



Regional Refugee Response  
for the Ukraine Situation

POLAND

March 2023

# MULTI-SECTORAL NEEDS ASSESSMENT



**UNHCR**  
The UN Refugee Agency

**REACH**

Informing  
more effective  
humanitarian action

**THE MSNA WAS CONDUCTED IN THE FRAMEWORK OF:**



**IMPLEMENTED BY:**



**ACKNOWLEDGEMENTS**

We would like to thank humanitarian partners for their technical guidance and support in devising this assessment. A special thanks are extended to the enumerators who dedicated their time and effort to provide support to the survey with their rich experience.

Cover photo: UNHCR/Anna Liminowicz

**About UNHCR**

UNHCR, the UN Refugee Agency, protects people forced to flee their homes because of conflict and persecution. We work in over 130 countries, protecting millions of people by responding with life-saving support, safeguarding fundamental human rights and helping them build a better future.

**About REACH**

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery, and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED, and the United Nations Institute for Training and Research – Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information, please visit our website. You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter @REACH\_info.

# Executive Summary

As of 27 January 2023, more than 7.9 million refugees have reportedly fled Ukraine, with more than 1.5 million registering for the Temporary Protection scheme in Poland <sup>1</sup> While Poland has become one of the world's main refugee-hosting countries, in the initial phase of the crisis, limited information was available regarding the situation of the refugees in the country, and humanitarian actors showed the need for up-to-date information guiding their programming.

To support an evidence-based humanitarian response, the United Nation Refugee Agency (UNHCR) and REACH Initiative, in cooperation with the sectoral working groups and task forces, conducted a country-wide Multi-Sectoral Needs Assessment (MSNA), funded by UNHCR. This MSNA was carried out in line with the framework of the inter-agency Regional Refugee Response Plan (RRP) for the Ukrainian refugee situation.

The assessment was implemented between August and September 2022, following a quantitative approach that reached 1,252 households – 1,147 households not living in the collective centres<sup>2</sup> (CCs) and 105 households living in CCs. Primary data was collected through a structured survey, which included multi-sectoral questions pertaining to both the individual and household level. The questionnaire was designed in cooperation between REACH and UNHCR, as well as with the sectoral leads. For more details on the methodology, please refer to the [Terms of Reference](#).

## Key Findings:

### Demographics

84%

of adult household members **were females**.

69%

of households **had at least one child** and children accounted for **41%** of household members.

12%

of household members **were aged 60 years old or more**.

### Intentions

88%

of refugee households reported **intending to remain in the same location** within 3 months following data collection.

4%

of refugee households reported **planning to return to Ukraine** within 3 months following data collection.

<sup>1</sup> UNHCR. Operational Data Portal. Poland situation. Available [online](#)

<sup>2</sup> For purpose of the regional response, the collective center was defined as pre-existing buildings used for the collective and communal settlement of the displaced population on a mid-term basis (1 month – 6 months) – shared sleeping and living areas, services provided (MHPSS, Protection, Social Support, Health care), catering, job opportunities. Type of management – managed by authorities (municipality, voivodeships), professional services, also unofficial (run by local NGOs, private)

## Cash and livelihoods

**40%**

of household members between 18 and 59 years old were unemployed at the time of data collection.

**27%**

of household members aged 18-59 were formally employed in Poland.

**55%**

of households reported receiving social benefits from the Polish government.

**46%**

of households reported facing challenges in obtaining enough money to meet their needs.

### Top three most reported reasons for not working, among unemployed respondents:

 Taking care of a child **24%**  No work available **22%**  Maternity leave **16%**

## Health

**26%**

of refugee household members reported **having a health care need and needing to access health care services** since arriving in Poland.

**81%**

of household members reportedly needing health care **were able to access health care services.**

### Top 3 barriers to accessing health care services:<sup>3</sup>

- 1 Long waiting time
- 2 High costs of services
- 3 Language barrier

Fourteen per cent of household members declared **having mental health needs in the last 30 days**. Among them, 50% needed professional mental health and psychosocial support (MHPSS), of which 11% were not able to receive the support they needed.

## Education

**59%**

of children and young adults **were enrolled in formal school or childcare in Poland** (70% of children between 3 and 17 years old).

**38%**

of households with children attending school in Poland reported **children needed Polish language classes to help in their education.**

### Top 3 reasons for not attending school, for children 3-17 years old:

- 1 Child studied online
- 2 Intention to move
- 3 No space in the school

## Protection

### The proportion of households reporting at least one safety and security concern:

**14%** reported at least one concern for women  
**7%** reported at least one concern for men  
**16%** reported at least one concern for children<sup>4</sup>

### Reported availability of protection services:

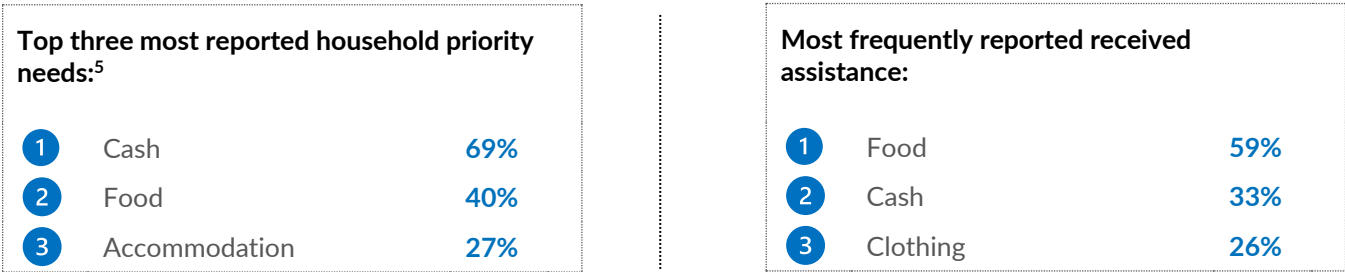
1 Social services **56%**  
 2 Child-friendly spaces **44%**  
 3 Legal services **39%**

<sup>3</sup> Respondents could select up to three answers.

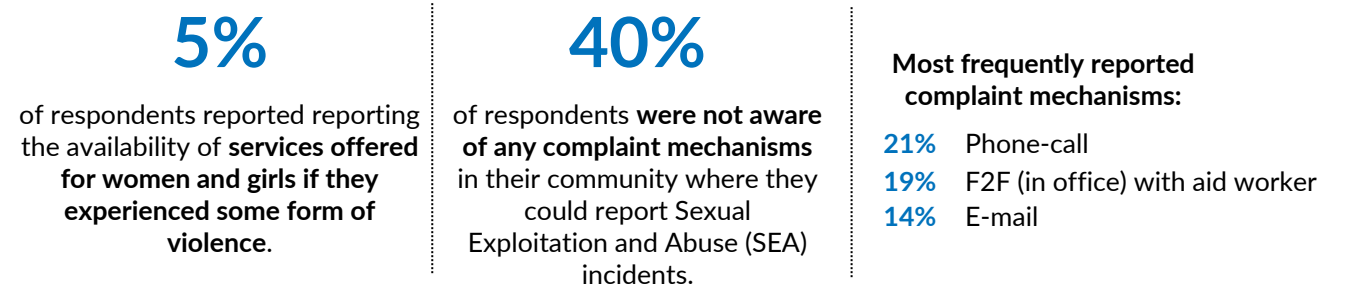
<sup>4</sup> Among households with children

When asked about **the level of awareness of their legal status and rights in Poland**, one-third (30%) of the refugees described it as weak, and 2% as non-existent. The **level of awareness was lower among respondents of older age**.

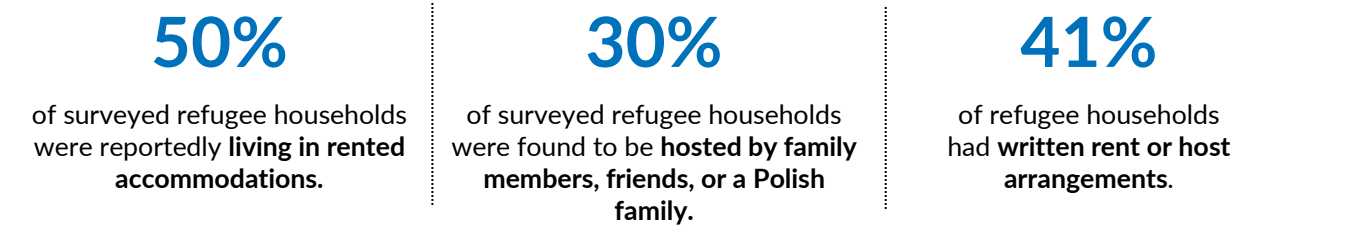
Refugee priority needs and received assistance



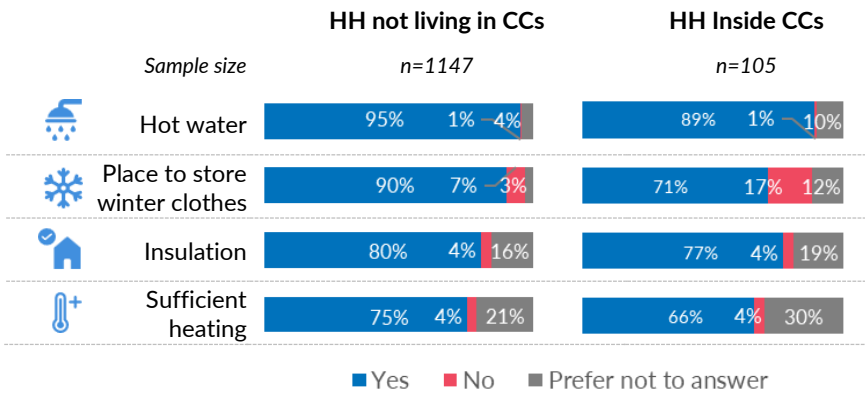
Protection from Sexual Exploitation and Abuse (PSEA)



Accommodation outside collective centres



The proportion of refugee households who had their accommodation prepared for winter:



<sup>5</sup> Respondents could select up to three answers.



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## LIST OF ACRONYMS

AAP	Accountability to Affected People
CAPI	Computer-Assisted Personal Interview
CCs	Collective centres
CP	Child Protection
DTP	Diphtheria, Tetanus, and Pertussis vaccine
GBV	Gender-based Violence
HH	Household
IASC	Inter-Agency Standing Committee
LGBTQI+	Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more
MHPSS	Mental Health and Psychosocial Support
MMR	Measles, Mumps, and Rubella vaccine
MSNA	Multi-Sectoral Needs Assessment
NGO	Non-Governmental Organisation
PSEA	Protection from Sexual Exploitation and Abuse
PS	Psychosocial support
RRP	Regional Refugee Response Plan
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WG-SS	Washington Group Short Set

## GEOGRAPHICAL CLASSIFICATIONS

Województwo (voivodeship): Highest-level administrative unit (admin1 region) in Poland.

➤ Access to data on [UNHCR's MicroData Library](#)

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

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# Introduction

## BACKGROUND AND OBJECTIVES

On the night of 23 to 24 February 2022, Russia launched a military offensive in Ukraine, which led to the largest refugee crisis in Europe since World War II. As of the end of July 2022, when the MSNA methodology was designed, more than 6.8 million refugees from Ukraine have been recorded across Europe, and 1.3 million individuals applied for PESEL (Personal Identification number) and received Temporary Protection status in Poland, which was the highest number among the EU countries. As the data concerning the refugee households from Ukraine living in Poland was limited at the time when the MSNA was designed, there was a need for rapidly available information to inform humanitarian programming and strategy for both immediate and long-term interventions. In this context, UNHCR and REACH Poland, with the support of other humanitarian actors, conducted the nation-wide Multi-Sectoral Needs Analysis in 2022 to provide updated data and analysis on multi-sectoral needs and priorities for refugees in Poland.

This MSNA provides a comprehensive, evidence-based analysis of the multi-sectoral needs of Ukrainian refugee households living CCs and not living in CCs. This will inform the planning and implementation of humanitarian response activities, including by the partners under the Regional Refugee Response Plan's Poland chapter, particularly in terms of:

1. Planning interventions that target cash and in-kind assistance to those families that are found to be most in need; and
2. Referring refugee households' members to the appropriate service providers, such as protection specialists, or job placement and skills-training experts. Data about access to information and preferred means of information dissemination will also support response actors with community engagement, outreach, and in improving overall accountability mechanisms.

To achieve these objectives, the following research questions were used to guide the research design:

1. What is the demographic composition of the Ukrainian refugee population in Poland?
  - a. What is the average household size?
  - b. What is the gender and age composition of the household's members?
  - c. What proportion of households contains vulnerable groups, including but not limited to children, pregnant or lactating women, older adults, or people with disabilities?
2. What are households' reported priority needs across the active sectors within the humanitarian response (specified below)?
  - a. Protection – including Gender Based Violence (GBV) and Child Protection (CP)
  - b. Health – including Mental Health and Psychosocial Support (MHPSS)
  - c. Education
  - d. Accommodation
  - e. Livelihoods and Inclusion
3. To what extent do refugee households from Ukraine in Poland possess coping and resilience capacities, in the event of a protracted displacement?
  - a. What are households' current income and expenditure patterns?
  - b. What are the primary livelihoods sources for adult household members?
  - c. What are the most prevalent education levels attained and labour skills of adult household members?
  - d. What are the movement intentions of households in the next three months?

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4. To what extent are refugee households able to access information regarding services, assistance, and humanitarian aid?
5. What, if any, humanitarian assistance do households receive, and to what extent does this humanitarian assistance meet their needs?
6. Which household demographic profiles, as determined through research question 1, have the highest needs across the assessed sectors?

This report presents the main findings of the MSNA and has the following structure: the first section of the report provides a detailed overview of the methodological approach designed and used by REACH for this MSNA, including its challenges and limitations. The second section of the report outlines sector-specific assessment findings on the demographics of the assessed population, livelihoods, protection, health, education, accommodation and intentions of movement, and accountability to the affected population of refugees from Ukraine living in CCs and not living in CCs. In addition, it summarizes the main findings, providing recommendations for programming and documenting lessons learned for future assessments in Poland.

## METHODOLOGY

The MSNA in Poland was implemented through a quantitative approach, in which primary data was collected through a structured, multi-sectoral survey that included questions pertaining to both the individual and household levels for all surveyed refugee households.<sup>6</sup> The questionnaire was designed in cooperation with the UNHCR and sectoral and cross-cutting technical leads in Poland. The survey was conducted using purposive sampling for households living in CCs and non-probability quota sampling for households not living in CCs. Data collection took place between 24 August and 22 September 2022. The assessment covered a total of 1,252 refugee households in Poland: 1,147 households not living in CCs and 105 households living in CCs.<sup>7</sup>

## GEOGRAPHICAL COVERAGE AND SAMPLING

The population of interest included all refugee households coming from Ukraine who have been displaced to Poland on or after 24 February 2022 and who have registered to obtain the PESEL number (that is, the national identification number used in Poland) or intended to do so at the time of data collection. The sample included two distinct population strata: refugees living in CCs and refugees not living in CCs. Refugees not living in CCs make use of a variety of accommodation types, including rented accommodation, being hosted by family, friends, or Polish families, or accommodation in hotels or hostels. The unit of measurement was primarily the refugee household, with specific indicators measured at the individual level through a roster approach.<sup>8</sup> The assessment was conducted nationwide.

This assessment employed a purposive sampling methodology for Ukrainian refugee households living in CCs and a quota purposive sampling for refugees not living in CCs. The quotas for households not living in CCs were based on the PESEL registration data published by the Polish Governmental Open Data Portal.<sup>9</sup> The PESEL registration data was used as a proxy indicator for quotas for each tier I administrative unit (voivodeship), for the number of surveys per each voivodeship to correspond with the registration numbers.

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<sup>6</sup> The “household” was defined as the Ukrainian refugee respondent plus all individuals, including family or close acquaintances, who live together under the same roof and share key resources and expenses (i.e., share income, key resources, and expenses beyond rent).

<sup>7</sup> According to [the governmental estimates](#), less than 10% of refugees living in Poland live in collective accommodation centres. The MSNA sample was therefore divided to correspond with these estimates.

<sup>8</sup> The roster approach implies that one adult member of the family (usually the head of family) reports on the status of each family member.

<sup>9</sup> Data portal “Open data”, available [online](#).

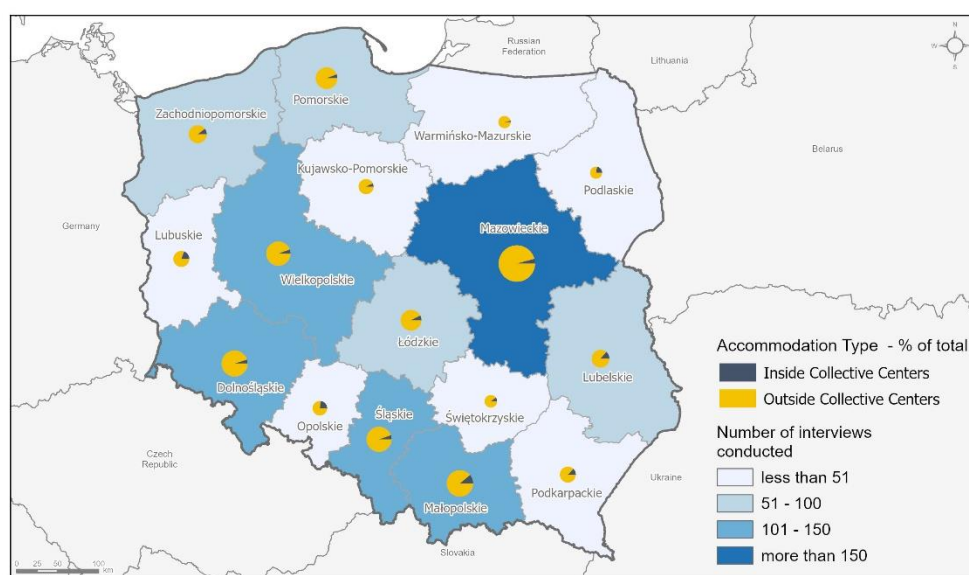
## MULTI-SECTORAL NEEDS ASSESSMENT

CCs, instead, were selected purposively based on a list of Polish CCs, known prior to the start of the data collection. CCs with a reported population of fewer than 20 refugees were excluded from the sampling. Three CCs were selected in each voivodeship, and in each of them enumerators were asked to conduct two interviews.

TABLE 1: SAMPLING METHODOLOGY

Voivodeship	PESEL registrations (10.08)	Not in CCs		In CCs	
		# of interviews	%	# of interviews	%
Dolnośląskie	135,910	117	10%	6	6%
Kujawsko-pomorskie	42,430	39	3%	3	3%
Lubelskie	78,950	49	4%	9	9%
Lubuskie	60,230	38	3%	9	9%
Łódzkie	39,280	73	6%	6	6%
Małopolskie	125,890	113	10%	14	13%
Mazowieckie	265,920	230	20%	10	10%
Opolskie	29,640	30	3%	9	9%
Podkarpackie	43,350	41	4%	6	6%
Podlaskie	19,960	21	2%	6	6%
Pomorskie	90,790	81	7%	5	5%
Śląskie	126,380	108	9%	6	6%
Świętokrzyskie	21,500	26	2%	3	3%
Warmińsko-mazurskie	26,300	27	2%	1	1%
Wielkopolskie	118,450	101	9%	6	6%
Zachodniopomorskie	61,730	53	5%	6	6%
<b>Total</b>	<b>1,286,690</b>	<b>1,147</b>	<b>100%</b>	<b>105</b>	<b>100%</b>

MAP 1: MAP OF ASSESSED AREAS



### DATA COLLECTION

Quantitative data collection consisted of a multi-sectoral household-level survey conducted using the computer-assisted personal interviewing (CAPI) method. All interviews were conducted at the household level (featuring individual loop questions per family member reported by the respondent on behalf of the household members). Findings are indicative for both refugees not living in CCs and refugees living in CCs. Enumerators interviewed only adult members of the household, who applied, or planned to apply for PESEL number at the time of data collection. This recruitment condition was intended to avoid interviewing refugees who only transited through Poland and planned to settle down in another country. The respondent was asked questions to reflect on the health level and socio-economic status of the entire household, which included answering on behalf of any non-family members or members of other families living under the same roof with the respondent and sharing resources. This practice was adopted due to frequent resources and expenditures sharing between individuals living in the same household, such as pooling funds to buy food or to pay for rent. For certain indicators, such as those focusing on health, education, and disability, data was collected at the individual level, by asking the respondent on behalf of all other household members.

**Ethical considerations:** throughout all stages of the research cycle, the assessment team took all necessary measures stipulated in the global IMPACT Data Protection Policy to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or households. In addition to personal data protection, the assessment team upheld data responsibility practices: the safe, ethical, and effective management of data as outlined in the Inter-Agency Standing Committee (IASC) Operational Guidance on Data Responsibility in Humanitarian Action.<sup>10</sup> This included asking for informed consent and taking measures to prevent the exposure of sensitive non-personal data, to ensure data protection and security in line with the principles for data responsibility in humanitarian action.

Data quality was ensured through data cleaning carried out by the Data Specialist and Data Officer. Issues such as logic checks, interview lengths, and outliers were flagged and addressed by the field teams. The number of completed interviews was tracked daily. Upon completing data collection and processing the data, the preliminary analysis was performed using R following the Data Analysis Plan, which links overarching research questions with the relevant indicators and interview questions. The Data Analysis Plan lists all variables used for aggregation and disaggregation of findings. This report serves as a selective deep dive into some of the findings and the main indicators per sector.

### LIMITATIONS

**Sampling frame:** Detailed information on the whereabouts and characteristics of refugees from Ukraine living in Poland is not available. While there is data available on refugees who applied for and were granted PESEL number, this does not reflect the current structure of refugees' localization. The availability of settlement-level data on the exact location of refugee households, as well as data disaggregated by age and sex, remains unclear – which makes it impossible to use probability sampling. As such, purposive sampling was used instead:

- Outside of CCs: PESEL registration data was used as a proxy indicator for sampling non-probability quota of refugees residing in a host community. Given that non-probability sampling is applied, the sample size was set at a relatively high level, and therefore, although not generalizable with a known level of statistical precision, it still generates indicative findings with a high level of representation.
- Inside of CCs: Sampling was based on a list of CCs in Poland known prior to the start of the data collection on August 24, 2022. The list was not exhaustive, and the CCs were chosen purposively, in the areas with the highest number of PESEL registration in each voivodeship. Larger sample sizes and more in-depth and representative assessments are needed to evaluate the situation in CCs operating in Poland.

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<sup>10</sup> IASC Operational Guidance on Data Responsibility in Humanitarian Action. Available [online](#).

## MULTI-SECTORAL NEEDS ASSESSMENT

**Lack of triangulation:** the MSNA in Poland was entirely based on the quantitative survey conducted with heads of households, which limited the possibility to discuss sensitive topics such as gender-based violence (GBV), lesbian, gay, bisexual, transgender, queer, and others (LGBTIQ+) situation, discrimination by the host communities or others. These topics should be investigated through qualitative assessments.

**Timing of assessment:** When interpreting the findings, users should be mindful that the data collection was conducted between August and September 2022. Due to the volatility of the situation and the high level of movement, these findings should be interpreted as a snapshot of the refugees' situation at that point in time.

**Daily hours of data collection:** Interviews were conducted between 9 AM and 5 PM, which could lead to an overestimation of unemployed people and individuals dependent on the humanitarian system, while underestimating the number of people in full-time employment.



# FINDINGS

## DEMOGRAPHIC PROFILE

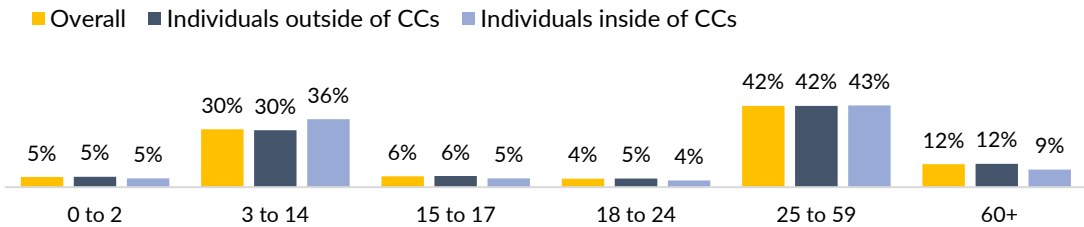
This section discusses the demographics of refugee households living in Poland, including average household size, gender, and household composition by age group and vulnerability.

### AVERAGE HOUSEHOLD COMPOSITION

The average household was composed of 2.7 persons considering Refugees from Ukraine living both in CCs and not living in CCs. The average age was 27.6 years-old among household members living in CCs and 29.3 among household members not living in CCs.

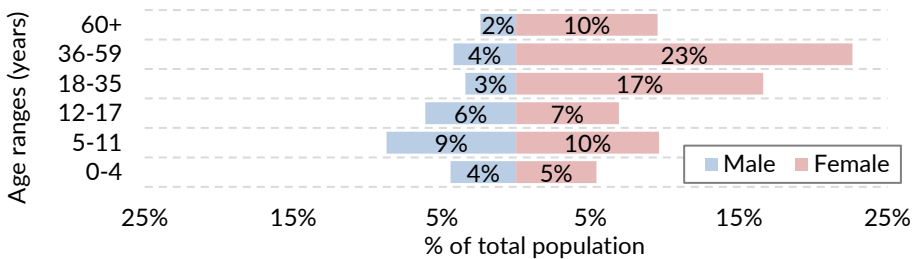
Among all household members, 47% of the individuals were reported as being between 18-59 years. Therefore, children and adults over the age of 60 comprised the majority of refugee households' members (53%). Of all households, 69% were found to include at least one child, and 14% included at least one infant. Overall, children accounted for 41% of household members.

FIGURE 1: SHARE OF RESPONDENTS' BY AGE GROUPS, BY STRATA



Women remained the most represented gender group, as 71% of household members were females, and 29% were males. The largest group in the surveyed population were women aged 35-59 (23%, compared to 4% of the sample of men at this age). Gender distribution was more equal among children, where girls constituted 22% of the total household members and boys - 19%. In addition to that, as much as 94% of respondents were women, and 88% of households were headed by females, 6% by males, and for 5% of households, gender of head of household was not defined as the person was not present during the interview.

FIGURE 2: AGE AND GENDER DISTRIBUTION OF HOUSEHOLD MEMBERS



The additional observations on the demographic structure of households included the following:

- 15% households composed of a single individual: 13% of a single female and 2% of a single male;
- 8% of households reported having 3 or more children;
- 15% of households were led by person aged 60 years old or more;
- There were no households where the head of HH was at risk of disability.

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Respondents were also asked specific questions for each female household member aged between 14 and 49 years, to register instances of pregnancy or breastfeeding (or both). Only 3% of female household members (that is, 40 persons) were found to be breastfeeding, while 1% (15 persons) were reported to be pregnant at the time of data collection.

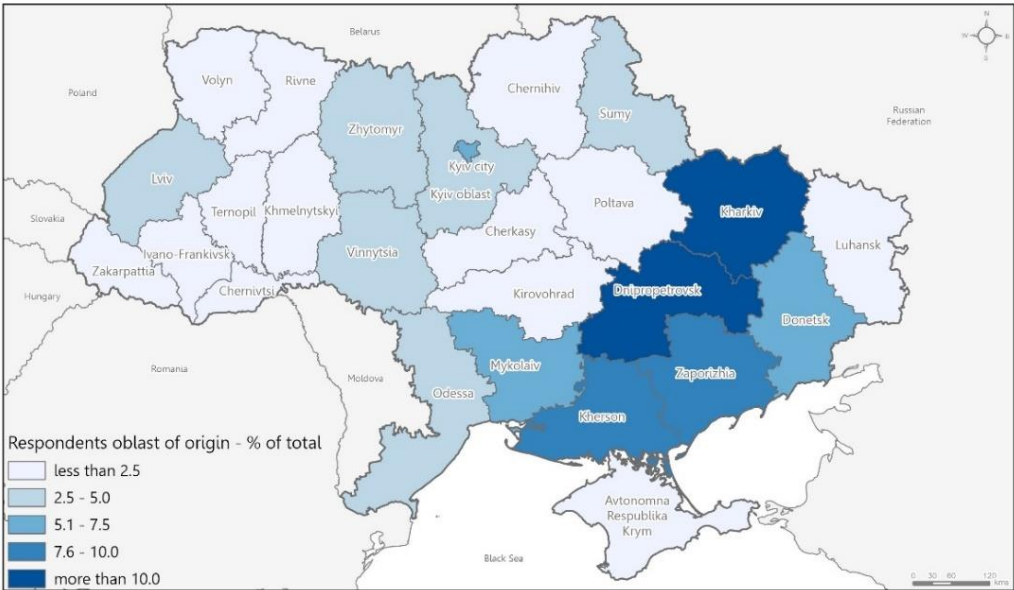
TABLE 2: PROPORTION OF FEMALE HOUSEHOLD MEMBERS BEING PREGNANT OR BREASTFEEDING

	Overall		Outside of CCs		Inside of CCs	
	Number	%	Number	%	Number	%
Breastfeeding	37	3%	3	3%	40	3%
Pregnant	15	1%	0	0%	15	1%

## ORIGINS AND ARRIVALS

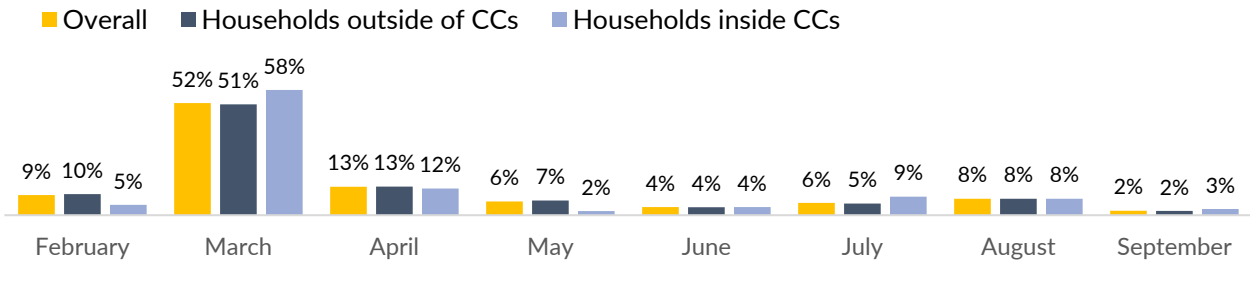
Most households came from Kharkiv oblast (15%) and Dnipropetrovsk oblast (14%), followed by Zaporizhzhia oblast (9%), Kherson oblast (8%), and Donetsk oblast (6%). Looking at the settlements of origin, 95% of households arrived from urban areas, 4% from urban-type areas, and 1% - from rural areas.

MAP 2: OBLASTS OF ORIGIN<sup>11</sup>



Almost all respondents (99.8%) were of Ukrainian nationality. The largest group of respondents arrived in Poland in March 2022 (52%).

FIGURE 3: SHARE OF RESPONDENTS' BY MONTH OF ARRIVAL, BY STRATA

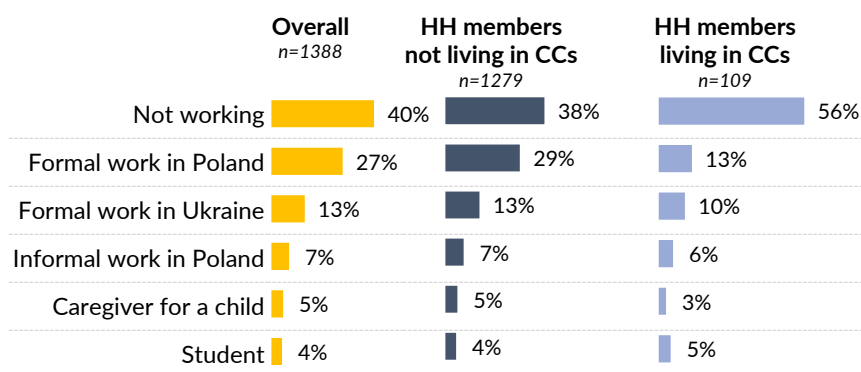


<sup>11</sup> The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations

## CASH & LIVELIHOODS

At the time of the interview, 29% of working-age (18-59 y/o) household members not living in CCs and 13% of those living in CCs were formally employed in Poland; in 41% of households not living in CCs and 25% of households living in CC there was at least one household member who was formally employed in Poland. In addition to that, thirteen per cent of household members aged 18-59 indicated to have formal work in Ukraine and 7% had informal work in Poland at the time of data collection. Still, the assessment showed a high level of unemployment, as 38% of able household members not living in CCs and 56% living in CCs were not engaged in any form of work. Finally, 90% of household members aged 60 or more were retired or did not work. Notably, households with no member formally employed in Poland more often were characterised by a predominance of adult women over adult men (86%, compared to 70% of households with more men where at least one person was formally employed in Poland).

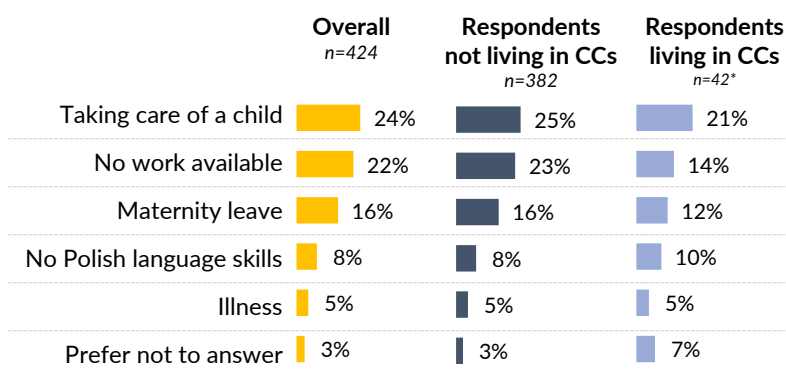
FIGURE 4: OCCUPATION STATUS OF HH MEMBERS AGED 18-59, BY STRATA



\*Shown answers indicated for at least 1% of HH members

Taking care of children was the most frequently reported reason for not working (the main reason for 24% of unemployed respondents), which shows how important childcare services are for enhancing the economic independence of Ukrainian women refugees living in Poland. After that, 22% of unemployed respondents were struggling to find a job – as they did not see any suitable offer available in their area of expertise. Finally, maternity leave was the reason for not working for 16% of respondents.

FIGURE 5: REASONS FOR NOT WORKING, BY STRATA



\*Small base size

## MULTI-SECTORAL NEEDS ASSESSMENT

Notably, the largest proportion of the working-age adult household members had a bachelor's degree or higher (7% Bachelor's, 20% specialist's, 23% Master's, and 1% postgraduate), and a third had a vocational education (29%). This could translate into a high level of employability in key sectors of the Polish economy, where gaps may exist.

FIGURE 6: EDUCATION LEVEL AMONG HH MEMBERS AGED 18-59, BY STRATA

	Overall n=1586	HH members not living in CCs n=1456	HH members living in CCs n=130
Primary or less	0%	0%	0%
Secondary	20%	18%	32%
Vocational	29%	29%	31%
Bachelor's degree	7%	7%	5%
Specialist's degree <sup>12</sup>	20%	20%	19%
Master's degree	23%	24%	12%
Postgraduate	1%	1%	0%

Among the respondents, the most frequently reported sectors of occupation were activities of households (16%), followed by manufacturing (8%), and transportation and storage (6%).

TABLE 3: SECTOR OF OCCUPATION OF HH MEMBERS AGED 18-59, BY STRATA

	Overall	Respondents not living in CCs	Respondents living in CCs
<i>Sample size</i>	1033	958	75
Activities of households (e.g., domestic help, maids, cooks, gardener, nanny)	16%	16%	16%
Manufacturing	8%	8%	5%
Transportation and storage	6%	6%	0%
Wholesale and retail trade	5%	6%	1%
Construction	5%	5%	5%
Accommodation and food service	5%	5%	5%
Education (teachers, principals)	5%	5%	4%
None	13%	13%	15%

The table presents answers indicated for at least 5% of HH members

## INCOME AND SPENDINGS

As for the sources 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. Active income was less frequently reported: 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. While such a large proportion of refugees from Ukraine benefiting from social assistance in Poland is a good sign of their inclusion in the social assistance system, at the same time among those who reported income from social benefits and other assistance, this income accounted for 70% of their total income. That indicates that they are to some extent dependent on the social assistance, instead of relying on income-generating activities. In addition to that, 8% of households reported lack of income – neither from social assistance nor from work.

<sup>12</sup> Diploma of Specialist was granted after 5 years of full-time study after completion of secondary education, and was disbanded in 2016.

TABLE 4: INCOME SOURCES AND THEIR CORRESPONDING AVERAGES, BY STRATA

Sample size	Overall		HHs not living in CCs		HHs living in of CCs	
	1252		1147		105	
	% of HH	Average amount	% of HH	Average amount	% of HH	Average amount
No income	8%		8%		10%	
Social benefits from the Polish government	55%	882 PLN	54%	883 PLN	64%	870 PLN
Formal income in Poland	32%	3,075 PLN	33%	3,117 PLN	16%	2,215 PLN*
Social benefits from Ukraine	26%	2,883 UAH	25%	2,847 UAH	31%	3,192 UAH*
UNHCR cash assistance	19%	1,563 PLN	19%	1,544 PLN	20%	1,752 PLN*
Informal income-generating activities in Poland	12%	1,884 PLN	13%	1,849 PLN	11%	1,791 PLN*
Support from friends/family from other countries	11%	1,158 PLN	11%	1,219 PLN	9%	342 PLN*
Income-generating activities in Ukraine	4%	4,889 UAH*	3%	5,169 UAH*	5%	1,250 UAH*
Remittances from friends/family in other countries	3%	1,151 PLN*	4%	1,151 PLN*	-	-
NGOs/agencies/private sector – cash support	3%	1,123 PLN*	3%	1,160 PLN*	7%	967 PLN*
Average total income		2386 PLN		2423 PLN		1984 PLN

Shown categories indicated by at least 3% of respondents

\*Note – small base size

Overall, the most frequently cited expense item was food, followed by personal hygiene items, rent and clothes. While food was the most often reported expense, the highest amount was dedicated to rent (1,778 PLN), reported only by households who not lived in CCs. Food and rent also accounted for the largest proportion of total spending: food accounted for an average 50% of total HHs spending, and rent accounted for 55% of total HHs spendings.<sup>13</sup> For households living in CCs, the three top reported expenses were food and beverages (614 PLN), education (627 PLN), and childcare (617 PLN) in terms of the average amount spent.

TABLE 5: EXPENDITURE IN THE LAST 30 DAYS PRIOR TO THE INTERVIEW

Sample size	Overall		HHs not living in CCs		HHs living in CCs	
	1252		1147		105	
	% of HH	Average amount	% of HH	Average amount	% of HH	Average amount
Food and beverages	92%	941 PLN	93%	965 PLN	88%	614 PLN
Personal hygiene items	45%	215 PLN	45%	219 PLN	38%	150 PLN*
Rent	43%	1788 PLN	47%	1788 PLN	-	-
Clothes/shoes	43%	477 PLN	42%	480 PLN	55%	449 PLN*
Transport	36%	208 PLN	36%	212 PLN	42%	178 PLN*
Health costs	27%	395 PLN	26%	399 PLN	37%	369 PLN*
Utilities and bills	18%	431 PLN	20%	431 PLN	1%	-
Education	15%	479 PLN	15%	456 PLN	21%	627 PLN*
Childcare	11%	593 PLN	11%	591 PLN	11%	617 PLN*
Household items	8%	281 PLN	8%	278 PLN	4%	325 PLN*
Prefer not to answer	5%		5%		10%	

\*Note – small base size

Shown categories indicated by more than 5% of respondents

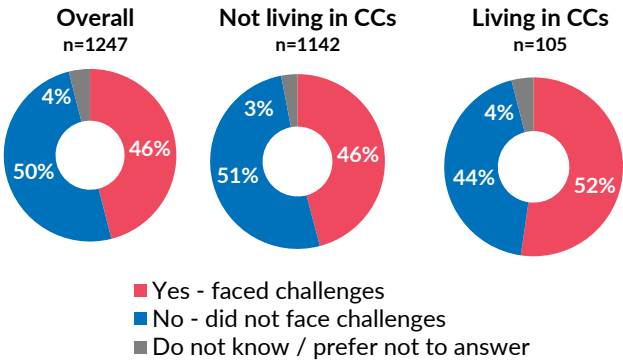
The average reported total income was 2,386 PLN (2,423 PLN not living in CCs, 1,984 PLN living in CCs), while the average reported total spending was 2286 PLN (2360 PLN not living in CCs and 1351 PLN living in CCs). Following that, forty-three per cent of households not living in CCs and 27% of households living in CCs reported that in the last 30 days prior to the interview their expenses exceeded their income.

<sup>13</sup> These shares in spending were calculated only on HHs that reported amount in given category.

# MULTI-SECTORAL NEEDS ASSESSMENT

Fifty-two per cent of households in CCs and 46% not living in CCs struggled to get enough money to meet their needs in the last 30 days prior to the interview. Such challenges were slightly more frequent among one-person households (51%) than among two-person households (44%).

FIGURE 7: PROPORTION OF HOUSEHOLDS FACING CHALLENGES IN OBTAINING MONEY IN THE LAST 30 DAYS PRIOR TO THE INTERVIEW



Reportedly, the main constraints were not having the language proficiency required to secure employment, followed by the lack of employment opportunities in line with their professional profile, insufficient salary, and childcare needs. Similar challenges in obtaining enough money were anticipated for the next 3-6 months after the interview, and only 20% of respondents did not anticipate challenges in obtaining money in the nearest future.

FIGURE 8: REPORTED AND ANTICIPATED CHALLENGES IN OBTAINING MONEY

	Reported challenges in obtaining money in the last 30 days prior to the interview			Anticipated challenges in obtaining money in the next 3-6 months after the interview		
	Overall n=577	Not living in CCs n=522	Living in CCs n=55	Overall n=1252	Not living in CCs n=1147	Living in CCs n=105
Language barrier	47%	46%	53%	30%	29%	36%
No relevant employment offers	33%	33%	36%	21%	21%	22%
Salary or wages too low	26%	26%	24%	18%	18%	18%
Childcare needs	24%	23%	29%	16%	16%	20%
Health problems	14%	14%	16%	8%	8%	11%
No knowledge of the labour market	13%	12%	16%	10%	10%	12%
Humanitarian aid too low	11%	10%	20%	5%	4%	11%
Unable to work due to age	10%	11%	4%	6%	6%	5%
Social assistance too low	8%	7%	16%	4%	4%	6%
Skills recognition issues	8%	8%	7%	4%	4%	6%
Do not know	1%	2%	0%	12%	12%	11%
No challenges anticipated				20%	21%	15%

Shown challenges reported by at least 5% of respondents

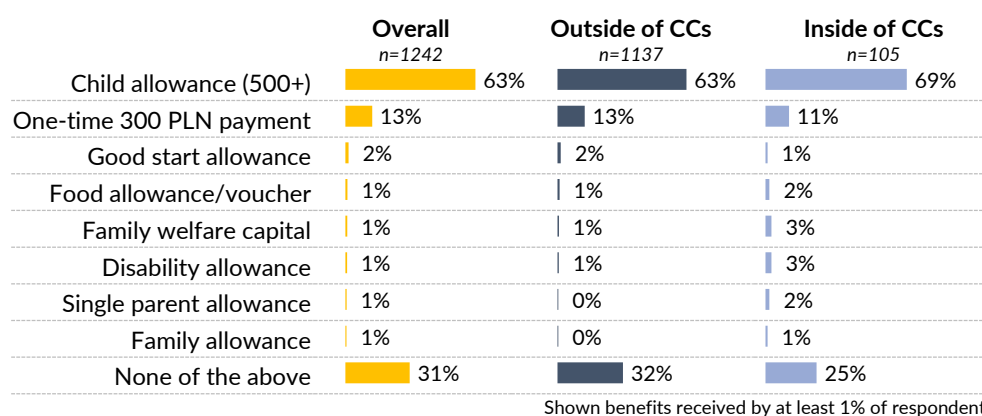
As reported before in the sources of income section, a significant part of the refugee population in Poland benefited from social assistance from the Polish government. The eligibility of Ukrainian refugees to receive governmental social benefits was granted on 12 March 2022 through the Act on Assistance to Ukrainian Citizens in Connection with the Armed Conflict on the Territory of Ukraine (Journal of Laws of 2022, item 583) approved by the Polish



parliament.<sup>14</sup> As a result, Ukrainian refugees who applied for PESEL were granted the right of residency for 18 months, as well as many other rights, access to services, and benefits associated with it.<sup>15</sup> As presented in Figure 9, the most common government benefit received was a child allowance, through the “Family 500+ programme”, which is a monthly payment of 500 PLN for each child, paid regardless of financial situation or marital status.<sup>16</sup> That benefit was received by 63% overall. More than one-tenth of respondents (13%) received a one-time 300 PLN payment in 30 days prior to the interview.

Notably, the reported benefits did not fully match the profiles of refugee households. While the proportion of households receiving child allowance corresponded to the share of households with children (69%), other types of assistance – such as family allowance or disability allowance – were reported only by individual households. Although it was not the subject of this study to investigate why refugees did not receive these benefits, it might be related to, among other things, the difficulties in accessing some of those or a lack of awareness of their availability. Future research should aim to explore the challenges in accessing social assistance in Poland.

FIGURE 9: RECEIVED BENEFITS FROM THE POLISH GOVERNMENT



Refugee households in Poland reported not having experienced any issues with access to financial services in their area, as 89% of respondents confirmed the presence of a bank nearby. Only 11% reported the lack of a financial service provider in their immediate vicinity, with a lower proportion of respondents residing in CCs (5%) compared to respondents not in the CCs (11%). The presence of a money transfer service was reported by 18% of respondents.

TABLE 6: AVAILABILITY OF FINANCIAL SERVICES IN THE RESPONDENTS' AREA

	Overall	HH not living in CCs	HH living in CCs
Sample size	1252	1147	105
Banks	89%	88%	94%
Formal money transfer services	18%	18%	19%
Credits	14%	14%	11%
Credit unions	12%	13%	10%
Micro-credits	11%	12%	10%
Fast-loan / pay-day loans	9%	9%	8%
Financial services from community	9%	9%	8%
Cash enrolment centres (UNHCR)	3%	3%	5%
None of the above available	11%	11%	5%

The table presents answers indicated by at least 5% of respondents

<sup>14</sup> [Law of 12 March 2022 on assistance to citizens of Ukraine in connection with armed conflict on the territory of that country](#)

<sup>15</sup> European Website on Integration. [Poland: Parliament adopts law on assistance to Ukrainian refugees](#)

<sup>16</sup> Description of Family 500+ programme, as well as of other benefits available [online](#)

Ninety-three per cent of respondents had a bank account registered in Poland. Of those who did not, 5% did not try to open one, and only 1% of respondents tried to open a bank account but were denied access.

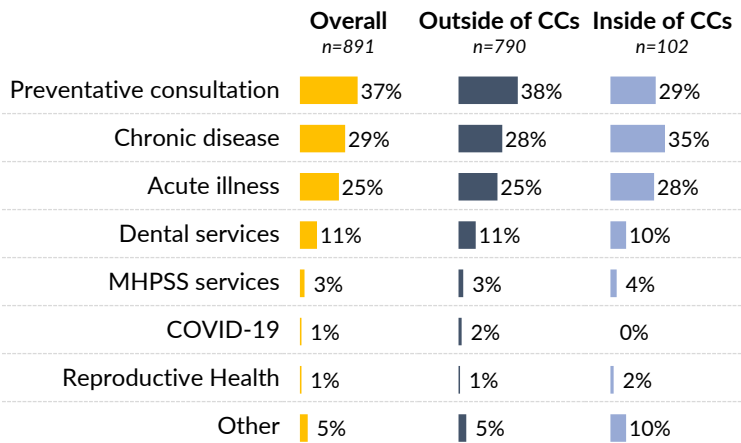
HEALTH

This section gives an overview of the health care needs of Ukrainian households living in Poland, including access and barriers to health care. It also assesses household members' capacity to access health care services since arriving in Poland as well as their knowledge of mental health care services. Respondents were asked a set of questions about the health status of each of their household members, with questions about the need to access health care services and their ability to access them, including any potential barriers.

HEALTH CARE NEEDS

Twenty-five per cent of household members not living in CCs and 36% of those living in CCs reported having to access health care services since arriving in Poland. Most often health care services were needed among those aged 60 years old or more (47%) or those between 0 and 5 years old (33%). Additionally, in the 18-35 y/o age group health care needs were more frequent among women (21%) than men (12%). Of the individuals who reported having the health care need, the most often reported were preventive consultations (37%), followed by consultations regarding chronic conditions (29%) and acute illnesses (25%). Acute diseases were more frequent among household 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 household members between 18 and 59 years old (n=493, 26%) or those younger than 18 (16%). There were no significant differences in needs reported for women and men, though preventive consultation was slightly more frequent among women (39%, compared to 32% among men) while acute illness among men (31%, compared to 23% among women).

FIGURE 10: MOST FREQUENTLY REPORTED HEALTH CARE NEEDS



From chronic conditions, most often reported were cardiovascular diseases (12% of reported health care needs), and diabetes (5%), followed by rheumatological or orthopaedic diseases, pulmonary diseases, and renal/kidney diseases (2% each). Then, though the majority of household members were women, sexual and reproductive health services were reported as needed only by 1% of those with health care needs. At the same time, the availability of reproductive health services for women and girls (delivery points) was reportedly low, as only 6% of respondents said they were available in their area.

Of the 26% of Ukrainian household members reporting the need to access health care services, 81% of them reported having accessed these health care services (or 21% of the total number of HHs members). Ninety-six per cent of household members with a health care need sought help in Poland, from whom 84% in the Polish government facilities and 14% in private health facilities.

FIGURE 11: SHARE OF HOUSEHOLD MEMBERS WHO NEEDED AND ACCESSED HEALTH CARE IN THE LAST MONTH PRIOR TO THE INTERVIEW

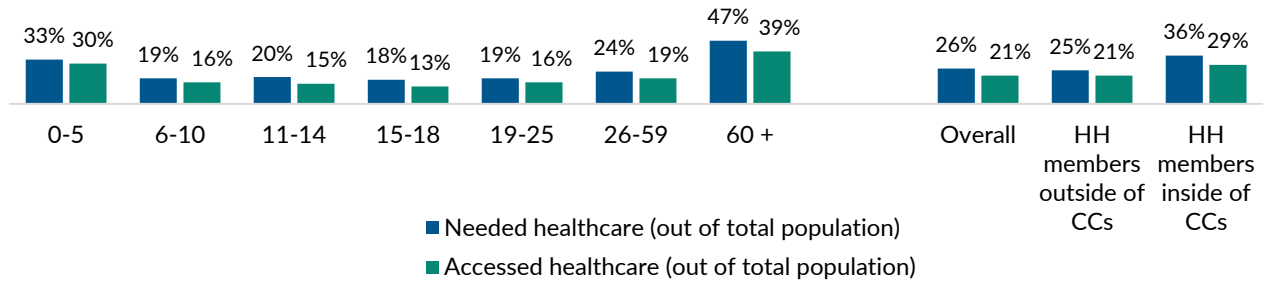


TABLE 7: SHARE OF HOUSEHOLD MEMBERS WHO NEEDED AND ACCESSED HEALTH CARE IN THE LAST MONTH PRIOR TO THE INTERVIEW, BY AGE AND GENDER OVERALL

	females								males							
age group	0-5	6-10	11-14	15-18	19-25	26-59	60+	total	0-5	6-10	11-14	15-18	19-25	26-59	60+	total
sample size	224	239	179	124	111	1193	323	2393	186	219	154	116	16	217	83	991
needed health care	35%	17%	20%	20%	21%	25%	50%	27%	31%	21%	19%	16%	6%	22%	41%	24%
accessed health care	31%	13%	14%	15%	17%	19%	41%	22%	28%	20%	17%	11%	6%	17%	35%	20%

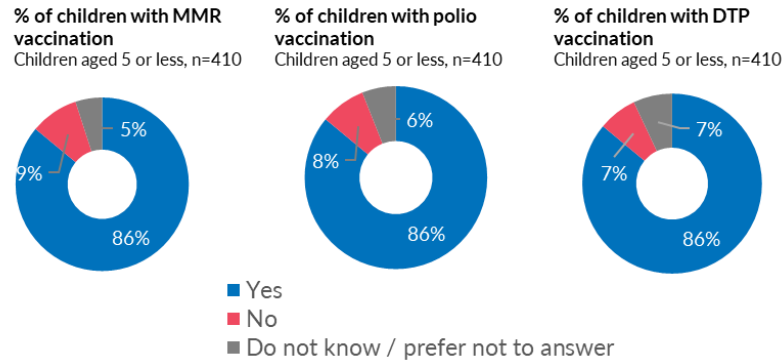
Of the remaining 19% of households' members who could not access health care when needed, the majority (58%) reported long waiting time as a barrier. Then, 21% of household members could not access health care due to high costs of services, 15% due to language barrier, and 10% due to the unavailability of the medical treatment they needed.

Respondents were also asked about health-related expenses and the proportion of the income and savings they spent on health care in the past 30 days. Eight per cent of households not living in CCs and 18% of households living in CCs spent more than 25% of their income and savings on health care-related costs, followed by 16% of households not living in CCs and 28% of households living in CCs who spent between 10% and 25% of their income. Furthermore, out of the 46% of respondents who faced challenges in obtaining enough money to meet their needs in the last 30 days prior to the interview, 14% faced them because they were unable to work due to health problems. Additionally, 8% anticipated health problems as possible challenges in obtaining money in the next 3-6 months after the interview.

## VACCINATIONS

Each respondent who reported having a child aged from 0 to 5 in their household, was asked whether the child received MMR (Measles, Mumps, Rubella), polio, and DTP (Diphtheria, Tetanus, Pertussis/Whooping Cough) vaccines. However, the interviews were done face-to-face in public locations and therefore respondents could not provide a vaccination certification. As a result, the findings are based solely on respondents' responses and should therefore be interpreted cautiously.

FIGURE 12: SHARE OF CHILDREN VACCINATED

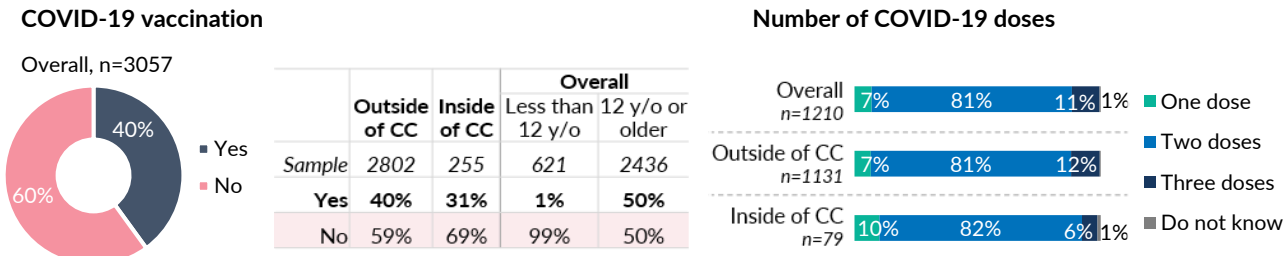


It appeared that, overall, 86% of children aged 5 or below were vaccinated with each of the above-mentioned vaccinations. Thirty-nine children (10% of children up to 5 years old) were not vaccinated against at least one of the above-mentioned diseases. In 11 cases (3%), there were contradictions against vaccination (i.e., a child was sick or there were other health reasons), in 7 (2%) cases respondents said that the child was too young, in 6 cases (1%) the respondents reported the decision not to vaccinate the child, and in 6 instances (1%) they did not know where to go for vaccination.

In addition, 40% of household members not living in CCs and 31% of those living in CCs were vaccinated against COVID-19, the majority of them (81-82%) with two doses. Only one tenth had received the COVID-19 booster. Of those vaccinated, most had their last dose seven to nine months ago (41%) or ten to twelve months ago (32%), and 18% had their last dose 6 months ago or earlier.

Notably, only 1% of children aged between 5 and 12 years old were vaccinated against COVID-19 and the main reason for the lack of vaccination in this group was young age (81%). The vaccination rate for COVID-19 in group aged 12 years or more was 50%, and the main reason for non-vaccination was the reluctance to be vaccinated (71%).

FIGURE 13: COVID-19 VACCINATION IN THE REFUGEES POPULATION



## DISABILITY

Following the Washington Group Short Set (WG-SS) of questions, proxy respondents were asked if any household member of at least 5 years old had visual, hearing, mobility, cognition, self-care, and communication difficulties.<sup>17</sup> The Short Set was preceded by the screening question, that is, whether the person had any difficulties in performing normal daily tasks or functions. Overall, 8% of household members had such difficulties (7% of household members not living in CCs and 13% of household members living in CCs). Detailed results from the Washington Short Set, by age group and gender, are presented in table 8.

TABLE 8: WASHINGTON GROUP – SHORT SET, BY AGE GROUP AND GENDER

% of household members having difficulties:	Overall						Females			Males			
	Age group	<10	11-14	15-18	19-25	26-59	60 +	<18	18-59	60+	<18	18-59	60+
Sample size		459	331	239	127	1405	406	517	1329	323	466	256	83
Seeing, even if wearing glasses		0%	0%	1%	0%	0%	4%	0%	0%	5%	1%	1%	4%
Hearing, even if using a hearing aid		0%	1%	0%	0%	0%	2%	0%	0%	2%	0%	0%	1%
Walking or climbing steps		1%	1%	1%	2%	2%	12%	1%	1%	13%	1%	4%	8%
Remembering or concentrating		1%	1%	0%	1%	0%	5%	0%	0%	5%	1%	0%	4%
Self-caring, such as washing all over or dressing		1%	1%	0%	1%	0%	3%	0%	0%	3%	1%	2%	1%
Communicating, e.g., understanding or being understood		1%	1%	0%	1%	0%	3%	0%	0%	3%	1%	0%	1%

% show the 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.

Most household members at risk of disability were older people (60 years old or above). It must be noted that the WG-SS does not apply to children under the age of 5, and it can fail to capture children with developmental disabilities over the age of 5.

<sup>17</sup> WG - Short Set on Functioning - [online](#)

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Fourteen per cent of household members (13% of those not living in CCs, and 17% of those living in CCs) declared having mental health needs in the last 30 days. Among them, 50% needed professional MHPSS, of which 11% were not able to obtain help when they felt they needed it. This corresponds to 3 household members living in CCs and 22 not living in CCs. Challenges accessing MHPSS included not knowing where to go (9 household members, or 36% of those who did not receive help), the lack of time, lack of trust in the local provider, or long waiting time for services (each reason reported for 1%, or 2 household members).

Notably, most affected by mental health conditions were older women, with as much as 30% of female household members aged 60 years old or more who reported mental health needs.

FIGURE 14: MENTAL HEALTH AND SOCIAL SUPPORT NEEDS AMONG HOUSEHOLD MEMBERS, BY AGE

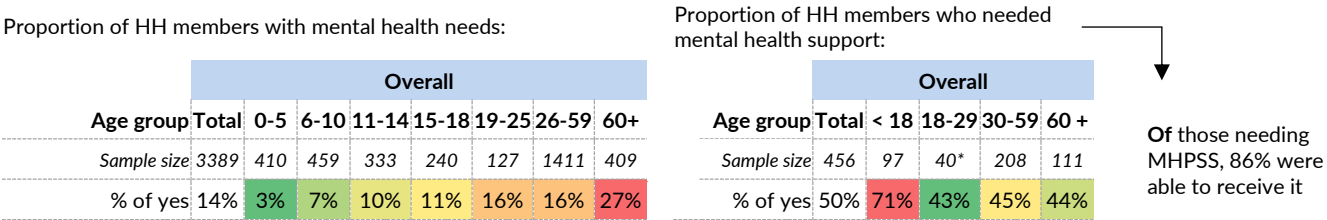
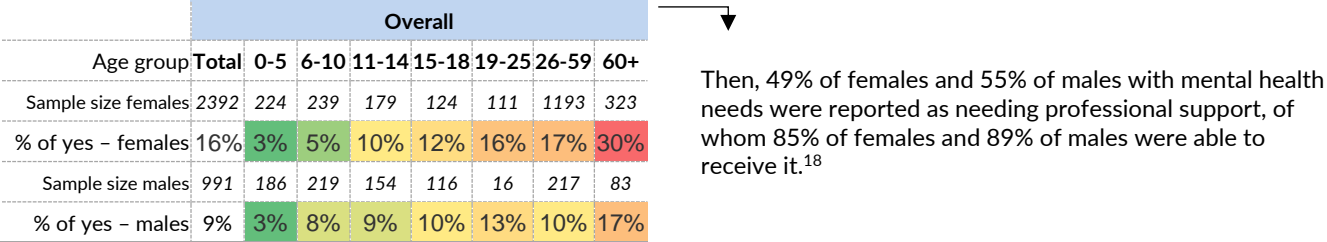


FIGURE 15: PROPORTION OF HH MEMBERS WITH MENTAL HEALTH NEEDS: BY AGE AND GENDER:



EDUCATION

This section gives an overview of the education needs of Ukrainian refugee school-aged family members, by first providing school enrolment levels, reasons for not being in formal education, as well as barriers to accessing education and support needed.

ENROLMENT RATE IN THE PREVIOUS SEMESTER

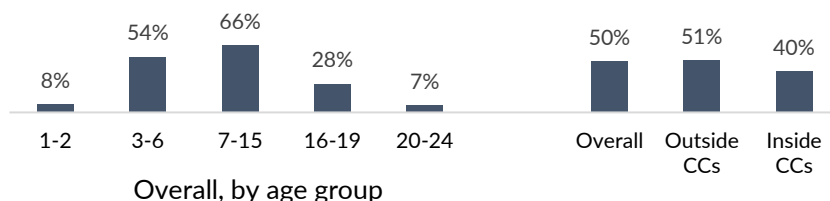
Overall, 50% of children and young adults were enrolled in school or childcare in Poland in the previous semester (51% of those not living in CCs and 40% of those living in CCs). Of the children enrolled, the largest group was enrolled in a primary school (46%), followed by secondary school (26%), kindergarten (19%), nursery (5%), and tertiary education (3%). Across all Ukrainian household members, secondary school-aged children (7-15 y/o) were the group age that comprised the highest proportion of children enrolled in formal education (66%). The lowest rates of attendance were found to be in nursery-aged children (8%).

<sup>18</sup> To small sample sizes to compare between age groups of different genders.



FIGURE 16: INDIVIDUALS ENROLLED IN A SCHOOL IN POLAND IN THE PREVIOUS YEAR, BY AGE GROUPS

% enrolled in Polish schools, among those arriving before June 2022

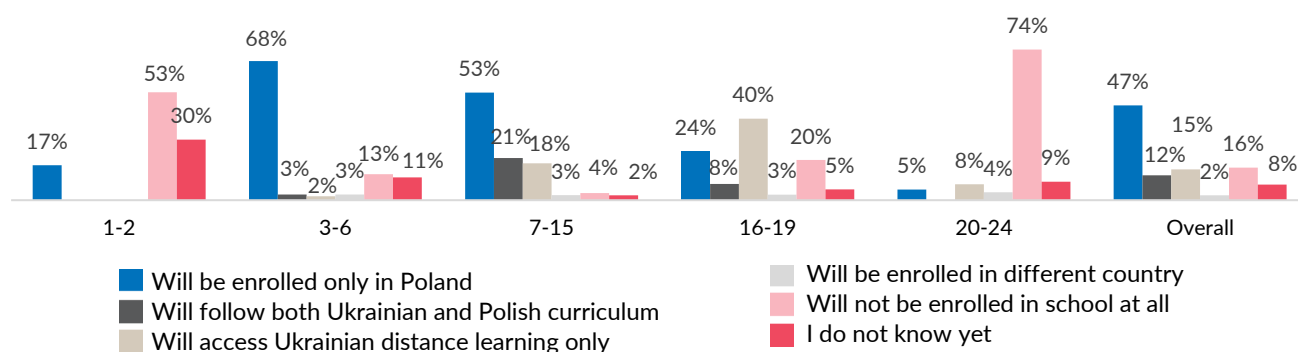


Out of HH members attending school or childcare in the previous semester in Poland, 89% of individuals were enrolled in public education or childcare, 7% of individuals were enrolled in private education or childcare, and for 4% respondents did not know the type of institution. At the same time, 75% of household members between 10 and 18 years old (73% of those not living in CCs, 89% of those living in CCs) have accessed Ukrainian distance learning regularly since arriving in Poland.

### ENROLMENT RATE IN THE NEW SEMESTER

Among the household members aged 1-24, 59% were enrolled in a school/childcare in Poland in the current school year (starting from September 2022), including 47% enrolled only in Poland and 12% additionally following the Ukrainian distance learning. The enrolment rate was lower among the youngest (17% of those aged 1-2 were enrolled) and the oldest (5% of those aged 20-24 were enrolled).

FIGURE 17: INDIVIDUALS ENROLLED IN A SCHOOL IN THE NEW YEAR, BY AGE GROUP\*



There were no significant differences between boys and girls in terms of the reported types of school enrolment and the enrolment rate for the 2022/2023 school year. The disaggregation is presented in the table below.

TABLE 9: INDIVIDUALS ENROLLED IN A SCHOOL/CHILDCARE IN THE NEW YEAR, BY AGE AND GENDER

Age group	GIRLS				BOYS			
	1 - 2	3 - 6	7 - 15	16-17	1 - 2	3 - 6	7 - 15	16-17
Sample size	78	176	412	53	73	144	366	61
Will be enrolled only in Poland	18%	69%	53%	32%	16%	67%	53%	21%
Will follow both Ukrainian and Polish curriculum	0%	3%	20%	6%	0%	3%	22%	10%
Will access Ukrainian distance learning only	0%	2%	19%	49%	0%	2%	17%	39%
Will be enrolled in different country	0%	2%	2%	0%	0%	4%	3%	5%
Will not be enrolled in a school	53%	13%	3%	8%	53%	13%	4%	16%
I don't know yet	30%	11%	3%	6%	30%	11%	2%	8%

## MULTI-SECTORAL NEEDS ASSESSMENT

Among the household members enrolled in a school or a childcare in Poland from September 2022, 91% overall were enrolled in public institutions, 7% were enrolled in private schools, and for 2% of enrolled household members respondents did not know the type of school. Only 1% of pupils attended preparatory classes, 98% attended regular classes, while for the remaining 1% of pupils, the respondents did not know.

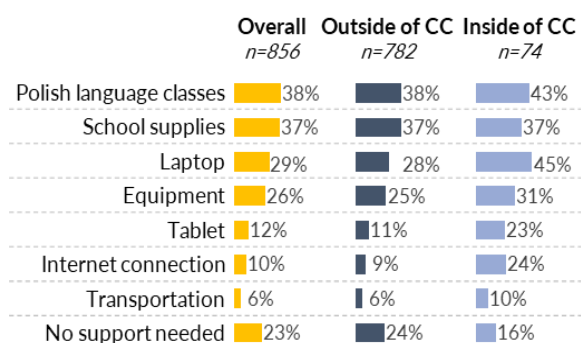
Findings presented in table 10 suggest that the main reasons for individuals not to enrol in a school/childcare in Poland varied depending on the children's age. For infants, main reason mentioned was that they were too young, while for young adults (between 18 and 24 years old) the fact that they have already finished their education. Among children aged 3-17, the main barriers included the lack of space in school (13%), attendance of online classes in Ukraine (14%), intention to move out soon (11%), or waiting for a response concerning their application (11%). Notably, 4% did not enrol in school because of the lack of inclusive schools available. Only 16 individuals dropped out of school (having attended school last semester but not in the new school year). Out of these, most reportedly followed this course of action as they had already finished school (7 household members) or as they planned to move (3 household members).

TABLE 10: REASONS FOR NOT ATTENDING SCHOOL IN POLAND

Age group	Overall				Individuals not living in CCs	Individuals living in CCs
	Total	< 3	3-17	18 +	Total	Total
Sample size	222	77	71	74	201	21
This person already finished school	27%	0%	11%	72%	29%	14%
Space in school was not available	6%	5%	13%	1%	5%	14%
Intention to move out soon	6%	1%	11%	5%	6%	5%
Waiting for a response to the application	5%	4%	11%	0%	5%	10%
Child is attending online classes in Ukraine	5%	0%	14%	1%	4%	10%
Lack of inclusive schools	4%	3%	7%	1%	3%	5%
Other	22%	48%	13%	4%	23%	14%
I do not know	6%	9%	3%	5%	6%	5%
Prefer not to answer	15%	25%	8%	11%	14%	19%

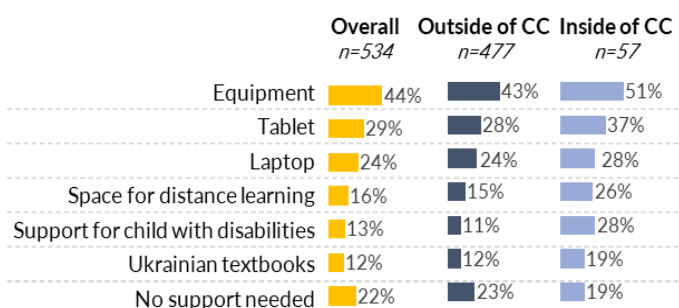
Overall, 77% of children enrolled in Polish schools needed some support (76% of individuals not living in CCs, 84% of individuals living in CCs): most often Polish language classes, school supplies, laptops, or school equipment. A similar proportion needed support to follow the Ukrainian distance learning – most often equipment, tablets, and laptops. Notably, when asked what assistance would help children with disabilities, 75% of those needing this assistance said that they did not know what specifically was needed. The remaining 25% (n=20), most often mentioned psychological assistance (n=4), individual learning plan (n=2), and personal assistant (n=2).

FIGURE 18: SUPPORT NEEDED FOR EDUCATION IN POLISH SCHOOLS:



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

FIGURE 19: SUPPORT NEEDED FOR THE UKRAINIAN DISTANCE LEARNING:



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

## PROTECTION

This section discusses various protection issues, ranging from women's and children's perception of security to the perception of reporting mechanisms' accessibility in case of a threat. Given the sensitive nature of topics discussed in the Protection section of the questionnaire, the possibility of underreporting by respondents persists.

When asked about hostile behaviour experienced from the host community, 17% of respondents reported that their household encountered some type of hostile behaviours or attitudes. Most often that was verbal aggression – reported by 15% of respondents. There were also a few reports of discriminatory behaviour (2%), and physical attacks (1%). At the same time, the subjective sense of security was high – 91% of refugees felt very or somewhat safe walking alone in their neighbourhood.

TABLE 11: THE SENSE OF SECURITY WHEN WALKING ALONE IN THEIR NEIGHBORHOOD

	Overall	Outside of CCs	Inside of CCs
<i>Sample size</i>	1252	1147	105
Very safe	51%	51%	48%
Somewhat safe	40%	40%	39%
Neither safe nor unsafe	3%	3%	3%
Somewhat unsafe	1%	1%	5%
I never walk alone	4%	4%	6%
I don't know	1%	1%	0%

Overall, the majority of respondents reported no safety and security concerns for women (78%) and men (83%) in their area. Seven per cent of respondents reported the risk of verbal harassment and 5% reported the risk of being robbed as a security concern for women, with same risks being most frequently mentioned as safety concerns for men (4% and 2% respectively). For both women and men, more risks were reported by respondents living in CCs.

TABLE 12: SAFETY AND SECURITY CONCERNS FOR WOMEN AND MEN, IN RESPONDENTS' NEIGHBOURHOOD

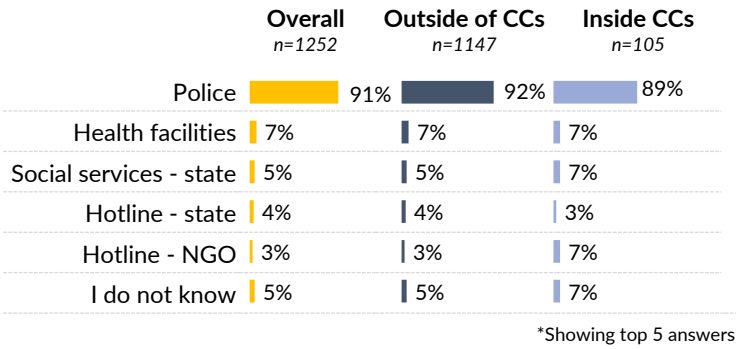
	Concerns for women			Concerns for men		
	Overall	Outside of CCs	Inside of CCs	Overall	Outside of CCs	Inside of CCs
<i>Sample size</i>	1252	1147	105	1252	1147	105
No concerns	78%	80%	65%	83%	84%	75%
Verbal harassment	7%	7%	10%	4%	4%	5%
Being robbed	5%	5%	9%	2%	2%	1%
Being threatened with violence	2%	2%	4%	1%	1%	0%
Psychological or emotional abuse	1%	1%	3%	0%	0%	0%
Sexual harassment or violence	1%	1%	3%	0%	0%	0%
Discrimination or persecution	1%	0%	4%	1%	1%	0%
Denial of resources, opportunities	1%	0%	4%	0%	0%	1%
I don't know	8%	8%	14%	10%	9%	18%

\*Shown if indicated by at least 1% of respondents  
Sorted by concerns for women overall

Respondents were also asked to whom they would refer a friend who experienced any form of violence. Police was by far the “top-of-mind” referral organization, mentioned by 91% of respondents, while other organizations were hardly known.

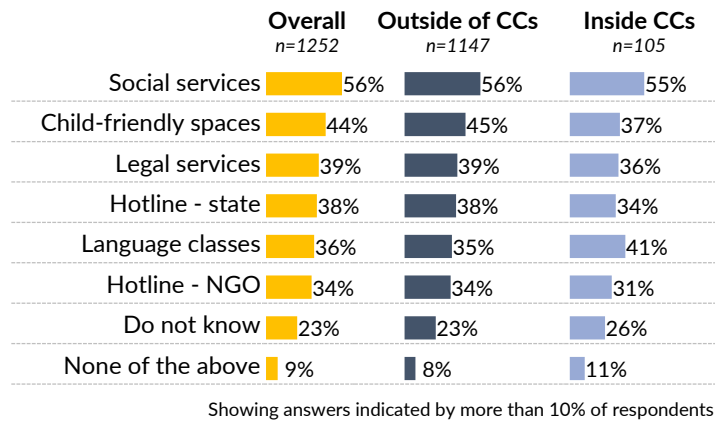
FIGURE 20: SHARE OF HOUSEHOLDS ON WHERE THEY WOULD REFER A FRIEND WHO EXPERIENCED VIOLENCE

# MULTI-SECTORAL NEEDS ASSESSMENT



Among protection services in the respondents' area, social services (e.g., social assistance centres) were most often available, followed by child-friendly spaces (44%), legal services (39%), language classes (39%), and hotlines (38%). One fourth (23%) of the respondents were not aware of any protection service in their area, and 9% said there was none.

FIGURE 21: PERCEPTION OF AVAILABLE PROTECTION SERVICES



When asked about the level of awareness of their legal status and rights in Poland, one third (30%) of the refugees described it as weak (40% of those living in CCs, 29% of those not living in CCs), and 2% as non-existent, meaning that they were more vulnerable to exploitation and abuse. The level of awareness was lower among respondents of older age – 58% of refugees aged 60 or more described their level of awareness as high or sufficient, compared to between 68% and 72% in other younger age groups.

FIGURE 22: THE LEVEL OF AWARENESS OF THE LEGAL STATUS AND RIGHTS IN POLAND

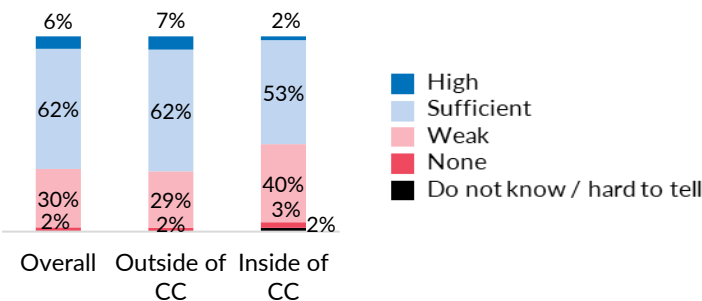


TABLE 13: THE LEVEL OF AWARENESS OF THE LEGAL STATUS AND RIGHTS IN POLAND, BY AGE

Age groups	Overall			
	18-24	25-39	40-59	60+
Sample size	60	549	425	227
High	5%	7%	7%	5%
Sufficient	67%	65%	61%	53%
Weak	27%	26%	30%	39%
None	2%	1%	2%	3%
Do not know	0%	1%	0%	0%

There was also a question directed at assessing the level of awareness of the Diia.pl - a digital certification of the legality of a Ukrainian citizen's stay in Poland, which, together with a valid travel document, entitles Ukrainian citizens

to cross the Polish borders and move freely within the Schengen area for 90 days within each 180-day period.<sup>19</sup> The assessment showed that the majority of refugees (80%) were aware of the introduction of Diia.pl. Out of the refugees who were aware of it, 38% said that all adult members of their households had Diia.pl issued, and 16% claimed that only some of the adult household members had it issued.

## CHILD PROTECTION

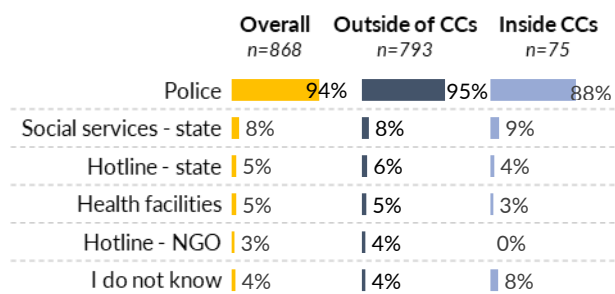
While 77% of respondents not living in CCs did not report any safety or security concerns for children in their neighbourhood, 4% of respondents reported the risk of physical violence, and 4% a worsened mental health status or an increased vulnerability to neglect. Among respondents living in CCs, 59% did not report any concerns, while 8% saw the risk of violence and 7% saw the risk of worsened mental health or higher vulnerability to neglect. 19% of refugees living in CCs could not identify what specific security concerns they had. Additionally, 4% of children were at risk of disability, meaning they were reported to have difficulties in performing normal daily tasks or functions. Notably, households with children at risk of disability more often reported the risk of physical violence in the community (13%). Reported concerns did not differ significantly between respondents of different gender or age.

Consistently with the responses concerning adults' security, the police were by far the top-of-mind referral organization for reporting violence against children. Other referral mechanisms were virtually unknown – indicating the need for increased activities aimed at building awareness of the available child protection services.

TABLE 14: SAFETY CONCERNS FOR CHILDREN

	STRATA			OVERALL - BY RESPONDENTS' AGE AND GENDER						OVERALL - BY CHILDREN AGE AND DISABILITY			
	Overall	Outside of CCs	Inside CCs	Female	Male	18-29 y/o	30-59 y/o	60+ y/o		HHs with only girls children	HHs with only boys children	HHs with child with disability	HHs with no child with disability
Sample size	868	793	75	830	37	98	691	73		365	300	53	815
No concerns	75%	77%	59%	75%	84%	85%	73%	82%		74%	77%	62%	76%
Physical violence in the community	4%	4%	8%	4%	0%	2%	5%	0%		6%	2%	13%	4%
Worse mental and psycho-social state	4%	4%	7%	4%	0%	1%	5%	1%		3%	3%	4%	4%
Increased vulnerability to neglect	4%	3%	7%	4%	0%	2%	4%	6%		3%	3%	9%	3%
Vulnerability to violence online	3%	3%	4%	3%	0%	2%	3%	0%		3%	3%	2%	3%
Sexual violence	3%	3%	3%	3%	0%	2%	3%	0%		4%	2%	6%	3%
I don't know	9%	8%	19%	9%	11%	5%	9%	11%		7%	10%	9%	9%

FIGURE 23: CHILD REFERRAL ORGANISATIONS



\*Showing top 5 answers

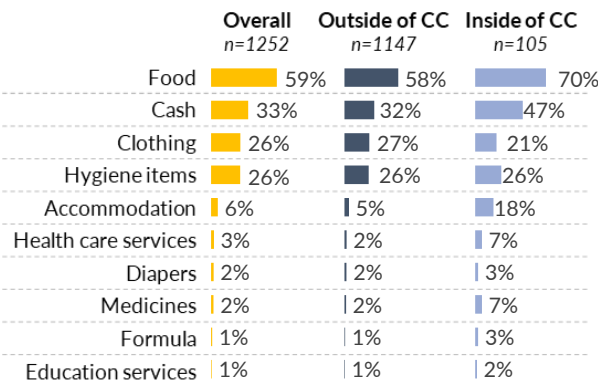
<sup>19</sup> Source available [online](#).

# ACCOUNTABILITY TO AFFECTED PEOPLE (AAP)<sup>20</sup>

The majority of respondents reported having received humanitarian assistance in the 30 days prior to the interview (73% of households not living in CCs, 88% of those living in CCs). Of the respondents who did not receive aid (26% overall, n=375), 37% reported that they did not need humanitarian aid. Then, 45% did not know where to reach out to receive humanitarian aid, and 14% did not have time to apply. Of those who received aid, respectively 54% HHs not living in CC and 43% living in CC reported that the aid they received did not fully meet the needs of their household. Among the ones who were not fully satisfied, the three main reasons cited were that they did not receive enough assistance (64%), they needed different types of products (59%), and that assistance was not frequent enough (38%).

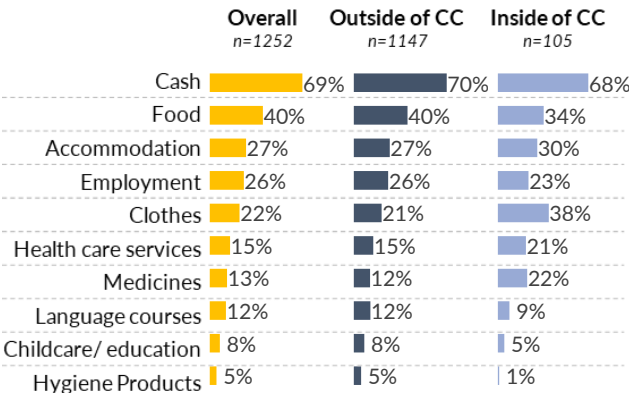
The majority of respondents reported having received food (59%), cash<sup>21</sup> (33%), clothing (26%), or hygiene items (26%) in the last 30 days prior to the interview. However, cash (69%) and food (40%) remained the two priority needs most often listed by respondents, which signals the possibility that the aid distributed is perceived as insufficient to cover priority needs.

FIGURE 24: TYPES OF AID RECEIVED IN THE LAST 30 DAYS PRIOR TO THE INTERVIEW



Showing answers indicated by at least 1% of respondents

FIGURE 25: PRIORITY NEEDS OF HOUSEHOLDS



Local NGOs and Polish authorities were the actors reported by the largest proportion of respondents who received aid since arriving in Poland (32%), followed by the Polish Red Cross (30%), Polish society (29%), UN Agencies (19%), international NGOs (18%), and faith-based groups (13%). Seven per cent of respondents did not know from whom they received humanitarian aid.

Respondents were also asked about the aid workers' behaviour in their area. The majority of respondents were satisfied with the way aid workers interacted with them. Six per cent of respondents expressed a lack of satisfaction with aid workers' behaviour. As a reason for the lack of satisfaction, 75% of those who provided such answer (that is, 52 persons) reported negative attitudes or aggressive, rude behaviours of aid workers.

To provide feedback about the misconduct of aid workers' behaviour, 21% preferred a unique phone hotline, 19% face-to-face (F2F) meeting in office or other venue, 14% e-mail, 12% face-to-face meeting at home, 10% social media (mainly Telegram, Viber, or Facebook) and 32% did not know.

<sup>20</sup> To design the AAP and PSEA sections, the questions included in the [Menu of Accountability to Affected Populations for MSNAs](#) were used. Where possible, open questions were asked, allowing community members the chance to articulate their own views.

<sup>21</sup> While cash is the priority basic need reported by refugees, it covers several underlying needs, which should be explored in future reports.



## MULTI-SECTORAL NEEDS ASSESSMENT

Additionally, the assessment showed a rather low awareness of the community-based complaint mechanisms<sup>22</sup> in the respondents' community, as 40% did not know about any type of complaint mechanisms. Twenty-one per cent of respondents were aware of the possibility of a call-in reporting, and 19% of respondents were aware of reporting through F2F contact with aid workers. Some respondents also indicated e-mail, social media, and F2F contact at home with aid workers as complaint mechanisms known to them (14%, 12%, and 11% of respondents respectively). The level of awareness was lowest among older males (60 y/o or older), 68% of whom did not know any complaints mechanisms.

TABLE 15: AWARENESS OF COMPLAINT MECHANISMS, BY AGE AND GENDER

	Overall	Females 18-59 y/o	Females 60 + y/o	Males 18-59 y/o	Males 60 + y/o
Sample size	1238	960	197	55	25
Phone call	21%	22%	18%	18%	12%
F2F (in office) with aid worker	19%	18%	26%	26%	16%
E-mail	14%	16%	5%	11%	4%
Social media	12%	14%	3%	6%	8%
F2F (at home) with aid worker	11%	11%	11%	13%	8%
F2F with member of the community	6%	6%	5%	13%	8%
None of the above	40%	38%	45%	47%	68%

The table presents answers indicated by more than 4% of respondents

Respondents were also asked about their information needs. More than half of respondents (65%) reported having at least one information need, with the majority of reporting gaps concerning the information about finding work (26%), and access to health care services (25%), followed by how to get more cash assistance (16%), how to find information about the situation in Poland (13%), or how to register for aid (13%). Older people more often reported the need for receiving information about health care services (48% of men and 33% of women aged 60 years old or more), while women overall more often expressed a desire to receive information about ways to find work. The preferred means to receive information about assistance showed a high level of digitalisation, as most refugees selected social media (Viber, Facebook, and Telegram) as channels through which they wanted to access information.

FIGURE 26: TOP INFORMATION NEEDS, BY STRATA

	Overall	Outside of CC	Inside CC
Sample size	152	1147	105
How to find work	26%	26%	30%
How to access health care services	25%	23%	36%
How to get financial support	16%	15%	30%
News on what is happening in Poland	13%	12%	15%
How to register for aid	13%	13%	10%
How to access financial services	10%	10%	13%
How to enrol child in school/ childcare	8%	8%	12%

TABLE 16: TOP INFORMATION NEEDS, BY AGE AND GENDER

	Females 18-35 y/o	Females 36-59 y/o	Females 60+ y/o	Males 18-35 y/o	Males 36-59 y/o	Males 60+ y/o
Sample size	392	577	202	21	34	25
How to find work	26%	32%	17%	14%	9%	8%
How to access health care services	20%	24%	33%	24%	18%	48%
How to get financial support	13%	12%	10%	14%	3%	12%
News on what is happening in Poland	16%	13%	7%	5%	9%	8%
How to register for aid	13%	13%	13%	24%	12%	4%
How to access financial services	13%	12%	10%	14%	3%	12%
How to enrol child in school/ childcare	12%	7%	4%	5%	9%	12%

Shown answers indicated by more than 5% of respondents

<sup>22</sup> A community-based complaint mechanisms (CBCM) is a system blending both formal and informal community structures, built on engagement with the community where individuals are able and encouraged to safely report grievances, including sexual exploitation and abuse (SEA) incidents, which are then referred to the appropriate organisations for follow-up. [Best Practice Guide - Inter-Agency Community-Based - Complaint Mechanisms - Protection against Sexual Exploitation and Abuse](#)

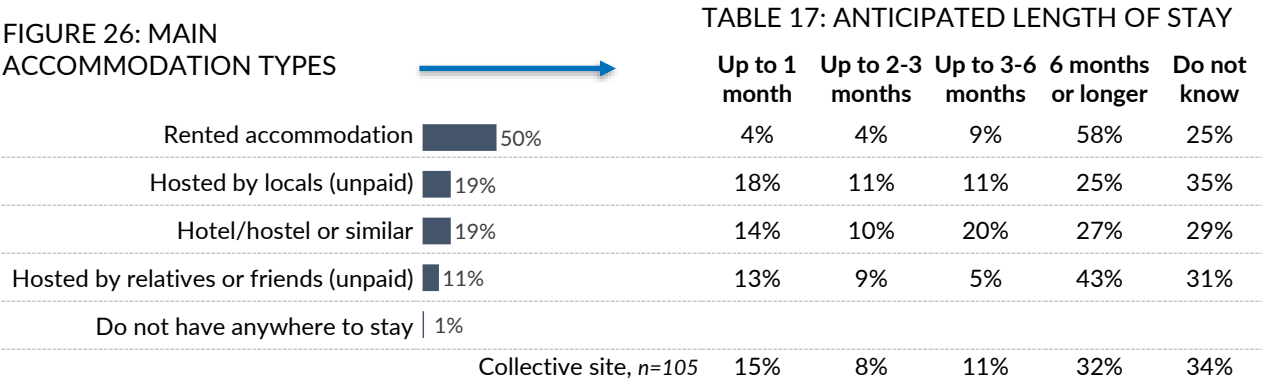
Overall, most of the respondents (66%) did not face any challenges in accessing information so far, while those who had, most often did not know where to look for information (22% of respondents), what information to trust (13% of respondents), or could not find information in their language (6%).

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

Refugees from Ukraine in Poland are predominantly women and children, with women constituting 84% of adult household members in this MSNA sample and children constituting 41% of all household members. As women are at a much higher risk of sexual abuse in Poland<sup>23</sup>, there is a high need for appropriate PSEA mechanisms and institutions. However, the current data showed that such institutions were either non-existing or not known to refugees from Ukraine, with only 5% of respondents reporting the availability of services offered for women and girls if they experienced some form of violence. In addition to that, there was limited awareness of referral mechanisms among refugees – when asked about the organisations they would refer a friend who experienced any type of violence or exploitation, the police were top of mind for most of them (91%), while other organisations, such as community organisations, NGOs, women’s centres were mentioned only by 3% of respondents. Then, as reported in the [AAP section](#) of this report, 40% of respondents were not aware of any complaint mechanisms in their community – meaning they did not know the structures where they could safely report Sexual Exploitation and Abuse (SEA) incidents. These results correspond to reportedly the weak environment of the general GBV response in Poland<sup>24</sup>, with no official sexual violence referral centres, under-resourcing of social assistance, and a low level of awareness of gender-based violence among the general population.<sup>25</sup>

ACCOMMODATION

As of October 2022, approximately 85,000 refugees from Ukraine were residing in CCs in Poland – accounting for about 7% of the total Ukrainian refugee population in Poland.<sup>26</sup> The majority was not residing in CCs – they were renting apartments or living with host families.



In this sample, most households not living in CCs (50%) were renting an apartment or a room, while one third (30%) was hosted – either by locals (19%) or by friends or family (11%). One fifth (19%) lived in hotels or hotels. Staying in rented accommodation was considered the most reliable and long-term solution: 58% of those renting a flat believed

<sup>23</sup> Urszula Nowakowska, [Violence against women](#)  
<sup>24</sup> See for example [CoE GREVIO's Evaluation report](#)  
<sup>25</sup> CARE. [Rapid Gender Analysis: Ukrainian Refugees in Poland](#)  
<sup>26</sup> Rzeczpospolita online. Polska wydała na pomoc uchodźcom z Ukrainy 5,5 mld zł. Available [online](#).

## MULTI-SECTORAL NEEDS ASSESSMENT

that 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 CCs, who more often anticipated a shorter length of stay.

There were differences in HHs profiles observed, depending on the accommodation type, as presented in table 13. Among others, HHs with children were more likely to live in rented accommodations, collective centres or hosted by locals. Hosting arrangements with relatives were in turn more frequent for older respondents and one or two-persons households. A slightly higher presence of persons with disabilities was observed among households with at least one member with a disability.

TABLE 18: PROFILES OF HHs, BY ACCOMMODATION TYPE

	Rented accommodation	Hosted by locals	Hotel/hostel	Hosted by relatives or friends	Collective centre
<i>sample size</i>	572	222	214	127	105
<b>Respondent's age</b>					
18-24	14%	9%	14%	10%	11%
25-59	73%	68%	67%	53%	72%
60+	13%	22%	19%	37%	16%
<b>Household family size</b>					
1 person	8%	14%	23%	27%	20%
2 persons	37%	37%	35%	45%	26%
3 persons	31%	30%	20%	17%	31%
4 or more persons	23%	19%	21%	11%	23%
<b>Children in household</b>					
at least one child	76%	74%	58%	50%	71%
no children	24%	26%	42%	50%	29%
<b>Infants in household</b>					
at least one infant	15%	16%	13%	7%	11%
no infants	85%	84%	87%	93%	89%
<b>Members with disability (WG) in household</b>					
Yes	7%	6%	13%	10%	15%
No	93%	94%	87%	90%	85%

Overall, 30% of households not living in CCs were hosted and did not pay for accommodation. Such hosting arrangements might, however, be less likely to continue in the near future. Hosts might not be able to afford to provide free accommodation due to the rising cost of living and the short-term character of governmental support. So far, there has been a compensation of 40 PLN per day paid to households hosting refugees, however, such support is limited in time for the majority of hosts<sup>27</sup> Currently, this compensation is still being granted for newly arrived refugees, but not longer than for a period of 120 days from the date of arrival to Poland. In particularly justified cases (e.g., when hosted is person older or with disability) the benefit payment period may be extended for a period longer than 120 days.<sup>28</sup>

Of the households not living in CCs, 41% had a written rent or hosting agreement. Such agreement was most common among households living in a rented accommodation (71%), followed by hotels/hostels (13%), those hosted by friends/relatives (13%), and least common among those hosted by locals (7%). The average duration of the rent/host agreement was 9.4 months (based on 422 responses), with an average notice period of 1.1 months (based on 390 responses). A written rent/host agreement was rare among refugees staying in other accommodation types, and indeed it was reported by only 7% of respondents from this stratum. Regarding monetary compensation, 99% of those renting flats and 27% of those staying in hotels had paid arrangements. The average household monthly

<sup>27</sup> Norwegian Refugee Council & Polish Center for International Aid. [Equality versus equity. How complementary approaches are required to support vulnerable Ukrainian refugees](#). October 2022.

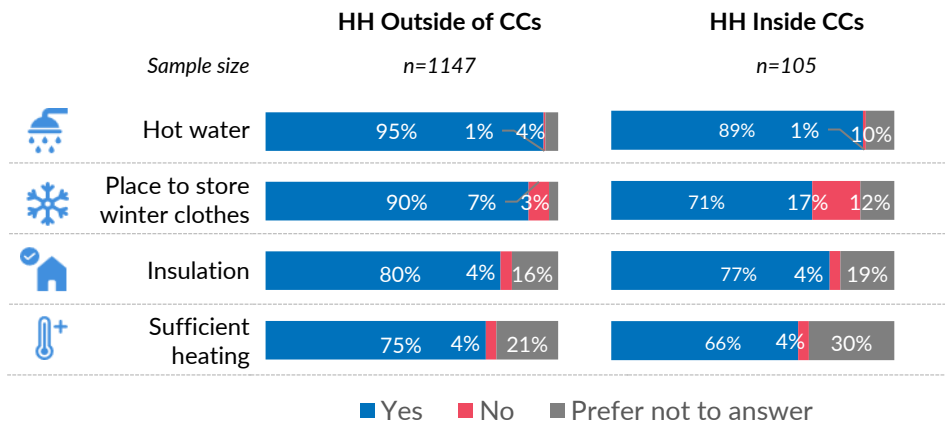
<sup>28</sup> Regulation of the Council of Ministers of 5 May 2022 on the maximum amount of cash benefit for providing accommodation and meals to Ukrainian citizens and the conditions for granting this benefit and extending its payment. Available [online](#).

rent was 1,703 PLN (350 EUR, based on 563 answers). The average amount paid monthly for utilities (e.g., gas, electricity, media) was 414 PLN (85 EUR, based on 281 answers).

Households in CCs more often faced problems related to housing: 14% reported the lack of privacy, and 10% the lack of the possibility of cooking or storing food (which have been noted as issues for 5% and 3% of households not living in CCs, respectively). Households living in CCs also more often reported missing or insufficient quantity of certain items in their accommodation, and they were most often lacking private toilets (20%) or wardrobes (17%).

Additionally, refugees living in CCs were less certain about the availability of space for winter clothes, or sufficient heating than refugees not staying in CCs. Preparing CCs for winter conditions was of particular importance, in view of possible influxes of refugees in winter, as a large number of internally displaced Ukrainians are staying in conditions not suitable for winter.

FIGURE 27: PREPARATION OF THE ACCOMMODATION FOR WINTER

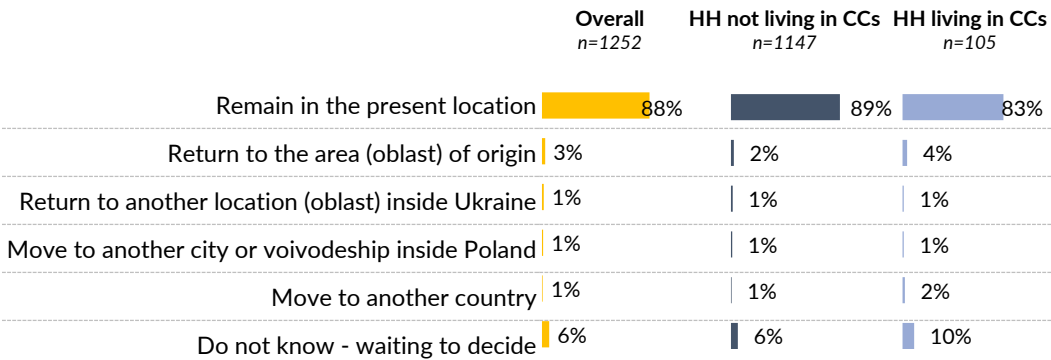


Notably, according to the decision of the Polish government, from March 1, 2023, payment was introduced for refugees who stay in collective facilities for more than 120 days. After 120 days from the date of first entry, assistance may be provided if a citizen of Ukraine covers 50% of the cost of such assistance, and after 180 days from the date of the first entry, assistance may be provided if the refugee covers 75% of the cost of such assistance. Particularly vulnerable refugees, e.g., people with disabilities, are to be excluded from this regulation.

MOVEMENT INTENTIONS

Overall, the majority of respondents intended to stay in Poland in the next three months after the data collection (88%). Only a small proportion planned to return to the oblast of origin (3%), return to another oblast inside Ukraine (1%), move to another place in Poland (1%), or another country (1%). Six per cent of respondents could not state their precise movement intentions.

FIGURE 28: HOUSEHOLD CURRENT MOVEMENT INTENTIONS



# Conclusions

The MSNA in Poland aimed to provide an overview of the key humanitarian needs of Ukrainian refugee households living in Poland. As the situation in Ukraine is still ongoing and unpredictable, this assessment provides a snapshot of the needs and challenges faced by these households in August-September 2022.

Findings from the MSNA revealed that Ukrainian household members were mostly women with children: females accounted for 83% of adult household members, while children comprised 41% of the overall household population. This demographic structure corresponded with the registration for temporary protection, where among Ukrainian citizens registered until 24 September<sup>31</sup>, 71% were female, 42% were children, and the largest proportion of female refugees was reported among those aged 18 years old and older (85%). Importantly, 12% of household members were at least 60 years of age. The assessment confirmed the increased vulnerability of this group – most often retired and without a stable income, with the greater language barrier, reporting more health and mental health problems and risks of disability. Also, the level of awareness of their right in Poland was lower than among younger respondents.

One third (27%) of the refugees aged 18-59 years old were formally employed in Poland at the time of data collection, and additional 7% had informal work in Poland. At the same time, almost half of 18-59 y/o refugees were not working, despite the overall high level of education. With the existing resources depleting, the families may face increased vulnerabilities, and therefore facilitating access to livelihood solutions becomes especially important. Childcare, no relevant job offers, and lacking language proficiency required to secure employment were among the main barriers to finding employment, which indicates how important public childcare services and Polish classes are to strengthening the refugee's economic independence.

The majority of refugee households (74%) benefitted from humanitarian assistance within 30 days prior to data collection, most often from food, cash, or clothing. In addition to that, 69% of households reported receiving social benefits from the Polish government, most often child allowance (500+).

Overall, 70% of school-aged children (3-17 years old) were either enrolled in school in Poland or followed both Polish and Ukrainian curriculum since September 2022. The lack of enrolment in Polish schools was most often explained by children following Ukrainian distance learning exclusively. However, the widespread electricity cuts in Ukraine make distance learning much more difficult, which can lead to the educational exclusion of children from Ukraine. Polish classes and school materials appeared as the most needed support for education in Polish schools.

While the majority of respondents with health care needs were able to obtain health care services, still one fifth (19%) encountered barriers. Long waiting time, cost of services and language barriers were most often mentioned. Although public-sector medical care in Poland is free for Ukrainians, the waiting time for an appointment with a specialist is so long that causes seeking help in the private sector, where treatment is expensive. Translation services in hospitals could help overcoming the challenges related to the language barrier, while long waiting times have been perceived as one of the main challenges of the Polish health system for years and remained such.<sup>32</sup>

In terms of people at risk of disability, as defined under the Washington Group Short Set on Functioning (WG-SS)<sup>33</sup>, 8% of Ukrainian household members were found to be in this situation, with most of them being older adults (over 60 years of age). Also, 13% of household members declared having mental health care needs, of whom 50% sought professional support.

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<sup>31</sup> Open Data Portal. [Registered applications for the UKR status due to the conflict in Ukraine](#)

<sup>32</sup> Kurpas D. Challenges in Implementing Integrated Care in Central and Eastern Europe – Experience of Poland. International Journal of Integrated Care. 2020;20(2):7. DOI: <http://doi.org/10.5334/ijic.5533>

<sup>33</sup> The questions and additional information about WG-SS are available [online](#).

With the majority of refugees in Poland not living in CCs, findings revealed that the majority of households were staying in rented accommodation or were hosted by another family. With the suspension of the incentives for hosting families, and rising energy and rent prices, housing might become the biggest challenge in the coming months. Findings also revealed that the conditions were worse inside the collective sites, with households living there most often reporting missing equipment or winterization issues. With changes in law, requiring refugees staying in collective centres to participate in the costs of assistance, there might be groups of refugees unable to cover such costs.

The majority of refugees living in Poland did not note any major protection risks for adults or children at the time of the interview. At the same time, almost one fifth of refugees experienced hostile behaviour from the host community, which in most cases was reportedly verbal aggression. In the case of a protracted crisis, such behaviours may increase in number, as the tension in the community may increase. This, together with the reported weak level of awareness of their rights in Poland, leads to the increased risk of abuse and social exclusion.

Both for adults and children, the police were by far the “top-of-mind” referral organization. One third (32%) did not know any protection services in their area, while most often reported as the presence of social services (56%) and child-friendly spaces (44%). Notably, one third of respondents described their level of awareness of their rights in Poland as weak or non-existing, which could signal that they were more vulnerable to exploitation and abuse.

In addition to that, 40% of respondents were not aware of any complaint mechanisms in their communities – meaning they did not know the institutions or structures where they could safely report the incidents of Sexual Exploitation and Abuse (SEA). Moreover, the assessment showed low awareness of the referral mechanisms, and only 5% of respondents reported the presence of services for women and girls who experienced some form of violence, such as shelters, crisis rooms or day care centres. Knowing that the majority of refugees are women, who are more vulnerable to gender-based violence, such services should be made widely available.

The main priority needs reported by households were cash and food, followed by accommodation, employment, and clothing. These needs remained high even though they were reflected in humanitarian assistance, as food and cash assistance were most often reported aid received by the refugees’ households. While the assessment was done in the summer, these needs might have increased with the start of the winter.

Considering the dynamic nature of the displacement situation, continuous situation monitoring is needed to ensure visibility of the evolving needs of affected communities, including potential new arrivals, and the prevention of potential future tensions between host communities and Ukrainian families. Facilitating integration into the job market through the provision of public childcare, Polish classes, and information services should be the priority for the coming months, together with securing housing for the refugee population. Additionally, strengthening communication channels with refugee communities will contribute to better access for refugees to information about their rights, benefits, and services. This should include feedback and referral mechanisms for refugees to be able to raise issues with the Government and other actors. With the end of conflict not anywhere in sight, the arrival of winter may increase pre-existing vulnerabilities and require action from humanitarian actors.

Lastly, given the practical limitations of this assessment, certain topics could not be covered within the household survey. Sensitive issues that were addressed, e.g., related to safety and security, may have been under-reported due to methodological limitations. Therefore, targeted assessments of such sensitive topics with carefully designed methodologies and in-person data collection may help improve the understanding of issues around topics such as sexual exploitation or abuse, menstrual hygiene and safety and security to be able to better counter gaps and negative trends.

## MULTI-SECTORAL NEEDS ASSESSMENT

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