



**Save the Children**

**CVA**

**TECHNICAL**

**NOTE**

**Poland**

-February 2024-

**Using and Adapting Humanitarian CVA to complement Social Protection in Refugee Context**

These technical notes have been developed for each country of the response and focuses on providing more details on key technical approaches used by response countries.

This technical note focuses on complementing gaps in Social Protection assistance through CVA (with a focus on shelter and health) and shifting targeting strategies in light of reduced funding.

**Program overview**

<b>Unconditional</b> - <b>Unrestricted</b>	<b>Total cash distributed</b>	<b>Total beneficiaries</b>	<b>Delivery mechanism</b>	<b>3 monthly cash transfers - \$170/ monthly/ HH5</b>
	 <b>\$2,478,874</b>	To  <b>2,407 HHs</b>	Via  <b>Bank transfers</b>	

April 2022



MPCA

September 2023

Ongoing

# Topic 1: Complementing social protection through humanitarian CVA

## Background:

In March 2022, the CWG in Poland calculated the transfer values based on 2020 Survival MEB values (as defined by the Polish Institute of Labor and Social Affairs), adjusted by inflation (710 PLN per person per month to cover basic needs for the first member of the HH followed by an additional 610 for each additional member up to 5 maximum). In 2023, thanks to in-depth analysis of monitoring and assessments, the transfer value was adjusted considering inflation (15%) and Consumer Price Index to 820 PLN flat rate for each family member (195 USD). However, this transfer value does not account for key living costs that refugees incur - the most substantial cost being rent/accommodation payments, but also transportation and medical assistance.

## Gaps in needs' coverage:

Findings from multiple sources of data (PDMs, needs assessments) highlighted gaps between minimum needs of refugees and the financial assistance provided by humanitarian organizations and government. In a FGD, the participants estimated the monthly costs necessary to cover their basic needs at 1,500 PLN per person, compared to 710 PLN per person. While the survival subsistence minimum accounts for the cost of utility bills and maintenance equipment of a residence, it does not account for the base rental cost - which, with average rental costs as high as 2,500-3,300 PLN, amounting to more than 3.5 times the survival subsistence minimum, is a significant discrepancy. Transportation was also highlighted as unaccounted financial obstacle, as many of the private or collective accommodations where refugees are hosted are not next to the place of employment (city centers). With regards to health, the amount allocated in the Government MEB (148 PLN/month) is not sufficient to cover medicine for chronic diseases and more extensive medical procedures, leading many refugees to return to Ukraine to be able to afford medical procedures or find required medicines at lower cost.

## Using CVA to address gaps in coverage of shelter needs:

SC's rental assistance programme aims to support refugees currently residing in government collective centers or with host families by providing them with financial assistance to secure their own private accommodation, with access to minimum services, water, electricity, and household items (link to strategy). It should also ensure that people do not fear eviction or abuse, that they have security of tenure, and that they can pay or cover the cost of rent and utilities. In fact, transitioning to private accommodation in Poland often necessitates a significant upfront financial commitment, encompassing both a deposit and the initial month's rent. Unfortunately, this financial reality clashes with the typical payment schedule for new jobs in urban areas, where monthly salaries are typically disbursed toward the end of the first month of employment. This financial misalignment presents an additional barrier for individuals seeking to secure stable housing and employment opportunities.

The rental assistance program provides support for a period of 8 months and offers financial assistance for rental payments, with set values to be determined based on the local market rates and the specific needs of the beneficiaries. As a reference, the amount is set at 2000 PLN for a 1-bedroom flat, 2375 PLN for 2 bedrooms flat and 3300 PLN for 3 bedrooms flat. The program also offers tailored top ups (to support winter insulation or renovations for families with special needs).

To allow programme beneficiaries to prepare for self-reliance and expand the provided support, a staggered amount of assistance is provided as follows:

➔ Deposit, 1st, and 2nd months	100%
➔ 3rd and 4th months	75%
➔ 5th and 6th months	50%
➔ 7th and 8th months	25%

Staggering the assistance over a longer period also allows a smooth transition to complete self-reliance, allows a stronger monitoring of outcomes, and provides a longer period of follow-up and support for families. The deposit will not be returned to SCI making it valid as a 9th months payment as long as the residence is kept in an acceptable condition.

## Using CVA programmatic data to design a cash for health intervention:



SC used quantitative and qualitative data from 1326 households benefiting from its MPCA program to design its Cash for Health intervention. 70% reported health related expenditure, and over half of the caseload have at least one record of a person with disabilities or with chronic illness in their household. FGDs were then organized with respondents who reported spending 500 PLN or more on health services. Most of the 2 groups participants expressed that only temporary informal jobs with low wages and no contracts. Furthermore, employers avoid contracts to not pay health insurance or provide sick leave benefits. In some cases, parents might be forced to be absent from work to care for a sick household member or a child. Participants have conveyed how the economic challenges further exacerbated their healthcare situation. The limited types of job opportunities and financial constraints prevented many from seeking specialized medical care or burdened their shoulder with the cost of medicine.

Refugees have overall access to the national healthcare system with varying levels. Emergency and critical operations are reportedly covered without payment. Specialist physicians such as endocrinologists, orthopedists, and neurologists may necessitate wait times of 6 months to over a year, especially for individuals with disabilities or chronic illnesses. Finally, for those who does not speak polish, language barrier was cited as a reason to access state's healthcare systems. The

cost of medications emerged as a major barrier to healthcare. Participants expressed difficulties in affording essential medicines, especially for chronic illnesses and disabilities. Some stated reliance on medications brought from Ukraine which underscored some gaps in Poland's healthcare coverage. No access to free medicine discounts. Medicines only available on prescription but time required to secured specialists appointments posed a challenge to get the prescription.

**In order to address these gaps, SC has proposed three types of interventions:**

### Financial Support for medication:

Implement a Cash Assistance Programme to provide refugees with financial support specifically for purchasing medications. This assistance could significantly alleviate the burden of medication costs, ensuring that refugees can access essential treatments without financial constraints.

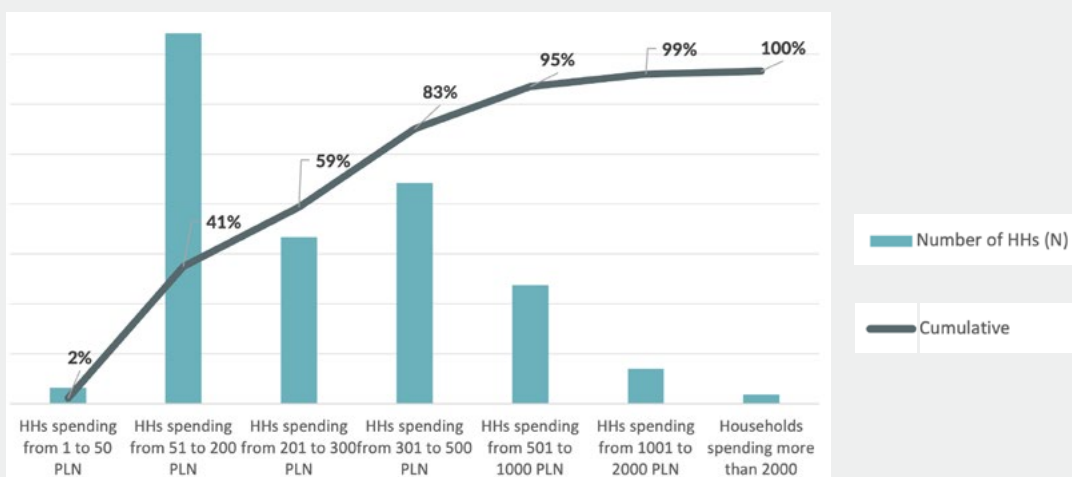
### Affordable Medical Insurance:

Introduce subsidized or low-cost medical insurance options tailored to the needs of Ukrainian refugees. Cash assistance could be allocated to help cover insurance premiums, granting refugees access to comprehensive medical coverage.

### Provide cash for specialized healthcare:

300 PLN provided for a number (2-4) of cycles depending on the case.

**Graph:**  
Expenditures  
on health



## Topic 2: Adapting targeting strategies considering Social Protection

During the first months of the response, the priority was reaching as many refugees as fast as possible, and data on socio-economic vulnerability for analysis was not yet available. As such, the initial criteria for MPCA were primarily focused on demographic criteria easy to administer in selection survey, but ultimately and open to majority of refugees from Ukraine.

### Box 1: List of eligibility criteria during the first months of the response\*

- Single headed HH w children <5 or elderly
- Elderly headed HH
- HH w 2 or more dependents (<18, >50)
- Unaccompanied or separated children
- HH with one or more persons with specific needs (disability/illness/ PLWs)

\*Beneficiaries were selected WITHIN these criteria based on the severity of need.

However, entering the second year of the crisis in 2023, and in the face of declining funding opportunities for cash assistance, **a more targeted approach to cash assistance was developed, based on the analysis of the following:**

- ➔ Alignment with the Polish Government social protection's targeting approach, taking into account updated regulations (for example; the decision requesting those living in unpaid shelters to pay 50% of accommodation cost). This also includes the Governmental' social minimum living standards, which serve as a benchmark for the expenditures of low-income households. Based on early datasets, it was found that HHs are only able to cover 60% of the government's minimum living standards.
- ➔ Communities' recommendations on context-specific vulnerabilities collected through FGDs
- ➔ Cash working group technical targeting task force recommendations
- ➔ CVA Enumerators feedback

### Box 2: Extract from the updated prioritization criteria used for selection of MPCA beneficiaries

Based on the analysis of these four variables, four categories of vulnerabilities and associated tiers were developed (see box below). Households falling into the higher categories are selected for the MPCA (based on funding availability at the time of selection).

#### Category 1 – Very high vulnerability

##### Tier 1; defined as having the below simultaneous identifiers:

- Families with Disabilities or PLW or Single Parents or chronic illness.
- Living in governmental (unpaid) shelters.
- All members are not generating income from work.
- Covering less or equal to 60% of the government MEB.

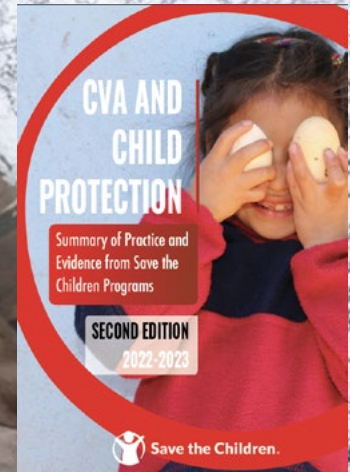
##### Tier 2; Those who are not in tier 1 and:

- Living in governmental unpaid shelters.
- All members are not generating income from work.
- Covering less or equal to 100% of the government minimum.

##### Tier 3; Those who are not in previous tiers and:

- No family members with employed status.
- Any living conditions.
- Covering below or equal to 60% of HH minimum expenditure needs (Total expenditure vs. Gov minimum). Or living with host families and covering less the 100% of Governmental minimum.

# This technical factsheet needs to be read in complement of three following other documents:



The Save the Children Eastern Europe Capacity Statement (link) regroups key information, by country, on overall program design, reach and impact.

The 'Cash on the Move' (link) report provides an overall analysis and lessons learnt on the use of cash to assist populations on the move in the Ukraine response.

Save the Children's cross country research on CVA & CP, including the Georgia specific case study (link).



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