

**SLOVAKIA**

# SOCIO-ECONOMIC INSIGHTS SURVEY

FINAL REPORT | NOVEMBER 2024





THE MSNA WAS CONDUCTED IN THE FRAMEWORK OF:



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



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## COVER PHOTOGRAPH:

Zilina, Slovakia. Refugee children in Zilina participate in arts and crafts classes organized by Ukrainian House, providing a therapeutic outlet, offering emotional healing and building connections in their new surroundings.

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## 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
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
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

## 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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# Executive Summary

Between 24 February and November 2024, more than 6.7 million refugees have reportedly fled Ukraine.<sup>1</sup> Among these, over 2.8 million people crossed the borders from Ukraine into the Slovak Republic<sup>2</sup> (hereafter, Slovakia). Over 130,000 individuals have applied for Temporary Protection (TP) in Slovakia, with close to 130,000 TPs having been issued at the time of writing this report.<sup>3</sup> 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 that result in a continued need for assistance and support. In addition, given the unpredictable security and humanitarian situation in Ukraine, it is estimated that population movements will continue throughout 2025 and that new arrivals of Ukrainians seeking safety and protection in Slovakia will join those who have arrived earlier in the country.

Comprehensive and accurate data is key for guiding the planning, implementation and evaluation of programs and interventions, and to support an evidence-based humanitarian response for better addressing refugees' needs. In this connection, the Slovakia Refugee Coordination Forum (RCF), in consultation with other actors and stakeholders involved in the refugee response in Slovakia as well as RCFs in other hosting-countries in the region, carried out the 2024 Slovakia Socio-Economic Insights Survey (SEIS).

The SEIS is a collaborative process used to identify the most pressing needs of a particular population across various sectors such as protection, health, education, accommodation and livelihoods. The SEIS is an inter-agency product designed in line with the objectives of the Regional Refugee Response Plan for the Ukrainian refugee situation, and specifically in support of the Slovakia's inter-agency Refugee Response Plan (RRP). The RRP is an inter-agency multi-sectoral planning and coordination tool, led by UNHCR. In Slovakia, the RRP complements the Government-led efforts and builds on the collective and coordinated work of humanitarian actors, volunteer groups and other local responders, to better address the needs of refugees from Ukraine.<sup>4</sup>

The 2024 SEIS exercise in Slovakia was led by 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 (World Health Organization). 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<sup>5</sup>, and other relevant actors. UNHCR, together with its partner the Slovak Humanitarian Council (SHC) and IOM, supported the implementation of the exercise by mobilizing enumerators for data collection across the country. The Institute for Research in Social Communication of the Slovak Academy of Sciences supported with its expertise in the analysis of the data.

The assessment was implemented between May and July 2024, following a quantitative approach that reached 874 households (HHs) across the country, representing a total of 1,835 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, complemented with qualitative findings from focus group discussions. The questionnaire was designed by the inter-agency team in cooperation with the Slovakia RCF Sector-specific Working Groups.

The preliminary findings of the 2024 Slovakia SEIS were already used by the RRP partners during the 2025-2026 planning exercise, as well as to inform the ongoing work of partners and other stakeholders. The final report will be used as a guide to further support the implementation of the humanitarian interventions across Slovakia throughout 2025, ensuring a more focused approach and allowing for prioritization, as required. This report has been prepared in line with the Grand Bargain commitments towards improved harmonization and coordination of assessment exercises.

This report presents overall needs of refugees from Ukraine who have fled to Slovakia due to the ongoing conflict in their country of origin. The analysis of the assessment data is presented across sectors and sub-sectors, summarizing the demographics of the assessment sample and including cross-cutting indicators on accountability to affected people<sup>6</sup> (AAP) and protection from sexual exploitation and abuse (PSEA).

## » Access the data on UNHCR's MicroData Library

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

1 UNHCR Data Portal: [online](#)

2 UNHCR Slovakia Data Portal: [online](#)

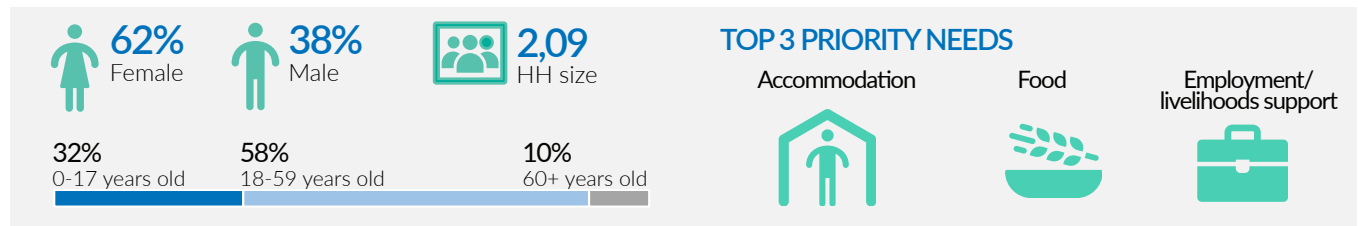
3 Official data provided by the Ministry of Interior: [online](#)

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

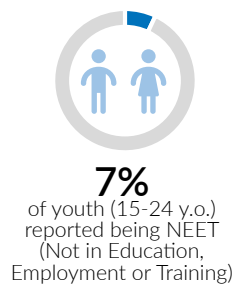
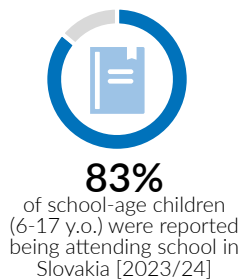
5 Slovakia RCF structure: [online](#)

6 AAP: [online](#)

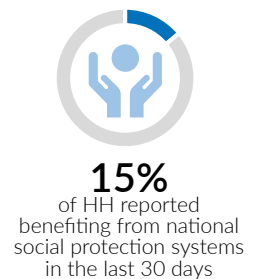
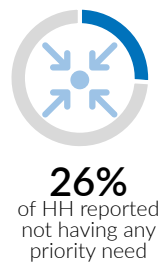
# Results at a glance



## EDUCATION



## PROTECTION



## GENDER-BASED VIOLENCE



**7 out of 9**  
respondents reported being aware on accessing GBV services

## CHILD PROTECTION



**29%**  
of HH with at least one child reported having concerns about serious risks faced by girls or boys

## SOCIO-ECONOMIC INCLUSION & LIVELIHOODS



**66%**  
of working-age individuals (15-64 years old) reported being employed



**84%**  
of HH reported having bank account or account at a formal financial institution in Slovakia

## ACCOMMODATION



**85%**  
of HH reported not having living condition issues in their current accommodation



**37%**  
of HH reported being uncertain on their short-terms accommodation plans

## HEALTH



**21%**  
of respondents with health issues reporting being unable to obtain the needed health care

## MENTAL HEALTH & PSYCHOSOCIAL SUPPORT



**28%**  
of HH with at least one member who experienced mental health or psychosocial problems

# Introduction

## Background

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

As of 20 October 2024, over 2.7 million people<sup>7</sup> had crossed the border from Ukraine into Slovakia since 24 February 2022. Among them, more than 158,000 individuals have applied for Temporary Protection (TP) in the country, with close to 129,500 valid TPs having been issued by the Ministry of Interior of the Slovak Republic at the time of writing this report.<sup>8</sup>

In order to collect information of the Ukrainian refugee households living in Slovakia, to inform the humanitarian programming for 2025 and to effectively guide the response strategy with focused and prioritized immediate and long-term interventions, it was necessary to carry out an up-to-date assessment of the current needs of refugees.

In this regard, the Socio-Economic Insights Survey (SEIS, previously known as the Multi-sector Needs Assessment, MSNA, conducted in 2022<sup>9</sup> and 2023<sup>10</sup>), was conducted in Slovakia between May and July 2024, to guide the humanitarian response, allowing for targeting and prioritization of interventions amid the emergency situation, and with the aim to inform the planning of the 2025 response, thus corresponding better to the needs of refugees.

Within the framework of the inter-agency Regional Refugee Response Plan (RRP) for the Ukraine refugee situation, and particularly in support of the Slovakia's inter-agency RRP, the 2024 SEIS for Slovakia was conducted by UNHCR a, in collaboration with the inter-agency team including the technical-level focal points from UNHCR, IOM, UNICEF and WHO. UNHCR, together with its partners Slovak Humanitarian Council (SHC) and IOM, supported the implementation of the exercise by mobilizing enumerators for data collection across the country; while the Institute for Research in Social Communication of the Slovak Academy of Sciences conducted the analysis.

The inter-agency Refugee Coordination Forum<sup>11</sup> (RCF) in Slovakia with its sector-specific Working Groups and other relevant actors, were actively involved in the development and implementation of the assessment. The 2024 Slovakia SEIS provides an updated, comprehensive and a more focused analysis on multi-sectoral needs and priorities for refugees in Slovakia. The results of the SEIS are to be

used by all stakeholders under the country and regional RRP to understand the evolving situation, unpack risks and vulnerabilities and to advocate for solutions and support from all actors involved in the response, stakeholders and the donor community.

## Objectives

The SEIS is an essential inter-agency 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 and to enable the planning of 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 RRP to understand the evolving situation, unpack risk and vulnerabilities and to advocate for funding from donors. SEIS facilitates evidence-based decision making through data at different levels (operational, strategic, advocacy) and regional comparisons through harmonised approach.

For the 2024 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 one questionnaire for all countries.<sup>12</sup> This was to allow better comparison across countries, without losing the possibility to compare this year's results to those of 2023.

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

1. A multisectoral and comparable overview/update of the needs, capacities, and vulnerability situation of refugees from Ukraine hosted in Bulgaria, Czechia, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania and Slovakia, to provide the evidence to inform humanitarian planning and prioritization process.
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 and to identify variations in needs among population groups and geographical areas 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. Aiming to collect enough evidence and data to better inform future data driven targeting.

<sup>7</sup> UNHCR Operational Data Portal: [online](#)

<sup>8</sup> Temporary protection granted – Ministry of Interior: [online](#)

<sup>9</sup> Slovakia MSNA 2022: [online](#)

<sup>10</sup> Slovakia MSNA 2023: [online](#)

<sup>11</sup> Slovakia RCF: [online](#)

<sup>12</sup> 2024 SEIS have been implemented in Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, and Slovakia.

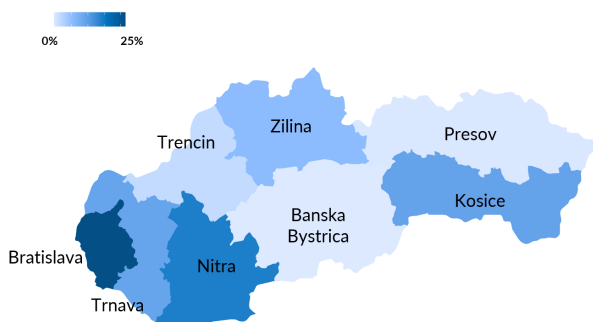


# Methodology

## Geographical coverage

The target population of the regional 2024 SEIS was 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 country-wide geographical coverage, with specific sub-national stratification decided in each country. In Slovakia, the majority of SEIS respondents reported residing in Bratislava (26%) and Nitra (19%) administrative regions.

MAP 1: SAMPLE GEOGRAPHICAL DISTRIBUTION



The SEIS 2024 in Slovakia was implemented through a mixed method approach, combining both quantitative and qualitative insights.

First, 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, as well as sectoral leads of the RCF. 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 21 May to 25 July 2024. 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 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 below). The main unit of measurement was a household, with specific indicators measured at individual level by asking the respondent questions about each of the household members.

Second, the quantitative component was complemented with 14 focus group discussions (FGD) with refugees with a wide range of AGD (age, gender and diversity) considerations, conducted in Bratislava (4), Humenné (3), Košická Belá (3), Michalovce (1), Nitra (1), Spišská Nová Ves (1) and Žilina (1). The main themes covered by the FGD aimed to complement the quantitative component, focused on access to education, child protection, access to rights, accommodation, community participation/integration, day-to-day life, financial/economic aspects and employment, future plans, health, language, physical and psychological security and safety, and state social system.

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

## Sampling design

The quantitative survey covered a total of 874 households, including 1,835 household members. The qualitative FGD included 120 participants, of whom 91 were female and 29 were male, ranging in age from 18 to 88 years.

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

For the second strata, given the lack of a complete sampling frame (full list of refugees from Ukraine recorded in the country with contact or location details), the study used a multi-stage sampling design, including stratified area-based sampling in the first stage and convenience sampling in the last stage. For the first stage, a sampling frame was built based on the latest available population figures on temporary protection (TP) holders in Slovakia provided by the Ministry of Interior and the distribution of UNHCR's cash-assistance beneficiaries by region and district of residence, together with data from the Slovak population geographical distribution provided by the National Statistics Office, which was used to calculate estimated density levels of the refugee population. This sampling frame was in turn stratified into two main stratas: Bratislava and the rest of the country. Within each of these, strata districts were randomly selected based on following the below mentioned approach:

- Bratislava: each district is classified into three density categories (high, medium and low). All 6 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 9 high density districts are selected, together with a random selection of 7 out of 21 with medium and 4 out of 34 with low, for a total of 20 districts. The sample in those selected districts is distributed proportional to the estimated size of refugee population.

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

The target sample size was set to a minimum of 800 and maximum of 1,000 households, taking into account the minimum sample size required in random samples for estimates with 95% level of confidence and 5% margin of error (around 400 households) and doubling that to account for the sampling design effect. The sample was divided among HH living in private accommodation (representing 80% of the sample) and in collective sites (representing 20% of the sample) based on assumed distribution of the overall refugee population across the country.

TABLE 1: SAMPLING DESIGN

Strata	Estimated number of reachable individuals	Estimated number of reachable households	Minimum sample frame	Maximum sample frame	Achieved sample
Private accommodation	95,200	41,391	640	800	703
Collective accommodation	23,800	10,348	160	200	171
Total	119,000	51,739	800	1,000	874

The FGD were conducted across the country, to reflect to the extent possible the geographical distribution of the refugees from Ukraine. The participants were approached via convenience sampling as mentioned earlier in this text.

## Data collection

Quantitative data collection implemented by IOM and SHC enumerators consisted of a multi-sectoral HH-level survey conducted using electronic tablets. All interviews were conducted at the HH level (featuring individual loop questions per HH member): enumerators interviewed face-to-face only the adult members of the HH, who were asked questions to reflect the socio-economic status 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 conducted in public areas across the country, including integration centres 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<sup>13</sup> in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or HH.

In addition to personal data protection, the exercise was guided by the principle of data responsibility, which is the safe, ethical and effective management of data as outlined in the Inter-Agency Standing Committee (IASC) Operational Guidance on Data Responsibility in Humanitarian Action.<sup>14</sup> This included asking for informed consent and taking measures to prevent the exposure of sensitive non-personal data, ensuring data protection and security in line with the principles for data responsibility in humanitarian action.

Apart from the technical component, the 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.

<sup>13</sup> UNHCR Data Protection Policy: [online](#)

<sup>14</sup> IASC Operational Guidance on Data Responsibility in Humanitarian action: [online](#)

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.

The FGD were conducted in April, May and July 2024, mostly in collective accommodation sites, or community, reception and Blue Dot centres.<sup>15</sup>

## Data analysis

A preliminary analysis was performed by the Slovak Academy of Science, as per the Data Analysis Plan agreed at 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. Summaries of the FGD were consolidated by the facilitators. These were subsequently subjected to thematic analysis and used to provide a deeper insight for the quantitative analyses.

In addition, a round table event was organized with the participation of government entities, humanitarian actors and other key stakeholders, to present the preliminary results and to obtain insights and guidance from the specialists in each area, contextualize the results, complement the preliminary findings, ensure disaggregated analysis and consider further analysis across specific population groups and topics.

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

## Limitations

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

Perceptions and respondent bias: indicators related to service provision are based on respondents' perception and may not directly reflect the reality of service provision. Certain indicators may be under-reported or over-reported due to the subjectivity and perceptions of respondents. Furthermore, as for the FGD, it was not transcribed verbally, and the analysis was based solely on paraphrased and summarized material. This could result in a limited understanding of the participants' lived experiences.

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 July 2024, findings should be interpreted as a snapshot of the situation of refugees at that point in time.

<sup>15</sup> Blue Dot centres: [online](#)

<sup>16</sup> Temporary protection granted – source Ministry of Interior: [online](#)

# Findings

## Respondent profile

This section outlines the demographic characteristics, in particular about gender, age and vulnerability of respondents, providing an overview of the 874 individuals who answered on behalf of their household (HH). These respondents represent the key demographic composition of the households included in the assessment. The interviews were conducted only with adults, of whom 73% were female and 27% male. Among all respondents the most represented age group was 35-59 years (58% of the respondents).

The average age of the respondents recorded at the national level was 42 years, with the highest average age in Banská Bystrica region (47 years) and the lowest in Nitra region (41 years). Additionally, the highest proportion of female respondents corresponds to Trnava region (83%), while the lowest in Banská Bystrica region (54%).

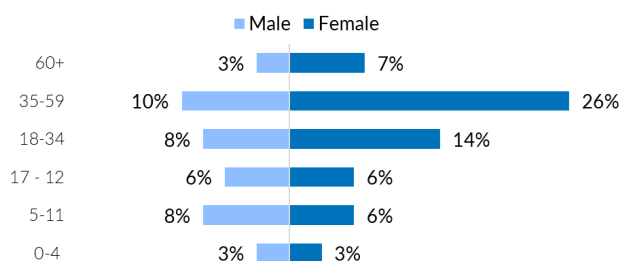
The majority of respondents reported holding Ukrainian citizenship (99.7%), with only 1% holding Russian citizenship. Similarly, nearly all respondents (99%) self-identified with Ukrainian ethnic background, while a small number (3%) identified themselves as Russian.

## Household profiles

Respondents also provided information for each individual member of their household. A total of 1,835 HH members were included among the 874 households surveyed. The average household size was 2.09, which reflects a decrease from last year results of 2.3 individuals per HH. Regarding the area of residence, a significant majority (88%) of households reported residing in urban areas, while the remaining households reported being situated in rural areas.

Women accounted for 62% of all household members. Similarly to the household level, the most represented group at the individual level was women between 35 and 59 years of age (26%), making up the largest age group, followed by those aged 18-34 (14%). Additionally, 32% of household members were under 18 years of age.

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



Overall, 74% of HHs were reported as female-headed and 46% with at least one HH member under 18 years old. Additionally, 18% of HHs had at least one member over 60 years old, and in 13% of HHs, the head of the HHs was an older person.

In 2% of surveyed HHs, children were reported living without either biological parent, and in approximately 3% of HHs, at least one child lived with a head of HHs with a disability. In 11% of HHs, it was common for individuals under 25 years of age to make significant decisions, while approximately 0.6% of HHs reported that a child younger than 18 was taking the lead in making major decisions.

The most common HH typology, based on adults' age and presence of dependents, consisted of one or more adults aged 18-59 without dependents, accounting for 40% of households. In comparison, 31% of HHs comprised a single adult aged 18-59 with dependents. When categorized by gender and parental roles, 32% of HHs were led by female adults aged 18 or older with children, while 27% were female-headed without children. In contrast, only 0.5% of HHs were male-headed with children, compared to 15% male-headed without children. Among HHs with two or more adults, 13% included children, while 12% did not.

FIGURE 2: SHARE OF HH BY TYPOLOGY - AGE/COMPOSITION

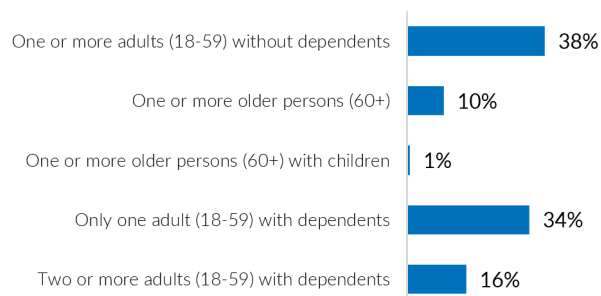
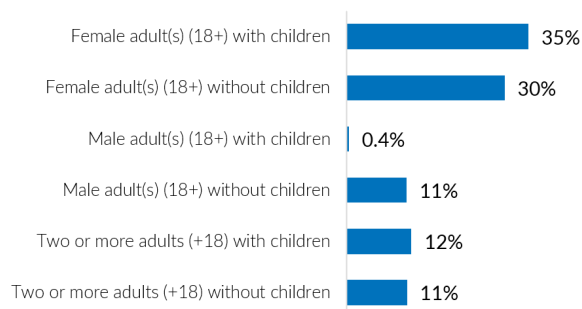


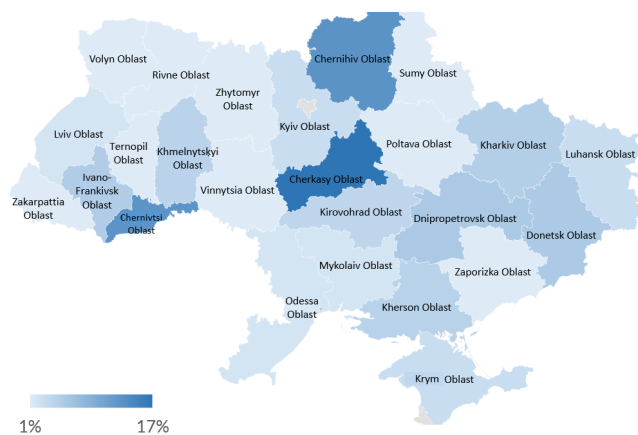
FIGURE 3: SHARE OF HH BY TYPOLOGY - GENDER/COMPOSITION





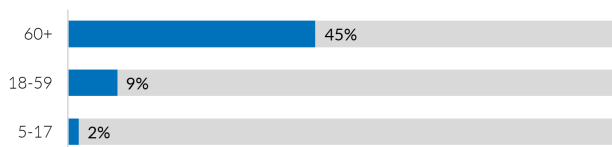
The shaded regions on the map of Ukraine below represent the specific oblasts from which refugee households have been displaced, as per the survey data. Most HHs reported coming from the eastern part of the country, particularly Kharkivska Oblast (17%), Donetsk Oblast (13%), and Dnipropetrovska Oblast (13%). Additionally, 11% of respondents reported being originally from Cherkaska and Kyivska Oblast combined. Regarding the length of stay in the country, 41% of all HH members arrived in Slovakia during first months (February to April 2022) of the full-scale invasion, with 26% arriving in March 2022 alone. In total, 67% arrived in 2022, 22% in 2023 and 8% so far in 2024. Approximately 3% of individuals were already residing in Slovakia prior to February 2022.

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



Following the Washington Group Short Set (WG-SS)<sup>17</sup> of questions, proxy respondents were asked if any HH member had visual, hearing, mobility, cognition, self-care, and communication difficulties. Overall, 11% of HHs members reported having a disability level 3 or above<sup>18</sup> (a lot of difficulty or could not do at all). This represents 19% of HHs, with at least one member with this level of disability. Approximately 45% of respondents aged 60 and older reported having a disability level of 3 or higher, 9% in the case of 18-59 age group and 2% for 5-17 age group.

FIGURE 4: SHARE OF HH MEMBERS WITH DISABILITIES PER AGE GROUP



## Priority needs

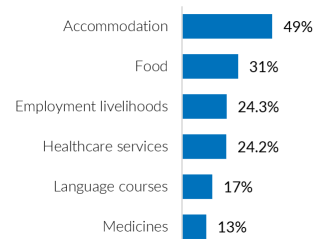
Approximately three quarters (74%) of HHs reported having priority needs at the time of the interview. This represents a decrease of 9 percentage points compared to last years' results (83%). Differences were observed across respondent gender: nearly 76% of the female respondents reported having priority needs, compared to 66% of the male respondents. An increasing trend in expressed needs was observed across age groups. Among respondents aged 18-34, 67% reported having needs, compared to 74% of those aged 35-59 and 88% of those aged 60 and above. Similarly, 83% HHs with at least one chronically ill member reported having needs, compared to 66% of households without chronically ill members.

Among those who did express needs, nearly half (49%) identified accommodation as a primary concern. Additionally, 31% of HHs reported needs related to food, while 24% indicated concerns regarding employment and livelihoods. This represents an important change from 2023 results, when the top three priority needs were access to healthcare, employment, and language courses.<sup>19</sup> A slight difference emerged in the composition of the top three priority needs between genders. Among male respondents, employment ranked as the third most important need (29%), whereas for female respondents, healthcare services came third (25%), followed closely by employment (22%).

FIGURE 5: SHARE OF HH PER NEEDS



FIGURE 5A: SHARE OF HH PER PRIORITY NEED [MCQ]



<sup>17</sup> Washington Group Short Set of questions [online](#)

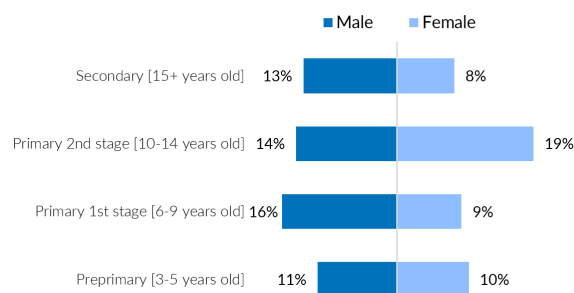
<sup>18</sup> Disability level 3 or above: the level of severity of a difficulty reported by a person is "a lot of difficulty" or "cannot do at all".

<sup>19</sup> Slovakia MSNA 2023: [online](#)

## Education

From the total sample interviewed, 46% of HHs reported having at least one child under the age of 18. Additionally, 31% of all household members were children aged 0 to 17, while 23% were school-aged children between 6 and 17 years old.

FIGURE 6: SHARE OF HH MEMBERS BY AGE GROUPS <18 AND GENDER



Based on SEIS data, of all school-aged children (6-17 years old), 83% were reported to attend school in Slovakia in the academic year 2023/24, while 17% were reported to not being enrolled in the Slovak school system. Two major reasons were identified for children not being enrolled in Slovak schools. First, the majority of children not enrolled in Slovakia (58%) reported remaining enrolled in schools in Ukraine and attending distance learning. Second, although less common (15%), some children who were no longer officially enrolled in Ukrainian schools continued to rely on remote/online learning tools to continue their education at home. Other cited reasons included children having already graduated, lack of schools in accessible distance and language barriers, with smaller percentages (2%-5%). This presents a change compared to the previous year's results, when nearly three-quarters (73%) of cases of children not attending school in Slovakia were reported to be due to enrolment in distance learning, while in other cases parents were still awaiting a response from schools regarding their applications (14%).<sup>20</sup>

FIGURE 7: SHARE OF SCHOOL-AGE CHILDREN REPORTED ATTENDANCE FOR THE ACADEMIC YEAR 2023-24

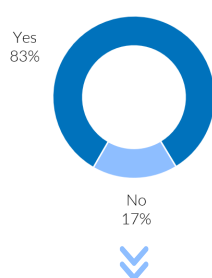
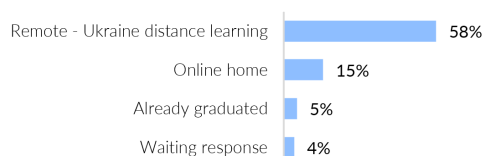


FIGURE 7A: SHARE OF BARRIERS TO SCHOOL ATTENDANCE [MCQ]



Additional information from FGDs, based on participants' experiences, indicated ongoing challenges in access to education in Slovakia. Key issues included the absence of clear legal provisions on compulsory education, insufficient support in schools - such as language assistance, adaptation programs, teaching assistants, and mental health and psychosocial support (MHPSS). Also, some participants reported a lack of training opportunities for teachers regarding inclusive education. As a result, refugee children from Ukraine face challenges when adapting to Slovak learning environments, with the lack of appropriate support measures leading to some children not learning effectively or dropping out. In addition, cases of children who have been out of school for extended periods were mentioned during the discussions, with some cases of children in the third grade lacking basic literacy skills.

A significant proportion of school-age children (42%) was learning remotely or online in the previous academic year 2023/2024. Of those engaged in distance learning, 60% reported being enrolled in a Slovak school but complementing their education with the Ukrainian curriculum online, and 26% used the all-Ukrainian online school platform. Distance learning was also raised during the FGDs, with cases of online graduates of the Ukrainian curriculum who plan to continue their university studies in Slovakia. Out of all school-age children surveyed, 43% were still formally enrolled in a school in Ukraine for the academic year 2023/24.

FIGURE 8: SHARE OF SCHOOL-AGE CHILDREN BY REPORTED REMOTE LEARNING OR ON-LINE FOR THE ACADEMIC YEAR 2023-24

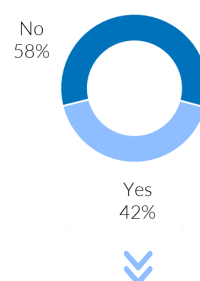
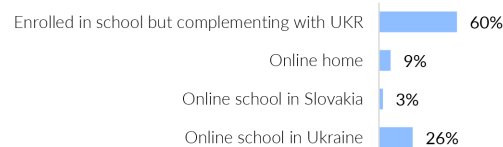


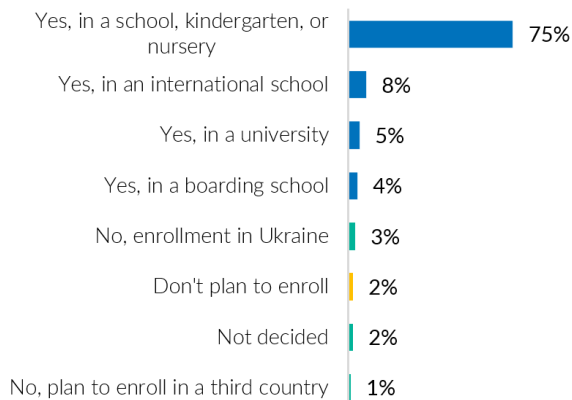
FIGURE 8A: TYPE OF REMOTE LEARNING [MCQ]



Looking ahead, three-quarters of all school-aged refugee children were expected to be enrolled in the Slovak national education system for the academic year 2024/2025. Additionally, 8% had plans to attend international schools, while a few families were undecided or had no plans for enrolment.

<sup>20</sup> Slovakia MSNA 2023: [online](#)

FIGURE 9: SHARE OF SCHOOL-AGE CHILDREN REPORTED ENROLMENT INTENTION IN EDUCATION SYSTEM FOR THE NEXT ACADEMIC YEAR 2024-25



### » Insights from experts on education:

SEIS data shows a positive trend in terms of increase in reported enrolment in Slovak schools (from 68% in 2023 to 83% in 2024), while participation in distance learning through the Ukrainian online platform has decreased (from 75% in 2023 to 42% in 2024). This suggests that an increasing number of Ukrainian refugee children are enrolled and remain in Slovak schools, despite some persisting challenges in accessing education, such as a lack of clarity around compulsory education for refugee children with Temporary Protection status, as well as socio-emotional and mental health issues. These challenges are echoed in the feedback from the field, with refugee parents also raising concerns about the recognition of studies completed from abroad as an additional barrier when considering school enrolment in Slovakia. SEIS data shows that 43% of Ukrainian children are still enrolled in the Ukrainian educational system, and that out of the 42% of children studying remotely or online, 60% are enrolled in Slovak schools while completing Ukrainian core subjects online (Ukrainian language, literature, defence and history).

For those who are in school, the quality of learning experiences for Ukrainian refugee children appears unequal and challenges remain – teachers and school staff would benefit from further capacity building on inclusive, welcoming and supportive approaches in schools, as well as actively engaging with families to better respond to the needs of children. Slovakia's ongoing reform with the introduction of "Supportive measures" is a step forward and a basis for strengthening the education system's approach to the inclusion of refugee students and to diversity and multiculturalism in learning environments.

Ukrainian adolescents and youth in Slovakia are particularly vulnerable and hardest to reach because services are

not available to them and/or they are not engaged with services. They are thus missing from the systems of support and protection, while often facing more challenges in adapting to a new country and new school environment than children of primary school age. Additional data collection and analyses focusing on the enrolment trend for this group (age 10-17), their learning experiences and aspirations for the future (in terms of education and/or employment) would be important to further inform strategic interventions to support their access and completion of secondary schools (including TVET), and transition into tertiary education and the labour market.

Access to secondary education continues to be a significant challenge for Ukrainian students in Slovakia. Entrance exams pose difficulties due to language barriers, making it challenging for these students to compete fairly. Access to certain schools, like gymnasiums (grammar schools), is especially limited, as space shortages mean even Slovak students struggle to gain entry, further disadvantaging Ukrainian students, who are often left to enrol in less desirable schools. Issues of inclusion are also prominent within secondary education, with many Ukrainian students experiencing feelings of isolation and a loss of motivation due to a lack of adaptation support and limited language assistance. Some Ukrainian students opt to complete their secondary education online through Ukrainian schools. After completing two years in Slovak secondary schools, many transition directly to Slovak tertiary institutions. This trend disrupts continuity for secondary schools, which lose students mid-program, and makes schools less inclined to enrol students who may not stay to complete their studies.

On a positive note, the Slovak Ministry of Education is introducing new legislation and systemic measures to enhance inclusion for Ukrainian students. Starting in September 2025, compulsory education will extend to Ukrainian refugee children with Temporary Protection status. Newly arriving families must enrol school-age children within three months, while families already residing in Slovakia should initiate enrolment in spring 2025 to ensure placement by September. Municipalities, as school founders, now have enhanced access to national data to ensure the enrolment of Ukrainian children living within their jurisdictions.

The need for consistent language support is increasingly acknowledged, with new funding and programs available for language schools. Within schools, Ukrainian students are eligible for the same support measures—such as language instruction, psychological assistance, and teaching assistants—available to their Slovak peers. Yet, significant challenges remain, as many schools struggle to provide these measures due to factors like insufficient and complex funding mechanisms and a shortage of qualified staff (Slovak-as-a-second-language teachers, Ukrainian speaking psychologists and assistants).

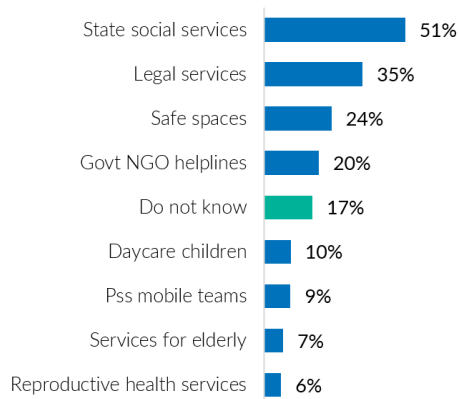
## Protection

This section delves into a range of topics, including general protection measures, social cohesion, and various related issues. It also emphasizes the importance of accountability to affected populations, ensuring that their voices are heard, and their needs are addressed in the context of protection efforts.

Regarding general protection and legal status of refugees, temporary protection was reported being granted to 91% of respondents, while 3% received refugee status. In 2% of cases, a temporary or short-term residence permit (valid for less than 12 months) was issued, and 1% obtained a permanent or long-term residence permit (valid for 12 months or more). Only about 0.1% of respondents reported not having any legal status, and the rest reported having student or work permit, or other type of permits. The most common ID document reported being held by at least one household member was a valid biometric passport, by 93% of households. In a very low number of cases (0.2%), no HH member possessed any form of ID documentation.

Half of respondents indicated awareness of state social services (51%), followed by legal services (35%) and safe spaces, protection, and support hubs (24%). However, 17% of respondents were unaware of these services. Additionally, 91% reported feeling safe when walking alone in their neighbourhood after dark.

FIGURE 10: SHARE OF HH BY AWARENESS OF PROTECTION SERVICES [MCQ]



Regarding the relationship between refugees and the host community, respondents described the relationship generally as positive, with 74% expressing this view, while only about 2% indicated a negative relationship and neutral relationship was cited in 24% of cases. For 71% of HHs, the quality of the relationship with the host community remained unchanged since arrival at the current location, while 10% reported an improvement in this relationship. In contrast, 19% indicated that social cohesion had worsened.

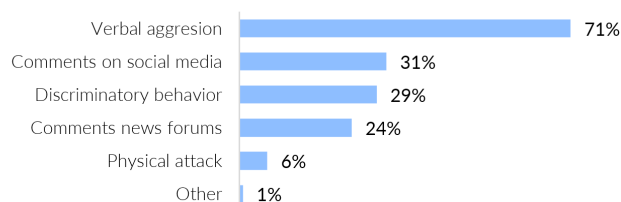
Further analysis was conducted regarding social cohesion. Two thirds of HHs (66%) reported not encountering any hostile behaviour or attitudes from the host community members. However, around a third of HHs (34%) at least one member did experience some form of hostility. Out of those, the most

commonly cited form was verbal aggression, reported by 71% of those who experienced hostility. Additionally, 31% encountered hostile or aggressive comments on social media, while 29% reported experiencing discriminatory behaviour. These findings indicate expression of hostility towards refugees not only in online spaces but mostly by explicitly confronting individuals in person. The highest prevalence of hostility manifestations is verbal in nature. Physical forms of hostility, such as physical attacks, were reported less frequently but still represented a significant portion, affecting 6% of respondents reporting hostile behaviour.

FIGURE 11: SHARE OF HH BY PERCEPTION OF HOSTILE BEHAVIOR



FIGURE 11A: SHARE OF HH PER TYPE OF HOSTILE BEHAVIOR [MCQ]



### Accountability to affected people

Overall, 55% of HHs reported having received some form of assistance over the three months prior to the participation in the survey. Among those households, 91% expressed being satisfied with the aid received. Out of the 9% reporting dissatisfaction, the most frequently cited reason for dissatisfaction among those who provided a specific answer was the perceived insufficiency of the aid, a sentiment shared by 62% (19 responses) of them. In terms of the specific types of aid that elicited disappointment, 47% (15 responses) of dissatisfied households mentioned government social protection, 34% (11 responses) were unhappy with humanitarian distributions of food, clothing, and other essentials, and 28% (9 responses) cited humanitarian financial aid.

Respondents were asked to identify the challenges they faced in accessing essential information, including details about their rights and entitlements and information on available services. The majority of respondents (85%) reported no difficulties in accessing the information they needed. Among



those who did face challenges (15%), the most common issue was not knowing where to look for information, reported by 53% of respondents.

FIGURE 12: SHARE OF HH BY REPORTED CHALLENGES IN ACCESSING INFORMATION

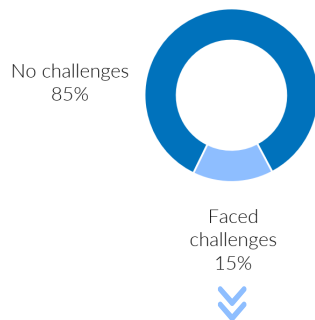
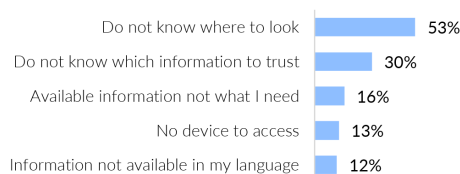
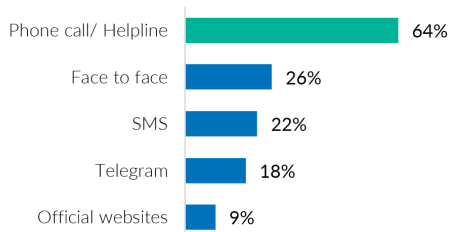


FIGURE 12A: SHARE OF HH REPORTING CHALLENGES BY REASON [MCQ]



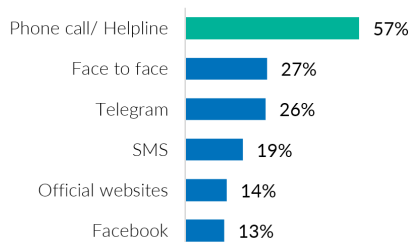
More than half of respondents (57%) reported phone calls or helplines as their preferred channel of receiving information.

FIGURE 13: SHARE OF HH PER PREFERRED MEANS TO PROVIDE FEEDBACK [MCQ]



Likewise, respondents overwhelmingly preferred using phone calls or helplines (64%) to provide feedback to aid providers regarding the quality, quantity, and appropriateness of the assistance received.

FIGURE 14: SHARE OF HH PER PREFERRED MEANS TO RECEIVE INFORMATION [MCQ]



In the FGD, the main problematic area identified regarding access to reliable information was regarding medical treatment, particularly what services are provided for free and what requires payment. Additionally, some participants were uncertain about the application process and the criteria for determining eligibility for disability benefits and material needs subsidies.

Furthermore, several participants highlighted key information channels, particularly emphasizing internet platforms. Social media tools, such as Telegram, Facebook and community WhatsApp groups, were also recognized as vital in accessing information. This underscores the importance of internet connectivity for information dissemination; however, many participants at collective accommodation sites expressed concerns about the poor quality of Wi-Fi connections. On-site assistance at centres and accommodation sites was particularly appreciated, as not everyone has access to devices with internet connectivity or possesses the digital literacy needed to navigate online information—this is especially for the case among some older adults. Another reported channel for sharing and receiving information was through peer networks among refugees and migrants, although this relies on social connections and strong community relationships.

Regarding feedback and response mechanisms, the majority of respondents (87%) reported having access to safe and confidential reporting channels (such as helplines, community centres, etc.) to obtain information, seek assistance or report issues including sensitive issues within their community. A total of 75% of respondents noted they received an appropriate response through these reporting channels.

### Insights from experts on protection:

As evidenced by SEIS data, refugees in Slovakia generally have effective access to documentation, either through Temporary Protection or various residence permits, which is essential for accessing rights in the country and reflects significant efforts by the Slovak authorities. In parallel, since August 2024 (shortly after the data collection period), with the introduction of a new appointment system for documentation registration and due to limited capacities, refugees have begun experiencing longer waiting times for Temporary Protection registration appointments, limiting their access to rights, assistance, and public services, including healthcare, education, social protection, and housing support. This affects particularly the most vulnerable. Additionally, refugees granted asylum or subsidiary protection in Slovakia have also begun facing challenges in scheduling appointments to obtain Slovak ID documents, impacting their ability to secure housing, employment, and other essential services. Addressing these challenges is essential to restoring refugees' efficient access to documentation and ensuring protection in Slovakia.

Regarding access to information and opportunities to provide feedback, it is noteworthy that UN agencies, civil society organizations, and some local authorities have established diverse communication channels with refugees. These include social media, helplines, and websites available in Ukrainian, English, Slovak, and other languages to enhance refugees' access to information. Additionally, a range of support centres and services have been set up to provide targeted, accurate information and individualized counselling, which is particularly valuable for the most vulnerable refugees. It remains important to further expand the availability of up-to-date information on refugees' rights and available services in languages refugees understand and through channels accessible to refugees with specific needs and vulnerabilities, including making information on eligibility for different social protection benefits easily understandable and accessible in plain language.

## Child protection

Overall, 95% of children under the age of 18 were reported being either biological, legally adopted, or other forms of care arrangement by the respondent or a household member. In 5% of cases, the children were related to the respondent or a household member but were neither their biological nor legally adopted children; nonetheless, the respondent or household member held legal responsibility for their care.

Respondents with at least one child under the age of 18 in their HH (46%), were asked to identify the most serious risks they perceive as affecting boys and girls. Out of the HHs with children, 71% reported no concerns about serious risks faced by either boys or girls. Among the concerns, physical violence in the community was the most cited risk for boys, by 43% of HH. In contrast, psychological violence was the most commonly cited risk for girls, reported by 45% of HH. Other risks that were similarly frequently reported for both boys and girls included increased vulnerability to online violence (boys: 33%; girls: 34%) and increased vulnerability to abuse (boys: 33%; girls: 25%).

FIGURE 15: SHARE OF HH BY CONCERN ON RISKS FACED BY BOYS AND GIRLS

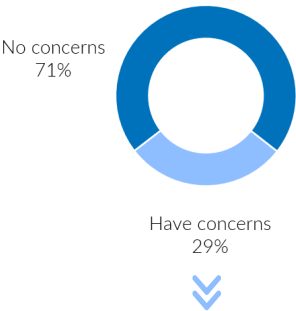
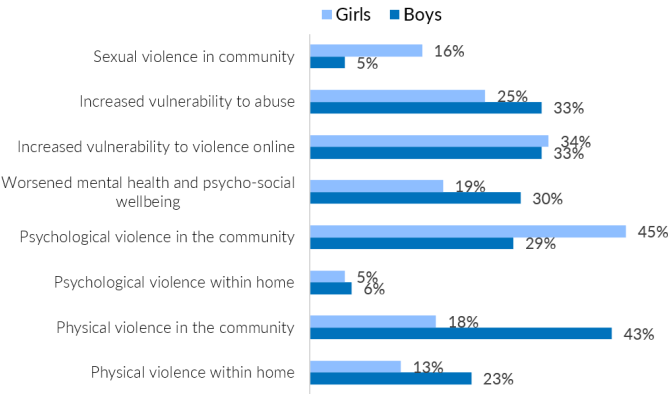
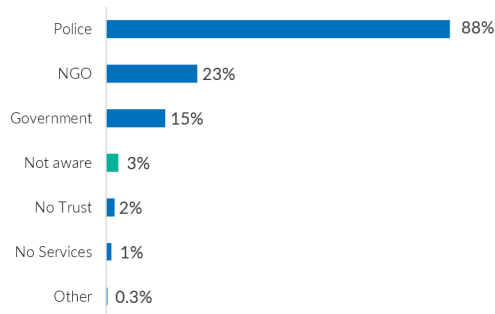


FIGURE 15A: SHARE OF HH REPORTING CONCERNS BY RISKS [MCQ]



Regarding the awareness of where to report cases of violence towards children, most respondents (88%) indicated that they would feel comfortable reporting cases of violence, exploitation, or neglect of children primarily directly to the police, followed by NGOs, and government.

FIGURE 16: SHARE OF HH BY REPORTED AWARENESS ON WHERE TO REPORT CASES OF VIOLENCE TOWARDS CHILDREN



### » Insights from experts on child protection:

There is a notable gap in understanding the increase in case numbers compared to last year. This increase may be linked to a stronger inclusion of families in local community life. Key recommendations include organizing a focus group on this issue and improving data collection on perpetrators, types of violence, and differences between violence in families and communities, including school bullying. Raising awareness regarding the appropriate reporting channels is also essential, as while the police are often cited as the main reporting institution other authorities may be better equipped to handle such cases. Strengthening collaboration among the police and other relevant entities is recommended.

A range of issues has been observed in the accommodation and support of Ukrainian university students, especially those under 18. Firstly, students below this age are currently housed in the same facilities as adults, which are not specifically designed to accommodate or protect children. This setup lacks tailored safeguards that might be necessary for younger students. Furthermore, some Ukrainian students reside in private accommodations, where emerging legal and payment issues with landlords highlight an additional vulnerability. These living situations, whether in university or private housing, present increased risks of protection concerns, such as potential exploitation, which may go unnoticed due to limited oversight.

It is essential to designate separate, age-appropriate accommodation within university housing for students under 18. This would involve adopting or revising housing standards to ensure that children are better protected, with measures such as the presence of qualified adult staff, restrictions on unauthorized adult entry, and access to information about essential services (e.g., legal counselling, mental health, and psychosocial support). Additionally, there is a need to assess the situation of Ukrainian students in private rental settings, where the lack of supervision might increase their exposure to exploitation or other

risks. In addition, there have been significant issues observed with agencies facilitating travel and enrolment for Ukrainian students, as some are failing to meet their contractual obligations. These obligations often include providing access to language classes, assisting with legal residence status, and ensuring other protections essential for integration and security. As a result, some students arrive in Slovakia without the expected residence status or protection, which leaves them and their families in vulnerable positions. The situation is particularly unclear for students who have self-enrolled in universities, raising questions about the varying levels of support and protection offered depending on enrolment pathways.

To address these challenges, it may be beneficial to investigate the registration and licensing requirements for these agencies, particularly regarding their country of registration and compliance with Slovak regulations. Clarifying the services they are expected to provide to prospective students could also help in setting standards and accountability. Additionally, raising awareness among students and parents about available channels for reporting unmet obligations could empower them to seek recourse if they feel misled or inadequately supported by these agencies.

## Gender-based violence

This section addresses all types of violence against women, men, girls and boys. Respondents were asked to identify main safety and security concerns for women and girls, and boys and men respectively. About two thirds of respondents living in HHs with at least one woman signalled having no concerns (67%). Almost identical proportion of respondents living in HHs with at least one man also indicated no safety or security concerns. Of those who expressed concerns, the most frequently mentioned safety and security issue for both genders was robbery, reported by a majority of respondents (53% of women and 54% of men). Following this, the threat of violence emerged as the second most frequently cited concern among women (30%), whereas fear of deportation (41%) emerged as the second most prevalent primary safety concern for men.

FIGURE 17: SHARE OF HH BY SAFETY AND SECURITY CONCERNS FACED BY MEN

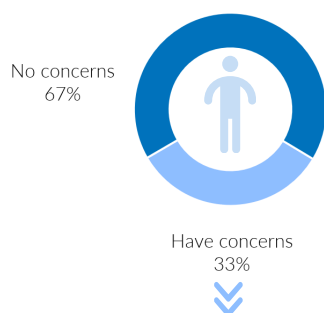


FIGURE 17A: SHARE OF HH REPORTING CONCERNS FOR MEN BY TYPE [MCQ]

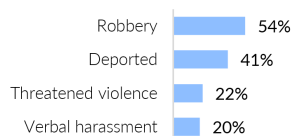


FIGURE 18: SHARE OF HH BY SAFETY AND SECURITY CONCERNS FACED BY WOMEN

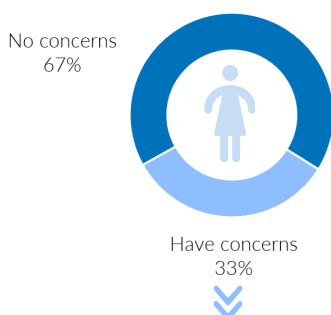
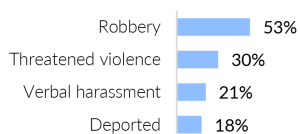


FIGURE 18A: SHARE OF HH REPORTING CONCERNS FOR WOMEN BY TYPE [MCQ]



Respondents were asked whether, in a hypothetical scenario where someone in their community was experiencing gender-based violence and sought their help, they would be able to inform that person about the available GBV services. Overall, 78% of respondents reported being familiar with accessing at least one of the two available gender-based violence services (health and psychosocial) in the aftermath of a GBV incident. The majority of respondents (71%) reported awareness of how to access GBV health services, 68% were aware about access to safety and security services and 54% knew how to access legal services.

Regarding the respondents' perception on barriers to access GBV services, 11% of respondents did not perceive any obstacles, while 24% did not know how to answer this question. Among those who did (61%), 47% cited a lack of awareness as a primary barrier. Language and cultural barriers were mentioned by 35% of these respondents, and an equal percentage (35%) expressed that fear of stigma and feelings of shame would hinder their willingness to report GBV related incidents.

FIGURE 19: SHARE OF HH BY PERCEPTION BARRIERS IN ACCESSING GBV SERVICES

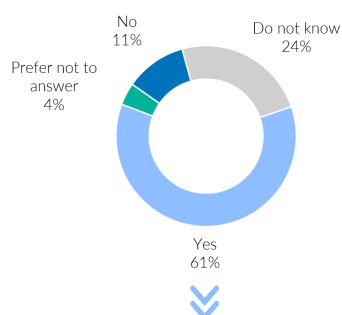
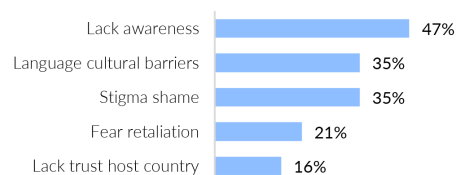


FIGURE 19A: SHARE OF HH REPORTING BARRIERS BY TYPE [MCQ]





## » Insights from experts on gender-based violence:

The 2024 SEIS reveals some key trends and comparisons to the previous year. Notably, there has been an increase in safety and security concerns reported by men on fear of deportation, which may be due to the impact of stronger mobilization and military policies adopted in Ukraine. The robbery remains as the main security concern reported by both genders. On the positive side, the verbal harassment felt from 11% last year to 6% which could signalize a better inclusion into Slovak society.

It is important to mention that SEIS do not gather sensitive or confidential data on GBV, therefore it may have not been able to reflect the prevalence of issues such as intimate partner violence which is statistically the primary safety risk for women in general. Additionally, anecdotal evidence reported from the field is showing relatively high level of sexual harassment in the settings of private accommodation. However, due to a sensitivity of such questions they are not specifically included in SEIS and will be rather assessed in the GBV risk assessment.

Awareness of GBV services remains high, consistent with last year's results. The barriers to accessing GBV services remain unchanged, with lack of awareness still the most frequently reported barrier, although there has been a significant decrease in this issue compared to last year. Continued awareness campaigns and a focus on health services in GBV response are essential, as is ongoing information provision to address the persistent barrier of lack of awareness.

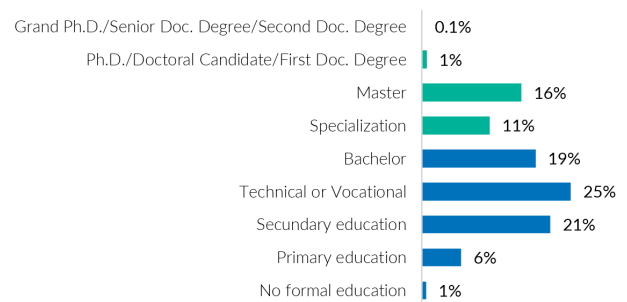
## Economic vulnerability & livelihoods

This section delves into the socio-economic profile of the HH, including key areas such as livelihoods, employment, and overall economic capacity. The section also provides an analysis of the vulnerability indexes, to assess the hardship faced by HH due to shortage of food and or money.

### Livelihoods & inclusion:

Regarding the highest level of education attained, almost half of the working-age<sup>21</sup> HH members reported having a university degree (47%), 25% had completed technical or vocational studies, while 21% had finished secondary education. In contrast, less than 1% of respondents reported having no formal education. This could translate into a high level of employability and shows a potential of the refugee population to mitigate long term challenges with vacancies, including those requiring highly educated candidates.

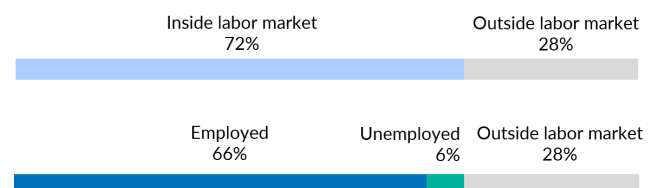
FIGURE 20: SHARE OF HH BY HIGHEST EDUCATION LEVEL ACHIEVED



Further analysis was conducted on the level of Slovak language among HH members aged 12 to 64 years. A quarter (25%) reported having a beginner level, 42% intermediate, 18% advanced and 9% fluent. However, 5% reported not being able to understand or communicate in Slovak language.

In fact, 72% of working-age HH members assessed participate in the labor force<sup>22</sup> in Slovakia, while 28% are outside of it. Furthermore, 66% of working-age household members reported being employed,<sup>23</sup> most of them in the manufacturing sector (35%) and with formal written agreement (87%). The average hours of work per week reported by those employed was of 36 hours.

FIGURE 21: SHARE OF WORKING-AGE HH MEMBERS PER ACTIVITY



<sup>21</sup> Working age refers to the age range of 15-64 years old.

<sup>22</sup> 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.

<sup>23</sup> With an employment in the last 7 days.

Among those working-age HH members who were outside labor force (28%) or unemployed (6%) at the time of data collection, 31% reported studying, 31% being involved in household responsibilities, and 17% actively seeking employment.

Working-age respondents were asked about the challenges faced when looking for employment in Slovakia. Approximately 51% reported having faced difficulties, with the most common being lack of knowledge of the Slovak language, cited by 36% of them. This issue was also highlighted during the FGDs, primarily due to the requirement for Slovak language proficiency, underscoring the need for language classes. Furthermore, FGD participants' testimonies highlighted that many job opportunities available to refugees—even those that do not necessitate Slovak proficiency—are challenging to pursue because of long shifts, physically demanding tasks, and limited flexibility in scheduling. This situation is particularly tough for single mothers, who face challenges to balance work with childcare responsibilities.

FIGURE 22: SHARE OF WORKING-AGE HH MEMBERS FACING DIFFICULTIES FINDING WORK IN SLOVAKIA

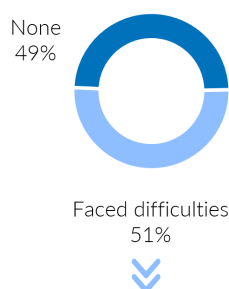
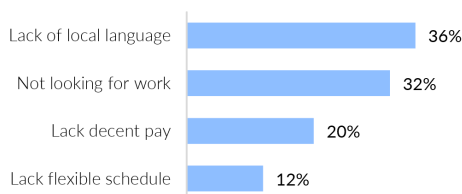


FIGURE 22A: SHARE OF WORKING AGE HH MEMBERS FACING DIFFICULTIES FINDING WORK IN SLOVAKIA BY MAIN REASONS



Despite these challenges, some FGD participants mentioned that they are actively seeking employment through various channels, including online job platforms like Profesia.sk, social media (such as Facebook groups with job listings, the “Ukrainians in Slovakia” group, and LinkedIn), dedicated groups and channels on Viber and Telegram, the Europass website, advertisements, and direct applications to potential employers, including factories and restaurants.

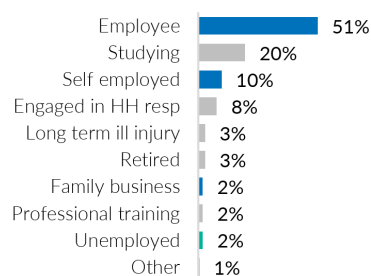


*"...It is possible to find a job with a teacher's diploma, but if the diploma is not confirmed, you have no right to work in a public school. You can get a job in a private school. But even with a teacher's diploma, they hire you for the position of a teacher's assistant. They hire you for a lower position, but the workload is double, and the pay is less than that of their Slovak colleagues. Benefits for teachers do not apply to Ukrainian teachers..."*

FGD in Bratislava, July 2024;  
Age range 35-70, 2 men and 12 women

Regarding their employment status before leaving Ukraine, 51% of working-age HH members mentioned being employed, 20% studying, 10% pursuing self-employment, and 2% unemployed. Notably, the manufacturing sector was the primary industry reported by 16% of respondents, being the only category with significant representation, while other sectors were more evenly distributed.

FIGURE 23: SHARE OF HH MEMBERS BY MAIN ACTIVITIES BEFORE LEAVING UKRAINE



An important indicator obtained from the assessment is the portion of youth which are NEET (Not in Education, Employment or Training), which can revert in a potential future situation of vulnerability. Data shows that 7.5% of the youth aged 15-24 reached with the assessment reported being NEET at the time of data collection. Nearly 45% of these young HH members completed secondary education, while 25% attained primary education. Technical studies were completed by 14%, and the remaining 16% hold a university degree.

## Economic capacity

The following section delves into the economic capacity of households. The average reported household income was €508, while average expenditure was €547. The largest portion of spending went to food (approximately 51%), with 24% allocated to accommodation, and 9% to health-related expenses.

Income levels for 42% of households were reported to be sufficient to cover basic food needs but are inadequate for regular utility bills, medicine, and new clothing. Approximately 38% of households have incomes that meet all these needs but fall short when it comes to purchasing basic items such as a TV or refrigerator. In addition, 8% of HH reported having insufficient income to cover even basic needs, such as food. Also, comparing the HH income to the first months in Slovakia, 61% of HHs reported affording more or the same amount of goods and services, while 39% experienced negative change in the HH income.

Regarding the primary source of income in the last 30 days prior the survey identified by HH, 58% of respondents cited full-time employment in the host country, while 12% relied on part-time work and 11% reported having no income to depend on. Additional sources of income were also mentioned by some of the respondents, 15% of HH reported receiving social protection benefits from the Slovak government, while 9% reported receiving benefits from the Ukrainian government.

The most cited social protection benefit provided by the Slovak government in the last 30 days prior data collection was accommodation allowance, which was reported by 67%

of HH benefiting from social protection (15%). Nearly 37% of these households reported receiving unemployment benefits, and 25% pensions. As currently Temporary Protection holders do not receive unemployment allowance from Slovak government, this might represent the “material need allowance support”. Similarly, Temporary Protection holders are not eligible to receive pension from the Slovak system, therefore the assumption applied to receiving pension from Ukraine system. Overall, 64% of households found the social protection benefits provided by the Slovak government to be satisfactory. However, 13% reported dissatisfaction, while the remaining 23% were neutral, indicating that they were neither satisfied nor dissatisfied.

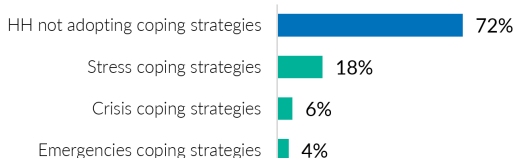
Regarding access to financial services, overall, 84% of HHs reported currently having a bank account at a formal financial institution in Slovakia. While 87% of respondents under the age of 60 have a bank account, this figure drops to 57% among those aged 60 and older.

## Vulnerability Indexes

To measure the hardship faced by HHs due to a shortage of food, the survey included the Reduced Coping Strategy Index<sup>24</sup> (RCSI). The index measures the frequency and severity of the food consumption behaviours the households had to engage in due to food shortage in the 7 days prior to the survey. Overall, 28% of HHs reported relying on less preferred and less expensive food at least once during the last seven days. Additionally, 16% reduced the portion size of meals, 16% of adults restricted their consumption so that small children could eat, 14% reduced the number of meals eaten in a day, and 14% borrowed food or money to buy food or relied on help from relatives or friends.

The Livelihood Coping Strategy Index<sup>25</sup> (LCSI) analyses HH's medium and longer-term coping capacity in response to lack of food or money to buy food and their ability to overcome challenges in the future. In total, 72% of HH reported not adopting any coping strategy. However, 18% of HH reported relying on stress coping strategy such as spending savings or selling household assets. More severe crisis coping strategies, typically involving reductions in essential education and/or health expenditures, were cited by 6% of HH. Finally, 4% of HH mentioned the adoption of emergency coping strategies, which included selling a house and/or engaging in high-risk work.

FIGURE 24: SHARE OF HH BY RCSI INDICATOR



## » Insights from experts on economic vulnerability & livelihoods:

Once refugees are granted temporary protection, they gain the right to work. Reportedly, over two-thirds of working-age household members reported being employed, while

6% remain unemployed (rest out of the labor market)—an improvement from 2023, when only half of working-age respondents had jobs. The language barrier continues to be the primary obstacle to employment, highlighting the critical role of language support not only in securing adequate employment but also in promoting broader integration within the host country. Therefore, available, and accessible language courses continue to play the essential role in socio-economic inclusion of refugees in Slovakia.

Overall, there appears to be a noticeable increase in refugee employment which is an important development especially considering that some refugees have been present in the host country already for more than two years. Contrary to this positive change, the issue of overqualification, when a person with high level of education, often accompanied by years of experience, works at a position with much lower requirements, remains a persistent challenge. Support programs and initiatives aiming at facilitating diploma, certificates, and skills recognition play an important role in mitigating the negative aspects of refugee overqualification.

Noteworthy aspect is also the results of reported main activities before leaving Ukraine, especially the 10% of HH members pursuing self-employment. Since 15 July 2024, TP holders may pursue self-employment opportunities without a need to change their legal status in Slovakia. This legislative change certainly provides an important development in livelihoods opportunities considering the size of the population engaged in self-employment before coming to Slovakia.

The report reaffirmed the high level of education of Ukrainian refugees in Slovakia. This has a potential to translate into a high level of employability, which are arguably already captured in this report, and shows a potential of the refugee population to mitigate long term challenges with vacancies, including those requiring highly educated candidates.

Income levels seem comparable to the findings of the MSNA 2023. However, a closer examination of not only income, but specifically “purchasing power,” may be worth exploring, as inflation and rising prices over the past year could have led to a decrease in financial stability.

A significant change compared to the previous year has been the adjustment to the accommodation subsidy system (1 July 2024), which could have been among the key factors in helping many households to maintain a certain standard of living. As the collection of data was conducted too close to the changes entering into force, the impact of such changes on financial stability and possible coping strategies of households may be observed later in the future.

Despite significant progress in access to social support to refugees in Slovakia, challenges persist in ensuring equitable access to the full spectrum of social protection and benefits available in Slovakia. TP holders continue facing barriers to receiving unemployment benefits, including unemployment allowance, under the same terms and conditions as local citizens. Additionally, access of TP holders to employment-related support measures, such as requalification programs, remains limited, hindering their integration into the labor market and broader society. Addressing these gaps is crucial for further strengthening equality and inclusion of refugee populations.

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

25 Livelihood Coping Strategy Index (LCSI): [online](#)

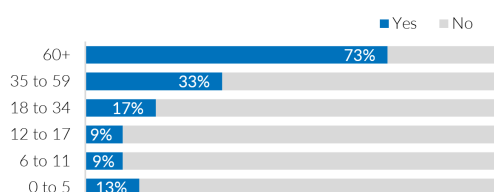
## Health

This section provides an overview of various health-related topics, addressing multiple aspects of well-being. This includes access to healthcare services, child health and nutrition, mental health and psychosocial support (MHPSS), as well as health-related expenditures and awareness. Each of these areas is critical for understanding the overall health landscape and identifying key challenges and opportunities for improvement. As of the 2023 MSNA data collection, TP holders were only entitled to emergency and essential healthcare access. However, since September 1, 2023, the government has extended full access to healthcare services to all TP holders, with the exception of sanatorium and spa treatments.<sup>26</sup>

### Access:

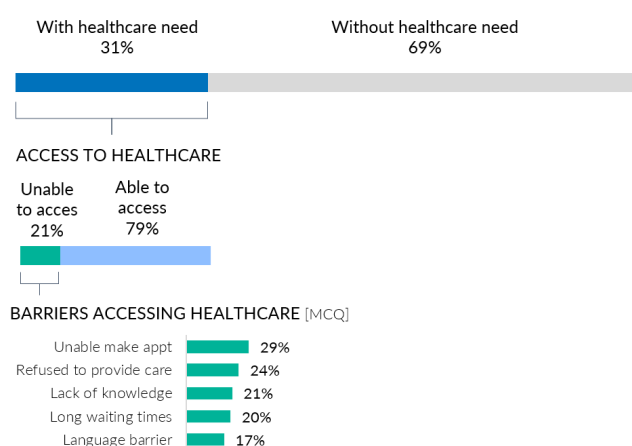
Notably, 27% of all HH members were reported to be chronically ill<sup>27</sup> and at HH level, 43% of HH include a chronically ill member. Additional analysis indicates that the majority of those living with a chronic illness are over 60 years old, showing that this age-group might require specific support.

FIGURE 25: SHARE OF HH BY PRESENCE OF A MEMBER WITH CHRONIC ILLNESS PER AGE GROUP



Regarding access to healthcare services, 31% of HH members experienced a health issue requiring medical care in the month prior to data collection. Out of those, 79% reported being able to access health care, while the remaining 21% in need of care did not receive the required assistance. The main identified barrier to accessing health care reported by those, was the inability to make an appointment, reported by 29% of respondents that did not receive the required assistance, while 24% indicated refused care by medical staff.

FIGURE 26: SHARE OF HH WITH A MEMBER WITH HEALTHCARE NEED



<sup>26</sup> Ministry of Health – Determination of the scope of the health care for Temporary Protection Holders: [online](#)

<sup>27</sup> Chronic illness is a medical condition or disease that is persistent, long-lasting, and generally characterized by slow progression. Eg. Diabetes, hypertension (high blood pressure), asthma, arthritis, chronic obstructive pulmonary disease (COPD), heart disease, autoimmune disorders, and certain mental health conditions.

Furthermore, women aged 10 to 55 were asked about their experiences with barriers to accessing sexual and reproductive health care. Nearly 5% indicated facing obstacles (37 women), with the most common barrier mirroring the primary issues encountered in accessing general health care: inability to make an appointment (32%) and refusal to provide care (24%).

Additional information from the FGD shows further difficulties in obtaining referrals to specialists, such as ophthalmologists or orthopaedists, followed by long waiting times for appointments, sometimes lasting several months before the first consultation. The language barrier also presents an additional obstacle, due to shortage of medical staff able to communicate in Ukrainian or Russian. Regarding vulnerable groups such as older persons or persons with disabilities, who often require regular supervision of medical practitioners, specialized assistance and/or continuous medication are often difficult to obtain.

### Child health & nutrition

Concerning the health and nutrition of children, 82% of children aged 9 months to 5 years were reported having received the measles-containing vaccination, and among those vaccinated, 66% also received a second dose. In terms of nutrition, out of the total women in reproductive age with at least one child surveyed (26 individuals), it was reported that 54% of women with a child aged 0-23 months breastfed within the first hour after childbirth, while 14% indicated that they never breastfed their child. Regarding the exclusivity of breastfeeding in infants younger than 6 months, only two responses were provided: one indicated that the infant was exclusively breastfed, while the other reported that the infant received breast milk along with additional food or drink.

### Expenditure and awareness

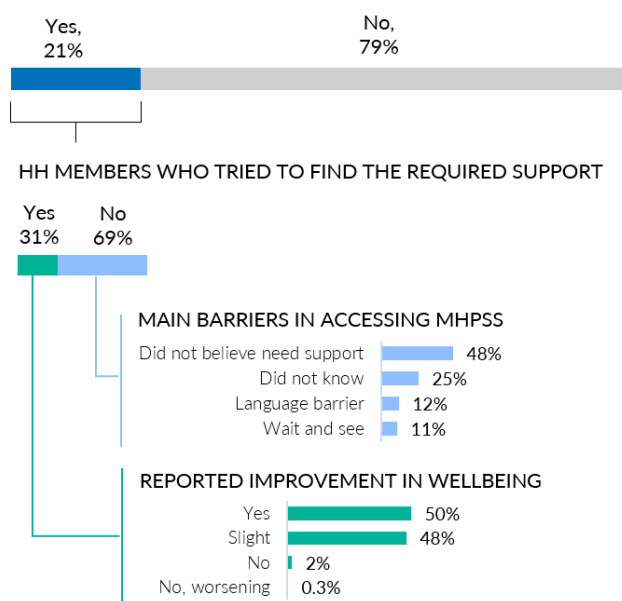
Over the past 6 months, respondents reported an average expenditure of 60€ on health services (excluding medicine) and 31€ on medicine and health products per 6 months. Additional information from the FGD shows challenges in affording medications due to high costs. Some participants reported temporary visits to Ukraine to purchase medicines, or to seek specialized treatments. Regarding the expenses on medicines and health insurance, some FGD participants mentioned being refused to be assisted or treated with Temporary Protection status due to inadequate health insurance by some doctors.



## Mental health & psychosocial support

A series of questions provided insight into mental health and psychosocial support (MHPSS). Close to 28% of HHs reported having at least one member experiencing mental health or psychosocial problem. At the individual level, issues such as feeling upset, anxious, worried, agitated, angry, or depressed were reported by 21% of HH members. Among those experiencing mental health issues, 31% sought access to mental health and psychosocial support services, and 94% of them received the needed support. In most cases, seeking support for mental health issues proved beneficial, with improvements noted in 98% of cases. Conversely, only a small percentage (0.4%) of those accessing MHPSS reported a deterioration in their mental health.

FIGURE 27: SHARE OF HH WITH A MEMBER EXPERIENCING MENTAL HEALTH AND PSYCHOSOCIAL PROBLEMS



### Insights from experts on health:

The SEIS results reflect several contextual aspects in the last year. A significant change from the previous year is the introduction of universal health coverage for Temporary Protection (TP) holders in Slovakia, excluding spa and thermal treatments, provided by the government. Community mobilization efforts have helped overcome barriers to healthcare access, with relatives who speak Slovak assisting with interpretation and accompaniment during medical visits. However, Ukrainian TP holders are not integrated into the country's e-health system, affecting their ability to access healthcare services and purchase medications. The Ministry of Health could enhance communication with healthcare providers and pharmacies by centralizing and standardizing information, particularly regarding healthcare entitlements for refugees. This approach would help improve access to healthcare services for those holding temporary protection status. Despite 91% of refugees in need of MHPSS reporting having received the required support, there has been a decrease in service availability due to funding shortages. Refugees encounter challenges in accessing prescribed medications, stemming from limited information shared with pharmaceutical entities and their current exclusion from the e-health system.

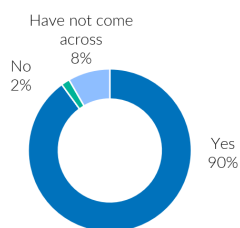
Steps forward include addressing the language barrier and services availability by employing displaced Ukrainian medical professionals and providing interpretation services and improving access to information through preferred channels. Chronically ill individuals, particularly those aged 60 and older, and persons with disabilities require tailored healthcare strategies to ensure sustained access to specialized services and medications. Trends and comparisons to the 2023 MSNA show that healthcare has dropped out of the top three needs, replaced by accommodation, food, and employment. Despite the introduction of universal health coverage, access to healthcare has not significantly changed, with one in five individuals still facing barriers. The language barrier has decreased, likely due to increased fluency in Slovak and effective community mobilization. The main barrier remains difficulty in making appointments, though this has slightly decreased. The percentage of households with mental health issues has not changed significantly, but 91% of refugees in need of MHPSS reporting having received the required support, showing improved accessibility for TP holders.

## Protection from sexual exploitation and abuse (PSEA)

Overall, 90% of HH reported being satisfied with the behaviour of aid workers in their area, while 2% expressed dissatisfaction. Approximately 8% of households had not encountered any aid workers. Of those dissatisfied with aid workers' behaviour (results based only on 10 responses), 54% (n = 5) stated as a reason for dissatisfaction lack of empathy on the part of aid workers, 31% (n = 3), reported not being informed about their entitlements, while 27% (n = 3) reported experiencing disrespectful interactions; however, those are few cases reported only by a total of 10 individuals.

Regarding the reporting of inappropriate behaviour by aid workers, 81% of respondents indicated awareness of such mechanisms. The most frequently cited methods reported by those respondents were phone calls (56%), social media (30%), and face-to-face interactions (27%). Additionally, 14-10% of respondents mentioned knowing how to report such behaviours through online forms and emails.

FIGURE 28: SHARE OF HH SATISFACTION WITH AID WORKERS



### » Insights from experts on PSEA:

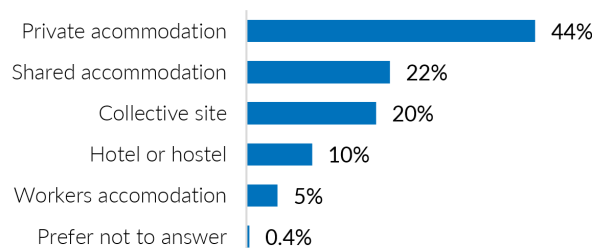
The satisfaction with the behaviour of humanitarian personnel increased slightly compared to last year (from 88% to 90%), which is a positive development. Furthermore, it is a positive message that SEA cases did not occur during the last years in Slovakia. However, cases of sexual exploitation and abuse have been documented in private accommodation and labour settings. Regrettably, there is no obligation on PSEA policy outside of the UN partners operating in the response.

## Accommodation

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

Overall, SEIS data shows that 85% of HH live in habitable and affordable housing. Regarding the type of accommodation, 44% of HH reported residing in their private accommodation at the time of the data collection, including rented apartments, houses, guesthouses, etc., 22% shared their living spaces with others, and 20% lived in collective sites, meaning buildings (schools, community centers) that have been repurposed to provide temporary shelter for large number of people. Additionally, 10% of HH resided in hotels or hostels, while 5% of respondents reported living in accommodation provided by an employer.

FIGURE 29: SHARE OF HH BY ACCOMMODATION TYPE



Out of all HHs surveyed, as per UN-Habitat sufficient living area definition<sup>28</sup>, 99% lived in non-overcrowded conditions, while the remaining households experienced overcrowding, with more than 3 people per habitable room. However, the average ratio of rooms per person was 0.84, significantly below the European Union average of 1.6<sup>29</sup> and also lower than Slovakia's average of 1.2. Although 85% of HH reported experiencing no issues with their current living conditions, the rest indicated issues such as insufficient privacy, reported by 33% of those facing issues.

FIGURE 30: SHARE OF HH BY LIVING CONDITIONS IN CURRENT ACCOMMODATION

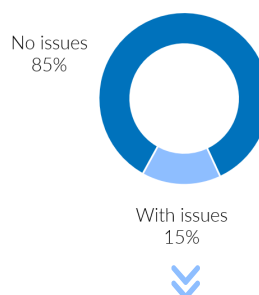
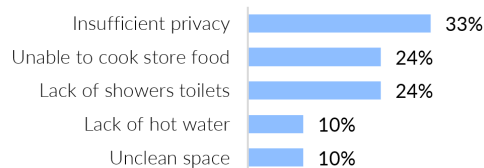


FIGURE 30A: SHARE OF HH REPORTING ISSUES BY TYPE [MCQ]



<sup>28</sup> Overcrowding definition by UN-Habitat occurs if there are more than three people per habitable room: [online](#)  
<sup>29</sup> EU size of housing 2021: [online](#)

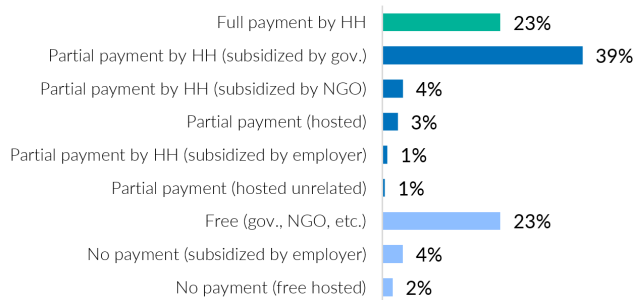
While the data collection was carried out during the summer, information on winter preparation was also included in the survey. In this regard, 90% of HHs with long-term tenure reported adequate levels of winter protection, while 10% noted sub-optimal conditions related to heating, insulation, and/or sufficient supply of hot water.

### Expenditure and Security of Tenure:

The following subsection provides details regarding expenditures and the security of accommodation. On average, respondents reported spending 158 euros/month for HH renting accommodations.

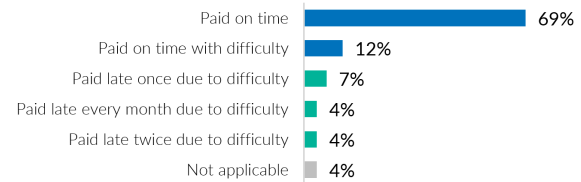
With regards to the main accommodation arrangements, 48% of respondents reported paying partially for their accommodation (e.g. subsidized by the government, or NGO, etc.), 29% being accommodated for free (by government or NGOs), and 23% fully paying for their accommodation costs.

FIGURE 31: SHARE OF HH BY ACCOMMODATION ARRANGEMENTS



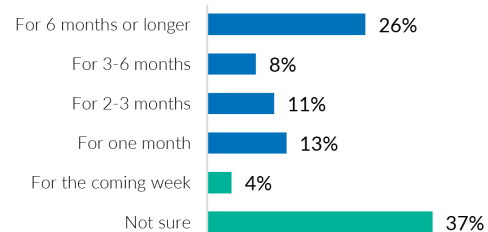
Those contributing fully or partially to their rent were asked about their ability to make accommodation payments on time in the three months leading up to the survey. No financial distress was reported by 69% of those HH, while 12% faced some difficulties but managed to pay rent on time. Late payments were recorded by 15% of households; more precisely, 11% reported only one/two late payments and 4% reported paying late every month. Additional information from the FGD presents various challenges depending on the type of the accommodation and accommodation arrangements; HH's income and savings is allocated toward rent in individual accommodations, leaving little to no financial resources for other needs; while in collective accommodations, logistical problems such as long-distance commuting and inadequate equipment are common. Additionally, being located in rural versus urban areas presents different challenges for refugees. In rural areas, there is a lack of facilities and complicated transport to reach services, for example, in the nearest town. In contrast, urban areas mean higher living costs, fuller capacities in schools. In both contexts, transport costs are a common issue.

FIGURE 32: SHARE OF HH BY ACCOMMODATION FINANCIAL DISTRESS



In terms of security of tenure, 37% of households were uncertain on their short-term plan about how long they could stay in their current accommodation. In contrast, 26% of respondents mentioned they could stay for six months or longer. For 13% of HH, the expected stay was up to one month, while 11% anticipated staying for two to three months. Approximately 4% believed their accommodation was secure only for the coming week.

FIGURE 33: SHARE OF HH BY SHORT-TERM ACCOMMODATION PLAN



...In a FGD held in Humenné in early July 2024, participants expressed concern about four individuals from the Humenné reception center—a mother with her 17-year-old son, who has a disability, and two adults diagnosed with schizophrenia—who do not qualify to remain in the facility beyond the end of July 2024. In a July FGD in Spišská Nová Ves, participants reported that there were plans to change the status of the hotel currently used as collective accommodation. Starting in September, it would limit stays of newly arrived refugees for up to 120 days after their arrival. Additionally, vulnerable individuals who benefit from the accommodation subsidies program for Temporary Protection holders would no longer be able to stay at the hotel...

In addition, HHs with an expected stay of up to six months were further asked on the feeling of pressure to leave their current accommodation; 17% reported feeling pressured to move out, and 31% attributed this feeling to the increasing living cost and thus mirroring finding from last year's report.

FIGURE 34: SHARE OF HH WITH NO SHORT-TERM ACCOMMODATION PLAN UNDER PRESSURE TO LEAVE

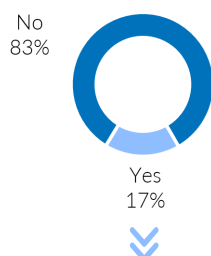
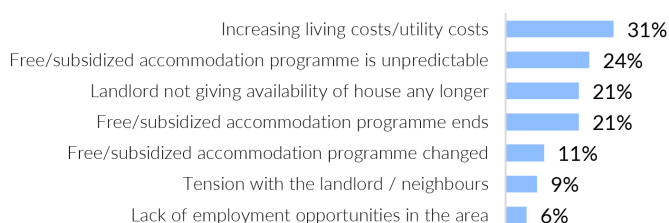


FIGURE 34A: SHARE OF HH UNDER PRESSURE TO LEAVE THE CURRENT ACCOMMODATION BY MAIN REASONS



Additional information was obtained from the FGD on the security of tenure, between April and July 2024 - shortly before and after substantial changes to the Act on Asylum (Amendment to Act No. 480/2002 Coll. on Asylum). The changes were approved on 5 June 2024 and came into effect on 1 July 2024. The data gathered before the legislation was passed revealed significant uncertainty regarding the extension of accommodation subsidies, causing anxiety among many people, particularly those fearing they might be forced to return to Ukraine. This situation was especially concerning for the most vulnerable groups, such as older adults, persons with disabilities, and single mothers with children.

### » Insights from experts on accommodation:

The decrease in the number of households in their own accommodation (from 47% to 44%) might be attributed to the increased prices. As of 1 July 2024, the allowance to accommodate Temporary protection holders can be provided only to non-commercial housing providers and only to specific groups of vulnerable TPs.

The data collection period coincided with a time of amendments to subsidies program, meaning the results do not fully reflect the current situation regarding types of accommodation and the amount households pay (whether full or partial payment). Generally, also backed by findings of FGD, the rapid change caused distress and anxiety

among some refugees. Insufficient time for coping with such legislative amendments, especially regarding such critical aspects of life as accommodation and housing is, proved to be an important factor to allow populations of concern to adequately prepare for such change.

Looking ahead, financial distress and living conditions could be compared against local statistics on living expenditures.

The uncertainty surrounding security of tenure is particularly concerning, with 37% of households unsure about their short-term accommodation plans. This uncertainty may pose significant protection risks, as households may face the threat of losing their accommodation without viable alternatives.

Change of legislation caused problems especially in collective centres that have been hosting temporary protection holders with vulnerabilities, but since 1 July 2024 are no longer entitled to receive allowances. Vulnerable refugees either need to pay for accommodation themselves or need to find a new place of accommodation where the host is eligible to receive state allowance for vulnerable refugees. There are several issues connected to this:

- Lack of accessible private housing across the country, not sufficient capacities in collective sites eligible to receive allowance for vulnerable temporary protection holders and reluctance of private house owners to host vulnerable temporary protection holders under the new allowance mechanism (5eur/night which might not be a sufficient price especially in regions with significantly higher rental market prices and considerable administrative burden).
- Loss of contact to community and place they have been living for over 2 years (specifically difficult for families with children in schools, difficulty to find school in a new region; sensitive for elderly with already established patterns for health care, etc.) plus families' separation.
- As a result, some cases of individuals and families going back to Ukraine have been reported.
- Some temporary protection holders are paying high prices for private accommodation, willing to accept unclear conditions for accommodation. Similar to MSNA 2023 when comparing the EU average ratio of rooms per person, refugees continue to face challenges linked to living in accommodation settings with higher number of people per habitable room as compared to the general population in Slovakia.



# Conclusions

The SEIS in Slovakia aims to support an evidence-based humanitarian response through the provision of multi-sectoral data about the needs and coping capacities of refugee households coming from Ukraine. 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 2024 (May-July).

The 2024 results reveal an important trend: nearly three-quarters of households reported having priority needs, with accommodation being the most pressing concern for those refugees (49%), followed by food (31%) and employment or livelihoods (24%). This marks a shift from the 2023 MSNA results, where healthcare services and language courses were among the most commonly reported needs alongside employment and livelihood support.<sup>30</sup> Interestingly, the 2024 reported priorities mirror the 2022 results, where food assistance, accommodation, and employment were also the top three priorities.

The resurgence of accommodation as a priority need is likely tied to significant changes in the Act on Asylum, particularly regarding housing allowances. Additionally, almost 37% of households were uncertain about the duration of their stay in their current accommodation. Specifically, 13% anticipated their stay lasting up to one month, while about 4% believed they were secure only for the coming week. These findings highlight the ongoing uncertainty faced by refugees coming from Ukraine in Slovakia, 2.5 years after the conflict started.

Income levels are closely tied to priority needs. A significant 42% of households reported being able to afford basic food but struggling to pay for utilities, medicine, and clothing. Nearly one-fifth of households either have difficulty meeting basic needs, such as food, or have no income at all. Consequently, 16% of adults HH member reported limiting their own food consumption to ensure small children can eat, 14% reduce the number of daily meals, and another 14% borrow food or money, or rely on help from others. Similarly, in the 2023 MSNA survey, some households also faced challenges in meeting basic living needs, with 42% resorting to negative or harmful coping strategies in the past month due to a lack of food or money, such as spending savings, change accommodation selling assets or reducing on education and health expenditure.

Refugees gain the right to work once they are granted temporary protection, and over two-thirds of respondents reported being employed, while 6% were unemployed. This marks an improvement from 2023, when only half of active-age respondents reported having a job. As in 2023, the language barrier remains the primary obstacle to employment, highlighting its crucial role in fostering inclusion within the host country.

Data reflects an increase in the reported attendance among school-age children, rising from 68% in 2023 to 83% in 2024. Meanwhile, the percentage of children participating in distance learning in Ukraine decreased by 2%, from 45% in 2023 to 43% in 2024. This shift may indicate a positive trend toward greater inclusion in the host country education system. However, significant efforts are needed to ensure school enrolment and attendance for refugee children in Slovakia. Although all children have access to free education in the country, education is currently not explicitly compulsory for refugee children with Temporary Protection status, which has led many parents to be hesitant about enrolling them in national schools and has had a strong impact on their enrolment. The Ministry of Education, Research, Development and Youth has taken some important steps to support the enrolment of all refugee children in the country. Key legislative changes were approved by the Slovak Parliament in October 2024, which are expected to lead to the introduction of compulsory education for all refugee children in 2025.

Regarding Healthcare needs, since 1 September 2023, health coverage for Temporary Protection holders has been extended from emergency and essential healthcare to full access to healthcare services (excluding spa treatments). This extension has provided significant relief to refugees in this regard, however important support is still needed; SEIS data shows 21% reported being unable to access healthcare when needed, as compared to 24% in 2023 and 20% in 2022. As in 2023, the most common barrier to accessing healthcare was the inability to secure an appointment, cited by 29% of respondents—an issue that is widespread in Slovakia, particularly when seeking specialist care. Additionally, nearly a quarter of respondents said they were refused care by medical staff. Psychological issues, such as feeling upset, depressed, or angry, were reported by one-fifth of household members, reflecting a decrease compared to 2023.

Among the households interviewed, 78% of respondents reported knowing how to access GBV services in Slovakia, a 5% increase compared to 2023. Like last year, respondents identified language and cultural barriers, along with a fear of being stigmatized, as the main challenges in accessing these services.

Humanitarian actors continue to complement government efforts in addressing refugees' needs and facilitating access to basic services. As in 2023, the vast majority of respondents expressed satisfaction with both the assistance provided and the conduct of aid workers, with only 2% reporting any dissatisfaction. This positive feedback may stem from the ongoing collaboration and communication between humanitarian actors and the refugee population to better understand their needs and concerns.

<sup>30</sup> Slovakia MSNA 2023: [online](#)



Regional Refugee Response  
for the Ukraine Situation

# SLOVAKIA

## SOCIO-ECONOMIC INSIGHTS SURVEY

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