Regional Refugee Response for the Ukraine Situation

SLOVAKIA
JUNE 2024

MULTI - SECTOR NEEDS ASSESSMENT

ANNEX REPORT | PERSONS WITH DISABILITIES

Trebišov, Slovakia. Ukrainian refugee with a disability received support and assistance from UNHCR. ©UNHCR/Veronika Pelikánová

Since February 2022, Slovakia has seen a rapid influx of persons fleeing hostilities and seeking protection as a result of the escalation of the war in Ukraine. More than 2.2 million Ukrainians and third-country nationals (TCNs) in need of international protection have crossed the borders into Slovakia[1], 80 per cent of whom are women and children. Refugees from Ukraine include older people, persons with disabilities, and those with urgent health care needs. The Government of Slovakia has generously kept the borders open, and national, district and local authorities have rapidly responded to the large numbers of arrivals. Local communities have taken a welcoming stance, with humanitarian actors, civil society, the private sector and community volunteers complementing the government-led efforts by providing significant support at border reception points and urban areas.

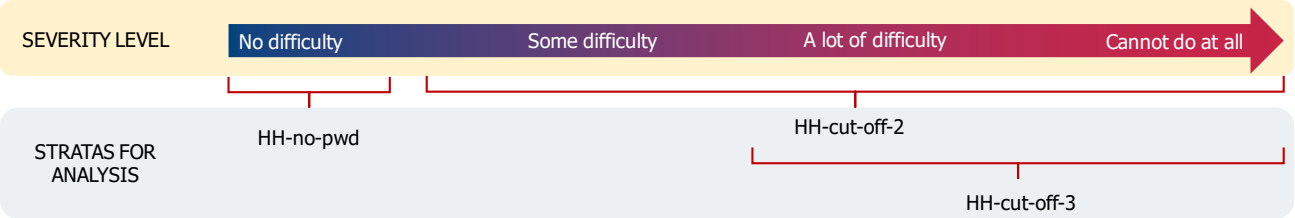
Despite the favorable protection environment for refugees in the country, there remain major challenges in addressing areas such as access to longer-term accommodation, education, employment and livelihoods, and quality health care, especially for persons with disabilities or underlying serious health conditions. In addition, persons with specific needs may face additional barriers that prevent them from fully enjoying their rights and accessing the services they need. Persons with disabilities have the same basic needs as other refugees, but often face barriers to receiving the required assistance, or specific attention and targeted interventions. The situation is more challenging for refugee children with disabilities as they have limited access to education, health, child and social protection services. Their families require additional support in taking care of their child and access relevant support.

Within the framework of the Regional Refugee Response Plan (RRP) for the situation in Ukraine and specifically within Slovakia's RRP, and as per recommendation of the Task Force[2] focused on the rights of refugees with disabilities in the Protection and Inclusion Working Group, under the Refugee Coordination Forum (RCF), the Inter-agency Multisectoral Needs Assessment Team conducted an annex analysis to the Multi-Sector Needs Assessment[3] (MSNA) conducted in Slovakia in 2023.

Based on a focused analysis of the MSNA, this report presents an overview of the situation and needs of refugees from Ukraine with disabilities and their families who have fled to Slovakia due to the ongoing conflict in their country of origin. The analysis is presented across sectors, based on the MSNA 2023 collected information, and complemented with information from secondary sources, such as focus groups discussions and previous analysis.

1 As of March 2024 – Source UNHCR Operational Data Portal; online
2 Key recommendations on disability for the Government and RRP stakeholders - April 2023 - online
3 Slovakia Multisector Needs Assessment 2023 - online

The focused analysis of the 2023 MSNA on disability followed the recommended Washington Group Short Set (WG-SS)[4] of questions, with a total of 1.853 individuals participating as a group of proxy respondents who were asked if any household (HH) member had visual, hearing, mobility, cognition, self-care, and communication difficulties. Based on data analysis, the report presents an analytical comparison on three main strata: households with not reported disability in the household (HH-no-pwd), households with at least one member with reported disability 2 or above[5] (HH-cut-off-2), and household with at least one member with reported disability 3 or above[6] (HH-cut-off-3), as per the graphic below:



Profile & needs overview

This section discusses the demographic profile and outlines articulated needs of the interviewed households' members, including a comparison between the reported difficulties and the level of severity.

The assessment covered a total of 819 households (HH) with 1.853 members, of whom 36% of them reported at least one member with a disability level 2 or above and 13% of HH reported at least one individual with disability 3 or above. In addition, a total of 21% HH members reported disability 2 or above and 6% reported disability level 3 or greater.

		HH (n=819)	HH members (n=1.853)
No reported disability		64%	79%
With a reported disability	HH-cut-off-2	36%	21%
	HH-cut-off-3	13%	6%

Regarding the described difficulties across all age groups, the most cited were visual limitations, followed by mobility difficulties. A total of 58% of household members over 60 years old reported having more disabilities, mostly physical and visual problems. It is worth noting that, as per global data, more than 46% of older persons worldwide – those aged 60 years and over—reported having disabilities (see more on intersection of age and disability in conclusions).[7]

Among children, 10% reported to experience some kind of difficulty. The majority of those children reported difficulties with seeing (60%), while other reported difficulties with walking and communicating at relatively high level (17% and 15% respectively). As presented in the table below indicating distribution by age group of household members reporting disabilities, at any severity level, the majority of physical or mental impairments appear in the oldest age group.

Difficulty / Age groups	HH members 5-17 y.o.	HH members 18-59 y.o.	HH members 60+ y.o.
No reported disability	90%	84%	42%
With a reported difficulty	10%	16%	58%
Seeing	60%	67%	52%
Hearing	0%	6%	12%
Walking	15%	26%	58%
Remembering	10%	8%	20%
Self-dressing	13%	3%	9%
Communicating	17%	3%	4%

Further in-depth analysis provides information on the different difficulties and the level of severity for each of them. Visual limitation was the most reported condition with a low level of severity, while remembering and self-dressing were less reported with a higher severity level.

Difficulty / Severity level	Do not know	Some difficulty	Lot of difficulty	Cannot do at all	% of total
Seeing	2%	75%	22%	1%	47%
Hearing	9%	55%	36%	0%	7%
Walking	0%	63%	34%	4%	32%
Remembering	0%	60%	36%	4%	11%
Self-dressing	22%	30%	48%	0%	6%
Communicating	5%	60%	35%	0%	4%

Priority needs

The 2023 MSNA highlighted specific priority needs for the refugees coming from Ukraine, including about access to healthcare services, employment and livelihoods, language courses, accommodation options, food and medicines. A comparative analysis of data between those HH with at least one member with disability and HH with no member with disability shows that slightly more priority needs were reported by the former group (between 86%-89%), compared to the latter (81%). While reported needs in the group with no members with disability were widely spread, the most cited priorities needs for HH with at least a person with disability were healthcare services and medicines. An interesting observation which needs to be further explored is the fact that accommodation and employment/livelihood was reported as a problem by less HH with disabilities than in those without members with disabilities. An explanation could be based on the provided support by the Government to those persons with disabilities under the Temporary Protection (TP) scheme.

Priority needs	HH-no-PwD	HH-cut-off-2	HH-cut-off-3
No needs	19%	14%	11%
With reported needs	81%	86%	89%
Healthcare services	25%	55%	67%
Employment / livelihoods	25%	23%	21%
Language courses	22%	15%	12%
Accommodation	17%	12%	8%
Food	12%	19%	18%
Medicines	9%	25%	30%

4 Washington Groups Short Set (WG-SS), online
5 Disability level 2 or above: the level of severity of a difficulty reported by a person is "some difficulty", "a lot of difficulty" or "cannot so at all".
6 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".
7 Ageing and disability | United Nations Enable https://www.un.org/development/desa/disabilities/disability-and-ageing.html

Education

Enrolment of refugee children with disabilities or special needs in the formal education system continuous to be challenging in Slovakia. From the total HH interviewed, the sample for children with a disability remained too low to run an analysis and therefore secondary data and sources are used to provide some views in this regard.

The Rapid Situation Analysis and Needs Assessment of Ukrainian Children with Disabilities elaborated by the Platform of Families with Children with Disabilities informed that "(as Ukrainians) used to a more integrated school system back home, Ukrainian parents often aim to enroll their children with disability in a regular school. They are often surprised at the very low number of regular schools that integrate children with disability in Slovakia".[8] As the Platform further reported, "families may not disclose their child's diagnosis in order to facilitate their enrollment in school or their integration in the wider society". Additional information provided by the study presented important concerns frequently cited by parents regarding lack of disability-adapted early childhood and formal education capacities. In addition, bullying remains an important concern raised by parents of children with disabilities.

"...Lessons for kids with autism or other development disability are very expensive, you need all your salary, and sometimes is not enough ..."

Parent of a child with autism, in a focus group discussion in Bratislava.

As per the most updated data provided by the Ministry of Education[9] as of end of December 2023, a total of 96 refugee children from Ukraine were enrolled in formal education in special schools for children with special needs, compared to the total of 11.818 refugee children enrolled in formal education the academic year 2023/2024.

Protection

Differences were identified in the comparative analysis of the reported awareness of protection services in the area of residence. In general, HH with no person with a disability reported being more aware of protection services (mainly state social services), than those with a member with disability. Only awareness of psychosocial support services was slightly higher in HH with a member with disability 3. This outcome indicates a strong need for more targeted information provision focusing on specific disability-related services.

Awareness on protection services	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
None	4%	6%	11%
State social services	67%	58%	53%
Legal services	39%	36%	33%
Safe spaces	37%	31%	23%
PSS mobile teams	21%	18%	25%
Daycare disabilities	3%	5%	7%

De facto use of social services is rather low; according to the Ministry of Labour and Social Affairs (MOLSAF) information, only 46 persons persons with specific needs, including persons with disabilities, were residents in social service facilities.[10]

Additional analysis on social cohesion presents possible tensions with the host community reported by respondents. In general, HH with a family member with a disability reported a slightly higher percentage of hostile behavior from the host community.

Hostile behavior	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
No	72%	70%	67%
Yes	27%	29%	32%
Prefer not to answer	1%	1%	1%
Do not know	0%	0%	0%

Rather positive results were received in relation to assistance provided, including on information for available services as well as in-kind support. Among the total number of HH with at least one member with disability (295), only between 14% and 17% of HH reported not having received any assistance in the last 3 months[11]. In terms of satisfaction, HH with a person with disability presents higher satisfaction levels, between 74% and 76%, and only between 6% and 8% of households with a member with disability reported dissatisfaction with the assistance received. Only between 6% and 8% of households with a member with disability reported dissatisfaction with the assistance received. The high satisfaction might be related to multi-purpose cash and material need assistance provision available for persons with disabilities, particularly provided by MOLSAF. According to the information provided by the Ministry, disability cash assistance was provided in 2023 to 1.308 TP holders in the overall amount of 506.284 EUR.[12]

Satisfaction with aid received	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
Satisfied	55%	74%	76%
Dissatisfied	4%	6%	8%
Assistance not received	39%	17%	14%
Prefer not to answer	1%	1%	1%
Do not know	2%	3%	2%

8 Platform of Families with Children with Disabilities / UNICEF: Rapid Situation Analysis and Needs Assessment of UA Children with Disabilities and their Families - online
9 Ministry of Education: enrolment of children from Ukraine - online
10 Data provided by the Ministry of Labour, Social Affairs and the Family of SR upon reguest.
11 This refers to any kind of assistance provided by humanitarian actors, government, or other entities.
12 Data provided by the Ministry of Labour, Social Affairs and the Family of SR upon reguest.

In particular, respondents were asked if they encountered any challenges accessing information needed (including information on rights and entitlements, access to services). Generally, HH with a member with disability reported facing more challenges accessing information, mainly due to a lack of knowledge of available sources of information. That finding was also raised during focus group discussions with parents of children with disabilities. This can represent a challenge for humanitarian actors for diversification and better targeting of information provision, given that persons with disabilities and older people might have limited access to online tools provided e.g. through applications and web-portals and/or because, overall, do not have knowledge of using information and communications technology (ICT).

Challenges accessing information	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
No challenges	78%	69%	67%
Faced challenges	24%	34%	39%
Prefer not to answer	1%	1%	1%
Do not know	3%	4%	3%

The area of access to information is also highlighted in the analysis of the Platform of Families with Children with Disabilities. According to the analysis, "...the government together with international and community-level organizations should address the informational barrier that carers face in access to healthcare, education, social benefits, etc. In an often-changing legislative environment, working on periodic and timely informational campaigns that target not only Ukrainian carers but also local practitioners and social workers assisting this demographic is crucial in making the already available services more accessible.".[13]

With regards to awareness of available services to reach out to and the possibility to report cases of violence against children in the community, HH with a person with disability reported higher awareness on those services, between 97 and 99%, compared to HH without a person with disability (95%). In addition, between 69% and 73% of HH with a person with disability reported awareness on how to access gender-based violence services available in Slovakia, compared to the 73% reported by HH without a person with disabilities.

Economic vulnerability & livelihoods

Overall, persons with disability reported lower education level in comparison to those with no reported disability; higher percentage was obtained on secondary and vocational education on individuals with disability, and master's degree was more cited by persons with no disability. No major difference was identified on the comparative analysis for high education level, such as Ph.D. and Grand Ph.D., as this level is quite rare. However, more than 75% of persons with disabilities reported having secondary or higher education level which could translate into a high level of employability in Slovakia.

Education level	HH member-no-pwd	HH member-cut-off-2	HH member-cut-off-3
Grand Ph.D	1%	1%	1%
Ph.D.	1%	1%	1%
Master	36%	26%	22%
Bachelor	16%	16%	13%
Technical or Vocational	25%	32%	37%
Secondary education	18%	21%	19%
Primary education	2%	2%	5%
No formal education	1%	0%	0%
Prefer not to answer	0%	0%	1%

In terms of employability, nearly a third of persons with less serious disability reported being out of the labor market, compared to those with no disability (i.e., persons with serious medical conditions, on parental leave or students), which is comparable to the overall situation in the European Union where the labour market participation of persons with disabilities still presents a challenge; only half of persons with disabilities are employed, compared to 3 in 4 persons without disabilities.[14] Of the rest of the sample, the analysis presented higher results reported on employment on individuals with no disability.[15]

		HH members -no-pwd	HH members - cut-off-2
In labor market	Employed	57%	45%
	Unemployed	24%	25%
Out of labor market		18%	31%

"...Persons with disabilities cannot work in many cases; they need extra cash assistance and support for example to cover the costs of prothesis, wheelchairs..."

Adult person during a focus group discussion in Opatovska Nova Ves

Information available from the focus groups discussions pointed out the challenges faced by caregivers in finding employment, particularly for mothers, which can revert on situations of isolation from the rest of the society. Additionally, families with children with a disability may face additional financial burden to provide for therapies, as presented in the analysis of the Platform of Families with Children with Disabilities:"...many families experience financial hardship due to the cost of care for their child with disability and are seeking extra income.".[16]

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).

13 Platform of Families with Children with Disabilities / UNICEF: Rapid Situation Analysis and Needs Assessment of UA Children with Disabilities and their Families - online
14 European Commission; Employment, Social Affairs & Inclusion; Persons with disabilities - online
15 No analysis was run for HH members – cut-off 3 due to the low number of working-age HH members in this strata
16 Platform of Families with Children with Disabilities / UNICEF: Rapid Situation Analysis and Needs Assessment of UA Children with Disabilities and their Families - online

Regarding the social protection systems[17], data show positive results on benefits coverage depending on the type of HH. In general, HH with a person with disability reported being benefited in a larger scale, while between 47% and 37% of HH with a person with disability reported being covered by the Slovak social protection system. This presents a significant difference compared to HH without members with disability (15%) which is easily understandable, as the Slovak social protection system is designed to support the most vulnerable groups, with a specific cash assistance to persons with disabilities. Similar results were obtained on the benefits received from the Ukrainian social protection system, however, only 4% of HH without a member with disability reported being covered by this assistance. This percentage differs in the case of HH with a person with disability, which represents between 17% and 14%.

"...Financial support related to disability in Slovakia is a complex and long-term process..."

Adult person during a focus group discussion in Trnava

The comparative analysis shows that HH with a person with disability tend to make less use of financial services, such as a bank account or an account at a formal financial institution in Slovakia. Between 76% and 70% of respondents reported using this kind of services, compared to the 80% of HH without a member with a disability. This would require a more focused analysis to see if there are some institutionalized challenges in the financial services (which might be a case of a discrimination in the provision of services and/or access to those services), or if persons with disabilities are less interested to use them.

In addition, regarding changes on the HH 2023 income compared to 2022, HH with a person with disability reported more negative balance, compared with the other type of HH.

Change on income compared to 2022	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
Fewer	36%	44%	45%
More	17%	17%	17%
Same	47%	39%	37%

Overall, regarding the analysis on food consumption, the majority of HH obtained an acceptable food consumption score (FCS)[18] result with around 93% in the case of HH with a person with disability. Nevertheless, the comparison of borderline or poor food consumption score presented higher results on HH with a person with disability (7%), compared to the 3% in the case of HH without a member with disability.

In addition, with the aim to measure the hardship faced by HH due to a shortage of food, the survey included the Reduced Coping Strategies Index (RCSI)[19] information, which measures the frequency and severity of food consumption behaviors the HH had to engage in due to food shortage in the 7 days prior to the survey.

Overall, regarding the situation of persons with disabilities in the European Union, over 28% of persons with disabilities are at risk of poverty or social exclusion compared to over 17% of persons without disabilities.[20]

Results from the comparative analysis in Slovakia presents that HH with a person with disability are more likely to adopt coping strategies, with special attention on crisis and emergency coping strategies, such as degrading source of income (illegal work or high-risk jobs), double compared to the other type of HH.

Adoption of coping strategies	HH-no-pwd	HH-cut-off-3
HH not adopting coping strategies	61%	43%
Stress coping strategies	27%	34%
Crisis coping strategies	6%	13%
Emergencies coping strategies	5%	11%

NOTE; At governmental level, refugees from Ukraine with severe disabilities and their caregivers can apply for humanitarian aid subsidy provided by the Ministry of Labour, social affairs, and family[21]. The degree of serious disability is assessed by social workers of the Ministry following a questionnaire based on WHODAS[22]. The humanitarian aid provided can be from 300 – 508 euros per month depending on the degree of severity (40-59% or 60% or more respectively).

Health

Access to healthcare services was reported by HH as first priority need[23], even higher for HH with a person with disability (see first part of this section). Moreover, the study shows healthcare needs were cited more in HH with person with disability, but also less challenges when accessing the required services.

At least one member with a health problem	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
No	64%	34%	29%
Yes	36%	66%	71%

Able to access Health services (only for those HH reporting Health problems)	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
No	46%	12%	5%
Yes	54%	88%	95%

17 Social protection system covers benefits (e.g. maternity leave, pensions, material need benefit (dávka v hmotnej núdzi)).
18 Food Consumption Score FSC: online
19 Reduced Coping Strategies Index (RCSI): online
20 European Commission; Employment, Social Affairs & Inclusion; Persons with disabilities - online
21 Ministry of Social affairs and family, Subsidy to support humanitarian aid to a person with special protection in connection with their serious disability: online
22 WHODAS – WHO Disability Assessment, measuring health and disability: online

Additional sources of information[24] presents the lack of pediatric and specialized care as the main concern, together with the insufficient complementary health care and health aids coverage. Respondents also mentioned temporary visits to Ukraine for diagnostics, treatment or to seek health aids, due to the unavailability on accessing healthcare services in the country. Disrupted treatment, rehabilitation and daily routines are common concerns reported during focus group discussions, on top of the additional barriers faced by all refugees, such as language.

"...My daughter was receiving rehabilitation sessions in Ukraine. In Slovakia, we cannot cover the costs..."

Parent of a girl with disabilities during a focus group discussion in Nitra

Regarding mental health or psychosocial problems, differences were observed in the comparative analysis. Generally, more mental health and psychosocial problems were reported by HH with a member with disability (between 54% and 44%), compared to the 22% reported by those HH without a member with disability.

Accommodation

Results from the analysis reflected own accommodation[25] as the most common type of accommodation cited by respondents at the time of the interview. The comparative analysis shows that HH with a person with disability 3 or above are less likely to stay in collective sites such as existing building (schools, community centers).

Type of accommodation	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
Own accommodation	51%	39%	46%
Collective site	20%	28%	17%
Shared accommodation	17%	20%	21%
Hotel or hostel	10%	11%	13%
Other	2%	2%	3%

Additional information from the Site Mapping and Monitoring exercise[26], including in particular data of 45% of the total collective sites surveyed in October 2023, reported not being accessible for persons with disabilities. Regarding the facilities at the sites, 35% of sites reported not having showers accessible and 47% in the case of shower facilities. In addition, 72% reported not having equipment for persons with disabilities and/or older persons such as wheelchairs, scratchers, etc. Overall, 35% of sites reported the need to be adapted for persons with disabilities.

Almost half of the respondents reported having secured tenure for a period of 6 months or more. The analysis shows HH with a person with disability reported less uncertainty compared to those without a person with disability, which can be explained on the need to secure an accessible space or which can be explained due to options on accommodation provided by authorities to HH with persons with disability.

Secure of tenure	HH-no-pwd	HH-cut-off-2	HH-cut-off-3
For 6 months or longer	43%	49%	46%
for 3-6 months	16%	17%	22%
For 2-3 months	4%	6%	2%
For one month	3%	2%	1%
For the coming week	2%	2%	3%
Not sure	32%	24%	26%

Conclusions

The MSNA - Annex Report on persons with disability indicates that access to health is the top priority need reported by all type of households (HH), specially by those with a person with disability.[27] However, those HH continue reporting also basic needs, such as for medicins and food, among priority needs. This highlights that, still, some of the basic needs are not met by refugees and in particular among HH with persons with disabilities. Considering that, as per the MSNA results, access to employment and language courses remain among the top priority needs for the overall refugee population, thus, the findings for those with disabilities indicates considerable needs in connection with their vulnerabilities.

In addition, it can be observed that HH with a person with disability are exposed to more vulnerabilities and challenges towards their inclusion in the host community. Children with vulnerabilities face major barriers in accessing education[28], thus severely limiting their prospects of accessing lifelong learning and livelihoods opportunities. HH with a person with disability are more likely to adopt negative coping strategies (56% on HH with a person with disabilities, compared to 39% on HH without persons with disabilities), and are more at risk of economic vulnerability, such as lower income, lower employability and limited access to financial systems which may result in higher poverty rates and social exclusion.

Yet, HH with a person with disability presented less challenges in accessing the healthcare system; which it can be related to their need of using frequently this type of services, being more awared and familiarized with them, or living in an accommodation type where health services are provided (as Humenne). However, families often have to cover costs of these services, in addition to the provided assistance. Moreover, challenges on access to health services are still reported in connection to disruptment of treatments and language barriers, among others. Mental health and psychosocial problems remain critical, as half of the HH with a person with a disability reported such problems.

24 Rapid situation analysis of the needs of children with disabilities and their families from Ukraine; online
25 Own accommodation including rented apartments, houses, guesthouses, etc
26 Site Mapping and Monitoring; Joint initiative of UNHCR and IOM, supported by SHC, which aims to obtain updated information on the situation, priority needs and available services on the accommodation sites, to better inform humanitarian response; online
27 It will be important to follow this trend after September 2023, when the Ministry of Health expanded access to universal healthcare for all temporary protection holders from Ukraine.
28 Rapid situation analysis of the needs of children with disabilities and their families from Ukraine; online

Age and Disability

Persons with disabilities face a number of obstacles including attitudinal, environmental and institutional barriers preventing their full and equal participation in all aspects of life. Often older persons with disabilities are among the most adversely affected, facing further age barriers in society.[28]

The intersection of aging and disability is a multi-faceted topic that impacts individuals, society, and service delivery. The experience of disability and aging is multi-factorial and dependent on wider social, cultural, structural, and environmental factors. As such, examining the connections between disability and aging may contribute to more nuanced understandings to improve well-being and quality of life and enhance service provision.[29]

Improvement of the accessibility to information on refugee rights for the different types of difficulties, including official sources, remains an important gap in the response. Some good examples are oberserved on websites with "read aloud" functionality, such as the initiative "From Ukraine to Slovakia"[30]. However, a further in-depth survey would be necessary to understand the hindrances HH with a member with disabilities may be facing in the access to information. This might also indicate isolation and a lower level of inclusion in local communities, which is unfortunately the case in the domestic population as well.

In addition, better planning and responses requires official disaggregated data on refugees with disabilities, on needs, barriers, additional cost of living, as well as the available support and type of participation and inclusion opportunities of children, adolescents and persons with disabilities. In this connection, apart of the sectoral information on education and health, it is critical to facilitate evidence-based planning for humanitarian actors and other stakeholders.

Many of those priorities are reflected in the UKRAINE SITUATION REGIONAL REFUGEE RESPONSE PLAN 2024 for Slovakia. The strategic objective 2 calls for action so that "Refugees with specific needs and vulnerabilities have access to targeted support and assistance." A tailored and inclusive approach is followed by RRP partners which continue to complement the government-led efforts, working with experts in the field for the protection and assistance to persons with specific needs, and build capacity for specialized services and support, along with an increased access to information about these services. RRP partners will continue engaging based on the key principles of disability inclusion: (i) non-discrimination; (ii) awareness; (iii) participation; and (iv) accessibility. In addition, cooperation will be further promoted with national and local organizations working with persons with disabilities, as well as municipalities to ensure that initiatives and good practices can be further supported within local communities.

28 Ageing and disability | United Nations Enable - online
29Understanding the Nexus Between Aging and Disability to Enhance Aging Well for All | SpringerLink - online
30 From Ukraine to Slovakia joint platform developed by Mareena and HRL: online

THE MSNA WAS CONDUCTED IN THE FRAMEWORK OF:

Regional Refugee Response for the Ukraine Situation

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

UNHCR The UN Refugee Agency · IOM UN MIGRATION · World Health Organization · unicef for every child

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, it's partners and other third parties.