THE M SNA WAS CONDUCTED IN THE FRAMEWORK OF:

Regional Refugee Response for the Ukraine Situation

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

UNHCR The UN Refugee Agency  IOM UN Migration World Health Organization UNICEF for every child

Analysis conducted by:

UNHCR The UN Refugee Agency socio.factor sociální firma | výzkum a vzdělávání | služby
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**COVER PHOTOGRAPH:**

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

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List of acronyms

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

Geographical Classifications

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

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In addition, given the unpredictable security situation and the ongoing conflict, many refugees from Ukraine who have fled to Slovakia due to the ongoing conflict in their country are in need of international protection, including people who are stateless or at risk of statelessness.

The term “refugees from Ukraine” is understood to include Ukrainian nationals as well as third-country nationals who fled Ukraine since 24 February 2022. As of 30 November 2023, more than 6.3 million refugees had reportedly fled Ukraine. Among these, over 1.8 million people had crossed the borders from Ukraine into the Slovak Republic, with close to 114,000 valid TPs having been issued. Over 130,000 individuals had applied for Temporary Protection (TP) in Slovakia, with close to 114,000 valid TPs having been issued.

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The majority of those who had fled to Slovakia due to the ongoing conflict in Ukraine were women (50%) and children (32%), in addition to older people, including persons with disabilities, all of whom face specific challenges and vulnerabilities that result in a continued need for assistance.

The Slovakia Multi-sectoral Needs Assessment (MSNA) is a collaborative process used to identify the most pressing needs of a particular population across various sectors such as protection, health, education, accommodation, livelihoods and others. The MSNA is an inter-agency product designed in line with the objectives of the Regional Refugee Response Plan (RRP) for the Ukrainian refugee situation, and is intended to support humanitarian response for better addressing refugees’ needs. The RRP in Slovakia complements the sectoral planning and coordination tool, led by UNHCR, the UN Refugee Agency. The RRP humanitarian partners for 2024, as well as to inform the ongoing work of partners and other stakeholders. The RRP humanitarian partners for 2024, as well as to inform the ongoing work of partners and other stakeholders.

The Preliminary findings of the 2023 Slovakia MSNA were designed by the inter-agency Team in cooperation with the UNHCR National Office in Slovakia and it was developed in consultation with all the Slovakia RCF Sector-specific Working Groups.

Comprehensive and accurate data is key for guiding the coordinated work of humanitarian actors, volunteer groups and other third parties. As of 30 November 2023, more than 6.3 million refugees had reportedly fled Ukraine. Among these, over 1.8 million people had crossed the borders from Ukraine into the Slovak Republic, with close to 114,000 valid TPs having been issued. Over 130,000 individuals had applied for Temporary Protection (TP) in Slovakia, with close to 114,000 valid TPs having been issued.

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’s partners and other third parties.

1 Official data provided by the Ministry of Interior; online
2 The term ‘refugees from Ukraine’ is understood to include Ukrainian nationals as well as third-country nationals who fled Ukraine since 24 February 2022 and are in need of international protection, including people who are stateless or at risk of statelessness.
3 Slovakia RCF structure; online
4 AAP; online
### Results at a glance

<table>
<thead>
<tr>
<th><strong>Education</strong></th>
<th><strong>Protection</strong></th>
<th><strong>TOP 3 PRIORITY NEEDS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>77% of school-age children reported intention of enrolment at school in Slovakia [2023/24]</td>
<td>45% of school-age children reported intention to continue distance learning in Ukraine [2023/24]</td>
<td>Healthcare services</td>
</tr>
<tr>
<td>54% of working-age HH members reported being employed</td>
<td>39% of HH reported a decrease on their income compared with previous year</td>
<td>Employment/livelihoods support</td>
</tr>
<tr>
<td>71%</td>
<td>29%</td>
<td>2.3</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>HH size</td>
</tr>
<tr>
<td>0-17 years old</td>
<td>18-59 years old</td>
<td>60+ years old</td>
</tr>
<tr>
<td>77%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Gender-based violence</td>
<td>Accommodation</td>
<td>Mental health &amp; psychosocial support</td>
</tr>
<tr>
<td>96% of HHs reported being aware of services to reach out to and report cases of violence against children</td>
<td>83% of HH reported not having living condition issues in their current accommodation</td>
<td>30% of HH reported having at least one member experiencing mental health and psychosocial issues</td>
</tr>
<tr>
<td>73% of respondents indicated knowing how to access available GBV services in Slovakia</td>
<td>28% of HH reported not being sure in the short-term for their accommodation arrangements</td>
<td>Protection from sexual exploitation &amp; abuse</td>
</tr>
<tr>
<td>Economic vulnerability &amp; livelihoods</td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>54%</td>
<td>47%</td>
<td>24%</td>
</tr>
<tr>
<td>of HH reported having at least one member healthcare needs</td>
<td>of HH reported having at least one member healthcare needs</td>
<td>of HH with members with healthcare needs, were unable to access healthcare when needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>64%</td>
<td>72%</td>
</tr>
<tr>
<td></td>
<td>of HH reported being aware of safe spaces, protection and support hubs in their area</td>
<td>of respondents indicated they would likely proceed to report an incident of inappropriate behaviour from an aid worker</td>
</tr>
</tbody>
</table>
Introduction

Background

The war in Ukraine, which escalated following Russia's large-scale invasion in February 2022, has resulted in a displacement of millions of people across Europe. Slovakia, like other countries in the region, saw a rapid influx of persons fleeing hostilities and throughout 2023, as of 30 November 2023, over 1.8 million people had crossed the borders from Ukraine into Slovakia since 24 February 2022. Among them, more than 500,000 refugees from Ukraine are residing in Slovakia. According to Ministry of Interior of the Slovak Republic, on 8 November 2023, over 114,000 valid Temporary Protection (TP) and approximately 96,000 pending applications were issued by the Ministry of Interior (MI) of the Slovak Republic. As of 30 November 2023, over 1.8 million people had crossed the borders from Ukraine into Slovakia since 24 February 2022. Among them, more than 500,000 refugees from Ukraine are residing in Slovakia. In August 2023, the number of refugees from Ukraine increased to over 1.1 million people. The war has also led to the entry of over 200,000 third-country nationals. Since 24 February 2022, the number of refugees in Slovakia has increased from over 10,000 to over 1.8 million people. The war in Ukraine has led to the entry of over 200,000 third-country nationals. Since 24 February 2022, the number of refugees in Slovakia has increased from over 10,000 to over 1.8 million people. The war has also led to the entry of over 200,000 third-country nationals. Since 24 February 2022, the number of refugees in Slovakia has increased from over 10,000 to over 1.8 million people. The war has also led to the entry of over 200,000 third-country nationals. Since 24 February 2022, the number of refugees in Slovakia has increased from over 10,000 to over 1.8 million people. The war has also led to the entry of over 200,000 third-country nationals. Since 24 February 2022, the number of refugees in Slovakia has increased from over 10,000 to over 1.8 million people.
Methodology

The MSNA in Slovakia was implemented through a quantitative approach, in which primary data was collected through a structured, multi-sectoral survey. The survey included questions pertaining to both the individual and household level for all surveyed households, and was designed at the regional level, in consultation and cooperation between UNHCR and the inter-agency Team in Slovakia, as well as sectoral leads of the RCF. Data collection took place between 7 July and 28 August 2023. The assessment covered a total of 819 households, including 1,853 household members. The population of interest included all households of refugees from Ukraine who have sought temporary protection (TP) and settled in Slovakia, since 24 February 2022. Interviews were conducted in all eight regions of Slovakia, including the region of Bratislava which has been host to the country’s largest refugee population. The geographical distribution of interviews was based on the sample methodology (see section below). The main unit of measurement was the household, with specific indicators measured at individual level by asking the respondent questions about each of the household members.

Sampling design

For the second strata, given the lack of a complete sampling frame, we used a cluster sampling approach with a high probability of selection for regions with a high concentration of refugees. The sample size was set to 800-1,000 households, with a minimum sample size required in random samples for estimates with 95% level of confidence and 5% margin of error (around 400 households) and doubling that to account for the sampling design effect. The sample was divided among HH living in private accommodation (representing 80% of the sample) and in collective sites (representing 20% of the sample) based on the assumed distribution of the overall refugee population across the country.

<table>
<thead>
<tr>
<th>TABLE 1: SAMPLING DESIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strata</strong></td>
</tr>
<tr>
<td>Private accommodation</td>
</tr>
<tr>
<td>Collective accommodation</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
**Data collection**

Respondents were randomly selected, and interviews conducted in public areas across the country, including

- **buckets**: interviewers met the respondents on the street or in places where they were present, such as cafes, markets, or public parks.
- **shelters**: the respondents were approached at their shelters, such as hostels or hotels.
- **integration centers**: interviews were conducted at the integration centers where refugees and migrants were receiving services.
- **community events**: events like festivals or classes where refugees gathered for social activities.

The selection of respondents aimed to ensure a wide representation of the refugee population, considering their background, age, and gender. The interviews were conducted using a pre-tested questionnaire, which included questions about demographic information, past experiences, and current needs.

**Data analysis**

A preliminary analysis was performed as per the Data

- **m-tabv-move**: to assess the movement patterns, a team of analysts used the survey conducted in the target region. The team collected data on the respondents' journeys, including origin and destination, mode of transport, and duration. The data was analyzed to identify trends and patterns in the movement of refugees.

- **m-tabv-access**: to evaluate the access to services, a team of researchers used the survey data to assess the availability and accessibility of services. The analysis focused on the availability of basic services such as healthcare, education, and housing, and the accessibility of these services in terms of distance, cost, and available resources.

- **m-tabv-safety**: to examine the safety and security of the respondents, a team of experts analyzed the survey results to identify areas of concern and recommend strategies to enhance the safety and security of the refugees. The analysis considered factors such as the presence of armed groups, the risk of arrest, and the availability of protection services.
Findings

Respondent profile

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

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

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

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

Household profiles

77% of HH members were Ukrainian refugees. Each HH member, for a total of 1,853 individuals, to obtain which one individual in the HH. The average HH was composed of 2.3 persons; which reflects a decrease from last year results of 2.6 persons per HH.

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

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

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

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

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

In terms of the length of stay in Slovakia, the average length reported having a disability level 3 or above was 7 months.

9 Washington Group Short Set of questions online
10 Disability level 3 or above: the level of severity of a difficulty reported by a person is “a lot of difficulty” or “cannot do at all.”
Priority needs

The most commonly reported needs were healthcare services, employment and livelihood support, and language courses. This represents an important change from the 2022 results, when the top three priority needs were food assistance, -11ol070-m7 -m7 `rto`:mb: observed by gender; the fourth priority indicated by female u:vrom7; m:ú; -11ol070-m7-m7; l1bm; v76btT-t; u:vrom7; m:ú; m:m;m:7=067-m7; l1bm;v:

![Figure 3: Share of HH by Needs](image)

FIGURE 3: SHARE OF HH PER NEEDS

No needs 17%
With needs 83%

![Figure 4: Share of HH by Priority Need (MCQ)](image)

FIGURE 4: SHARE OF HH PER PRIORIT Y NEED (MCQ)

- Healthcare services
- Employment / Livelihood support
- Language courses
- Accommodation
- Medicines
- Food

68% of school-age children reported having enrolled and attending school in Slovakia [2022/23]
75% of school-age children reported attending distance learning in Ukraine [2022/23]
48% of school-age children reported attending both modalities [2022/23]

Education

ou l; o:t v-t lite; bm;ub; l7 o=v ú:rou]7 _-bm] -tv:om; 1; l77:7-m7 o:t7:óv o=1:0:uv á; l1:bt7:um7-m7 o=1:0:uv; ú:bm7-v1 oot; Puj77uvQ 11.

![Figure 5: Share of HH Members by Age Groups <18 and Gender](image)

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

- Male
- Female

68% of school-age children reported having enrolled and attending school in Slovakia [2022/23]
75% of school-age children reported attending distance learning in Ukraine [2022/23]
48% of school-age children reported attending both modalities [2022/23]

56% of school-age children reported enrolled for the school year 2022/2023 in Slovakia, the main reasons reported for no enrolment in Slovak school, were |

![Figure 6: Enrolment of School-Age Children for the Academic Year 2022-23](image)

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

- Yes 68%
- No 31%
- Prefer not to answer 1%

![Figure 6A: Share of Barriers to School Enrolment (MCQ)](image)

FIGURE 6A: SHARE OF BARRIERS TO SCHOOL ENROLMENT (MCQ)

- Child attending distance learning
- Parents waiting for response from school
- Do not know

11 School-age is defined from 6 to 17 years.
12 Disability level 3 or above: the level of severity of a difficulty reported by a person is “a lot of difficulty” or “cannot do at all”.
13 Ukrainian distance learning means that the child was doing some distance learning activities at least 4 days per week, for at least 3 hours per day (e.g., listening to radio/TV broadcasts, textbook learning, online learning).
programmes targeting specific learning needs, leading to children not being
capacities, teaching personnel, language support and other support
by compulsory schooling, which has strongly impacted their enrolment
Slovak Republic considers that refugee children who are TP beneficiaries,
the law by the Ministry of Education, Science, Research and Sport of the
education, as stated in the EU TP Directive, the current interpretation of
16 years. While all refugee children, including those who are Temporary
training under the same conditions as citizens of the Slovak Republic,
and asylum-seeking or refugee children are entitled to education and
of foreigners with a residence permit in the territory of the Slovak Republic
Coll. on Education and Training (School Act), which stipulates that children
NOTE: School attendance in Slovakia is governed by Act No. 245/2008
was reported that 48% of children had access to one free/
frequency of more than 3 times a week, followed by 28%
results show that 31% of children never attended any non-
Wi-Fi. Regarding Ukrainian distance learning, 45% of school-
early childhood education and childcare services in Slovakia.
6 years old covered by the survey were reported as attending
classes (18%). Additionally, half of the children between 2 and
reportedly intend to enrol their children in were regular
local schools. The most common kind of programs that HHs
intended to be enrolled for the upcoming school year in
children in Slovakia for the academic year 2023/2024
Reported intentions with respect to the enrolment of school-
13%
16%
27%
42%
28%
29%
17%
29%
16%
13%
77%
45%

of school-age children reported
enrolment at school in Slovakia (2023/24)

of school-age children reported intention to continue distance
learning in Slovakia (2023/24)

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

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

DATA indicates that half of the children of early learning age
are enrolled in early learning programmes. This data needs to be
double-checked having in mind that recent studies on
Slovak early learning system unambiguously indicates that
rujv1 ootvã §b hmbj1 bm|1|7b7vmbm7bm
-u:77v1 ootvã §b hmbj1 bm|1|7b7vmbm7bm
-w:77v1 ootvã §b hmbj1 bm|1|7b7vmbm7bm
-m:77v1 ootvã §b hmbj1 bm|1|7b7vmbm7bm
-h:77v1 ootvã §b hmbj1 bm|1|7b7vmbm7bm
-u:77v1 ootvã §b hmbj1 bm|1|7b7vmbm7bm
-m:77v1 ootvã §b hmbj1 bm|1|7b7vmbm7bm
-h:77v1 ootvã §b hmbj1 bm|1|7b7vmbm7bm

Online learning may lead to social isolation, mental
high (63%). Taking into consideration that sustained periods
Data indicates that attendance of non-formal education is
compulsory for children who have fled from Ukraine.
6-17 age is at 68%, even though the official interpretation
academic year 2022/23 for children from Ukraine in the

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

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

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

Accountability to affected people

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

Respondents were asked if they encountered any challenges accessing information needed (including information on rights and entitlements, access to services). In the whole sample, 75% indicated not having faced challenges. Those who reported difficulties indicated lack of knowledge on where to find the information (55%), information not being available in their language(s) (28%), and not being sure of which information to trust (21%).
When asked about their preferences when it comes to providing feedback to aid providers about the quality, tňšťm7-rnuorüb-m; vq vo = -b7 u1; b97 u; vrom7;mły
bm 7b1i-7r om; 1-tpo-...trtmb;P;Q 7 = 1;po = 1;P;Q ou b $t;u-lrt ou P6Q:

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

Phone call helpline
Face to face
Telegram
SMS
Facebook

Child protection

Insights from experts on protection:

 Respondents were asked about risks faced by girls and boys in Slovakia. In both cases, around one tenth of HH reported -bm vr;1bC11om1;umv P8 |bvtv-m7 00ÅQ U_u -m-Šbv om | [r = -11107-0m uroj][7 09]
indicates an increase on these percentages in the case of
v_u7-11107-0mP |bvtv-m7 00ÅQ |bvtv-m
00å=1om1umvbtb|bm|1om1;1m1|umv-m7|bvtv=1om1;umv
bm_oj tou |tvvPbšbm00|_1-vvQ:

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

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

Worsened mental health and wellbeing
Increased vulnerability to neglect
Psychological violence in the community

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

No concerns 78%
Have concerns 9%
Do not know 13%

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

Increased vulnerability to neglect
Physical violence within home
Psychological violence in the community

Child protection

Insights from experts on protection:

Respondents were asked about risks faced by girls and boys in Slovakia. In both cases, around one tenth of HH reported.

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

Child protection

Insights from experts on protection:

When asked about their preferences when it comes to providing feedback to aid providers about the quality, tňšťm7-rnuorüb-m; vq vo = -b7 u1; b97 u; vrom7;mły
bm 7b1i-7r om; 1-tpo-...trtmb;P;Q 7 = 1;po = 1;P;Q ou b $t;u-lrt ou P6Q:

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

Phone call helpline
Face to face
Telegram
SMS
Facebook

Child protection

Insights from experts on protection:

Respondents were asked about risks faced by girls and boys in Slovakia. In both cases, around one tenth of HH reported.

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

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In regards to safe and confidential communication channels to obtain information, seek assistance or report issues (including sensitive issues within the community), 80% of respondents reported having unimpeded access. Additionally, 76% reported receiving an appropriate response through reporting channels such as hotlines, community centers, community volunteers, local committees.
The most reported risk for boys was worsened mental health and psycho-social wellbeing, followed by increased vulnerability to neglect, psychological violence in the community and physical violence in the community.

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

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

96% of HHs reported being aware of services to reach out to and report cases of violence against children. The most reported risk for boys was worsened mental health and psycho-social wellbeing, followed by increased vulnerability to neglect, psychological violence in the community and physical violence in the community.

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

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

Insights from experts on child protection:

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

Overall, children can also face discrimination and violence based on their nationality, legal status, or socioeconomic situation. All these risks are reflected in the data related to the concerns about refugee children's safety.

Findings indicate that one tenth of girls and boys are at risk of some form of abuse. The findings also indicate where the child protection system needs to focus greater attention, providing a profile of vulnerabilities by type of residence and by gender. Girls and boys face greater protection risks if they live in collective accommodation centers and hotels or hostels, indicating the need for more targeted programming, preventive and response services in these settings. While girls and boys share physical and psychological abuse, girls share protection and physical abuse and physical abuse.

In current service landscape in Slovakia, most of other needs - notably the mental health and psychosocial support needs - would need to be addressed by the CSO service providers, including hotline providers.
Gender-based violence

Have concerns 11%
No concerns 76%
Do not know 13%

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

13% Being robbed
7% Suffering from verbal harassment
10% Threatened with violence
5% Trafficking

73% of respondents indicated knowing how to access available GBV services in Slovakia

No concerns 74%
Have concerns 15%
Do not know 11%

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

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

INSIGHTS FROM EXPERTS ON GENDER-BASED VIOLENCE:

Level of awareness of available services in the areas of health, psycho-social support, safety and security, legal, and psychosocial support services and social and security services Považská oblast: 11% of respondents felt a high level of familiarity with where and how to access services.

7% of respondents indicated knowing how to access available GBV services in Slovakia.

No concerns 74%
Have concerns 15%
Do not know 11%

FIGURE 16A: SHARE OF HH REPORTING CONCERNS BY TYPE [MCQ]
Economic vulnerability & livelihoods

Livelihoods & inclusion:

Notably, as represented in Figure 17, more than half of refugees reported being covered by both social protection systems. Additionally, 2% of households reported being covered by the Ukrainian social protection system. In regard to the social protection systems, more than half of respondents reported being covered by the Slovak social protection system, while 5% were still covered by the Ukrainian social protection system. Furthermore, 87% of HH members who reported being engaged in formal employment and having a written contract of employment indicated being covered by both social protection systems. Ukrainian social protection system. Additionally, 2% of HH members reported being covered by the Slovak social protection system, while 5% were still covered by the Ukrainian social protection system.

An important indicator obtained from the assessment is the portion of refugees who do not have their own business, or work in a family business; unemployed are those of working age (15-64 years) who are not employed. The majority reported that the main reasons for not finding employment were language barriers and lack of knowledge of the local language.

More than a half of HH members indicated that before leaving Ukraine, they had been employed (56%), self-employed (11%), and had been engaged in household responsibilities, and 6% had been students (13%). Additionally, 6% reported that they had completed secondary education. The main obstacles to accessing employment reported by this population group were that they are not actively looking for work and lack of employment opportunities suited to their skills. However, 56% of HH members reported being covered by both social protection systems. Ukraine they had been employed (56%), self-employed (11%), and had been engaged in household responsibilities, and 6% had been students (13%). Additionally, 6% reported that they had completed secondary education. The main obstacles to accessing employment reported by this population group were that they are not actively looking for work and lack of employment opportunities suited to their skills. However, 56% of HH members reported being covered by both social protection systems.

Moreover, 75% of the working-age HH members assessed their wishes. 17% also indicated not being in search of occupation for not finding employment in line with their profiles and future situation of vulnerability. Data shows that 12% of the youth aged 15-24 reached with the assessment reported having a university degree (51%) with a higher percentage on female respondents (56%). This could translate into a high level of employability in key sectors of the Slovak economy, where gaps may exist.

Therefore, the majority reported that the main reasons for not finding employment were language barriers and lack of knowledge of the local language. The majority reported being covered by both social protection systems. Additionally, 2% of HH members reported being covered by the Slovak social protection system, while 5% were still covered by the Ukrainian social protection system.

An important indicator obtained from the assessment is the portion of refugees who do not have their own business, or work in a family business; unemployed are those of working age (15-64 years) who are not employed. The majority reported that the main reasons for not finding employment were language barriers and lack of knowledge of the local language. Moreover, 75% of the working-age HH members assessed their wishes. 17% also indicated not being in search of occupation for not finding employment in line with their profiles and future situation of vulnerability. Data shows that 12% of the youth aged 15-24 reached with the assessment reported having a university degree (51%) with a higher percentage on female respondents (56%). This could translate into a high level of employability in key sectors of the Slovak economy, where gaps may exist.

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Economic capacity:

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

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

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

Food security and coping strategies:

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

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

Food security and coping strategies: 17

Food Consumption Score FSC: [online]

Reduced Coping Strategies Index (RCSI): [online]

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

![FIGURE 28: SHARE OF HH BY RCSI INDICATOR](image)

Insights from experts on economic vulnerability & livelihoods:

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

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

![FIGURE 22: SHARE OF HH BY CHANGES ON INCOME COMPARED WITH PREVIOUS YEAR](image)

![FIGURE 28: SHARE OF HH BY RCSI INDICATOR](image)

17 Food Consumption Score FSC: [online]
18 Reduced Coping Strategies Index (RCSI): [online]
Health

Chronic illnesses are medical conditions or diseases that are persistent, long-lasting, and generally characterized by slow progression. Examples include diabetes, hypertension, asthma, arthritis, chronic obstructive pulmonary disease (COPD), heart disease, autoimmune disorders, and certain mental health conditions.

Health

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

Access:

At the time of the interview, unemployed refugees with TP did not have access to healthcare services. This has changed since 1st September 2023, as the Government extended the full access to healthcare services to unemployed TP holders. Of the 47% of HH reported having at least one member with healthcare needs at the time of the data collection, 24% indicated that they had not been able to access healthcare in the past 30 days. The main reasons were the inability to make an appointment at a healthcare facility, the lack of health insurance in Slovakia, and language barriers. Barriers to accessing sexual and reproductive health were cited by 2% of respondents with at least one woman in the household.

With regard to the prevalence of chronic illnesses19, out of $\text{HH}_i \in \text{set of HHs}$, including access and barriers to healthcare. It also since arriving to Slovakia, as well as knowledge about mental healthcare services. Respondents were also asked a set of questions about the health status of each of their HH members.

Child health & nutrition:

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

In conclusion, the economic vulnerability and livelihoods analysis underscore the need for a comprehensive approach to economic empowerment and livelihood opportunities of various demographic groups.

19 Chronic illness is a medical condition or disease that is persistent, long-lasting, and generally characterized by slow progression. Examples include diabetes, hypertension, asthma, arthritis, chronic obstructive pulmonary disease (COPD), heart disease, autoimmune disorders, and certain mental health conditions.
measles vaccine, either in Slovakia, Ukraine or in a third
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breastmilk in the last two-three days.

Mental health & psychosocial support:

|
| ![image]

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

- **Yes**
- **No**

<table>
<thead>
<tr>
<th>With MHPSS needs</th>
<th>Without MHPSS needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
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</table>

48% of HH with a member in need of MHPSS, was unable to access MHPSS support

**BARRIERS ACCESSING HEALTHCARE [MCQ]**

- Lack of knowledge where to go
- Wait to see if the situation improves
- Lack of time

The main barriers accessing MHPSS services were a lack of knowledge on how to go, a tendency to wait and see if the

20 WHO recommendations on breastfeeding: online

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

**Expenditure and awareness:**

| ![image]

**Insights from experts on health:**

Healthcare remains a priority need among refugees from Slovakia, with surveyed households most commonly

u|rov7m7 - t|l -1|u: v|bl1v|v - v| l|: |l|orm7: 7t0v| -t| respondents were aware of available healthcare related support, but access is an issue given that about one fourth of households with healthcare needs were unable to access services. Changes to TP status and coverage present an issue for accessing healthcare, along with barriers such as lack of knowledge where to go, a tendency to wait and see if the situation improves, and a lack of awareness of available services.

Key health issues highlighted by the MHPSS results include poor access to mental health and psychosocial support, as well as a lack of awareness of available services. Changes to TP status and coverage present an issue for accessing healthcare, along with barriers such as lack of knowledge where to go, a tendency to wait and see if the situation improves, and a lack of awareness of available services.

In terms of expenditure, households reported spending an average of 12% of their total income on health. In addition, the use of healthcare services is likely higher than reported. The MSNA results reveal that there is a need for community-based mental health interventions, due to the stigma of seeking traditional psychological support within the community. Prioritizing community-based approaches can help break down barriers, fostering an environment that is more supportive of mental health and personal well-being. In addition, the access to and availability of mental health specialists is essential to respond to the needs and referrals identified through community-based support.

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Protection from sexual exploitation and abuse (PSEA)

According to the survey results, the majority of the refugees expressed satisfaction with the behavior of aid workers. However, 8% of the respondents indicated that they would be unlikely to report an incident of inappropriate behavior by aid workers. Of those who said they would report, the main concern was the lack of trust that their complaints and response mechanisms align with the core standards for reporting (i.e. safety, confidentiality, and that their investigating procedures on PSEA apply the victim-centred approach).

Regarding the share of respondents that would report an incident of inappropriate behavior by aid workers, 72% indicated they would likely proceed to report the incident. Of those who would not report, the main reasons cited were that aid workers were disrespectful in their interactions with individual members of the community (27%), no follow-up action had been taken after a feedback or complaint submitted, (23%), and a lack of consultation on the part of the service provider on the needs provided or a complaint submitted (23%).

Insights from experts on PSEA:

- The relatively high percentage of refugees willing to report incidents of inappropriate behavior by aid workers indicates overall satisfaction in humanitarian support and services in Slovakia. This is corroborated by the fact that 23% of respondents reported being unable to keep warm or cool, 25% reported lack of separate showers and/or toilets, and 26% reported being unable to cook and/or store food properly.

Accommodation

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

- The analysis for the sample studied is 0.8 rooms per person. In Slovakia, the EU size of housing 2021: the average size of housing in the European Union is 1.6 rooms per person. In Slovakia, the current accommodation at the time of the survey. Slovakia's responses regarding accommodation type, reflected the need for organizations to continue raising the awareness of the affected population on the standards of behaviour expected from humanitarian workers, on how concerns can be safely reported, and how they will be handled.

- 23% of respondents reported experiencing overcrowding conditions, with an insufficient living area. Out of the 3% of respondents reporting dissatisfaction, the most common reasons cited were that aid workers were disrespectful in their interactions with individual members of the community, lack of follow-up action to a feedback or complaint submitted, and a lack of consultation on the part of the service provider on the needs provided or a complaint submitted.

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

- Insufficient privacy, unable to cook and/or store food properly, and unable to keep warm or cool were the most common issues reported by the refugees. Space was not sufficiently clean for 10% of respondents.

- The average size of housing in the European Union is 1.6 rooms per person. In Slovakia, the average size of housing is 0.8 rooms per person.

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- Insufficient privacy, unable to cook and/or store food properly, and unable to keep warm or cool were the most common issues reported by the refugees. Space was not sufficiently clean for 10% of respondents.
Expenditure and Security of Tenure:

Accommodation findings presented an average expenditure for renting of accommodation of 391 EUR per HH renting their accommodation. (Median expenditure is 400 EUR). With regard to the main accommodation arrangements, 84% of respondents reported not paying for their accommodation at the time of the assessment (subsidized accommodation – government scheme, NGO, hosted by local person/family (unrelated) or similar), followed by 8% of respondents paying only part of the cost (accommodation subsidized by the Government or hosted by relatives or close friends), and only 7% paying the full cost of accommodation (rent, utilities, mortgage). This was followed by 1% of HHs having the accommodation subsidized by their employer.

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

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

Insights from experts on accommodation:

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

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

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

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

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

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

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

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

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

The situation in accommodation continues to be of importance among the refugee population in Slovakia. Data collection was conducted in July and August, where government support provided some stability. However, government support provided some stability. However, government support provided some stability. However, government support provided some stability. However, government support provided some stability. However, government support provided some stability. However, government support provided some stability. However, government support provided some stability. However, government support provided some stability. However, government support provided some stability.

Humanitarian actors continue to complement government efforts to meet the needs of refugees as well as facilitate access to basic services. The vast majority of respondents reported being satisfied with the assistance received, with only 9% reporting some form of dissatisfaction. Overall, 88% reported a positive attitude on the part of humanitarian actors, and almost half reported preferring means to provide feedback, phone call helpline. In addition, 72% of respondents indicated that, should a case occurs, they would likely proceed to report an incident of inappropriate behaviour from an aid worker. 25

23 Ministry of Health of Slovak Republic, Určenie rozsahu potrebnej zdravotnej starostlivosti: online
24 Ministry of Education, Science, Research and Sport of the Slovak Republic (2022), Najčastejšie otázky a odpovede v súvislosti so situáciou na Ukrajine z pohľadu školstva: online
25 Ministry of Interior - Housing allowance extension to March 2024: online