



UNHCR
The UN Refugee Agency

SLOVENIA

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**Multi-sector
Needs Assessment**



Contributions

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Cover: Ukrainian refugee Hanna Chernyshova works for the state-run Slovenian Forestry Institute in Ljubljana as a data analyst. ©UNHCR / Zsolt Balla

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Access the Data

The MSNA data are available on the [UNHCR Microdata Library](#). This is a public online library containing anonymous microdata of persons affected by forced displacement collected by UNHCR, its partners and other third parties.

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List Acronyms.

- MSNA Multi-sector Needs Assessment
- HH Household
- RRP Refugee Response Plan
- TP Temporary Protection
- GBV Gender-Based Violence
- EUR Euro (€)
- MHPSS Mental Health and Psychosocial Support
- MCQ Multiple Choice Question
- N Total Number of Observations
- UNHCR United Nations High Commissioner for Refugees

INTRODUCTION.

As of May 2024, almost 6.5 million refugees fled Ukraine since the escalation of the conflict in February 2022.¹ Of them, almost 10,000 obtained Temporary Protection (TP) and 227 subsidiary protection in Slovenia.²

In December 2023 UNHCR partnered with the Slovenian Migration Institute of the Science and Research Centre of the Slovenian Academy of Science and Arts (SMI ZRC SAZU) to conduct a Multi-Sector Needs Assessment (MSNA) to gain an up-to-date and in-depth understanding of the vulnerabilities, needs, and level of access to services for refugees who have fled Ukraine and sought refuge in Slovenia.

The results of this assessment provide insights for various stakeholders, including the government, humanitarian organizations, and donors. They are instrumental in tailoring the response to refugees' priorities and ensuring effective programming in support of their socio-economic inclusion.

UNHCR developed the MSNA methodology and questionnaire in November 2023, mirroring the MSNA surveys conducted in seven other European countries hosting refugees from Ukraine and part of the regional [Refugee Response Plan](#) (RRP).³

The data were collected by SMI ZRC SAZU from 4 to 31 December 2023 from 193 adult refugee respondents representing 391 household (HH) members. The interviews were conducted in person using a snowball sampling methodology. Throughout the report, the findings from Slovenia are compared with those of the regional MSNAs.

For the purpose of this report, the term "refugee" specifically refers to individuals and HH who fled from Ukraine after 24 February 2022, and have been granted temporary or subsidiary protection status in Slovenia. Because of the small sample size (10 interviews were conducted), interviews with refugees from other countries (non-Ukrainians) were excluded from the results.

It is important to note that the survey results are representative of the respondents' population and their families rather than of the refugee population in Slovenia due to the sample size and methodology, the possibility of sampling bias, and proxy responses for HH members. However, the survey results still offer valuable insights into the vulnerabilities, needs, and access to services for refugees from Ukraine.

¹ [UNHCR Data Portal](#).

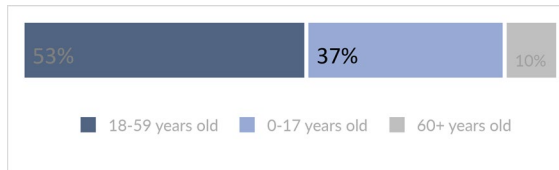
² Data obtained on request from the Ministry of the Interior, as of May 2024. TP was activated in Slovenia based [EU Temporary Protection Directive](#) and is by design a temporary status granting certain rights in the host country. Subsidiary protection is a form of international protection, based on EU legislation. International protection comprises 1951 Convention refugee status and subsidiary protection.

³ [Poland, Slovakia, Romania, Moldova, Hungary, Czechia, Bulgaria](#). MSNA reports are available on [UNHCR Data Portal](#).

AT A GLANCE.

Demographics.

67% female; **33%** male; **37%** children
2.0 average household size.



68% female-led households.
57% of households have children.
7% of households have person with disability.
17% of households with older refugees 60+.

Protection and Social Inclusion.

93% feel safe in their neighbourhood.
17% report tensions with host community.

97% are aware of Child Protection services.
86% are aware of Gender-based Violence services.

Healthcare.

14% of household members reporting barriers to health care.
38% in need of Mental Health and Psychosocial Support.

Top 3 Priority Needs.



Housing.

87% of households live in private accommodation.
65% of households with longer housing arrangements (six months+).

Education.

93% of children enrolled in Slovenia.
79% of children enrolled online (Ukraine distance learning).
36% of children experienced bullying and forms of peer violence.

Economic Inclusion.

54% of work-age refugees are unemployed.
76% of work-age female refugees employed before the displacement are unemployed.

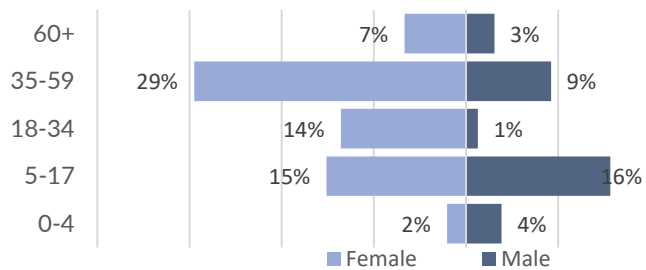
26% of households affording fewer goods since the first months of arrival.
75% of households receive social benefits.

KEY FINDINGS

HOUSEHOLD PROFILES and VULNERABILITIES.

The findings of the Slovenia MSNA on gender and age composition of the HH reveal that women and girls constitute the majority of members, accounting for 67% of the total (50% women, 17% girls). Children, both boys and girls, represent 37% of the population, while older refugees aged 60 and above make up 10%. These figures align with regional findings and mirror the age and gender structure of the TP statistics in Slovenia.⁴ On average, the HH interviewed consist of 2 members, which is lower than the regional MSNA average of 2.3 and the lowest among MSNA countries.⁵

HH members by gender and age



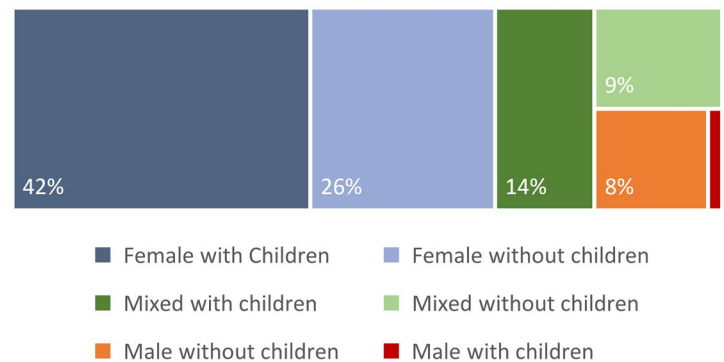
Graph 1. % of HH members by gender and age

Additional statistics around HH composition reveal that (Graph 2):

- 68% are HH led by women (42% with children, 26% without children). This data surpasses the regional MSNA result (65%). Male-headed HH are relatively less (9%) and predominantly without children.
- 57% of the HH includes children. 42% are female headed, mostly single mothers.

- 34% of the HH are single-person HH, mirroring the Slovenian national average (34%).⁶
- 7% of HH reported a member with a disability and 17% an older refugee (aged 60+).

Household heads by gender and family type



Graph 2. Distribution of HH by gender of adults (%)

Refugee HH come from different regions of Ukraine affected by the conflict, mainly the capital Kyiv and the surrounding region (25%) and the regions of Donetsk (14%), Kharkiv (13%) and Kherson (7%).

Most HH left Ukraine over one year ago (91%) and 5% in the past six months, compared to the time of the interview (December 2023). The average time of stay in Slovenia is one year and six months.⁷

The interviews were conducted throughout Slovenia, primarily in the respondents'

⁴ Out of the TP statuses granted in Slovenia (10,165) as of the end of 2023, 49% are adult women (5,015) and 31% children (3,192).

⁵ Bulgaria, Czechia and Hungary are at 2.1, Slovakia at 2.2, regional average and Moldova at 2.3, Poland at 2.4 and Romania at 2.8.

⁶ Republic of Slovenia, Statistical Office ([Families and Households \(stat.si\)](https://stat.si)).

⁷ 4% 9 to 6 months ago (October to December 2023) and 4% up to 9 months ago (June – September 2023).

municipalities of residence. Three-quarters of the respondents (75%) reside in urban areas, while a quarter (25%) live in rural areas.

Among the respondents, all of whom hold Ukrainian citizenship, 91% self-identify as Ukrainian, 5% as Russian, and 4% as mixed (Ukrainian – Russian, Romani, Moldovan, and others). HH languages are Ukrainian and Russian equally (43%), followed by mainly Ukrainian (33%) and mainly Russian (23%).

Main languages spoken in households



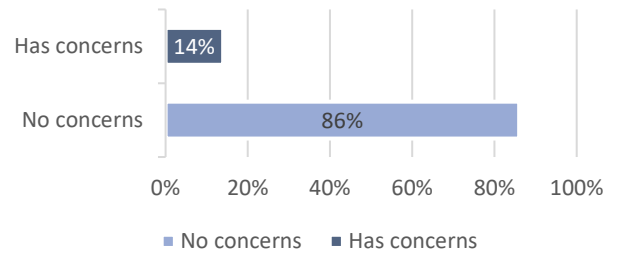
Graph 3. % of HH by main language spoken

SOCIAL INCLUSION.

Status and civil documentation. Nearly all respondents report having an identification document, such as a national passport, ID, or birth certificate (99%). Additionally, the vast majority (98%) of the refugee HH have a TP status in Slovenia (0.5% reported a subsidiary protection status, whereas 1.5% chose not to disclose their status in the country). 91% of the newborn children are registered with either the Slovenian or Ukrainian authorities.⁸

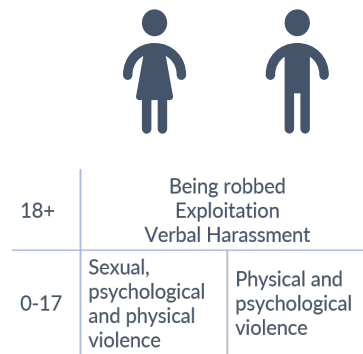
General Protection. Most respondents have expressed that they feel generally safe in their residential areas (93%)⁹ and did not indicate perceived protection risks (86%) in their living environments. Those who perceive protection

Households reporting protection concerns (perceived)



risks (14%), reported them as follows: for girls (26%), boys (15%), women (11%) and men (6%).¹⁰

Top perceived protection concerns



Graph 4. % of HH with perceived protection concerns. Graphs 5. Top protection concerns by age/gender.

The most common risks perceived by the respondents for women are robbery, exploitation, and verbal harassment, while for boys, risks are associated with physical and psychological violence and psychosocial well-being. Girls are perceived to be most at risk of sexual, psychological, and physical violence.¹¹

The survey results highlight different levels of awareness about general protection support services available locally in case of violence. The

⁸ To UNHCR knowledge, refugee children born in Slovenia have automatic access to birth registration at the hospitals, free of charge.

⁹ 72% feeling very safe and 21% fairly safe. However, a percentage reported feeling a bit unsafe (6%) or very unsafe (1%).

¹⁰ It should be noted that the question on perceived security and safety concerns was not answered half of the time (53%), particularly about men (73% non-response rate), girls (69%), and boys (61%), and less about women (9%)

¹¹ For each demographic category three of the most frequently mentioned risks are entered.

highest level of awareness at 50% is for legal services, followed by state social services for families at 49%, while awareness of specialized psychosocial support services (14%) is low.

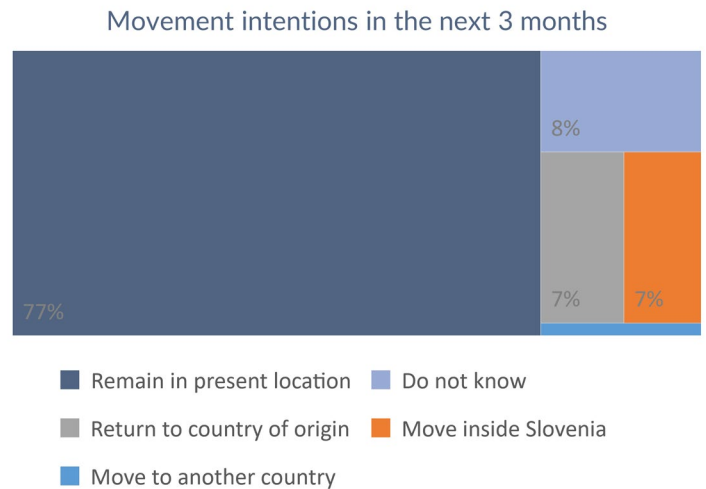
Child Protection and Gender-Based Violence (GBV). 86% of the respondents are aware of GBV services available in their neighbourhood, mostly health services, followed by safety and security services (police and safe houses;), legal services and lawyers, psychosocial services, and helplines. 97% of the respondents are aware of child protection services available in their neighbourhood, mostly police, government social services, helplines, and NGOs.



Peaceful coexistence. The data reveals that since their arrival in Slovenia, 17% of respondents (or their HH members) have experienced some form of hostility. This primarily comprised verbal aggression (53%) and negative comments on social media (28%). According to the respondents, the main triggers for such behaviours are related to being refugees (81%) and cultural differences (25%), while perceived competition over jobs, housing, and services scored relatively low (2%). According to the regional MSNA findings, the frequency of such incidents is lower in Slovenia compared to most of the other countries in the area.¹²

Intentions. Most Ukrainian refugees residing in Slovenia intend to stay in the country, indicating their perception of Slovenia as a safe and

welcoming environment. Specifically, 84% of the refugees plan to remain in Slovenia for the coming 3 months (at the time of the assessment). Of those, 77% intend to stay in their existing location, while 7% are contemplating relocation within the country. 9% of the refugees have plans to move out of Slovenia in the same period: 8% are considering returning to Ukraine, while 1% are considering migration to another country. A small portion (8%) of the refugee population indicated that they were undecided; however the share is higher than in other countries: Czechia 3%, Slovakia 0%, Romania 1%, Poland 1% as per UNHCR intention survey).



Graph 6. % of HH by movement intentions (next 3 months).

Feedback mechanisms and assistance received. The data indicates a high level of satisfaction among HH who reported receiving humanitarian aid in the three months prior to the survey. Specifically, 92% of these HH expressed satisfaction with the aid received.¹³

¹² Regional MSNA comparison (2023): Czechia (35%), Poland (31%), Slovakia and Romania (28% each). Levels of hostile behaviours experienced by refugees from Ukraine in Slovenia are comparable with Bulgaria (18%) and higher than Hungary (12%) and Moldova (8%).

¹³ The 8% of dissatisfied respondents expressed dissatisfaction primarily with cash assistance (as reported by 5 respondents), government social protection assistance (3 respondents), and five respondents did not specify. Five respondents reported that their feedback or complaints did not result in any changes, suggesting a need for improved communication and responsiveness from aid providers. Three respondents felt the assistance provided was insufficient, not useful, or of poor quality. Additionally, three respondents reported experiencing disrespect in their interactions with aid providers. Three respondents also indicated language barriers.



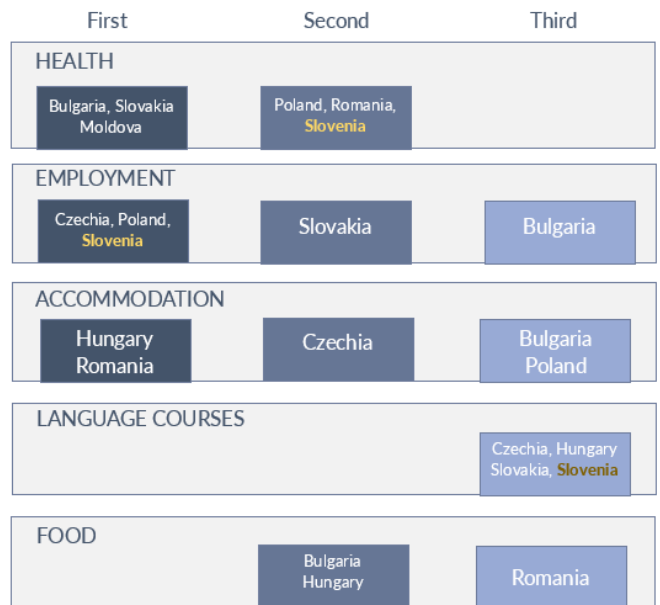
Additionally, 92% of the respondents expressed satisfaction with the aid providers' and staff's behaviours and attitudes. Most respondents (96%) reported having access to safe and confidential reporting channels to obtain information, seek assistance, or report issues (including sensitive issues). 88% felt that they received appropriate responses through the reporting channels such as hotlines, community centers, and community volunteers. The preferred channels to provide feedbacks about the quality, quantity and appropriateness of aid are social media (48%), e-mail (24%), online forms (22%), face-to-face (20%), and by phone (13%).

Access to information. In general, respondents reported having access to information they need, including on rights and entitlements and services (88%). However, 22% reported challenges, including (multiple choice question, MCQ) not knowing where to look for information (58%), language barriers (58%) and lack of trust, with 33% of respondents expressing uncertainty about which information sources to trust. The data indicates that refugees have a preference for receiving information via social media (MCQ). Specifically, 65% of HH preferred Facebook, 52% favoured Telegram as their communication channels. These platforms are considered as the most effective ways to disseminate information

about available services in their local communities.

Priority Needs. Support for employment emerged as the most frequently reported priority need of the HH (MCQ), cited by almost half of the respondents (49%), followed by access to healthcare services (40%), and language courses (29%). The importance given to employment and language indicates the efforts made by refugees to integrate into Slovenia and maximize their chance for self-reliance and reduce their dependency from aid. There is no significant difference between the needs reported by HH type, although medical (health and medicines) and accommodation needs are more pressing for HH with refugees above 60 years of

Top Priority Needs

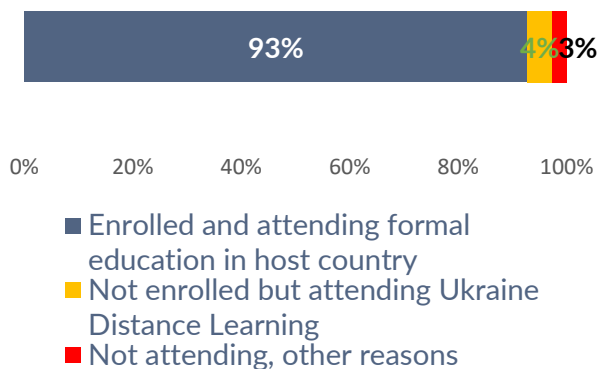


age.

Graph 7: Three priority needs in Slovenia as compared to other MSNA countries

EDUCATION.

In Slovenia, compulsory education begins at the age of six and ends at the age of 14.¹⁴ Refugee children receive comprehensive educational support. TP students can attend additional Slovenian language classes. Various support measures, such as extra classes, study aids, and tailored teaching methods, are provided alongside their primary education. They can also adjust their grade during the school year. Free meals, transportation, and textbooks are provided to primary students, funded by the [Textbook National Fund](#). Secondary students receive free meals and can attend a free intensive Slovenian language course, with up to 70 extra language class hours. They can also tailor a personal education plan to their specific needs.¹⁵



Graph 8. % of school children enrolled in the 2023/24 school year (n = 111).

Data from the MSNA show that 93% of the children of school age (6-18) are currently enrolled and attending schools in Slovenia.¹⁶ 17 4% are exclusively enrolled in distance learning in Ukraine and 3% are out of school.¹⁸ A significant percentage of refugee children in Slovenian schools are also participating in online education from Ukraine (79%). This dual enrolment presents a considerable challenge for students, potentially affecting their school performance, attendance, and overall educational continuity.

36% of the school-aged children reportedly experienced bullying and forms of peer violence in schools in Slovenia, mostly in primary schools (38%; 27% in secondary school). The types of peer violence reported include ridicule (73%), fear of physical harm (58%), exclusion (58%), threats from a schoolmate (55%), fear of schoolmates (40%), and being forced to do something unwillingly (25%). Most respondents who had experienced bullying stated these incidents occurred a few times, while a small number of respondents reported almost daily cases of bullying (threats, ridicule, fear of peers, exclusion).

¹⁴ More about the educational system in Slovenia: [Slovenia | Education at a Glance 2022 : OECD Indicators | OECD iLibrary \(oecd-ilibrary.org\)](#).

¹⁵ Ministry of Education, Slovenia

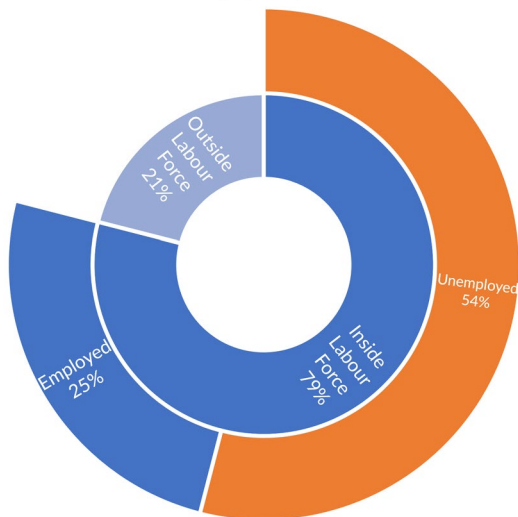
¹⁶ According to the Ministry of Education (upon request by UNHCR), as of October 2023, 1,224 children from Ukraine with TP status were enrolled in education in Slovenia, mainly in primary schools (71%), kindergarten (18%), and secondary schools (10%). However enrollment rate out of the official statistics is not available, as the total TP population currently in the country is not known (in fact TP statistics refer only to cumulative application since the beginning of the crisis and not all those who have been granted with TP status are still in the country).

¹⁷ Out of the HH children, 60% are in the mandatory age bracket (6-14), and 19% are aged between 15 and 18 (secondary school bracket).

¹⁸ Out of the HH children, 60% are in the mandatory age bracket (6-14), and 19% are aged between 15 and 18 (secondary school bracket).

ECONOMIC INCLUSION.¹⁹

Labour Force Participation
(out of working age population 15-64)



Graph 9. Labour force participation. (in and out, employed / unemployed)

Employment. Employment is a critical factor for the successful integration of adult refugees in the host country, and in the case of respondents, the employment rate has been heavily affected by the war and the displacement. MSNA results indicate that prior to the escalation of the crisis in Ukraine in February 2022, 82% of HH members of working age currently in Slovenia (18 to 64 years old) held employment in Ukraine. They were predominantly employed in sectors such as information and communication (13%), transportation and warehousing (8%), education

(5%), and manufacturing (5%). A smaller percentage were self-employed or worked in a family business or farm. Among this working-age group, 76% have achieved an education level of at least a bachelor's degree.

The conflict and subsequent displacement have significantly impacted refugees' employment status and opportunities: only 25% of the working-age HH members respondents were employed in Slovenia at the time of the survey. This figure is notably low in comparison to other countries, as per regional MSNA results (56% as an average) and as compared to Slovenian nationals, as per national statistics (78%).²⁰ Those employed refugees work an average of 35 hours per week, particularly in the manufacturing sector, followed by the information and communication sector and various other industries, including e-commerce, HR, and seasonal jobs. Most (92%) confirmed they are employed through valid contracts.²¹

Unemployment. The data indicates a significant rise in the unemployment rate among HH members surveyed, increasing from 3% before leaving their home country to 54% after reaching their host country. This increase is particularly striking when compared to the unemployment rate in Slovenia in the first quarter of 2023, which was only 3.4%.²²

¹⁹ The definitions of the key employment vocabulary are based on the core ILO Labor Force Survey (LFS) questions. **Unemployment:** # of working-age who were not employed during the past week (as per the definition above), who looked for a paid job or tried to start a business in the past four weeks, and who are available to start working within the next two weeks if ever a job or business opportunity becomes available. **Employment:** Employment includes individuals of working age who have engaged in income-generating activities in the past week. This encompasses formal employment, self-employment, agricultural/fishing work, diverse income generation, temporary absence from paid roles, and unpaid contributions to family businesses. **Outside labour force:** # working-age individuals (who were not employed during the past week, and who either cannot start working within the next two weeks if a job or business opportunity becomes available, or did not look for a paid job or did not try to start a business in the past four weeks. **Inside labour force:** Employed and Unemployed

²⁰ Inclusion in labour market rate is calculated for age group 20 to 64. See: [Poročilo o razvoju 2024 \(gov.si\)](#). Higher employment rates among refugees from Ukraine were also reported in [OECD study \(2023\)](#), ranging from around 25% in Germany to 50% in Lithuania.

²¹ This indicator might be affected by a response bias, as respondents might provide inaccurate responses to present themselves in a better light or in conformity with legal requirements.

²² <https://www.stat.si/StatWeb/en/Field/Index/3>. The unemployment rate is, according to Eurostat methodology, calculated for the age group 15 to 74.

The transition to unemployment has affected women more than men: only 24% of women who were employed before leaving Ukraine remained employed at the time of the interview, compared to 41% of men. 75% of those who are unemployed/seeking employment have a bachelor's degree or above.

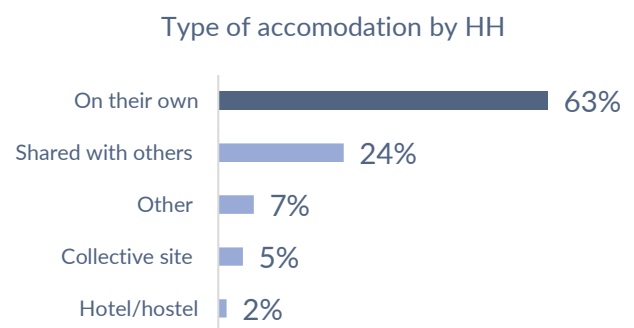
According to the research results, several reasons inhibit employment opportunities among those seeking employment including lack of local language knowledge (55%), inadequate employment opportunities aligned with their skills (37%), and lack of decent opportunities (low salaries, working hours, informal work; 17%).

When considering possible solutions to the high unemployment rate among refugees in Slovenia, especially in rural areas, additional consideration should be given to the fact that public transportation is limited and that only 41% of the HH reported owning a car during the time of the interview. Two out of ten HHs without a car were living in rural areas, which are, in the case of Slovenia, often poorly connected with public transport options.

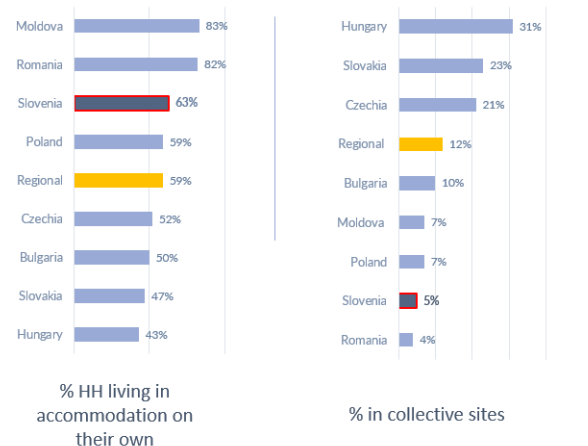
Labour force. 21% of HH work-aged members are not part of the labour force, indicating that they are either unable or unwilling to work if a job was made available for them. These individuals typically depend on HH savings and other forms of support during displacement. Given the HH profile, particularly with a high number of single mothers with children, it is implied that childcare demands often prevent parents from seeking employment, even when they're capable of working.

HOUSING.

The MSNA results for TP holders and Ukrainians with subsidiary protection show that approximately 9 out of 10 refugee HH (87%) are living in private accommodation, either shared (24%) or on their own (63%), only 5% in collective sites and 2% in hotel/hostels.²³ The data is in line with the government statistics on accommodation arrangements of TP holders.²⁴



Graph 10: Type of accommodation by HH (N=192)

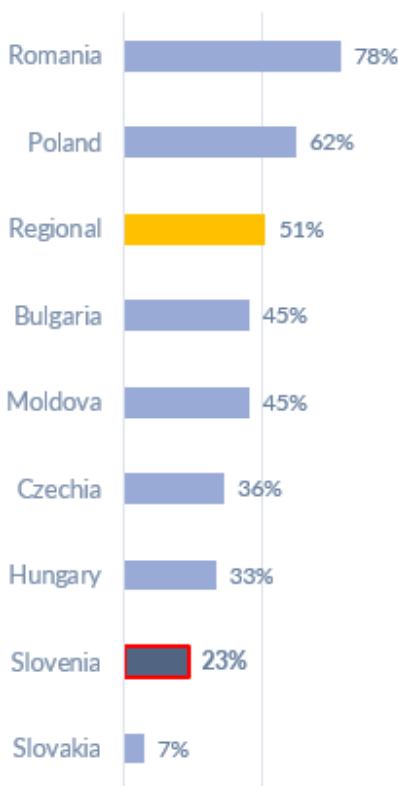


Graph 11-12: Regional comparison of HH in private and collective accommodation arrangements.

²³ 7% reported living in other not specified arrangements.

²⁴ Government data shows that by the end of 2023, 95% TP holders were accommodated in private accommodation for which they could receive a subsidy, while 2% in collective facilities, almost 2% in private flats owned by the state and available free of charge, while less than 1% were accommodated in hotels or hostels. Data was obtained on request from the Government Office for the Support and Integration of Migrants.

The data shows that the percentage of refugees in private accommodation on their own in Slovenia is higher than the regional MSNA average (59% vs 63% in Slovenia). This compares with the lowest proportion found in Hungary (47%) and the highest in Moldova (83%). Additionally, comparative data reveals that the average proportion of refugees residing in collective centers is highest in Hungary (31%) and lowest in Romania (4%). This places Slovenia towards the lower end of the scale when it comes to hosting refugees in collective sites, with the regional average standing at 12%.



Graph 13. Regional comparison of the % of HH paying full payment for their accommodation.

Among the HH living in private accommodation,²⁵ 61% received a government subsidy for their accommodation, 12% reported that their accommodation was provided by the government or NGOs for free, and 2% were hosted by someone free of charge. Only, 23% were covering all accommodation costs (rent, HH bills) by themselves. This data is the second lowest percentage among the countries as per the regional MSNA comparison (51%).²⁶ 2% were staying with relatives or friends but needed to participate financially. For those covering the cost, the average rental is of 527 € per month. It is relevant to note, that real estate prices increased by up to 60% in period from 2019 to 2023²⁷, also affecting increase in the rental prices which increased by 20% in 2022.²⁸

The data shows that one in five HH (20%) reported problems with their current living arrangements. These issues were more common among refugees residing in private accommodations or hotels/hostels than in collective facilities. The most reported issues among refugees with their living conditions included the lack of separate showers and/or toilets, insufficient privacy, and inadequate cooking facilities or bedding. These are likely related to HH being forced to live in apartments with limited space and / or older buildings to limit the costs.

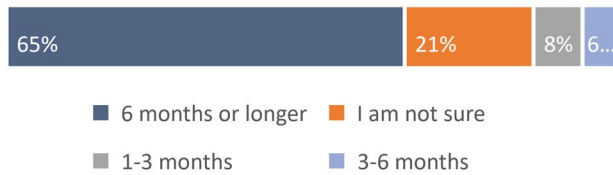
²⁵ Includes owned, shared, hotel/hostel.

²⁶ Only HH interviewed in Slovakia had a lower percentage (7%) of HH fully paying their own rent. However, Slovakia also had a higher proportion of HH living in collective facilities (20% in Slovakia vs. 5% in Slovenia).

²⁷ Ministry of Natural Resources and Spacial Planning (2023) Annual Report on Real Estate Market Trends [Letno porocilo za leto 2023.pdf \(gov.si\)](#)

²⁸ [Najemnine so se v letu 2022 podražile od 15 do 20 odstotkov | MLADINA.si](#)

How long do you believe you can stay at this accommodation?

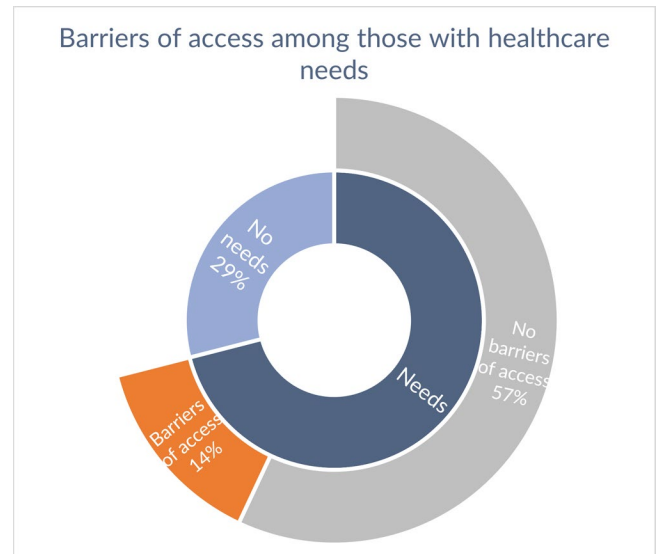


Graph 14. Security of tenure

Over half of the HH (65%) have secured their accommodation for a medium-term period (at least six months), while 14% have done so for less than six months and 21% were uncertain.²⁹ Notably, almost 5% of HH are experiencing pressure to vacate their current accommodations due to landlords revoking housing agreements or planning renovations.³⁰

HEALTH.

71% of HH reported members with health problems and need for healthcare in Slovenia;³¹ However, 15% faced difficulties in obtaining the necessary health services. This percentage of HH members with unmet healthcare needs is slightly above the regional average (11%).³² The reported challenges included issues with scheduling appointments, language barriers, and financial constraints.³³



Graph 15. % of HH with healthcare needs and reported barriers to healthcare access.

7% of HH reported having at least one member with a form of disability.³⁴ Disabilities are predominantly related to communication, cognitive conditions, seeing and walking.

Results indicate low response rate and also low awareness (3%) of reproductive health services among interviewed HH. Considering that every second refugee from Ukraine is a woman, the data is especially worrying and needs to be addressed. Moreover, 16% of HH reported that at least one woman in their HH has barriers to accessing sexual and reproductive health services.

²⁹ Another 17% preferred not to answer the question

³⁰ Other factors contributing to the pressure to leave include expiring contracts, plans to leave the country, rising living costs, lack of employment opportunities, and conflicts with landlords or neighbours.

³¹ The question was asked for the month preceding the survey (or since arrival if that period was shorter).

³² Bulgaria 22%, Czechia 8%, Hungary 12%, Moldova 8%, Poland 10%, Romania 27%, Slovakia 18%. [UNHCR Navigating Health and Well Being Challenges for Refugees from Ukraine](#), May 2024.

³³ Health care rights of TP holders in Slovenia are defined by Article 27 of the Slovenian TP Act. **Primary/Basic Health Care:** TP holders, who do not have compulsory health insurance coverage, are entitled to free primary health care. This includes urgent medical aid, treatment of chronic illnesses, specific specialized services that could lead to chronic illness or disability, reproductive health, and prescription medicine.

Specialized/Secondary Health Care: This form of care is also free, but it requires approval by the Health Care Commission. This commission is led by the Government Office for the Support and Integration of Migrants, which will cover the invoices for these services.

³⁴ Defined as level 3 and above, according to the [Washington Group questionnaire](#).



Reporting barriers of accessing sexual
and reproductive health services

Vaccination coverage among refugees from Ukraine is low and remains a concern regionally, as highlighted by [UNHCR Navigating Health and Well Being Challenges for Refugees from Ukraine](#) (May 2024). Using measles as a proxy for childhood vaccinations, 77% of children received at least one measles vaccine against a target of 89% coverage (as per [NIJZ 2023](#)). Similar trends are registered regionally. The research also revealed that 65% of children from the interviewed HH received at least one jab of polio vaccine.

One in five refugee HH members (20%) are experiencing mental health and psychosocial issues that affect their daily lives, with women being more affected than men. Among HH members experiencing mental health and psychosocial issues, 30% were children and 70% adults (of them 89% women, 11% men). 38% of the HH members with MHPSS issues reported requiring specialized mental health and psychosocial support. However, only one out of three (32%) of those needing assistance actually received it, primarily from psychotherapists and psychiatrists. The primary obstacles preventing individuals from seeking help include a lack of knowledge about where to find assistance, language barriers; also many did not try to access support and preferred to wait (procrastination).

CONCLUSIONS.

The MSNA's findings provide a comprehensive understanding of the challenges faced by Ukrainian refugees in Slovenia, highlight their obstacles in accessing essential services, and identify the priorities for an effective humanitarian response.

Respondents generally confirmed a positive experience with access to protection and status, education, housing, and social benefits. However, challenges remain in the broader inclusion process and in the full enjoyment of the socio-economic rights associated with the TP status.

The significant number of refugees who are unemployed but are looking for jobs implies a keen willingness to work. However, access to the Slovenian labour market is hindered by several challenges. These include language barriers and a lack of job offers that match their qualifications. Furthermore, an important share of unemployed refugees consists of single mothers, underscoring the demand for suitable childcare alternatives.

The absence of a stable income from employment has significant repercussions on the financial stability of refugee families. Most are dependent on government financial aid and free housing. Should subsidies be revised and refugees required to cover the accommodation costs, it would further harm their financial resilience. This could push families further below the poverty threshold, lead to harmful coping mechanisms, increase their protection risks, and potentially cause further movements or dangerous returns to Ukraine. Also, while most refugees live in private accommodations, their housing tenure remains rather unstable for the near future. This highlights a need for programs that provide more secure and long-term housing

options. Thus, the continuation of rental subsidies, financial support, and the expansion of affordable housing offerings for TP remains an important plug of the refugee response in Slovenia.

While an encouraging number of children attend Slovenian schools, many are also participating in online education. This poses a double burden and, in the long run, can negatively impact their academic performance. Additionally, school bullying is a significant concern and jeopardizes school enrolment and participation. Bullying adds to the need for specialized MHPSS support for refugees who experience stressors from the war, ongoing conflict, and disruption of friends and family ties.

Based on the findings, the following recommendations are proposed to enhance the effectiveness of the refugee response and further promote the socio-economic inclusion of refugees in Slovenia:

1. Enhance support for vulnerable refugees, ensuring that social safety nets are available to all vulnerable groups with a focus on refugees with disabilities, older individuals, refugees with chronic medical conditions, children, and female-led HH. As a transition measure, **complement state-provided social protection schemes** with additional humanitarian support for vulnerable refugees and enhance the accessibility of specialized services by ensuring the **availability of interpreters** also by involving cultural mediators from the refugee community and refugee-led organizations.

2. Expand access to decent employment for refugees, with key gender considerations. Develop and implement specialized programs for safe and practical access to employment for refugees, particularly focusing on groups such as women, single-headed HH and HH with multiple

dependents (eg. children, older persons, youth and members with disability). Initiatives should focus on 1) Strengthen the availability of information about employment opportunities in relevant languages to aid refugees in their search for employment; 2) Facilitate and enhance connections between companies and refugee job-seekers, eg. by developing Refugee Employment Platforms and organizing Job Fairs; 3) In coordination with government departments, enterprises, and higher education institutions ease access and expand the offer of skills training, vocational programs, and consider career guidance, skill training, and job opportunities. 3) Further explore and address gender barriers to employment, including the provision of daycare facilities for refugee children; 4) Support initiatives favoring improved access to employment sites, in particular for individuals living in isolated areas to overcome transportation issues, or plan for assistance with private transportation means; 5) Expand government programs to minimize potential risks such as labor exploitation and human trafficking.

3. Increase language support programs. Recognizing that language barriers significantly hinder access to rights and services and hamper meaningful inclusion of refugees, efforts should be made to expand quality language support services, including language training for adults, interpreters in healthcare settings, language assistance programs in schools, and translation of documentation and certificates.

4. Expand and diversify information channels. To ease access to protection and services, it is important to disseminate reliable and updated information through multiple channels and languages to refugees with a focus on TP status, associated rights, changing benefit entitlements, access to essential services, including referral systems for children and GBV survivors, daycare options for children, MHPSS support and for

sexual and reproductive health. Multiple communication channels in Ukrainian and Russian, especially through favoured platforms such as Facebook and Telegram, should be actively utilized by all actors to bridge information gaps. Information should also be made accessible for older refugees, not necessarily familiar with social media channels and alternative channels for refugees with disabilities who might face challenges accessing existing mechanisms.

5. Further support school attendance of refugee children in local schools, with a joint partnership between education departments, school institutions, and parents to promote continuity of in person learning over online education. Initiative should be supplemented by targeted programs for students facing bullying, mental health challenges or post-traumatic stress disorder targeting students, school staff and parents. Involving refugee community members in national schools as teaching support assistants could foster trust and enhance access to education. It is important to keep refugees informed about education recognition and the possibilities for continuing education, in particular secondary and higher education.

6. Promote sustainable housing arrangements and expand the offer of affordable housing options for refugees. To ensure sustainable housing for refugees, it is important to maintain government support for private accommodation arrangements while simultaneously expanding refugees' access to the labour market³⁵ for those refugees who are able to work. This will boost financial resilience and reduce dependency on aid. Measures should be taken to address barriers to individual

housing, such as cost, and to increase the availability of affordable housing. Special attention should be given to families facing privacy and overcrowding issues. Additionally, initiatives promoting access to suitable housing options for those currently living in collective sites should be prioritized.

7. Strengthen access to and awareness of healthcare in Slovenia. Healthcare has been listed among the top three needs of refugees in Slovenia; it remains a pressing issue especially for HH with members with chronic medical conditions, older refugees and refugees with disability. Acknowledging challenges stemming from the lack of information on the health system in Slovenia among TP holders and the financial burdens that costs not covered by the insurance scheme pose to refugee families, it is important to strengthen awareness campaigns among refugees on the right to free care; also, implementing financial aid programs, and launching initiatives to enhance the accessibility of specialized medical services.

8. Promote peaceful coexistence in communities. The welcoming attitude of communities hosting refugees is being affected by the prolongation of the displacement and the straining resources of volunteers, local civil societies, and host communities get stretched. To foster a continued welcoming environment, it's crucial to involve municipalities, businesses, and local communities, and to highlight the positive contributions that refugees make to society. Media, communication, and education can be instrumental in promoting peaceful coexistence and in curbing negative perceptions towards refugees.

³⁵ This is in line with regional recommendations by UNHCR on housing support and economic resilience of refugees in Europe: [Helping Hands The Role Of Housing Support And Employment Facilitation In Economic Vulnerability Of Refugees From Ukraine](#) (April 2024).