Regional Refugee Response for the Ukraine Situation

SLOVAKIA

SOCIO-ECONOMIC INSIGHTS SURVEY

Final Report | 2025

THE SEIS WAS CONDUCTED IN THE FRAMEWORK OF:

Regional Refugee Response for the Ukraine Situation

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

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

Implemented by – data collection:

UNHCR The UN Refugee Agency | IOM UN MIGRATION

Analysis conducted by:

UNHCR The UN Refugee Agency

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.

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COVER PHOTOGRAPH:

Žilina, Slovakia. Ukrainian children take part in a community activity combining sports and art. While some play volleyball, others draw under the guidance of Mária, a local artist. ©Nina Gubišová, People in Peril

List of Acronyms

AAP	Accountability to Affected People
AGD	Age Gender and Diversity
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
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
SEIS	Socio Economic Insights Survey
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
WFP	World Food Programme
WHO	World Health Organization

Geographic Classifications

Slovakia is divided into 8 administrative regions ("Kraje" in Slovak), representing the highest-level of local 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.

Executive Summary

Between 24 February 2022 and July 2025, more than 5.6 million refugees have reportedly fled Ukraine.[1] Among these, over 3.4 million people crossed the border from Ukraine into the Slovak Republic[2] (hereafter, Slovakia). Over 169,000 individuals have applied for Temporary Protection (TP) in Slovakia, with close to 134,000 TPs having been issued at the time of writing this report.[3] The majority of those who have arrived and stayed in Slovakia are women (49%) and children (31%), in addition to older people, including persons with disabilities, all of whom face specific challenges and vulnerabilities resulting in a continued need for assistance and support. In addition, given the unpredictable situation in Ukraine, it is estimated that population movements will continue throughout 2025 and 2026, and that new arrivals of Ukrainians seeking safety and protection in Slovakia will join those who have arrived earlier in the country.

To ensure a well-informed and effective humanitarian response, comprehensive and reliable data is essential for planning, implementing, and evaluating programs. In this context, the Slovakia Refugee Coordination Forum (RCF), in collaboration with other stakeholders involved in the refugee response in Slovakia and across the region, conducted the 2025 Slovakia Socio-Economic Insights Survey (SEIS).

The SEIS is a collaborative, inter-agency initiative designed to identify the most urgent needs of the refugees coming from Ukraine[4] across key sectors, including protection, health, education, accommodation, and livelihoods. It aligns with the objectives of the Regional Refugee Response Plan (RRP) for the Ukrainian refugee situation and specifically supports Slovakia's inter-agency RRP, led by UNHCR. In Slovakia, the RRP complements government-led efforts and builds on the coordinated work of humanitarian organizations, volunteer groups, and local responders.

The 2025 SEIS exercise in Slovakia was led by the UNHCR Office in Slovakia and it was developed and conducted by an inter-agency Task Team, with the participation of technical focal points from UNHCR, IOM, UNICEF, and WHO. The Team served as an advisory group to ensure the inter-agency and multi-sectoral character of the SEIS 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 Groups,[5] and other relevant actors.

The assessment was implemented between May and July 2025, following a quantitative approach that reached 388 households (HHs) across the country, representing a total of 843 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.

This final report serves as a strategic tool to guide humanitarian interventions in Slovakia throughout 2026, informing the work of partners and stakeholders. It supports a more targeted and prioritized response and reflects the Grand Bargain commitments to improved harmonization and coordination of assessment efforts.

The report presents a comprehensive overview of the needs of Ukrainian refugees in Slovakia, with sectoral and sub-sectoral analysis, demographic breakdowns, and cross-cutting indicators, including accountability to affected people[6] (AAP).

[1] *UNHCR Data Portal: online*
[2] *UNHCR Slovakia Data Portal: online*
[3] *Official data provided by the Ministry of Interior: online*
[4] *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.*
[5] *Slovakia RCF structure: online*
[6] *AAP: online*

Results at a glance

DEMOGRAPHIC PROFILE

60% Female

40% Male

2.2 HH size

27% 0-17 years old

60% 18-59 years old

13% 60+ years old

TOP 3 PRIORITY NEEDS

Employment

Healthcare

Accommodation

PROTECTION

34% of HH reported not having any priority need

12% of HH reported being benefited by national social protection systems

EDUCATION

81% of school-age children were reported being enrolled in school in Slovakia [2024/25]

1% of youth (15-24 y.o.) reported being NEET (Not in Education, Employment or Training)

GENDER-BASED VIOLENCE

70% Of respondents reported being aware on accessing GBV services

CHILD PROTECTION

51% of HH with at least one child reported having concerns about serious risks faced by girls or boys

SOCIO-ECONOMIC INCLUSION & LIVELIHOODS

58% of working-age HH members reported being employed

91% of HH reported having bank account or account at a formal financial institution in Slovakia

ACCOMMODATION

90% of HH reported not having living condition issues in their current accommodation

17% of HH reported being uncertain on their short-terms accommodation plans

HEALTH

16% of respondents with health issues reporting being unable to obtain the needed health care

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT

23% of HH with at least one member who experienced mental health or psychosocial problems

Introduction

Background

Over three years have elapsed since the start of the war in Ukraine leading to a protracted displacement and humanitarian crisis. The response by refugee-hosting countries has generally involved efforts to accommodate those fleeing Ukraine, with many families and communities providing support and shelter. However, the sustainability of such support and the challenges faced by host communities remain important considerations. Despite these efforts, the situation in 2025 remains a source of deep concern, necessitating a continued and coordinated humanitarian response at the regional level.

The 2025-26 Regional Refugee Response Plan (RRP)[7] anticipates that newly displaced refugee movements into neighboring countries and beyond are expected to significantly decrease as compared to the first years of the response. This entails a smaller, yet still substantial, group of refugees arriving in, or moving through, RRP countries who will need initial reception assistance.

In 2024, UNHCR Slovakia, in collaboration with IOM, UNICEF and WHO, conducted the SEIS as planned under the 2024 Ukraine Refugee Response Plan (RRP). The assessment followed the regional approach and utilized a harmonized data analysis plan, methodological approach, and a common questionnaire. This effort ensured comparable results, facilitating a more informed and prioritized regional response. The insights from this 2024 SEIS were extensively referenced, serving as a valuable resource in the 2025-26 Ukraine Situation RRP document, and will be used as the baseline for measuring regional outcome indicators.

Recognizing the importance of understanding trends and changes in the dynamic situation, UNHCR, through the Inter-Agency Regional Response Plan (RRP) has decided to repeat the exercise in 2025 in all RRP countries, including Slovakia, which will follow a coordinated approach through the Interagency Team, establishing a common understanding of the situation of the refugees in the country.

The focus will be on utilizing a very similar questionnaire to the previous year, in order to have insights on evolving trends and changes in the situation. The intent is to maintain a comprehensive understanding of the evolving needs, allowing for a continued effective and targeted response.

Objectives

The SEIS is an essential interagency tool for planning and prioritization, decision making, and needs-based program designing. The main purpose of the SEIS is to support the RRP planning cycle process and to enable planning among key humanitarian actors through the provision of updated information on multi-sectoral needs and priorities of refugees from Ukraine. Results of the SEIS will be used by all stakeholders under the Regional Response (RRP) to understand the evolving situation, unpack risk and vulnerabilities, and to advocate for funding from donors.

For the 2025 Regional SEIS, the UNHCR's Regional Bureau for Europe and Inter-Agency partners aim to further harmonize the core components of the SEIS by using a single questionnaire for all countries. This is to allow better comparison across countries, without losing the trend comparison with 2023 & 2024 MSNA and SEIS surveys.

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

1. To provide a multisectoral and comparable overview/update of the needs, capacities, and vulnerability situation of refugees from Ukraine hosted in Slovakia, and to provide an evidence base to inform humanitarian planning and prioritization processes.
2. To ensure that the changing needs and vulnerabilities of different refugee groups are understood, including women, children, older people, people with disabilities, and others who may face additional risks and barriers.
3. To understand the drivers and severity of needs of the refugees from sector-specific and inter-sectoral perspectives. As a way forward for each sector to identify variations in need among

[7] *2025-26 Refugee Response Plan RRP: online*

population groups and geographical areas, and in order to inform response prioritization and strategic planning.

4. To ensure that the perspectives and preferences of refugees from Ukraine are reflected in the strategic and response planning.
5. To enhance targeting for the provision of assistance, by collecting sufficient evidence and data to better inform future data-driven targeting.
6. To improve the accuracy and completeness of comparable socio-economic indicators of refugees to support evidence-based policymaking and planning for inclusion.

Geographical coverage

The target population of the regional 2025 SEIS included all refugees from Ukraine who have been hosted / are residing in the countries under coverage at the time of the data collection. The assessment had a countrywide geographical coverage, with specific sub-national stratification decided in each country.

Methodology

The SEIS 2025 in Slovakia was implemented through a quantitative approach.

Primary data was collected through a structured multi-sectoral household survey. The survey was designed at the regional level, in consultation and cooperation between UNHCR and the inter-agency team in Slovakia. The face-to-face structured interviews included questions pertaining to both the individual and household level for all surveyed households. Data collection took place between 16 May and 30 June 2025. The population of interest included all households of refugees from Ukraine settled in Slovakia. Interviews were conducted in all eight regions of Slovakia, including the Bratislava region, which has been host to the country's largest refugee population. The geographical distribution of interviews was based on the sample methodology (see below). The main unit of measurement was a household, with specific indicators measured at the individual level by asking the respondent questions about each of the household members.

Appropriate measures were put in place to ensure the protection of personal data and guarantee confidentiality in all data collection and processing activities. The consent of all participants was requested and recorded, clearly indicating the purpose and expected use of the data.

Sampling design

The survey covered a total of 388 households, including 843 household members. 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 stratified into two main strata: Bratislava and the rest of the country. Within each of these, strata districts were randomly selected based on the approach described below:

- Bratislava: each district is classified into three density categories (high, medium and low). All 3 districts with high-density are selected, together with a random selection of 1 district with medium and 1 with low density. The sample in those selected districts is 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 are excluded (representing 1% of the target population), and the other 64 districts are classified into high, medium, and low density. All 10 high density districts are selected, together with a random selection of 6 out of 14 with medium and 4 out of 47 with low, for a total of 20 districts. The sample in those selected districts is distributed proportionally 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 400 and a maximum of 500 households, taking into account the minimum sample size required in random samples for estimates with a 95% level of confidence and a 5% margin of error (around 400 households).

Data collection

Quantitative data collection implemented by UNHCR and IOM 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 of 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 were 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 Policy[8] in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or HHs.

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 Action.[9] This included obtaining 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 SEIS enumerators were also trained on the humanitarian principles, protection, gender-based violence, Protection from Sexual Exploitation and Abuse (PSEA), respectful communication, and resilience to ensure the application of the “do no 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 logic checks, interview length, and outliers, which were flagged and addressed with the field teams.

Data analysis

A preliminary analysis was performed by the UNHCR, as per the Data Analysis Plan agreed at the inter-agency level, to facilitate initial interpretation sessions and inputs from the inter-agency Team. Software R was used for analysis. Weights were applied to adjust the sample distribution following the demographic profile of the available data on Temporary Protection holders.

In addition, the preliminary results were shared with key stakeholders and sector specialists to obtain insights and guidance from experts 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 insights and interpretations provided by the specialists in each of the sectors assessed.

Limitations

Representativeness and margin of error: given the lack of a 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. This was done to ensure geographical representativeness, combined with a non-probabilistic selection of HHs in the last stage (convenience sampling), which could have introduced bias and prevented the calculation of the final margin of error of the sample. While results cannot necessarily be extrapolated to all refugees from

[8] *UNHCR Data Protection Policy: online*

[9] *IASC Operational Guidance on Data Responsibility in Humanitarian action: online*

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 consumption, irregular work, need for mental health and psychosocial support) thus impacting accordingly the outcome of the survey.

Timing of assessment: since data collection was conducted between May and June 2025, findings should be interpreted as a snapshot of the situation of refugees at that point in time.

Findings

This section presents the demographic characteristics of the 388 individuals who responded on behalf of their households, focusing on gender, age, and vulnerability. These respondents reflect the core demographic composition of the households included in the assessment.

All interviews were conducted with adults, of whom 70% were female and 30% male. The most represented age group among respondents was 35–59 years, accounting for 65% of the total. The average age of respondents at the national level was 43 years.

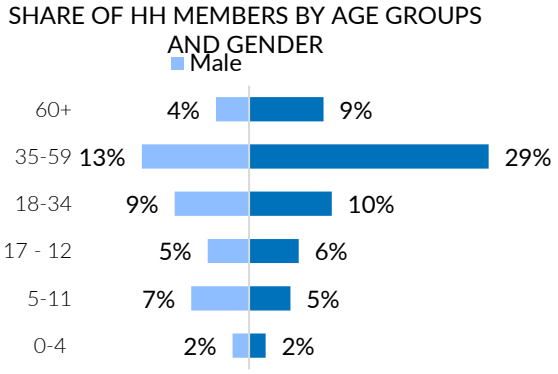
Most HHs reported coming from the eastern part of the country, particularly Kharkivska Oblast (16%), Dnipropetrovska Oblast (11%), and Donetska Oblast (7%). Additionally, 16% of respondents reported being originally from Kyiv city and Kyivska Oblast combined. Regarding the length of stay in the country, respondents reported having spent on average, more than two and a half years in the country as of the date of data collection.

Household profiles

Respondents provided detailed information about each individual member of their household, resulting in data on a total of 843 individuals across the 388 households surveyed. The average household size was 2.2 persons, indicating a slight increase from last year's figure of 2.09. In terms of residence, the vast majority of households (91%) reported living in urban areas, with the remaining portion situated in rural locations.

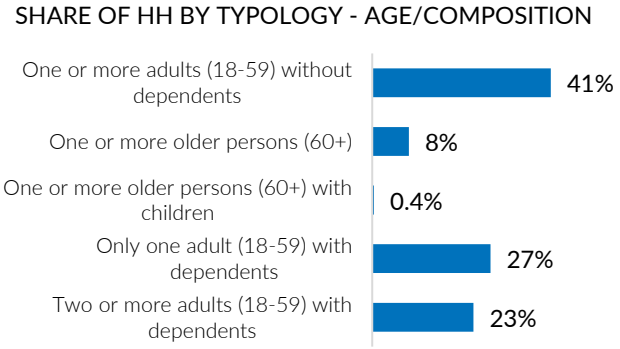
Women represented 60% of all household members. Consistent with the respondent-level data, the most represented demographic among household members was 35 to 59 years old, who accounted for 42% of all members. This group was followed by individuals aged 18 to 34, comprising 19% of the population. Children under the age of 18 made up 27% of household members. At the individual level, the average age of household members was reported to be 35 years.

Respondent profile



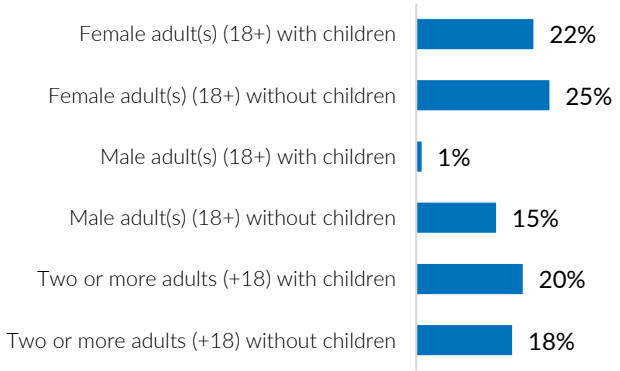
Regarding the household composition, a total of 51% of households were reported as female-headed. Additionally, 43% of households included at least one child under the age of 18, while 23% had at least one member aged 60 or older.

The most common household typology, based on the age of adults and the presence of dependents (children aged 0 to 17 or older household members aged 60 and above), consisted of one or more adults aged 18 to 59 without dependents, representing 41% of households. In comparison, 27% of households were composed of a single adult aged 18 to 59 with dependents and 23% HHs being two or more adults with dependents. Additionally, 8% of respondents reported residing in households composed of one or more older persons.



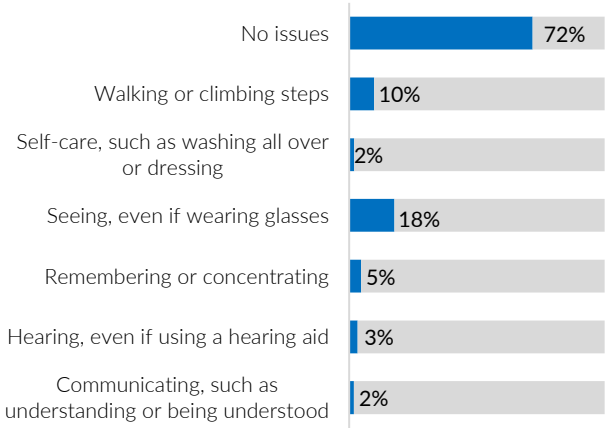
When categorized by gender and parental roles, 51% of households were single-headed by female adults, 19% were male single-headed households, while 29% of households were co-headed by mixed genders. The graphic below presents additional information on household composition, including the presence of children.

SHARE OF HH BY TYPOLOGY - GENDER/COMPOSITION



Following the Washington Group Short Set (WG-SS)[10] of questions, proxy respondents were asked to report on functional difficulties among household members, including challenges related to vision, hearing, mobility, cognition, self-care, and communication. Overall, 9% of household members (over 5 years old) were reported to have a disability level of 3 or above[11], indicating "a lot of difficulty" or "cannot do at all". This represents 16% of HHs, with at least one member with this level of disability. The most reported type of difficulty was related to vision, followed by mobility. However, the highest levels of severity ("a lot of difficulty" or "cannot do at all") were most frequently associated with difficulties in self-care, communication, and cognition.

SHARE OF HH MEMBERS WITH DISABILITIES PER DIFFICULTY



Priority Needs

At the time of the interview, approximately 66% of households reported having priority needs—a decline of 8 percentage points compared to the previous year's figure of 74%. Gender differences were evident, with 70% of female respondents indicating priority needs, compared to 57% of male respondents.

An upward trend in reported needs was observed across age groups. Among respondents aged 18–34, 56% reported having needs, increasing to 68% among those aged 35–59, and reaching 73% among individuals aged 60 and above.

Analysis of household composition reveals that single-adult households with dependents were particularly likely to report priority needs, with 79% indicating at least one. Households that included older persons also showed elevated vulnerability, with 76% reporting at least one pressing need. Notably, female-headed households with children reported the highest level of needs, with 85% identifying at least one priority concern.

The presence of a household member with a disability further intensified reported needs. Among these households, 93% reported having at least one priority need, compared to 61% of households without a member with a disability—highlighting the significant impact of disability on household vulnerability.

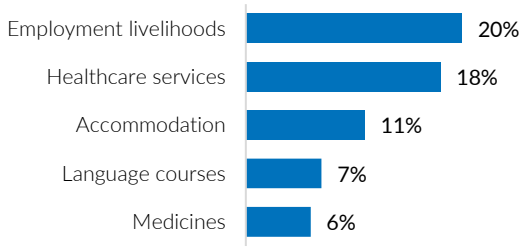
Among households that identified priority needs, a fifth (20%) cited employment and livelihoods as their main concern. Healthcare service needs were reported by 18%, while 11% expressed concerns about accommodation. This marks a shift from the 2024 findings, when the top three needs were accommodation, food, and employment.

[10] *Washington Group Short Set of questions: https://www.washingtongroup-disability.com/question-sets/*

[11] *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".*

SHARE OF HH PER NEEDS

SHARE OF HH PER PRIORITY NEED [MCQ]

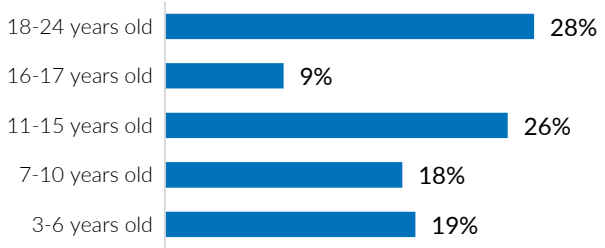


Differences in priority needs were observed across age groups. Respondents aged 60 and above most frequently identified healthcare and access to medicines as their primary concerns. For those aged 35–59, employment and livelihood opportunities emerged as the top priority. Respondents under the age of 34 reported a balanced distribution of needs, with healthcare services, accommodation, with employment remaining as their main priority need.

Education

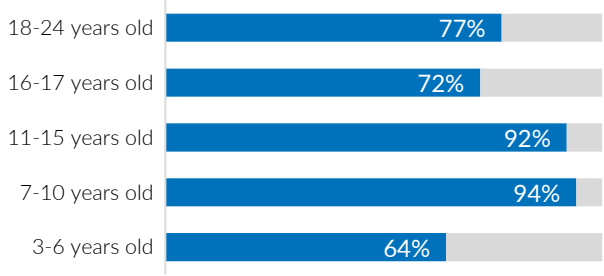
Out of the total sample interviewed, 43% of households reported having at least one child under the age of 18. Children aged 0 to 17 made up 27% of all household members, while 20% identified as school-aged children between 6 and 17 years old. The graphic below presents additional information on the distribution of HH members aged 3 to 24.

SHARE OF HH MEMBERS BY AGE GROUPS [3-24 years old]



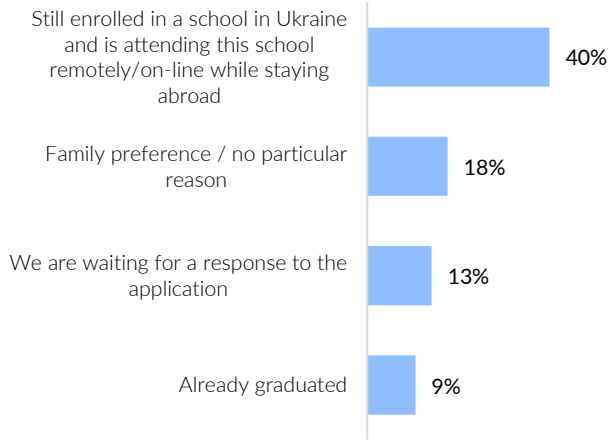
According to SEIS data for the 2024/25 academic year, 81% of school-aged children (6–17 years old) were reported to be attending school in Slovakia. The remaining 19% were not enrolled in the Slovak education system. Gender-disaggregated analysis indicates that school attendance was higher among female household members (83%) than among male members (79%). A similar analysis by age indicates lower school attendance among school-aged children aged 16-17.

SHARE OF HH MEMBERS REPORTED SCHOOL ATTENDACEN BY AGE GROUPS [3-24 years old]



The most commonly reported barrier to school attendance (40%) was participation in distance learning while remaining enrolled in schools in Ukraine. This marks a shift from the previous academic year, when 58% of non-enrolled children were reported to be participating in distance learning. Additionally, less frequent reasons included children having already completed their education, awaiting responses to their applications, and facing language barriers.

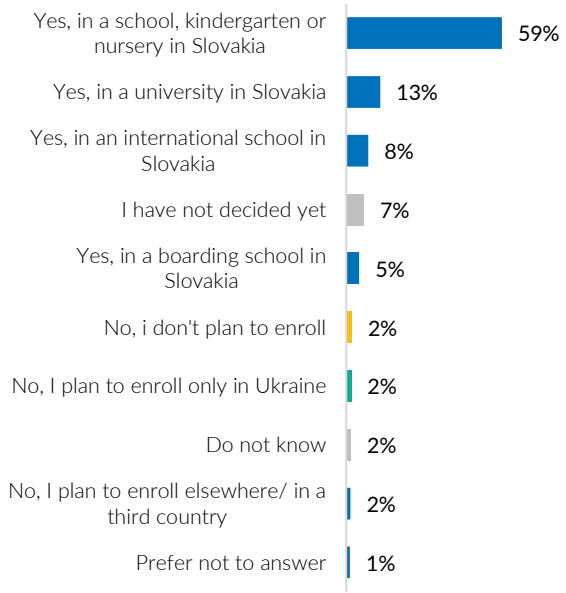
SHARE OF BARRIERS TO SCHOOL ATTENDANCE [MCQ]



In the 2024/2025 academic year, 25% of school-aged children were reported to be participating in remote or online learning. This marks a notable decrease compared to the previous year, when approximately 42% of children engaged in distance education. A gender-based analysis shows that remote learning was more common among female students (30%) than male students (21%). Age-disaggregated data reveals that older children, particularly those aged 16–17, reported the highest attendance in remote learning, with 47% of this age group studying online. The most reported form of online learning involved children being enrolled in a Slovak school while studying only the condensed Ukrainian curriculum remotely from abroad. The second most frequently used approach was participation in the All-Ukrainian Online School platform.

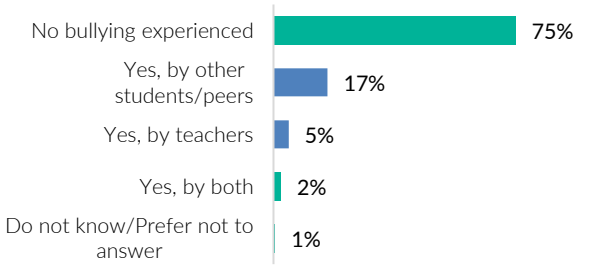
Looking ahead to 2025/2026, the SEIS analysis indicated that approximately 76% of households intend to enroll their children of school age in the Slovak national education system, including at university level. A further 8% intend to attend international schools. A small number of families were either undecided or had no plans for school enrollment – which is a matter of concern, as school attendance will become compulsory for refugee children of school age under Temporary Protection (TP) status from September 2025 onwards.

SHARE OF SCHOOL-AGE CHILDREN REPORTED ENROLMENT INTENTION IN EDUCATION SYSTEM FOR THE NEXT ACADEMIC YEAR 2025-26



The survey also explored experiences of bullying in schools. Findings show that 21% of school-aged children reported having encountered such behavior from either students or teachers. Notably, among these cases, 5% specifically reported bullying by teachers. This remains a significant concern and highlights the need for continued attention to the social and emotional well-being of children in educational settings.

SHARE OF CHILDREN REPORTED HAVING EXPERIENCING BULLYING AT SCHOOL



➔ Insights from experts on education:

While enrollment of refugee children in Slovak schools has increased in recent years, many remain outside the national education system. Data shows that older children—particularly those aged 15-17—have been facing specific challenges in transitioning to Slovak secondary schools due to language barriers, selective admission procedures, limited school capacities, and differences between the Slovak and Ukrainian education systems. Children aged 15-17 are therefore among the most at risk of exclusion, with many relying on online or distance learning, or remaining completely outside any form of learning. The long-term risks are clear: prolonged absence from school can deepen social isolation, widen learning gaps, and hinder integration. With school attendance becoming compulsory for refugee children of school age under Temporary Protection (TP) status in Slovakia from September 2025, it is critical to ensure that those who have been out of school for extended periods receive the support they need. At the same time, reports of bullying and discrimination highlight the urgent need to build safe, inclusive school environments where refugee children feel welcomed and protected.

Swift and coordinated action by education authorities will be essential to ensure that all refugee children can rejoin and thrive in the national education system. This requires targeted support measures—including tailored language learning opportunities, adaptation and catch-up classes, and mental health and psychosocial support (MHPSS)—as well as robust anti-bullying and anti-discrimination initiatives. Particular attention should be given to the most vulnerable groups, such as refugee adolescents who have been out of school and children with special needs, who require more intensive and sustained support. Equally important is the dissemination of clear, accessible, and timely information on enrollment procedures and available support measures, so that refugee families are fully informed and able to secure education opportunities for their children without delay.

Protection

This section explores a range of topics related to general protection, social cohesion, and associated issues, including accountability to affected populations, ensuring that their voices are heard, and their needs are addressed within the broader protection framework.

In terms of legal status, 82% of respondents reported having been granted temporary protection and 2% reported having applied but were waiting for a decision, while 1% had received refugee status. A further 2% held temporary or short-term residence permits valid for less than 12 months, 1% had obtained permanent or long-term residence permits valid for 12 months or more, and 11% reported having a student or work permit. Only 0.3% of respondents reported having no legal status at all, while the remaining individuals held other types of permits. The most held identification document was a valid biometric or non-biometric passport, reported by 98% of household members. In a very small number of cases (0.2%), no household member possessed any form of ID documentation.

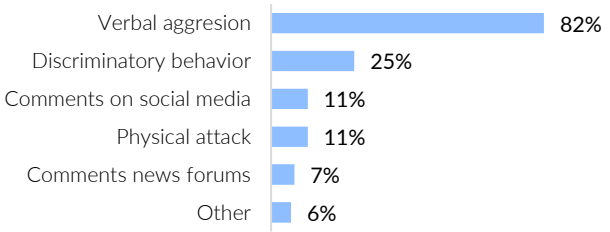
A strong sense of personal safety was reported, with 93% of respondents stating they felt safe walking alone in their neighborhood after dark. However, 6% indicated feeling only somewhat safe, and 1% reported feeling very unsafe.

The relationship between refugees and the host community was generally perceived as positive, with 73% of respondents expressing this view. Only 2% described the relationship as negative, while 23% considered it neutral. For most households (69%), the quality of this relationship had remained unchanged since their arrival at the current location. However, 4% reported an improvement, and 16% noted a deterioration in social cohesion. In addition, 11% did not know, or preferred not to share their view.

Further analysis of social cohesion revealed that 68% of households had not encountered any hostile behavior or attitudes from members of the host community in the last year. Conversely, 30% reported that at least one household member had experienced some form of hostility. Among those affected, verbal aggression was the most frequently cited form, reported by 82% of those respondents that had encountered any hostile situation. In addition, discriminatory behavior was cited by 25%, or aggressive comments on social media were noted by 11%. These findings suggest that hostility toward refugees is expressed both online and in direct interpersonal interactions, with verbal aggression being the most prevalent. Physical hostility, including physical attacks, also affected 11% of those who experienced hostile behavior.

SHARE OF HH BY PERCEPTION OF HOSTILE BEHAVIOR

SHARE OF HH PER TYPE OF HOSTILE BEHAVIOR [MCQ]



Accountability to Affected Populations

Over the three months preceding their participation in the survey, 25% of households reported having received some form of assistance. This is an important decrease compared to the 55% reported last year.[12] Among these, the most reported types of assistance were government social protection support (45%), government housing programs (34%), government assistance programs (16%) as well as humanitarian assistance: cash-based financial aid (14%), vouchers (7%) and protection services (2%). Among the respondents who reported having received any kind of assistance, the satisfaction levels were notably high, with 93% expressing satisfaction with the aid received.

Regarding feedback and complaint mechanisms, 33% of respondents reported never having used any of the available reporting channels, such as helplines, community centers, volunteers, or local committees. Additionally, 3% of respondents indicated they were unaware that such channels could be used to submit complaints or provide feedback. Of those who used feedback and complaint mechanisms, 76% stated they received an appropriate response, while 22% reported that the response they received was not adequate.

Visits to Ukraine and Future intentions

More than half of respondents (65%) reported that one or more household members had returned to visit Ukraine at least once since arriving in Slovakia. In contrast, 11% stated they had not considered the need to do so. Among those who had visited Ukraine, the most cited reasons were to visit relatives (53%), access healthcare services (47%), and obtain official documentation (36%).

Looking ahead to the next 12 months following the data collection, 66% of respondents expressed their intention to remain in their current location. Meanwhile, 21% were undecided and still considering their options. A smaller proportion indicated plans to return to their habitual residence in Ukraine (6%), move to another country (4%), or relocate to a different area within Slovakia (3%).

➔ Insights from experts on protection:

As evidenced by SEIS data, refugees in Slovakia generally have effective access to legal documentation, with 82% holding Temporary Protection and only a very small proportion reporting no legal status. This reflects the ongoing commitment of the authorities to ensure access to protection and rights. At the same time, challenges within the foreign police system remain. Since the introduction of the online appointment system in August 2024, many refugees have experienced longer waiting times for registering Temporary Protection, renewing residence permits, or obtaining Slovak ID cards. These difficulties persisted throughout 2025, limiting timely access to healthcare, education, housing, employment, and social protection, and disproportionately affecting vulnerable households.

The authorities have already introduced important measures to address these issues, such as temporary walk-in hours and legislative amendments aimed at improving the efficiency of the online appointment

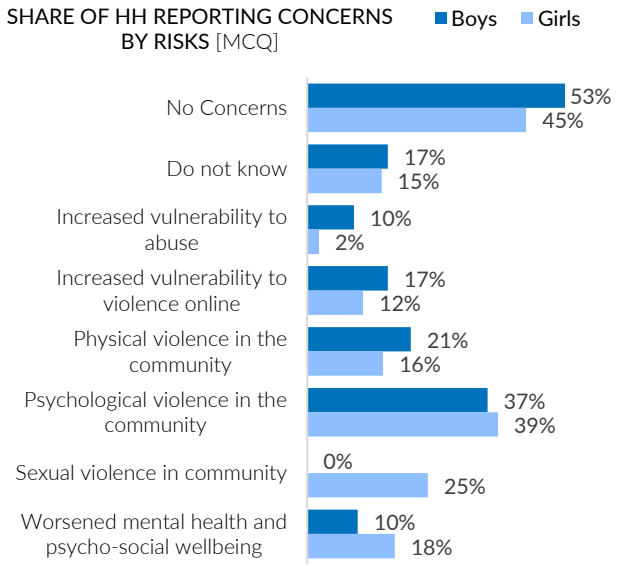
[12] *Slovakia SEIS 2024 report: online*

system. While these steps mark clear progress, waiting times and limited capacity continue to create barriers. Further efforts to strengthen administrative systems and ensure more predictable access to documentation would build on the efforts to date and help reduce existing obstacles.

Child Protection

Respondents with at least one child under the age of 18 in their HHs (43%) were asked to identify the most serious risks they perceive as affecting boys and girls.

Among these households, 53% reported no concerns regarding serious risks faced by boys. Of those reporting concerns for boys, 21% cited psychological violence in the community, and 17% mentioned increased vulnerability to online violence. In contrast, for girls, 45% of households reported having no concerns. Among those who expressed concerns, psychological violence was identified as the most significant risk for girls, reported by 39% of households, followed by sexual violence in the community at 25%.



Respondents were also asked whether they had cared for a child outside of their nuclear family in the past year. Overall, only 6% reported having provided such support, while 90% indicated they had not.

➔ Insights from experts on child protection:

SEIS 2024 showed that most households with children (71%) reported no serious risks, though physical violence in the community was the top concern for boys (43%) and psychological violence for girls (45%), with online violence and abuse also noted. In contrast, SEIS 2025 findings suggest a reduction in the overall share of households reporting concerns, but a diversification of risks: 53% reported no concerns for boys and 45% for girls, yet psychological violence in the community remained significant (37% for boys, 39% for girls), alongside reports of physical violence (21% boys, 16% girls). Importantly, SEIS 2025 identified sexual violence in the community as an emerging concern for girls (25%) and highlighted an increase in reported mental health and psychosocial well-being challenges (10% for boys, 18% for girls). These findings point to a shift from predominantly physical/community violence in 2024 to more complex risks in 2025, including psychosocial distress and sexual violence.

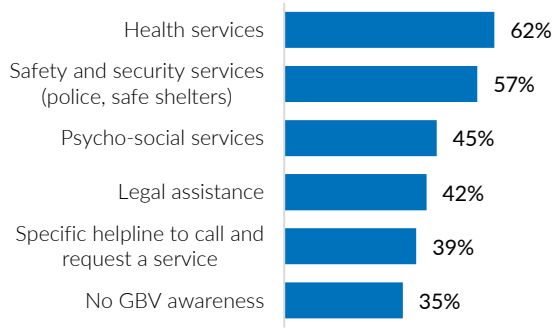
Complementary monitoring by the Office of the Commissioner for Children (Apr–Jun 2025) highlights additional risks for children from Ukraine, particularly those studying without close family support. Main concerns include lack of effective legal representation, inconsistent Slovak language testing and support, closure of dormitories during weekends and holidays, financial and insurance barriers, weak communication between schools and parents abroad, and psychosocial distress linked to isolation and trauma. The Commissioner emphasized that children aged 16–18 without family in Slovakia are at heightened risk of exclusion and exploitation unless systemic safeguards, such as clearer guardianship support, safe housing, and access to health and psychosocial care, are strengthened.[13]

[13] *Office of the Commissioner for Children, Úrad komisára pre deti priniesol nové zistenia o ukrajinských deťoch na Slovensku, August 2025. Available at:* https://www.komisarpredeti.sk/aktuality/urad-komisara-pre-deti-priniesol-nove-zistenia-o-ukrajinskych-detoch-na-slovensku/

Gender-based violence

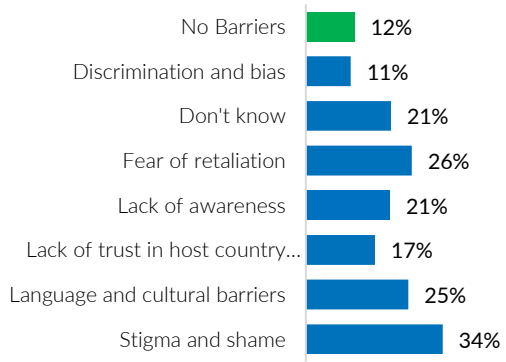
This section addresses all types of violence against women, men, girls, and boys. Respondents were asked about their awareness of at least one of four available lifesaving GBV services (health, psychosocial, safety and security, legal services, or a specific helpline to call and request assistance) following a GBV incident. Overall, 70% reported awareness of at least one of these services. The most cited were health services, followed by safety and security services.

SHARE OF HH AWARENESS OF GBV SERVICES



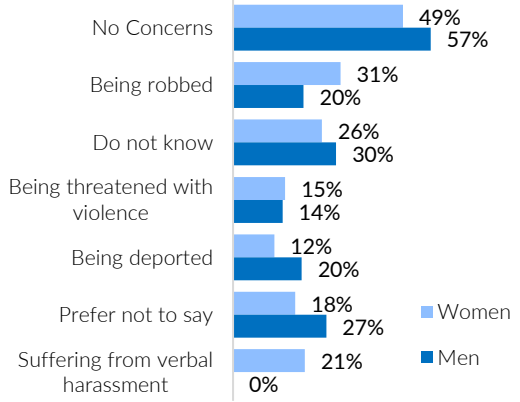
Regarding the respondents' perceptions on barriers to access GBV services, 12% of respondents did not perceive any obstacles, while 21% did not know how to answer this question. In addition, 34% expressed that fear of stigma and feelings of shame would hinder their willingness to report GBV-related incidents, as a primary barrier. Fear of retaliation was reported by 26% of respondents, and language and cultural barriers by 25% of these respondents.

SHARE OF HH REPORTING BARRIERS BY TYPE [MCQ]



Respondents were asked to identify the main safety and security concerns for women and girls, and boys and men, respectively. Almost half of respondents living in HHs with at least one woman reported having no concerns (49%), while 57% of those households with at least one man reported no concerns. In addition, the most frequently mentioned safety and security issue for both genders was robbery and threat of violence.

SHARE OF HH REPORTING CONCERNS [MCQ]



➔ Insights from experts on GBV:

The 2025 SEIS shows notable changes in perceptions of safety, security, and GBV services compared to 2024. A negative development is the drop in respondents reporting no safety concerns: from 67% to 49% in households with women, and from 67% to 57% in households with men. Robbery and threats of violence remain the most common challenges. By contrast, concerns about deportation decreased sharply (from 41% among men in 2024 to 20% in 2025).

On GBV services, 70% of respondents reported awareness of at least one lifesaving service, down from 78% in 2024. Health services are the most widely known, while awareness of psychosocial support and helplines remains lower, with 37% reporting no GBV service awareness.

Barriers have shifted: in 2024, lack of awareness was the main issue (47%), but in 2025 the leading obstacles are stigma and shame (34%) and fear of retaliation (26%), followed by language and cultural barriers (25%). Lack of awareness fell to 18%, which may reflect the impact of ongoing awareness

campaigns and information provision. To address current challenges, measures such as community sensitization, survivor-centered approaches ensuring confidentiality, and efforts to build trust in services are recommended.

It is important to mention that SEIS does not gather sensitive or confidential data on GBV, therefore it may not reflect the prevalence of issues such as intimate partner violence, which is statistically the primary safety risk for women. Such risks are instead addressed through dedicated GBV risk assessments.

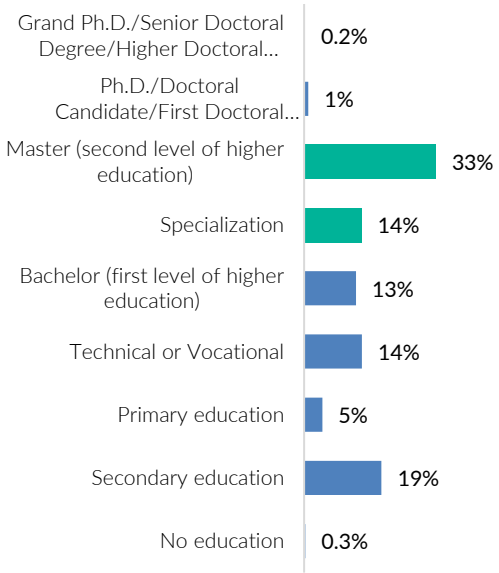
Socio-economic inclusion & livelihoods

This section presents an overview of the socio-economic profile of households, focusing on key areas such as livelihoods, employment status, and overall economic capacity. It also includes an analysis of vulnerability indicators, aimed at assessing the extent of hardship experienced by households due to limited access to food and financial resources.

Livelihoods and inclusion

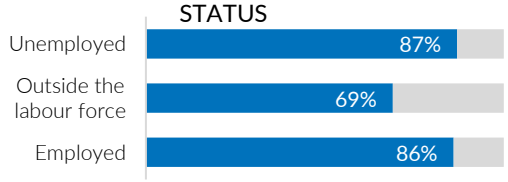
In terms of educational attainment, nearly two- thirds (61%) of working-age[14] household members reported holding a university degree (47% reported in 2024). An additional 14% had completed technical or vocational education, while 19% had finished secondary school. In contrast, fewer than 1% reported having no formal education. These findings suggest a relatively high level of employability within the refugee population and highlight their potential to contribute meaningfully to the labor market, including in roles that require advanced qualifications—helping to address long-term workforce gaps.

SHARE OF HH BY HIGHEST EDUCATION LEVEL ACHIEVED



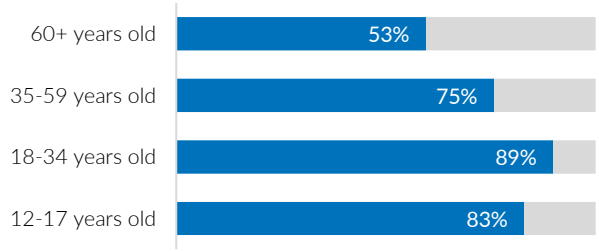
Further analysis was conducted on the Slovak language proficiency of household members aged 12 to 64. Less than a fifth (17%) reported having beginner-level skills, 27% identified as having intermediate proficiency, 30% as advanced, and 23% as fluent. Only 3% stated they were unable to understand or communicate in Slovak. Further analysis by age group shows that household members aged 18–34 reported higher levels of proficiency in the local language. Additionally, individuals who were employed reported stronger Slovak language skills compared to those out of the labor market.

SHARE OF HH MEMBERS REPORTED BEING ABLE TO COMMUNICATE EFFECTIVELY IN LOCAL LANGUAGE BY STATUS



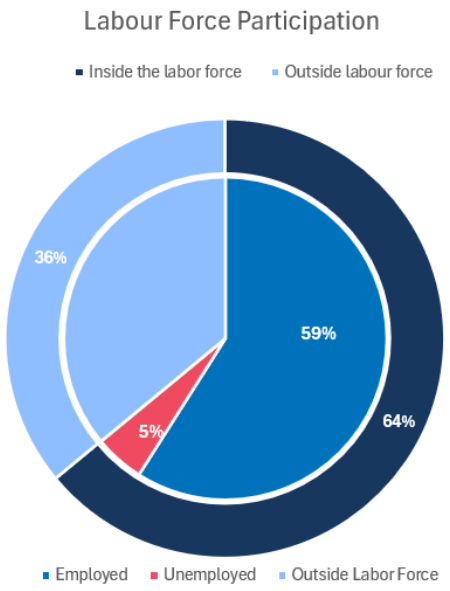
[14] *Working age refers to the age range of 15-64 years old.*

SHARE OF HH MEMBERS REPORTED BEING ABLE TO COMMUNICATE EFFECTIVELY IN LOCAL LANGUAGE BY AGE



Labor Force Participation

Among working-age household members, the labor force participation was relatively high, with 64% inside the labor force[15] in Slovakia, while 36% remained outside of it. Of those inside the labor force, 59% are employed while only 5% are unemployed, a slight decrease by 1% compared to 2024. Of those employed, the top 3 sectors were manufacturing (24%), professional and administrative services (12%), and construction (11%). Additionally, working-age household members were asked whether they were engaged in any form of self-employment activity. 6% reported running, or had run, a business.



Further analysis highlights the perceived alignment between individuals' current main occupation and their professional skill level and qualifications. In most cases (46% of employed working-age household members), the job was considered to adequately match their professional skills. However, 48% felt that their qualifications were somewhat or significantly above the requirements of their current role.

Further analysis provides insights into contractual and working arrangements. Among employed working-age household members, 91% reported having a formal written agreement, while 7% were engaged in informal work arrangements, and 2% preferred not to disclose this information.

In terms of work modality, the majority (91%) were employed within Slovakia. A smaller portion worked remotely for employers based outside Slovakia - 3% for employers in Ukraine and 4% for employers in other countries - while residing in Slovakia.

The average number of working hours per week was reported at 36 hours, with 63% of employed household members receiving a monthly salary, while a significant proportion (32%) were paid hourly. The average hourly wage reported was €6, whereas the average monthly salary was €1,100.

Among working-age household members who were either outside the labor force (36%) or unemployed (5%) at the time of data collection, 86% reported not having attempted to find a job or start a business in the past month. Out of those, the most cited reasons were studying (31%), retirement (28%), and having a disability or injury (15%). Additionally, 10% reported having family responsibilities, such as caring for children or older household members.

Working-age respondents were also asked about the challenges they faced when seeking employment in Slovakia. Approximately 32% reported no barriers, 17% reported not looking for work, and 1% were not planning to stay in the country. Of the remaining 50% that reported encountering difficulties, the most

[15] *Inside Labor force: Individuals of working age employed or unemployed. Outside labor force: Individuals of working age with serious medical condition, on parental leave or studying.*

cited barriers were a lack of Slovak language proficiency and lack of employment opportunities aligned with the skills.

Regarding employment status prior to leaving Ukraine, 58% of working-age household members reported being employed, 20% were studying, 10% retired, 8% were engaged in self-employment, 1% with a disability or long-term injury, and 1% were unemployed. Of those that were employed, the main sectors of employment were professional and administrative services, education, construction, and trading.

Severe material and social deprivation

This section explores the extent of material and social deprivation among surveyed households, focusing on their ability to meet basic needs, maintain stable living conditions, and participate in social and cultural life.

Severe material and social deprivation (SMSD) were assessed through several indicators related to households´ ability to afford certain goods, services, or social activities. Overall, 16% of households were affected by SMSD, while 83% were not affected by SMSD. The detailed analysis indicated that 89% could afford a meal with meat, chicken, fish, or a vegetarian equivalent every second day. Regarding basic living standards, 94% of households reported being able to sufficiently heat their homes, and only around one-third, 35% of households, indicated their ability to replace worn-out furniture, pointing to restricted budgets for household maintenance and comfort. In contrast, 91% of respondents reported regularly replacing worn-out clothes with new ones, and 95% had at least two pairs of properly fitting shoes, including a pair suitable for all weather conditions. In addition, access to transportation and mobility was analyzed, with 60% of respondents reporting having a car or van for private use, the remaining 40% relied on public transport or other means.

Financial resilience was further tested by the ability to handle unexpected expenses. Just less than half of respondents, 42% of households, reported being able to cover an unforeseen cost of €500 without borrowing or paying in installments. Arrears were mentioned by 19% of households, which experienced delays in rental payments over the past 12 months. In addition, only 5% had fallen behind on utility bills.

Regarding social interaction and deprivation, 22% of respondents reported not spending small amounts of money on themselves almost every week, reflecting constrained personal budgets. Participation in paid leisure activities outside the home, such as going to the movies, concerts, or playing sports, was reported by 69% of respondents, indicating limited access to recreational outlets for the remaining 31% of surveyed households. Almost all respondents, 99%, reported having access to an internet connection for personal use, indicating high digital inclusion.

Social interaction also appeared to be affected by economic hardship. Overall, 77% of respondents reported meeting with family or friends to eat or drink together at least once a month, suggesting that the remaining 23% of households may be experiencing financial stress, which could contribute to social isolation or reduced community engagement.

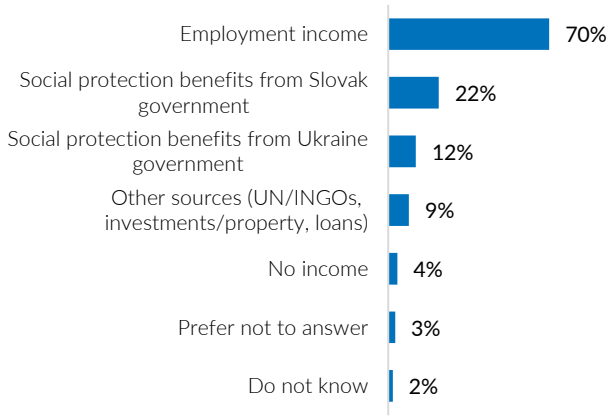
Economic capacity

The following section examines the economic capacity of households, focusing on income, expenditure, and financial sufficiency.

Regarding the primary source of income in the 30 days prior to the survey, 73% of households identified employment in Slovakia as their main means of financial support. Among these, the average net income reported from employment was €2,700 (per household), reflecting a relatively stable earning capacity for most working households. Beyond employment, households also reported receiving support from public assistance programs. Specifically, 23% of households indicated that they received social protection benefits from the Slovak government, and 12% reported receiving financial support from the Ukrainian government. Regarding

the other sources of income reported, the most frequent mentioned by respondents was transfer from relatives.

SHARE OF HH BY PRIMARY SOURCE OF INCOME [MCQ]

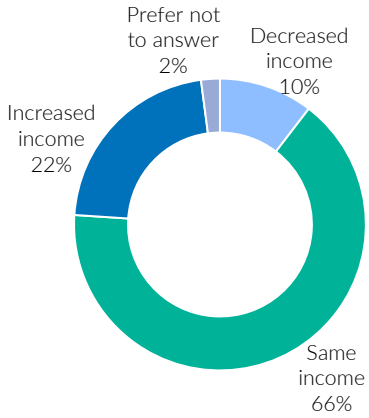


Out of the 22% of households that reported receiving social protection benefits from the Slovak Government, 61% reported the accommodation allowance. In addition, 23% reported receiving disability benefits, 16% mentioned receiving pensions, and 13% unemployment support. Given that individuals under Temporary Protection are not eligible for unemployment benefits through the Slovak unemployment benefits support system, it is likely that these responses refer to the material need allowance, which serves a similar function. Likewise, since Temporary Protection holders cannot access Slovak pensions, it is assumed that the reported pension income originates from the Ukrainian system.

Coverage by the national social protection system in Slovakia was also assessed in the survey. Only 12% of respondents reported being covered by the national social protection framework, showing similar results to last year (15%).

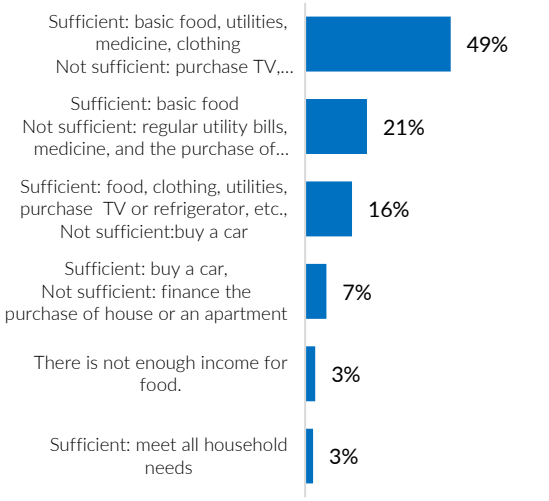
When comparing current income levels throughout the last 12 months, 63% of households reported no changes, while 22% mentioned an increase in the last year. However, 22% experienced a decline in their household income, suggesting that a significant portion of the population may be facing increased financial pressure over time. In addition, 89% of respondents reported being able to afford more goods and services compared to their first months in Slovakia.

SHARE OF HH BY CHANGES ON INCOME COMPARED WITH PREVIOUS YEAR

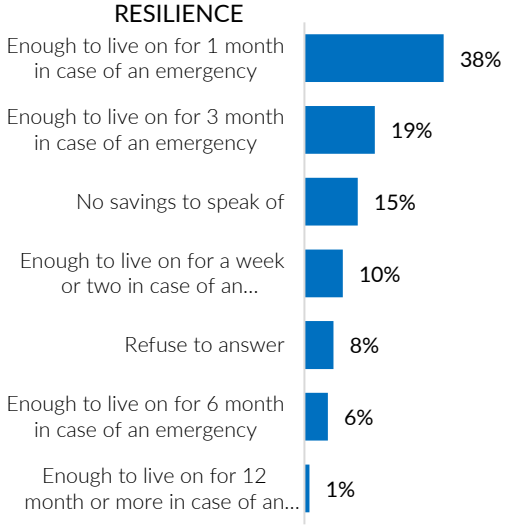


Overall, regarding household income level, 73% of respondents reported dissatisfaction. While 7% of households indicated that they have sufficient income to buy a car and 3% indicated they could meet all household needs, nearly half of all households (49%) reported that their income was sufficient to cover only essential needs such as food, utilities, medications, clothing, and other basic expenses. A further 21% indicated that their income was adequate for basic food but fell short when it came to paying regular utility bills, purchasing medications, or buying new clothes. An additional 3% indicated there was not sufficient income to cover food. These findings highlight that many refugee households are facing financial hardship, struggling to cover basic living expenses.

SHARE OF HH BY OVERALL HH INCOME LEVEL [MCQ]



SHARE OF HH BY LEVEL OF FINANCIAL RESILIENCE



Households reported an average monthly expenditure of €850 on food, accommodation, and health-related needs. Accommodation accounted for the largest share of spending, representing approximately 49% of total expenses, followed by food at 37%, and health costs at 14%. These figures reflect the prioritization of essential living costs within household budgets.

Access to financial services appears to be relatively high among surveyed households, with 91% reporting holding a bank account with a formal financial institution in Slovakia. Regarding financial resilience, 38% of respondents stated they had enough savings to cover one month of living expenses in the event of an emergency, while 27% reported having savings that could sustain them for three months to a year. In contrast, 15% of households indicated they had no savings at all for such situations, highlighting a segment of the population that remains particularly vulnerable to financial shocks or unpredictable situations.

➔ Insights from experts on socio-economic inclusion and livelihoods:

In 2025, refugees in Slovakia continue to demonstrate strong potential for labor market participation, with education remaining a key strength. Nearly two-thirds (61%) of working-age household members reported holding a university degree, up from 47% in 2024, while only 1% reported no formal education.

Slovak language proficiency continued to improve compared to 2024, with 23% of working-age household members fluent, 30% advanced, 27% intermediate, and 17% at the beginner level. Only 3% reported being unable to communicate in Slovak, highlighting gradual progress in integration and employability. This positive trend has been supported by initiatives from both the Slovak government and NGO actors, which have expanded the availability of free language courses and tailored language learning programs for refugees.

Among working-age household members, 64% are part of the labor force, with 59% employed and 5% unemployed, a slight decrease from 6% in 2024.

Among employed individuals, 46% reported that their job matched their professional skills, while 48% felt overqualified, indicating a persistent overqualification challenge.

Barriers to employment remain, with 49% of working-age respondents reporting difficulties, mainly due to limited Slovak language proficiency and a lack of opportunities aligned with their qualifications.

In 2025, SEIS examined self-employment among refugees for the first time, following the legislative changes adopted in July 2024 that allow Temporary Protection holders to pursue self-employment without the need to change their legal status. Findings indicate that 6% of working-age household members are engaged in business activity, which is an encouraging baseline considering that 8% of the population reported being self-employed prior to forced displacement from Ukraine. This suggests that the new legislative framework has started to provide opportunities for entrepreneurial activity, though uptake remains in the early stages. Targeted support initiatives to help refugees navigate self-employment systems and regulations could accelerate the uptake of these livelihood opportunities, supporting greater economic inclusion and entrepreneurial engagement. Continued monitoring in the coming years will be important to assess trends and inform relevant policy support.

Regarding Economic Vulnerability and Material Deprivation, in 2025, 16% of households were affected by severe material and social deprivation, while 83% were not affected.

Financial resilience was mixed. Forty-two per cent refugee households could cover an unexpected €500 expense without borrowing. Thirty-eight per cent could cover one month of living expenses from savings, and 15% had no savings. Rent and utility arrears remained low (19% and 5%) but constrained household budgets limited spending on maintenance, comfort, and discretionary items. Importantly, 91% held a bank account, which is a positive increase from 84% in 2024.

Economic hardship affected social life and leisure, with 22% refugees unable to spend small amounts on themselves weekly and 31% lacking access to paid recreational activities. Almost all households (99%) reported having access to the internet for personal use, indicating high digital inclusion despite financial constraints. This access is particularly significant given the new opportunities for refugees linked to the launch of UNHCR-Coursera initiative in Slovakia in 2025.

Regarding income, 73% of HHs were dissatisfied, with nearly half unable to cover basic needs and another 21% struggling with utilities, medicine, or clothing. **These findings highlight widespread financial hardship and ongoing vulnerability to unexpected expenses.**

From 2023 to 2025, the share of refugee households reporting priority needs declined from 83% to 66%, reflecting some improvements in meeting basic needs. However, employment and livelihoods have remained consistent concern throughout this period. While in 2023 they were cited alongside healthcare and language courses, by 2024 accommodation and food needs took precedence. In 2025, employment and livelihoods once again emerged as the most pressing issue, highlighted by one in five households, followed by healthcare and accommodation. This shift underlines the central role of economic participation in refugee integration and the need for sustained support in job access, skills development, and stable livelihoods.

Despite notable progress in social support for refugees in Slovakia, challenges remain in ensuring equal access to the full range of social protection and benefits. Temporary Protection holders continue to face barriers to unemployment benefits, including unemployment allowance, which remains inaccessible even though those employed contribute to the unemployment levy. Access to employment-related support measures, such as requalification programs, is also limited, constraining integration into the labor market and broader society. Addressing these gaps is essential to strengthen equality and inclusion for refugee populations.

Looking ahead, the refugee population shows **increases in education, language skills, and labor force participation**, while challenges such as overqualification, skill-job alignment, and language barriers persist. These findings highlight the continued importance of **language training, skills recognition, and tailored employment support**

programs to maximize self-reliance, integration, and livelihood outcomes.

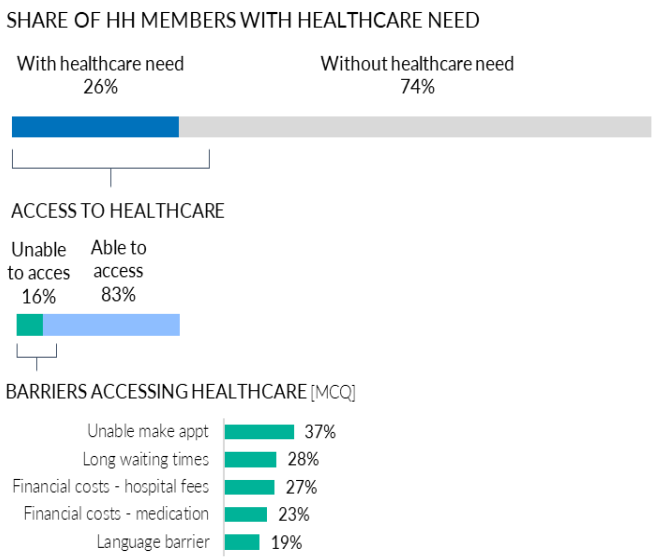
Health

This section provides an overview of key health-related topics, covering various dimensions of well-being. It examines access to healthcare services, child health and nutrition, mental health and psychosocial support (MHPSS), as well as health-related expenditures and levels of awareness. Each of these areas is essential for understanding the broader health landscape and identifying both challenges and opportunities for improvement.

Access

Overall, 29% of all household members were reported as living with a chronic condition, and 48% of households mentioned at least one chronically ill member. Further analysis indicates that most individuals affected by chronic illness were aged 60 and above, highlighting the need for targeted support for older adults.

In terms of access to healthcare services, 26% of household members experienced a health issue requiring medical attention in the month prior to data collection. Among those, 83% were able to access the necessary care, while 16% did not receive the required assistance, and 1% preferred not to answer. The most reported barrier was the inability to secure a medical appointment, cited by 37% of those who were unable to access care. Additionally, 28% reported long waiting times, and 27% could not afford the costs.



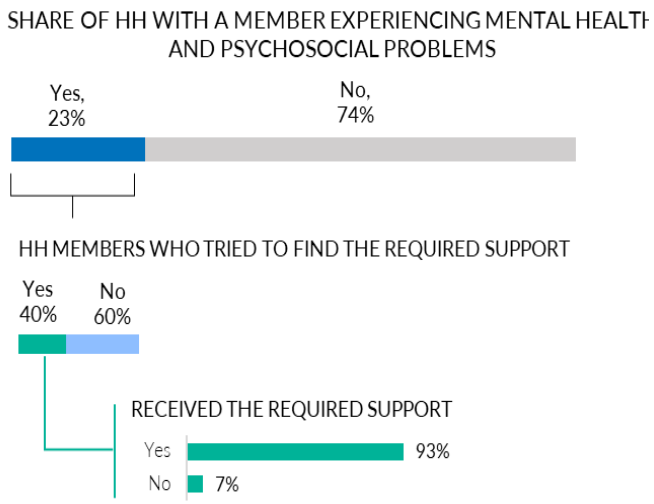
Women of reproductive age, aged 10 to 55, were specifically asked about barriers to accessing sexual and reproductive health services. Nearly 2% (7 women) reported facing obstacles, with the most frequently cited issues mirroring those encountered in general healthcare access: difficulty in making appointments (3 women) and lack of health insurance in the country (2 women).

Concerning the health of children, 77% of children aged 9 months to 5 years were reported to have received the measles-containing vaccination.

Mental health & psychosocial support

This section explores mental health and psychosocial support (MHPSS) among surveyed households. Nearly 36% reported having at least one member experiencing mental health or psychosocial challenges. At the individual level, 23% of household members were reported to have experienced symptoms such as feeling upset, anxious, worried, agitated, angry, or depressed.

Among those affected, 40% sought access to mental health and psychosocial support services, and of these, 93% successfully received the assistance they needed. In most cases, accessing support proved beneficial, with 80% of respondents reporting an improvement in their mental health. Only a small fraction (4% - 2 persons) noted a deterioration after receiving MHPSS.



Expenditure and awareness

Over the past 6 months, respondents reported an average expenditure of €90 on health services (excluding medications) and €40 on medications and health products per person per month. Combined expenses for healthcare services, medications, and health-related products amounted to an average of €50 per household per month.

Regarding health insurance coverage, 73% of respondents reported that all eligible household members were insured. Among the remaining households, the most cited reasons for lacking coverage included not being employed with a salary sufficient to afford health insurance. Additionally, 29% of respondents preferred not to spend money on insurance, 10% mentioned not being eligible to enroll in government health insurance, and 9% reported being unable to enroll due to language barriers, administrative challenges, or other obstacles.

➔ Insights from experts on health and MHPSS:

The 2025 SEIS findings point to continued progress in healthcare access for refugees in Slovakia but also underline persistent gaps. While a large majority of those who required medical attention were able to obtain it, barriers such as difficulty making appointments, long waiting times, costs of care, and language limitations remain significant. These challenges mirror broader systemic pressures in the Slovak health sector, where shortages of health workers and limited-service availability continue to affect both host and refugee populations.

Chronic conditions are widespread, particularly among older persons, with nearly half of households reporting at least one member living with a chronic illness. This highlights the importance of strengthening access to continuous care for non-communicable diseases (NCDs) within primary healthcare and ensuring timely referral pathways.

Mental health and psychosocial support (MHPSS) emerged as another key area of concern. Almost one in four individuals was reported to have experienced psychosocial distress, yet only 40% of those in need sought support. Encouragingly, most of those who accessed services reported improvements in their well-being, but the relatively low uptake indicates that barriers such as stigma, limited awareness of available services, and gaps in referral mechanisms remain. Integrating MHPSS more systematically into primary care, schools, and community settings will be critical to reach those who might not otherwise seek support.

For women and children, access to reproductive health services and vaccination coverage show mixed results. While most women reported no major obstacles, a small but notable share still faced financial and administrative barriers. Vaccination rates for children aged 9 months to 5 years reached 77% for measles, which is positive but still insufficient to ensure full protection. Strengthening catch-up vaccination and reproductive health services within the national system remains a priority.

Finally, health-related expenditures continue to represent a considerable burden for refugee households. With more than a quarter reporting that costs prevented them from receiving care, further inclusion in affordable national health insurance and social protection mechanisms is critical to reduce financial vulnerability and ensure equitable access to essential services.

Accommodation

This section outlines the current living conditions of respondents, including accommodation expenditures, security of tenure, and other relevant topics.

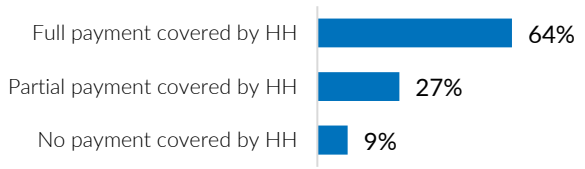
Regarding the type of accommodation, 70% of HHs reported residing in their private accommodation at the time of the data collection, including separate apartment or house, 16% shared their living spaces with others, and 6% lived in collective sites, meaning buildings (schools, community centers) that have been repurposed to provide temporary shelter for large number of people. Additionally, 4% of HHs resided in hotels or hostels, while 2% of respondents reported living in accommodation provided by an employer. The rest preferred not to share this information.

Expenditure and Security of Tenure

The following subsection provides details regarding expenditures and the security of accommodation. On average, respondents reported spending around €400 in the last month on their accommodation.

Regarding the main accommodation arrangements, 64% of respondents reported paying fully for their accommodation, 25% paying partially (e.g. subsidized by the government, or NGO, etc.), and 7% being accommodated for free (by government, local person, relatives or NGOs). The remaining 4% reported being subsidized by the employer or partially supported by close friends. The graphic below presents additional information on the accommodation payment arrangements.

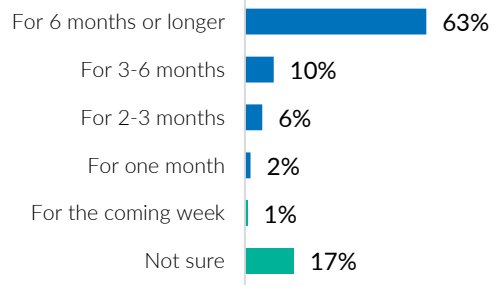
SHARE OF HH BY ACCOMMODATION ARRANGEMENTS



Regarding the accommodation agreement, 91% of respondents mentioned having a written document to prove the occupancy arrangement for their accommodation; however, the rest reported having only a verbal agreement.

In terms of security of tenure, 17% of households were uncertain about their short-terms plans regarding how long they could stay in their current accommodation, which represents an important decrease compared to last year's result (37% of respondents). In addition, 63% of respondents mentioned they could stay for six months or longer. For 10% of HHs, the expected stay was for three to six months, while 6% anticipated staying for two to three months. Only 1% believed their accommodation was secure only for the coming week.

SHARE OF HH BY SHORT-TERM ACOMMODATION PLAN



In addition, HHs with an expected stay of up to six months were further asked about the feeling of pressure to leave their current accommodation. Overall, 8% reported experiencing such pressure, primarily due to homeowners no longer making the property available and increasing living costs.

In terms of living conditions, 90% of respondents reported no issues. Among those who did raise concerns, the most mentioned problems included lack of privacy, a limited sense of security, and the absence of separate facilities for showers and toilets.

➔ Insights from experts on accommodation:

In 2025, a significant increase was observed in approach to private accommodation. **Seventy per cent of households reported living in private apartments or houses**, a marked increase from 44% in 2024 and 47% in 2023. Shared accommodation was reported by 16% of households, while 6% resided in collective sites such as repurposed schools or community centers. A smaller proportion lived in

hotels/hostels (4%) or employer-provided housing (2%).

The data for 2025 must be interpreted against the backdrop of the **major amendments to housing support introduced in mid-2024**, when allowances for Temporary Protection holders were restricted to specific vulnerable groups and only through non-commercial accommodation and housing providers.

Encouragingly, security of tenure indicators improved compared to 2024. Seventeen per cent of households reported uncertainty about their short-term accommodation (down from 37% in 2024). A majority (63%) reported being able to stay six months or longer, while 1% felt their accommodation was secure for only one week. However, among those with shorter expected stays (up to six months), 8% reported feeling pressure to leave, primarily due to rising living costs and property owners retracting availability.

Notably, **91% of respondents indicated having written agreements**, with only a small portion relying on verbal arrangements—suggesting greater formality and stability compared to 2024.

Living conditions appeared largely stable, with 90% of respondents reporting no significant issues. Among the 10% who did, key concerns included lack of privacy, a limited sense of security, and the absence of separate bathroom facilities.

In terms of **household profiles**, the **average household size in 2025 was 2.2 persons**, a slight increase from 2.09 in 2024, though still below the 2023 level of 2.3. When comparing household size, gender, and age, with the availability of habitable space in each household, the analysis indicates 40% of households are living in overcrowded conditions according to EU standards[16].

Most households (91%) lived in urban areas, showing a continued rise from 88% in 2024. This steady increase suggests that refugee households are concentrating more heavily in urban centers, likely due to greater availability of services, employment opportunities, and access to formal housing markets. While urban residence may offer improved infrastructure and service access, it also implies higher living costs, potentially increasing vulnerability among households with limited or unstable income.

From 2023 to 2025, the share of refugee households reporting priority needs declined from 83% to 66%, indicating some progress in meeting basic needs. Over this period, accommodation has remained a key concern. In 2023, housing needs were reported alongside healthcare, employment, and language courses. By 2024, accommodation emerged as the most pressing issue, cited by nearly half of households, while in 2025 its prominence decreased but remained significant, with 11% of households highlighting it. This trend underscores the ongoing importance of stable accommodation and housing in supporting refugee integration and overall well-being.

As public allowances narrow and reliance on private markets grows, refugees with lower or unstable incomes may face disproportionate pressure, including risks of informal renting, overcrowding, or eventual displacement. Strengthening affordable housing initiatives is therefore seen as critical to ensuring that progress in accommodation and housing stability does not leave behind the most vulnerable groups.

[16] http://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Overcrowding_rate

Conclusions

The SEIS in Slovakia continues to provide critical evidence to guide a coordinated humanitarian response for refugee households from Ukraine. This assessment offers an updated snapshot of household needs, vulnerabilities, and coping strategies.

Findings highlight a mixed picture. Two-thirds of households (66%) reported priority needs—down from 74% in 2024—indicating some stabilization, although employment and livelihoods (20%), healthcare (18%), and accommodation (11%) remain pressing concerns. Households headed by women with children, families including older members, and households with persons with disabilities consistently reported the highest levels of need, underlining the compounded vulnerabilities of these groups.

Employment and livelihoods emerged as the top priority need in 2025, reflecting both progress and ongoing barriers. While many refugees have accessed the labour market under Temporary Protection, stable and adequate employment remains out of reach for a significant share of households. Respondents highlighted challenges such as language barriers, difficulties in securing jobs matching their skills, and precarious working conditions. Strengthening access to vocational training, language learning, and sustainable employment opportunities is therefore essential to reducing economic vulnerability and dependency on aid.

Healthcare was reported as the second most pressing concern, particularly among older respondents and households with members with disabilities. Despite refugees' formal entitlement to healthcare in Slovakia, barriers such as long waiting times, limited availability of specialist care, and difficulties navigating the health system continue to restrict access, persist. For some, financial costs also remain an obstacle. The data underscores the importance of not only maintaining but strengthening inclusive healthcare provision, while scaling up mental health and psychosocial support to address ongoing trauma and stress.

Accommodation, while no longer the most frequently reported need as in 2024, continues to present challenges for many households. With most refugees residing in urban areas, rising living costs and limited affordable housing options contribute to ongoing uncertainty. Although fewer respondents cited housing as their primary concern compared to last year, insecurity of tenure remains a pressing issue, particularly for female-headed households and those with dependents. Sustained support to ensure access to safe, stable, and affordable housing will be vital to reduce risks of secondary displacement.

Education data shows progress: 81% of school-aged refugee children are now enrolled in Slovak schools, while reliance on distance learning has decreased. Yet older children, particularly those aged 15–17, remain most at risk of exclusion. The upcoming introduction of compulsory school attendance for refugee children under Temporary Protection in September 2025 presents both a challenge and an opportunity—requiring targeted support such as language learning, catch-up classes, and psychosocial services, alongside stronger anti-bullying measures.

Protection findings reflect that 30% experienced some form of hostility in the past year, most often verbal aggression or discrimination. Access to aid has declined sharply compared to 2024, with only 25% of households receiving assistance in the three months prior to the survey, though satisfaction with available aid remains high (93%).

Overall, while progress is evident in areas such as legal protection and school enrollment, significant challenges remain. Female-headed households, families with dependents, older persons, and persons with disabilities remain disproportionately affected. Strengthening access to healthcare, employment, accommodation, education, and protection services—while addressing social cohesion challenges—will be essential in the months ahead. Sustained collaboration between Slovak authorities and humanitarian partners will be critical to ensure that refugee households not only meet their immediate needs but also build resilience and pathways to long-term integration

Regional Refugee Response for the Ukraine Situation

SLOVAKIA
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