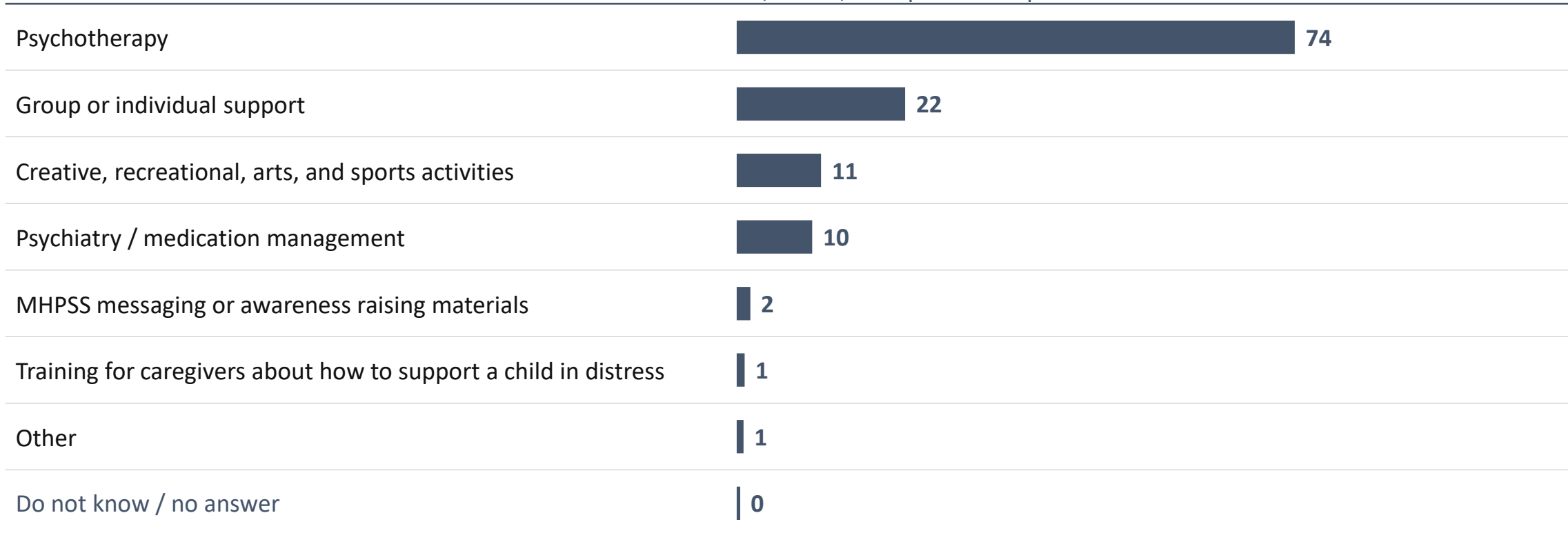
2.9.3. Did this person receive mental health and psychosocial support?

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (MHPSS)

Among those who received mental health and psychosocial support, the most common form of assistance was psychotherapy, which was used by 74% of people who received health and psychosocial support. The second most common – group or individual support – was indicated by three times less people (23%).

Types of MHPSS received (in %)

Those who received MHPSS, n=667, multiple choice question

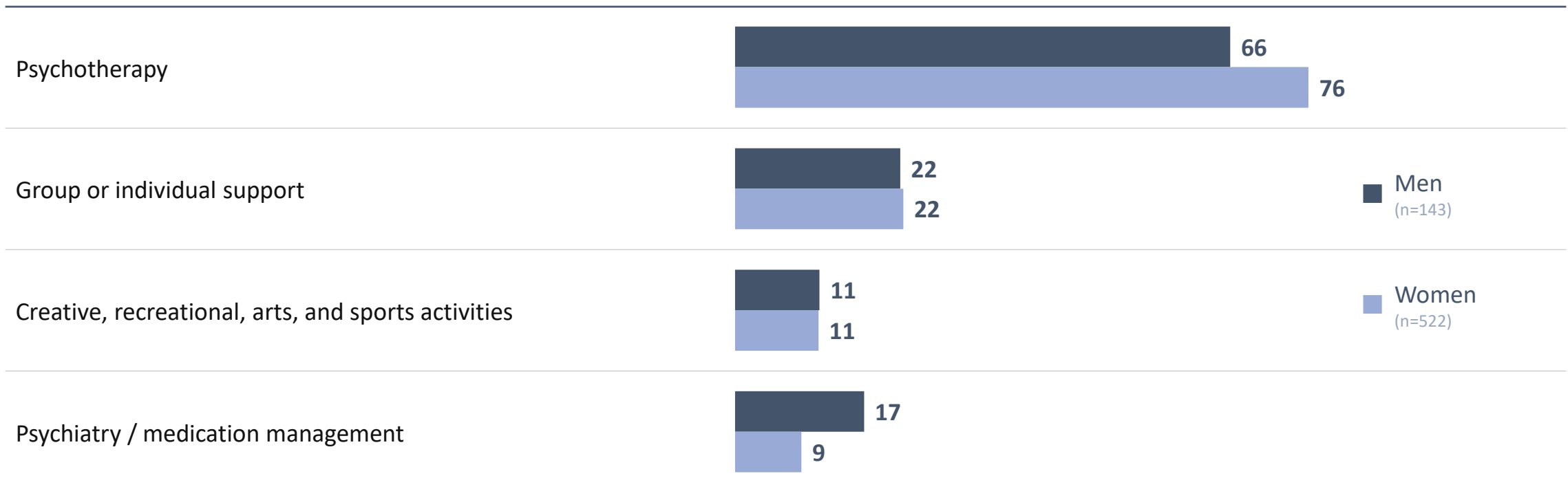


In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
2.9.3.1. What type of mental health and psychosocial support service was received?

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (GENDER ANALYSIS)

Women were more likely to receive psychotherapy, while men were more likely to receive psychiatric support than women.

Types of MHPSS received by gender (in %)



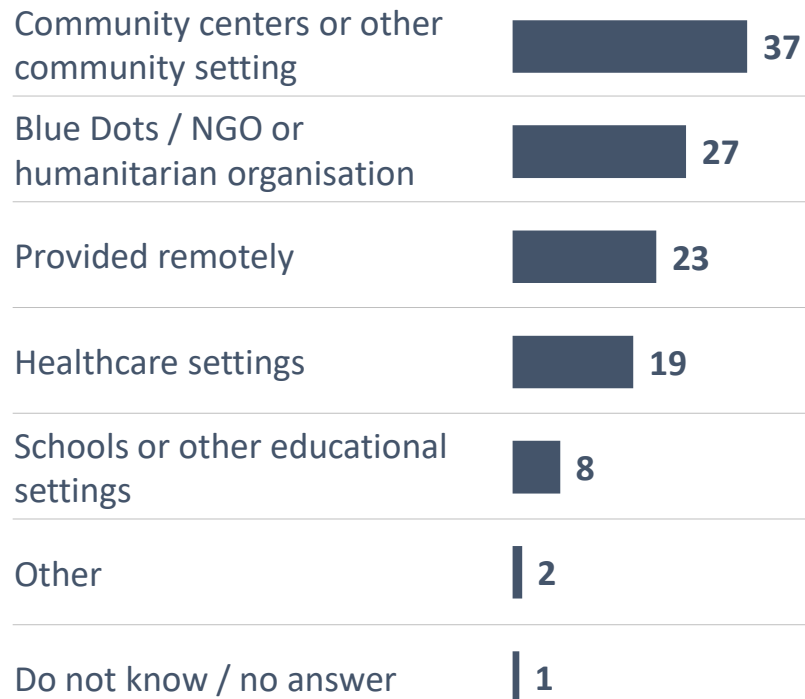
*In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
2.9.3.1. What type of mental health and psychosocial support service was received?*

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES – DETAILS

Community centers or other community settings were the most popular locations for MHPSS. 85% of those who received support reported an improvement in their mental health.

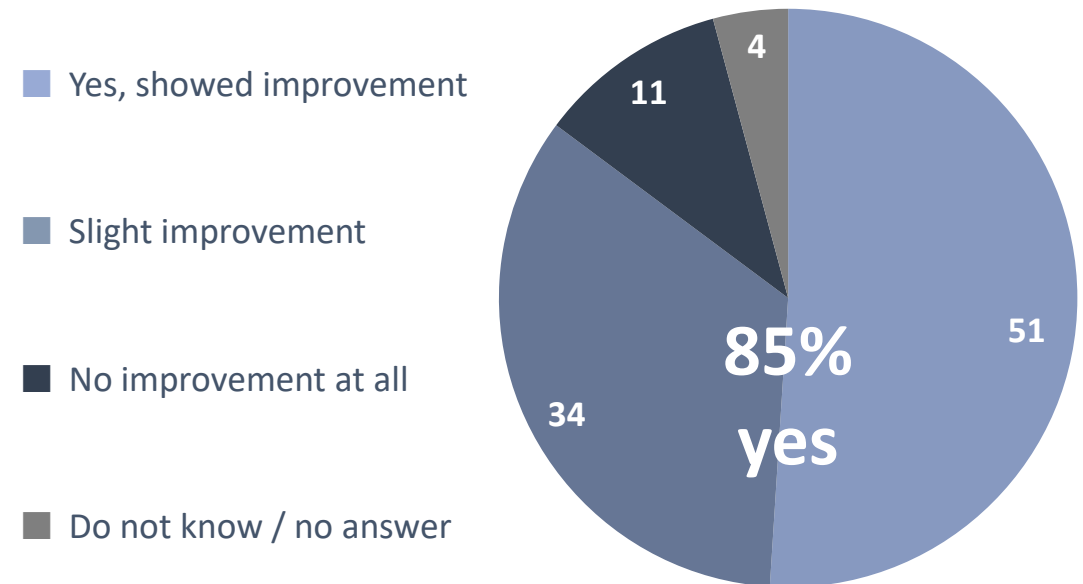
Locations of MHPSS received (in %)

Those who received MHPSS, n=659, multiple choice question



Improvement after MHPSS received (in %)

Those who received MHPSS, n=667



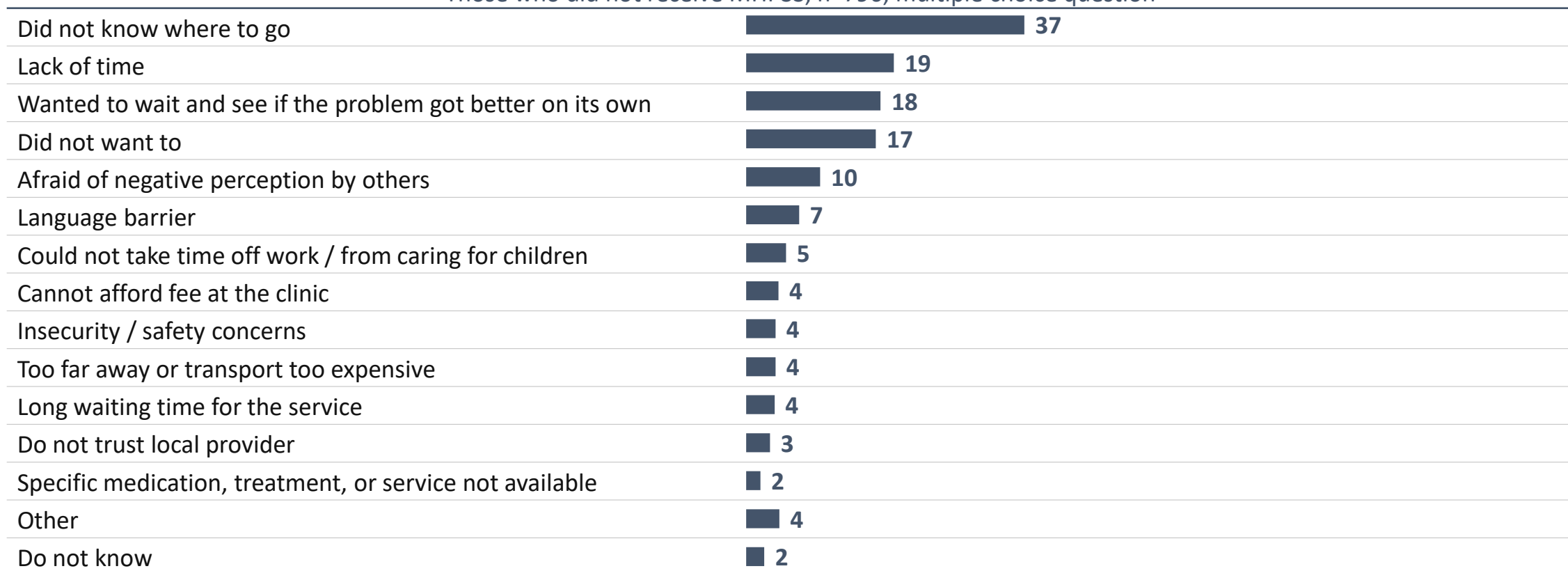
In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
 2.9.3.2. Location where MHPSS service was received.
 2.9.3.4. Did this person who received mental health and psychosocial support services show improvement in their wellbeing?

BARRIERS TO RECEIVING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES

Refugees who needed MHPSS but did not receive support, primarily reported they did not know where to go, indicating a lack of effective access to information. Five most frequently mentioned barriers may be related to stigma. **One in ten people were afraid of negative perceptions by others.** This shows that negative stereotypes associated with seeking psychological support still exist and potentially negatively affect help-seeking behaviours among the refugee population.

Main reasons of being unable to access MHPSS (in %)

Those who did not receive MHPSS, n=796, multiple choice question

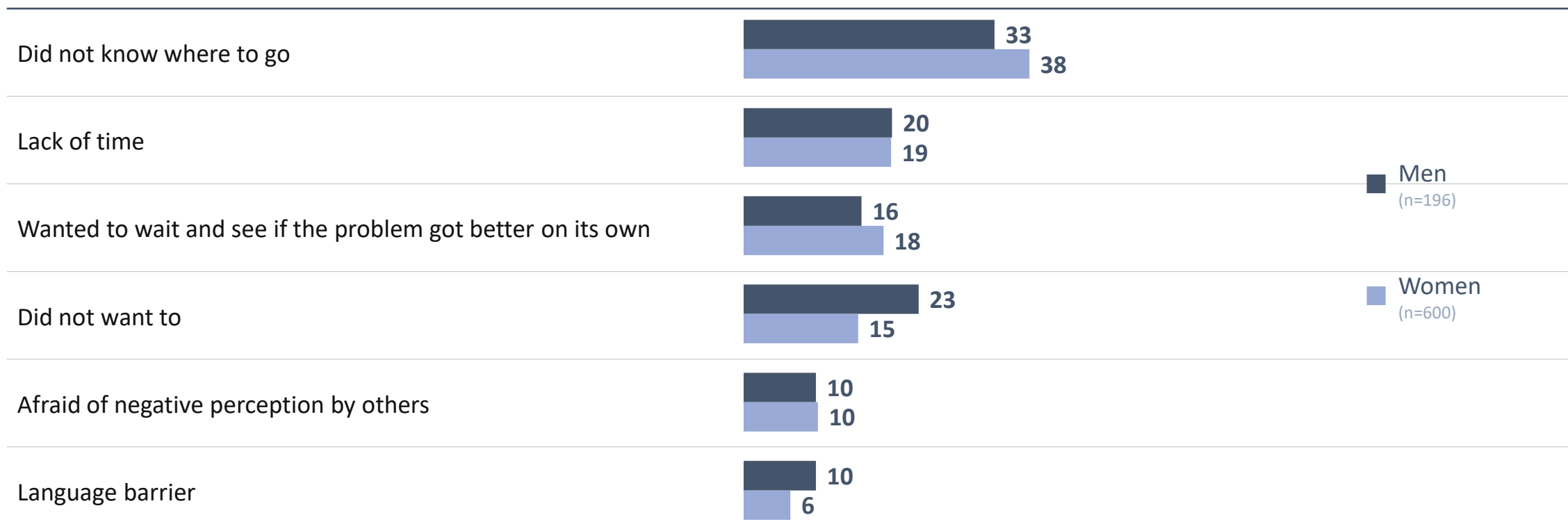


*In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
2.9.3.3. What was the main reason this person was unable to access mental health or psychosocial support services?*

BARRIERS TO RECEIVING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (GENDER ANALYSIS)

There are slight differences between men and women in terms of barriers to using MHPSS. Men are more likely than women to be reluctant to use such services.

Main reasons of being unable to access MHPSS by gender (in %)

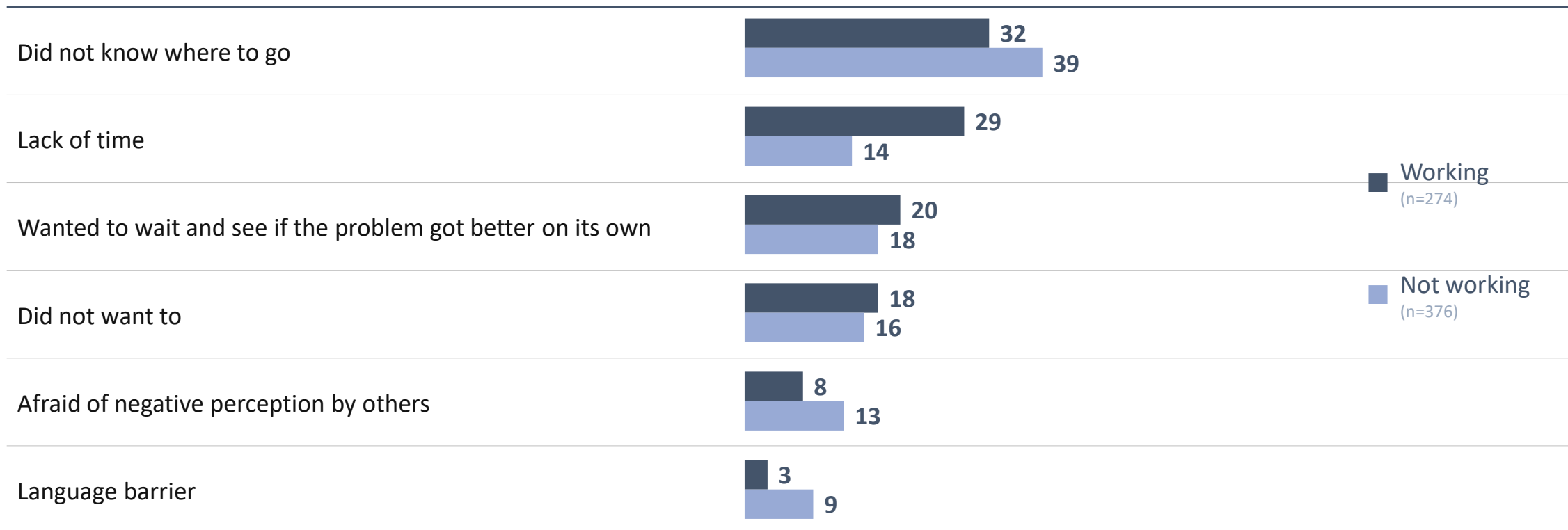


*In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
2.9.3.3. What was the main reason this person was unable to access mental health or psychosocial support services?*

BARRIERS TO RECEIVING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES BY WORK STATUS

Employed refugees are more likely to cite lack of time as the main reason for not being able to access MHPSS services, while those not working are more likely to cite language barrier as the primary concern.

Main reasons of being unable to access MHPSS by work status (in %)



*In particular, when it comes to questions about mental health, please remember that the information was provided by a representative of the household, not the individuals themselves.
2.9.3.3. What was the main reason this person was unable to access mental health or psychosocial support services?*

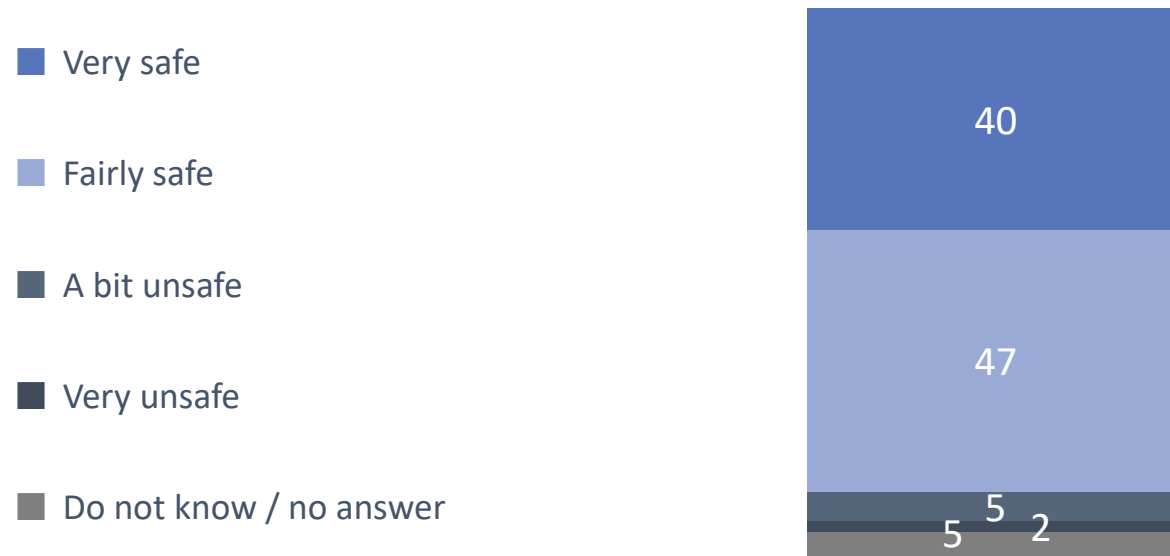
SAFETY AND CHILD PROTECTION

FEELING SAFE AFTER DARK

Although the vast majority of household representatives say they feel safe after dark, still 7% cannot say so. There are no differences between men and women.

Feeling safe walking alone in the neighbourhood after dark (in %)

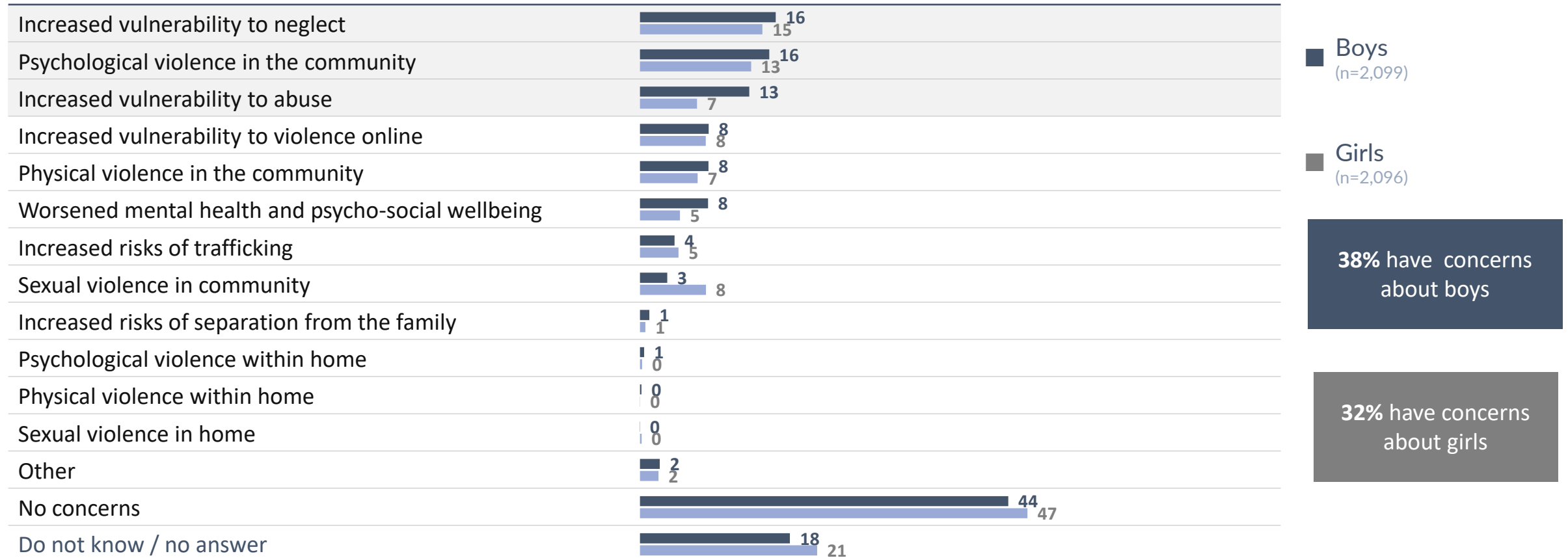
n=5,645



7.1. How safe do you feel walking alone in your area/neighbourhood after dark?

MOST SERIOUS RISKS FACED BY CHILDREN

The two most commonly mentioned risks are the same for all children – increased vulnerability to neglect and psychological violence in the community. According to the respondents, boys face an increased vulnerability to abuse which is twice as high as for girls. Meanwhile, girls are twice as likely to be exposed to sexual violence.



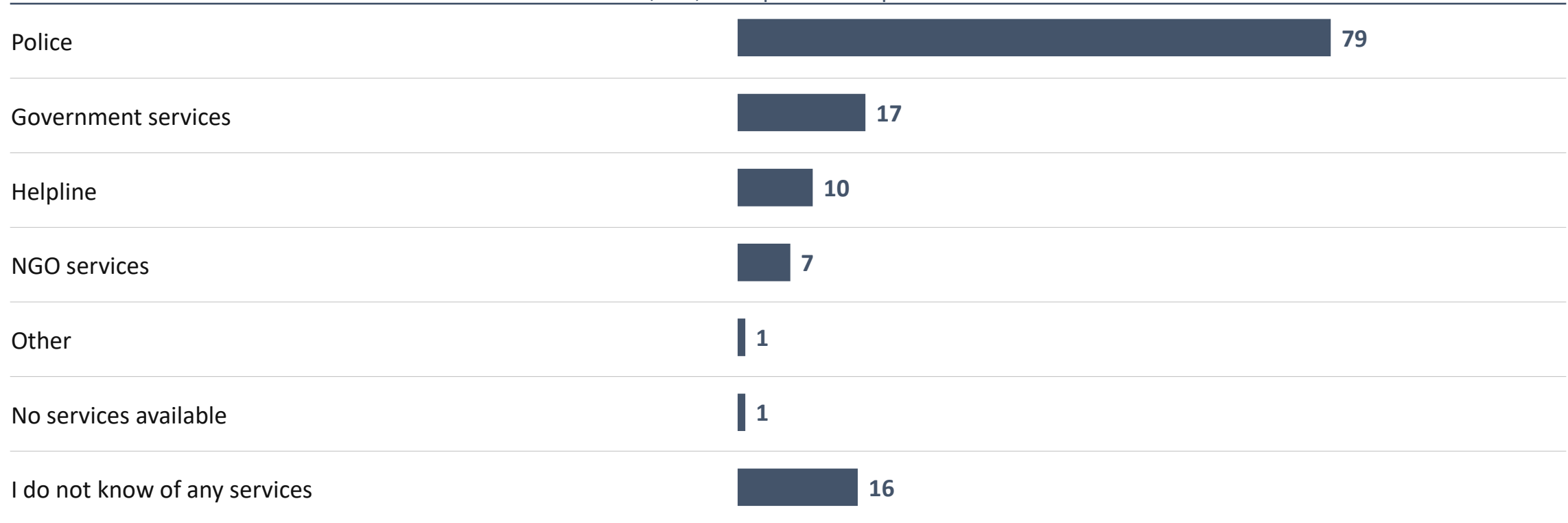
7.2.1. What would you say are the three most serious risks faced by boys under the age of 18 in your neighborhood?
7.2.2. What would you say are the three most serious risks faced by girls under the age of 18 in your neighborhood?
Questions were asked to those households in which there are boys (7.2.1) or girls (7.2.2) respectively.

CHILD ABUSE REPORTING SERVICES

Nearly 80% of households identify the police as the service to report cases of violence, exploitation or neglect towards children. It is important to highlight that 16% of the respondents are unable to identify any institution they could turn to for assistance. This may be related to the lack of information, language barriers or limited trust.

Services to report cases of violence, exploitation, or neglect to children (in %)

n=5,645, multiple choice question



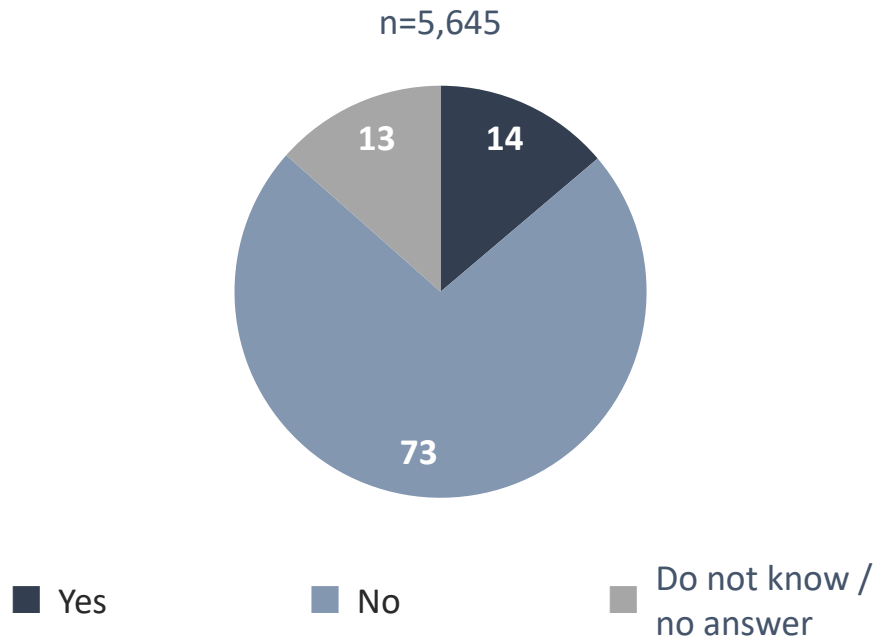
10.1. What services, if any, can you name in which you can report cases of violence, exploitation, or neglect to children in your community?

ACCESS TO SERVICES

ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

14% report having challenges in accessing sexual and reproductive health services. This rate is particularly high among households in a difficult situation – those that have implemented crisis coping strategies or emergency coping strategies.

Facing challenges in accessing reproductive and sexual health services (in %)



25% of HH with crisis coping strategies*, n=883

23% of HH with emergency coping strategies*, n=497

*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.

9.1. Did anyone in your household have challenges in accessing reproductive and sexual health services (gynecologist, urologist, andrologist, or sexual health clinic)?

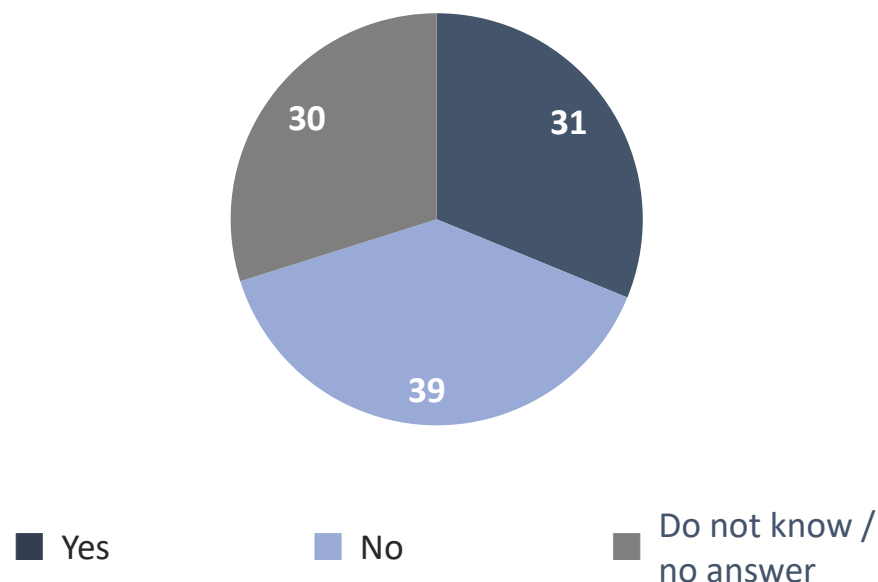
ACCESSING HOUSING, SCHOOLS, MEDICAL SERVICES, OR EMPLOYMENT IN THE NEXT 6 MONTHS

31% of households expect more challenges in access to education, health care, safe accommodation, or employment in the next 6 months. For 30% the future is uncertain, and they do not know what to expect in the next months.

Expecting more difficulties accessing housing, schools, medical services, or employment

(in %)

n=5,645



16.2. Do you or anyone in your household expect an increase in difficulties accessing housing, schools, medical services, or employment in the next 6 months?

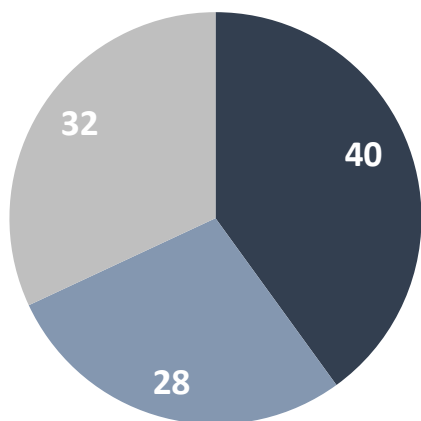
ACCESSING PROTECTION SERVICES AND VULNERABLE TYPES OF HOUSEHOLDS

Households with refugees with disabilities, physical difficulties or chronic illnesses are more likely to expect difficulties in accessing protection services in the next 6 months. Difficulties include those experienced within a health context, not those caused by a lack of resources.

Expecting more difficulties accessing housing, schools, medical services, or employment (in %)

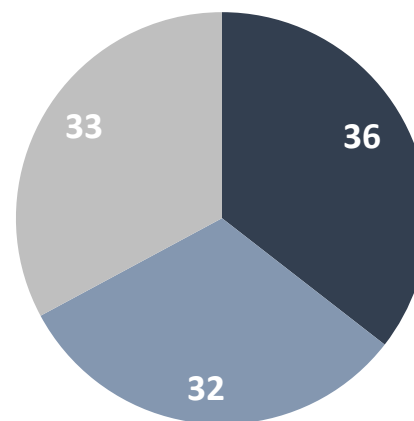
Households with refugees with disabilities (WG3)

n=535



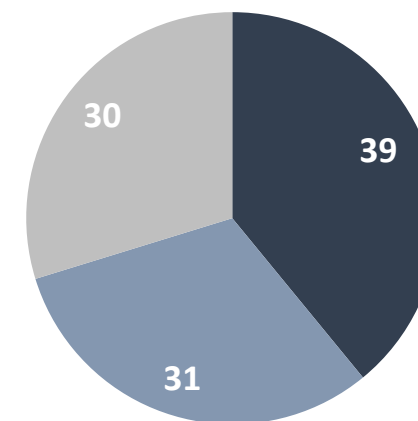
Households with refugees with difficulties

n=1,787



Households with refugees with chronic illness

n=2,747



■ Yes

■ No

■ Do not know / no answer

16.2. Do you or anyone in your household expect an increase in difficulties accessing housing, schools, medical services, or employment in the next 6 months?



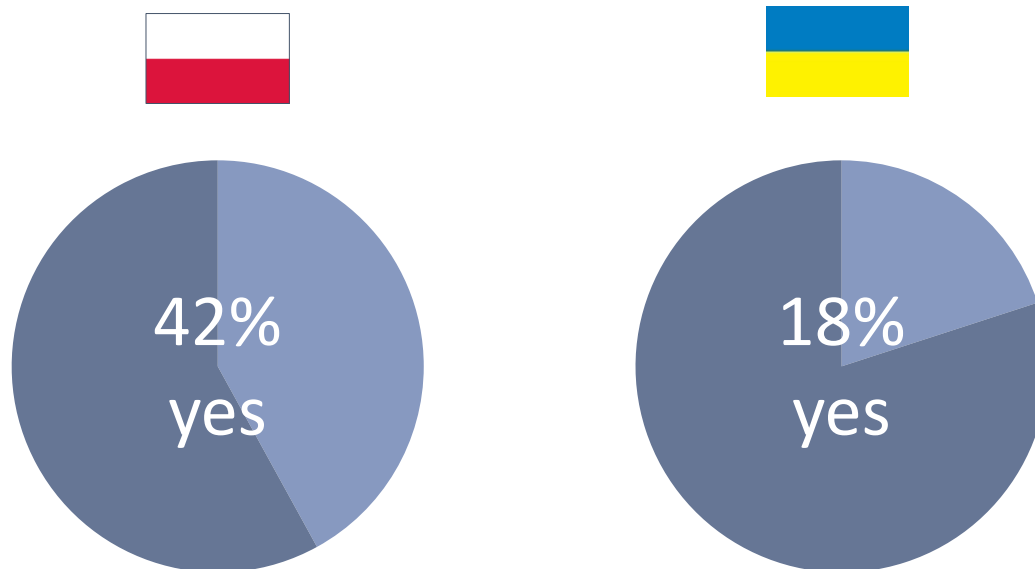
SOCIAL PROTECTION

HOUSEHOLD COVERAGE BY THE SOCIAL PROTECTION SYSTEM IN POLAND OR UKRAINE

42% of households receive social protection benefits from the Polish government: 18% receive benefits from the Ukrainian social protection system and 8% of refugee households are covered by both systems.

Households covered by the social protection systems (in %)

n=5,645



What were the sources of YOUR HOUSEHOLD income in the last 30 days (over the last 30 days (or since arrival in case arrival was less than 30 days ago)?

POLISH SOCIAL PROTECTION BENEFITS

The child or family grant is the most widely claimed social protection benefit within the Polish social protection system, which may be due to the demographic of refugees in Poland (mainly women with children). The largest share of this category is probably „500+”.*



Social protection benefits from Poland (in %)

n=5,645, multiple choice question

Child or family grant **37**

Cash benefits **5**

Disability grant **2**

Unemployment grant **0**

Other **0**

Do not know / no answer **0**

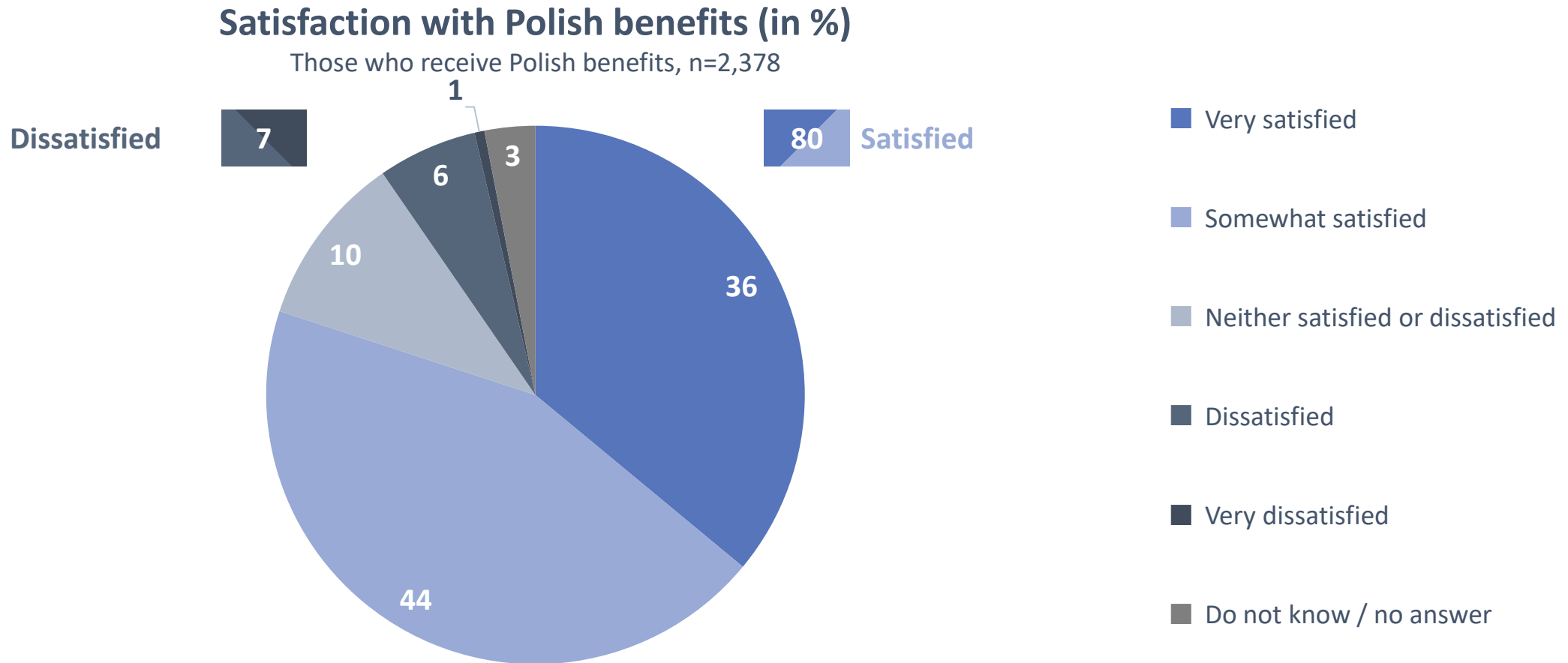
None **58**

91% of HH with children receiving child or family grant,
n=1,994

*The „500+” family grant is a social benefit program launched by the Polish government in April 2016. Under this program, families receive a monthly allowance of 500 PLN (Polish Złoty) for the first and subsequent children until they reach the age of 18.

SATISFACTION WITH SOCIAL PROTECTION BENEFITS FROM POLAND

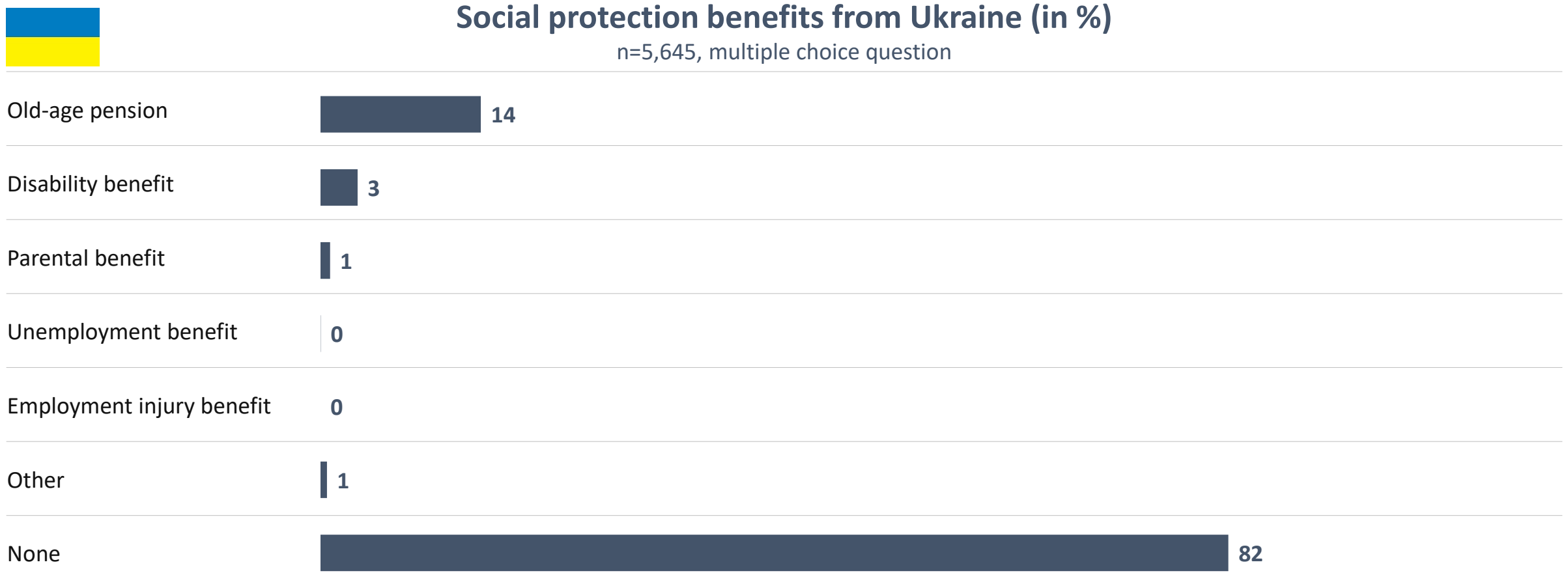
The vast majority of households receiving Polish social protection benefits are satisfied with them.



16.1. Are you satisfied with the level of social protection support in Poland?

UKRAINIAN SOCIAL PROTECTION BENEFITS

In households receiving support from the Ukrainian social protection system, pensions were indicated as the benefit most frequently claimed by respondents.



15.5. Which social protection benefits do you receive from the Ukrainian government?



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