

MULTI - SECTOR NEEDS ASSESSMENT



THE MSNA WAS CONDUCTED IN THE FRAMEWORK OF:



Designed and developed by the UNHCR-led inter-agency MSNA Task Team:



Implemented by - data collection:



Analysis conducted by:



Table of contents

CONTENTS	3
List of Acronyms.....	4
Geographical Classifications.....	4
List of Figures, Tables and Maps.....	5
EXECUTIVE SUMMARY.....	6
RESULTS AT A GLANCE.....	7
INTRODUCTION	8
Background.....	8
Objectives.....	8
Methodology.....	9
Data collection, data analysis and limitations.....	10
FINDINGS.....	11
Demographics.....	11
Education	12
Protection	14
Child protection.....	15
Gender-based violence	17
Economic vulnerability & livelihoods.....	18
Health	20
Protection from sexual exploitation & abuse	22
Accommodation	22
CONCLUSION	23

COVER PHOTOGRAPH:

Bratislava, Slovakia. Refugee women from Ukraine participating in an activity for seniors organized by UNHCR-funded partner SME SPOLU at their community center. The activity aimed to strengthen interaction among senior refugees by fostering a warm spirit through a story-sharing moment.

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List of acronyms

AAP	Accountability to Affected People
CP	Child Protection
EUR	Euro
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GP	General Practitioner
HH	Household
IASC	Inter-Agency Standing Committee
ID	Identification document
IOM	International Organization for Migration
MCQ	Multiple Choice Question
MHPSS	Mental Health and Psychosocial Support
MSNA	Multi-Sector Needs Assessment
NEET	Not in Education, Employment or Training
NGO	Non-Governmental Organization
PSEA	Protection from Sexual Exploitation and Abuse
RCF	Refugee Coordination Forum
RCSI	Reduced Coping Strategy Index
RRP	Refugee Response Plan
TP	Temporary Protection
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WG-SS	Washington Group Short Set
WG/sWG	Working Group / Sub-working Group
WHO	World Health Organization

Geographical Classifications

Slovakia is divided into 8 administrative regions ("Kraje" in Slovak), representing the highest-level of administration. Each kraj consists of a number of districts ("Okres" in Slovak) representing the second administrative level. In total, there are 79 districts across the country.

List of Figures, Tables and Maps

Figures

Figure 1: Share of HH members by age group and gender	11
Figure 2: Share of HH members with disabilities per age group	11
Figure 3: Share of HH per needs	12
Figure 4: Share of HH per type of need	12
Figure 5: Share of HH member by age group <18 and gender	12
Figure 6: Enrolment of school-age children for the academic year 2022-23; and barriers	13
Figure 7: Share of HH by awareness of protection services	14
Figure 8: Share of HH by perception of hostile behavior; per type	14
Figure 9: Share of HH by level of satisfaction with received assistance, dissatisfaction by reason	14
Figure 10: Share of HH by experience in accessing information, challenges by reason	15
Figure 11: Share of HH per preferred means to provide feedback	15
Figure 12: Share of HH by concern on risks face by boys	15
Figure 13: Share of HH by concern on risks face by girls	15
Figure 14: Share of HH by experiencing barriers accessing GBV services	17
Figure 15: Share of HH by safety and security concerns faced by men	17
Figure 16: Share of HH by safety and security concerns faced by women	18
Figure 17: Share of HH by highest education level achieved	18
Figure 18: Share of working-age HH members per activity	18
Figure 19: Share of employed HH members by sector of current employment	19
Figure 20: Share of unemployed HH members by reasons for not finding employment	19
Figure 21: Share of HH members by main activities before leaving Ukraine	19
Figure 22: Share of HH by changes on income compared with previous year	19
Figure 23: Share of HH with a member with healthcare needs	20
Figure 24: Share of HH with a member experiencing MHPSS	20
Figure 25: Share of HH satisfaction with aid workers	21
Figure 26: Share of HH by accommodation type	22
Figure 27: Share of HH by living conditions in current accommodation	22
Figure 28: Share of HH by accommodation arrangement	22
Figure 29: Share of HH by short-term accommodation plan	22
Figure 30: Share of HH by Reduced Coping Strategy Index	18

Tables

Table 1: Sampling methodology	9
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Maps

Map 1: Assessed areas	9
Map 2: Households' oblast of origin	11

Executive Summary

As of 30 November 2023, more than 6.3 million refugees had reportedly fled Ukraine. Among these, over 1.8 million people crossed the borders from Ukraine into the Slovak Republic (hereafter, Slovakia), since 24 February 2022. Over 130,000 individuals had applied for Temporary Protection (TP) in Slovakia, with close to 114,000 valid TPs having been issued at the time of writing this report.¹ The majority of those who have arrived and stayed in Slovakia are women (50%) and children (32%), in addition to older people, including persons with disabilities, all of whom face specific challenges and vulnerabilities that result in a continued need for assistance and support. In addition, given the unpredictable security and humanitarian situation in Ukraine, it is estimated that population movements will continue throughout 2024 and that new arrivals of Ukrainians seeking safety and protection in Slovakia will join those who arrived earlier in the country.

Comprehensive and accurate data is key for guiding the planning, implementation and evaluation of programs and interventions, and to support an evidence-based humanitarian response for better addressing refugees' needs. In this connection, the Slovakia Refugee Coordination Forum (RCF), in consultation with other actors and stakeholders involved in the refugee response in Slovakia as well as RCFs in other hosting-countries in the region, carried out the 2023 Slovakia Multi-sectoral Needs Assessment (MSNA).

The MSNA is a collaborative process used to identify the most pressing needs of a particular population across various sectors such as protection, health, education, accommodation, livelihoods and others. The MSNA is an inter-agency product designed in line with the objectives of the Regional Refugee Response Plan (RRP) for the Ukrainian refugee situation, and specifically in support of the Slovakia's inter-agency Refugee Response Plan (RRP). The RRP is an inter-agency multi-sectoral planning and coordination tool, led by UNHCR, the UN Refugee Agency. 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 from Ukraine².

The exercise for the 2023 Slovakia MSNA was led by UNHCR National Office in Slovakia and it was developed and conducted by an inter-agency Task Team (hereafter "the Team"), with the participation of technical-level focal points from UNHCR, IOM (International Organization for Migration), UNICEF (United Nations Children's Fund) and WHO (World Health Organization). The Team served as an advisory group to ensure the inter-agency and multi-sectoral character of the MSNA exercise and its effective implementation in Slovakia, based on each member's technical expertise and knowledge of specific areas, during the design and the implementation phases, and in consultation with all the Slovakia RCF Sector-

specific Working Groups³, and other relevant actors. UNHCR, together with its partner the Slovak Humanitarian Council (SHC) and IOM, supported the implementation of the exercise by mobilizing enumerators for data collection across the country.

The assessment was implemented between July and August 2023, following a quantitative approach that reached 819 households (HHs) across the country, representing a total of 1.853 household members among the refugee population. Primary data was collected through a structured survey, which included multi-sectoral questions pertaining to both the individual and household level. The questionnaire was designed by the inter-agency Team in cooperation with the Slovakia RCF Sector-specific Working Groups.

The preliminary findings of the 2023 Slovakia MSNA were already used during the planning exercise of the Slovakia RRP humanitarian partners for 2024, as well as to inform the ongoing work of partners and other stakeholders. The final report will be used as a guide to further support the implementation of the humanitarian interventions across Slovakia throughout 2024, ensuring a more focused approach and allowing for prioritization, as required. This report has been prepared in line with the Grand Bargain commitments towards improved harmonization and coordination of assessment exercises.

This report presents overall needs of refugees from Ukraine who have fled to Slovakia due to the ongoing conflict in their country of origin. The analysis of the assessment data is presented across sectors and sub-sectors, summarizing the demographics of the assessment sample and including cross-cutting indicators on accountability to affected people⁴ (AAP) and protection from sexual exploitation and abuse (PSEA).



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

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

¹ Official data provided by the Ministry of Interior: [online](#)

² The term "refugees from Ukraine" is understood to include Ukrainian nationals as well as third-country nationals who fled Ukraine since 24 February 2022 and are in need of international protection, including people who are stateless or at risk of statelessness.

³ Slovakia RCF structure: [online](#)

⁴ AAP: [online](#)

Results at a glance



EDUCATION



77%

of school-age children reported intention of enrolment at school in Slovakia [2023/24]



45%

of school-age children reported intention to continue distance learning in Ukraine [2023/24]

PROTECTION



35%

of HH reported being aware of safe spaces, protection and support hubs in their area



64%

of HH reported being aware of state social service for families

CHILD PROTECTION



96%

of HHs reported being aware of services to reach out to and report cases of violence against children

GENDER-BASED VIOLENCE



73%

of respondents indicated knowing how to access available GBV services in Slovakia

ECONOMIC VULNERABILITY & LIVELIHOODS



54%

of working-age HH members reported being employed



39%

of HH reported a decrease on their income compared with previous year

ACCOMMODATION



83%

of HH reported not having living condition issues in their current accommodation



28%

of HH reported not being sure in the short-term for their accommodation arrangements

HEALTH



47%

of HH reported having at least one member healthcare needs



24%

of HH with members with healthcare needs, were unable to access healthcare when needed

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT



30%

of HH reported having at least one member experiencing mental health and psychosocial issues

PROTECTION FROM SEXUAL EXPLOITATION & ABUSE



72%

of respondents indicated they would likely proceed to report an incident of inappropriate behaviour from an aid worker

Introduction

Background

The war in Ukraine, which escalated following Russia's large-scale invasion in February 2022, has resulted in a displacement and humanitarian crisis of unprecedented proportions in the recent decades in Europe. Slovakia, like other countries in the region, saw a rapid influx of persons fleeing hostilities and seeking protection.

A first Multi-sectoral Needs Assessment (MSNA) was conducted in Slovakia between June and August 2022, to guide the humanitarian response, allowing for targeting and prioritization of interventions amid the emergency situation, and with the aim to inform the planning of the 2023 response, thus corresponding better to the needs of refugees.

Given the dynamic situation of refugee movements in 2022 and throughout 2023, as of 30 November 2023, over 1,8 million people had crossed the borders from Ukraine into Slovakia since 24 February 2022. Among them, more than 130,000 individuals had applied for Temporary Protection (TP) in the country, with close to 114,000 valid TPs having been issued by the Ministry of Interior of the Slovak Republic at the time of writing this report.⁵

In order to update the information on refugees' households from Ukraine living in Slovakia, to inform the humanitarian programming for 2024 and effectively guide the response strategy with focused and prioritized immediate and long-term interventions, there was a need to carry out an up-to-date assessment of the current needs of refugees.

Within the framework of the inter-agency Regional Refugee Response Plan (RRP) for the Ukraine refugee situation, and in particular in support of the Slovakia's inter-agency Refugee Response Plan (RRP), the 2023 MSNA for Slovakia was conducted by the UNHCR National Office in Slovakia, in collaboration with the inter-agency Team including the technical-level focal points from UNHCR, IOM, UNICEF and WHO. UNHCR, together with its partner Slovak Humanitarian Council (SHC) and IOM supported the implementation of the exercise by mobilizing enumerators for data collection across the country.

The inter-agency Refugee Coordination Forum (RCF) in Slovakia with its sector-specific Working Groups and other relevant actors, were actively involved in the development and implementation of the assessment. The 2023 Slovakia MSNA provides an updated, comprehensive and a more focused analysis on multi-sectoral needs and priorities for refugees in Slovakia.

Objectives

The MSNA is an essential inter-agency tool for planning and prioritization, decision making and needs-based program designing. In the context of the humanitarian response to address the needs of refugees from Ukraine, the 2023 MSNA was conducted as a common exercise in seven countries that are part of the 2023 inter-agency Regional Refugee Response Plan (RRP) for the Ukraine refugee situation (Bulgaria, Czech Republic, Hungary, Moldova, Poland, Romania and Slovakia). The main purpose of the MSNA is to support the inter-agency Refugee Response Plan (RRP) planning cycle process, at country and regional level, and to enhance the planning of key humanitarian actors through the provision of updated information on multi-sectoral needs and priorities of refugees from Ukraine. The results of the MSNA are to be used by all stakeholders under the country and regional Refugee Response Plan (RRP) to understand the evolving situation, unpack risk and vulnerabilities and to advocate for solutions and support from all actors involved in the response, stakeholders and the donor community.

The key objectives of the regional MSNA, guiding its country-level implementation, are:

1. To provide a multisectoral and comparable up-to-date overview of the needs, capacities, and vulnerability situation of refugees from Ukraine hosted in Bulgaria, Czechia, Hungary, Moldova, Poland, Romania and Slovakia, to inform the 2024 RRP planning and prioritization process.
2. To ensure that the needs and vulnerabilities of different refugee groups are understood, including those of women, children, older persons, persons with disabilities, and others who may face additional risks and barriers in the host country.
3. To ensure that the perspectives and preferences of refugees from Ukraine are reflected in the strategic and response planning.
4. To enhance targeting for the provision of assistance. Aiming to collect enough evidence and data to better inform future data driven targeting.
5. To improve the accuracy and completeness of comparable socio-economic indicators of refugees to support evidence-based policy making and planning for protection and inclusion.

The target population of the regional 2023 MSNA was all refugees from Ukraine⁶ who have been hosted / are residing in the countries under coverage by the time of the data collection. The assessment had a country-wide geographical coverage, with specific sub-national stratification decided in each country.

⁵ Official data provided by the Ministry of Interior: [online](#)

⁶ The term "refugees from Ukraine" is understood to include Ukrainian nationals as well as third-country nationals who fled Ukraine since 24 February 2022 and are in need of international protection, including people who are stateless or at risk of statelessness.

Methodology

The MSNA in Slovakia was implemented through a quantitative approach, in which primary data was collected through a structured, multi-sectoral survey. The survey included questions pertaining to both the individual and household level for all surveyed households, and was designed at the regional level, in consultation and cooperation between UNHCR and the inter-agency Team in Slovakia, as well as sectoral leads of the RCF. Data collection took place between 7 July and 28 August 2023. The assessment covered a total of 819 households, including 1.853 household members.

The population of interest included all households of refugees from Ukraine who have sought temporary protection (TP) and settled in Slovakia, since 24 February 2022. Interviews were conducted in all eight regions of Slovakia, including the region of Bratislava which has been host to the country's largest refugee population. The geographical distribution of interviews was based on the sample methodology (see section below). The main unit of measurement was the household, with specific indicators measured at individual level by asking the respondent questions about each of the household members.

MAP 1: SAMPLE GEOGRAPHICAL DISTRIBUTION



Sampling design

The survey considered two distinct population strata: refugees living in collective sites and refugees living in private accommodation. For the first strata, the sample was distributed across the collective sites monitored by UNHCR and IOM and a systematic random selection of households was used in each selected site.

For the second strata, given the lack of a complete sampling frame (full list of refugees from Ukraine recorded in the country with contact or location details), the study used a multi-stage sampling design, including stratified area-based sampling in the first stage and convenience sampling in the last stage. For the first stage, a sampling frame was built based on the latest available population figures on

temporary protection (TP) holders in Slovakia provided by the Ministry of Interior and the distribution of UNHCR's cash-assistance beneficiaries by region and district of residence, together with data from the Slovak population geographical distribution provided by the National Statistics Office, which was used to calculate estimated density levels of the refugee population. This sampling frame was in turn stratified into two main stratas: Bratislava and the rest of regions. Within each of these strata districts were randomly selected based on following the below mentioned approach:

- Bratislava: each district was classified into three density categories (high, medium and low). All 6 districts with high-density were selected, together with a random selection of 1 district of medium and 1 with low density. The sample in those selected districts was distributed proportionally to the estimated size of the refugee population.
- Rest of the country: as a first step, 15 districts with less than 30 refugee HHs were excluded (representing 1% of the target population), and the other 64 districts were classified into high, medium, and low density. All 9 high density districts were selected, together with a random selection of 7 out of 21 of Medium and 4 out of 34 of Low, for a total of 20 Districts. The sample in those selected districts was distributed proportional to the estimated size of refugee population.

The second stage involved the identification and interview of targeted households via convenience sampling in different locations within each of the selected districts.

The target sample size was set to a minimum of 800/ maximum 1000 households, taking into account the minimum sample size required in random samples for estimates with 95% level of confidence and 5% margin of error (around 400 households) and doubling that to account for the sampling design effect. The sample was divided among HH living in private accommodation (representing 80% of the sample) and in collective sites (representing 20% of the sample) based on assumed distribution of the overall refugee population across the country.

TABLE 1: SAMPLING DESIGN

Strata	Estimated number of reachable individuals	Estimated number of reachable households	Minimum sample frame	Maximum sample frame	Achieved sample
Private accommodation	81,600	31,385	640	800	631
Collective accommodation	20,400	7,846	160	200	188
Total	102,000	39,231	800	1,000	819

Data collection

Quantitative data collection implemented by IOM and SHC enumerators consisted of a multi-sectoral HH-level survey conducted using electronic tablets. All interviews were conducted at the HH level (featuring individual loop questions per HH member): enumerators interviewed face-to-face only the adult members of the HH, who were asked questions to reflect the socio-economic status about the entire HH, which included answering on behalf of any non-family members or members of other families living under the same roof and sharing resources. This practice was adopted due to frequent resource- and expenditure-sharing between refugees living in the same HH, such as pooling funds to buy food or pay rent. For certain indicators on health, education, protection and socioeconomic inclusion, data was collected at the individual level, by means of asking the respondent on behalf of all other HH members.

Respondents were randomly selected, and interviews conducted in public areas across the country, including integration centers and community events. Local organizations in the field supported with providing information on places and events to facilitate the process of reaching out to respondents.

Throughout all stages of the exercise, all necessary measures were taken as stipulated in the UNHCR Data Protection Policy⁷ in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or HH.

In addition to personal data protection, the exercise was guided by the principle of data responsibility, which is the safe, ethical and effective management of data as outlined in the Inter-Agency Standing Committee (IASC) Operational Guidance on Data Responsibility in Humanitarian Action⁸. That included asking for informed consent and taking measures to prevent the exposure of sensitive non-personal data, ensuring data protection and security in line with the principles for data responsibility in humanitarian action.

Apart from the technical component, the MSNA enumerators were also trained on the humanitarian principles, protection, gender-based violence, PSEA, respectful communication and resilience to ensure the application of the “do not harm” principle and to maximize the quality of the collected data.

Data quality was also ensured through the monitoring of the data collection process, as well as through data cleaning exercises, including with logic checks, interview length and outliers which were flagged and addressed with the field teams.

Data analysis

A preliminary analysis was performed as per the Data Analysis Plan agreed at inter-agency level, to facilitate initial interpretation sessions and inputs from the inter-agency Team. No weights were applied.

In addition, presentation and discussion sessions were held with all the Slovakia RCF sector-specific Working Groups to obtain insights and guidance from the specialists in each area, contextualize the results, complement the preliminary findings, ensure disaggregated analysis and consider further analysis across specific population groups and topics.

This report presents the results of the analysis and also the insight and interpretation provided by the specialists in each of the sectors assessed.

Limitations

Representativeness and margin of error: given the lack of complete sampling frame, the study had to use a mixed sampling design involving a probabilistic selection of districts and distribution of the sample proportionally to the estimated size of the refugee population to ensure geographical representativeness, combined with non-probabilistic selection of HH in the last stage (convenience sampling), which could have introduced bias and prevent the calculation of the final margin of error of the sample. While results cannot necessarily be extrapolated to all refugees from Ukraine residing in Slovakia, the demographic composition of the survey sample shows a very similar distribution to that of the overall refugee population as reflected in administrative data and previous studies, providing confidence that the final results can be considered as a good indication of the overall situation of refugees in the country.

Perceptions and respondent bias: indicators related to service provision are based on respondents' perception and may not directly reflect the reality of service provision. Certain indicators may be under-reported or over-reported due to the subjectivity and perceptions of respondents.

Sensitivity: respondents may have experienced a certain reluctance in replying to some questions (e.g. on income and expenditures, protection risks, food security and psychosocial support) thus impacting accordingly the outcome of the survey.

Timing of assessment: since data collection was conducted between July and August 2023, findings should be interpreted as a snapshot of the situation of refugees at that point in time.

Unchecked information provided: regarding questions on vaccination status, the reader should note that the interviews were done face-to-face in public locations in which verification of responses was not made.

⁷ UNHCR Data Protection Policy: [online](#)

⁸ IASC Operational Guidance on Data Responsibility in Humanitarian action: [online](#)

Findings

Respondent profile

This section discusses the demographic profile of the HH respondents in particular about gender, age and vulnerability.

The interviews were conducted only with adults, of whom 85% were women and 15% men. Among all respondents the most represented age group was 35-59 years (equal to 55% of the respondents). At the national level, the average age recorded was 43 years old, with the highest average in Zilina region (49 years old) and the lowest in Banska Bystrica region (38 years old).

The gender distribution was a bit higher for women in Bratislava region, reaching 90% of the respondents, and lower in Presov region with 71%; compared to the national-level result of 85% women.

Almost the total population interviewed declared holding Ukrainian citizenship (99%), and only 1% declared having Russian citizenship (1%). Ukrainian and Russian languages were reported by 53% of respondents as being equally used at home, followed by 25% respondents using mainly Ukrainian and 22% primarily using Russian.

In terms of ethnicity, 98% of respondents self-reported having an Ukrainian background, followed by 1.5% of respondents with a Russian background and 0.5% of respondents with other backgrounds (Hungarian, Roma, etc.).

Household profiles

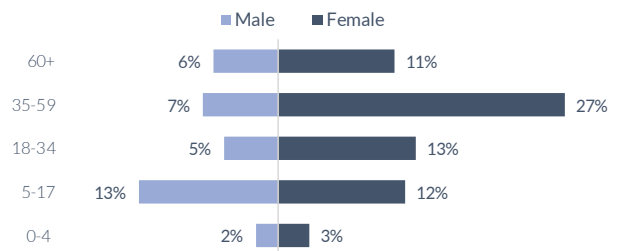
Additional questions were asked to the 819 respondents for each HH member, for a total of 1.853 individuals, to obtain information on the HH profiles. Most of the HHs, 67%, were multi-member HHs, in contrast to the remaining 33% which only one individual in the HH. The average HH was composed of 2.3 persons; which reflects a decrease from last year results of 2.6 persons per HH.

Among all HH members (which included respondents and their HH members), the average age was 33 years. Regarding age groups, 30% of HH members were children (0-17 years old), and 17% of HH members were aged 60 or more. Overall, 50% of HHs reported having at least one child, and 21% of HHs reported having at least one member over 60 years old.

Female was the most represented gender, with 67% of all HH members, representing a decrease of 4 points from last year's results (71%). Additionally, 67% of the interviewed HH were led by a female head of the HH.

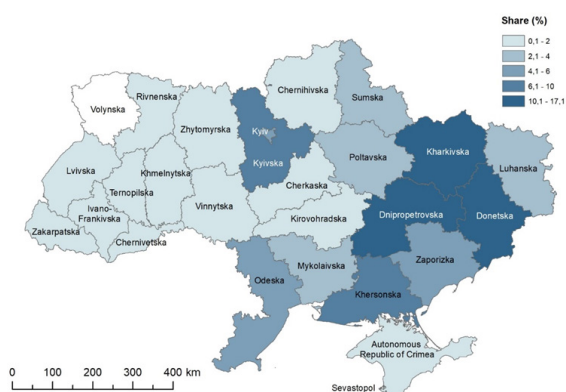
The results showed 13% of the HH being led by an older person, but this was the case for only 1% of HHs with children. From the total of HHs with at least one child (50%), 1% of these reported having a head of the HH under the age of 25 years.

FIGURE 1: SHARE OF HH MEMBERS BY AGE GROUPS AND GENDER



In the below map of Ukraine, each shaded region represents the specific Oblast from which refugees' HHs have been displaced. The majority of Ukrainian refugees in the Slovakia originate from eastern parts of Ukraine, namely Kharkivska Oblast (17%), Dnipropetrovska Oblast (14%) and Donetsk Oblast (13%).

MAP 2: SHARE OF HH BY OBLAST OF ORIGIN IN UKRAINE



In terms of the length of stay in Slovakia, the average length reported is 12 months (median is 13 months).

Following the Washington Group Short Set (WG-SS)⁹ of questions, proxy respondents were asked if any household member had visual, hearing, mobility, cognition, self-care, and communication difficulties. Overall, 6% of individuals reported having a disability level 3 or above¹⁰ (a lot of difficulty or could not do at all), which represents the 13% of households. In addition, 1% of HHs with children have head of the HH with a disability.

FIGURE 2: SHARE OF HH MEMBERS WITH DISABILITIES PER AGE GROUP



⁹ Washington Group Short Set of questions [online](#)

¹⁰ Disability level 3 or above: the level of severity of a difficulty reported by a person is "a lot of difficulty" or "cannot do at all".

Priority needs

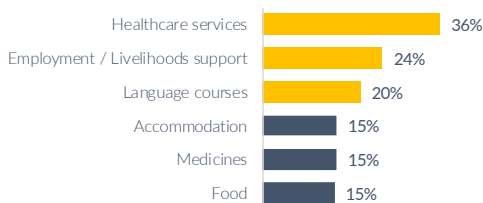
The MSNA data shows that 83% of HHs reported having priority needs at the time of the interview. Some differences were identified when analysing the results by gender; 84% female respondents reported having priority needs, while in the case of male respondents were reported by 78%.

The most commonly reported needs were healthcare services, employment and livelihood support, and language courses. This represents an important change from the 2022 results, when the top three priority needs were food assistance, accommodation, and employment. Some differences were observed by gender; the fourth priority indicated by female respondents were accommodation and medicines, while male respondents mentioned food and medicines.

FIGURE 3: SHARE OF HH PER NEEDS



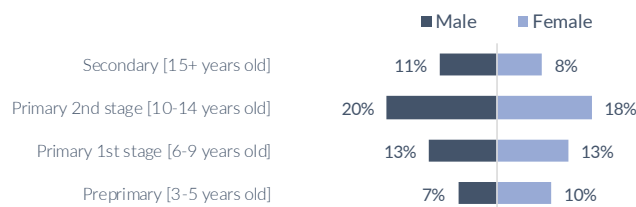
FIGURE 4: SHARE OF HH PER PRIORITY NEED [MCQ]



Education

From the total sample interviewed, 50% of HHs reported having at least one child, and overall, 30% of HH members were in school age (6-17 years old)¹¹.

FIGURE 5: SHARE OF HH MEMBERS BY AGE GROUPS <18 AND GENDER



In the academic year 2022/2023, 68% of school-age children reported having been enrolled and attending school in Slovakia. No significant differences on school enrolment are identified when comparing the gender of the child, however the percentage of children with a female head of HH not enrolled is slightly higher (20% children with a female head of HH), compared to the children with a male head of HH (16% of children with a male head HH reported not being enrolled). Additionally, 75% of children reported accessing distance learning in Ukraine¹³. Overall, 48% of children reported attending both modalities.



68%
of school-age children reported having enrolled and attending school in Slovakia [2022/23]



75%
of school-age children reported accessing distance learning in Ukraine [2022/23]



48%
of school-age children reported attending both modalities [2022/23]

For the 31% of school-age children reported as not being enrolled for the school year 2022/2023 in Slovakia, the main reasons reported of no enrolment in Slovak school, were the child was already attending Ukrainian distance learning (73%) and 14% of HHs reported that at the time of the data collection they were waiting for a response from schools to their application.

FIGURE 6: ENROLMENT OF SCHOOL-AGE CHILDREN FOR THE ACADEMIC YEAR 2022-23

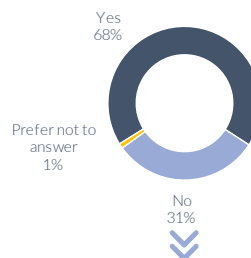
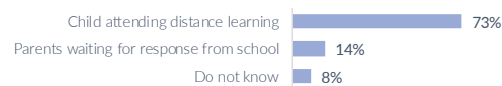


FIGURE 6A: SHARE OF BARRIERS TO SCHOOL ENROLMENT [MCQ]



¹¹ School-age is defined from 6 to 17 years.

¹² Disability level 3 or above: the level of severity of a difficulty reported by a person is "a lot of difficulty" or "cannot do at all".

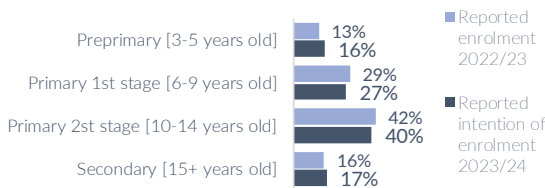
¹³ Ukrainian distance learning means that the child was doing some distance learning activities at least 4 days per week, for at least 3 hours per day (e.g. listening to radio/TV broadcasts, textbook learning, online learning).

Reported intentions with respect to the enrolment of school-age children in Slovakia for the academic year 2023/2024 show that the majority of school-age children, 77%, are intended to be enrolled for the upcoming school year in local schools. The most common kind of programs that HHs reportedly intend to enrol their children in were regular classes in Slovak schools (60%), followed by learning support classes (18%). Additionally, half of the children between 2 and 6 years old covered by the survey were reported as attending early childhood education and childcare services in Slovakia.

Regarding Ukrainian distance learning, 45% of school-age children were reported to intend to continue with this schooling modality, while 12% had not yet made a decision at the time of the data collection.

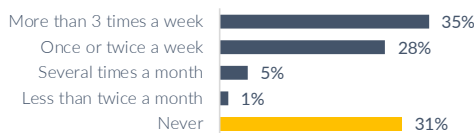


FIGURE 6B: COMPARISON ENROLMENT OF SCHOOL-AGE CHILDREN BY AGE-GROUPS



With regard to attendance of non-formal education, the results show that 31% of children never attended any non-formal education programme, while 35% attended with a frequency of more than 3 times a week, followed by 28% whose attendance was once or twice a week. In addition, it was reported that 48% of children had access to one free/fully subsidised healthy full school meal per day.

FIGURE 6C: SHARE OF SCHOOL-AGE CHILDREN BY ATTENDANCE IN NON-FORMAL EDUCATION



NOTE: School attendance in Slovakia is governed by Act No. 245/2008 Coll. on Education and Training (School Act), which stipulates that children of foreigners with a residence permit in the territory of the Slovak Republic and asylum-seeking or refugee children are entitled to education and training under the same conditions as citizens of the Slovak Republic, for whom school attendance is compulsory between the age of 6 and 16 years. While all refugee children, including those who are Temporary Protection (TP) beneficiaries, are legally entitled to equal rights in access to education, as stated in the EU TP Directive, the current interpretation of the law by the Ministry of Education, Science, Research and Sport of the Slovak Republic considers that refugee children who are TP beneficiaries, and thus do not have permanent residence in Slovakia, are not covered by compulsory schooling, which has strongly impacted their enrolment in Slovak schools. In addition, major challenges persist in terms of school capacities, teaching personnel, language support and other support programmes targeting specific learning needs, leading to children not being enrolled or dropping out of school, especially at upper primary and lower secondary school levels.

» Insights from experts on education:

Data show that reported access to education for the academic year 2022/23 for children from Ukraine in the 6-17 age is at 68%, even though the official interpretation of legislation in Slovakia is that basic education is not compulsory for children who have fled from Ukraine.¹⁴

Data indicates that attendance of non-formal education is high (63%). Taking into consideration that sustained periods in online education may lead to social isolation, mental health issues and learning difficulties, further analysis is needed to determine whether children attending Ukrainian distance learning have access to non-formal education programmes and what type of non-formal learning programs they attend. For further analysis it is important if children from Ukraine have equitable access to affordable non-formal learning provision, organized by municipalities in Slovakia (CVČ network).

Based on data available, there are children who are willing to enrol Slovak schools but still waiting for available place. For more effective support, it is important to identify key barriers associated with specific localities. It is important to have more precise data on this group of children and what are the main barriers for school enrolment – school capacities, school capacities to provide support to a child with disabilities, etc.

Data indicates that half of the children of early learning age are enrolled in early learning programmes. This data needs to be double-checked having in mind that recent studies on Slovak early learning system unambiguously indicates that pre-school system is over-stretched, preschool institutions are still developing inclusive enrolment practices and that they are not sensitive enough to children and family needs, especially those from vulnerable groups. Therefore, it is important to analyse whether these services are part of the education system or are delivered as non-formal services. It would be beneficial to identify barriers to enrolment in formal preschool institutions (capacity, distance, price, poor quality of the programme, support provided etc...).

Taking into consideration that 2/3 of children are in the education system of Slovakia, further monitoring of the quality of learning, inclusion and support children receive in schools in Slovakia is needed. It is crucial to further explore data available for 17 and 18-year-old, as they are viewed as children who, under the Ukrainian curriculum, must exit secondary education to attend tertiary education or secure employment.

Taking into consideration the challenges that children with disabilities face in education, we need to analyse all available data for this group of children. It is very positive development that 48% of children had access to healthy meal in schools. It is important to further analyse why half of children do not access subsidized healthy meal at school.

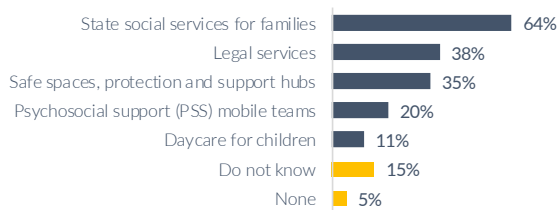
14 Ministry of Education, Science, Research and Sport of the Slovak Republic. (2022). Najčastejšie otázky a odpovede v súvislosti so situáciou na Ukrajine z pohľadu školstva.: [online](#)

Protection

The majority of the interviewed HHs (94%), reported having been granted TP status in Slovakia, while 6% had not applied and did not plan to apply, or preferred not to answer. Overall, 7% of HHs reported having experienced some difficulty during the application process, with long queues being the most cited challenge. In regards to documentation, only 1% of HHs reported having at least one member without an ID.

The majority of HHs reported being aware of protection services in their area of residence (85%), including State social services (64%), followed by legal services (38%) and safe spaces (35%).

FIGURE 7: SHARE OF HH BY AWARENESS OF PROTECTION SERVICES [MCQ]



When respondents were asked about social cohesion, 28% of HHs reported having experienced tensions with the host community since arriving to Slovakia, mainly having been subjected to verbal aggression, discriminatory behaviour, comments on social media and news fora, as well as physical attacks (see Figure 8 and 8A).

FIGURE 8: SHARE OF HH BY PERCEPTION OF HOSTILE BEHAVIOR

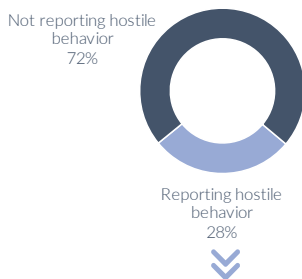
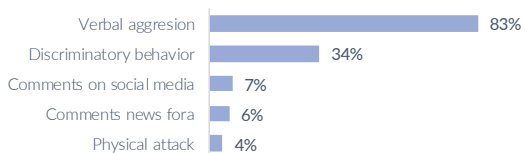


FIGURE 8A: SHARE OF HH PER TYPE OF HOSTILE BEHAVIOR [MCQ]



Respondents reporting such behaviours indicated that the most frequent causes were their refugee status (71%), ethnicity (41%), competition for resources (19%), cultural differences (15%) and competition for jobs (8%).

Refugees were asked on their perceptions on safety in Slovakia. Over 90% of men and women reported feeling safe when walking alone after dark in their neighbourhood.

Accountability to affected people

When asked about the assistance received in the last 3 months, 62% of respondents reported being satisfied, 30% reported not having received aid, whereas 5% reported being dissatisfied with the aid received. The main reasons for the dissatisfaction were that aid was not sufficient/was not enough/or was not frequent enough (56%), the poor quality of services provided (26%) and that they did not receive the aid on time, or there were delays in the delivery of the aid (15%). The most common types of aid received by the respondents reporting dissatisfaction were humanitarian financial cash (27 respondents), followed by humanitarian distributions (9 respondents).

FIGURE 9: SHARE OF HH BY LEVEL OF SATISFACTION WITH ASSISTANCE

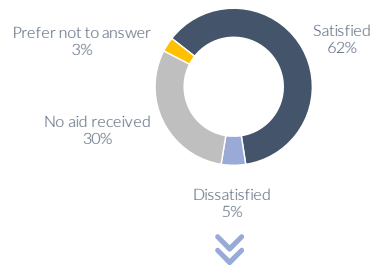


FIGURE 9A: SHARE OF HH REPORTING DISSATISFACTION BY REASON [MCQ]



Respondents were asked if they encountered any challenges accessing information needed (including information on rights and entitlements, access to services). In the whole sample, 75% indicated not having faced challenges. Those who reported difficulties indicated lack of knowledge on where to find the information (55%), information not being available in their language(s) (28%), and not being sure of which information to trust (21%).

FIGURE 10: SHARE OF HH BY EXPERIENCE IN ACCESSING INFORMATION

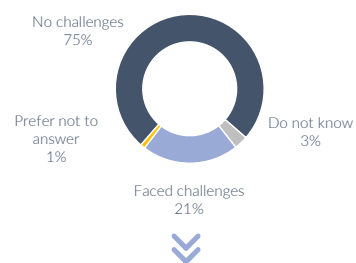
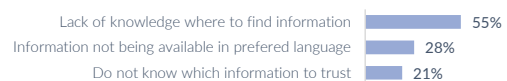
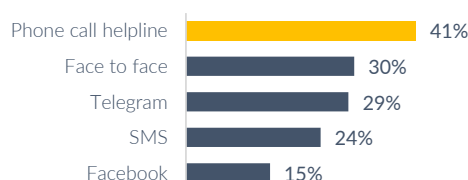


FIGURE 10A: SHARE OF HH REPORTING CHALLENGES BY REASON [MCQ]



When asked about their preferences when it comes to providing feedback to aid providers about the quality, quantity and appropriateness of aid received, respondents indicated phone call to a helpline (41%), face to face (30%) or via Telegram platform (29%).

FIGURE 11: SHARE OF HH PER PREFERRED MEANS TO PROVIDE FEEDBACK [MCQ]



In regards to safe and confidential communication channels to obtain information, seek assistance or report issues (including sensitive issues within the community), 80% of respondents reported having unimpeded access. Additionally, 76% reported receiving an appropriate response through reporting channels such as hotlines, community centers, community volunteers, local committees.

» Insights from experts on protection:

The data confirms that the Government of Slovakia has provided refugees from Ukraine with generally expedient access to documentation in the form of TP status. Crucially, this status entails access to various rights in line with the EU TP Directive, such as education, employment, healthcare, and social protection. At the same time, the "tolerated stay" type of residence linked to the TP status imposes practical barriers on some of these rights. For instance, TP holders are not subject to compulsory education for children, cannot be self-employed, or do not access all social benefits. Lack of physical ID also makes the access to certain rights more difficult in practice. Additionally, the temporary nature of the status raises concerns among refugees about the future of their international protection in Slovakia and can hinder longer-term employment commitments.

Regarding priority needs, the shift from food assistance, accommodation, and employment as top needs reported in 2022 to healthcare, employment and livelihoods support, and language courses in 2023 reflects the evolving refugee situation in Slovakia. The context has transitioned from an emergency requiring urgent humanitarian support for basic needs to a more protracted situation characterized by increased importance of refugees' inclusion in the local services and host community in general, including strengthening of social cohesion, and access to dignified employment.

Child protection

From the total number of children under 5 years old (137), 97% were reported having registered the birth with a civil authority, whether in Ukraine or Slovakia. Out of the 50% of HHs with at least one child, 8% reported being parenting alone, only two of them male-headed. In addition, only 1% of HHs with at least one child reported having an older person as head of HH, and same percentage was obtained for HH with a child not belonging to the nuclear family but cared by guardians. The same percentage applies to those having a head of HH under the age of 25 years. A small percentage of households with at least one child (1%) reported having a head of HH with a disability.

Respondents were asked about risks faced by girls and boys in Slovakia. In both cases, around one tenth of HH reported having specific concerns (13% girls and 12% boys). Further analysis on the type of accommodation reported by HH, indicates an increase on these percentages in the case of shared accommodation (17% girls and 18% boys), as well as boys' concerns living in collective centers and girls' concerns in hotel or hostels (14% in both cases).

FIGURE 12: SHARE OF HH BY CONCERN ON RISKS FACED BY BOYS

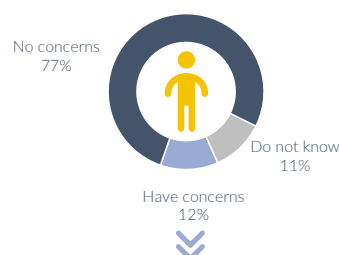


FIGURE 12A: SHARE OF HH REPORTING CONCERNS BY RISKS [MCQ]



FIGURE 13: SHARE OF HH BY CONCERN ON RISKS FACED BY GIRLS

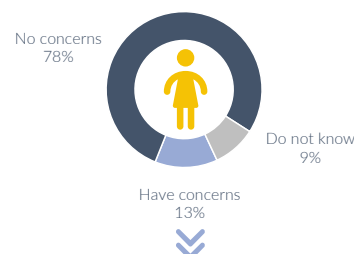
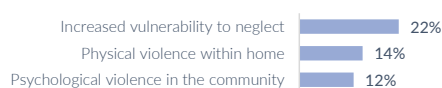


FIGURE 13A: SHARE OF HH REPORTING CONCERNS BY RISKS [MCQ]



The most reported risk for boys was worsened mental health and psycho-social wellbeing, followed by increased vulnerability to neglect, psychological violence in the community and physical violence in the community.

With regard to risks faced by girls, the top three risks reported were increased vulnerability to neglect, physical violence within home and psychological violence in the community.

Further analysis indicates, overall boys' and girls' mental health and psycho-social wellbeing was reported to a greater extent in collective centers and shared accommodations, while increased vulnerability to neglect in private accommodations and hotel or hostels.

Overall, the majority of respondents, 96%, reported being aware of services to reach out to and report cases of violence against children in the community. The main service indicated by those respondents was the police (95%), followed by the Government, and Helpline, and NGOs, with 17% and 14% respectively. This represents an important increase compared to 2022 MSNA results (5% for Helpline-NGO).



96%

of HHs reported being aware of services to reach out to and report cases of violence against children

» Insights from experts on child protection:

Refugee children are vulnerable to deteriorating mental health due to past exposure to traumatic events and challenging living conditions in the host country. Neglect risks may arise from caregivers' economic struggles coupled with limited access to childcare or schools, caregivers' negative coping mechanisms with trauma, or separation from parents or usual guardians. Strengthening best interest determination procedures when assigning legal guardians to unaccompanied and separated refugee children continues to be crucial in Slovakia. In 1 % of families there is a child with a guardian, in 1 % of families a child is cared for by an elderly person and in another 1% - a person with disabilities. These families and children require continuous support to mitigate possible protection risks. Overall, children can also face discrimination and violence based on their nationality, legal status, or socioeconomic situation. All these risks are reflected in the data related to the concerns about refugee children's safety.

Findings indicate that one tenth of girls and boys are at risk of some form of abuse. The findings also indicate where the child protection system needs to focus greater attention, providing a profile of vulnerabilities by type of residence

and by gender. Girls and boys face greater protection risks if they live in collective accommodation centres and hotels or hostels, indicating the need for more targeted programming, preventive and response services in these settings. While girls and boys share physical and psychological abuse risks as the most predominant risks, the gender-specific prominence of mental health and psychosocial support needs for boys and neglect for girls is quite striking. The findings call for more targeted programming approaches to further understand and address the MHPSS support needs for boys. The protection needs of girls – especially for those living in hotels and hostels – and unpacking the neglect risks requires further attention.

Almost universal knowledge (96%) of ways to report child protection risks is encouraging. It is also positive that the respondents are aware of reporting to national authorities (including police and other government services defined generally). However, when looking at the most likely child protection risks identified by the respondents, only neglect and certain forms of physical or psychological violence would be qualified for reporting to police and government services (e.g. child protection/social and legal protection). In current service landscape in Slovakia, most of other needs – notably the mental health and psychosocial support needs - would need to be addressed by the CSO service providers, including hotline providers.

The survey findings call for ensuring that the “supply side” of the system is ready to support children with age and gender appropriate, quality services available in the Ukrainian language, providing strong statutory response to child protection risks and the CSO-supported services as needed. Moving forward, it is important to analyze the national data on reports received and addressed by police and social and legal protection authorities regarding violence, neglect and other forms of violence against children, and to discuss the readiness of the system to respond to current needs. The same action point can apply to national and CSO supported hotlines, as well as other CSO services able to respond to most frequently reporting child protection risks.

Gender-based violence

In the interviewed HHs, 73% of respondents indicated knowing how to access available GBV services in Slovakia. Further analysis presents an increase to 79% for male respondents, and 71% in the case of female respondents. The services most familiar to the respondents were health services (87%) and safety and security services (86%). Other specialized services, such as legal assistance, specialized psycho-social support and dedicated helplines appeared to be less known.



Despite the high percentage of respondents reporting knowing how to access at least some of the available GBV services, 12% of them indicated facing barriers when trying to do so.

Respondents indicated lacking awareness and facing language and cultural barriers when reaching out to GBV services, as well as a fear of being stigmatized and lacking trust towards local GBV services and their providers. With a

FIGURE 14: SHARE OF HH BY EXPERIENCING BARRIERS IN ACCESSING GBV SERVICES

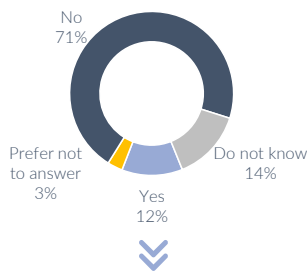


FIGURE 14A: SHARE OF HH REPORTING BARRIERS BY TYPE [MCQ]



Similar results were obtained regarding the reported concerns on safety and security for men and women (13% men and 11% women).

FIGURE 15: SHARE OF HH BY SAFETY AND SECURITY CONCERNS FACED BY MEN

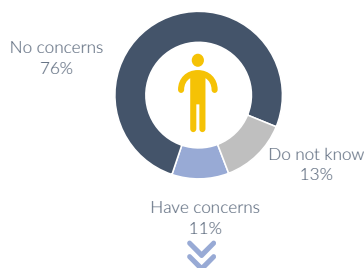


FIGURE 15A: SHARE OF HH REPORTING CONCERNS BY TYPE [MCQ]



Slight increase is identified in both cases for HH living in shared accommodations and collective centers. The most common concerns indicated by respondents were being robbed, suffering from verbal harassment and being threatened with violence. Trafficking was also mentioned in the case of risks linked to men, and discrimination or persecution in the case of women.

FIGURE 16: SHARE OF HH BY SAFETY AND SECURITY CONCERNS FACED BY WOMEN

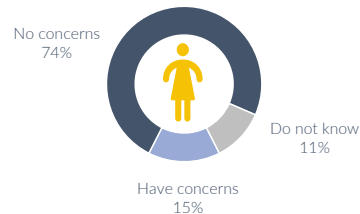
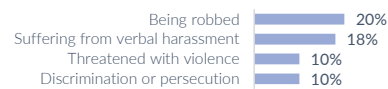


FIGURE 16A: SHARE OF HH REPORTING CONCERNS BY TYPE [MCQ]



Insights from experts on gender-based violence:

The MSNA was designed to not gather sensitive or confidential data on GBV, therefore it may have not been able to reflect the prevalence of issues such as domestic and intimate partner violence among the refugee population. In fact, the top safety concerns reported by men and women alike are being robbed, suffering from verbal harassment, and to a lesser extent threats of violence, trafficking and discrimination or persecution. The fact that GBV was not identified among as the main safety concern by women, despite domestic violence statistically being the primary safety risk for women in general, is not to mean that refugee women, due to their unique vulnerabilities related to forced displacement situations, are not facing an increased risk of GBV.

MSNA questions related to GBV asked about the general level of awareness of available services in the areas of health, psycho-social support, safety and security, legal assistance, as well as GBV-specific helplines. The high percentage of respondents indicating awareness of available health services and social and security services (over 85% in both cases) can be interpreted as representing a high level of familiarity with where and how to access hospitals and the police, thus not referring to GBV-specific services. Percentages are considerably lower when it comes to legal assistance (65%) and psycho-social support (62%).

Only 49% of the respondents reported having knowledge of a specific helpline, suggesting that the level of awareness of GBV-specific services is still low among refugees. Notably, however, the awareness of GBV-related services among the host community according to the Eurobarometer¹⁵ of 2016, was of only 44%. Lack of awareness on GBV services is not the only barrier that respondents identified as preventing or hindering access to GBV services. Other challenges were language issues, as well as stigma, shame, lack of trust and fear of retaliation.

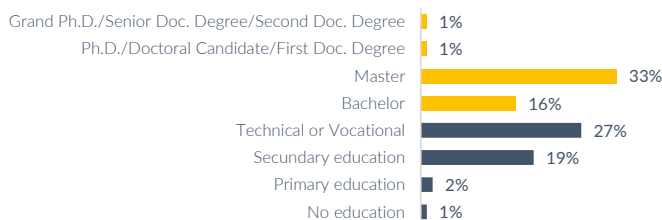
15 Eurobarometer; [online](https://ec.europa.eu/eurobarometer/)

Economic vulnerability & livelihoods

Livelihoods & inclusion:

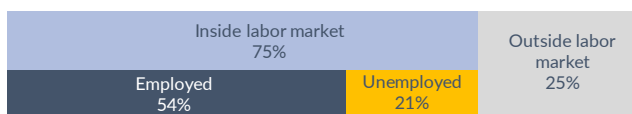
Notably, as represented in Figure 17, more than half of respondents reportedly have a university degree (51%) with a higher percentage on female respondents (56%). This could translate into a high level of employability in key sectors of the Slovak economy, where gaps may exist.

FIGURE 17: SHARE OF HH BY HIGHEST EDUCATION LEVEL ACHIEVED



In fact, 75% of the working-age HH members assessed participate in the labour force in Slovakia, with 54% being employed (slightly less on female respondents, 52%) and 21% unemployed (but of working age and able to work), at the time of the interview. The average hours of work per week reported by those who were employed was of 36 hours.

FIGURE 18: SHARE OF WORKING-AGE HH MEMBERS PER ACTIVITY



Most of the refugees participating in labor force reported working in sectors of secondary industries and manufacturing, followed by areas such as hospitality and healthcare services for the case of female respondents, and construction specifically on male respondents.

FIGURE 19: SHARE OF EMPLOYED HH MEMBERS BY SECTOR OF CURRENT EMPLOYMENT

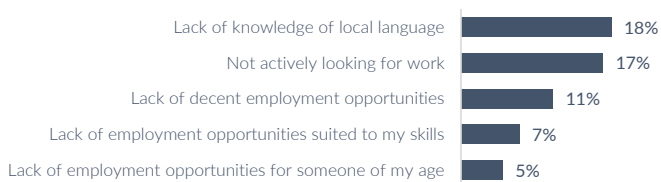


Furthermore, 87% of HH members who reported being employed at the time of the assessment indicated being formally employed and having a written contract of employment, whereas 11% reported being working without a written contract. The remaining 2% did not know or preferred not to answer.

NOTE: Employed are those of working age (15-64 years) who are employed, have their own business, or work in a family business; unemployed are those of working age (15-64 years) who are looking for work and at the same time are ready to start work within 14 days; outside the labor market are those of working age who do not fall into the above categories (typically persons with serious medical condition, on parental leave and students who do not work).

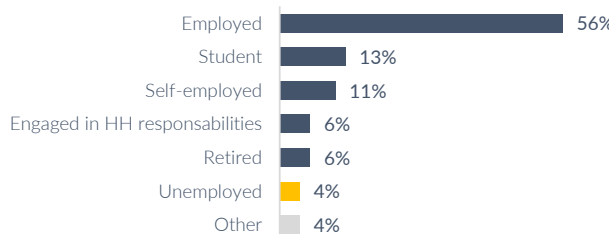
Of the remaining 21% respondents who were participating in the labor market but were unemployed at the time of the assessment, the majority reported that the main reasons for not finding work were language barriers and lack of employment opportunities in line with their profiles and wishes. 17% also indicated not being in search of occupation at the time of the data collection.

FIGURE 20: SHARE OF UNEMPLOYED HH MEMBERS BY REASONS FOR NOT FINDING EMPLOYMENT



More than a half of HH members indicated that before leaving Ukraine they had been employed (56%), self-employed (11%) or students (13%). Additionally, 6% reported that they had already retired. The most common sectors of refugees' work experience or training were secondary industries (manufacturing), education, health, and finances.

FIGURE 21: SHARE OF HH MEMBERS BY MAIN ACTIVITIES BEFORE LEAVING UKRAINE



In regard to the social protection systems¹⁶, 21% of respondents reported being covered by the Slovak social protection system, while 5% were still covered by the Ukrainian social protection system. Additionally, 2% of HHs indicated being covered by both social protection systems.

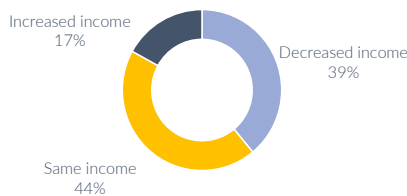
An important indicator obtained from the assessment is the portion of youth which are NEET (Not in Education, Employment or Training), which can revert in a potential future situation of vulnerability. Data shows that 12% of the youth aged 15-24 reached with the assessment reported being NEET at the time of data collection. However, 47% of them reported having a university degree, and 40% completed secondary education. The main obstacles to accessing employment reported by this population group were that they are not actively looking for work and lack of knowledge of the local language.

¹⁶ Social protection system covers benefits (e.g. maternity leave, pensions, material need benefit (dávka v hmotnej núdzi)).

Economic capacity:

The assessment found that 77% of respondents had access to financial services such as a bank account or an account at a formal financial institution in Slovakia. Additional analysis by age of the respondent shows a significant difference; 81% of respondents between 18-59 years old reported having access to financial services, decreasing to 60% in the case of respondents over 60 years old. Regarding changes in the HH income compared to 2022, 56% respondents self-reported experiencing a change, which was a decrease in the level of income in 39% of the cases, and an increase in only 17% of them.

FIGURE 22: SHARE OF HH BY CHANGES ON INCOME COMPARED WITH PREVIOUS YEAR



From the HHs experiencing negative change in their income, the main causes cited were increased expenses due to unexpected events (e.g. medical bills, family emergencies) (43%) and reduced income (42%).

Refugees were asked about their expenditures and income over the last 30 days. The average HH income obtained was 587 euros, while the average expenditure was 538 euros. In addition, the most common categories of expenses indicated were food, health and hygiene.

Food security and coping strategies:

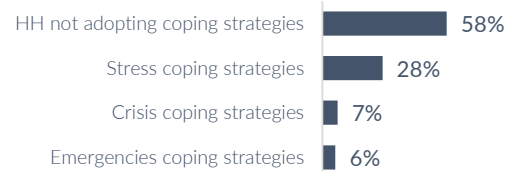
The analysis provides the food consumption score¹⁷ (FSC) frequently used as a composite indicator based on HH dietary diversity, food consumption frequency and relative nutritional values of different food groups. In Slovakia, 97% of the HH obtained an acceptable FSC results. Nevertheless, 3% scored borderline or poor results.

Some households reported having experienced difficulties in covering basic living needs, and 42% of them reported engagement in negative or harmful coping strategies over the last month due to lack of food or money. The most cited negative coping mechanisms was spend savings.

In addition, to measure the hardship faced by HHs due to a shortage of food, the survey included the Reduced Coping Strategies Index (RCSI)¹⁸ information, which measures the frequency and severity of food consumption behaviours the HH had to engage in due to food shortage in the 7 days prior to the survey.

Overall, 58% of HH did not present adoption of coping strategies; however, 28% indicated stress coping strategies, mainly spent savings, and change accommodation to reduce rental expenses. Crisis coping strategies were identified for 7% of HH; such as selling assets and reduce on education and health expenditure. The remaining 6% of HH presented emergency coping strategies; degrading source of income (illegal work or high-risk jobs).

FIGURE 28: SHARE OF HH BY RCSI INDICATOR



» Insights from experts on economic vulnerability & livelihoods:

The analysis of economic vulnerability and livelihoods unveils an untapped opportunity for leveraging the potential of individuals with a university degree and technical and vocational education. Ensuring adequate inclusion could enhance the labor market and contribute to local economy. Addressing the issue of overqualification becomes paramount in this context, necessitating a strategic approach to align educational levels with adequate employment opportunities.

Adequate employment opportunities remain a concern, and the phenomenon of overqualification, where individuals find themselves in positions below their education and skill levels, emerges as a pertinent issue. Addressing this requires nuanced solutions such as tailored training programs, mentorship initiatives, or further strengthening policies promoting the recognition of diplomas and certificates, ensuring that qualifications are appropriately valued in the job market.

¹⁷ Food Consumption Score FSC: [online](#)

¹⁸ Reduced Coping Strategies Index (RCSI): [online](#)

Furthermore, the pressing need for improved access to instruments such as social enterprise, or improved access to already existing financial support for employability of Persons living with Disabilities (PLwD) underscores the importance of inclusive economic and employment policies. Enhancing an environment that promotes the employment of PLwD not only contributes to their financial independence but also fosters a more inclusive and equitable society.

Language courses emerge as a consistent priority, highlighted as a primary obstacle in accessing suitable employment opportunities for those in the labor market but currently unemployed. By addressing language barriers, the pathway to economic integration becomes smoother, unlocking a wider range of job prospects for individuals facing linguistic challenges.

Additional concern identified is the prevalence of working without written contracts among the refugee community, posing a considerable risk of labor exploitation. Attention is needed to focus on elimination of this practice and strengthening labor protections to safeguard the rights of workers and ensure fair and safe employment practices.

In tandem with employment-related challenges, there is room to increase access to financial services, particularly for those currently excluded from such opportunities, especially older people. Bridging this gap is crucial for fostering financial stability and promoting economic resilience.

In conclusion, the economic vulnerability and livelihoods analysis underscore the need for a comprehensive approach, addressing not only employment opportunities but also the structural barriers that impede the economic empowerment and livelihood opportunities of various demographic groups.

Health

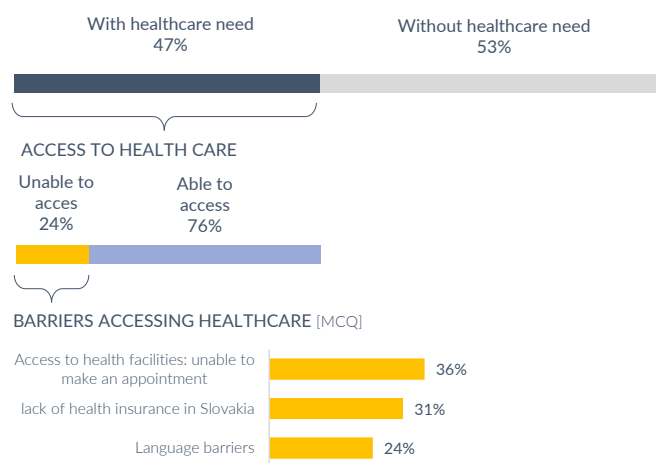
This section gives an overview of the health needs of the HHs, including access and barriers to healthcare. It also reviews HH members' capacity to access healthcare services since arriving to Slovakia, as well as knowledge about mental healthcare services. Respondents were also asked a set of questions about the health status of each of their HH members.

Access:

At the time of the interview, unemployed refugees with TP did not have access to healthcare services. This has changed since 1st September 2023, as the Government extended the full access to healthcare services to unemployed TP holders.

Of the 47% of HH reported having at least one member with healthcare needs at the time of the data collection, 24% indicated that they had not been able to access healthcare in the past 30 days. The main reasons were the inability to make an appointment at a healthcare facility, the lack of health insurance in Slovakia, and language barriers. Barriers to accessing sexual and reproductive health were cited by 2% of respondents with at least one woman in the household.

FIGURE 23: SHARE OF HH WITH A MEMBER WITH HEALTHCARE NEED



With regard to the prevalence of chronic illnesses¹⁹, out of the 51% of respondents with at least one member with a chronic health condition, 22% indicated having healthcare needs that remained unmet in the past 30 days.

Child health & nutrition:

Each respondent who reported having at least one child in their HH was asked if the child was vaccinated against measles. The results, which are based solely on respondents' feedback and should therefore be interpreted cautiously, indicate that 72% of children aged 5 or below had received

¹⁹ Chronic illness is a medical condition or disease that is persistent, long-lasting, and generally characterized by slow progression. Eg. Diabetes, hypertension (high blood pressure), asthma, arthritis, chronic obstructive pulmonary disease (COPD), heart disease, autoimmune disorders, and certain mental health conditions.

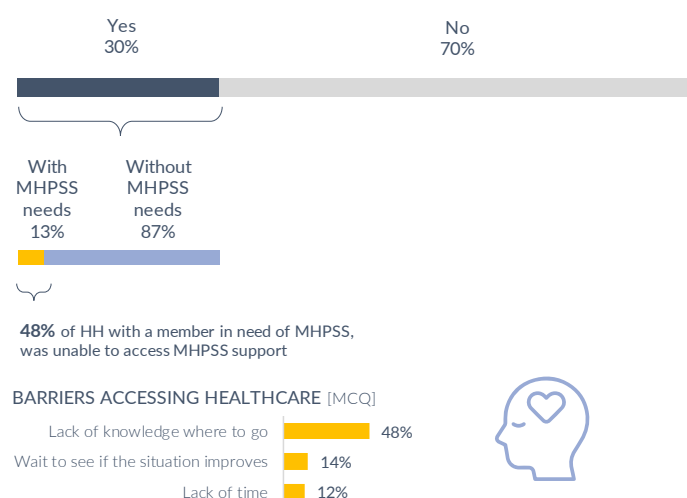
measles vaccine, either in Slovakia, Ukraine or in a third country. Additionally, among children aged up to 6 years old, 54% were reported having received polio vaccination.

Timely initiation of breastfeeding in infants, as per WHO recommendation²⁰, is within one hour of birth. The MSNA results show that 58% of the respondents met the WHO global recommendation, while 16% reported having initiated breastfeeding between 1 and 23 hours, and 16% after 24 hours and more. In addition, the majority of respondents (40%) reported having supplementary feeding in addition to breastmilk in the last two-three days.

Mental health & psychosocial support:

Results from the analysis show 30% of HHs reported having at least one member experiencing mental health or psychosocial problems. Out of those, 13% of respondents reported having at least one member in the HH who was in need of mental health or psychosocial support. However, almost half of them (48%) indicated having been unable to access the required MHPSS support.

FIGURE 24: SHARE OF HH WITH A MEMBER EXPERIENCING MENTAL HEALTH AND PSYCHOSOCIAL PROBLEMS



The main barriers accessing MHPSS services were a lack of knowledge on where to go, a tendency to wait and see if the situation would improve on its own, and lack of time.

Some improvement on personal wellbeing after receiving the assistance was reported. Out of those HH members who reached out to MHPSS services for a help, 87% of them reported improvement in their wellbeing.

20 WHO recommendations on breastfeeding: [online](#)

NOTE: Due to the prevailing stigma associated with disclosing mental health problems within the refugee community, the actual percentage of HHs needing mental health and psychosocial services is likely higher than reported. The MSNA results reveal that there is a need for community-based mental health interventions, due to the stigma of seeking traditional psychological support within the community. Prioritizing community-based approaches can help break down barriers, fostering an environment that is more supportive of mental health and personal well-being. In addition, the access to and availability of mental health specialists is essential to respond to the needs and referrals identified through community-based support.

Expenditure and awareness:

In terms of expenditure, households reported spending a monthly average of 12% of their total income on health. In addition, 95% of respondents were aware of available health care related support.

» Insights from experts on health:

Healthcare remains a priority need among refugees from Ukraine, with surveyed households most commonly reporting healthcare services as the top need. Almost all respondents were aware of available healthcare related support, but access is an issue given that about one fourth of households with healthcare needs were unable to access services. Changes to TP status and coverage present an issue for accessing healthcare, along with barriers such as administrative processes (i.e. making appointments), lack of health insurance in Slovakia, and language barriers. Key health issues highlighted by the MSNA results include chronic conditions, vaccination, and mental health. As reported in the MSNA, vaccination coverage is low among children in refugee households, particularly for measles and polio, and should be a priority of the health sector. Health sector partners will continue to support the Government to strengthen health leadership and governance mechanisms, reduce financial and other barriers to healthcare, promote the use of health information for evidence-based decision-making, and support and strengthen the health workforce in order to increase access to and provision of healthcare and medical products for Ukrainian refugees and the host population in Slovakia.

Mental health continues to be a concern with nearly one third of households reporting having a member who feels so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning. Among households that reported having a member who needs MHPSS support, about half were unable to access MHPSS support for reasons including not knowing where to go and seeing if the problem will get better with time. Stigma also surrounds mental health conditions and contributes to lack of reporting and seeking MHPSS services. The Government and partners should continue to build sustainable capacity for support services, promote community-based approaches and integration of interventions across sectors for MHPSS, in addition to building the capacity of service providers for offering tailored MHPSS services.

Protection from sexual exploitation and abuse (PSEA)

Overall, 88% of respondents reported satisfaction with the behaviour of aid workers in their area. Out of the 3% of respondents reporting dissatisfaction, the most common reasons cited were that aid workers were disrespectful in their interactions with individual members of the community (27%), no follow-up action had been taken after a feedback provided or a complaint submitted, (23%), and a lack of consultation on the part of the service provider on the needs of the individuals they were to aid (23%).

FIGURE 25: SHARE OF HH SATISFACTION WITH AID WORKERS

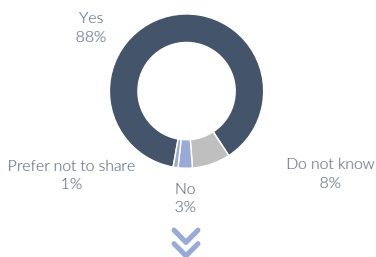
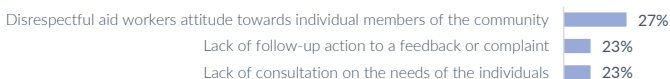


FIGURE 25A: SHARE OF HH REPORTING DISSATISFACTION BY REASON [MCQ]



Regarding the share of respondents that would report an inappropriate behaviour from an aid worker, 72% indicated that they would likely proceed to report the incident. Of the 14% respondents who indicated they would be unlikely to report, the main concern was the lack of trust that their report would make any difference.

» Insights from experts on PSEA:

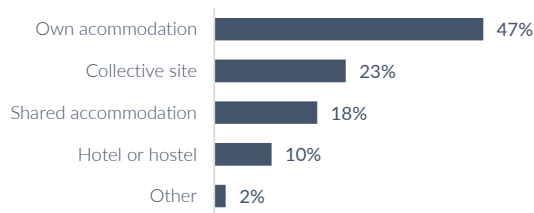
The relatively high percentage of refugees willing to report incidents of inappropriate behaviour by aid workers indicates overall trust in humanitarian support and services in Slovakia. This is corroborated by the fact that the majority of refugees (76%) believe that protection concerns reported through the available reporting channels (hotline, community center, community volunteers) receive appropriate responses. To maintain and further enhance this trust, humanitarian organizations must continue to actively seek feedback from refugees and use it to adapt their activities and programmes. Additionally, there is a need for organizations to continue raising the awareness of the affected population on the standards of behaviour expected from humanitarian workers, on how concerns can be safely reported, and how they will be handled.

Organizations are accountable for preventing and the responding to misconduct of their personnel, particularly sexual exploitation and abuse. While participation in regular PSEA and Code of Conduct trainings shall be mandatory for all humanitarian workers, organizations must ensure that their complaints and response mechanisms align with core standards for reporting (i.e. safety, confidentiality, transparency, accessibility) and that their investigating procedures on SEA apply the victim-centred approach.

Accommodation

Slovakia's responses regarding accommodation type, reflected that 47% of respondents lived in their own accommodation at the time of the data collection, including rented apartments, houses, guesthouses, etc. 24% of respondents reported living in collective sites, meaning existing buildings (schools, community centers) that have been repurposed to provide temporary shelter for large numbers of people. Shared accommodation was reported by 18% of HHs, and the remaining 10% respondents cited hotels or hostels as their current accommodation at the time of the survey.

FIGURE 26: SHARE OF HH BY ACCOMMODATION TYPE



The average size of housing in the European Union is 1.6 rooms per person²¹, while in Slovakia it is slightly lower, i.e. 1.2 rooms per person. The size of housing share resulted from the analysis for the sample studied is 0.8 rooms per person. In addition, as per UN Habitat sufficient living area definition²², 2% of HHs surveyed live in overcrowding conditions.

With regards to the living conditions in the current accommodation, 15% of respondents reported experiencing problems including insufficient privacy (34%), inability to cook and/or store food properly (26%), lack of separate showers and/or toilets (25%), being unable to keep warm or cool (11%) and insufficient cleanliness of the space (10%).

FIGURE 27: SHARE OF HH BY LIVING CONDITIONS IN CURRENT ACCOMMODATION

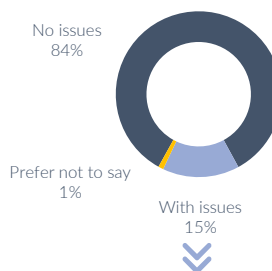


FIGURE 27A: SHARE OF HH REPORTING ISSUES BY TYPE [MCQ]



Data collection was carried out during summer period. Nevertheless, information on winter preparation was also collected. A total of 6% of respondents reported issues with heating, insulation and/or availability of hot water, thus facing an insufficient winter preparation.

²¹ EU size of housing 2021: [online](#)

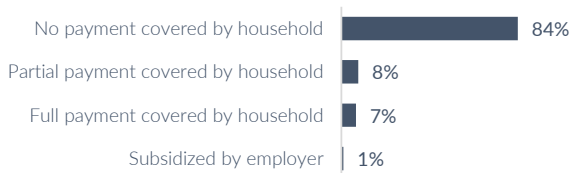
²² Overcrowding definition by UN-Habitat occurs if there are more than three people per habitable room: [online](#)

Expenditure and Security of Tenure:

Accommodation findings presented an average expenditure for renting of accommodation of 391 EUR per HH renting their accommodation. (Median expenditure is 400 EUR).

With regard to the main accommodation arrangements, 84% of respondents reported not paying for their accommodation at the time of the assessment (subsidized accommodation – government scheme, NGO, hosted by local person/family (unrelated) or similar), followed by 8% of respondents paying only part of the cost (accommodation subsidized by the Government or hosted by relatives or close friends), and only 7% paying the full cost of accommodation (rent, utilities, mortgage). This was followed by 1% of HHs having the accommodation subsidized by their employer.

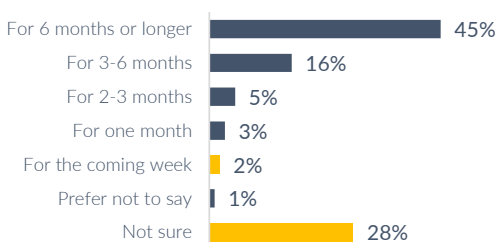
FIGURE 28: SHARE OF HH BY ACCOMMODATION ARRANGEMENT



Additionally, out of the HHs paying for their accommodation, 68% indicated being able to pay the monthly rent on time, 6% indicated having paid once or twice late due to some difficulties, and 2% experienced experiencing financial distress and reported paying late every month.

Almost half of the respondents (45%) reported having secured accommodation for 6 months or more, and 26% for up to 6 months, from the date of the interview. Nevertheless, an important portion of respondents (28%) were not sure about short-term plans for their household accommodation.

FIGURE 29: SHARE OF HH BY SHORT-TERM ACCOMMODATION PLAN



In fact, 2% of households indicated being under pressure to leave accommodation (in the coming week). The main reasons reported by these HHs were the fact that their accommodation would no longer be available, followed by tensions with neighbours.

» Insights from experts on accommodation:

The current level of accommodation priority, as indicated by the data collected, may initially appear reduced compared to the preceding MSNA. However, it is important to contextualize this observation within the timeframe of the data collection, which coincided with the respondents' knowledge that governmental subsidy schemes had been approved until the end of 2023. This foresight into continued governmental financial accommodation support may have influenced the perceived lowering of urgency of accommodation needs.

An important revelation from the data is the overcrowded living arrangements, with a figure of 0.8 rooms per person for refugee households. If refugee households were assigned a distinct category in the EU Commission comparison, refugee households in Slovakia would emerge as the least favorable in terms of average rooms per person, highlighting a critical concern in housing conditions for this demographic, while considering the national specificities in the sector of accommodation and housing.

Compounding the issue is the fact that 84% of individuals currently benefiting from governmental subsidy schemes, as reflected in the data, are at an elevated risk of vulnerability. This risk might escalate notably when these subsidy schemes expire or undergo substantial reductions. The impending termination or reduction of these support systems may lead to heightened vulnerabilities among a significant portion of the refugees coming from Ukraine, necessitating urgent attention and strategic planning to address the potential increased vulnerabilities and safeguard the well-being of these individuals and households.

Conclusions

The MSNA in Slovakia aims to support an evidence-based humanitarian response in Slovakia through the provision of multi-sectoral data about the needs and coping capacities of refugee households coming from Ukraine who have fled the ongoing conflict in their country of origin to inform the government authorities and the humanitarian community. As the situation in Ukraine is still ongoing, and unpredictable, this assessment provides a snapshot of the needs and challenges faced by these households as of summer 2023 (July-August).

The MSNA results reveal as priority needs of refugees' access to health, livelihoods support and language courses. These results compared to those obtained in 2022 (food, accommodation and employment) show an interesting change in the dynamics of refugees in the country, towards inclusion.

Almost half of the surveyed population (47%) reported having a family member with health needs, and 24% of them were unable to access care. Since January 2023, important advances have been implemented by the Government in this direction to facilitate access to health care for all TP holders²³ however, there are still many barriers that the population encounters when accessing these services: difficulty in getting an appointment, language barrier, etc. This includes support in MHPSS; reported by one third of the surveyed population, still carrying a stigma in society.

Results of the analysis show a good level of education and preparation with 51% of respondents having university degrees. Refugees obtain the right to work once they are granted on temporary protection, however, only half of the respondents in active-age reported having a job. This contrasts with the situation of refugees before leaving Ukraine, where only 4% reported being unemployed. The language barrier continues to be the main obstacle to finding work for refugees as a key element in facilitating inclusion in the host country.

An increase in school enrolment and attendance of 77% of school-age children has been identified, compared to the reported enrolment in 2022 (68%); in addition to a decrease in Ukraine distance learning modality (from 75% to 45%); this may translate into a positive outcome towards inclusion in the host country. However, significant efforts are needed to ensure school enrolment and attendance for refugee children in Slovakia. Despite having access to free education in the country, the current interpretation of the School and Education Act by the Ministry of Education, Science, Research and Sport²⁴ does not consider school attendance compulsory for refugee children with TP, which has had a strong impact on their enrolment.

The situation in accommodation continues to be of importance among the refugee population in Slovakia. Data collection was conducted in July and August, where government support provided some stability. However, current developments on accommodation sector might constitute a major challenge in the coming year, including the extension of housing allowance only until March 2024, as at the time of writing this report.²⁵

Humanitarian actors continue to complement government efforts to meet the needs of refugees as well as facilitate access to basic services. The vast majority of respondents reported being satisfied with the assistance received, with only 9% reporting some form of dissatisfaction. Overall, 88% reported a positive attitude on the part of humanitarian actors, and almost half reported preferring means to provide feedback, phone call helpline. In addition, 72% of respondents indicated that, should a case occurs, they would likely proceed to report an incident of inappropriate behaviour from an aid worker. This may be a result of the continuous collaboration and communication of humanitarian actors with the refugee population to understand their needs and concerns.

²³ Ministry of Health of Slovak Republic, *Určenie rozsahu potrebnej zdravotnej starostlivosti*: [online](#)

²⁴ Ministry of Education, Science, Research and Sport of the Slovak Republic (2022), *Najčastejšie otázky a odpovede v súvislosti so situáciou na Ukrajine z pohľadu školstva*: [online](#)

²⁵ Ministry of Interior - Housing allowance extension to March 2024: [online](#)



Regional Refugee Response
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MULTI - SECTOR NEEDS ASSESSMENT

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