



Health of refugees from Ukraine in Poland 2022

Household survey
and behavioural insights research

REPORT, FEBRUARY 2023

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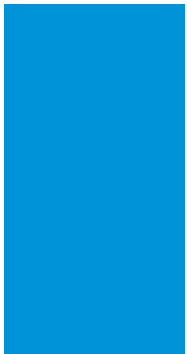



Disclaimer

This report reflects the key findings emanating, deriving or being deduced from the immediate quantitative and qualitative analysis of the information collected from May to September 2022 on the health of refugees from Ukraine in Poland.

The findings presented in this report do not necessarily reflect the official views or policies of the organizations that conducted the survey and are to be interpreted within the context of the survey objectives only.

Unless otherwise stated, data and statistics presented in this report may differ from data and statistics from other external sources on the same topic due to differences in the methodological assumptions applied in calculations.



Foreword



Dominik Rozkrut, PhD
President
of Statistics Poland

A handwritten signature in black ink, appearing to read 'Rozkrut'.



Dr Paloma Cuchí
WHO Poland Country Office
Representative

A handwritten signature in blue ink, appearing to read 'Cuchi'.

The outbreak of war in Ukraine on 24 February 2022 caused an immediate and unprecedented influx of millions of refugees fleeing from Ukraine into Poland. The largest number of displaced people in Europe since the Second World War led to the global figure of forcibly displaced people reaching 100 million for the first time. Although the Republic of Poland has made commendable efforts to welcome the refugees and provide for their needs, the situation has created an enormous strain on local and national public services leading to enormous challenges for the state administration. The sheer scale of population movements has meant increased challenges for the labour market, education and, in particular, the health care system.

The state authorities and international partners had an urgent requirement for reliable data and qualitative evidence about the health and welfare needs of the newly arrived refugees. In order to gather credible and reliable information about the refugees, including their health needs and conditions, Statistics Poland through its offices in Rzeszów and Lublin, collaborated closely with the World Health Organization (WHO) – the WHO Country Office in Poland, the WHO Regional Office for Europe and WHO headquarters – to conduct a study with two components. One component was designed to collect health information about the refugees fleeing from Ukraine and was carried out in the Polish border provinces of Podkarpackie and Lubelskie. The other was designed to gain detailed insights into the experiences of refugees in accessing health services. Combined, the survey results are a valuable insight into identifying the needs and health status of refugees, and the expected scope of the longer-term assistance and support that the refugees will need.

The state and municipal-level governors have important roles to play in emergencies. City councils can help connect refugees to health and other services, thereby creating safer and more inclusive communities. Access to valid, accurate and timely information is critical to planning and executing the humanitarian response. Statistics Poland's experience, capacity and presence at the Ukraine–Poland border crossing points was key in undertaking such a large and comprehensive survey of a highly mobile population that was increasingly becoming scattered throughout Poland. This required producing a tailored methodology and instruments to gather the relevant and necessary information to plan the response. The collaboration between Statistics Poland and WHO has been highly successful, and we hope the survey results will be useful for all parties involved in the response. We also believe that survey methodology and insights gained through this exercise could be of use to other countries facing similar challenges.

Abbreviations

BCI	Behavioural and Cultural Insights
BU	Survey of refugees
COVID-19	coronavirus disease 2019
DTP	diphtheria, tetanus, pertussis/whooping cough
HPV	human papillomavirus
KGSG	Border Guard Poland Main Headquarters
MMR	measles, mumps, rubella
PESEL	Common Electronic System of Population Register
POLIO	poliomyelitis
TB	tuberculosis
UNICEF	United Nations Children's Fund
UNHCR	United Nations Refugee Agency
WHO	World Health Organization

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Introduction

Rationale

The escalation of the war in Ukraine, starting on 24 February 2022, has meant that Europe has experienced the largest refugee crisis since the Second World War. The unprecedented humanitarian and refugee crisis has seen millions of people being forced to flee Ukraine. Millions of refugees fled through the border crossings on the Polish-Ukrainian border and decided to seek shelter in Poland, meaning that Poland became a country hosting **one of the largest refugee populations** in the world almost overnight. The arrival of this massive influx of people has made it **necessary to provide refugees with food, shelter and access to health care**. To adequately address the requirement to provide access to health care, it is of paramount importance to understand the health status of refugees, their needs and experiences of accessing health services.

Initially, more than 2.4 million refugees from Ukraine arrived in Poland¹. Since then some refugees have moved on to other countries or have returned to Ukraine, leaving over 1.5 million refugees in Poland²; this is a population increase in Poland of more than 4%. In order to provide necessary services, it is critical to hear directly from refugees about their health needs, and the barriers limiting or preventing them from using health care services. Identifying how many refugees are facing immediate health problems, such as cough, diarrhoea and fever, and chronic disease-related health issues is also essential.



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¹ Using data from the Border Guard Main Headquarters.

² Unless otherwise stated, data and statistics presented in this report may differ from data and statistics presented in other external sources due to differences in the methodological assumptions used in calculations.

Objectives and scope

The Health of refugees from Ukraine in Poland 2022 survey was conducted to explore health care use and access, and the health care needs of Ukrainian refugees in Poland, with the aim of informing health service improvement and future actions. This survey comprised two components:

- the Health of refugees from Ukraine in Poland 2022 household¹ survey, which was a survey of 1 800 households in which statistical data was collected using a questionnaire;
- the Behavioural insights into health service needs and access for refugees from Ukraine in Poland 2022 research, which involved in-depth interviews with a selected group of respondents.

These components combined quantitative and qualitative methodologies and enabled the data obtained to be triangulated to better understand the refugee experience in Poland.

Health of refugees from Ukraine in Poland 2022 household survey

Statistics Poland partnered with the World Health Organization (WHO) to survey refugees located in the Podkarpackie and Lubelskie provinces (voivodeships) between June and August 2022 to obtain information from refugees on how and where refugees crossed the border, to characterize refugees crossing the border according to their demographic and social profiles, and to identify their health needs.

To guarantee the representativeness of the research sample, the survey covered all border crossings on the Polish-Ukrainian border. In addition, reception points, and other places where refugees were staying temporarily, were inventoried on an ongoing basis. The WHO Health and Migration Programme² team provided technical assistance for the design of this survey and for the analysis and report writing. See Annex 1 for further details on the survey methodology and Annex 2 for the questionnaire used.

¹ Household refers to a group of persons travelling together, who have left Ukraine because of the war and are planning to live together during their stay outside Ukraine.

² Health and Migration Programme, Office of the Deputy Director-General, WHO headquarters, Geneva.

Behavioural insights into health service needs and access for refugees from Ukraine in Poland 2022 research

During August and September 2022, Statistics Poland and WHO carried out research into the behavioural and cultural factors impacting access to and uptake of health services for refugees. Poland was one of four countries conducting similar studies using a research protocol developed by the WHO Behavioural and Cultural Insights (BCI) Unit¹.

The objectives of this research were to explore refugees' health-related service needs and to identify the barriers and drivers related to accessing health care services, and to document their experiences of the Polish health system, including possible critical issues. It is anticipated that follow-up interviews with the same respondents will be conducted to explore changes in their health care needs, and the barriers they experience accessing health care over time. See Annex 1 for further details on the Behavioural insights research methodology and Annex 2 for the interview format used.

Additional data sources

This report also uses data from the PESEL (Common Electronic System of Population Register) registry. The Act of 12 March 2022 on assistance to citizens of Ukraine in connection with the armed conflict on the territory of the country (Journal of Laws of 2022, item 583) allowed those refugees from Ukraine who applied to be given a PESEL number. As of 31 August 2022, more than 1.3 million numbers had been assigned. The PESEL register contains, inter alia, date of birth, gender and nationality.

The report also uses data from the daily and monthly reports of the Border Guard Poland Main Headquarters, which describe border traffic on the Polish-Ukrainian border. See Annex 3 for further details.

¹ Behavioural and Cultural Insights Unit, WHO Regional Office for Europe, Copenhagen.

Highlights from the Health of refugees from Ukraine in Poland 2022 survey

Health of refugees from Ukraine in Poland 2022 household survey

Of the surveyed refugees, 59% were adults (aged ≥ 18 years); 41% of refugees were children; 70% were women. The majority of adult refugees were in the 18–34 year age group. Most children were aged 5–14 years.

DEMOGRAPHICS

Most people needing health care had problems with sudden illnesses, such as cough, diarrhoea and fever (44%) and problems related to chronic illnesses (40%). Refugees also frequently needed dental services (18%). Refugees with chronic diseases indicated health care needs for cardiovascular diseases, diabetes, cancer and pulmonary diseases most frequently.

HEALTH STATUS

The most frequently mentioned obstacle to accessing health care was the information barrier (lack of information, language or cultural barriers). The cost of the service was too high for one in three refugees. The barrier not specified in the questionnaire but mentioned most frequently was “long waiting times”.

BARRIERS

Of the adults arriving in Poland, 55% were vaccinated against COVID-19. The majority of those vaccinated (81%) had received two vaccine doses. The Ukrainian population is relatively less vaccinated in comparison with the Polish population (37% and 60%, respectively).¹

COVID-19 VACCINATION

In the 1–4 years age group, 79% of children were vaccinated against DTP (diphtheria, tetanus, pertussis), 78% against MMR (measles, mumps, rubella) and 73% against polio. Children in Ukraine are generally less vaccinated (78–86% of children have all three vaccines) than children in Poland (90–95% children).²

CHILDHOOD VACCINATION

The survey results showed that 10% of refugees experienced problems with daily functioning caused by emotions and stress. In the group who identified having problems with daily functioning, more than half (56%) said they would benefit from mental health support.

MENTAL HEALTH

¹ Source: Data from WHO.

² Source: Data from WHO.

Highlights from the behavioural insights research into health service needs and access to health for refugees from Ukraine in Poland 2022

QUALITY	Refugees reported being happy with the quality of services they receive, especially emergency and tertiary care and the kind attitudes of health care providers.
COSTS	Obtaining medications was challenging due to the need for prescriptions and the cost; electronic prescriptions and initiatives such as Health4Ukraine improved access. Dentistry was also considered too expensive.
HEALTH LITERACY	Many respondents wanted more information about specialized care, prevention services and vaccination. People who are older, with disabilities or who do not speak Polish/English need more information regarding health services and access overall.
COMMUNICATION CHANNELS	People trust information from other refugees, either via social media or face-to-face; informal communication channels are more likely to reach Ukrainian refugees in Poland.
SPECIALIZED CARE	Some subgroups have difficulties accessing the services they need, particularly those with chronic diseases and those who need specialized treatment; connecting to special programmes or civil society organizations is helpful.
MENTAL HEALTH	People are aware of mental health services; however, people say others need these services more than they do themselves. In addition, caregivers say there is no one to look after their children while they attended these services, and also say that services may not be provided in the most appropriate way.
DISABILITIES	Families of children with disabilities have considerable needs which are not met due to cost, lack of a disability certificate, transportation challenges and lack of services for adolescents.
VACCINATION	Respondents want to understand differences in routine immunization schedules and where they can access vaccinations for children and adults, including for COVID-19, human papillomavirus (HPV) and other diseases.

Some reflections from the household survey and behavioural insights

Modify or develop existing health care in terms of needed services, infrastructure and staff resources, taking into consideration language barriers, long waiting times and high cost of services.

HEALTH CARE

Consider innovative approaches for sharing information on standardized referral pathways, waiting times and other issues related to accessing health care in Poland. Information should be tailored to those with disabilities, chronic disease and low health literacy, and focus on prevention services, specialized care and vaccination.

INFORMATION

Design mental health services in acceptable ways, such as one-to-one counselling with Ukrainian-speaking professionals, taking into account barriers such as lack of childcare options, inconvenient locations and stigma.

MENTAL HEALTH

Review and consider delivering enhanced services for children with disabilities of all ages, streamlining the disability certificate process and supporting caregivers.

CHILDREN WITH DISABILITIES

Provide additional support for those who are most vulnerable, including those with chronic illnesses, and groups that are not normally considered vulnerable, such as older people and mothers who are taking care of children on their own, including infants or children with disabilities.

INCREASED VULNERABILITY

Coordinate across government sectors for maximum impact. Provide support for local organizations providing services to those with disabilities or providing help with managing the costs of medications.

COORDINATION OF CIVIL SOCIETY

Consider a global measurement framework for refugee and migrant health and develop international standards and guidelines through expanded collaborations to better inform decisions and enhance health system preparedness and response.

INTERNATIONAL STANDARDS AND GUIDELINES



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Findings

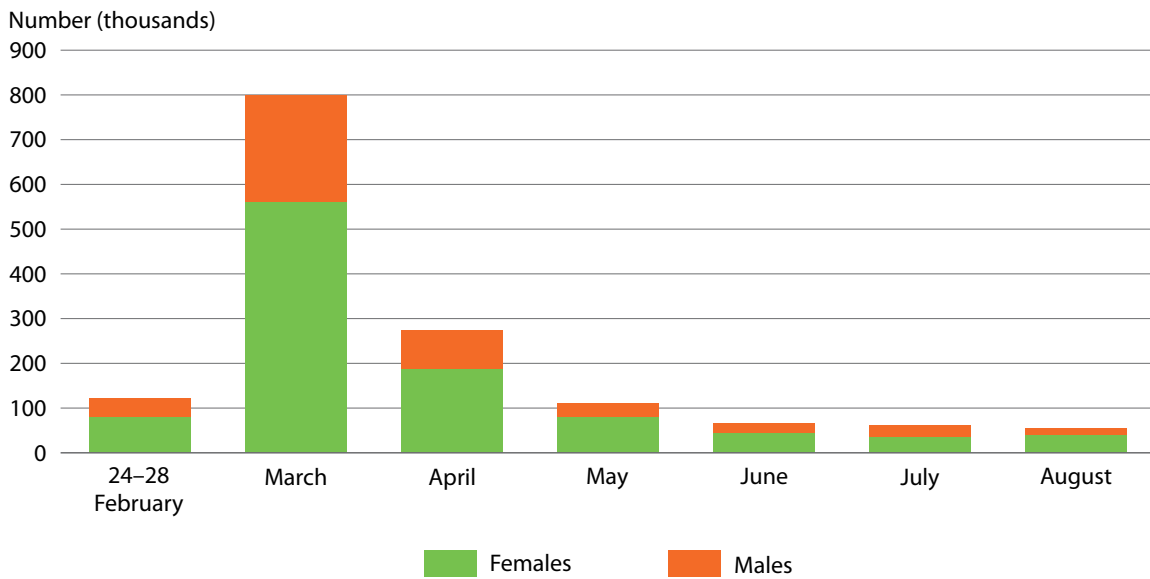
Overview

The findings from the Health of refugees from Ukraine in Poland 2022 household survey and the Behavioural insights into health service needs and access for refugees research are presented below (see also Annex 4).

Refugee characteristics and demographics

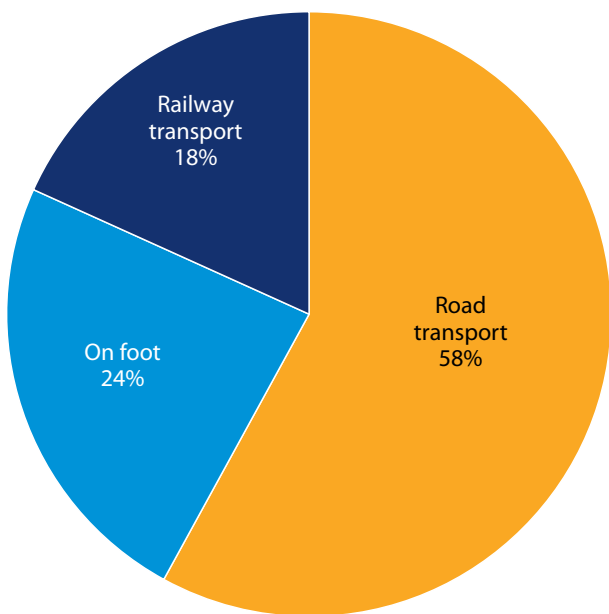
Figure 1 shows the estimated number of refugees from Ukraine who crossed the border to Poland each month, and were residing in Poland at the time survey took place.

Fig. 1 Number of refugees in Poland by month of border crossing during survey period



The majority of people fleeing Ukraine entered Poland using road transportation (cars, buses, vans). Approximately a quarter of refugees crossed the border on foot, and 18% of refugees arrived by train (Fig. 2).

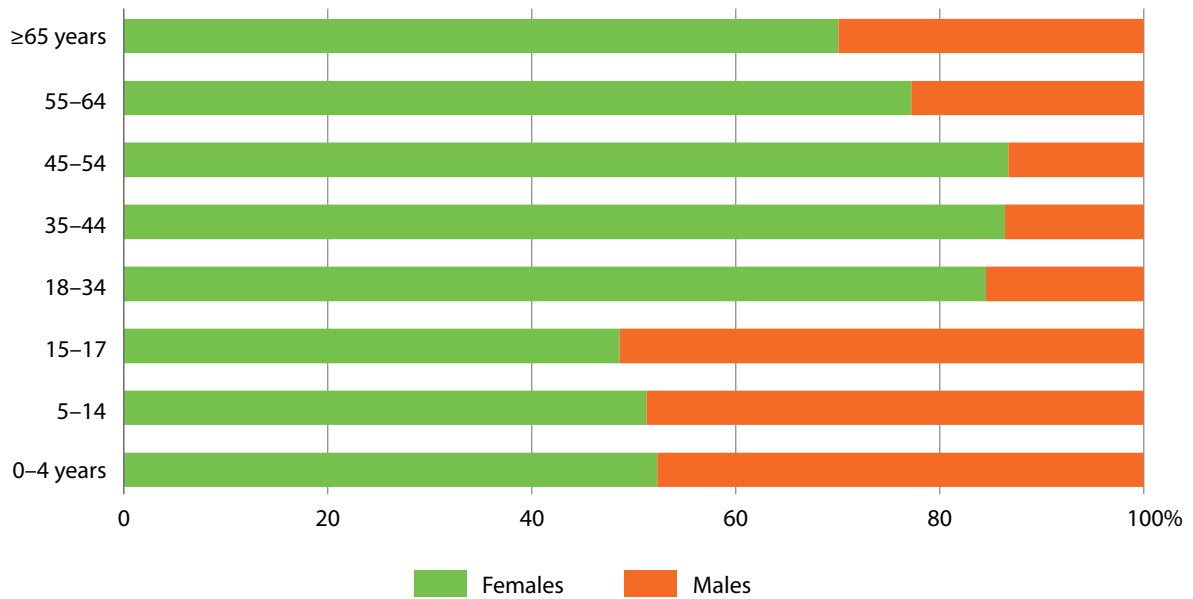
Fig. 2 Border crossing method



Women and children made up the majority of people arriving in Poland after the start of the war in Ukraine. Male Ukrainian citizens aged between 18 and 60 years were prohibited from leaving the country according to the Decree of the President of Ukraine of 24 February 2022 No. 64/2022 "On the introduction of martial law in Ukraine". This prohibition did not apply to several groups including single fathers, men with three or more children, and persons with disabilities. Students attending universities outside Ukraine were excluded from the prohibition, in addition to those driving humanitarian aid transportation, and those with permanent residence abroad. Figure 3 shows the gender of Ukrainian refugees who arrived in Poland by age group.



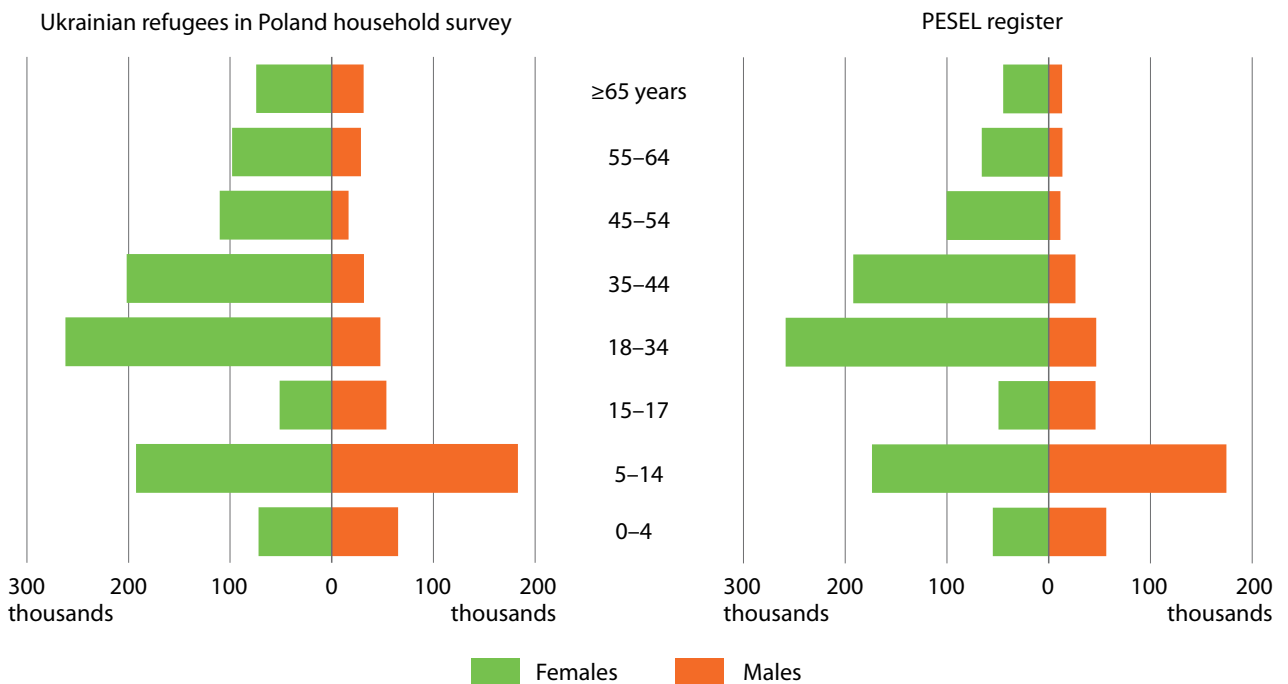
Fig. 3 Gender of refugees by age group



Of the refugees surveyed, 70% were female (83% of adults and 51% of children >18 years). Most women were aged between 18 and 54 years. Adults (aged ≥18 years) accounted for 59% of refugees, with children accounting

for 41%. Of the adults, the predominant age group was the 18–34-year-old group (accounting for 34% of those aged ≥18 years). The majority of children were aged 5–14 years, accounting for 61% of those <18 years (Fig. 4).

Fig. 4 Number of refugees by gender in each age group: household survey and the PESEL register



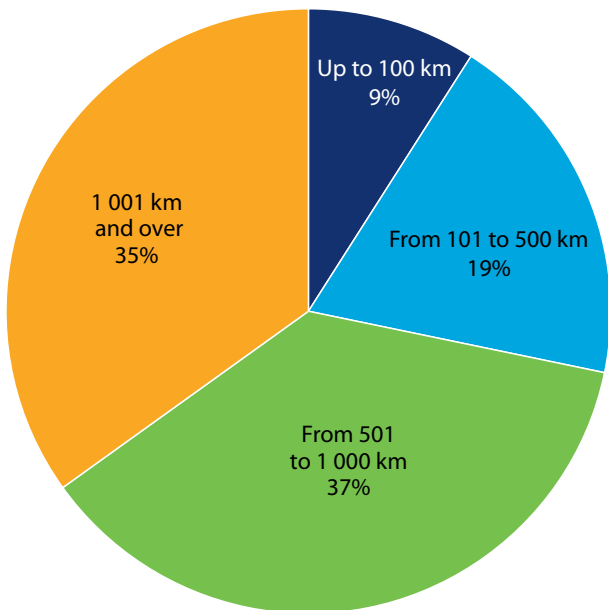
On the basis of the 12 March 2022 Act on assistance to Ukrainian citizens in connection with the armed conflict on the territory of Ukraine, Ukrainian refugees who applied for temporary protection were given a PESEL registration number, enabling them to benefit from public services, including free access to health care, social assistance benefits or payment of taxes and contributions. However, not all refugees took advantage of the scheme as PESEL number applications are voluntary. This was confirmed by the results of the Ukrainian refugees in Poland survey – in every

age group, and in both men and women, the number of refugees was higher than the number included in the PESEL register.

The largest difference was observed in the population over the age of 54 years (Fig. 4).

Due to the hostilities, Ukrainians from all over the country fled to Poland. Most of them had to travel a long way to get to Poland (72% of refugees in Poland lived more than 500 km from a border crossing). One in five refugees lived between 101 km and 500 km from the Polish-Ukrainian border crossing (Fig. 5).

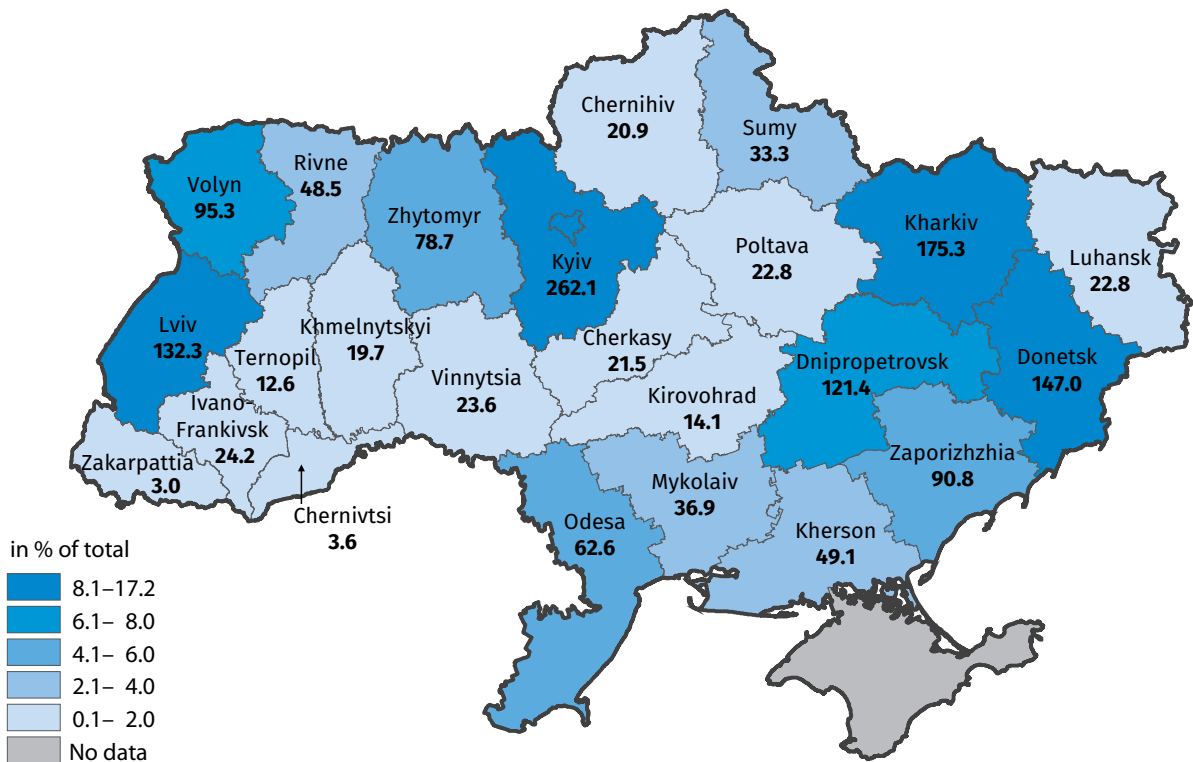
Fig. 5 Distance of residence in Ukraine to border crossing point



The map in Figure 6 shows the number of refugees from each Ukrainian region who found temporary shelter in Poland between 24 February and the end of August 2022 and who were residing in Poland at the time of the survey.

After the end of hostilities, 64% of refugees in Poland intend to return to Ukraine, 27% had not yet decided to do so and 9% were determined not to return.

Fig. 6 Place of origin of Ukrainian refugees by oblast (thousands)



The household survey showed that, of those who had arrived in Poland due to the ongoing war, one in four had a university education with 17% and 11% of the refugees, respectively, having secondary and vocational education (Fig. 7). Children under the age of 14, i.e. those who had not yet completed any level of education, accounted for almost one third of the refugees included in the survey.

Fig. 7 Refugee education status

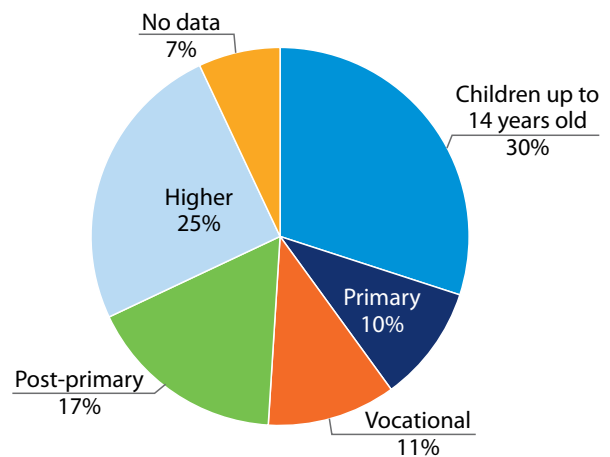
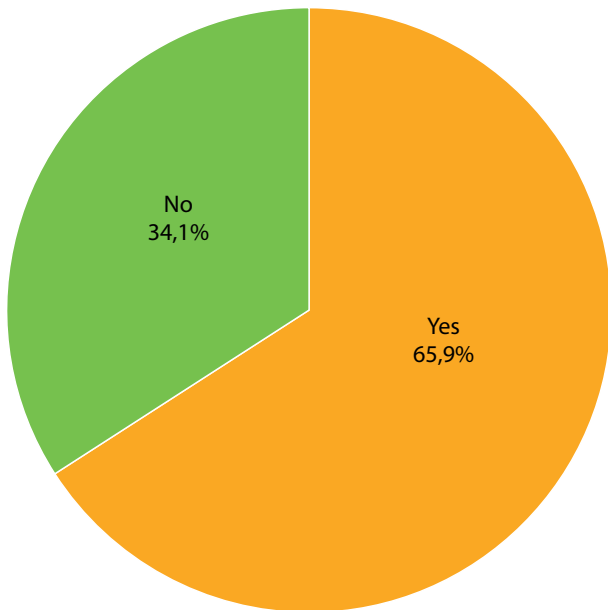


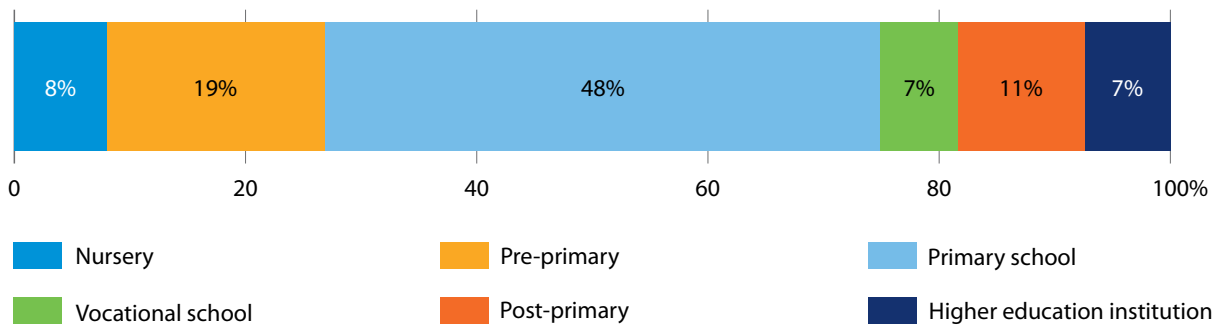
Fig. 8 Intention to work in Poland



Two out of three respondents (66%) expressed their willingness to take up employment in Poland (Fig. 8). Of those wanting to benefit from education in Poland, almost half needed primary school education and one in five needed kindergarten education (Fig. 9).

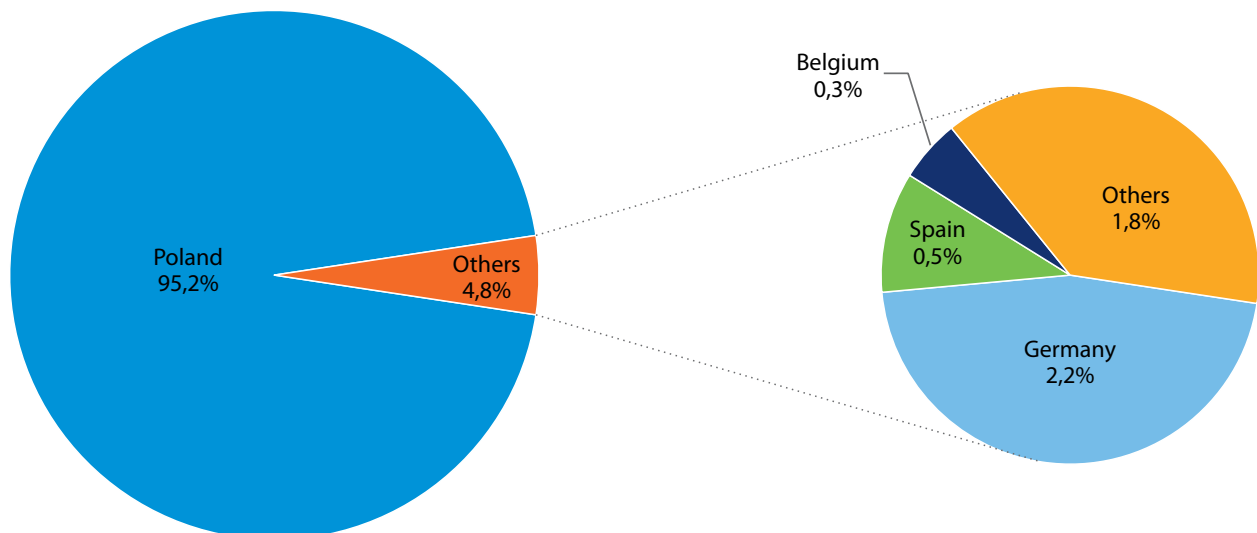
Almost all refugees (95%) planned to stay in Poland. Of those who intended to leave Poland, the most popular destination was Germany (2%) (Fig. 10).

Fig. 9 Education status of persons declaring an intention to pursue further education in Poland^a



^aRefers to persons who expressed an intention to benefit from various forms of education.

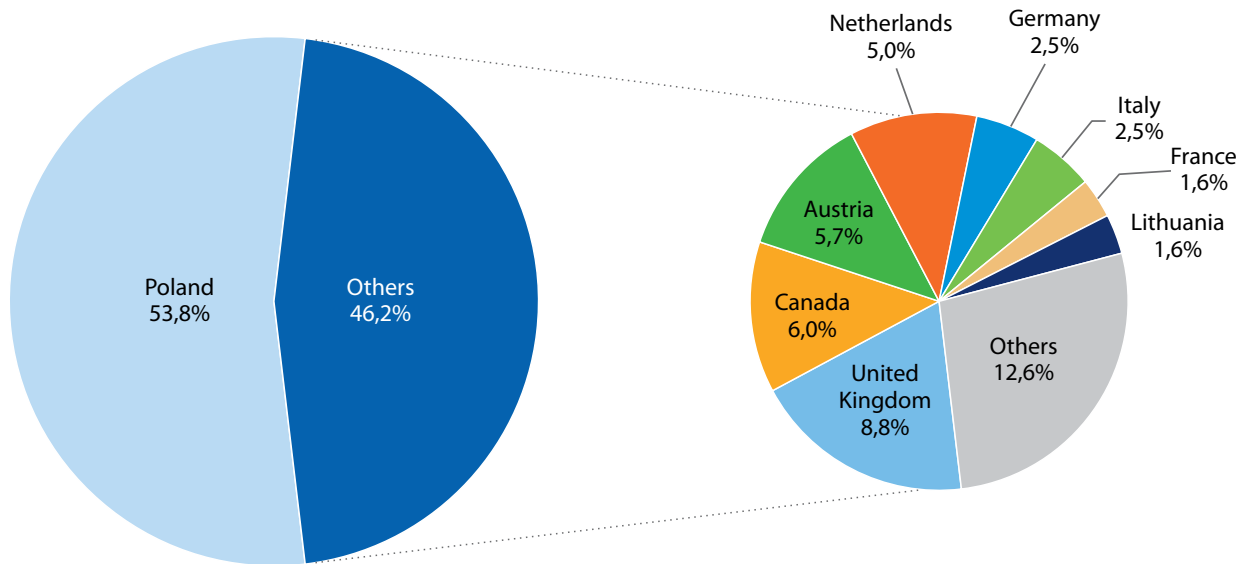
Fig. 10 Planned country of residence/destination country of travel from the household survey



As a comparison, Figure 11 gives the answers to the question on the planned country of stay obtained in the pilot survey conducted in April and May 2022 (see Annex 1). Refugees who answered the question at that time had had relatively short stays in Poland (compared with refugees who were surveyed in, for example, August and arrived in Poland in February or March).



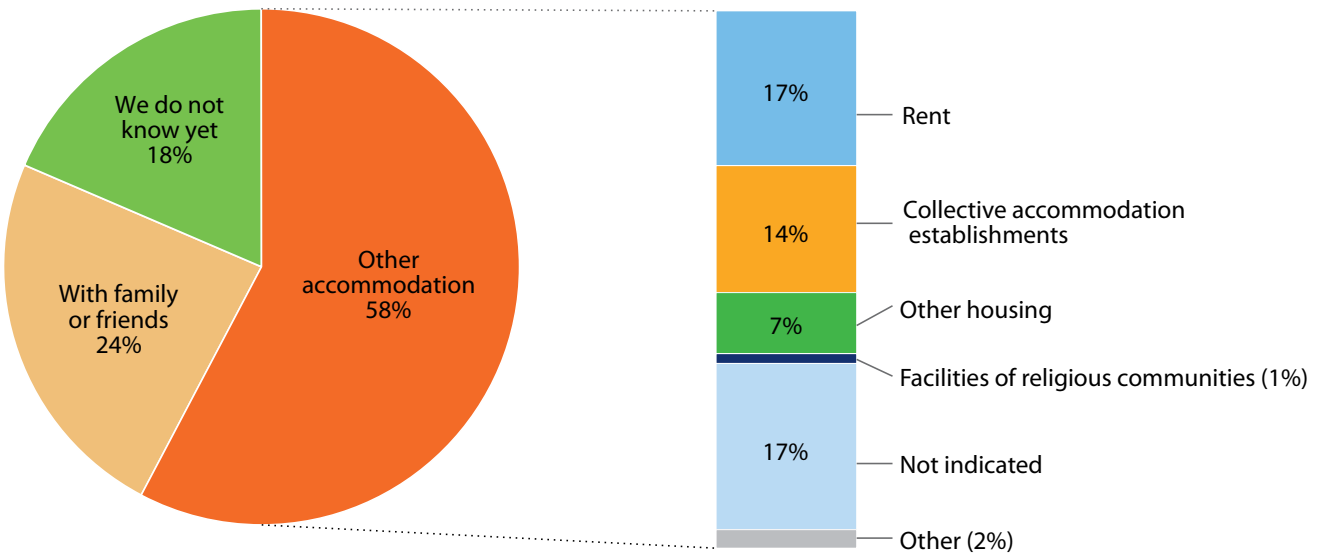
Fig. 11 Planned country of residence/destination country of travel – Pilot survey of refugees



The results obtained in the household survey indicate that the vast majority of refugees who visited Poland between June and August 2022 wanted to stay in Poland, while just over half of the refugees asked in the pilot survey about their planned destination country of stay indicated wanting to stay in Poland. In contrast, there was little difference in the percentage of refugees interested in staying in Germany – 2.5% in the pilot survey and 2.2% in the household survey.

Approximately 80% of refugees declared that they knew where/with whom they would be staying during their stay in Poland. One in four newcomers stayed with family or friends, while 17% decided to rent their own accommodation (house, flat, room). The collective accommodation establishments where refugees stayed were most often dormitories, hotels, hostels, student residences, boarding schools, youth hostels, boarding houses or social welfare homes. Poles also received Ukrainians “under their roof”, in their houses and flats. Almost one fifth of refugees did not know where exactly they would be living.

Fig. 12 Refugee place of residence in Poland



Refugee health status

The influx of such a large number of refugees to Poland in such a short period of time was a particular challenge for the provision of health care, in addition to the refugees' needs for food and shelter. Identifying the health care needs of refugees was crucial to exploring the options available for providing health care in their current places of residence, and identifying the barriers limiting, or even preventing, refugees from using health care services. It was also necessary to identify how many refugees were struggling with immediate health problems, such as cough, diarrhoea and fever, and chronic disease-related problems.

Figure 13 shows the health care needs of refugees by age group and disease type in the 30 days prior to the household survey interview.



Fig. 13 Health status by age group as percentages^a

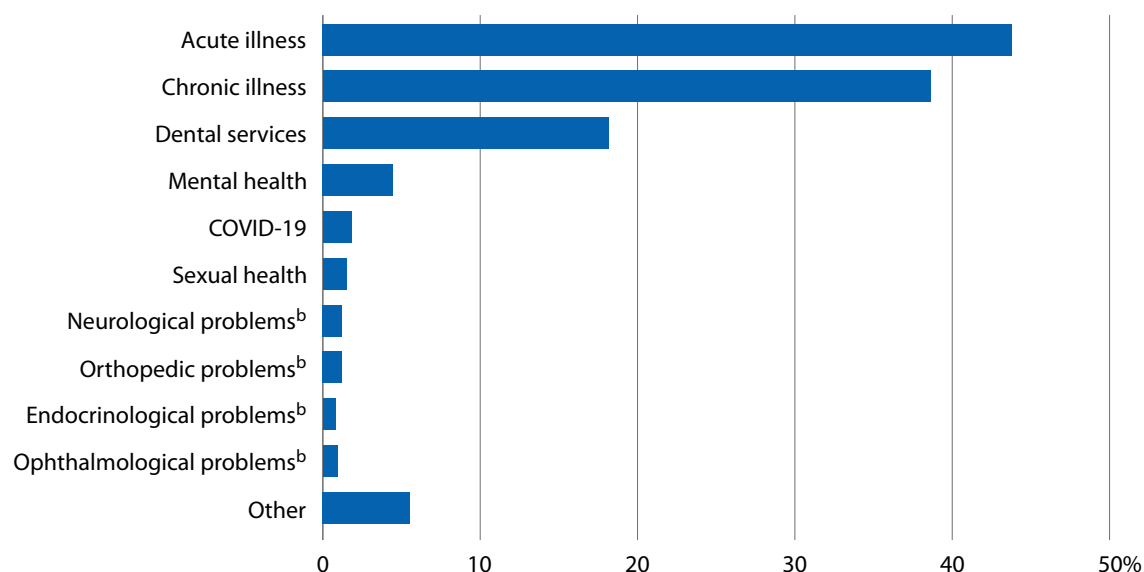
	0-4	5-14	15-17	18-34	35-44	45-54	55-64	≥65 years
Acute illness	23	33	5	12	7	5	9	5
COVID-19	12	13	3	28	12	18	7	8
Chronic illness in total:	3	7	2	10	13	12	24	30
Cardiovascular disease	1	2	1	7	9	9	29	43
Pulmonary disease	8	11	0	4	4	7	25	41
Diabetes	2	3	3	7	7	6	34	38
Renal/kidney disease	2	9	2	20	12	18	5	33
Infectious disease	4	0	0	16	21	12	19	28
Cancer	1	5	1	7	10	22	23	30
Other chronic	3	11	2	11	15	14	25	19
Mental health	4	8	7	27	18	7	15	15
Sexual health	-	-	-	79	10	7	3	-
Dental services	4	27	6	25	16	8	8	6
Other	8	15	3	14	20	11	15	14

^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.
 Note: The darkness of shading corresponds to higher numbers of survey respondents per age group who selected that condition/response.

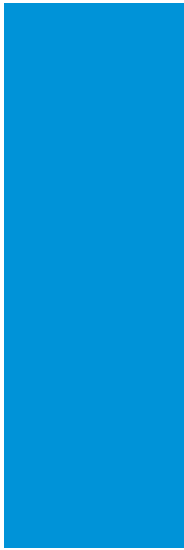
The majority of persons in need of health care had problems with sudden illnesses such as cough, diarrhoea and fever (44%) and prob-

lems related to chronic illness (40%). Refugees' needs for dental services were also mentioned frequently (18%) (Fig. 14).

Fig. 14 Type of health care needed^a

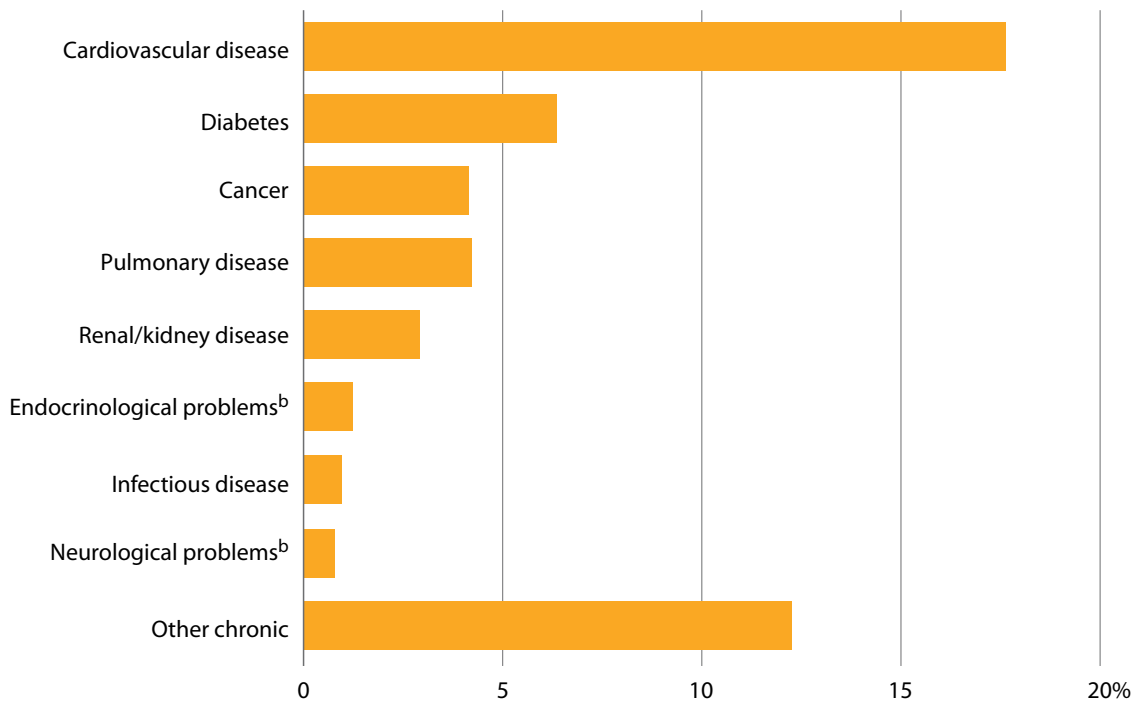


^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.
^b Most frequent responses from "other" category.



Refugees with chronic diseases who stayed in Poland between June and August 2022 most frequently indicated needs for health care for cardiovascular diseases, diabetes, cancer and pulmonary diseases. The need for endocrinological, neurological or allergy-related care was frequently indicated among “other chronic illnesses” (see Annex 2). Figure 15 gives the responses most frequently mentioned by respondents as “other chronic illnesses”. It should be noted that the percentage of persons suffering from these illnesses may be higher as some of those who selected the answer “other chronic illnesses” did not specify what the problem was.

Fig. 15 Type of health care needed for chronic illness^a

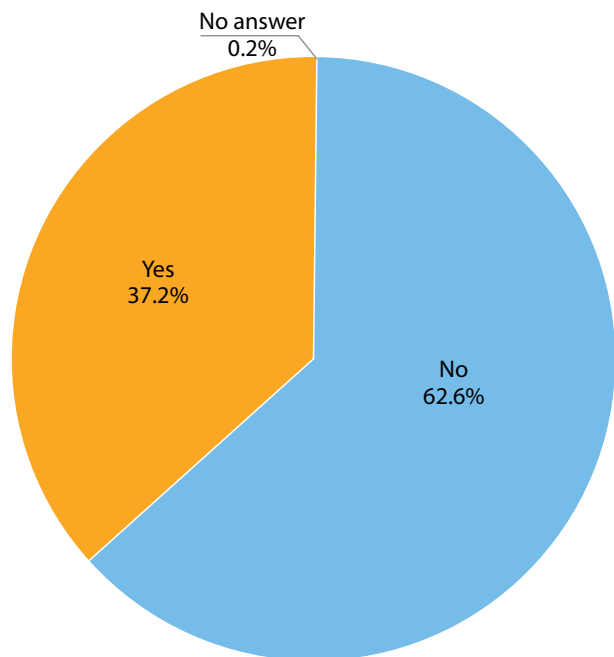


^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.
^b Most frequent responses from “other chronic” category.

Refugee health care needs

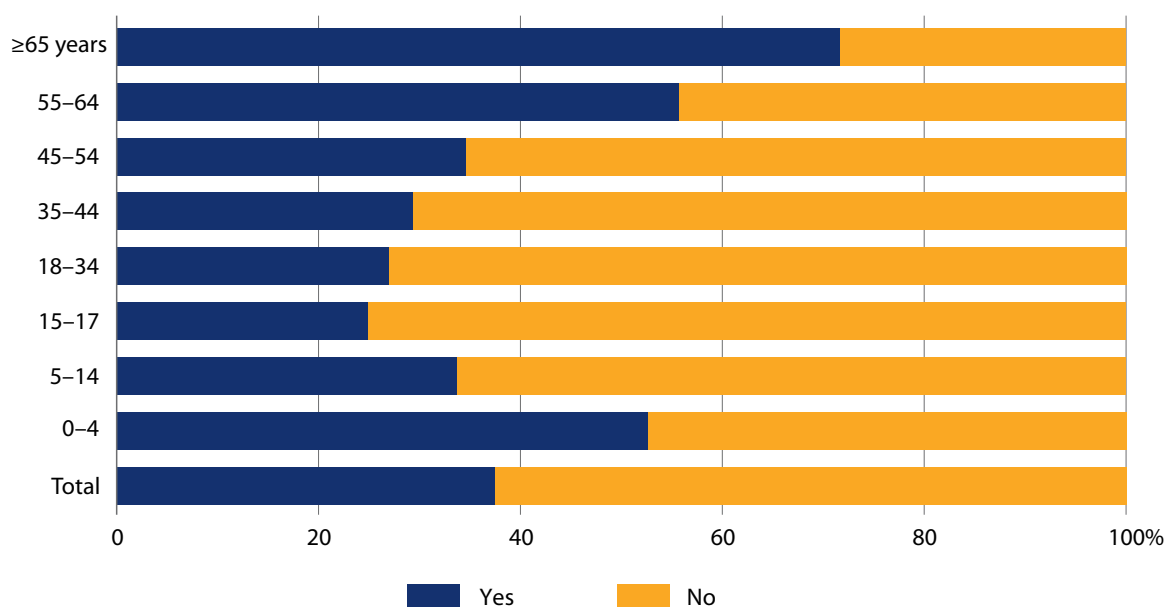
The majority of Ukrainian refugees staying in Poland mostly had not needed health care in the 30 days prior to their interview. Fewer than 40% of refugees were in need of health care for health-related problems (Fig. 16).

Fig. 16 Need for health care in the 30 days prior to the interview



The majority of those needing health care were people aged ≥ 65 years (more than 70% of people in this age group), people aged 55–64 years (56%) and children under 5 years old (52%) (Fig. 17).

Fig. 17 Need for health care by age groups





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Access to health care

The vast majority of refugees (92%) who were in Poland between June and August 2022 who had needed health care in the 30 days prior to the household survey interview had had access to health care in Poland. Outside Poland, health care was available to 4% of these people. Only 2% of refugees in need of health care did not have access to such care. No response was obtained for 5% of the people in the population surveyed. It is worth mentioning that there was also a small group of refugees for whom health care was available both in Poland and outside Poland (Fig. 18).

All behavioural insights research respondents reported having had direct experience of using health services (interviews took place in September 2022). By this time, most people said they had a better understanding of how the Polish health system worked than when they had first arrived.

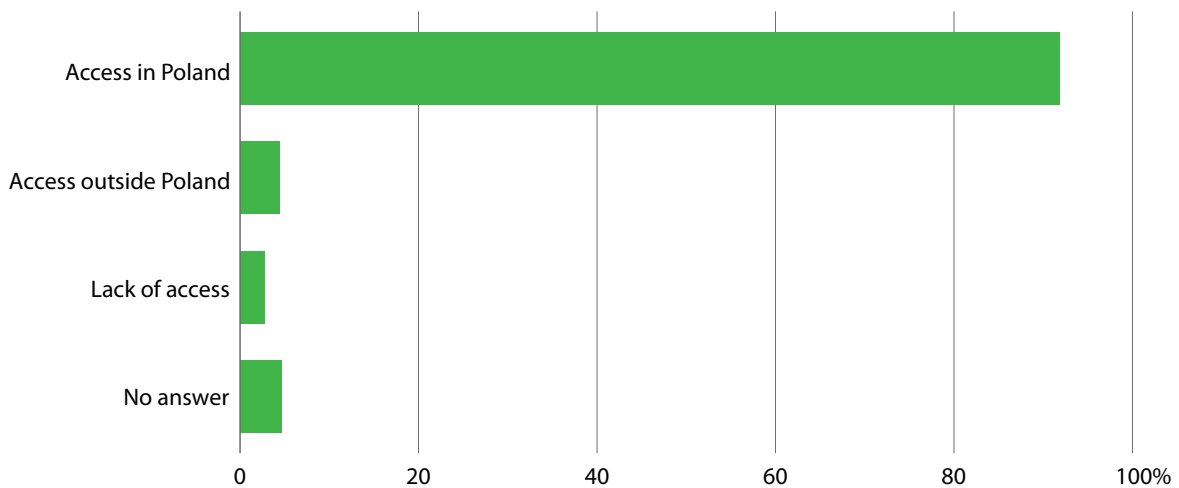
All behavioural insights research respondents noted that the locations and opening times of health services in Poland were generally convenient. However, an additional topic arose regarding the use of emergency services. People reported being afraid to call an ambulance because they believed that this service was only for extreme situations and they could be fined for using these services incorrectly. However, people did not understand which circumstances warranted calling 112. This caused concern for respondents when considering how they might handle an acute health need.

People reported routine and preventive care as more difficult to access and less satisfying

than emergency or tertiary care, with a shortage of specialists, long waiting times and less interest shown towards patients. This care included routine monitoring of chronic diseases and preventive services, such as routine gynaecological examinations and mammography.

Overall, behavioural insights interview respondents said they felt safe and confident interacting with Polish doctors. However, refugees also trust Ukrainian doctors. When possible, people reported consulting with Ukrainian health professionals in Poland or elsewhere by telephone, social media or email. Some people reported going to Ukraine for medical help (Fig. 18).

Fig. 18 Access to health care^a

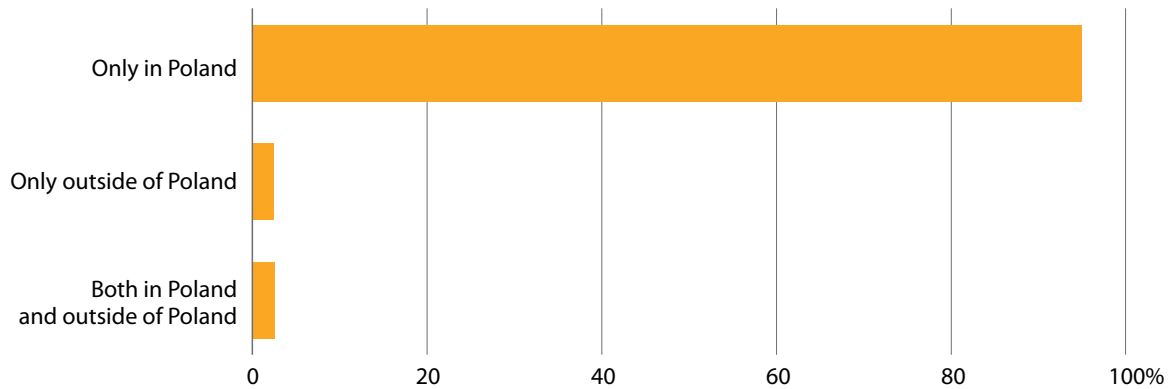


^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.

Of the people in the household survey who had received health care services, 95% received the needed care in Poland, 2% outside Poland and 3% were refugees who received health care services both in Poland and outside Poland (Fig. 19).



Fig. 19 Country where health services were provided to household members^a

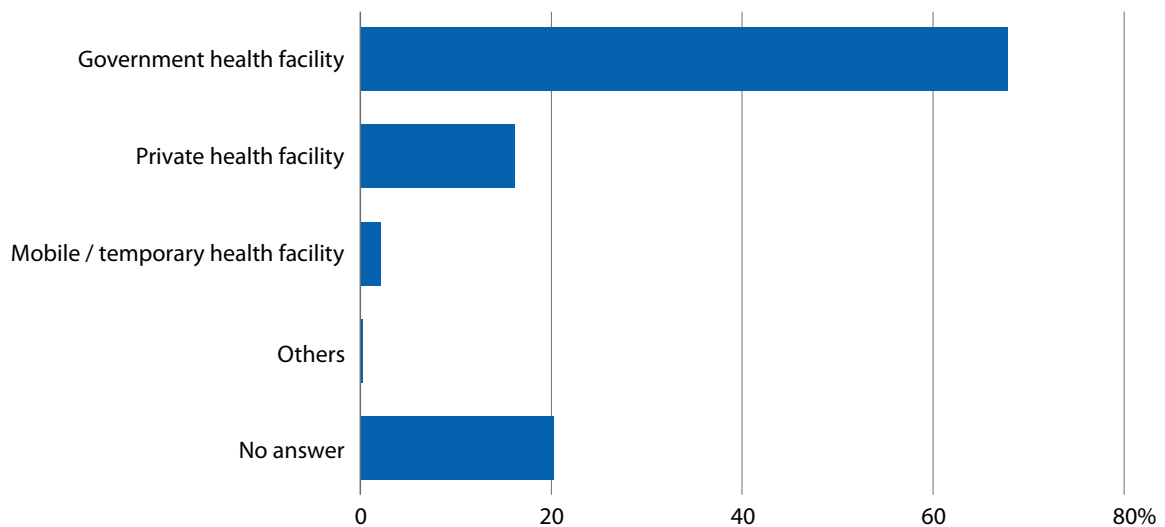


^a Refers to persons who needed health care in the 30 days prior to the interview and who were provided with such services.

Of those who needed health care in the 30 days prior to the interview, and who were provided with health care services (both in Poland and outside Poland), 68% had used a public health care facility, 16% used a private facility and 2% used a mobile/temporary health care facility. The same person may have received the care needed in different types of facilities, so there were cases where more than one answer was given (Fig. 20).



Fig. 20 Type of facility where health care services were provided to household members^a



^a Refers to persons who needed health care in the 30 days prior to the interview and who were provided with such services. The respondent could give more than one answer.



WHO / Agata Grzybowska / RATS Agency

Quality of health care

The behavioural insights interviews showed that, despite some obstacles in accessing care, the overall perception of the health system in Poland was positive. Respondents expressed gratitude towards Polish nurses and doctors, and many noted health workers' caring attitudes, willingness to help, and their attention to the respondents' specific needs, including financial concerns and language issues. However, people made a distinction between urgent care and routine or preventive services. Emergency and tertiary care were considered excellent and highly valued, especially as they were provided free of charge.

"They gave us Lego, and the nurses came running ... bringing us towels, household detergent, toothbrushes, shampoos ... and excellent food ... They kept asking, "Has the child eaten yet? And mom?"

Woman, 40 years old, Rzeszów

Barriers to accessing health care

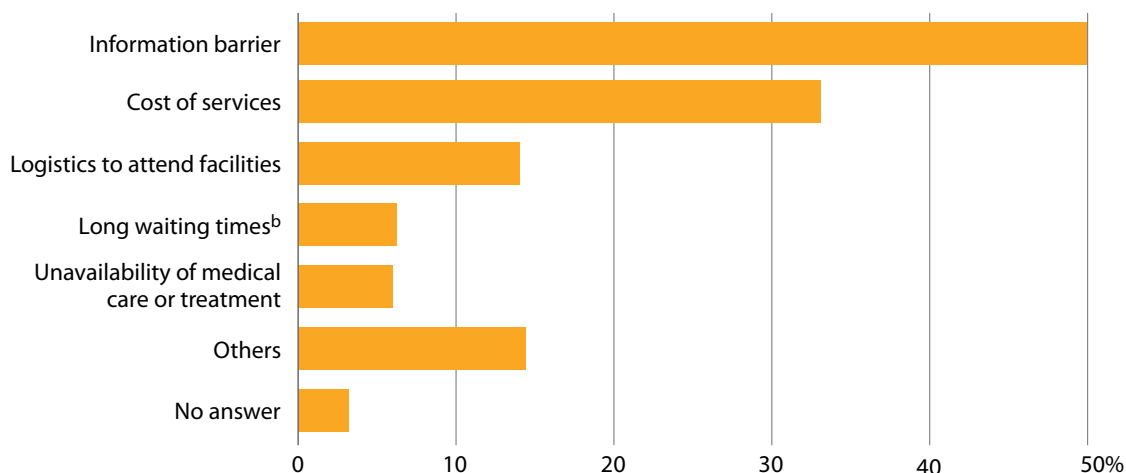
Descriptions of the barriers experienced in accessing health care were given both by those who had declared that they did not have access to care at all, and by those who declared that they had access to health care – despite noticeable barriers, these people had finally accessed health care services. It should also be noted that when asked why they were unable to access health care, people could give more than one answer.

The most frequently mentioned obstacle to accessing health care was the information barrier (lack of information, language or cultural barrier); mentioned by 50% of those who had difficulty accessing the care they needed. The cost of the service was found to be too high for 33% of respondents. Logistical difficulties (transport, distance) was indicated by 14% of those struggling with barriers to accessing health care. Long waiting times was the barrier most frequently mentioned in the “other reasons” category.

Behavioural insights interview respondents reported that the acute need for information upon their arrival in Poland had diminished somewhat over the time they had been in the country. Many said they now understood how to make appointments and use the system generally. Information needs at this time were related more to detailed or specific questions about their own situations. The topic of health literacy, which deals with peoples’ ability to find, understand and use information, is addressed below.

The behavioural insights study findings confirmed the long waiting times, costs and language were barriers to accessing health care. Respondents reported experiencing long queues for medical care, especially for specialists. Everyone said they understand that this is the case for Polish citizens as well, but all respondents noted it as challenging. Respondents also reported that some Polish family doctors were reluctant to register Ukrainians as patients, which added to the frustration (Fig. 21).

Fig. 21 Barriers to accessing health care^a



^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.
^b Most frequent responses from "others" category.

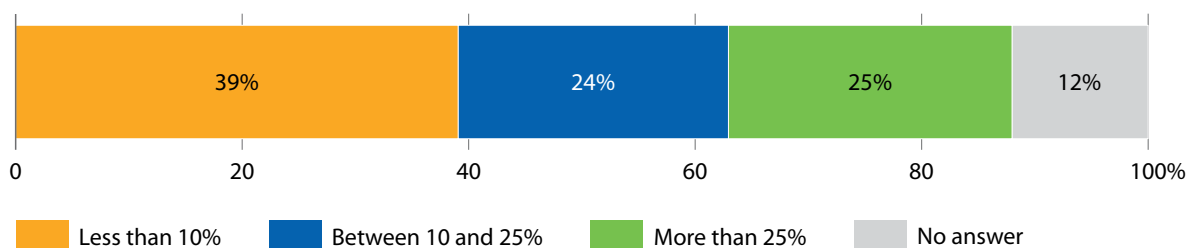
For many, language was identified as a barrier to accessing health care services. However, people also noted that historical contacts between western Ukraine and Poland meant that some refugees were already familiar with the Polish language and culture before they arrived. Respondents reported concerns that family doctors may not have understood symptoms well enough to refer them to the appropriate specialists. People with chronic diseases and/or disabilities were especially impacted by language barriers and long waiting times. In general, older people reported being more anxious and afraid of getting sick because of insecurities related to communication and cost of services. According to the

household survey, older people (over 55 years) were less likely to have registered for a PESEL.

Health care costs

The use of health care-related assistance often involves incurring expenses for medicines or paying for various services if private health care is used. Of the refugees who had used health care in the 30 days prior to the interview, most (39%) declared that they had spent less than 10% of their income/savings on health care-related costs. One in four refugees allocated more than 25% of their income/savings to these expenses (Fig. 22).

Fig. 22 Share of income/savings spent on health care costs^a



^a Refers to persons who needed health care in the 30 days prior to the interview.

Many behavioural insights study respondents noted the high cost of medication in Poland. In addition, many expressed frustration that even what are considered mild medications (such as certain high doses of pain killers) needed a prescription. People reported using medication they had brought with them from Ukraine, sometimes using it incorrectly to make it last, and some said they travelled to Ukraine to purchase medicine.

Respondents highlighted that being able to use an electronic prescription from Ukrainian doctors was very helpful. Several respondents mentioned the Health4Ukraine programme,¹ which subsidizes prescription drugs for refugees, as being helpful as well. Dentistry was considered to be very costly.

Disease prevention and vaccinations

Vaccination against COVID-19

Of the refugees who arrived in Poland, 35% were vaccinated against COVID-19. This is similar to the proportion of those vaccinated in Ukraine; according to WHO data, those fully vaccinated accounted for 37% of Ukraine's total population as of 27 February 2022. These figures are lower than in Poland, as the percentage of people who were fully vaccinated was 60% of the total population in Poland in the same, or similar, time period. Of the adults, the percentage of



Source: WHO data.

¹ Health4Ukraine, <https://health4ukraine.com/en/>

vaccinated refugees who came to Poland was much higher (55%) (Fig. 23).

Such a high percentage of unvaccinated people is related to the demographic structure of refugees from Ukraine who were in Poland – one third of refugees are children under 14 years of age, and in Ukraine COVID-19 vaccination became available for children aged ≥ 12 years only in the second half of 2021. During the interviews, it was not uncommon to hear statements that there was no obligation to vaccinate children, that there was a fear of such vaccination or that there was no need to vaccinate children.

The majority of the vaccinated refugees (81%) had received two doses of the vaccine (Fig. 24).

Survey respondents mentioned a range of reasons for not being vaccinated against

Fig. 23 COVID-19 vaccination status, adults aged ≥ 18 years

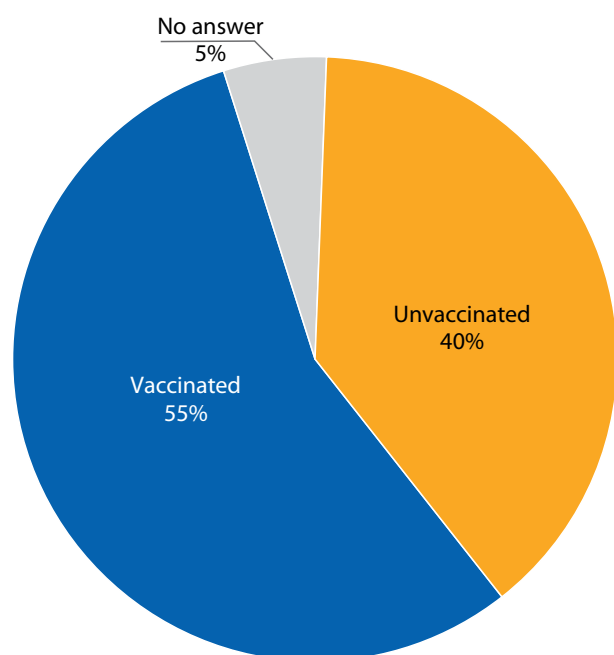
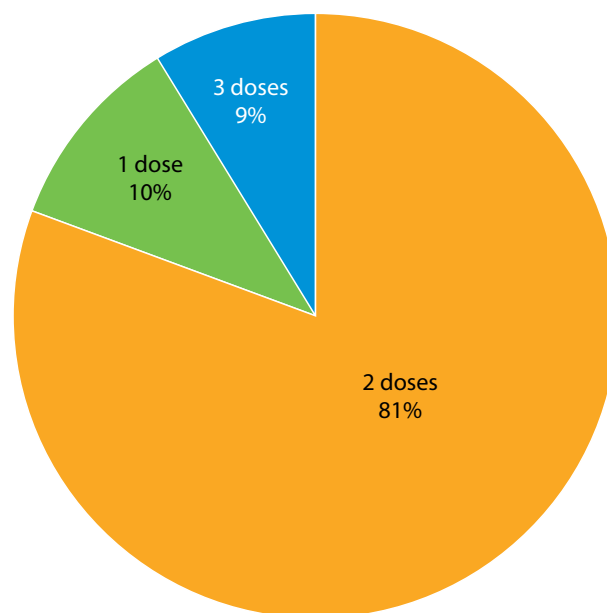


Fig. 24 Number of vaccine doses received in COVID-19 vaccinated adults aged ≥ 18 years



COVID-19. Quite a few refugees indicated that vaccination was not mandatory, and so they did not feel the need to be vaccinated. Among the unvaccinated, some expressed opposition to vaccination generally, fear of possible complications or the belief that vaccination was not effective. A separate group was made up of recovered patients and people with various diseases who had medical contraindications.

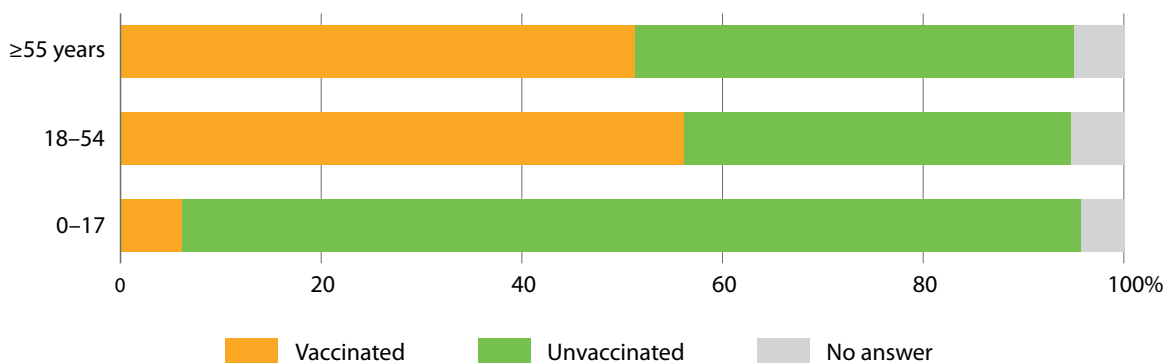
The most common reasons given by adults for not having been vaccinated against COVID-19 were having recovered from COVID-19 and not feeling the need to be vaccinated; this was true for both the 18–54 year age group and the ≥ 55 year age group. Those aged ≥ 55 years were also significantly more likely than those aged 15–54 years to indicate other coexisting diseases and medical contraindications precluding vaccination as reasons for non-vaccination. In contrast, those aged 15–54 years were significantly more likely than those aged ≥ 55 years to show no willingness to be

vaccinated, no belief in COVID-19 or in the effectiveness of the vaccine. Additionally, there were strong opponents of vaccination mainly in the 18–54 year age group.

Figure 25 gives the breakdown of refugees who were vaccinated against COVID-19 and those who were not vaccinated by age group.



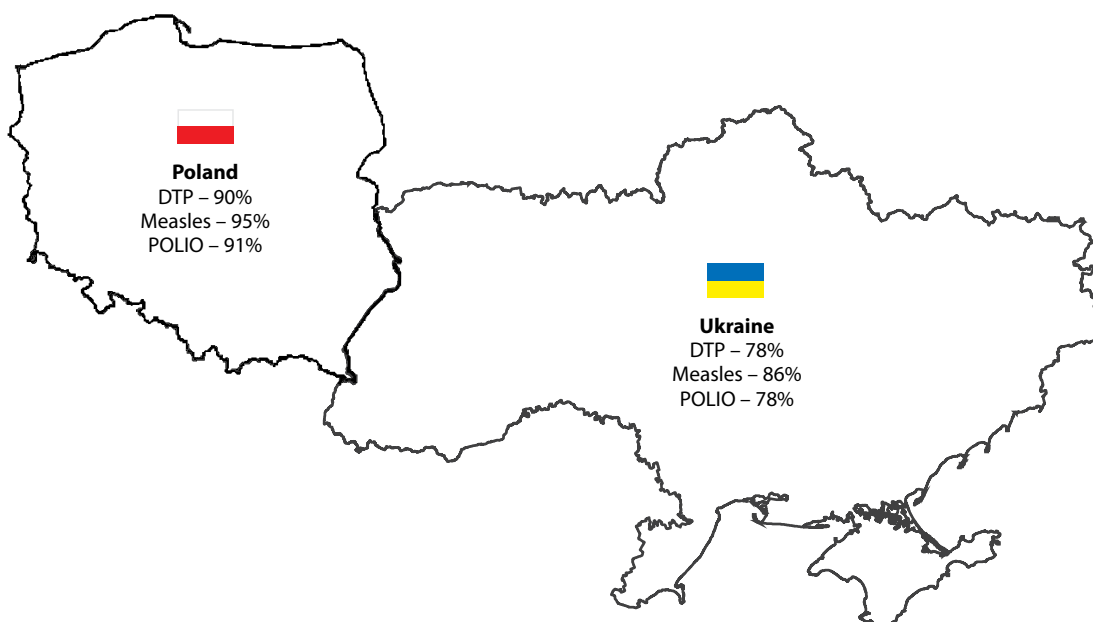
Fig. 25 COVID-19 vaccination status by age group



Vaccination of children aged 1–4 years

In the group of children aged 1–4 years included in the household survey, 79% of children were vaccinated against DTP (diphtheria, tetanus, pertussis), 78% against MMR (measles,

mumps, rubella) and 73% against polio. Around 15% of children were unvaccinated (Fig. 26). For some respondents, the problem they had answering the question about vaccinating their children was identifying what



Source: WHO data.

specifically their child had already been vaccinated against. The biggest problem in determining whether a child had been vaccinated concerned polio, for which question 12% of respondents chose to answer “don’t know” or not to answer.

For all three types of vaccines (DTP, MMR, polio), vaccination rates in Ukraine are lower than in Poland. In 2021, according to WHO data, 78% of the population in Ukraine had been vaccinated with the third dose of DTP, compared with 90% in Poland.

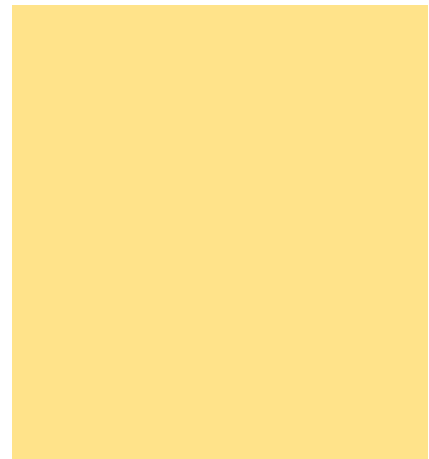
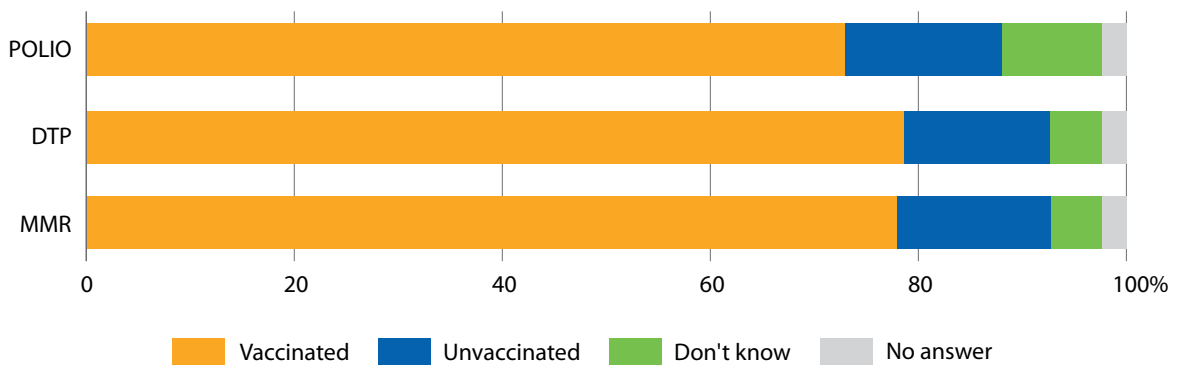


Fig. 26 Vaccination status of children aged 1–4 years



DTP: diphtheria, tetanus, pertussis/whooping cough; MMR: measles, mumps, rubella; POLIO: poliomyelitis.

For measles (which is part of the MMR vaccine), 86% of the population in Ukraine had been vaccinated with the second dose, compared with 95% in Poland. The situation is different for the first dose of this vaccine – in 2021, in Ukraine, the share of those vaccinated was higher than in Poland (88% versus 80%).

In 2021, 78% of the population in Ukraine were vaccinated with the third dose of polio. In Poland, the rate was higher at 91% of the population.

In the behavioural insights interview, many respondents said they wanted more informa-

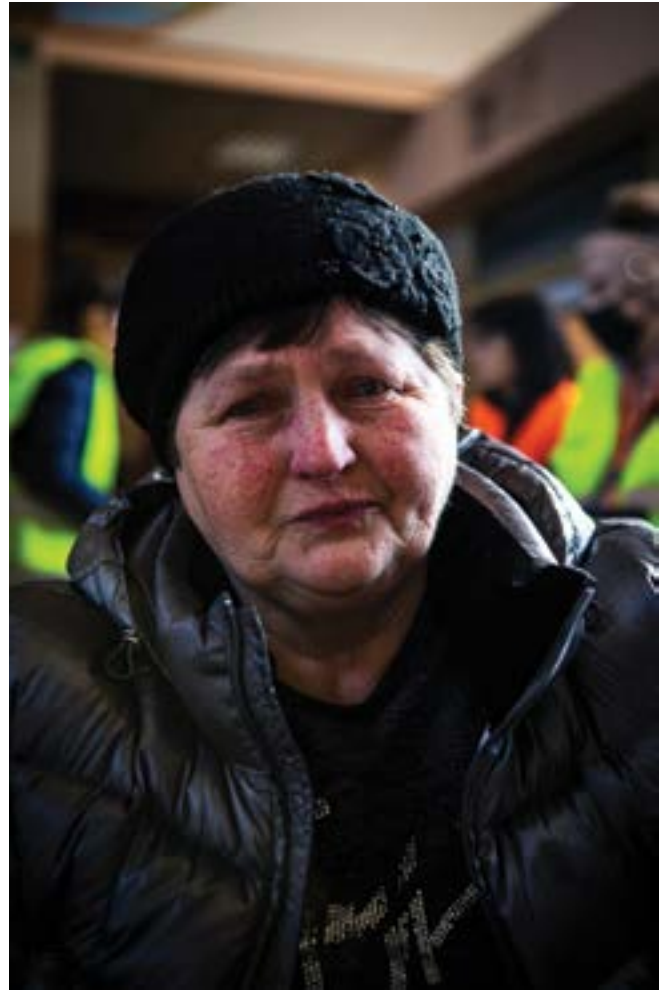
tion and guidance about vaccinations, both for children and adults. People expressed confusion about the differing schedules for routine immunization for children and did not know where to access childhood vaccines in addition to COVID-19 vaccines or boosters for adults. In some cases, respondents wanted information and guidance specifically about HPV vaccines and other diseases, such as encephalitis or meningitis. Some indicated that having access to the Polish health system was an opportunity to receive vaccines they might otherwise not get.

Mental health

In the survey, emotions and stress causing problems with daily functioning were reported by 10% of refugees (Fig. 27). In the group willing to share their problems with daily functioning, more than half of the people (56%) also declared that they would benefit from support for mental health problems.

It should be noted that on several occasions respondents did not feel comfortable answering when they were asked if they, or someone in their household, was currently so upset, anxious, worried, agitated or angry that it was affecting their daily functioning. Respondents often expressed the opinion that, in the situation that they were in, this question was inappropriate. Discomfort with the question could possibly have led to underreporting of experiencing distress, which, in the literature, is described as being of higher prevalence among displaced people fleeing conflict. To better understand the mental health status of refugees in host communities, a more thorough multi-indicator assessment is needed.

Respondents in the behavioural insights interview also said that they knew of mental health and psychosocial support services and had been offered psychological help and counselling, but most had not used these services and those who did said they had stopped. The most common reflection from respondents about mental health services was that other people must need these more than they do. People cited those who had been more directly impacted by fighting in the areas they had left, even when they themselves were from



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such places. Several respondents shared that there may be stigma related to using mental health services, and a belief that only people with serious mental disorders or those who cannot cope with their problems would turn to a psychologist.

Some people said the support services were offered only as group counselling sessions, and they were not comfortable sharing very personal issues in a group setting. In some cases, mothers of disabled children said they wanted psychological support, but they had no one to watch their child while they attended such services. Language was a concern in this respect as well, because of a fear of not

being understood. Interpretation services were considered more problematic in this setting due to confidentiality.

The tone of responses noted from both the quantitative survey and the behavioural insights study regarding mental health indicate high sensitivity to this topic and the potential stigma associated with seeking mental health

support. The behavioural insights interviews indicated a combination of reasons people might not use mental health services, including lack of motivation (others need it more than I do), logistics (lack of childcare or transportation) and structural issues (the way in which services are provided).

Fig. 27 Is there anyone in your household currently so upset and anxious that it affects the person’s daily functioning?

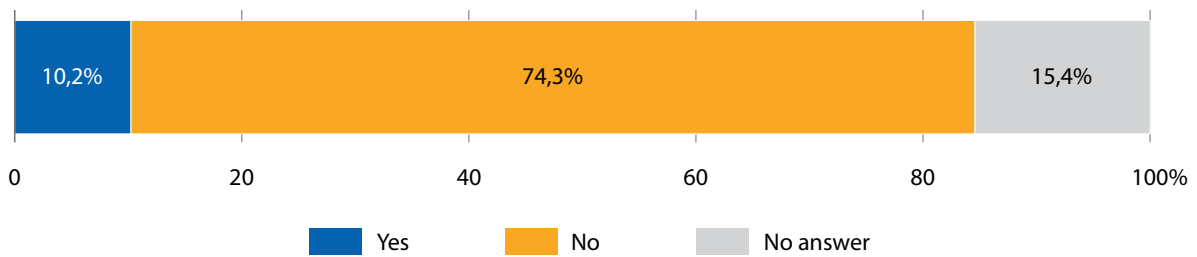
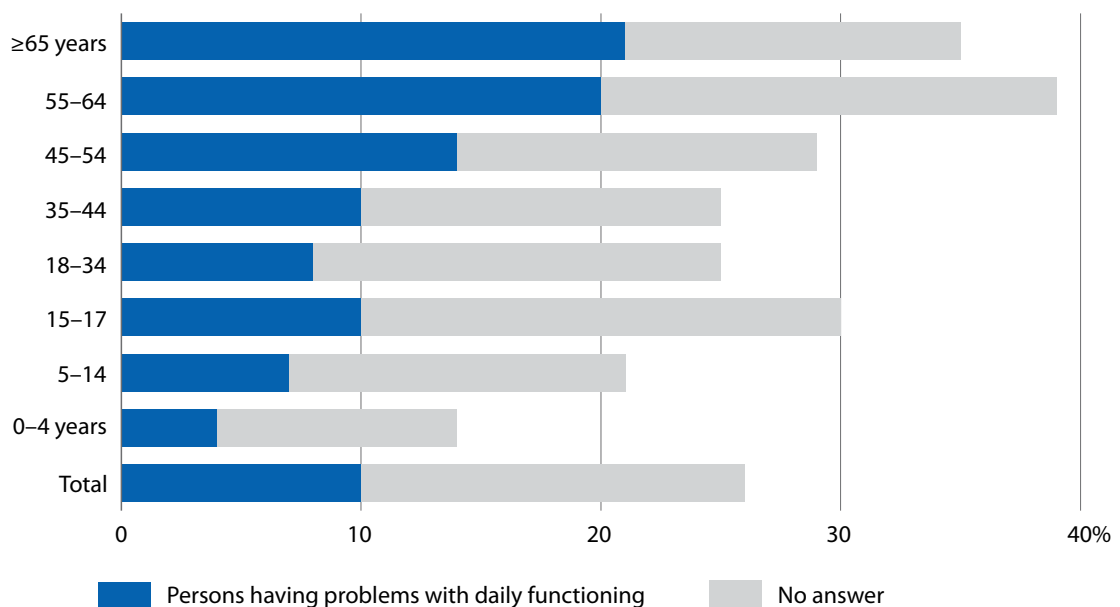


Figure 28 shows how refugees’ mental well-being developed in relation to problems with daily functioning by age group.

Problems with a mental condition that affects daily functioning were most often reported

by persons in the oldest age groups. People aged 55–64 years and ≥65 years were more likely than others to say they would benefit from support for problems in this area; this was stated by nearly two thirds of all people in these age groups.

Fig. 28 Persons having problems with daily functioning by age group





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Health literacy

Health literacy relates to a person's confidence in their ability to find, understand and use health information. While health information for Ukrainian refugees may exist, the type of language used, the location or channel through which it is communicated, and the messages provided may all impact the ability of refugees to effectively use the information. For example, behavioural insights interview respondents reported that information booklets were ubiquitous, but many preferred to search the Internet or post their questions on social media. Some said that official websites existed but found it difficult to find the information they needed. Younger people relied more on information from social media, while older people preferred written materials.

Information needs

Study respondents reported that due to the amount of time they have been in Poland, the acute need they originally had for information about the health system had diminished. Information needs at this time were related more to detailed or specific questions about

"I wish there was at least a hotline where Ukrainians could call and ask questions about what to do. Not in a specific city – just an information hotline."

Woman, 34 years old, Rzeszów



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their own situation. Several people wanted to understand more about health insurance options. Other topics that remained of interest, and for which people did not feel they had enough information, included visits to specialized doctors, prevention services and vaccination. Persons with disabilities wanted to learn about rehabilitation and specialized treatment, and how to get free medicine. Some reported not knowing how to apply for disability status in Poland.

People who are younger and healthy tended to feel they had enough information. Older people and those with chronic diseases or disabilities reported worrying more and wanted to know more. Anyone with existing health problems, those who had younger children

and/or did not speak Polish or English, expressed greater need for information in the Ukrainian language.

Information channels

Almost all respondents indicated that they received information from social networks, including Facebook groups and chats on Telegram and Viber such as “Ukrainians in Poland”; “Ukrainians in Rzeszów”; “Ukrainians in Katowice”; “Rzeszów – all our folks”; and “Announcements of Rzeszów for Ukrainians”. People reported that they were hesitant to use official resources, such as the government website (gov.pl), due to inconsistencies in the website menus and challenges finding information on social and medical services.

The most trusted source of information was hearing about personal experiences of people like themselves through social media or face-to-face. Younger people said they rely more on social media while older people reported getting information through printed material in hospitals and other public institutions.

Disability

A number of behavioural insights interview respondents reported physical disabilities, such as chronic illness and mobility issues. Thirteen mothers of children with disabilities shared their experiences of trying to access care for their child as well as for themselves. In general, people who left Ukraine through a special programme or in connection with a particular organization reported excellent experiences and outcomes as not only were their questions answered regarding their specific health issue, but also they felt they could rely on those supporting their health needs to answer other questions. Organized medical evacuation through a programme is an example of such a service. Multiple civil society organizations supporting children with disabilities in Poland were also mentioned, such as the Patchwork organization¹ and the Polish Knights of Malta² centres. However, due to high demand, these organizations are not able to serve everyone who needs them and not everyone knew about them.

Persons with disabilities who were not connected with these kinds of support systems

“Where we live [Rzeszów], we share our experience and information on Telegram. I trust social networks ... because there we exchange information with people like ourselves.”

Woman, 29 years old, Rzeszów

struggled to understand how the social safety net works (e.g. how to obtain a disability certificate to get services for children with disabilities, how to obtain financial support for disability), and how to find and communicate about specific services (e.g. rehabilitation and supportive services for children on the autism spectrum).

Those who are caregivers of persons with disabilities found it challenging to meet their own needs for health care and other support. In particular, mothers reported lack of child-care options as a challenge, compounding the challenges of their experiences of being sole caregivers to their children, whereas at home in Ukraine there were personal/family options or organized childcare services.

“We applied for disability benefits in May. But, until now, Krakow municipal treasury department has made no decision regarding payments to Ukrainians. They receive it in Warsaw; they receive it in Lublin ... Each city is self-governed, and there is no uniform legislation for all.”

Woman, 37 years old, Krakow

¹ Patchwork, <https://www.facebook.com/StowarzyszeniePatchwork/>

² Polish Knights of Malta, <https://pkom.org/>

Suggested actions from the behavioural insights interview respondents

As part of the behavioural insights interview, respondents were asked to give their thoughts on what would most help refugees from Ukraine in Poland access health services.

Recurring suggestions from their answers are provided in Box 1 as examples of direct input from refugees.

Box 1 Ideas shared by the respondents in the behavioural insights research interview

- *Provide an interpreter with a knowledge of medical terminology in clinics.*
- *Provide step-by-step guidelines on how and where to get medical services, especially for children with special needs.*
- *Open an office staffed with professional psychologists and therapists, which could be accessed in emergencies.*
- *Create a telephone hotline to support making doctor's appointments.*
- *Increase opportunities for Ukrainians to enroll for health insurance.*
- *Open mini-clinics for Ukrainians with qualified Ukrainian doctors.*
- *Support training for employees of clinics that serve Ukrainians to encourage empathy, patience, clear communication and provision of full services.*

Conclusions and way forward: An evidence-driven approach to addressing the health needs of refugees

This report demonstrates how a mixed-method approach, collecting data from refugee households on the health needs of refugees in combination with conducting behavioural insights research, could be a model for producing evidence-informed policies and interventions. The health needs data collected through the household survey allow the broad picture to be understood in a representative sample of refugees, while the behavioural insights study responses provide deeper insights into the range of experiences refugees encounter when accessing health services.

These findings will allow issues to be explored that policy-makers might not have even been aware of before these surveys were undertaken, and the combined data and evidence produced by these surveys could be used to design or adjust appropriate policies, interventions and communications related to the delivery and use of health services by refugees from Ukraine residing in Poland.

From the results of both study components, the following areas and actions are to be considered in efforts to integrate this data into the refugee response in Poland.

Review delivery of existing health services

Not all refugees can take full advantage of the existing health resources and services generously provided by the Government of Poland. This is due to, among other things, language barriers, relatively long waiting times or the high cost of services. The results of the household survey and the behavioural insights research helped identify these problems and elicited refugees' expectations in terms of health care. This provides an opportunity to review and modify existing policies, interventions and communications to improve the appropriate use of health services or develop new services, infrastructure and staff resources.

Provide tailored information to those experiencing disadvantage

Making information easy to find, understand and act upon is essential. Based on the findings of these surveys, communication should be targeted to the elderly and those with disabilities, chronic disease or low health literacy. In particular, targeted information is needed on prevention services, specialized care and vaccinations. Older people are less likely to rely on social media than younger people, and it is important that resources are made available in the Ukrainian language. Consider using innovative approaches to share information on standardized referral pathways, waiting times and other issues, and the subsequent implications of these issues, related to accessing health care in Poland.

Explore opportunities to provide mental health services in new ways

Accessing mental health services may hold some stigma for people from Ukraine, but findings from both components of the survey suggest that there is a need for such services. However, people noted a number of barriers to access that may be addressed, including a lack of available childcare and inconvenient locations. Designing services in ways more acceptable to refugees, such as one-to-one counselling with Ukrainian-speaking professionals, may be helpful.

Offer tailored services to families with children who have disabilities

Young children, adolescents and adults with physical and other disabilities would benefit from greater support. The research findings revealed a need for providing enhanced services for children of all ages, streamlining the disability certificate process and supporting caregivers.

Emphasise tailored support for people with increased vulnerability

Living as a Ukrainian refugee in Poland affects peoples' vulnerabilities in many ways. Older people and those with chronic illnesses expressed greater worries about their health and had less confidence in seeking access to information. The majority of refugees being women many mothers are taking care of their children on their own and those with children with special needs would benefit from additional support.

Coordinate across government sectors and advocate for civil society engagement

Given the intertwined determinants of refugee and migrant health, it is most impactful when results, such as those derived from the studies contained in this report, are shared and acted upon across diverse governmental sectors, such as the social, health, education and labour sectors, and in close collaboration and coordination with non-state actors, such as civil society organizations. People who connected with civil society organizations, such as Patchwork and the Polish Knights of Malta, or to programmes, such as Health4Ukraine, reported high levels of appreciation for these services and felt confident they could access the care they needed. Support for local organizations that provide services to those with disabilities or help manage the costs of medications should be encouraged, including providing financial support. Such services may be promoted among refugees to increase access. Improving holistic evidence-informed coordination between, and among, national and international humanitarian actors enhances effectiveness and enriches health system preparedness and response.

Develop a global measurement framework for refugee and migrant health

To benefit further from the outputs and outcomes of the survey results, as well as from the implementation experience, the partnership between Statistics Poland and WHO seeks to share the lessons learned with relevant stakeholders in Poland and other countries who are dealing with the health issues in their refugee

populations, and in their migrant communities, to further inform and guide future similar operations regionally and globally. To work towards developing a global measurement framework for refugees' and migrants' health, an expanded collaboration is being proposed between national statistics offices and World Health Organization, in partnership with relevant technical agencies of the United Nations, with further linkages to relevant line ministries at the national level. There is a need to develop an internationally comparable measurement framework with the appropriate tools, methods and standards which can be locally contextualized to assess the relevant health needs of people on the move to inform national decision-making, and international policies and programmes.

Given the relevance of this research, it is planned that the findings of this survey and the behavioural insights study, including the reflections on the survey process, will be presented at a side-event being held at the upcoming fifty-fourth session of the United Nations Statistical Commission, and connecting it to the Statistical Commission agenda Item for decision: refugee, internally displaced persons and statelessness statistics ([2023-22-EGRISS-E.pdf \(un.org\)](https://unstats.un.org/UNSDWebsite/statcom/54))¹

Inventory of data sources in possession of official statistics

The crisis situation in Ukraine revealed the need to identify the data sources held by Statistics Poland from which information on refugees from Ukraine could be readily obtained and utilized as baseline information.

¹ UN Statistical Commission, 54th Session, Better Data Better Lives, <https://unstats.un.org/UNSDWebsite/statcom/54>

The data that is already being collected by the surveys carried out within the framework of the programme of official statistics needs to be inventoried, and then this data could be used, among other things, to estimate the number of refugees residing on the territory of Poland from a spatial perspective. Such data is necessary for the government and self-governing administrations to produce appropriate refugee policies. In absence of such information, the possibility of extending the scope of data collection to fill in the potentially missing information on the number and situation of refugees in Poland is to be considered. Even a small modification of the scope of the information collected through official statistics could prove extremely useful in the process of compiling data on refugees.

In addition, other available sources of data on refugees should be identified. These data sources could include both information from administrative records and other data sources, including big data.

Integration of existing data sources

Once an inventory of the data sources held at national level has been carried out, attempts should be made initially to integrate data from these existing sources. This requires the development of an appropriate methodology for combining data from both statistical and non-statistical sources, with a particular emphasis on big data. This represents a major challenge for both official statistics and the academic community.

The need for new surveys

The information gap related to the compilation of statistics on Ukrainian refugees staying in Poland may prove to be too large to be filled even by broad modifications of existing data sources. This survey, jointly conducted by Statistics Poland and WHO assessing the refugees from Ukraine, is an excellent example of filling this research gap. The combined efforts of the two institutions in carrying out such a project has been widely appreciated both by the various actors and institutions working with the refugees. From the experience gained through organizing this joint survey, and the results obtained, it has become apparent that it will be necessary to conduct such surveys periodically among refugees from Ukraine, especially representative ones. To meet the information needs of refugees, further cooperation between Statistics Poland and WHO has been planned by modifying the survey conducted so far among foreigners. Permanent cooperation between various institutions, through the organization of new surveys and other activities, could enable a more reliable picture of the situation of refugees in Poland. This approach would guarantee the systematic acquisition of the necessary information, which would become the basis for shaping refugee policies and enable specific actions to be taken by appropriate entities.



Annex 1 Survey methodology

Health of refugees from Ukraine in Poland 2022 household survey

The Health of refugees from Ukraine in Poland 2022 household survey (BU) was carried out between June and August 2022 by the Statistics Poland offices in Rzeszów and Lublin¹, and the World Health Organization (WHO). The household survey was preceded by a pilot survey which was carried out in April and May 2022 at reception points on the Polish-Ukraine border in the Podkarpackie Voivodeship. At the end of May 2022, the activities of most reception points on the border were suspended as the numbers of people crossing the border reduced. As many of the refugees kept moving through Poland, it became necessary to identify the new locations of refugees in order to carry out the survey.

The Podkarpackie and Lubelskie voivodeships (where the household survey was conducted) are important as they were assigned the roles of logistical hubs and were tasked with rapidly finding safe shelter for as many refugees as possible in border voivodeships, other voivodeships in Poland and abroad.

People who came from Ukraine stayed at various locations in the border voivodeships. The locations listed include: reception points; goods distribution centres; religious houses; medical care points, consulates in Lublin and Przemyśl; and collective accommodation establishments, such as hotels, dormitories, student houses, sanatoriums, school dormitories, school

hostels, guest rooms in kindergartens, schools and other institutions, private houses, etc.

Multidimensional work was needed to carry out the survey, including cooperation between Statistics Poland and governmental and self-governmental units, whose areas of responsibility included the collective accommodation facilities: hotels, dormitories, student houses, sanatoriums, school dormitories, school hostels, guest rooms in institutions, private houses. Cooperation was also established with Catholic Church units where refugees were staying (religious houses, nursing homes, CARITAS²). Interviews were also conducted at the Ukrainian Consulates in Lublin and Przemyśl.

During the preparation process for the household survey of refugees (BU), the Statistical Office in Rzeszów developed:

- the household survey methodology, in Polish and English;
- the organization and administration of the household survey;
- the household survey interview questionnaire, in Polish, Ukrainian and English;
- the household survey information system (SIB-BU).

The aim of the household survey was to obtain information from refugees on how and

¹ Statistics Poland, <https://stat.gov.pl/en/>

² CARITAS, <https://caritas.pl/>

where they crossed the border, to characterize people crossing the border according to their demographic and social profiles, and to identify their health needs.

Sample selection

The samples were selected using two-stage random sampling, stratified by voivodeship. In the first stage, locations were selected using simple random sampling; in the second stage, people residing in these locations were selected using systematic sampling.

The people selected to participate in the household survey provided answers for everyone who met all of the following conditions:

- they travelled from Ukraine together;
- they left Ukraine due to the military operations of the Russian Federation;
- they plan to live together while they are residing outside Ukraine.

As described in the previous section, people who came from Ukraine stayed at various locations in the border voivodeships. To ensure that the survey sample adequately represented the population of Ukrainian refugees, it was necessary to select survey points to reflect the diverse nature of the refugees as closely as possible, taking into consideration that the list of these points does not remain constant. Due to the dynamic nature of refugee movement, and the often very short time refugees spend at survey points, it was not possible to build a survey frame. Therefore, the second stage of the survey was conducted on a so-called elusive population.

Household survey interview questionnaire

The household survey interview questionnaire (Annex 2) was developed with versions in three languages: Ukrainian, English and Polish. The questionnaire contains 20 questions, of which some were closed questions and some semi-open questions. The questions were divided into two modules.

Module I

- Method and place of crossing the border.
- Characteristics of people who came to Poland by citizenship, gender, age, level of education.
- Planned place/country of stay.
- Previous place of residence in Ukraine.
- Intention to take up employment in Poland or benefit from education.
- Intention to return to Ukraine after the end of military operations.

Module II

- Health needs of refugees.
- Information on their health status and past illnesses.
- Level of access to health care in Poland or outside of Poland.
- Places in Poland and outside of Poland where they have accessed health care services.
- Information on the share of income/savings allocated to health care.

- The level of vaccination of refugees against COVID-19.
- Vaccination level of children aged 1–4 years against MMR, DTP, POLIO.
- Mental health needs and related support needs for their mental health.

Module II of the questionnaire was designed jointly with WHO and was intended to provide information on the health needs of refugees and on their health status in the context of **providing future assistance for this group of people.**

The questionnaire was designed to be completed by individuals or by groups of people travelling together (e.g. families).

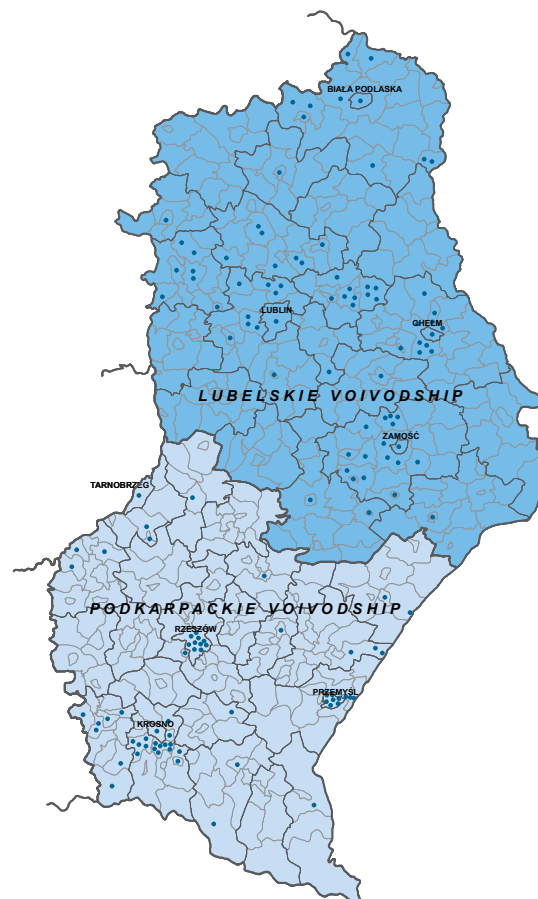
Implementation

Statistical interviewers from the Statistics Poland offices in Rzeszów and Lublin carried out the household survey in 94 locations in Podkarpackie and Lubelskie voivodeships:

- 41 locations in Lubelskie Voivodeship;
- 53 locations in Podkarpackie Voivodeship.

During the household survey, interviewers collected 1 800 filled-in questionnaires containing information on approximately 5 000 people who had found temporary shelter in Poland. Interviews were conducted with respondents

Fig. A1.1 Locations where interviews with refugees from Ukraine were conducted



Note: Each dot represents a location where an interview was conducted.

from all districts of Ukraine, apart from the Autonomous Republic of Crimea. Many interviews were successfully conducted with refugees at points where material aid, food and other necessities for daily life were being given out. This assistance was provided by state institutions and various charitable organizations, including foundations run by the Catholic Church.

It should be noted that although the survey was conducted between June and August 2022, it included all refugees who were in Poland at that time regardless of the exact date that they had crossed the Polish-Ukrainian border since 24 February 2022.

Survey results were estimated using sample weights which were calculated based on the number of evacuees of Ukrainian nationality registered by the Border Guard at the Polish-Ukrainian border in consecutive months

between 24 February and 31 August 2022. Evacuees were defined as people who, during border checks, declared that they were leaving the territory of Ukraine due to hostilities (see Annex 3). Many of the refugees who crossed the Polish-Ukrainian border at the beginning of the war left for other countries immediately. Consequently, the data on evacuees for the initial period of the war (when the influx of refugees was at its highest) was reduced by 46% to provide for an estimate of the number of refugees remaining in Polish territory during the survey period. This calculation was based on the results of the pilot survey in which many refugees declared a country other than Poland as their final destination. In addition, in the process of compiling the results, data from the Common Electronic System of Population Register (PESEL register) was used, among other things, to calibrate the statistical weights.

The report presents the generalized results of the Health of refugees from Ukraine in Poland 2022 survey and, unless otherwise stated, the data given refer to the population of 1.5 million refugees who arrived in Poland as refugees since 24 February 2022 and were in Poland at the time of the survey.

Behavioural insights into health service needs and access for refugees from Ukraine in Poland 2022 research

This research study was carried out with the voluntary participation of Ukrainian people who are now living in Poland. The modified COM-B framework provides a holistic approach to enable the barriers and enablers of behaviour to be explored (Fig. A1.2).¹ This

model provided the theoretical framework for this study and guided data collection and analysis. Ethical approvals for the study were provided both at the national level and by the WHO Research Ethics Review Committee.

¹ Habersaat KB, Jackson C. Understanding vaccine acceptance and demand – and ways to increase them. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2020;63(1):32–39. doi: 10.1007/s00103-019-03063-0.

Fig. A1.2 The modified COM-B framework



Sources: Adapted from Michie et al. (2014)¹ and Habersaat et al. (2020).²

Research questions

The research questions (Annex 2) were designed to identify:

- perceived health-related service needs and expectations for Ukrainian refugees living in different parts of Poland, including those related to prevention, treatment, care and previous health-seeking behaviours;
- barriers and drivers of accessing and utilizing health care services for Ukrainian refugees living in different parts of Poland and in different types of accommodation, both for themselves and their children, including their:

- o capacity to seek health care, including awareness of the available services, knowledge of prevention and treatment needs (e.g. vaccinations, treatment for chronic and acute diseases, and health checks for refugees);
- o motivation, motivational barriers and drivers to seek health care, including perceptions regarding treatment needs (e.g. vaccinations, treatment for chronic and acute diseases, and health checks for refugees);
- o perceived opportunities for access to health services in Poland, including possible positive experiences, lessons learned

¹ Michie S, Atkins L, West R. The Behaviour Change Wheel. A guide to designing interventions. London: Silverback Publishing; 2014.

² Habersaat KB, Jackson C. Understanding vaccine acceptance and demand – and ways to increase them. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 2020;63(1):32–39. doi: 10.1007/s00103-019-03063-0.

- and possible negative experiences (e.g. stigma or discrimination);
- o perceived social support for accessing and using health services (including perceived cultural and social norms) and potential support from family, friends, community groups, local health authorities and health facilities, health workers, community leaders, other refugees, etc.;
- other behavioural and cultural factors impacting health service uptake.

Study participants

Inclusion criteria for the study were participants aged 18 years and above, who had left Ukraine due to the war, and who had been in Poland for at least 2 weeks. By applying purposive maximum variation sampling, respondents were selected to ensure that they included a representative sample of people of both sexes, and included people from a range of age groups, educational backgrounds and caring responsibilities who were living in various accommodation types and in different geographical locations.

Sampling criteria were:

- age (18–49 years versus 50 years and over);
- geographical location;
- accommodation type (official versus unofficial housing¹);
- education level (finished high school versus not finished high school);

- caregiver role (caregiver for children or elderly people versus not a caregiver).

Participants were recruited through social media channels that had been established by Ukrainians to exchange information about life in Poland (e.g. Telegram, Viber, Facebook), personal networks (including those of respondents), and Statistics Poland interviewers who were conducting the household survey with refugees. The invitation to participate included a link to a short eligibility survey, which was created by the BCI Unit, WHO Regional Office for Europe. By completing the survey, respondents confirmed their interest in participating in the study, confirmed that they matched the inclusion criteria and provided contact details. Researchers then invited respondents to participate in the study, and scheduled interviews based on sampling priorities.

The Ukrainian research agency Sociologist conducted 35 in-depth online interviews via Zoom between 25 August and 7 September 2022. Each interview lasted approximately 1 hour, and respondents received a payment equivalent to €20 to compensate for their time and Internet usage.

The characteristics of the 35 Ukrainian people who participated in the study are shown in Table A1.1.

¹ Official accommodation was defined as a refugee camp or settlement run by the Polish Government or the UNHCR; unofficial accommodation included living with family/friends, being hosted by volunteers, renting their own place and living in a hotel.

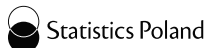
Table A1.1 Behavioural insights interview: respondent characteristics

WAVE I	General population	Mothers of children with disability
Total number	22	13
Region		
Warsaw	1	1
Krakow	2	8
Wroclaw	0	1
Rzeszów	13	1
Klusze	0	1
Bochnia	0	1
Poznan	1	0
Katowice	1	0
Pruszkow	1	0
Biała Podlaska	1	0
Podkarpackie	1	0
Przeworsk	1	0
Age, years		
18–49	12	11
50+	10	2
Sex		
Female	21	13
Male	1	0
Health issue	Adults	Children
Oncology	2	0
Mobility limitations due to other causes	3	0
Autism	0	8
Cerebral paralysis	0	3
Duchenne muscular dystrophy	0	1
Epilepsy	1	1



Annex 2 Survey questionnaire and research interview questions

Household survey

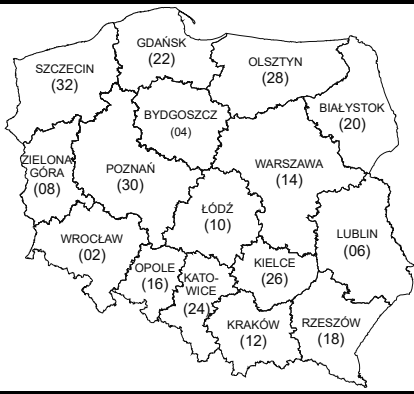


GLÓWNY URZĄD STATYSTYCZNY al. Niepodległości 208
00-925 Warszawa

Dear Visitors!

BU – Survey of refugees

Statistics Poland is conducting an anonymous survey on arrivals to Poland. Please fill in this questionnaire and hand it back to the interviewer. The information given is used for research purpose only.

dd. mm. yy. First date of crossing the border since 24/02/22	Border crossing	I. Method of crossing the border (please circle the correct answer)	
dd. mm. yy. Last crossing of the border (if different from above)	name	on foot	1
survey location		road transport	2
		railway transport	3
II. What is your nationality?			
III. Please give the number of people travelling together (family, friends) (if you travelled alone please write in „1”)			
Specification	Total	0–4 years old	5–14 y.o.
0	1	2	3
15–17 y.o.	4	18–34 y.o.	5
35–44 y.o.	6	45–54 y.o.	7
55–64 y.o.	8	65 and over	9
Females (F) 01			
Males (M) 02			
IV. Planned country of stay / Country of destination			
Poland	1	→ question V	
other country (which one?)	2	→ question X	
V. In which town do you intend to live?			
enter city/town ^a			
enter the voivodeship number			
we do not know yet			
^a in the case of a small town enter the name of a larger town near this town			
			
VI. With whom will you stay in Poland?			
<input type="checkbox"/> with family or friends			1
<input type="checkbox"/> other accommodation (what kind?)			2
<input type="checkbox"/> we do not know yet.			3
VII. Do you intend to work in Poland?			
<input type="checkbox"/> yes			no. of persons
<input type="checkbox"/> no			
VIII. Do you intend to take advantage of the following forms of education in Poland?			
<input type="checkbox"/> nursery (children under 3 years old)			no. of persons
<input type="checkbox"/> pre-primary (3–6 years old)			no. of persons
<input type="checkbox"/> primary school (7–14 years old)			no. of persons
<input type="checkbox"/> vocational school (15–18 years old)			no. of persons
<input type="checkbox"/> post-primary (15–20 years old)			no. of persons
<input type="checkbox"/> higher education institution (19 and over)			no. of persons
<input type="checkbox"/> none of the above			
IX. Do you have a need for continued medical care in Poland due to a chronic illness or disability?			
<input type="checkbox"/> yes, for persons			1
<input type="checkbox"/> no			2
X. Please specify oblast, raion of residence in Ukraine			
number of persons			
		oblast	raion
XI. Please specify the distance from your place of residence in Ukraine to the border crossing			
<input type="checkbox"/> up to 100 km			1
<input type="checkbox"/> from 101 to 500 km			2
<input type="checkbox"/> from 501 to 1 000 km			3
<input type="checkbox"/> 1 001 km and over			4
XII. Do you intend to return to Ukraine after the end of military operations?			
<input type="checkbox"/> yes			no. of persons
<input type="checkbox"/> no			
<input type="checkbox"/> do not know			

HEALTH MODULE

PLEASE INDICATE THE NUMBER OF PERSONS ACCORDINGLY

IX-1 In the past 30 days or less, did your household member need health care?	Total	0–4 years old	5–14 y.o.	15–17 y.o.	18–34 y.o.	35–44 y.o.	45–54 y.o.	55–64 y.o.	65 and over
Yes									
No → IX-6									

IX-2 What types of health care were needed?	Total	0–4 years old	5–14 y.o.	15–17 y.o.	18–34 y.o.	35–44 y.o.	45–54 y.o.	55–64 y.o.	65 and over
Acute illness (fever, diarrhoea, cough, etc.)									
COVID-19									
Chronic illness such as:									
<input type="checkbox"/> Cardiovascular disease									
<input type="checkbox"/> Pulmonary disease									
<input type="checkbox"/> Diabetes									
<input type="checkbox"/> Renal/kidney disease									
<input type="checkbox"/> Infectious disease (HIV/TB/hepatitis – please specify if possible)									
<input type="checkbox"/> Cancer									
<input type="checkbox"/> Other									
Mental Health									
Sexual and Reproductive Health (Antenatal or postnatal services, safe delivery, etc.)									
Dental services									
Others									
<input type="checkbox"/> If you chose "others", please specify									

IX-3 Did your household members have access to health care for the above-mentioned conditions?	Total	0–4 years old	5–14 y.o.	15–17 y.o.	18–34 y.o.	35–44 y.o.	45–54 y.o.	55–64 y.o.	65 and over
In Poland									
Outside of Poland (specify country name)									
Yes									
No – If not, why?									
<input type="checkbox"/> Information barrier (lack of information, language or cultural difference)									
<input type="checkbox"/> Cost of services									
<input type="checkbox"/> Logistics to attend facilities (transport, distance)									
<input type="checkbox"/> Unavailability of medical care or treatment									
<input type="checkbox"/> Others									
<input type="checkbox"/> If you chose "others", please specify									

IX-4 Where were (country and type of facility) the health care services provided for the affected household members?	Total	0–4 years old	5–14 y.o.	15–17 y.o.	18–34 y.o.	35–44 y.o.	45–54 y.o.	55–64 y.o.	65 and over
In Poland									
Outside of Poland (specify country name)									
Government health facility									
Private health facility									
Mobile / temporary health facility									
Others									
<input type="checkbox"/> If you chose "others", please specify									

IX-5 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)?	
Less than 10%	
Between 10 and 25%	
More than 25%	

IX-6 (COVID-19) Have your household members received vaccinations against COVID-19?	Total	0–4 years old	5–14 y.o.	15–17 y.o.	18–34 y.o.	35–44 y.o.	45–54 y.o.	55–64 y.o.	65 and over
YES – If yes, how many doses?									
<input type="checkbox"/> 1 dose									
<input type="checkbox"/> 2 doses									
<input type="checkbox"/> 3 doses / booster									
NO									
..... # of months since last vaccine taken									
<input type="checkbox"/> If you chose "no", what is the reason?									

IX-7 (Vaccination)	No of child/children (1–4 years old)		
IX-7.1 How many child / children in your household are aged 1–4 years old?			
IX-7.2 For child/children in your household aged 1–4 years, have they completed the following vaccine-ations (e.g. 3rd dose POLIO, 3rd dose DTP, 1st dose MMR)?	YES	NO	DON'T KNOW
MMR (measles, mumps, rubella)			
DTP (diphtheria, tetanus, pertussis/whooping cough)			
POLIO			

IX-8 (Mental health) Is there anyone in your household currently so upset, anxious, worried, agitated, angry or depressed that it affects the person's daily functioning? (cont.) For example, having difficulty getting out of bed, caring for self/others in the household, or doing daily household activities such as cooking, cleaning etc.	Total	0-4 years old	5-14 y.o.	15-17 y.o.	18-34 y.o.	35-44 y.o.	45-54 y.o.	55-64 y.o.	65 and over
YES									
<input type="checkbox"/> If yes, do you think those household members could benefit from support for this problem?									
NO									

THANK YOU FOR FILLING IN THE SURVEY

Interviewer's comments (please provide information here whether this group of persons travels with animals)

Interviewer's number - -

Completed by
(interviewer's name) (date)

Survey number

Behavioural insights interview

Behavioural insights on refugee health service needs and access:

Qualitative study to assess the health care needs and gaps, and the barriers and drivers of health service uptake among Ukrainian refugees in Poland INTERVIEW TOPIC GUIDE (ENG)

AIM OF THE INTERVIEW

1. Explore the health-related service needs and expectations of refugees.
2. Identify barriers and drivers of accessing and utilizing health care services of refugees, including related to their capacity, motivation, social support and physical access to services.

PROCESS

BEFORE THE INTERVIEW STARTS

- Thank participant for their time and contribution.
- Check that the participant has read the Participant information and consent form.
- Ask them if they have any questions about the interview and answer these.
- Ask them if they agree with audio-recoding and turn on recorder. If they do not agree, politely end the interview, explaining why audio-recoding is necessary, thanking them for their time and wishing them the best.
- Copy the consent form text into the chat, read it out loud and get their verbal, audio-recorded consent. Ask them to agree in writing in the chat as well. Highlight that they can terminate the interview at any time they wish with no negative implications.
- Reassure them that there are no right or wrong answers, we are really interested in their experiences and views. Stress that they will not be identified.
- Start interview.

AT THE END OF THE INTERVIEW

- Thank participant again.
- Ask participant if they would like information about available health services (if this has not already been provided during the interview). If yes, provide them the information (Annex 5).
- Ask participant if they would like to receive the outcomes of the study. If yes, ask for an email address or other contact to use for this.
- Ask participant if they would like to be contacted again in 1–3 months for a follow-up interview. If yes, ask for an email address, phone number or other contact so the principal investigator can invite them. Inform them that only the principal investigator, co-lead researcher and Martha Scherzer will have access to this information; they will not be contacted for any other reason or by any other person.
- Ask participant if there are any last questions (refer to the Q&A sheet for answers or links to further information).
- Wish the participant the best and close the online platform. Save the audio-recoding in access-protected folder.

1. INTRODUCTORY QUESTION

Please tell me about where you are staying now?

Prompts

- o Are you in a camp, with friends/family or in a rented facility? Or something else?
- o Are you currently on your own, or are any family members or others living with you? Are there children living with you? How many?

We would like to hear your views on health service needs and any possible experiences with health services you have had so far in Poland. If you are a caretaker for a child or an elderly person, please respond with reflections for both yourself and the people you are the caretaker for.

2. HEALTH SERVICE NEEDS (*Behaviour in COM-B model*)

Please tell me about the current health service needs for yourself and those you are a caretaker for?

- How often would you normally attend health services before leaving Ukraine? Would you like to share the reasons you have typically attended health services?
- Have you attended any health services in Poland within the last month?
- Were you offered a health check upon arrival in Poland? If so, did you accept? Could you tell us more about the reasons you accepted or didn't?
- Have you or anyone you know been offered any mental health and psychosocial support services since arriving in Poland?
 - Can you tell us more about the reasons people might accept such services or not accept?
- What kind of prevention services do you currently need? (Prompts: vaccination, health check, pregnancy consultations, condoms, contraceptive pill, mental health counselling, other?)
- What kind of treatment or care do you currently need? (Prompts: medicine for chronic illness, medicine for other conditions, medicine for mental health-related conditions, other?)
- What supporting services do you need, such as information about health services, information in Ukrainian language or other?

Let's talk now about what helps or hinders you to get health services in Poland

3. KNOWLEDGE ABOUT HEALTH NEEDS AND SERVICES (*Capability in COM-B*)

Please tell me what you know about health services in Poland:

- Do you know whether health services are available for you and what kind?
- Do you know whether mental health and psychosocial support services are available?
 - In case you would need any are you aware where you can receive them?
- Do you know what health services are available for children?
- Do you have information on where to go for health services (address, place)?
- Do you know what kind of health services are free of charge?
- Do you know what kind of mental health and psychosocial support services are free of charge?

Do you currently feel confident that you know enough about health service needs for yourself and those you are a caretaker for?

Prompts:

- You do not have to provide information about your specific health needs or issues; however, I will mention a few possible areas to help you reflect on this question:
- Related to prevention; such as vaccination?
- Related to medication or other treatment for any chronic illness you have; such as diabetes, cancer, cardiovascular disease, tuberculosis, HIV or other?
- Related to any mental health-related conditions or psychosocial support?
- Related to any other health conditions you are currently experiencing?

I would now like to hear your views on health-related information:

- What information sources do you currently use for health-related information? Would you tell us some reasons you use those sources?
 - o If mentioned, prompt for specific online channels: WhatsApp from friends/family, Viber, Telegram, Facebook, Instagram, other
- Which information sources do you trust?
- Do you think that you get enough information about health services in Poland?
- What would you like to know more about?

4. VIEWS ON HEALTH SERVICE NEEDS AND SERVICES (Motivation in COM-B)

In your current situation, is seeking health care and services a priority to you?

- Can you tell us more about the reasons this is or isn't a priority?

Would you feel safe and confident to seek health services in Poland if and when the need arises?

- Do you trust the health workers in Poland?

Can you tell me about any other concerns you might have about seeking health services in Poland?

Prompts

- o Where did you learn this?
- o Is this based on a past event? Tell me about that.
- o Other concerns?

How can you be reassured about these concerns?

Prompts

- o What information or support would be helpful?
- o Who from?
- o Anything else that you need?

5. ACCESS TO HEALTH SERVICES (Physical Opportunity in COM-B)

Please now tell me about how convenient it is for you to access health services in Poland:

- Have you received any written or verbal information about health services available? From whom? Through which channel? (prompt – WhatsApp from friends/family, Viber, Telegram, Facebook, Instagram, other)
- Have you received any encouragement to seek health services in Poland? From whom? By which channel? (prompt – WhatsApp from friends/family, Viber, Telegram, Facebook, Instagram, other)

Note to moderator: If the participant does not know about health services offered in Poland (see section 3 above), please skip the next four bullets.

1. Is the location of health services in your current place of residence in Poland convenient to you?
2. How does that affect you? What would help you to get the health services you need?
3. How convenient are the opening times offered in these health facilities?
4. How does that affect you? What would help you to get the health services you need?

I would now like to ask about whether you have experienced anything positive or negative in relation to health services in Poland?

Note to moderator: If the participant has had no experience with health services in Poland, please go directly to section 6.

- How was your overall experience – a positive or a negative one? How did this affect you?
- Did you get the health services you needed? Could you tell me more about that?
 - o (If relevant) Have the children living with you received the health services they needed? Why/Why not?
- Was there any financial cost for you? Tell me about that.
- Did you receive any written materials? If yes, what were those materials? What did you think of them? Did you share these materials with your friends/family?

- Were you able to communicate well with the health workers? Tell me more about that.
- Prompts:
 - o Which language did you communicate in? Was this easy or difficult? Did you experience any cultural differences or similarities to what you experience at home?
 - o How was the interaction with the health workers?
 - o Were all your questions answered?
 - o Anything else you would like to share regarding your interaction with the health workers?

6. ROLE OF OTHER PEOPLE (*Social Opportunity in COM-B*)

Have you talked about health services in Poland with family and friends?

- What did they say?
 - o Have they used health services? Where do they get their information about health care services?
- How important to you are their views? Why is that?

Have you discussed health services in Poland with other people you have met in Poland?

Prompts:

- o friends, family?
 - o other refugees?
 - o local community groups or volunteers?
 - o local authorities?
 - o health workers?
 - o UNHCR, Red Cross, WHO, UNICEF?
 - What did they say?
 - Do you know if they/the other refugees seek health services in Poland?
 - How important to you are their views? Why is that?
- #### Are you able to draw on support from anyone in order to get access to health services in Poland?
- Prompts:*
- o friends, family?
 - o other refugees?
 - o local community groups or volunteers?
 - o local authorities?
 - o health workers?
 - o UNHCR, Red Cross, WHO, UNICEF?
 - How do they support you?
 - How important is their support to you?
 - What could they do to support you (even more) to get access to health services in Poland?

7. IDEAS FOR SUPPORTING REFUGEES TO ACCESS HEALTH SERVICES

What is the most important action that needs to happen to support Ukrainian refugees in Poland in getting the health services they need?

8. FINAL QUESTIONS

Is there anything else that you want to tell me before we finish?

I will share with you some information about where you can seek health services in this country. Please, let me know if you do not wish to receive this information.

Thank you very much for talking with me/us...for sharing your experience with me/us.

END INTERVIEW

Annex 3 Data sources

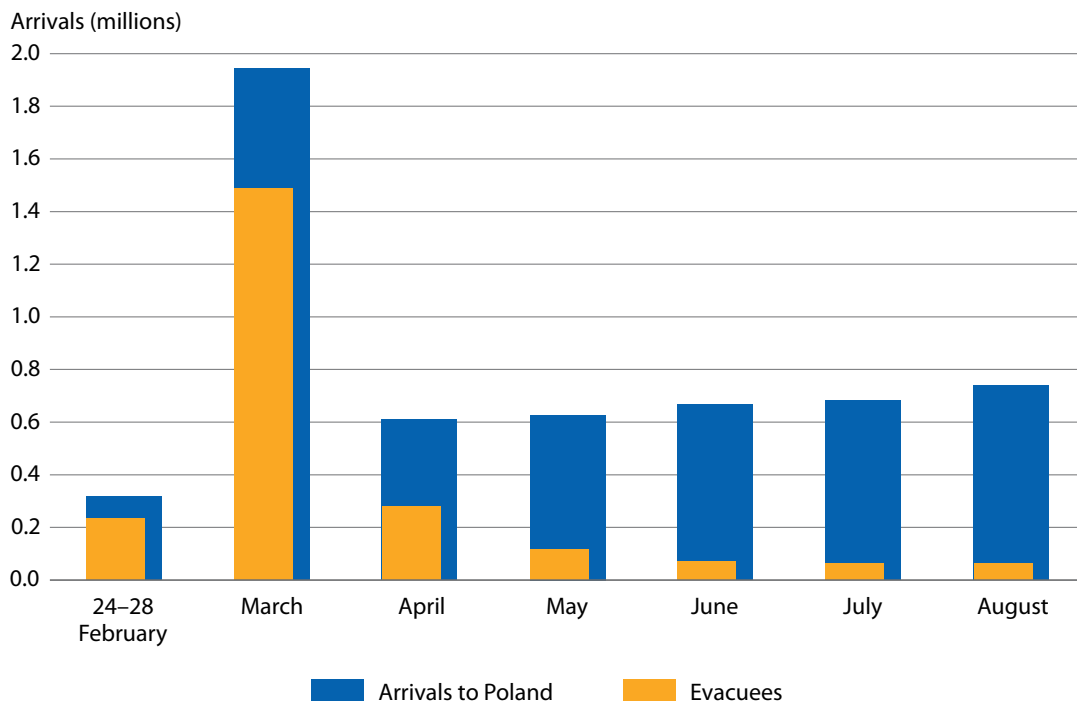
The primary sources of information in the survey of refugees were:

- data from the household survey;
- information obtained from the behavioural insights interview;
- daily and monthly data from an administrative data source – the Border Guard Main Headquarters – for border traffic on the Polish-Ukrainian border;
- the PESEL register – Common Electronic System of Population Register.¹

Between 24 February and 31 August 2022, more than 5.8 million people who were not

Polish citizens entered Poland through the Polish-Ukrainian border, of which approximately 2.4 million were evacuees. According to the definition used by the Border Guard Poland Main Headquarters (KGSG), **evacuees** are persons who left the territory of Ukraine due to the military operations, entered Poland from the territory of Ukraine, were cleared by the Polish Border Guard under border checks (without out-of-system clearance) and applied or declared their intention to apply for international protection in Poland and declared their intention to stay on the territory of Poland.

Fig. A3.1 Arrivals of Ukrainians crossing the Polish-Ukrainian border



Source: Data from the Border Guard Main Headquarters.

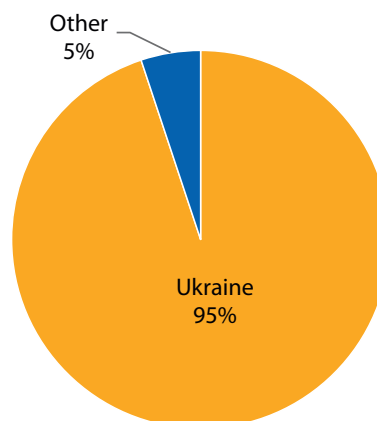
¹ On the basis of the Act of 12 March 2022 on assistance to citizens of Ukraine in connection with the armed conflict on the territory of the country (Journal of Laws of 2022, item 583), refugees from Ukraine who applied were given a PESEL number. As of 31 August 2022, more than 1.3 million numbers have been assigned. The PESEL register contains, inter alia, date of birth, gender and nationality.

Not every person who entered from Ukraine since 24 February 2022 is a person leaving the territory of Ukraine due to hostilities. There are also people who came to Poland for other purposes; for example, professional work, business, education (students), humanitarian aid and for other purposes (Fig. A3.1).

Figure A3.2 shows the number of evacuees from Ukraine who arrived in Poland through Polish-Ukrainian border crossings between 24 February and 31 August 2022, by citizenship. The data refers to all persons cleared by the Border Guard during this period, who, according to the definition used by the KGSG, have the status of “evacuee”, regardless of how long they stayed on the territory of Poland.

After the sudden and massive inflow of refugees across the Polish-Ukrainian border that took place after 24 February until mid-March, border traffic normalized and did not exceed the values reached at the corresponding time in 2019 (before the decrease caused by restrictions on border traffic related to the pandemic COVID-19). In March 2022, the number of non-Polish citizens entering Poland through the Polish-Ukrainian border (2.0 million) was more than six times higher than the number leaving Poland (0.3 million). Up until 10 March 2022, there was a noticeable increase in the

Fig. A3.2 Evacuees from Ukraine who arrived in Poland through the Polish-Ukrainian border in the period from 24 February to 31 August 2022



Source: Data from the Border Guard Main Headquarters.

number of border crossings by persons arriving in Poland – on 6 and 7 March the Border Guard recorded 141 thousand crossings. After this period, the number started to decrease; 22 thousand border crossings were recorded on 31 March 2022. The number of crossings of non-Polish citizens in the “from Poland” direction remained at 8–16 thousand crossing per day in March 2022. In August 2022, the numbers of arrivals and departures of non-Polish citizens through the Polish-Ukrainian border crossings were similar – 0.8 million and 0.9 million respectively. The daily value fluctuated throughout the month between 21–28 thousand people per day in the direction “to Poland” and 22–36 thousand people per day in the direction “from Poland”.

Annex 4 Tabular data

Table A4.1 Number of refugees in Poland by month of border crossing during survey period

Specification	Total	Females	Males
	No. (thousands)		
Total	1 522.0	1 061.4	460.5
24–28 February	126.2	87.5	38.7
March	802.7	563.7	239.0
April	278.7	191.9	86.8
May	117.8	84.0	33.8
June	70.9	48.8	22.1
July	64.4	41.8	22.5
August	61.3	43.8	17.5

Table A4.2 Border crossing method

Specification	Percentage
Road transport	58.0
Pedestrian	23.8
Railway transport	18.2

Table A4.3 Gender of refugees by age group

Specification	Females (%)	Males (%)
0–4	52.3	47.7
5–14	51.2	48.8
15–17	48.6	51.4
18–34	84.5	15.5
35–44	86.4	13.6
45–54	86.7	13.3
55–64	77.2	22.8
≥65 years	70.0	30.0

Table A4.4 Number of refugees by gender in each age group: household survey and the PESEL register

Specification	Ukrainian refugees in Poland household survey		PESEL register	
	Females	Males	Females	Males
	No. (thousands)			
Total	1 061.4	460.5	938.8	389.0
0–4	72.0	65.7	54.8	56.6
5–14	192.6	183.5	173.6	174.7
15–17	51.1	54.0	49.2	46.1
18–34	262.0	48.0	258.4	46.8
35–44	201.8	31.9	192.0	26.5
45–54	109.9	16.8	100.2	11.7
55–64	97.8	28.9	65.7	13.6
≥65 years	74.2	31.7	44.8	13.1

Table A4.5 Distance of residence in Ukraine to border crossing point

Specification	Percentage
Up to 100 km	9.1
From 101 to 500 km	19.2
From 501 to 1 000 km	36.8
1 001 km and over	34.9

Table A4.6 Place of origin of Ukrainian refugees by oblast

Oblast	No. (thousands)
Total	1 522.0
Cherkasy	21.5
Chernihiv	20.9
Chernivtsi	3.6
Dnipropetrovsk	121.4
Donetsk	147.0
Hherson	49.1
Ivano-Frankivsk	24.2
Kharkiv	175.3
Khmelnyskyi	19.7
Kirovohrad	14.1
Kyiv	262.1
Luhansk	22.8
Lviv	132.3
Mykolaiv	36.9
Odesa	62.6
Poltava	22.8
Rivne	48.5
Sumy	33.3
Ternopil	12.6
Vinnytsia	23.6
Volyn	95.3
Zakarpattia	3.0
Zaporizhzhia	90.8
Zhytomyr	78.7

Table A4.7 Refugee education status

Specification	Percentage
Children up to 14 years old	30.2
Primary	9.4
Vocational	11.3
Post-primary	17.1
Higher	24.8
No data	7.2

Table A4.8 Intention to work in Poland

Specification	Percentage
Yes	65.9
No	34.1

Table A4.9 Education status of persons declaring intentions to pursue further education in Poland^a

Specification	Percentage
Nursery	8.0
Pre-primary	18.9
Primary school	48.0
Vocational school	6.8
Post-primary	10.9
Higher education institution	7.4

^a Refers to persons expressing intentions to benefit from various forms of education.

Table A4.10 Planned country of residence/destination country of travel from the household survey

Specification	Percentage
Poland	95.2
Germany	2.2
Spain	0.5
Belgium	0.3
Other	1.8

Table A4.11 Planned country of residence/destination country of travel – Pilot survey of refugees

Specification	Percentage
Poland	53.8
United Kingdom	8.8
Canada	6.0
Austria	5.7
Netherlands	5.0
Germany	2.5
Italy	2.5
France	1.6
Lithuania	1.6
Other	12.6

Table A4.12 Refugee place of residence in Poland

Specification	Percentage
With family or friends	23.7
Don't know yet	18.5
Rent	16.6
Collective accommodation establishments	13.6
Other housing	6.6
Facilities of religious communities	1.0
Not indicated	17.9
Other	2.0



Table A4.13 Health status by age group^a

Specification	Total	0–4	5–14	15–17	18–34	35–44	45–54	55–64	≥65 years
	No. (thousands)								
Acute illness (fever, diarrhoea, cough, etc.)	248.5	58.3	82.3	12.0	30.9	16.6	13.1	22.3	13.1
COVID-19	10.5	1.2	1.3	0.3	3.0	1.2	1.9	0.8	0.8
Chronic illness in total:	219.1	6.1	15.7	3.5	21.3	28.9	25.7	52.6	65.3
Cardiovascular disease	100.0	1.3	2.0	0.8	6.7	9.1	8.6	28.6	42.8
Pulmonary disease	23.7	2.0	2.5	0.0	1.0	1.0	1.6	5.8	9.7
Diabetes	36.0	0.7	1.0	1.1	2.4	2.6	2.0	12.3	13.8
Renal/kidney disease	16.5	0.3	1.5	0.3	3.3	1.9	2.9	0.9	5.4
Infectious disease (HIV/TB/hepatitis – please specify if possible)	5.5	0.2	0.0	0.0	0.9	1.2	0.7	1.1	1.5
Cancer	23.9	0.3	1.1	0.3	1.7	2.5	5.2	5.6	7.2
Other chronic	81.5	2.3	8.9	1.5	9.2	11.9	11.2	20.7	15.9
Mental health	25.6	0.9	1.9	1.9	6.9	4.6	1.8	3.8	3.8
Sexual and reproductive health (antenatal or postnatal services, safe delivery, etc.)	8.8	–	–	–	7.0	0.9	0.6	0.3	–
Dental services	103.1	3.6	28.3	6.7	25.7	16.4	8.0	7.8	6.5
Others	56.1	4.6	8.3	1.6	8.1	11.0	6.3	8.5	7.7

^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.

Table A4.14 Type of health care needed^a

Specification	No. (thousands)
Acute illness	248.5
Chronic illness	219.1
Dental services	103.1
Mental health	25.6
COVID-19	10.5
Sexual health	8.8
Neurological problems ^b	6.9
Orthopaedic problems ^b	7.0
Endocrinological problems ^b	5.3
Ophthalmological problems ^b	5.3
Other	31.6

^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.

^b Most frequent responses from "other" category.

Table A4.15 Type of health care needed for chronic illness^a

Specification	No. (thousands)
Cardiovascular disease	100.0
Diabetes	36.0
Cancer	23.9
Pulmonary disease	23.7
Renal/Kidney disease	16.5
Endocrinological problems ^b	7.1
Infectious disease	5.5
Neurological problems ^b	4.3
Other chronic	70.1

^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.

^b Most frequent responses from "other chronic" category.

Table A4.16 Need for health care in the 30 days prior to the interview

Specification	Percentage
No	62.6
Yes	37.2
No answer	0.2

Table A4.17 Need for health care by age group

Specification	In the past 30 days or less, did your household member need health care?	
	Yes	No
	No. (thousands)	
Total	566.5	952.9
0–4	72.1	65.5
5–14	126.5	249.1
15–17	26.0	78.3
18–34	83.2	226.3
35–44	68.4	165.0
45–54	44.0	82.4
55–64	70.5	56.2
≥65 years	75.6	30.0

Table A4.18 Access to health care^a

Specification	Percentage
Access in Poland	92.2
Access outside Poland	4.2
Lack of access	2.4
No answer	4.7

^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.

Table A4.19 Country where health services were provided to household members^a

Specification	Percentage
Only in Poland	95.0
Only outside of Poland	2.4
Both in Poland and outside of Poland	2.6

^a Refers to persons who needed health care in the 30 days prior to the interview and who were provided with such services.

Table A4.20 Type of facility where health care services were provided to household members^a

Specification	Percentage
Government health facility	67.8
Private health facility	16.2
Mobile/temporary health facility	2.1
Others	0.3
No answer	20.3

^a Refers to persons who needed health care in the 30 days prior to the interview and who were provided with such services. The respondent could give more than one answer.

Table A4.21 Barriers to accessing health care^a

Specification	Percentage
Information barrier	49.9
Cost of services	33.1
Logistics to attend facilities	14.0
Long waiting time ^b	6.2
Unavailability of medical care or treatment	6.0
Others	14.4
No answer	3.2

^a Refers to persons who needed health care in the 30 days prior to the interview. The respondent could give more than one answer.

^b Most frequent responses from "others" category.

Table A4.22 Share of income/savings spent on health care costs^a

Specification	Percentage
Less than 10%	39.1
Between 10 and 25%	23.9
More than 25%	25.0
No answer	12.0

^a Refers to persons who needed health care in the 30 days prior to the interview.

Table A4.23 COVID-19 vaccination status, adults aged ≥18 years

Specification	Percentage
Unvaccinated	39.9
Vaccinated	54.9
No answer	5.2

Table A4.24 Number of vaccines doses received in COVID-19 vaccinated adults aged ≥18 years

Specification	Percentage
2 doses	80.6
1 dose	10.6
3 doses	8.8



Table A4.25 COVID-19 vaccination status by age group

Specification	Age groups		
	0–17	18–54	≥55 years
	Percentage		
Vaccinated	6.1	56.2	51.3
Unvaccinated	89.6	38.6	43.7
No answer	4.3	5.2	4.9

Table A4.26 Vaccination status of children aged 1–4 years

Specification	Vaccinated	Unvaccinated	Don't know	No answer
	Percentage			
MMR	78.0	14.8	4.8	2.4
DTP	78.6	14.0	5.0	2.4
POLIO	73.0	15.1	9.6	2.4

DTP: diphtheria, tetanus, pertussis/whooping cough; MMR: measles, mumps, rubella; POLIO: poliomyelitis.

Table A4.27 Is there anyone in your household currently so upset and anxious that it affects the person's daily functioning?

Specification	Percentage
Yes	10.2
No	74.3
No answer	15.4

Table A4.28 Persons having problems with daily functioning by age group

Specification	Persons having problems with daily functioning	No answer
	Percentage	
Total	10.2	15.4
0–4	4.2	10.1
5–14	6.8	13.9
15–17	10.5	20.0
18–34	7.8	17.5
35–44	10.5	14.7
45–54	14.4	15.1
55–64	19.4	19.3
≥65 years	20.7	14.6

Table A4.29 Arrivals of Ukrainians crossing the Polish-Ukrainian border

Specification	Arrivals to Poland	Evacuees
	No. (thousands)	
24–28 February	319.6	233.7
March	1 944.1	1 486.5
April	610.6	278.7
May	626.9	117.8
June	666.3	70.9
July	681.7	64.4
August	737.7	61.3

Source: Data from the Border Guard Main Headquarters.

Table A4.30 Evacuees from Ukraine who arrived in Poland through the Polish-Ukrainian border in the period from 24 February to 31 August 2022

Specification	Refugees ^a	
	No. (thousands)	Percentage
Ukraine	2 313.2	94.9
Poland	15.5	0.6
Other EU/Schengen countries (excluding Poland)	12.9	0.5
Russia	9.1	0.4
Uzbekistan	7.7	0.3
India	6.1	0.3
Belarus	5.3	0.2
Azerbaijan	4.9	0.2
USA	4.8	0.2
Georgia	4.6	0.2
Armenia	4.0	0.2
Others	61.9	2.5

EU: European Union; USA: United States of America.

^a Data refer to evacuees – as defined by Border Guard Main Headquarters these are persons who left the territory of Ukraine due to the military operations, entered Poland from the territory of Ukraine, were cleared by the Polish Border Guard under border checks (without out-of-system clearance) and applied or declared their intention to apply for international protection in Poland and declared their intention to stay on the territory of Poland.

Source: Data from the Border Guard Main Headquarters.



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