

# Multi-Sector Needs Assessment Poland

Health Sector Findings  
Poland, October 2022





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# Assessment objectives

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## Key objective:

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

## Specifically:

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

# Methodology

<b>Population:</b>	Refugees living in host communities and in collective centers (CC) who registered or plan to register for PESEL number (the national identification number used in Poland)
<b>Design:</b>	Household interviews inside of collective centers and outside of collective centers
<b>Dates:</b>	Data collection from the 24/08/2022 to 22/09/2022
<b>Sample size – number of respondents:</b>	1147 respondents outside of CC and 105 respondents inside of CC
<b>Number of household members:</b>	<p>Including respondents, there were 3389 household (HH) members overall, 3106 HH members outside of CC and 283 HH members inside of CC</p> <p>For some sections (education, health), respondents were asked to answer questions repeatedly about each member of their household. Household members might or might not have been present during the interview. Therefore, for some questions, percentages are shown on larger sample sizes – including not only respondents, but all HH members for which given question was asked.</p>
<b>Sampling strategy:</b>	<p>Purposively selected, not statistically representative inside of CC</p> <p>Non-probability quota sampling outside of CC</p> <p>Results are indicative</p>

For further information, refer to the ToR [\[link\]](#).

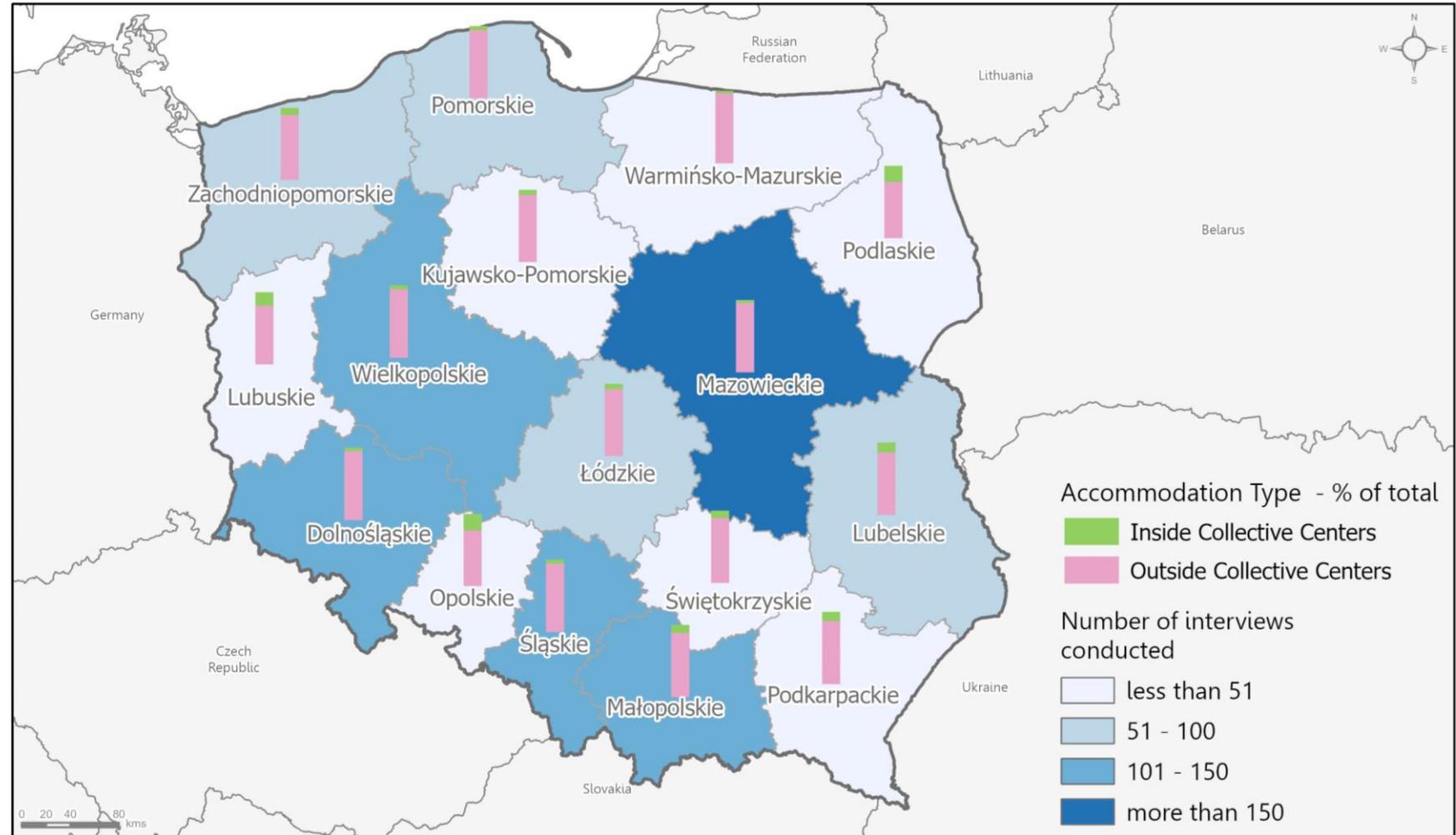
# Sampling frame

Voivodeship	Outside of CC		Inside of CC	
	# of interviews	%	# of interviews	%
Dolnośląskie	117	10%	6	6%
Kujawsko-pomorskie	39	3%	3	3%
Lubelskie	49	4%	9	9%
Lubuskie	38	3%	9	9%
Łódzkie	73	6%	6	6%
Małopolskie	113	10%	14	13%
Mazowieckie	230	20%	10	10%
Opolskie	30	3%	9	9%
Podkarpackie	41	4%	6	6%
Podlaskie	21	2%	6	6%
Pomorskie	81	7%	5	5%
Śląskie	108	9%	6	6%
Świętokrzyskie	26	2%	3	3%
Warmińsko-mazurskie	27	2%	1	1%
Wielkopolskie	101	9%	6	6%
Zachodniopomorskie	53	5%	6	6%
<b>Total</b>	<b>1147</b>	<b>100%</b>	<b>105</b>	<b>100%</b>

1252 interviews were conducted in total.

For outside of CC strata, PESEL registration data was used as a proxy indicators for quotas.

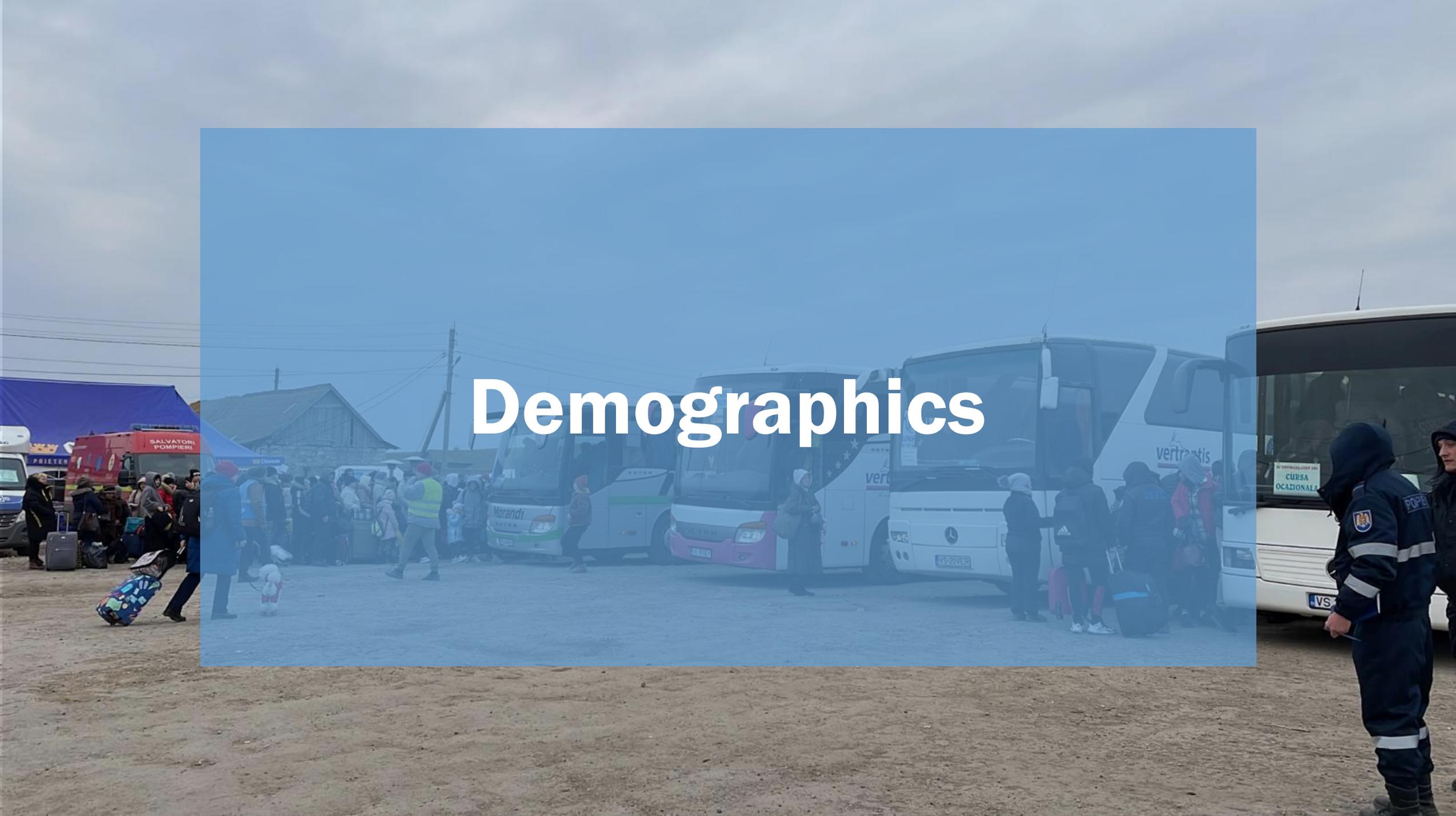
# Assessment coverage



# Limitations

1. Detailed information on the whereabouts and characteristics of Ukrainian refugees living in Poland is not available. While there is data available on refugees who applied and were granted PESEL number, it does not reflect the current structure of refugees' localization. The availability of settlement-level data about the exact location of refugee households, as well as age and sex disaggregated data remains unclear – which makes it impossible to use probability sampling. Purposive sampling was used instead:
  - **Outside of CC:**  
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 the relatively high level and therefore, although not generalizable with a known level of statistical precision, it will still generate indicative findings with a high level of representation.
  - **Inside of CC:**  
Sampling was based on a list of collective sites in Poland known prior to the start of the data collection on August 24. The list was not exhaustive and collective sites were chosen purposively, in the areas with the highest number of PESEL registration in each voivodeship, to ensure national coverage. Larger sample size and more in-depth and representative assessments are needed to evaluate the situation in collective sites operating in Poland.
2. MSNA in Poland was entirely based on the quantitative survey 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 (LGBTQ+) situation, discrimination from host communities and others. These should be investigated through qualitative assessments.
3. Interviews were conducted between 9AM and 5PM which could lead to overestimation of people unemployed, dependent on humanitarian system, and underestimation of those in full-time employment.

# Demographics



# DEMOGRAPHICS – HOUSEHOLD'S COMPOSITION



**2.7** was an average household size



**71%** of household (HH) members were female of which 4% was either pregnant or lactating

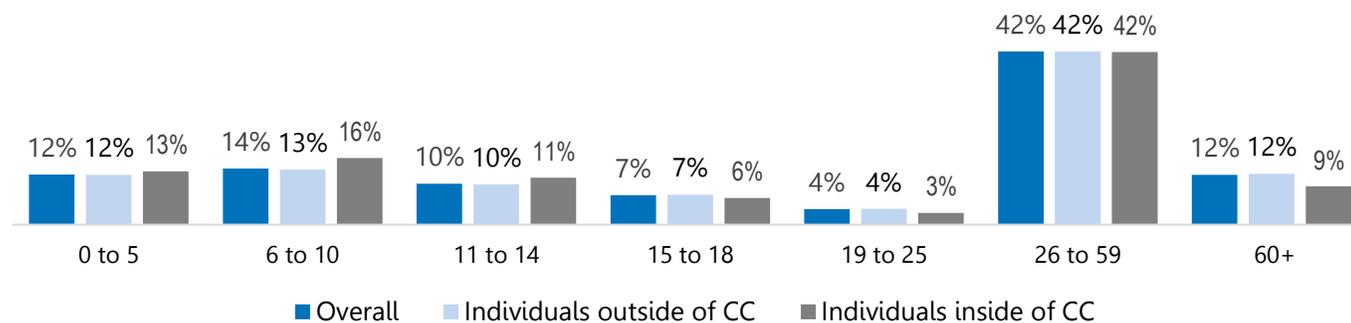


**41%** of HHs members were children and **69%** of households were with at least one child



**12%** were 60 years old or older

## Share of age groups



Average age: **29**

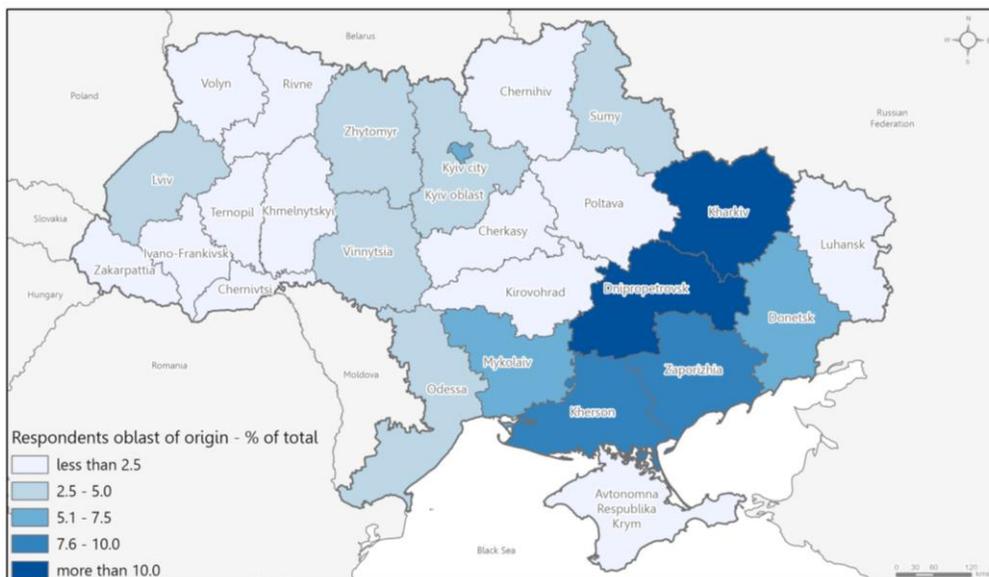
Q: How many people of your household, who travelled from Ukraine, are you currently living with (including yourself)? Q2: What is the gender of this person? Q3: What is the age of this person (in years)? Q4: Is this person currently pregnant, breastfeeding, or both? Base: all household members, n=3389.

# DEMOGRAPHICS – ORIGINS AND ARRIVAL

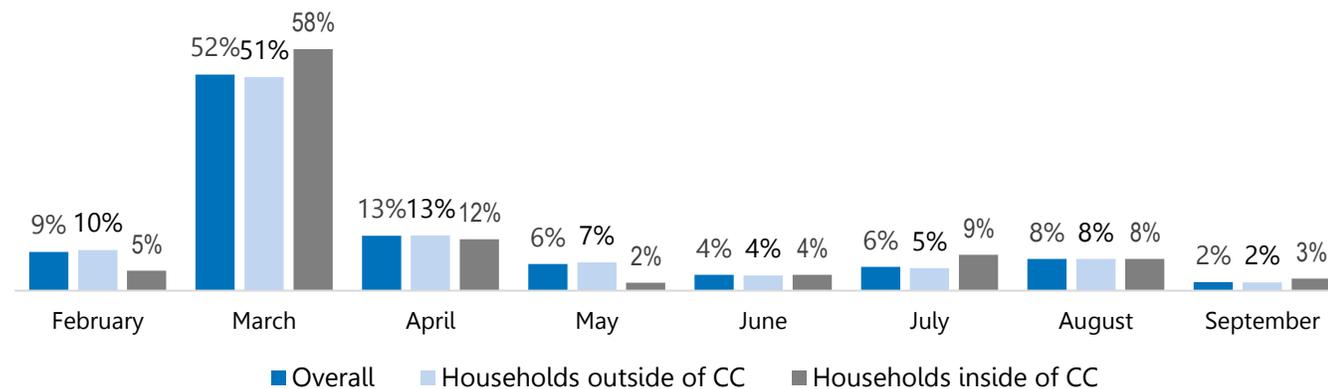
## 5 most common areas of origin:



<b>Kharkiv</b>	15%
<b>Dnipropetrovsk</b>	14%
<b>Zaporizhzhia</b>	9%
<b>Kherson</b>	8%
<b>Donetsk</b>	6%



## Month of arrival



Q1: Which oblast were you living in Ukraine before 24th February? Q2: When did you arrive to Poland? Base: all respondents, n=1252, households outside of CC n=1147, households inside of CC n=105.

# DEMOGRAPHICS – EDUCATION AND OCCUPATION

## Highest education level achieved

	Overall <i>n=3389</i>	HH members outside of CC <i>n=3106</i>	HH members inside of CC <i>n=283</i>
No education	8%	8%	8%
Pre-primary education	9%	9%	13%
Primary education	19%	19%	21%
Secondary	16%	15%	19%
Vocational	19%	19%	20%
Bachelor's degree	3%	3%	2%
Specialist's degree	12%	12%	10%
Master's degree	12%	13%	6%
Postgraduate	1%	1%	0%

28% of household members overall has higher (at least Bachelor's) education (29% of HH members outside of CC, 19% of HH members inside of CC).

## Occupation status\*

(among household members of at least 16 years old)

	Overall <i>n=1861</i>	HH members outside of CC <i>n=1725</i>	HH members inside of CC <i>n=136</i>
Not working	34%	32%	49%
Formal work in Poland	21%	22%	11%
Retired	15%	15%	15%
Formal work in Ukraine	10%	10%	8%
Student	7%	7%	5%
Informal work in Poland	5%	6%	4%
Caregiver for a child	3%	3%	2%

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

## Reasons for unemployment

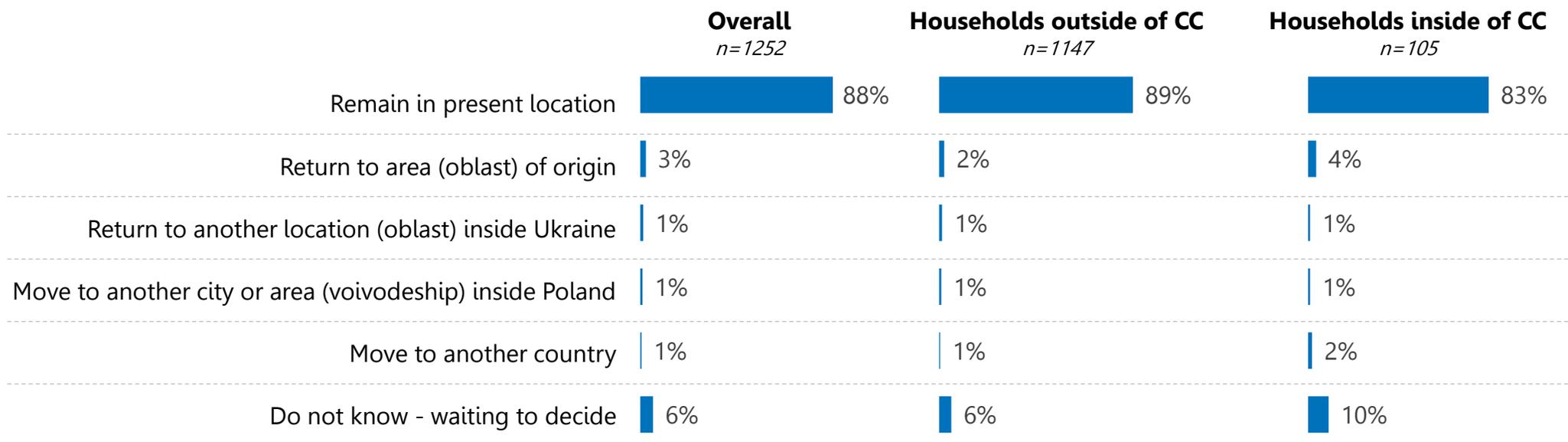
	Overall <i>n=424</i>	HH members / outside of CC <i>n=382</i>	HH members inside of CC <i>n=42*</i>
Taking care of child	24%	25%	21%
No work available	22%	23%	14%
Maternity leave	16%	16%	12%
Lack of Polish language skills	8%	8%	10%
Illness	5%	5%	5%
Prefer not to answer	3%	3%	7%

\*Small base size

Q1: What is your highest educational level achieved? Q2: What is the highest education level achieved by him/her? Q3: What is your current occupation status? Q4: What is his/her occupation status?

# MOVEMENT INTENTIONS

## Household current movement intentions



Q: What are your household's current movement intentions in the next 3 months?

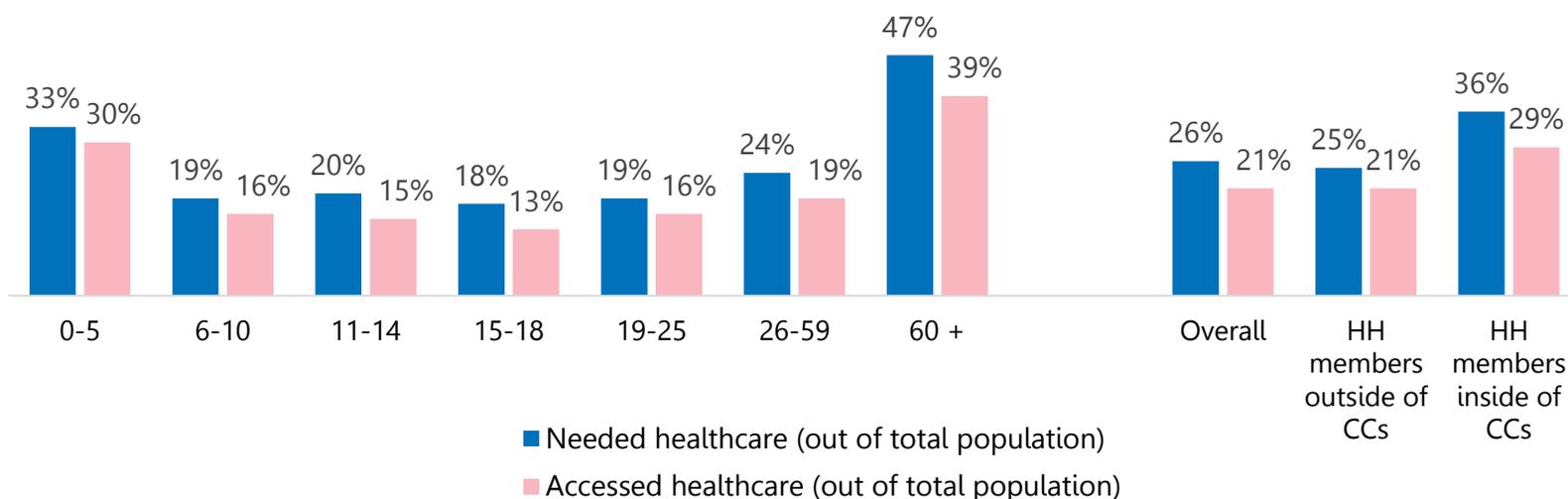
# Health Sector findings



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

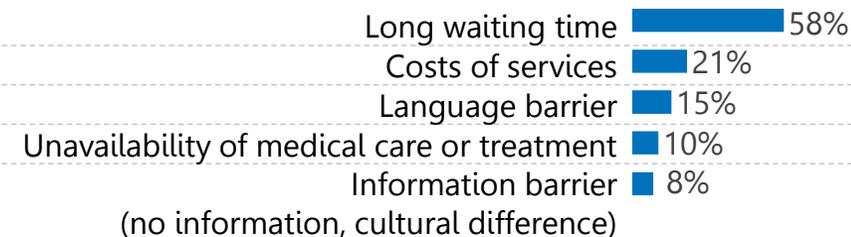
## HH members having a reported health care need over last 30 days, and being able to access health care services

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



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

Overall  
n = 159

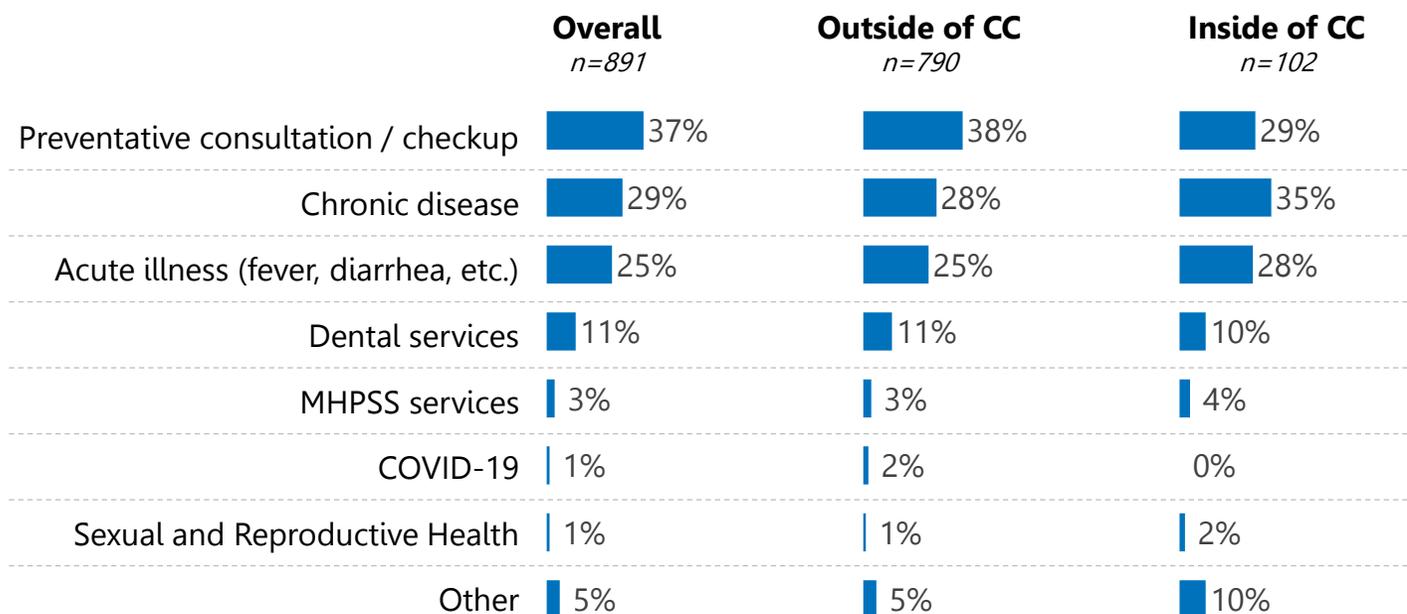


**96%** of household members with a health need **sought help in Poland**, from whom **84%** in Polish government facilities and **14%** in private health facility.

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

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

## Most frequently reported health care needs



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

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

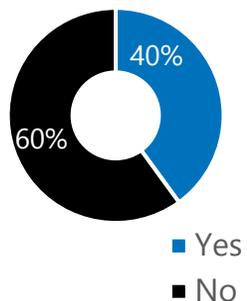
Q: What was the health care need for this person?

# HEALTH – COVID VACCINATIONS

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

## COVID vaccination

Overall, n=3057

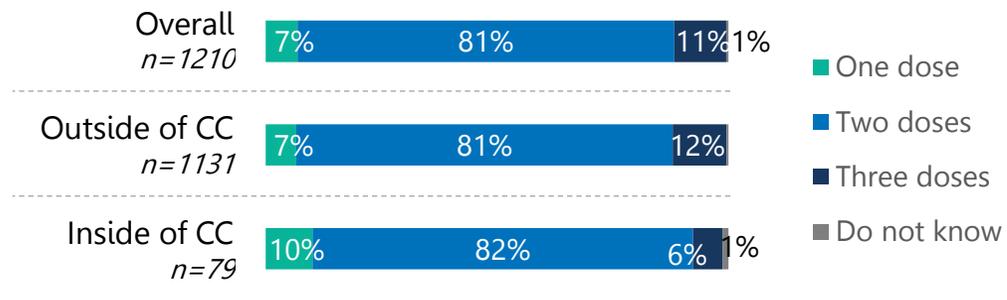


	Outside of CC	Inside of CC	Overall	
			Less than 12 y/o	12 y/o or older
Sample	2802	255	621	2436
Yes	40%	31%	1%	50%
No	59%	69%	99%	50%

## Reasons for the lack of vaccination

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

## Number of COVID-19 doses



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

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

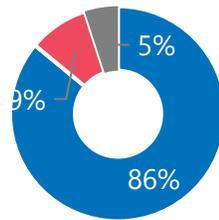
Q1: Has this person ever received any vaccinations against COVID-19? Q2: How many doses did this person receive? Q3: How many months have it been since the last dose? Q4: What was the main reason for not receiving the vaccination?

# HEALTH – CHILDREN' VACCINATIONS

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

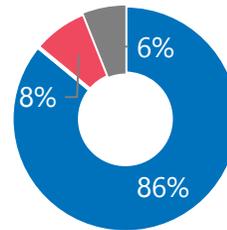
**% of children with MMR vaccination**

Children aged 5 or less, n=410



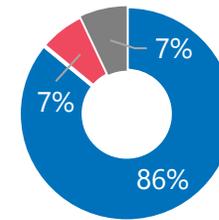
**% of children with polio vaccination**

Children aged 5 or less, n=410



**% of children with DTP vaccination**

Children aged 5 or less, n=410



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

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

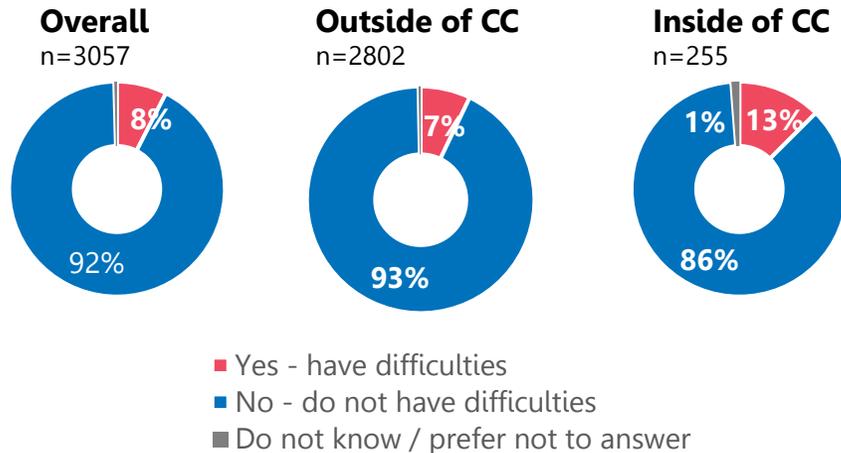
In 11 cases there were contradictions against vaccination (i.e., a child was sick or there were other health reasons), in 7 cases respondents said that a child was too young, in 6 cases they did not want to vaccinate a child, and in 6 – did not know where to go for vaccination.

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

# HEALTH – THE WASHINGTON GROUP

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

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



Percentage of household members having **specific difficulties**

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

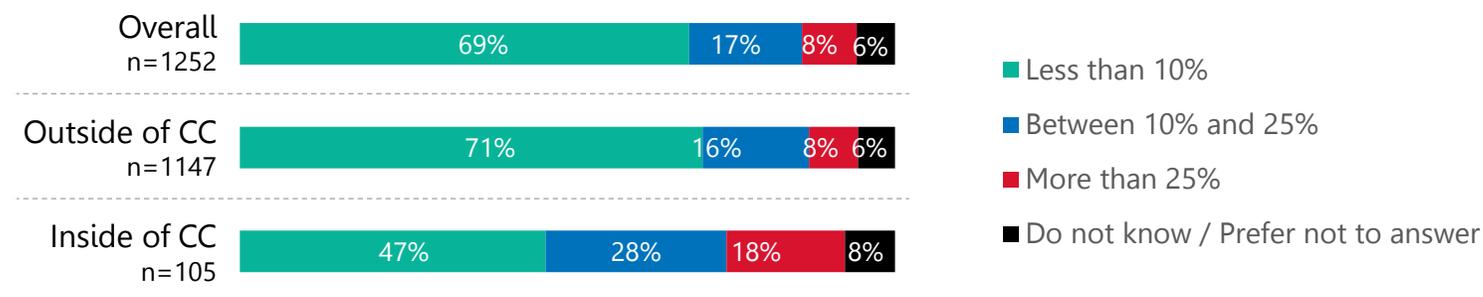
% show proportion of household members who were reported as having “a lot of difficulties” or “cannot do at all” for each activity task from the Washington Group set of questions. It should be noted that the responses on the disability of family members are purely subjective and therefore findings related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

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

# HEALTH - ADDITIONAL INFORMATION

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

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



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

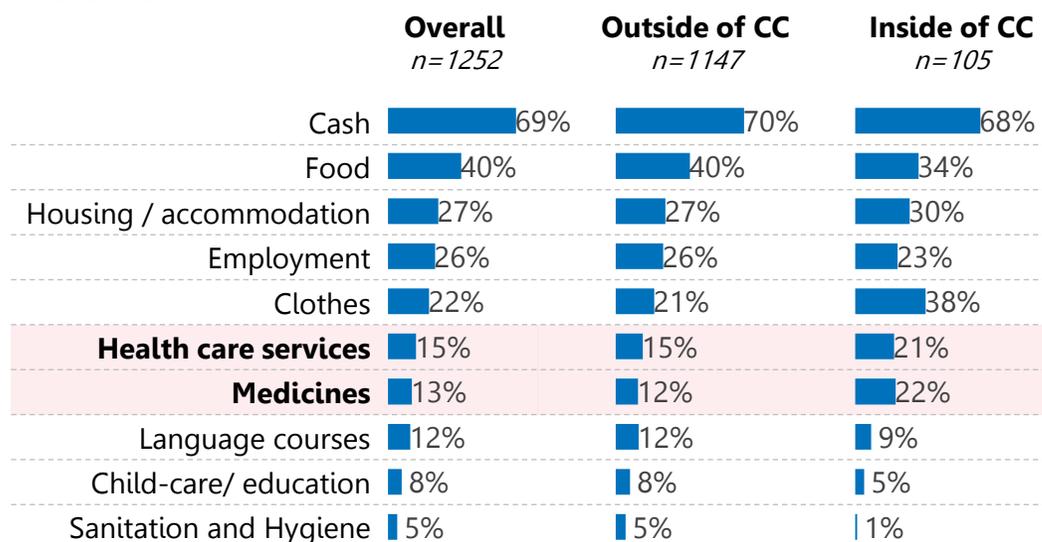
- **27% of respondents reported spending money on health care** during the last 30 days (26% of respondents outside of CC, 37% of respondents inside of CC). 395 PLN was the average monthly amount reported (based on 282 answers).
- **46% of respondents faced challenges obtaining enough money** to meet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

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

# HEALTH - ADDITIONAL INFORMATION

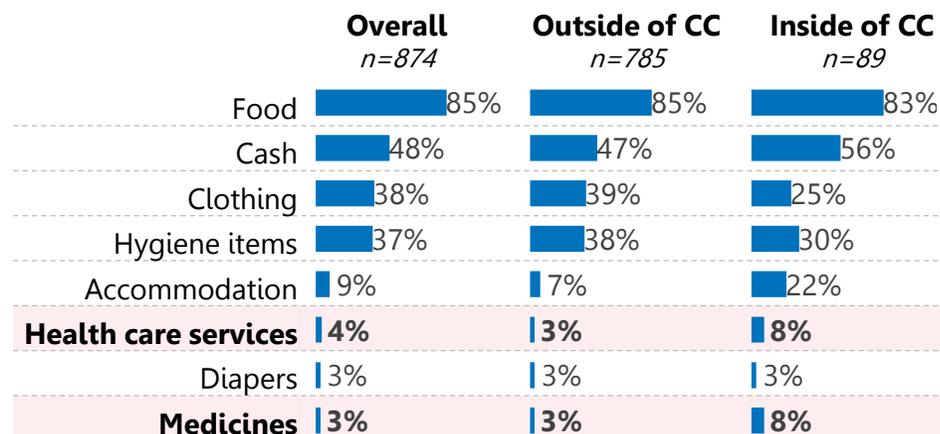
15% of households overall (15% of households outside of CC and 21% of households inside of CC) indicated health care services as one of their priority needs, and 13% (12% outside of CC, 22% inside of CC) indicated medicines as one of their top priority needs. Health care services and medicines accounted for 4% and 3% of aid received overall, respectively.

## Top priority needs of households



74% of households overall, 73% of households outside of CC and 88% of households inside of CC received humanitarian aid in the past 30 days.

## Top types of aid received\*



\*percentages among those who received aid  
Shown are responses indicated by more than 1% overall

Q:1 Has your household received any humanitarian aid in the past 30 days? Q2: What type of aid did you receive? Q3: What are the top three priority needs of your HH?

# MHPSS findings



# MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

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

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

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

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

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

\*small base size

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

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

\*small base size

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

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



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

Base: those needing help, n=228

\*\* showing on overall sample, due to too small base sizes to show outside of CC and inside of CC separately

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

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

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

# Thank you

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