SITE MONITORING & ON-SITE NEEDS ASSESSMENT
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COVER PHOTOGRAPH:
Slovakia. People fleeing Ukraine arrive at the Slovakian border
UNHCR/Zsolt Balla
Executive Summary

This report presents the main findings from two assessments, the Site Monitoring Assessment and the On-Site Needs Assessment, conducted through interviews and semi-structured questionnaires with Ukrainian refugees who entered Slovakia due to the international armed conflict in Ukraine. The assessments were conducted in 38 accommodation sites across Slovakia between 28-29 July and 22-31 August 2022 by the United Nations High Commissioner for Refugee (UNHCR) and the International Organization for Migration (IOM), with support from REACH-IMPACT Initiatives, as well as Slovak Humanitarian Council for the needs assessment at one of the sites.

The Site Monitoring and On-Site Needs Assessment is an inter-agency product within the framework of the Regional Refugee Response Plan (RRP) for the situation in Ukraine and specifically within Slovakia’s RRP. The RRP is an inter-agency multi-sectoral planning and coordination tool. The RRP in Slovakia complements the Government-led efforts and builds on the collective and coordinated work of humanitarian actors, volunteer groups and other local responders, to better address the needs of refugees arriving to the country from Ukraine. The two assessments were conducted to provide an evidence base for inter-agency programmatic response under the RRP Slovakia. The On-Site Needs Assessment complements the Site Monitoring Assessment from the point of view of residents at these sites.

The Site Monitoring Assessment covers accommodation sites in Trnava, Prešov, Košice, Bratislava, Žilina, and Banská Bystrica, and provides information on the type, capacity, and services at these sites while the Needs Assessment provides a snapshot of the needs and challenges of Ukrainian refugees accommodated at these sites, including access to health services, employment, education, housing and childcare.

The On-Site Needs Assessment found that people residing in the monitored sites generally feel safe (96%). However, important gaps remain, for instance, accessibility for older people and people with disabilities. Other important findings include the need to improve inclusion of older persons and persons with disabilities, as 55% of sites did not provide for older people’s basic needs, and 66% of the sites did not provide for safe and dignified access for persons with disabilities based on information provided by Site Managers.

Another finding raised the importance of access to essential services and to relevant and critical information within accommodation sites is vital, either provided by Government and/or civil society, as it has an important impact on the resilience of refugees. Upon comparison between one site where the population has access to counseling and job placement to another site where such services are not available, the difference in average household income is quite substantial. In the former, it was 690 Euros while in the latter where supportive services were not available, it was 190 Euros. Furthermore, such discrepancies exist in terms of access to life-saving medical care, child protection services and education. Some of these findings have resulted in inter-agency response at some of the assessed sites, including in the context of transition from emergency accommodation to longer term accommodation.

These findings will inform specific interventions to improve refugees’ livelihoods and resilience, as well as programmatic response in other sectors, within RRP Slovakia 2022 and 2023.
Results at a glance

**SITE MONITORING OVERVIEW**

- 76% of sites are managed by governmental authorities
- 42% of sites are owned by local government / municipality
- 79% of sites are collective centers
- 63% of sites are used for long term accommodation
- 34% of sites are accessible for persons with disabilities
- 75% of sites monitored provide basic items
- 42% of sites reported having access to legal aid and counseling
- 42% of sites reported having access to MHPSS services
- 60% of sites reported having non-formal education activities on site or near the site
- 55% of sites reported having feedback and complaints mechanisms in place

**NEEDS ASSESSMENT OVERVIEW**

**PRIORITY NEEDS (Top 5)**

- Access to health: 53%
- Access to employment: 39%
- Access to education: 28%
- Access to housing: 20%
- Access to childcare: 13%

- 32% of households experienced challenges in accessing services
- 38% of households were unable to support their monthly needs
- 43% of households reported being unemployed
- 52% of households reported healthcare needs
- 22% of households reported mental health needs

**MAIN CHALLENGES (Top 3)**

- Lack of employment offers in line with profile: 42%
- Language barriers: 40%
- Unable to work: 29%
- 96% of respondents feel safe at the site

1 These are existing building used as temporary accommodation for Ukrainian refugees. The type of buildings vary widely, including hostels, hotels, community centres, dormitories, privately owned buildings, etc.
Introduction

This report provides analysis on data collected from two Inter-Agency assessments (Site Monitoring and Rapid Needs Assessment) carried out across Slovakia during 28-29 July and 22-31 August 2022 by the Office of the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), in partnership with REACH. The Site Monitoring assessment mapped 38 accommodation sites in Trnava, Prešov, Košice, Bratislava, Žilina and Banská Bystrica, and provided information on the type, capacity, and services at these sites. The Needs Assessment offers a snapshot of the needs of Ukrainian refugees accommodated at these sites.

Methodology

For the Site Monitoring Assessment, accommodation sites for Ukrainian refugees who entered Slovakia due to the international armed conflict in Ukraine were identified across the country. A structured survey questionnaire was developed for key informants and conducted with site managers or responsible personnel at each site by trained enumerators in face-to-face interviews. This data reflects the situation of 38 accommodation sites in 7 regions across Slovakia, the majority of which were in the eastern part of Slovakia (19 in Prešov and 10 in Košice), close to the Slovak-Ukrainian border. The methodological approach for the Needs Assessment consisted of a structured household survey questionnaire on a random sampling of Ukrainian refugees accommodated at 38 sites in 6 regions across Slovakia, and supported with focus group discussions at one of the sites. Most of the surveys were conducted in Trnava (94 surveys), followed by Prešov (79), Košice (26), Bratislava (17), Žilina (13) and Banská Bystrica (8). Respondents were randomly selected to reduce bias; for sites with few refugees hosted, random sampling was not used as all residents consenting to participate were assessed. Trained enumerators digitally collected the data through Kobo Toolbox. The questionnaire was developed to collect information on people accommodated at the site, including on their demographics, household composition, education level, current and previous employment situation, childcare needs, access to education, household income, as well as household expenditures and coping mechanisms. The survey was conducted in both Ukrainian and Russian through face-to-face interviews with refugees accommodated at the sites. The results reflect refugees’ situation and needs at the time of the assessment.

Limitations

In the Site Monitoring Assessment, the responsible manager and/or sites staff were not always able to answer all the questions in the survey, particularly regarding services and information provided to and available to refugees. Some of the sites were planned as emergency accommodation and at the time of the interviews either did not have anyone at the site or had only a few individuals. Other sites were closed and no longer used to accommodate refugees. During the data collection, other sites were identified instead of such sites and will be added in the next round.

In the Needs Assessment, a limitation was identified when analysing the disability data. The answers to the six Washington Group short set (WG-SS) questions were oversimplified to yes or no, making it difficult to identify if there is a disability and the degree of severity as respondents were unable to select different levels of difficulties, from “some difficulty”, “a lot of difficulty” and “cannot do at all".

In the next round, reliability of disability data will need to be improved.

While analysing the data in the Needs Assessment, it was observed that the question on parenting may have been interpreted differently by respondents. The number of persons who identified themselves as parenting alone is low when compared with the household composition. Respondents may have not identified as parenting alone because they have a partner or spouse in Ukraine even if they are separated due to the armed conflict and have, in effect, become sole parents.

Sampling followed a non-probability approach and cannot necessarily be extrapolated to the population of refugees from Ukraine as a whole. Results were not weightened in the analysis.
Site Monitoring Overview

Out of the 38 identified accommodation sites, 79 per cent were collective centres that existed prior to the conflict in Ukraine while 18 per cent of the sites were created specifically to accommodate persons fleeing from the conflict.

The majority of the sites used for accommodating Ukrainian refugees were dormitories (29%), followed by education facilities like schools (16%), government buildings (13%), hotels or hostels (13%) and holiday or summer resorts or camp sites (13%).

Sixty-three per cent of these sites were planned for long-term accommodation, 16 per cent as emergency accommodation and 13 per cent short-term accommodation. More than half of the sites (58%) were located in urban areas, 11 per cent in rural and 32 per cent in peri-urban areas.

At the time the interviews were conducted, 29 sites were being managed by government authorities, three were managed privately and one site was managed by an NGO/civil society. In 89 per cent of the sites, staff and/or volunteers were present to manage the site.

Sleeping capacity at the sites varied. Most of the sites monitored (15) had the accommodation capacity of between 30 and 50 people, nine sites could accommodate up to 100 people and three sites reported sleeping capacity of over 300 persons.

Provision of Basic Items

Basic items, such as food, hygiene, sleeping and cleaning items, clothes, and supplies for children and older people were, on average, covered in 75 per cent of the sites monitored. These were provided by national government programs (on average in 28% of the sites), volunteer-led organisations or groups (12%), local authorities (9%) and non-governmental or third sector organisations (7%).

The least covered basic items were those specifically required for older people, as only 45 per cent of sites provided supplies for this demographic group. This is compared to sleeping items (8 percent of the sites), hygiene items (11 percent) and cleaning items (11 percent). Meals are provided on-site in 27 accommodation facilities, with 16 sites providing 3 meals per day and one providing 5 meals per day.

Site Accessibility

Access is the gateway to full participation for people with disabilities and for sick or older people. The assessment analysed access to and within a site.

Thirty-seven per cent of site managers interviewed stated that modifications to the site are needed to facilitate accessibility for aging and older persons and persons with disabilities. Only 13 sites (34%) were accessible for persons with disabilities at the time of the interview. References were made to specific barriers; for instance, toilets and shower facilities were not accessible in 66 per cent of the sites monitored.

Therefore, targeted interventions in these sites are required for persons with disabilities (PWD) to access bathrooms in a safety and in a dignified manner.
On-Site Services and Information

Site managers or responsible personnel were interviewed about on-site services and information provided to individuals accommodated at the sites.

Site Managers reported that 29% of sites offer child protection services to children at risk, 24% of sites have access to support services for survivors of gender-based violence. These services were mostly provided by NGOs (69%), local authorities (54%) and UN agencies (38%). Services for people with disabilities were available at 8 sites (21%), with specific supportive services for children with disabilities and their families at 4 sites (10%). Site managers and employees of 71 per cent at these sites reported knowing where and how to refer people in need of disability-specific services. Staff and volunteers at 18 per cent of the sites received training regarding Protection from Sexual Exploitation and Abuse (PSEA) since the facility opened.

Legal counselling was available for residents at 42 per cent of the sites, a majority of which were provided by volunteer organisations (7 sites), followed by the governmental programs (5 sites) and NGOs and UN agencies (each available at 4 sites).

Basic primary medical care services were available at 31 per cent of the monitored sites, with a medical doctor present at 4 sites and a midwife, nurse or paramedic present at 3 sites. According to the survey results, mental health and psychosocial support services were available at 42 per cent of the sites, provided by NGOs (at 9 sites), local authorities (at 5 sites) and volunteer organisations (at 4 sites). Twenty-nine per cent of the sites reported having a system to refer people with specific medical needs to support services as required.

Site managers or responsible site personnel were asked about services regarding recreational activities. Non-formal education activities were available on-site or near the site in 60 per cent of the cases, and 74 per cent of the sites reported having designated child-friendly spaces. Outdoor recreational spaces were available at 25 sites, playgrounds and indoor recreational spaces at 21 sites and 6 sites had designated nursing rooms. Additionally, ninety-two per cent of the sites offer free Wi-Fi and 24 per cent provide refugees with SIM cards.

Regarding information provision for refugees accommodated at the sites, there were protection information desks available for counselling and referrals at 34% of the facilities. Twenty-six sites reported providing information on temporary protection, 20 sites on transportation, 12 sites on human trafficking and 11 sites were able to inform refugees about protection from sexual exploitation and abuse. None of the sites reported to offer information on child safeguarding.

In terms of communication with Ukrainian refugees, 58 per cent of the sites reported that interpretation or translation services were available on-site, mostly in Russian (available at 20 sites), Ukrainian (available at 18 sites), and English (at 7 sites).
Needs Assessment Overview

This section provides information on Ukrainian refugees accommodated at 38 sites in 6 regions across Slovakia, including on their demographics, household composition, education level, current and previous employment situation, childcare needs, access to education, household income, as well as household expenditures and coping mechanisms.

Demographic Profile

A total of 237 household interviews were conducted at 38 sites for the Needs Assessment. The sample is largely composed of women (94%), who are between the ages of 40-49 (28%) and between 30-39 years (27%). The average household size across sites is 2.8 persons per household, meaning that there are between 2-3 persons per household.

There were 658 members in total within the 237 households, with women and children representing 91% of the total population sample, and just 9% men over 18 being part of the households. This may suggest that a large proportion of women are single caregivers due to family separation as a result of the armed conflict, although only 19% reported that they are parenting alone. Most household members are immediate family (95%), while only 4% of household indicated that they are living with extended relatives and 1% with non-related individuals.

Persons with specific needs were identified during the needs assessment including older persons (15% of household members were reported by respondents as being over 60), persons with serious medical conditions (14% of households’ member over 65) and persons with disabilities. Regarding disability, 11% of households’ members reported having difficulties hearing even using a hearing aid, 13% of household members were presented as having difficulties remembering and concentrating, 5% had difficulties communicating, understanding and/or being understood using their mother tongue, and 6% had difficulties with self-care. The Washington Group short set (WG-SS) questions were used to identify disabilities within the household and answered by a proxy respondent, who answered on behalf of all household members. Additionally, 2% of women were pregnant or lactating at the time of the assessment.

Households’ Priority Needs

The top three priority needs outlined by respondents were access to health (37%), access to employment (30%) and access to education (27%). Twenty-eight per cent of respondents indicated that they have no needs, as identified in the survey. Other major needs include access to housing (17%), access to childcare (9%), and access to play areas and recreational activities (8%). Access to mental health and psychosocial support was reported by 7% of the respondents as a priority need. Lastly, 10% of respondents reported other urgent needs such as care, personal hygiene items, language courses, or toys for children. It is worth noting that all these needs are intertwined, and as a result, should be not addressed in isolation.
Challenges Accessing Services

Thirty-two per cent of households experienced challenges accessing services. The most reported were access to healthcare (53%), securing a job (39%), and accessing education (reported by 28% of households), including being able to enrol children in local pre-school, primary and secondary schools. Respondents reported that they faced difficulties accessing housing (20%) and childcare (13%). To a lesser degree, respondents reported experiencing constraints accessing mental health psychosocial support (MHPSS) (7%), family reunification (4%) and financially providing for family back at home in Ukraine (3%).

Access to Education

Households reported that they intend to enrol their children in local primary (21% of households) and secondary (20% of households) schools in Slovakia for the 2022-23 academic year. Furthermore, 20% of households indicated that they were unable to enrol children at local schools near where they live. Refugees accommodated at the assessed sites expressed during focus group discussions (FGD) that children attending schools in Slovakia might be attending Slovak schools and simultaneously following the Ukrainian curriculum by distance learning. FGD Participants explained that this approach is intended to ensure children and youth can smoothly reintegrate into the Ukrainian educational system. During the assessment, respondents reported that 138 children intend to continue learning through the Ukrainian curriculum when the new academic year starts in September 2022.

Access to Health

In general, 52% of households surveyed reported healthcare needs, and 40% of households have stated that at least one of the household members has health needs that are not currently covered. At present, persons with temporary protection in Slovakia are entitled to free emergency and necessary medical care provided by hospitals that have a contract with the General Medical Insurance Company (Všeobecná zdravotná poisťovňa). Persons with temporary protection are also able to get a prescription for medication from a family or attending physician, but the cost of the drug is not reimbursed.

Persons who have applied for temporary protection but have not yet received it, are entitled to urgent and necessary medical care, as well as medical care recommended by a doctor during the examination. Emergency care is provided by emergency outpatient services and reception centres of central hospitals. Those who have permanent residency have full access to healthcare in Slovakia. However, people with underlying serious medical needs do not consistently have access to medical care, which can aggravate their medical needs.

Twenty-two per cent of households reported to have mental health needs, of which 25% were able to obtain professional mental health and psychosocial support.
Housing Situation

At the time of the survey, 73% of households were living in collective centres and planned sites (5%) while 13% were living in unplanned sites. Thirty-six per cent intend to stay in their current accommodation for more than 6 months, while 33% of households intend to remain at the site between one and three months, 19% for 3-6 months, 10% for a month and 2% would like to move after a week. Accommodation is a priority need for 6% of the households surveyed.

If they eventually need to leave their current accommodation, 47% of the households prefer to stay in the area. The main reasons identified include education facilities (38%), employment opportunities or jobs (33%), to stay close to family and friends (23%), because of healthcare facilities in the area (16%), and access to childcare (10%). Thirty-eight per cent reported other reasons for staying in the area, including safety, proximity to Ukraine, language, and provision of goods. The assessment data illustrates how the temporary nature of public accommodation influences households’ choices, particularly regarding education and health.

Regarding safety, 96% of respondents reported that they feel safe at the sites where they are accommodated. It is worth noting that the high perception of safety reported should not be interpreted to mean that there are no protection risks or incidents occurring at these sites. As such, there is a need to ensure safe referral pathways and case management procedures are available at all sites, which the ongoing inter-agency response now focuses on.

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1 These are existing buildings used as temporary accommodation for Ukrainian refugees. The type of buildings vary widely, including hostels, hotels, community centres, dormitories, privately owned buildings, etc.
Livelihoods and Resilience

Employment & Education

Across all sites monitored, respondents are highly educated, with 55% of respondents reported to have a university bachelor's degree or higher: 35% completed post-graduate studies, 18% completed bachelor's degree and 2% obtained a doctorate degree. The primary disciplines among respondents were economics, education, health, and technical expertise (engineers). Another 32% of respondents have technical or vocational training qualifications, while 14% are educated up to secondary school level.

The data shows that a high percentage of qualified women have limited success integrating in the labour market, thus hindering their ability to be socio-economically resilient. The underlying factors that the assessment highlights are lack of job opportunities or limited access to employment (reported by 42% of households), limited knowledge of Slovak (40% of households), barriers accessing affordable childcare (26% of households), and limited knowledge about the labour market (conveyed by 12% of households interviewed).

While more than half of respondents are highly educated and highly qualified, 43% reported that they are unemployed. Most respondents (64%) stated that they were employed before fleeing Ukraine. Respondents were previously employed in professions such as lawyers, doctors, nurses, teachers, or accountants (39%), followed by services and sales workers (29%), and managers (16%).

At present, 36% of respondents are employed, 5% employed in countries other than Slovakia (including Ukraine) and working remotely from Slovakia and 31% are employed within Slovakia (28% in formal employment and 3% employed informally). The main areas of employment are in professions such as lawyers, doctors, teachers or accountants (26%), closely followed by elementary occupations (22%) and services and sales workers occupations (20%). In general, those employed in Slovakia have short-term contracts, 41% of which are for greater than six months, 12% are for between 3-6 months, 41% between 1-3 months and six per cent for less than 1 month. This means that there are still barriers to access livelihoods and achieve resilience even when the individuals are employed, including labour exploitation especially in the case of people who lack the protection of the national labour law.

Seventeen per cent of the persons interviewed stated they are retired, though many relayed during the focus group discussions, that they may seek informal employment opportunities, if needed, to support their families. Two per cent reported they are full-time family carers, assisting a family member with impairments related to old age, disability, chronic disease, or mental disorder.
Households' Income & Expenditure

During the survey, respondents were asked to quantify their income and expenditure based on the month prior to the date of the assessment. The average household income reported is approximately €521 per month. Household income can vary largely depending on the level of access to information and counseling to access employment as well as the availability of jobs in the location and the language skills. Remote sites are less likely to host people with decent levels of income. Close to half of the households surveyed reported receiving financial support via humanitarian cash assistance programs (49%) and from the Slovak government (48%) while 38% reported that they have salaried income. In smaller amounts, other sources of income include financial support by the Ukrainian government (29%), remittances (15%), income from daily labour (5%), and income from their own business (1%).

The average household expenditure is approximately €420 per month based on spendings during the previous month (July). Survey respondents reported that the main expenditure items include food (95%), communications (75%), followed by clothes (62%) and transport (59%) then health care (57%) and personal care (47%), and sending money to family and relatives in Ukraine (9%) and loans (8%). Twenty per cent of households indicated other sources of expenditure.

Thirty-eight per cent of respondents reported facing challenges in obtaining enough money to meet their needs in the last 30 days. The main challenges reported are related to the ability to work, with 29% of respondents reporting that they are unable to work. This may be due to a variety of reasons, but one of the most conveyed is a lack of proficiency of the Slovak language (40%). Among respondents who reported language as a barrier, 13% stated more support and training opportunities are needed. Another barrier highlighted is the lack of job opportunities in line with refugees’ employment profiles (reported by 42% of households), although it is unclear if this is a deterrent in accessing the labour market as most respondents reported working in lower skilled jobs compared to their previous profession in Ukraine. Other challenges include not being able to work (29%), childcare needs (26%), because they are still too young or they are already retired (13%), and not having reliable and up-to-date information on the labour market (12%).

38% of households had challenges supporting their monthly needs

Coping Mechanisms

While the data shows that some households are spending slightly less than their various sources of income, 38% are unable to support their monthly needs. In response, many have adopted coping strategies that include spending savings (75%), requesting financial support from family (17%), or asking loans (8%). One household reported that it has resorted to begging to cope.
SITE MONITORING &
ON-SITE NEEDS ASSESSMENT
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