

UNICEF Humanitarian Cash Transfers in Slovakia: **Providing a Lifeline for Ukrainian Refugee Children**

Six months of implementation | Final report, April 2023

The report was produced by Nadacia Pontis.

Authors of the report:

Romana Kanovská, Dominika Hroššová

Translation:

Ivana Uličná

Edited and Proofread:

Prepress Projects Ltd

Cover Photo

Maxime Le Lijour

Design

Martin Hatala

The UNICEF Office in Slovakia contracted the Pontis Foundation to monitor humanitarian cash transfer (HCT) programmes through post-distribution monitoring, conducted after each cash distribution. In addition, the Pontis Foundation administered in-depth pre- and post-distribution surveys to capture the changes that HCT programmes brought to the lives of Ukrainian refugee households and children.

The report was written by the Pontis Foundation team in February and March 2023, based on the data from the several waves of post-distribution monitoring conducted from September 2022 to December 2022, and on the interviews finalized in January 2023. The report recommendations were finalized after a validation workshop on 1 June 2023, integrating the outcomes of the workshop discussions.

The opinions and views presented in this report do not necessarily represent the opinions and views of UNICEF.

Contents

Acknowledgments	4
Abbreviations	4
Executive summary	5
Key findings	7
Household income and expenditure	7
Accommodation	7
Nutrition	8
Childcare and education	8
Healthcare	9
Qualifications and employment	10
Conclusions and recommendations	10
Summary of recommendations	11
Childcare and education	13
Healthcare	17
Introduction: Humanitarian cash assistance	19
Programme monitoring: Scope, purpose and methodology	22
2.1 Purpose and scope	23
2.2 Methodology	24
2.3 Ethical considerations	25
Material Needs Benefit Assistance	26
3.1 Summary of main observations	27
3.1.1 Trends and context	27
3.1.2 Benefits of UNICEF financial support	29
3.2 Main recommendations	30
3.3 Household income and expenditure findings	35
3.4 Accommodation findings	40
Humanitarian aid context – State housing support	40
3.5 Nutrition Findings	44
3.6 Childcare and education findings	47
3.6.1 Contextual overview	47
Humanitarian aid context – Comparison of the Slovak and Ukrainian education systems	47
3.6.2 Cash for Child Development and Education contribution	54
3.7 Healthcare findings	58
3.8 Qualifications and employment findings	61
3.9 Social relations findings	64
Carer's Benefit for Children with Specific Needs	65
4.1 Summary of main observations	67
4.1.1 Trends and context	67
4.1.2 Benefits of UNICEF financial assistance	68
4.2 Main recommendations	70
4.3 Health issue findings	73
4.4 Household income and expenditure findings	74
4.5 Accommodation findings	77
4.6 Nutrition findings	80
4.7 Childcare and education findings	82
Humanitarian aid context – Public healthcare policy for Ukrainian refugee children	88
4.8 Healthcare findings	88
4.9 Social relations findings	95
Post-distribution monitoring: Process and satisfaction	96
5.1 Key findings	97
5.2 Satisfaction with registration and other processes	97
5.3 Recommendations from post-distribution monitoring	97
Appendix 1: Programme monitoring methodology	98
Key target groups	98
Standardized questionnaire	98
Data processing	98
Sampling	98
Limitations of programme monitoring methodology	99
Interviews	100
Post-distribution monitoring methodology	102

Acknowledgments

Pontis Foundation administered in-depth pre- and post-distribution surveys to capture the changes that humanitarian cash transfers brought to the lives of Ukrainian refugee families and children. The report is produced in close cooperation with UNICEF Slovakia.

The research team would like to acknowledge the kind cooperation of humanitarian cash transfer beneficiaries who provided insight about the effects of humanitarian cash transfers. We want to thank government representatives of Ministry of Labour, Social Affairs and Family and Office of Labour, Social Affairs and Family, Ministry of Education, Science, Research and Sport, Ministry of Health, Office of the Child Rights Commissioner, Office of Commissioner for People with Disabilities, representatives of international organizations IOM, IFRC, UNHCR, and WHO, and representatives of civil society organizations Equita, Fond Prof. K Matulaya, Platform of Families of Children with Disabilities, Slovak Humanitarian Council, Sme Spolu, TENENET and others who invested their time and provided their invaluable insights and support in a validation workshop, making it possible for us to complete this review. We are grateful to Juraj Mikuš from the Faculty of Management, Comenius University in Bratislava, for comments on the methodological part, and to Táňa Micaluková for her dedication during qualitative data collection and translation. Data collection was performed by CreditCall. SPSS analysis was done by the Focus agency, and Martin Slosiarik was also consulted on the methodology.

Abbreviations

BLS	Baseline Survey
CG	Carers' Grant
CSO	Civil Society Organisations
EŠIF	European Structural and Investment Funds
EUR	Euro
HCT	Humanitarian Cash Transfer
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organisation for Migration
MNB	Material Need Benefit programme
MoISAF	Ministry of Labour, Social Affairs and Family of the Slovak Republic
PDM	Post-Distribution Monitoring
PIS	Post-Intervention Survey
RIS	Departmental Information System
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund

Executive summary

Since the start of the war in Ukraine, more than 1.6 million people from Ukraine have entered Slovakia¹. More than 127,000, of which 35% were children and 50% were women, applied for Temporary Protection.

Slovakia responded quickly, effectively and compassionately by mobilizing a **wave of solidarity and a humanitarian response** involving many actors. In addition to state institutions and municipalities, many civil society organizations and individuals supported the response and the integration of Ukrainians into Slovak society. The arrival of Ukrainian women and children **increased demands on public services**, especially in the social sector.

In Slovakia, under social protection legislation, the Ministry of Labour, Social Affairs and Family (MoLSAF) provides non-contributory cash assistance to vulnerable households. The support includes the Material Needs Benefit programme, Carer's Benefit programme and others. Given the sheer number of refugees arriving early in 2022, which temporarily overburdened Slovakia's national response and social protection systems, the Government of the Slovak Republic requested that the inter-

national community step in and temporarily support the livelihoods of Ukrainian refugees by registering new applications for humanitarian aid and providing a short-term humanitarian cash response.

UNICEF and other international organizations agreed with MoLSAF to complement Slovakia's national refugee response, primarily by mirroring the existing benefits of the national social protection system. The UNICEF Emergency Response in Slovakia rapidly set up cash transfers to support vulnerable Ukrainian refugee families and cover their immediate financial needs. As agreed with MoLSAF, Ukrainian households that received temporary refuge in Slovakia after 24 February 2022, and were registered with the United Nations High Commissioner for Refugees (UNHCR) and the International Federation of Red Cross and Red Crescent Societies (IFRC), were considered for financial support by international organizations.

To support refugee families with children to cover their essential needs, UNICEF directly supported a total of 21,560 refugee households, making 55,000 single payments with a total value of over €11 million between June

and December 2022. The following benefits were provided to Temporary Protection holders in 2022: Material Needs Benefit Assistance (MNB), Carer's Benefit for Children with Specific Needs (Carer's Benefit), Cash for Child Development and Education (CCDE) and Winterization (temporary one-off support for winter). Registration for benefits was primarily through UNHCR and, to a lesser extent, IFRC. Some benefits were distributed independently by UNICEF. In other cases, the caseload was split with other agencies, primarily UNHCR (MNB, Winterization), International Organization for Migration (Carer's Benefit) and IFRC (CCDE).

All benefits were aligned with the national social protection system to ensure social cohesion and facilitate the incorporation of the beneficiary caseload into the national system. The MNB was aligned with the national safety net, the Carer's Benefit with the national disability benefit, and CCDE with the Slovak Child Grant.

The programmes and their design were discussed and agreed upon in the Cash Working Group, co-led by MoLSAF and UNHCR.

¹ Ukraine Refugee Situation ([unhcr.org](https://www.unhcr.org)).

UNICEF monitored cash distributions (post-distribution monitoring) after each distribution, aiming to maximize the benefits of humanitarian cash support to children and their families by understanding how it could better support the affected population. To get an overall view of the contribution of 2022 humanitarian cash transfers in Slovakia, UNICEF commissioned in-depth pre- and post-distribution surveys to find out whether and how the various streams of humanitarian cash transfers impacted the quality of life of Ukrainian refugee households with children. Ultimately, the aim of this systematic programme monitoring was to provide UNICEF and partner stakeholders with a comprehensive overview of and recommendations on how to adjust, streamline and coordinate support to continue to improve the livelihoods of children and households with children; and to contribute to discussions on systematising the most effective measures to address essential needs.

Using a mix of qualitative and quantitative methods, several waves of data collection were carried out between September and December 2022 to monitor the following programmes:

- MNB programme: a benefit targeting all materially deprived households registered for humanitarian cash support through UNHCR. The assistance was delivered monthly from June to September 2022. The monthly transfer was between €80

and €380, depending on household composition. The caseload has since been transferred to MoLSAF to continue providing support.

- Carer's Benefit (for children): a benefit targeting households caring for children with specific needs, i.e. a severe disability or medical condition, as assessed by UNICEF's partner TENENET. The assistance was delivered monthly from June to November 2022. The monthly transfer was €508 EUR per eligible household. The caseload has since been transferred to MoLSAF to continue providing support.
- CCDE programme: a one-off benefit targeting all households with children aged 0–17 years. The transfer aimed to support the education and care of Ukrainian children. The one-off transfer of €120 per child per household was made in October 2022.



Key findings

Programme monitoring found important changes in the lives of refugee children and households.

Household income and expenditure

In terms of **overall household expenditure and ability to purchase the main household necessities**, the analysis indicated that regular and predictable financial support was essential for beneficiaries, providing them with financial security and preventing negative coping strategies such as cutting down on food and essential goods and services:

- Only 30% of households reported monthly expenditure below €300 after receiving UNICEF cash support, compared with 44% before cash distribution (MNB).
- Significantly more households considered their income sufficient to cover all essential needs after receiving cash transfers: 54% post intervention for the MNB (up from 34% at baseline) and notably 69% for the Carer's Benefit (up from 34% at baseline).

- UNICEF's contribution accounted for 40–50% of the total household budget of Carer's Benefit beneficiaries.
- No households reported being unable to purchase even the cheapest food after receiving the Carer's Benefit (down from 15% in the baseline survey). Only 7% of households reported being able to buy only the most inexpensive food (down from 34% in the baseline survey).

Accommodation

State **housing support** was essential for refugee households over the period assessed, contributing significantly to the overall effectiveness of humanitarian cash support provided by UNICEF (MNB, Carer's Benefit), as it gave beneficiaries the flexibility to use their available income on essential goods, mainly food. The share of households staying in temporary accommodation (such as with a host family, in shared housing or at a reception centre) reduced significantly from 92% before cash distribution (June) to 51% after distribution (November); in parallel, the share of those living in a rented flat and/or paying for other accommodation increased from 5% to 48% (MNB). The results are likely to indicate that respondents' financial security increased through an extended period of residence and

probably better integration in Slovak society. However, the situation differed for carers of children with disabilities and severe medical conditions. Even in the December survey implemented six months post intervention, 81% of households receiving the Carer's Benefit were not paying for housing in Slovakia.² Considering that it is widely accepted that severe disability and medical conditions significantly increase overall household costs and that single parents of children with specific needs are less likely to commit to full-time work because of their childcare responsibilities, remaining in free accommodation is a rational strategy for managing the household budget. A comparable share of respondents (82%) receiving the Carer's Benefit was satisfied with the quality of accommodation provided in Slovakia; 17% of households were somewhat satisfied or dissatisfied, mainly those living in shared accommodation and reception centres. **Most respondents considered their housing situation improved thanks to UNICEF cash assistance** (78% of those receiving the MNB and 90% of those receiving Carer's Benefit). This was mainly due to their ability to acquire furniture, and appliances, refurbish child spaces, and purchase kitchen utensils, as per interviews (MNB, Carer's Benefit).

² "Two households with the same level of consumption (or income) – one with a member with a disability and one without – are not enjoying the same standard of living due to the extra costs incurred to care for the person with disabilities," United Nations, UN Flagship Report on Disability and Sustainable Development Goals, p. 37, 2018.



Nutrition

The analysis also examined the perceived contribution of the cash transfers to beneficiaries' **food security and quality of food**. In the Carer's Benefit group, 87% of respondents judged that their access to nutritious, high-quality food had improved since receiving financial assistance from UNICEF. The interviews showed that families were able to obtain higher quality and more diverse food for children on special diets and reduce their dependency on food banks, which was much appreciated by parents.

The need for food banks also dropped dramatically following the start of cash transfers from UNICEF:

- MNB: the use of food banks dropped from 69% in June 2022 to 23% in November 2022. However, 29% of respondents still stated that they needed to visit food banks.
- Carer's Benefit: 73% of households caring for children with specific needs no longer visited food banks in December 2022, but more than one quarter (27%) continued to access food banks.³

Childcare and education

Focusing on education, among beneficiaries of the **MNB programme** in households with children, the share of Ukrainian refugee children attending all levels of educational facilities in Slovakia increased to 64% in November 2022 (from 53% in June); in parallel, the share of children not attending any Slovak educational institution dropped to 34% (from 46%) (MNB).

The trend is different for primary and secondary education: primary education attendance increased from 22% to 35%, while secondary school attendance dropped from 52% in June to 46% in November, which gives rise to concern. One third (34%) of all Ukrainian children still do not attend any educational institution in Slovakia, although the results indicate that 57% continue to participate in Ukrainian online education. Over 50% of those aged between 16 and 17 years do not attend any educational facility in Slovakia (MNB), which could be because they have already completed secondary school in the Ukrainian system. Because of differences in the two systems, this group is at a high risk of falling through the cracks in educational and employment systems and should be addressed as a priority.

³ Food banks continue to be visited by families from all economic groups (in terms of monthly expenses) and different types of housing (shared housing, reception centre, rented housing).

In the **Carer's Benefit group**, the share of children with specific needs attending no educational institution dropped from 54% in June to 42% in December 2022. Attendance at special schools or special kindergartens increased from 29% at baseline to 51% in December 2022.⁴ Nevertheless, more than 40% of children with specific needs remained outside education. The main reasons given include health issues or attending Ukrainian online schooling. However, other reasons are more systemic: the inability to find an available school/kindergarten for a child, the school/kindergarten refusing to accept a child, and for social or linguistic reasons.

According to the respondents, UNICEF's financial support mainly covered school supplies and children's clothes and shoes, thus facilitating access to education and preventing potential poverty stigma against children. Secondly, the support covered extracurricular activities that incurred a cost (MNB, Carer's Benefit). The CCDE programme was effective in achieving its aims. Most parents (86%) of school-aged children used this cash transfer to help pay for school supplies, food, clothes and shoes, travel costs, courses/clubs, and other education-related things, while only 14% of parents did not use it for this purpose.

The main barriers to accessing education remain insufficient information and a lack of Slovak language skills. The **lack of information** was recognized as a barrier by recipients of the MNB (increasing in the post-distribution survey to 29%) and of the Carer's Benefit. Ukrainian households required information on how to include children with specific needs in all types of education, i.e. special and regular schools, kindergartens and extracurricular activities. As for **language**, 31% of children were not learning Slovak by any means. The share of respondents giving the language barrier as a reason for children not attending extracurricular activities dropped from 43% at baseline to 18% post intervention.

Healthcare

Access to **healthcare** is one of the essential needs of refugee families. Since receiving the Carer's Benefit, fewer households reported insufficient income to purchase medicines and/or **healthcare** for their child with specific needs (from 31% at baseline to 20% post intervention).

Three out of four families receiving the Carer's Benefit also reported no issues related to the availability of healthcare for their child with specific needs. Those who could not access healthcare listed a lack of financial

means (61% at baseline and 66% post intervention), a lack of information (14% at baseline and 26% post intervention) and the complexity of the Slovak healthcare system (above 14% at baseline and 17% post intervention) as primary reasons. In addition, 85% of respondents also confirmed that their child had not been refused access to the Slovak healthcare system (Carer's Benefit).

A **lack of information** was also indicated as one of the main barriers to accessing healthcare. This prevented access to specialized healthcare and services for children with specific needs. Free-of-charge access was limited in Slovakia until December 2022; therefore, more than 80% of children in households receiving the Carer's Benefit did not use specialized services.⁵

The situation was similar for recipients of the MNB programme. Only 18% reported obstacles to accessing healthcare. The main reasons given were the lack of finance, lack of accurate information about medical assistance (a significant increase in the post-intervention survey), and the complexity of the healthcare system.

⁴ Likewise, the share of children with specific needs receiving support from professionals (school psychologists, special educators and teaching assistants) in Slovak schools increased from 29% to 41%.

⁵ Ukrainian refugees (including children) were only entitled to emergency medical care until December 2022. However, since January 2023, public health insurance has fully covered all Ukrainian children's healthcare.

UNICEF financial assistance mainly helped respondents to cover **out-of-pocket health-care costs** (MNB, Carer's Benefit). This was notable for specialized healthcare services because of the high costs, which were not covered by public healthcare for children, such as purchase of medical devices or special exercises and treatment (Carer's Benefit), or adults. However, following the changes in legislation in January and September 2023, which allowed Ukrainian children and adults, respectively, full access to public healthcare, a significant reduction in the financial barriers is expected.

Qualifications and employment

Lastly, the analysis investigated the potential relationship between humanitarian cash support, **qualifications and finding a job**. The share of respondents employed in the auxiliary workforce dropped from 53% in the baseline survey to only 29% in the post-intervention survey. In parallel, the share of people employed in the private sector increased from 20% in June 2022 to 39% in November 2022 (MNB).

In terms of barriers, the main obstacle to job finding in Slovakia is being unable to speak Slovak (increase from 62% at baseline to 74% post intervention, MNB). Against this backdrop, one third of respondents did not indicate that they were learning Slovak. Sin-

gle parents and those with caring responsibilities are less likely to seek employment, while a lack of certificates is also seen as preventing adequate employment (MNB).

Conclusions and recommendations

Comparing the findings throughout the different waves of post-distribution monitoring and especially between the two in-depth surveys (before and after cash distribution), we observed improvements in the majority of critical areas of the lives of Ukrainian people in Slovakia. This is a positive outcome of the financial assistance provided to Ukrainian refugees by UNICEF and international organizations, along with other types of aid (from the state, citizens and other actors). The findings also reveal systemic obstacles that may stand in the way of further improving the living conditions of vulnerable Ukrainian refugees in Slovakia, such as increased costs of living or barriers to integration.

Based on these findings, cash-related and systemic recommendations were made that would improve the lives of Ukrainian refugees in Slovakia in all areas surveyed. Some recommendations directly pertain to humanitarian aid and non-contributory social protection; others are non-financial (systemic, policy) but could directly affect household income and expenditure and overall quality of life.



Summary of recommendations

A summary of recommendations to further assist Ukrainian refugees in Slovakia is presented below.

Humanitarian aid and social protection

1. Continue unconditional MNB cash support for refugees on first entry to Slovakia until registered with MoLSAF to ensure predictable and uninterrupted support for families in material need.

The interviews repeatedly showed the importance of predictable cash support in the first months after displacement and entry into Slovakia. During this period, predictable cash support secured essential expenditure and prevented undesired coping strategies, such as cutting back on food and clothing or engaging in risky behaviours and types of employment.

While the MNB is open to refugees in Slovakia, the system does not allow the benefit to be received in the first month after entering the country. Instead, the first payout is made in the month after admission. Therefore, providing an uncon-

ditional cash benefit in the first month is suggested to prevent a gap in support.

N.B. Since this report was written, UNHCR has started providing the MNB unconditionally during the first month of entering Slovakia.

2. Adjust the monthly amounts of humanitarian/non-contributory cash assistance for households benefiting from the MNB to match inflation rates or the minimum subsistence level in Slovakia.

Year-on-year inflation in Slovakia has been growing continuously since January 2022. In February 2023, inflation reached 15.4%, the highest since the beginning of this millennium. The price of food and solid fuels continued to increase, and clothing and footwear prices also rose. Six of nine food commodity groups exceeded a 20% increase in price in a year-on-year comparison.

If the inflation rate trend continues in 2023, it could significantly negatively affect the ability of Ukrainian households that depend on humanitarian cash assistance to purchase essential necessities.

The programme monitoring data also confirm that some households found the prices of food, medicines and medical aids high.

3. Assess and review what humanitarian and social protection support⁶ is available to Ukrainian refugees who remain in Slovakia, identify gaps and propose social protection solutions to foster the inclusion of refugees in Slovak society. Devise targeted solutions for specific sub-groups of refugees that account for their particular situation and across the life-cycle (from childhood to old age).

During the planned re-registration process, collect comprehensive information on refugees staying in Slovakia to create (potential) beneficiary profiles that will inform targeted support. Cooperation with international organizations that can provide expertise during the re-registration process (adequate data collection) is advised, as is creating a comprehensive and up-to-date database of Temporary Protection holders remaining in Slovakia.

Under the Temporary Protection Directive, Ukrainian refugees qualify for significant direct and indirect financial support,

6 Here, social protection is referred to in a broad sense and primarily implies: (1) access to basic income security and an adequate standard of living, including housing; (2) coverage of healthcare costs, including specialized care for adults and children with disabilities; (3) access to education and employment; and (4) access to essential guaranteed services.

including the MNB, free housing and the Carer's Benefit for children and adults, but they are excluded from other direct cash benefits and indirect support (in-kind, exemptions) available to Slovak nationals. This is especially pronounced for people with disabilities, as the Slovak system provides comprehensive benefits that are only partially available to refugees.

As the crisis continues, many families are likely to consider remaining in Slovakia. The government should consider gradually expanding access to the national social protection system, prioritizing the most vulnerable groups. The decision should be made after assessing the financial implications of existing and future support options, while accounting for budgetary sustainability. Support should differentiate between employed and unemployed and highly vulnerable households and individuals.

During the transitional period, the international community could provide support by enrolling beneficiaries in specific schemes and facilitating their transition to the national system by providing support complementary to that for Slovak nationals, but not already provided by the

national system, to Temporary Protection holders. This would follow the successful example of transferring the MNB and Carer's Benefit to MoLSAF.⁷

4. Continue state housing support (in the current or a revised arrangement) to maintain the trend in improving the livelihoods of refugees, notably for parents who cannot get employment or earn sufficient income.

The survey shows that the proportion of the refugee population that pays for housing increased from 9% before cash distribution to 18% in December 2022. If such a trend continues, and as refugees become more financially independent, housing support can be gradually reduced for those in a better socio-economic situation (i.e. who earn income above a certain threshold), keeping the targeted support for those at risk of being left behind and with little potential to enter the labour market.

On the understanding that the housing support in its current form will expire, the government should collect data on refugees benefiting from housing support for the purpose of needs-based profiling to

provide more targeted support in future, without removing the support altogether. Targeting the reformed housing support directly at Ukrainian households will give them more agency and autonomy and allow the support to be linked to other government services

5. Continue MoLSAF's provision of the humanitarian Carer's Benefit and consider the progressive inclusion of children with disabilities and specific needs in the Slovak social protection system.

The grant accounted for 40–50% of households' budgets, which is to be expected, considering that parents caring for children with severe disabilities and/or medical conditions often cannot take paid work, notably if they are single parents.

The grant was primarily used to cover essential needs, whether food, medicines, medical aid or clothing. The predictability of cash transfers was a significant feature for families, allowing them to avoid negative coping strategies.

In November 2022, the Carer's Benefit provided by UNICEF was transferred to MoLSAF to continue supporting beneficia-

⁷ For instance, refugees formally employed for over six months without using housing support could qualify for other benefits equal or similar to those for Slovak citizens; support for children with disabilities could be expanded to given them access to other disability inclusion schemes for nationals and single-parent households could be included in childcare support schemes.



ries through guaranteed cash transfers to vulnerable households with children with severe disabilities and/or medical conditions. Changes in legislation in January and September 2023 allowed all children and adults, respectively, access to the public healthcare system, which has significant potential to reduce household expenditure on medical aid. These developments are critical, especially considering that households with children with severe disabilities are generally one of the groups at the highest risk of being left behind and most prone to falling into poverty.

Hence, it is recommended that the Slovak government and partners continue the promising practice of expanding support to families with children with disabilities, giving them more financial security and better access to healthcare and education.

Workshop participants noted that financial support is disconnected from other forms of support and that it should be complemented with the provision of additional information and help to navigate the social support systems, including complying with cumbersome administrative processes. Participants also noted that service support should be broadened to support parents – in the form of respite services (day care, specialized respite care, etc.)

6. Continue to promote and invest in Slovak language learning, job certification and requalification and to expand formal and informal preschool capacity, which is likely to increase the rates of employment and job matching and reduce dependence on humanitarian aid.

The analysis indicated positive trends in job matching (i.e. refugees finding jobs that match their qualifications) and employment in the private sector. However, respondents stated that the main obstacles to employment were the lack of Slovak language skills, combined with a low uptake of Slovak language classes/courses, issues with degree certification, and parenting responsibilities – notably for single parents.

Further expansion of preschool capacity might be possible following evaluation of innovative programmes, such as 'children's groups' and 'play and learning hubs', which might be further integrated into the national system of preschool provision (in the event of a positive outcome of the evaluation).

Childcare and education

7. Support children aged 16–17 years as a priority to continue their education (to-

wards tertiary education) or to find formal employment in Slovakia.

The results indicated that over 50% of children aged 16–17 were not attending any education in Slovakia. Because of differences in the education systems, this age group has, by default, completed secondary school education in Ukraine unless they have dropped out. A dedicated analysis and policy response are needed to address the needs and support children in this age group, to enable them either to continue education in the Slovak system and/or undertake vocational requalification or to enter the formal labour market in Slovakia.

8. Provide further support for learning Slovak inside and outside schools/education systems in order to promote positive educational outcomes.

Two out of three respondents stated that their child/children were not learning Slovak. Without improving their Slovak language skills, meaningful participation in the Slovak education system will not be possible.

Suggestions on how to improve the effectiveness of language courses, based on workshop discussions with parents,

civil society and government partners are:

- Provide more courses free of charge
- Extend language courses provided by the Ministry of Education beyond three months
- Move away from courses that combine different age groups towards courses for groups of the same age
- Consider flexible courses for the working population (in the workplace).

9. Address the issue of parents' and children's lack of information about the Slovak educational system and extracurricular activities in order to promote their uptake (workshop recommendation).

The lack of information significantly increased from baseline to post-intervention survey, indicating that this issue still needs to be addressed.

Workshop participants thought that it is necessary for Ukrainian parents and children to be able to understand the Slovak education system – in order to be able to make informed decisions about education.

Parents and children are interested in understanding the educational offer, which institutions are responsible, how to get all relevant information in one place, which

educational services are free and which incur a cost, and how to compare the Ukrainian and Slovak curricula.

Developing an online parental community would facilitate information and experience sharing among parents.

Children would strongly benefit from support from a Ukrainian interpreter when receiving career guidance in their last year of upper secondary school.

Being able to compare the Ukrainian and Slovak curricula – combined with good information on the differences – would help parents make decisions about educational pathways for their children.

Workshop discussions confirmed parents' interest in having more opportunities to take part in extracurricular activities.

10. Continue humanitarian cash support, which will help to cover school- and learning-associated costs, clothes, specific learning needs and informal learning provision and thereby support multiple learning pathways.

Parents indicated that humanitarian cash support was used to cover education-related costs, such as school supplies, clothes and shoes for children. It also cov-

ered extracurricular activities where these incurred a cost.

11. Motivate parents and children to overcome fears of school enrolment by communicating to parents the comprehensive social benefits of continued and uninterrupted education for children and the adverse effects of child isolation and/or leaving education for prolonged periods. This measure should be coupled with psychosocial support for parents and timely support for children.

Support the development of an online parental community to facilitate information and experience sharing among parents.

In interviews, parents indicated that one of the reasons for not sending children to school was the child's fear, war-induced trauma and reluctance to attend school in Slovakia.

Global evidence from the COVID-19 pandemic has already pointed to considerable risks for children who are out of school for protracted periods. Loss of learning reduces the probability of positive livelihood outcomes in adulthood and increases the risks of dropping out, but also increases the risks of child isolation and not benefiting from socialization at

school (even more pronounced for children with disabilities).

For those reasons, raising awareness in parents and providing psychosocial support are suggested to motivate parents to enrol their children in schools.

In the survey and interviews, many Ukrainian parents also provided very positive feedback about Slovak schools, teachers' attitudes and children's satisfaction with schooling in Slovakia. Peer-to-peer exchanges of experience between Ukrainian parents is thus recommended to build on positive experiences and further increase the motivation to enrol Ukrainian children in education.

12. Support schools to make the educational offer in Slovakia more attractive for Ukrainian pupils and students by incorporating elements related to their culture and language (history, sense of identity, multicultural learning) and the Ukrainian educational system (additional hours of mathematics and natural sciences) and provide individualized learning support for students.

Ukrainian parents often perceive the Ukrainian education system as superior to the Slovak system, partly due to its strong focus on natural sciences. Some

parents would also like the overall curriculum to incorporate elements related to Ukraine.

Workshop discussions identified several solutions related to this recommendation:

- Teaching Ukrainian as a subject in Slovak schools
- Promoting bilingual schools (combined curriculum)
- Increasing the number of minority schools that teach in Ukrainian but follow the Slovak curriculum
- Evaluating ongoing educational project initiatives for Ukrainian children, with the aim of integrating successful approaches into the national education system, while avoiding segregating children and setting up parallel systems.

Since individual schools in Slovakia can autonomously develop 30% of the total curriculum independently, that part of the curriculum could be adjusted to better fit the needs of Ukrainian children.

13. Adopt a two-track approach to supporting the integration of Ukrainian children with disabilities in inclusive standard education by providing comprehensive information on inclusive education for Ukrainian parents (demand) and by sup-

porting schools to provide good learning support for children with disabilities in standard schools (supply). Conduct a survey on Ukrainian children's quality of learning in special schools.

Survey results indicate a lower share of children attending neither kindergarten nor school in Slovakia at 42% in the post-intervention survey. At the same time, the share of children who attend special schools or kindergartens increased significantly, according to respondents, from 29% in the baseline survey to 51% in the post-intervention survey (December 2022), while attendance at standard schools was reduced.

To make sense of these trends, it is essential to understand both the Slovak educational system and the experiences of Ukrainian parents. In the Slovak system, a child enrolled in a standard school, who is identified as having special educational needs, is due to receive additional specialized support. If a school lacks the professional staff or equipment, it can suggest enrolment in a special school in agreement with the parents. Therefore, the trend could point to either (1) good management of the placement of children in primary schools based on their educational needs or (2) the insufficient

ability of the Slovak system to provide inclusive education.

However, interviewees noted that the reasons for children not attending schools or kindergartens were often related to a lack of information about integrating children with specific educational needs in formal and informal education and not being able to find a suitable special or standard school for their child.

To increase the inclusion of children with disabilities in mainstream education, a two-track approach is suggested to (1) inform parents about inclusive education in Slovakia and (2) support schools to be able to provide inclusive education to Ukrainian refugee children. The ultimate aim is to keep children in inclusive standard education and to avoid their transfer to special schools, unless truly necessary. Workshop discussions indicated that children with disabilities face systemic barriers to integration in mainstream education and that there is a need to address the shortfall in provision by expanding inclusive groups (classes, camps, etc.).

Considering the strong trend towards enrolling children with disabilities in special schools, a survey on Ukrainian

children's quality of learning in special schools is also advised.

14. Widely share information on the network of schools able to provide educational support to children with specific needs, including school counselling centres (CPPaP and CŠPP) and other individual providers (e.g. psychologists, therapists), with the objective of providing continuous educational support for children with additional learning needs by fully utilizing existing availability and capacity.

Some parents noted issues with finding a placement for a child in both standard and special schools, including being refused enrolment or facing discrimination.

Fully utilizing the available capacity to provide inclusive education and provide support from specialists in education relies on good information about support for children requiring inclusive education. This will prevent children's complete exclusion from the educational system or parents deciding to opt for special education where inclusive education is available.

15. Support capacity building for teachers and schools in the following areas: the capacity and sensitivity to work with children who have faced trauma and stress; anti-bias awareness; conflict resolution and

constructive communication; intercultural education; diversification and individualization of approaches to teaching; flexibility of pedagogical approach; and fostering parent participation.

To further strengthen the capacity to provide inclusive education, schools should provide support for adaptation/differentiation of teaching methods and materials for all students (diversified materials and guides for teachers) and for targeted/individualized support for Ukrainian children with specific needs and support for their parents.

These efforts should be an integral part of the educational system's structural policies to contribute to the better integration of other vulnerable groups in education.

Healthcare

16. Address the issue of parents' lack of information about available public healthcare in Slovakia. Inform Ukrainian public and parents about recent changes in Slovak legislation on healthcare for Ukrainian refugee children, including what healthcare services children are entitled to. Inform and educate parents/caregivers about existing alternative therapies/treatment available in Slovakia. This could directly reduce out-of-pocket costs and reliance on humanitarian aid.

Respondents stated the need for more information and the difficulty of navigating the Slovak healthcare system. Workshop discussion confirmed that the Ukrainian community finds information on state websites confusing and that parents are not aware of emergency healthcare rules and are reluctant to seek help for an emergency health situation, afraid that it will incur out-of-pocket costs. In addition, pregnant women lack adequate information on vaccination.

Providing appropriate information about the healthcare system's functioning and which costs are covered by public healthcare (notably for children) could increase the uptake of healthcare services and reduce the out-of-pocket expenses of Ukrainian families. Making simple and user-friendly information available on public websites is recommended, notably on the Ministry of Health or Všeobecná zdravotná poisťovňa website.

The survey results showed that access to specialized healthcare services was limited for refugees in Slovakia until December 2022. Respondents stated that **over 80%** of children had not used specialist healthcare services. A lack of information and inability to comprehend and navigate the Slovak healthcare sys-

tem led parents to rely on online consultations with doctors in Ukraine.

Since the legislation changed in January and September 2023, Ukrainian refugee children and adults, respectively, have full access to public healthcare. The earlier legislative change means that children with disabilities and severe medical conditions can access healthcare services more easily, as long as their parents receive good information through public channels and from healthcare practitioners. As interviewees pointed to a perceived lack of adequate medicines and treatments in Slovakia, the information provided should cover medicines and treatments available in Slovakia that are equivalent or alternative to those available in Ukraine.

17. Build the capacity of health professionals and health insurance providers to communicate with Ukrainian parents, including on drugs and treatments available in Slovakia that are equivalent to those in Ukraine, interpretation of urgent and necessary services (as defined by the Ministry of Health) and drugs, and services covered and not covered by public healthcare.

Providing adequate information to Ukrainian refugees will require that the

relevant health professionals, including insurance providers, are informed about healthcare insurance for Temporary Protection holders and can provide information about the Slovak equivalents of drugs and treatments available in Ukraine.

Workshop discussion pointed to regional disparities in the interpretation of urgent and necessary healthcare services (defined by the Ministry of Health), which result in refugees being charged for healthcare services that are covered by public health insurance for Temporary Protection holders. Furthermore, participants felt that healthcare insurance companies do not provide sufficient information on healthcare coverage for Temporary Protection holders. Lastly, workshop discussion suggested that employing more Ukrainian doctors could assist in providing information and addressing the language barrier.

18. Collect additional information on out-of-pocket healthcare payments made by households with children with specific needs to understand the types of charges in relation to the healthcare packages universally available to Ukrainian children since January 2023.

Until December 2022, parents reported significant out-of-pocket payments (including using their humanitarian cash transfers) to procure medication, assistive devices and therapies for their children with disabilities and specific needs. Interviewees reported the high price of particular medicines and assistive devices for children with specific needs as one of the main obstacles to receiving healthcare.

Since the legislative change in January 2023, parents' out-of-pocket costs are bound to reduce, as long as there is sufficient information available about the type of expenses incurred by households, and whether they are covered by the new policy, and about medicines and therapies that are comparable or alternative to those available in Ukraine.

19. Provide comprehensive healthcare information at other points of contact with the Ukrainian refugee population (workshop recommendation).

Workshop discussion recommended using alternative channels to provide information about healthcare coverage and the healthcare system and not to focus solely on the healthcare system. Alternative channels should include community centres (group sessions for parents).

Providing such information during the re-registration exercise is advised because of its scale and potential to reach the majority of Temporary Protection holders.

Information should be systematically provided to newly arrived refugee families during the registration process.

20. Strengthen referral pathways within the healthcare system (across different levels) and across social support systems (workshop recommendation).

Workshop discussions noted that strengthening referral pathways across the different levels of the healthcare system, and between healthcare and other social support systems, would contribute to a higher uptake of appropriate healthcare services.



1 | Introduction: Humanitarian cash assistance

This report presents the results of monitoring of UNICEF humanitarian cash assistance provided to Ukrainian households in Slovakia in 2022, covering a period of six months – from 15 June to 15 December 2022 – and how it contributed to covering the immediate financial needs and improving the quality of life of Ukrainian refugees in Slovakia.

Since the start of the war in Ukraine, more than 1.6 million people from Ukraine have entered Slovakia.⁸ More than 127,000 applied for Temporary Protection, of which 35% were children and 50% were women. With just over 5 million people residing in Slovakia before the beginning of the war, refugees now represent close to 20% of its population. By comparison, in the 10 years preceding the Ukrainian refugee crisis, Slovakia granted asylum or subsidiary protection to fewer than 1,000 people.⁹

Slovakia responded quickly, effectively and compassionately by mobilizing a wave of **solidarity and a humanitarian response involving many actors**. In addition to state institutions and municipalities, many civil society organizations (CSOs) and individuals supported the response and the integration of Ukrainians into Slovak society. The arrival of Ukrainian women and children in Slovakia

increased demands on public services, especially in the social sector.

In Slovakia, under social protection legislation, the Ministry of Labour, Social Affairs and Family (MoLSAF) provides non-contributory cash assistance to vulnerable households. This includes the Material Need Benefit programme, the Carer's Benefit and other programmes. Given the sheer scale of the refugee influx early in 2022, national response and social protection systems were temporarily overburdened, which led the Government of the Slovak Republic to request the international community to step in and temporarily support the livelihoods of Ukrainian refugees by registering new applications for humanitarian aid and providing a short-term humanitarian cash response.

UNICEF and other international organizations agreed with the Ministry of Labour, Social Affairs and Family to complement Slovakia's refugee response, primarily by mirroring the existing benefits of the national social protection system. The UNICEF Emergency Response in Slovakia rapidly set up cash transfers to support vulnerable Ukrainian refugee families and cover their immediate financial needs. Ukrainian households that received temporary refuge in Slovakia after 24 February 2022, and were registered with the United Nations High Commissioner for Refugees (UNHCR) and the

International Federation of Red Cross and Red Crescent Societies (IFRC), were considered for financial support by international organizations.

Since June 2022, a total of 21,560 refugee households have been supported with cash benefits, with a total of €11,080,000 disbursed through 55,000 payments. Cash support was distributed directly to bank accounts or through Western Union as an alternative option. UNICEF ensured independent monitoring of all processes by which this aid was delivered to Ukrainian households.

Two cash schemes, namely the Material Needs Benefit Assistance (MNB) and Carer's Benefit for Children with Specific Needs (Carer's Benefit), have already been successfully transferred to MoLSAF to take over the provision of benefits. This allowed the ministry to guarantee sustainable support to Ukrainian households through direct support from the Slovak social protection system and the national budget.

UNICEF has distributed the following benefits: MNB, Carer's Benefit, Cash for Child Development and Education (CCDE) and Winterization (temporary one-off support for winter). Some benefits were distributed either independently by UNICEF; in other instances, the caseload was split with other agencies, primarily the

⁸ Ukraine Refugee Situation (unhcr.org).

⁹ Data from the Slovak Migration Office.

UNHCR (MNB, Winterization), International Organization for Migration (IOM) (Carer's Benefit for adults – a benefit for carers of adults with specific needs) and IFRC (CCDE).

UNICEF provided humanitarian cash transfers to vulnerable Ukrainian households that:

- Were classed as materially deprived – in material need. The assistance was delivered as the MNB monthly from June to November 2022.
- Were taking care of a child/children with specific needs. The assistance was delivered as the Carer's Benefit monthly from July to December 2022.
- Were caring for children under the age of 17. The aid was intended to support the integration of Ukrainian children into schools in Slovakia. The assistance was delivered as the CCDE programme as a one-off cash transfer in October 2022.
- Needed support for the winter. The assistance was delivered as a one-off cash transfer (Winterization) between November 2022 and January 2023.

Details of the humanitarian cash distributed are provided in Tables 1.1 and 1.2.

Table 1.1: Number of Ukrainian households and individuals supported by UNICEF cash assistance programmes

PROGRAMME	NO. OF HOUSEHOLDS SUPPORTED	TOTAL NO. OF PEOPLE REACHED	ADULTS	CHILDREN
MNB	11,111	23,353	13,359	9,994
Carer's Benefit	303	303	303	303
CCDE	12,223	30,564	12,223	18,341
Winterization	10,411	19,790	12,452	7,338

Table 1.1: Number of Ukrainian households and individuals supported by UNICEF cash assistance programmes

AMOUNT OF PAYMENTS				
Programme	Category of beneficiary	Definition of beneficiary	Amount per individual per month (€)	Duration
MNB	Adult	Aged 18 years and over	80	Monthly (for four months)
	Child	(Infant and toddler) < 3 years	160	
	Child	≥ 3 years to < 18 years	60	
Carer's Benefit	Child	Severe disabilities or medical needs	508	Monthly (for six months)
CCDE	Child	Children aged 0–17 years	120	One-off
Winterization	Household (HH)	Vulnerable refugee	150 (one-person HH) 300 (two-person HH) 400 (three and more-person HH)	One-off



2 | Programme monitoring: Scope, purpose and methodology

2.1 Purpose and scope

UNICEF monitored cash distributions (standard post-distribution monitoring) after each cash transfer, aiming to maximize the contribution of humanitarian cash support to the livelihoods of children and their families, in order to understand how it can better support the affected population. In addition, to get an overall view of the contribution of humanitarian cash transfers in Slovakia in 2022, UNICEF commissioned in-depth pre- and post-distribution surveys to analyse the contribution of humanitarian cash transfers to improving the quality of life of Ukrainian households with children.

The purpose was to assess the overall experience of recipient Ukrainian refugee households and their satisfaction with various aspects of the humanitarian cash transfer programmes. The monitoring also aimed to understand beneficiaries' capacity to cope with the crisis before and after cash distribution and provide a qualitative analysis of the project's impacts, especially regarding financial security and overall well-being.

Ultimately, the analysis and the report will provide UNICEF and partner stakeholders with insights and recommendations for streamlining and coordinating support that will positively impact refugee households

and children and provide a bridge from humanitarian assistance to social protection.

The focus of the in-depth monitoring was the humanitarian cash transfer programmes and beneficiary categories listed below (see also Table 1.2):

- MNB programme: monthly benefit targeting all households in material need and registered for humanitarian cash support through UNHCR. The assistance was delivered monthly from June to September 2022. A monthly transfer was between €80 and €380 EUR, depending on household composition. The caseload has since transferred to MoLSAF to continue the provision of support.
- Carer's Benefit (for children: monthly benefit targeting households caring for children with specific needs, i.e., a severe disability or medical condition, as assessed by UNICEF's partner TENENET. The assistance was delivered monthly from June to November 2022. A monthly transfer was €508 per eligible household. The caseload has since transferred to MoLSAF to continue the provision of support.
- CCDE programme: a one-off benefit targeting all households with children aged 0–17 years. The transfer was intend-



ed to support the education and care of Ukrainian children. The one-off transfer of €120 per child per household was made in October 2022.

The main focus was the effects of the humanitarian assistance on Ukrainian refugees' household expenditure, housing, nutrition, job finding, education and childcare, healthcare and social relations in Slovakia. In the case of the Carer's Benefit, additional focus was put on the education and health of children with specific needs, whereas the assessment of the CCDE programme examined education-related effects.

Furthermore, all cash programmes, including Winterization, were regularly monitored through post-distribution monitoring exercises carried out after each cash distribution to identify any immediate issues related to the distribution and ascertain beneficiaries' satisfaction with the overall process. While not the primary focus of this report, the findings from the post-distribution monitoring are briefly presented in Chapter 5.

2.2 Methodology

The monitoring methodology, timeline and tools were developed with UNICEF support and discussed in the Cash Working Group. This section summarizes the methodology, but a detailed description of the methodology, and a discussion of its limitations, is provided in Appendix 1. Any relevant considerations are also noted in the analyses interpreting the data in Chapters 3 and 4.

The Pontis Foundation collected data for all three programmes between September and December 2022. It utilized quantitative (questionnaire survey at baseline and after cash distribution) and qualitative (structured interviews with selected respondents after cash distribution) methods for the MNB and the Carer's Benefit. The structured interviews shed additional light on the findings of the quantitative survey. In the case of the CCDE programme only quantitative survey questionnaires were used.

For the quantitative surveys, UNICEF selected two independent simple random samples from the entire beneficiary population: recipients of the MNB and caregivers of children

with specific needs. For the recipients of the MNB, 1,000 households were selected in accordance with simple random sampling criteria. Households from the sample were contacted via the call centre. The final number of respondents who completed the questionnaire for the MNB was 375 in the baseline and 370 in the post-intervention survey. For the Carer's Benefit, the sample consisted of 74 respondents for each survey, randomly selected from the entire beneficiary population of that programme¹⁰. For the Cash for Education and Development programme, the sample consisted of 366 respondents and the survey was conducted only after the financial intervention (only one sample).¹¹

The random samples for the baseline and post-intervention did not consist of panels but of two independent simple random selections. This was to account for the fluidity of the target groups, as not all Ukrainian families remained in Slovakia throughout the period when cash support was provided. As a result, the samples in the baseline survey are comparable in terms of gender and education level, but comparison by region and age structure is not statistically significant, so the analyses do not interpret these param-

¹⁰ As an overall smaller number of households was included in the Carer's Benefit supporting families with children with specific needs, the sample was selected by reaching out to all available households to get as many responses as possible from respondents (best efforts yielded 74 respondents).

¹¹ For the baseline and post-intervention survey of the MNB programme, the response rate varied between 25% and 29%. For the baseline/post-intervention survey in the Carer's Benefit programme, the response rate ranged from 42% to 46%.

ters.¹² For these reasons, interpretation of the data in this report places greater emphasis on analyses of the post-intervention survey, the parameters of which correspond to the sample's representativeness (age, gender and regional distribution). Chapters 3 and 4 detail the main findings.

2.3 Ethical considerations

Those who took part in the quantitative and qualitative data collection were over 18 years old. Their participation was voluntary, and all those accepted as participants were assured of confidentiality and personal data protection.

¹² The selection of samples in both surveys, the comparability of their parameters, and the limitations of the quantitative research are discussed in Appendix 1.





3 | Material Needs Benefit Assistance

This benefit was provided over the period June–September 2022. Registration for the benefit was through UNHCR. UNICEF and UNHCR split the beneficiary caseload, with UNICEF providing 40% of the support. MNB support was provided at least once to 12,223 households.

All households registered for humanitarian cash support through UNHCR were eligible for the benefit. It aimed to provide financial security to newly arrived refugees to cover their essential needs. Such support is considered crucial in the period immediately after entering the host country before the refugee population can start integrating and securing income sources. Because of this, the benefit was provided without prejudice to the employment status of beneficiaries.

In October 2022, the caseload was successfully transferred to MoLSAF, which continues to provide humanitarian aid to families in need, as per the criteria for Slovak households.

Because of the specific nature of the CCDE grant, which was distributed as a one-off benefit, the key results are presented in this chapter. This grant also targeted all households registered for humanitarian cash support, as long as they included children aged 0–17 years.

This chapter presents the results and interpretations of the quantitative surveys enriched with additional interpretation of the findings based on the analysis of interviews with selected respondents. It focuses on the effects of cash assistance on the main livelihood indicators of beneficiaries of the MNB.

Not all trends identified in the quantitative survey can be interpreted as a direct impact or benefit of UNICEF's cash assistance. Some findings and observations are primarily related to Slovakia's social conditions and specific circumstances. Furthermore, the combination of support received by refugees (from international agencies, state, landlords, teachers, civil society, Slovak population, etc.) needs to distinguish between **the direct benefit of UNICEF's cash assistance** and what may be conditional on other types of aid. To account for this, conclusions on the direct impact of UNICEF's cash assistance are mainly based on the statements made by the respondents in interviews. In this report, we also identify persistent challenges that Ukrainian households in Slovakia face and provide recommendations on how they can be tackled. Many findings are influenced by respondents' individual experiences of Slovakia; thus, some interview statements may be contradictory.

In the following section, key observations are presented, covering all areas of analysis,¹³ followed by the key recommendations stemming from the analysis. Detailed results are presented in the remainder of the chapter.

3.1 Summary of main observations

Firstly, the main observations on the trends and context in Slovakia are presented. Secondly, the main observations on the benefits of humanitarian cash assistance for the quality of life of refugees are presented.

3.1.1 Trends and context

1. The share of households with **monthly expenses below €300**¹⁴ dropped significantly from 44% in the baseline survey (before cash distribution) to 30% in the post-intervention survey (after completion of cash distribution).
2. The **state housing support policy** remains essential for refugees. By reducing overall household expenditure, it allows humanitarian cash support to be spent on other essential needs. Hence, the policy is complementary and significantly contributes to the effectiveness of humanitarian cash support from other actors.

¹³ Household income and expenditure, accommodation, nutrition, childcare and education, healthcare, qualifications and employment, and social relations.

¹⁴ The average monthly expenses of a Slovak household are €404.52 (latest update in 2020). Source: [Výdavky domácností \[ps3002rr\] – DATAcube. \(statistics.sk\)](#).

3. The share of respondents staying in **temporary accommodation** (host family, shared accommodation or reception centre) reduced significantly; at the same time, the share of respondents living in rented flats and/or (partially) paying for accommodation increased.
4. The share of refugees reporting **visiting food banks and needing food banks** dropped dramatically since they started receiving humanitarian cash assistance from UNICEF. Only 23% of respondents attended food banks in November 2022, a drop from 69% in June 2022. Similarly, 76% stated that they needed to use food banks during baseline data collection, dropping to 29% after receiving humanitarian cash support.
5. The share of respondents' **children attending educational facilities** in Slovakia in the MNB group increased to 64% in November 2022, compared with 53% in June; in parallel, the share of children not attending any educational institution in the same group dropped to 34% (from 46%). Secondary school attendance was reported to drop from 52% to 46%, while there was a significant increase reported in primary school attendance – from 22% to 35%.
6. Respondents reported that as much as 34% of Ukrainian children in the MNB group were not attending any educational institution in Slovakia. In this group, 57% were studying online at a Ukrainian school.
7. Respondents reported that over 50% of those aged between 16 and 17 years were **not attending any education in Slovakia**.¹⁵ Due to differences in the educational systems, a large portion of children in this group is likely to have already completed high school in Ukraine.
8. For 40% of children who are not attending school facilities in Slovakia in the CCDE group, the survey findings show that **60% of them were attending online classes at schools in Ukraine**, 24% were at home with a mother on maternity leave and 10% were at home because there was no kindergarten available.
9. Respondents reported that parents sometimes perceive the Ukrainian education system as superior to the Slovak system, making them less inclined to enrol their children in Slovak schools; another contributory factor is that some children were already attending Ukrainian online schools.
10. **Lack of information** remains the main reason for children not attending school clubs or other extracurricular activities for MNB respondents (increase from 14% in baseline to 29% in post-intervention survey).
11. Respondents reported that the **language barrier** preventing children's attendance at extracurricular activities dropped significantly, from 43% in the baseline to 18% in the post-intervention survey. This observation is likely to be linked to the fact that 66% of post-intervention survey respondents stated that their child was attending/had attended a Slovak language course.

¹⁵ In Ukraine, children aged 17–18 are not in school, as the education system differs from that in Slovakia. Differences in educational context are likely to significantly affect the uptake of secondary-level education in Slovakia.

The Ukrainian school system is divided into three levels: 4 years of elementary education, followed by 5 years of lower secondary, and either (1) 2 years of upper secondary education that enables young people to continue to higher (tertiary) education or (2) 1.5–4 years of vocational education. Ukrainian pupils can also opt for pre-higher education (2–4 years) directly after lower secondary education, which allows them to acquire a 'junior bachelor' degree.

As the Slovak system (and other EU systems) are not fully aligned with the Ukrainian system, this might impact young people's decisions on enrolling in upper secondary and higher education.

12. The share of respondents **employed as auxiliary workforce** dropped from 53% in the baseline to only 29% in the post-intervention survey. In parallel, the share of those employed in the private sector increased from 20% in June 2022 to 39% in November 2022.
13. The main obstacle to **finding a job** in Slovakia is being unable to speak Slovak. This was noted by 62% of respondents in the baseline and 74% in the post-intervention survey. Against this backdrop, one third of respondents asked still need to learn Slovak. Single parents and those with caring responsibilities are less likely to seek employment; a lack of certificates is also considered an obstacle to finding employment.
14. Almost half of the refugees surveyed did not develop social relations with Slovaks; this trend is more pronounced in urban centres.

3.1.2 Benefits of UNICEF financial support

1. The cash assistance resulted in 54% of respondents stating that their income was sufficient to **buy everything necessary** under the condition that they manage their budget well, an increase from 39% pre-intervention.

2. Predictable financial support significantly **improved food security and supply** by allowing more relaxed spending decisions in Ukrainian households.¹⁶
3. Most respondents considered **their housing situation improved due to cash support** (32% significantly so and 46% somewhat), with only 20% reporting no improvement. Interviews indicated that cash support mainly contributed to furnishing accommodation, e.g. acquiring furniture and household appliances.
4. MNB cash support **facilitated access to education** and prevented potential poverty stigma against refugee children by covering school supplies, clothes and shoes, thus facilitating access to education. Secondly, it helped cover extracurricular activities where these incurred a cost.

In interviews, respondents highlighted that Slovak schools provided everything necessary free of charge, thanks to the continuing financial support from the Ministry of Education for schools with pupils from Ukraine.

5. The CCDE programme was effective in achieving its aims. Parents of school-aged children enrolled in education (60% of the total) mostly used the financial assistance

¹⁶ This observation also aligns with the post-distribution monitoring findings throughout 2022, which showed food as the primary household expenditure covered by UNICEF's humanitarian cash support.

for child- and education-related expenses (86% of respondents), e.g. to pay for school supplies, food, clothes and shoes, travel costs, courses/clubs and other education-related things. Parents whose children were enrolled in Slovak schools also used the funds to advance the quality of their child's education – for instance through extracurricular activities and learning support (e.g. speech therapist). Only 14% of respondents reported not using cash assistance on education- and child-related expenditure.

6. Most respondents did not report **financial obstacles to accessing healthcare**. For the 18% who did report difficulties, the main barriers were the lack of finance, the lack of accurate information about medical assistance (significant increase in the post-intervention survey), and the complexity of the Slovak healthcare system.
7. UNICEF financial assistance helped respondents to cover **out-of-pocket healthcare costs**.
8. Financial assistance also positively contributed to the normalization of life for Ukrainian refugees in Slovakia by allowing spending on leisure.

3.2 Main recommendations

This section presents the main recommendations stemming from the analysis.

KEY RECOMMENDATION 1

Adjust the monthly amount of humanitarian/non-contributory cash assistance for households in material need so that it reflects inflation rates or the minimum subsistence level in Slovakia.

Year-on-year inflation in Slovakia has been growing continuously since January 2022. In February 2023, inflation reached 15.4%, the highest since the beginning of this millennium. The price of food and solid fuels continued, and clothing and footwear prices also rose. Out of nine commodity groups of food, six exceeded 20% growth in a year-on-year comparison.

If the inflation rate trend continues in 2023, it could significantly negatively affect the ability to purchase essential necessities of Ukrainian households that continue to depend on humanitarian cash assistance.

KEY RECOMMENDATION 2

Assess and review what humanitarian and social protection support¹⁷ is available to Ukrainian refugees who remain in Slovakia, identify gaps and propose social protection solutions to foster the inclusion of refugees in Slovak society. Devise targeted solutions for specific sub-groups of refugees that account for their specific situation and across the life-cycle (from childhood to old age).

Under the Temporary Protection Directive, Ukrainian refugees qualify for significant direct and indirect financial support, including the MNB, free housing, and the Carer's Benefits for children and adults, but they are excluded from other direct cash benefits and indirect support (in-kind, exemptions) available to Slovak nationals. This is especially pronounced for people with disabilities, as the Slovak system provides a comprehensive set of benefits that are only partially available to refugees.

As the crisis continues, many families are likely to consider remaining in Slovakia. The

Slovak Government should consider gradually expanding access to the national social protection system support, prioritizing the most vulnerable groups. The decision should be made after assessing the financial implications of existing and future support options to ensure financial sustainability. Access to the social protection system should differentiate between employed and unemployed and highly vulnerable households and individuals.

During the transitional period, the international community could provide support by enrolling beneficiaries in specific schemes and facilitating their transition to the national system by providing support complementary to that for Slovak nationals, but not already provided by the national system, to Temporary Protection holders. This would follow the successful example of transferring the MNB and Carer's Benefit to MoLSAF under the national protection system and Slovak public budget.

¹⁷ Here, social protection is referred to in a broad sense and primarily implies: (1) access to basic income security and an adequate standard of living, including housing; (2) coverage of healthcare costs, including specialized care for adults and children with disabilities; (3) access to education and employment; and (4) access to essential guaranteed services.

KEY RECOMMENDATION 3

Continue unconditional MNB cash support for refugees on first entry to Slovakia until registered with MoLSAF to ensure predictable and uninterrupted support for families in material need.

The interviews repeatedly showed the importance of predictable cash support in the first months after displacement and entry into Slovakia. During this period, predictable cash support secured essential expenditure and prevented undesired coping strategies, such as cutting back on food and clothing or engaging in risky behaviours and types of employment.

While the MNB is open to refugees in Slovakia, the system does not allow the benefit to be received in the first month after entering the country. Instead, the first payout is made in the month after admission. To account for this, it is suggested to provide an unconditional cash benefit in the first month to prevent a gap in support.

N.B. Since this report was written, UNHCR has started providing MNB unconditionally during the first month of entering Slovakia.

KEY RECOMMENDATION 4

Continue state housing support (in the revised arrangement) to maintain the trend in improving the livelihoods of refugees, notably in the case of parents and individuals who are, for any reason, unable to get employment or earn sufficient income.

The survey shows that the proportion of the refugee population that pays for housing increased from 9% before cash distribution to 18% in December 2022. If such a trend continues, and as refugees become more financially independent, housing support can be gradually reduced for people in a more favourable socioeconomic situation (i.e. earning income above a certain threshold), keeping the targeted support for households at risk of being left behind and with little potential to take part in the labour market.

On the understanding that the housing support in its current form will expire, the government should collect data on refugees benefiting from housing support for the

purpose of needs-based profiling to provide more targeted support in future, without removing the support altogether. Targeting the reformed housing support directly at Ukrainian households will give them more agency and autonomy and allow the support to be linked to other government services.

KEY RECOMMENDATION 5

Challenges facing children aged 16–17 should be addressed as a priority – to support their continuing education (towards tertiary education, for example through language classes, providing information about further education possibilities) or finding formal employment in Slovakia.

The results indicated that over 50% of children aged 16–17 were not attending any education in Slovakia. because of differences in the education systems, this age group has, by default, completed secondary-school education in Ukraine unless they have dropped out. A dedicated analysis and policy response are required to address the needs and support children in this age group, to enable them either to continue education in the Slovak system and/or undertake vocational requalification or enter the formal labour market in Slovakia.

KEY RECOMMENDATION 6

Provide further support for learning Slovak inside and outside schools/education systems in order to promote positive educational outcomes.

Two out of three respondents stated their child/children were not learning Slovak. Without improving their Slovak language skills, meaningful participation in the Slovak education system will not be possible.

KEY RECOMMENDATION 7

Address the issue of parents' lack of information about education and extracurricular activities in order to promote their uptake.

The lack of information significantly increased from baseline to post-intervention survey, indicating that this issue remains unaddressed.

KEY RECOMMENDATION 8

Continue humanitarian cash support, which will help to cover school and learning-associated costs, clothes, specific learning needs and informal learning provisions and thereby support multiple learning pathways.

Parents indicated that humanitarian cash support was used to cover education-related costs, such as school supplies, clothes and shoes for children. It also covered extracurricular activities where these incurred a cost.

KEY RECOMMENDATION 9

Motivate parents and children to overcome fears of school enrolment by communicating to parents the comprehensive social benefits of continued and uninterrupted education for children and the adverse effects of child isolation and/or leaving education for prolonged periods. This measure should be coupled with psychosocial support for parents and timely and relevant support for children.

Support the development of an online parental community to facilitate information and experience sharing among parents.

In interviews, parents indicated that one of the reasons for not sending children to school is the child's fear, war-induced trauma and reluctance to attend school in Slovakia.

Global evidence from the COVID-19 pandemic has already pointed to considerable risks for children who are out of school for protracted periods. Loss of learning reduces the probability of positive livelihood outcomes in adulthood and increases the risks of dropping out, but also increases the risks of child isolation and not benefiting from socialization at school (even more pronounced for children with disabilities).

For those reasons, raising awareness in parents and providing psychosocial support are suggested to motivate parents to enrol their children in schools.

In interviews, many Ukrainian parents also provided very positive feedback on Slovak schools, teachers' attitudes and children's satisfaction with schooling in Slovakia. Peer-to-peer exchanges of experience between Ukrainian parents is recommended to build on positive experiences and further increase the motivation to enrol Ukrainian children in education.

KEY RECOMMENDATION 10

Support schools to make the educational offer in Slovakia more attractive for Ukrainian pupils and students by incorporating elements related to their culture and language (history, sense of identity, multicultural learning) and the Ukrainian educational system (additional hours of mathematics and natural sciences) and provide individualized learning support for students.

Ukrainian parents often perceive the Ukrainian education system as superior to the Slovak system, partly due to a stronger focus on natural sciences. Some parents would also like the overall curriculum to incorporate elements related to Ukraine. Considering that individual schools in Slovakia can independently develop 30% of the total curriculum, that part of the curriculum could be adjusted to better fit the needs of Ukrainian children and promote multiculturalism in general.

KEY RECOMMENDATION 11

Address the issue of parents' lack of information about public healthcare in Slovakia. Inform Ukrainian public and parents about recent changes in Slovak legislation on healthcare for Ukrainian refugee children, including what healthcare services children are entitled to. Inform and educate parents/caregivers about existing alternative therapy/treatment available in Slovakia. This could directly reduce out-of-pocket costs and reliance on humanitarian aid.

Respondents often stated a need for more information and the difficulty of understanding the Slovak healthcare system. Providing appropriate information about the healthcare system's functioning and which costs are covered by public healthcare (notably for children) could increase the uptake of healthcare services and reduce the out-of-pocket expenses of Ukrainian families.

KEY RECOMMENDATION 12

Continue to promote and invest in Slovak language learning, job certification and to expand formal and informal preschool capacity, which is likely to increase the rates of employment and job matching and to reduce dependence on humanitarian aid.

The analysis indicated positive trends in job matching (i.e. refugees finding jobs that match their qualifications) and employment in the private sector. However, the respondents stated that the main obstacles to employment were the lack of Slovak language skills, combined with a low uptake of Slovak language classes/courses, issues with degree certification, and parenting responsibilities – notably for single parents.¹⁸

Further expansion of preschool capacity might be possible following evaluation of innovative programmes, such as 'children's groups' and 'play and learning hubs', which might be further integrated into the national system of preschool provision (in the event of a positive outcome of the evaluation).

¹⁸ MoLSAF will provide financial assistance of more than €25 million for the integration of displaced people from Ukraine through a national project. Support will be distributed to municipalities and non-governmental organizations to support their integration activities. Source: [Ministerstvo práce poskytne finančnú pomoc samosprávam na začleňovanie odídencov z Ukrajiny – správy \(aktuality.sk\)](#).

The following sections present the finding from the surveys and interviews.

3.3 Household income and expenditure findings

While no means or income test was applied for the MNB, households' stated income and expenditure strongly indicates that the programme was effective in reaching households in material need, as 50% of recipients fall into the category of both income and expenditure below €500 per month (Figure 3.3.1, see results for baseline survey; Figure 3.3.2).

The interviews indicated that many Ukrainian refugees faced challenges with receiving all kinds of information in the Ukrainian language on arrival in Slovakia.

“I had savings from Ukraine, which we lived on. Funding from UNICEF would not have been sufficient for us. No, I was six months pregnant with my little son. I didn't want to look for a job and couldn't. (Mother of a six-year-old and an infant, now back in Ukraine)”

Furthermore, the same respondent did not have relevant information about Slovak state support for parents of newborn children.

“I did not receive any financial aid for my newborn son. I didn't know it was necessary to register for it. No one informed me. We needed diapers. (Mother of a six-year-old and an infant, now back in Ukraine)”

Figure 3.3.1: Monthly expenditure of beneficiary households at baseline and post intervention

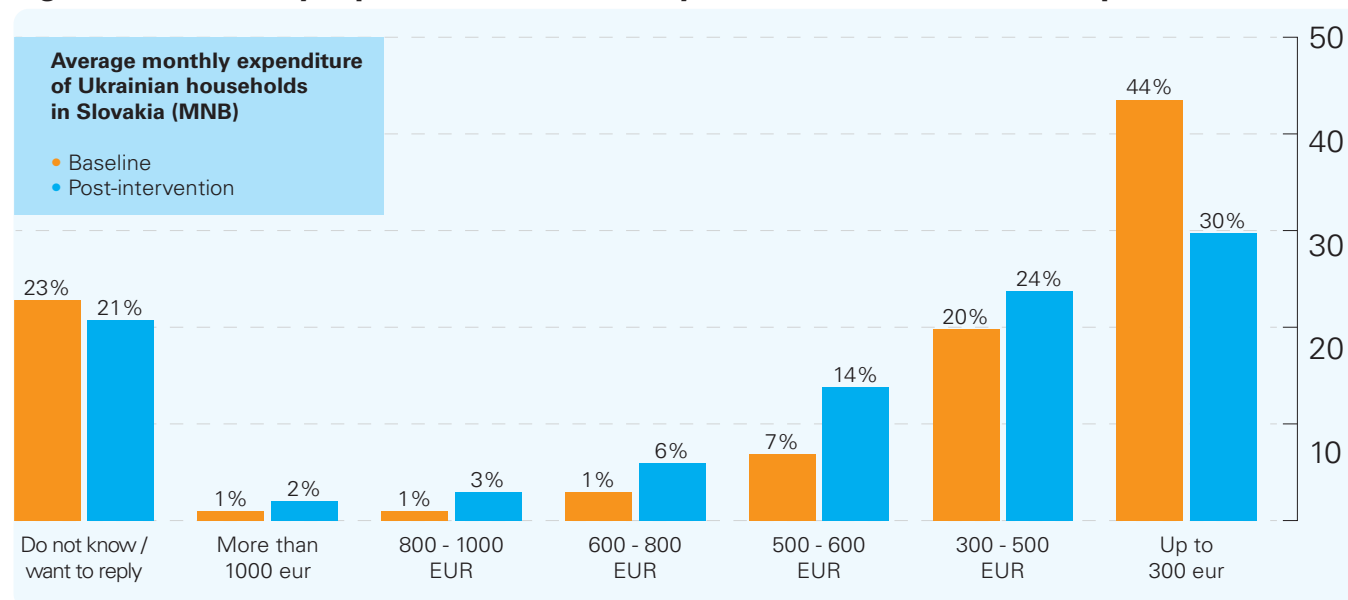
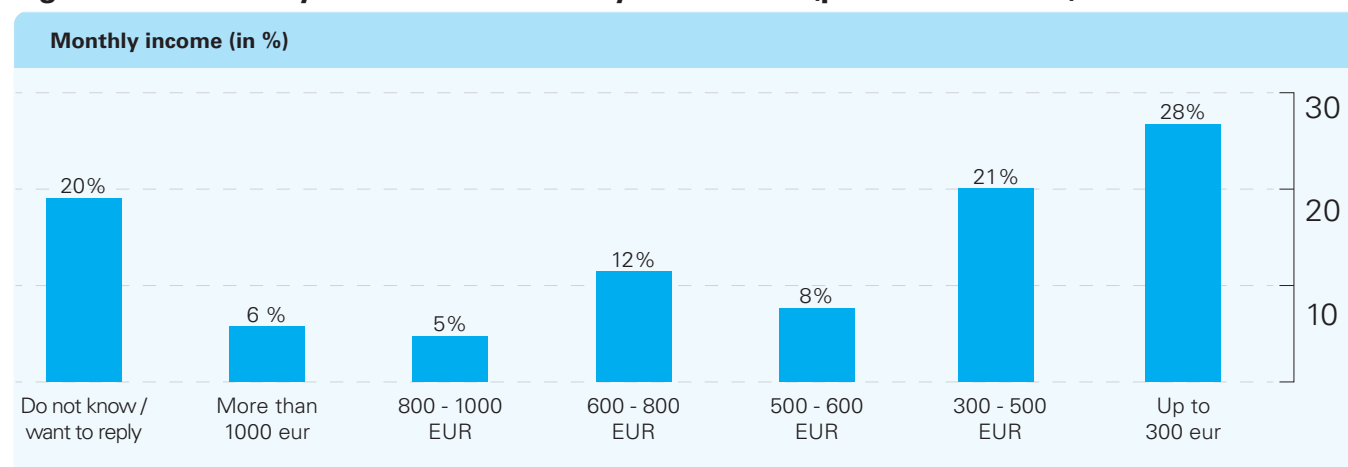


Figure 3.3.2: Monthly income of beneficiary households (post-intervention)



KEY OBSERVATION – MONTHLY INCOME TRENDS

The share of households with monthly expenses below €300¹⁹ dropped significantly from 44% in the baseline survey to 30% in the post-intervention survey.

19 The average monthly expenses of a Slovak household are €404.52 (latest update in 2020). Source: [Výdavky domácností \[ps3002rr\] – DATAcube. \(statistics.sk\)](#).



According to the post-intervention survey, MNB recipients' monthly household expenditure was as follows:

- 30% up to €300²⁰
- 24% €300–500
- 14% €500–600
- 6% €600–800.
- 3% €800–1,000
- 2% over €1,000.

One fifth (21%) of respondents refrained from replying to the question.

Regarding how households **prioritize their expenditure**, 95% of households indicated food as the most significant part of their monthly spending in the post-intervention survey. This was followed by 18% of respondents who stated clothes, 15% indicated healthcare and medical aids, and 11% education and hygiene. Only 4% of households indicated utilities (energy, water) and 3% housing as their main expenditure (Figure 3.3.3). The reason for such a low share is most likely to be governmental support for accommodation for Ukrainians.

20 As of July 2022, the life minimum in Slovakia was set at €234.42 € for a single adult, for a second adult €163.53 and for a minor €107.03. Source: Life minimum – MPSVR SR (gov.sk). The average income of a Slovak household was reported as €585.860 in March 2022. Source: [Slovakia Household Income: Net \(ceicdata.com\)](#).

Figure 3.3.3: Expenditure structure of beneficiary households at baseline and post intervention

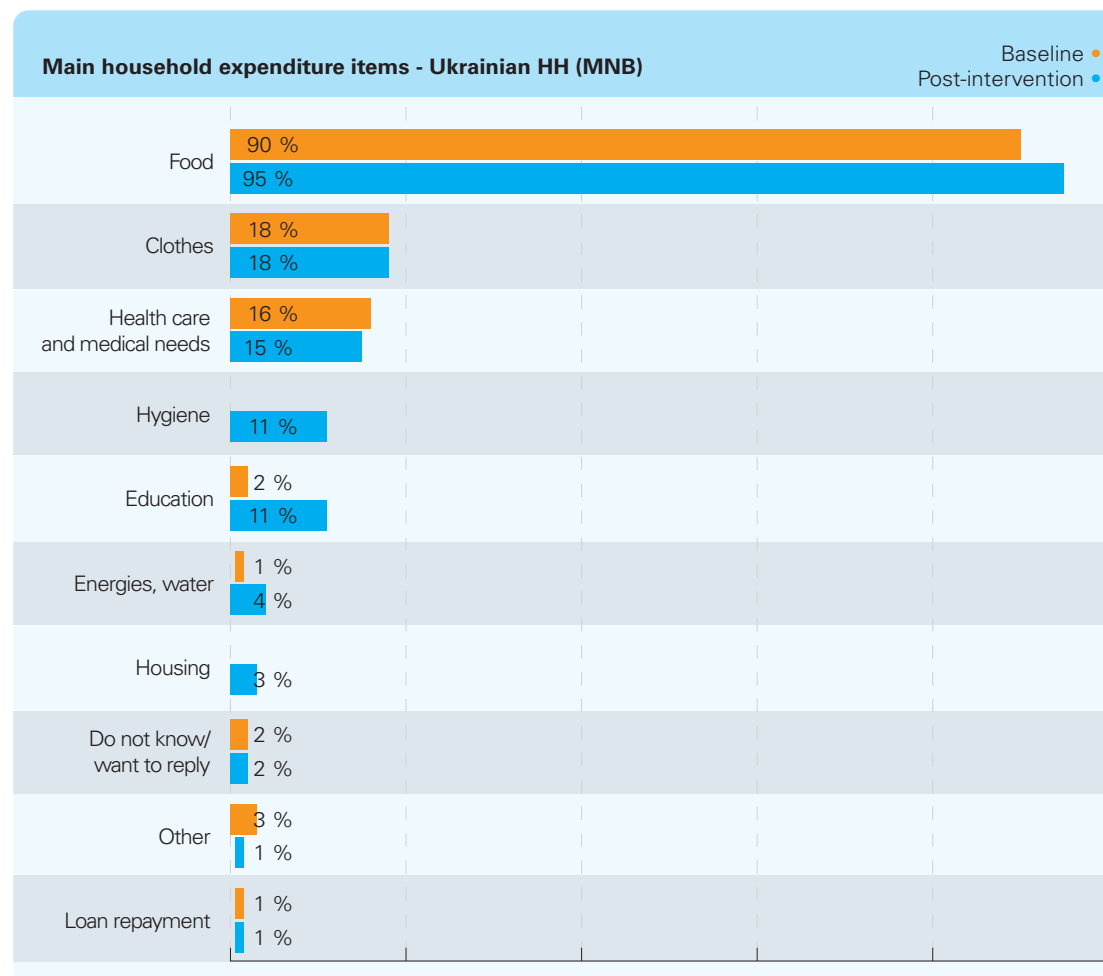
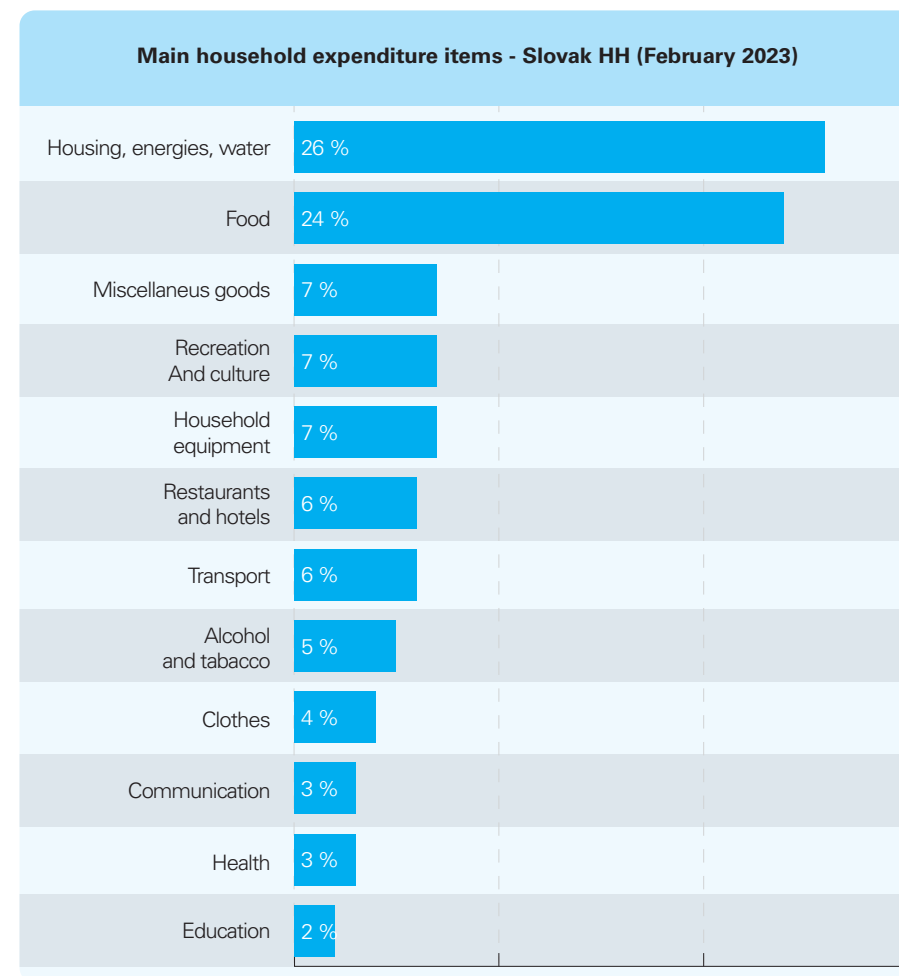


Figure 3.3.4: Expenditure structure of Slovak households (February 2023)



In comparison, Slovak households' expenditure structure differed, with housing and accompanying utility costs (energy, water, etc.) representing

the most significant part of total expenditure, followed by food, miscellaneous goods and services, recreation and culture (Figure 3.3.4).²¹

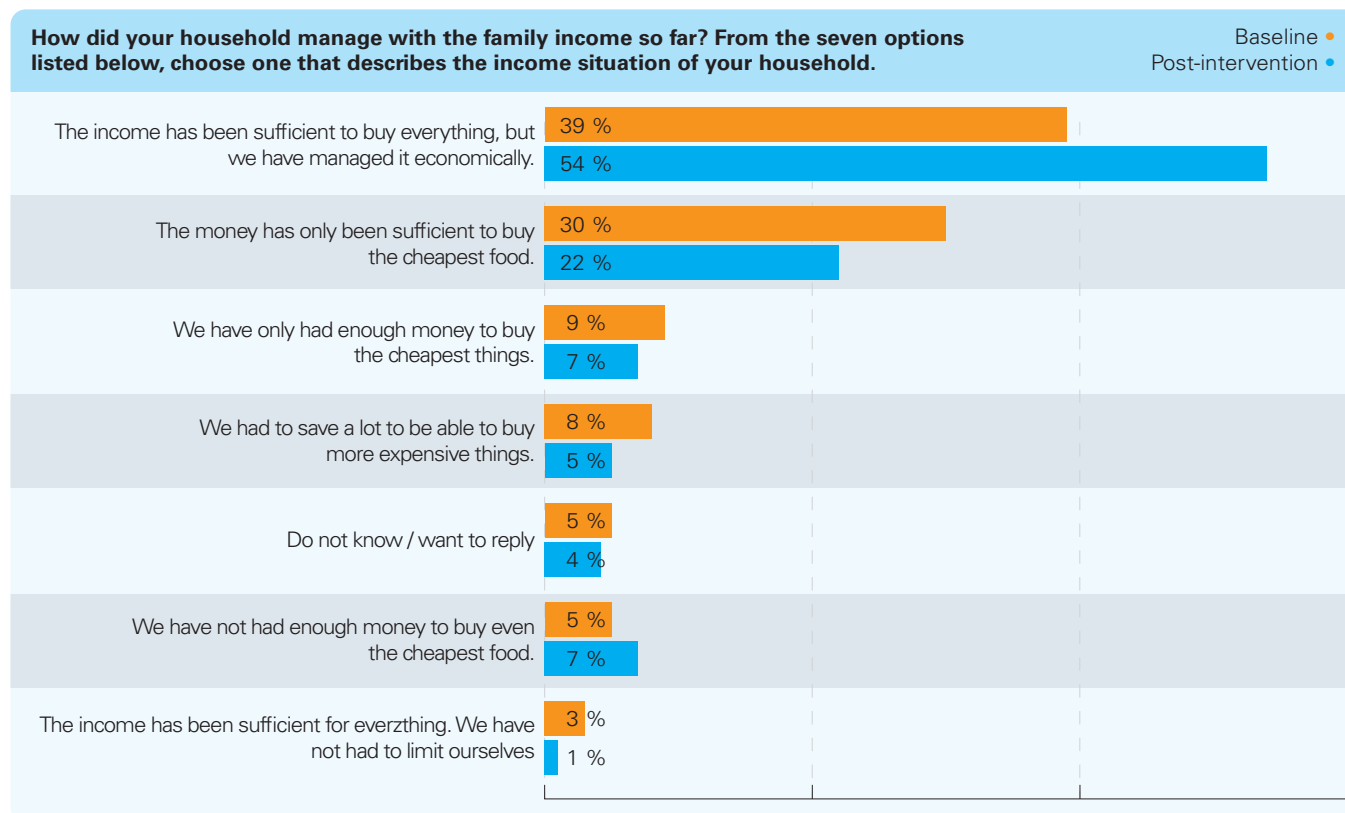
21 [Inflation – consumer price indices in February 2023 \(statistics.sk\)](https://statistics.sk/).

KEY OBSERVATION – CONTRIBUTION OF UNICEF FINANCIAL SUPPORT TO HOUSEHOLD EXPENDITURE

The cash assistance resulted in 54% of respondents stating that their income was sufficient to buy everything necessary, under the condition that they manage their budget well, an increase from 39% pre-intervention.

A significant drop was observed in respondents stating that their income was enough only to buy the cheapest food, from 30% at baseline to 22% post intervention. Even post-intervention, 7% of respondents still indicated that they did not have money to buy even the cheapest food (Figure 3.3.5).

Figure 3.3.5: Household income management of beneficiary households (income sufficiency) at baseline and post intervention



Displaced populations often face insecure situations in which people do not know what to expect on entering a new territory and are generally prone to considering harmful coping mechanisms,²² such as cutting back on food and basic staples. Such decisions contribute to overall household stress, while cutting back on food and essential goods can negatively affect child development.

In Slovakia, international organizations cooperating with MoLSAF quickly set up humanitarian cash distribution, which significantly contributed to the predictability of financial support, as demonstrated by the qualitative in-depth interviews.

22 [Cash transfers: what does the evidence say? \(odi.org\)](https://odi.org/en/publications/cash-transfers-what-does-the-evidence-say/).

KEY OBSERVATION – CONTRIBUTION OF UNICEF FINANCIAL SUPPORT TO FOOD SECURITY

Interview respondents reiterated that income predictability guaranteed through humanitarian support was paramount and strongly contributed to increasing overall food security by allowing them to feel safe and relaxed when deciding to buy household necessities and food.



“ The first month of life in Slovakia was very chaotic. We didn’t know who to turn to; we didn’t understand anything. The financial assistance from UNICEF improved our quality of life because we could afford to buy food as we had the certainty that we would have a stable income from financial contributions.

(Mother with two children, Bratislava)

“ We spend 90% of our income on food. We need €350 for groceries per month. Aid from UNICEF covered 70% of our expenses.

(Mother with two children, Piešťany)

3.4 Accommodation findings

Humanitarian aid context – State housing support

The state provides an allowance to ‘hosts’ to support housing refugees from Ukraine:²³ €24.20 per night for an adult and half that amount for a child under 15 years of age.²⁴ Until February 2023, the Ministry of Transport disbursed €16 million to around 600 hosts. The provision of the allowance for accommodating people granted temporary refugee status remained in effect until the end of May 2023.²⁵

Notably, the goodwill of and unconditional help from Slovak people were also instrumental in supporting refugees. Locals often provided Ukrainian families with housing and household equipment, assisted with finding jobs and helped them find schools for their children, doctors and access to healthcare.

23 The following are entitled to the accommodation allowance: owners of apartments and family houses; accommodation facilities intended for short-term accommodation (provided that they do not engage in accommodation services); municipalities and higher territorial units if they provide accommodation free of charge directly or through their budgetary or contributory organizations. State special purpose facilities are excluded from the support scheme through the contribution mentioned above.

According to Section 36a(5) of the Asylum Act, the state budget organization and the state contributory organization are not granted the accommodation allowance. The costs incurred by them are dealt with within the chapter of their founder. The accommodation allowance for businesses (i.e. hotels) is governed by a scheme regulated by the Act on the Promotion of Tourism under the responsibility of the Ministry of Transport.

24 Regulated by the current amendment to the Asylum Act effective from 7 June 2022.

25 [The provision of allowance for the accommodation of refugees for natural persons is extended until the 31st of May – Ministry of the Interior of the Slovak Republic \(minv.sk\)](#)

KEY OBSERVATION – ACCOMMODATION TRENDS

The state housing support policy remains essential for refugees. By reducing overall household expenditure, it allows humanitarian cash support to be spent on other essential needs. Hence, the policy is complementary and significantly contributes to the effectiveness of humanitarian cash support from other actors.

The share of respondents staying in provisional accommodation (host family, shared accommodation or reception centre) reduced significantly; at the same time, the share of those living in rented flats and/or (partially) paying for accommodation increased.

After arriving in Slovakia, most respondents were living in host families' homes at baseline (42% in BLS); 35% lived in shared accommodation, 15% in reception centres, and only 5% rented a flat or a house. This situation changed significantly in the post-intervention survey, with **48% of respondents** replying that they lived in a rented flat/house (Figure 3.4.1).

Most respondents continued to receive free accommodation, although a decrease can be noted, from 86% in the baseline to 73% in the post-intervention survey (Figure 3.4.2). The interviews also confirmed these findings. However, the analysis also showed a significant increase in respondents paying for accommodation fully (18%, compared with 9% at baseline) or partially (8%, compared with 4% at baseline).

Figure 3.4.1: Type of accommodation (MNB) at baseline and post intervention

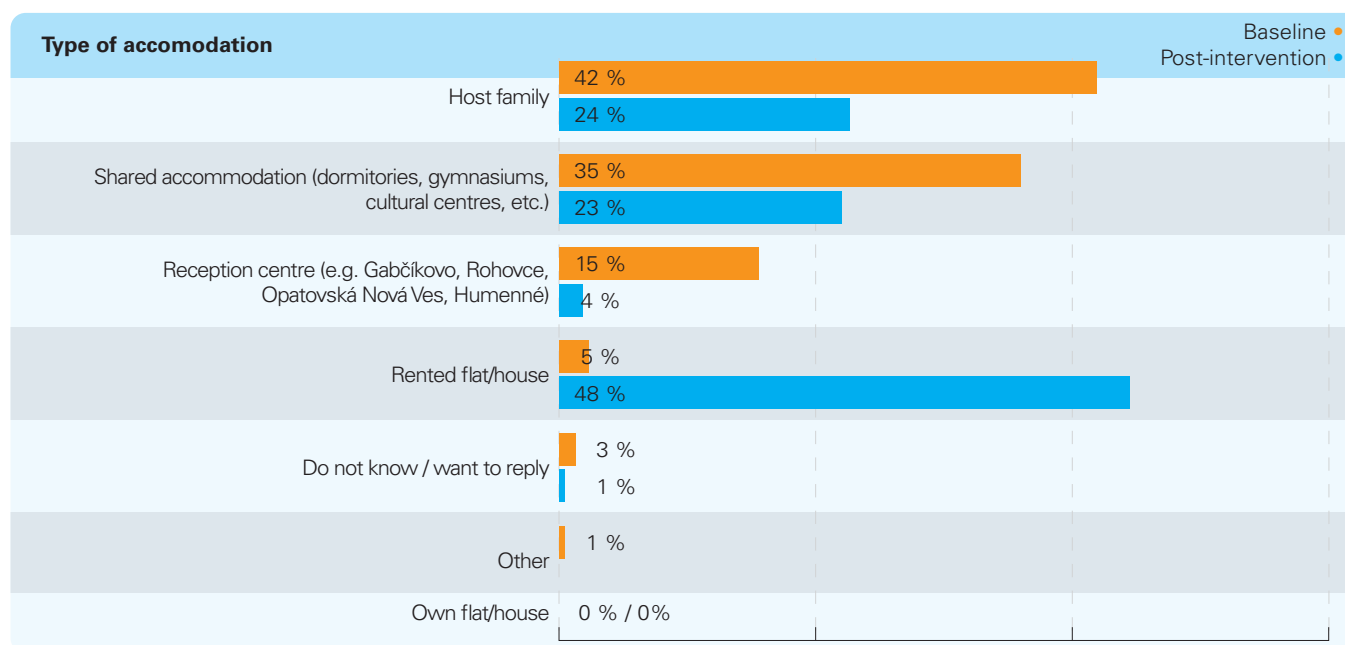
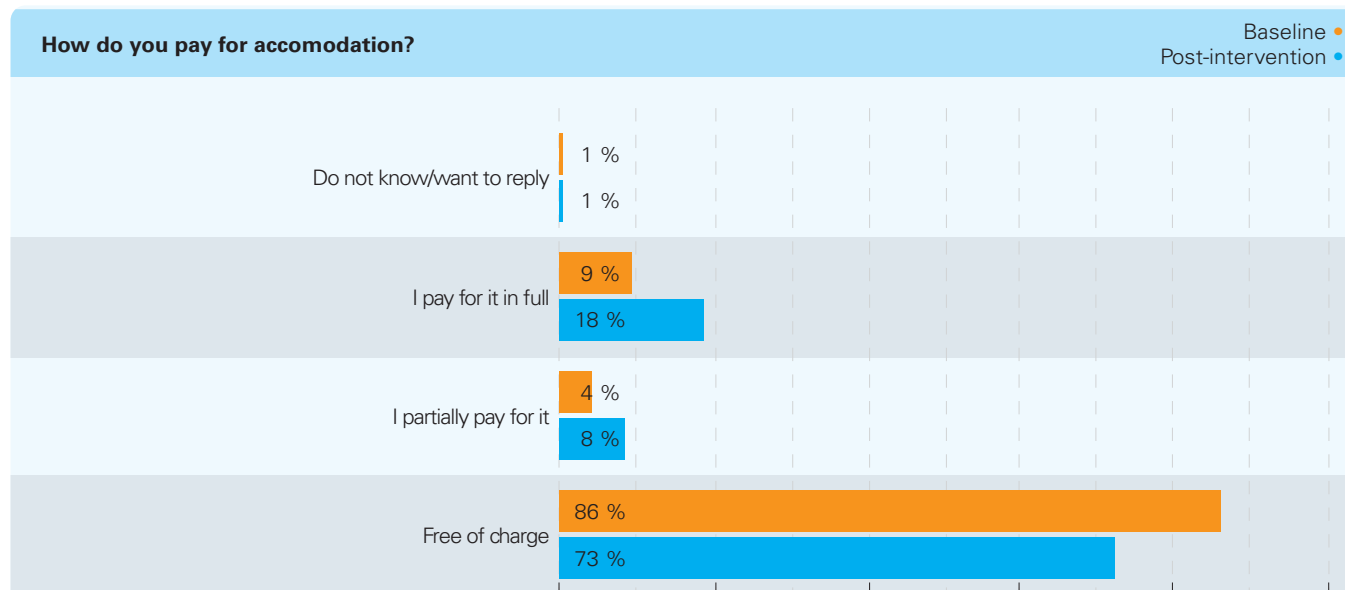


Figure 3.4.2: Payment for accommodation at baseline and post intervention



In most interviews, respondents mentioned **free-of-charge housing** as a substantial contributor to their financial independence. Thus, when considering the generally vital contribution of UNICEF cash assistance to the quality of housing, the complementarity with Slovak state housing support must be taken into account.

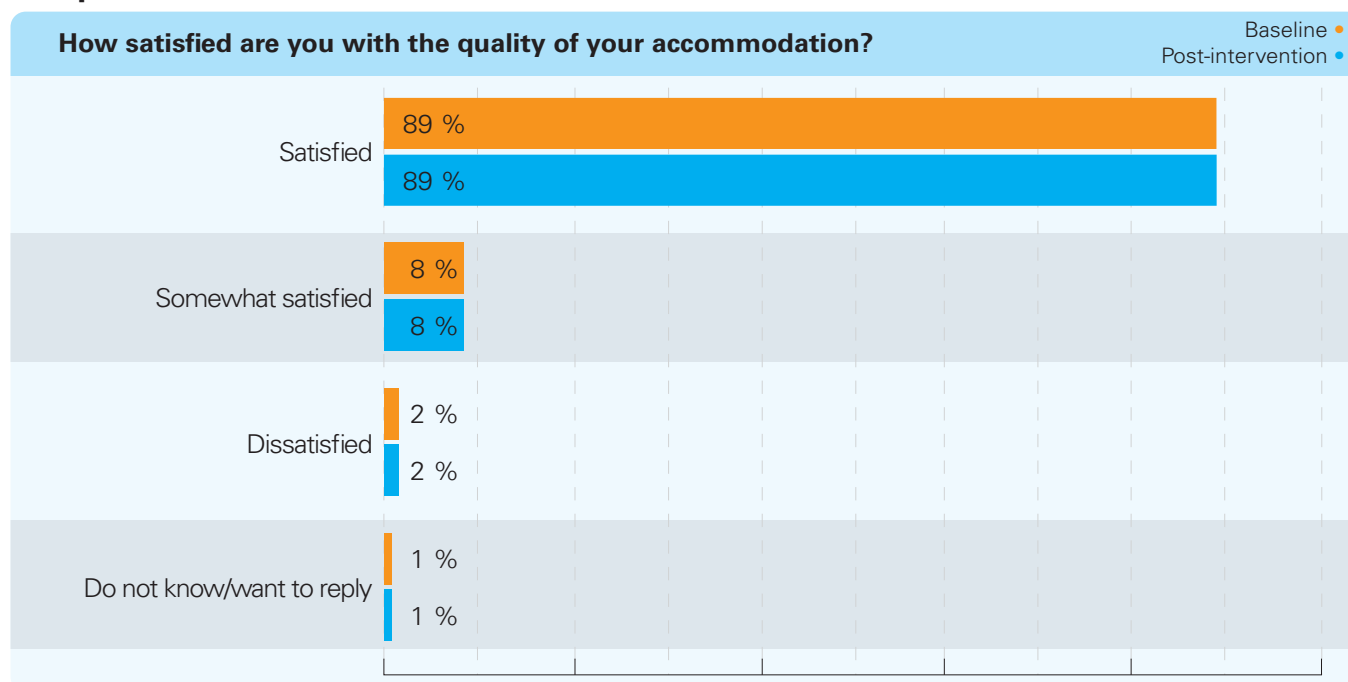
“My income is €700 in salary and €200 from UNICEF. Since housing is free, we can afford to buy everything we need. We buy food, clothes, school supplies and toys. I pay for school and kindergarten. Children also attend clubs at school and kindergarten. I’m worried that I won’t be able to pay for it if the state housing aid ends.

(Mother with two children, Námestovo)

In interviews, most respondents who had received free housing stated that they continue to remain in the same housing due to it being free of charge and being generally satisfied with the housing provided. Overall satisfaction with the quality of accommodation was very high and did not change between surveys: 89% of respondents were satisfied, 8% were partially satisfied and only 2% were not satisfied (Figure 3.4.3). The reasons for dissatisfaction were mainly poor conditions, insufficient space, overcrowding in shared accommodation or problems with landlords.



Figure 3.4.3: Satisfaction with accommodation in Slovakia at baseline and post intervention

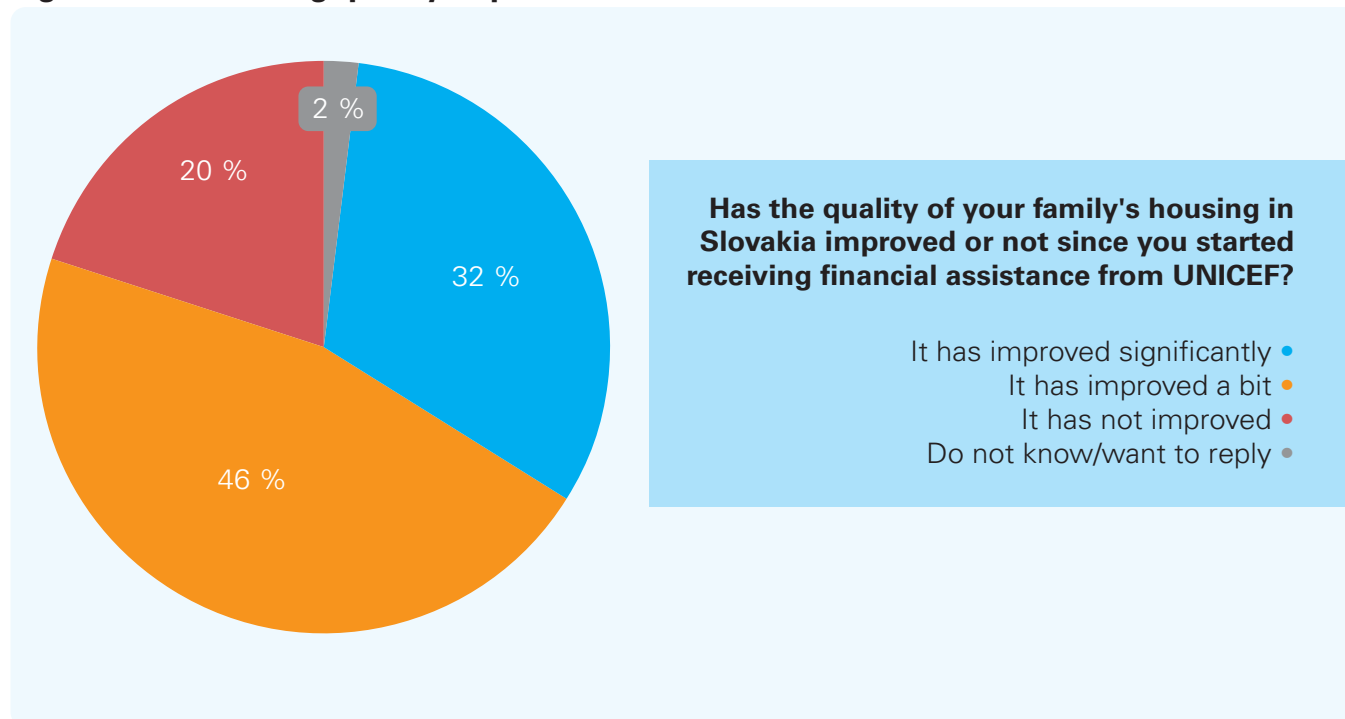


KEY OBSERVATION – CONTRIBUTION OF UNICEF FINANCIAL SUPPORT TO HOUSING

Most respondents considered their housing situation improved due to cash support (32% significantly so and 46% somewhat), with only 20% reporting no improvement.

The interviews showed that the contribution of the cash transfers to improving housing was mainly to enable the furnishing of accommodation, e.g. acquiring furniture and appliances.

Figure 3.4.4: Housing quality improvement



“We are still in the same apartment. Financial assistance from UNICEF did not affect the quality of our housing. We got help from the apartment owners and strangers who brought us the necessary things for a living.
(Mother with two children, Piešťany; see Figure 3.4.4)

“When we arrived, a Slovak offered us accommodation in his hostel. I am very grateful to him and his family for helping many other families and us from Ukraine in this way. We still live in the hostel today.

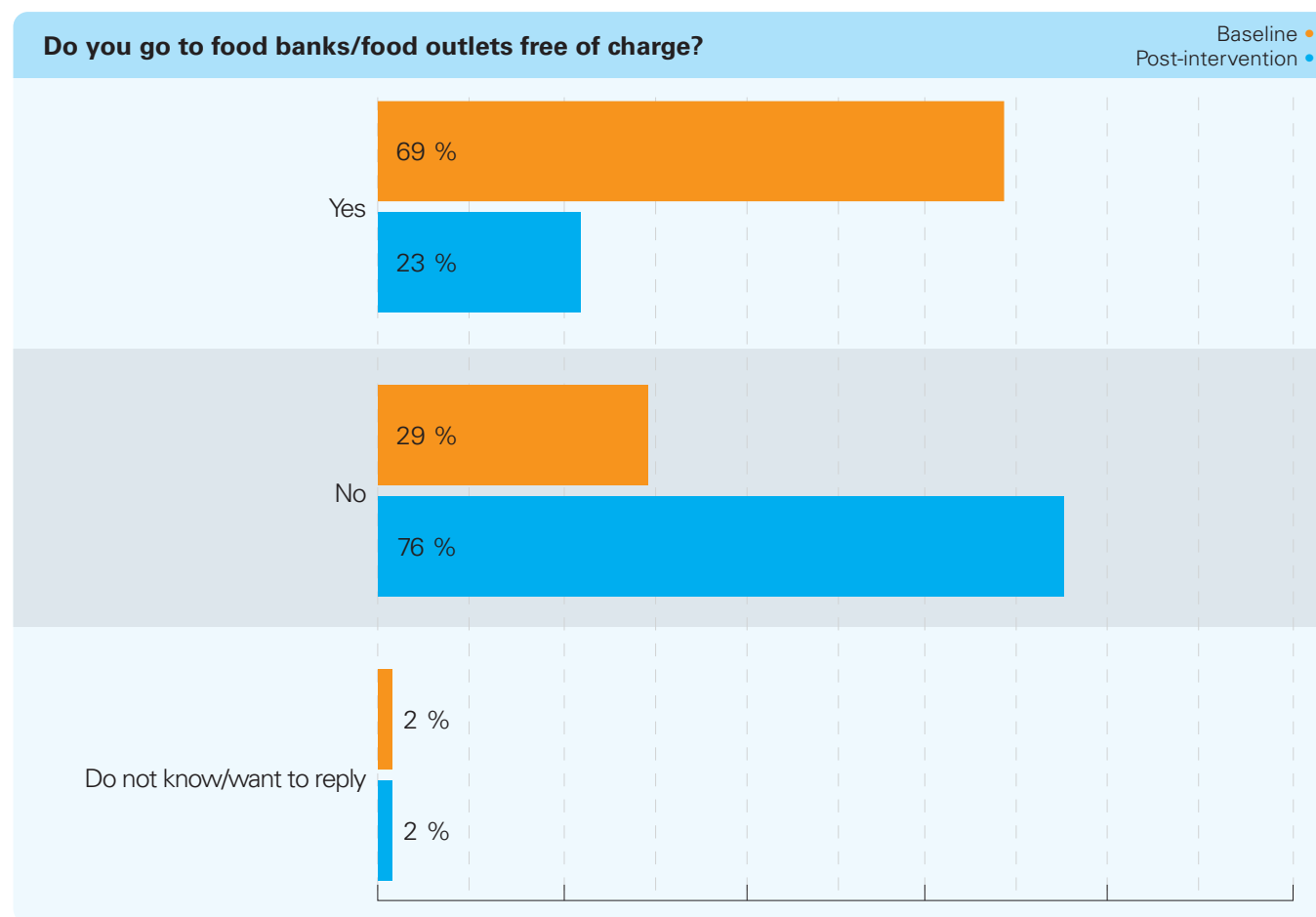
We have free housing. The owner of the accommodation provided us with one room with a kitchenette and a shower. We each have our own bed; my daughter even has a piano in her room; she regularly practices. The owner consequently provided us with a refrigerator, a microwave oven, and a washing machine. Financial assistance also had a great impact on the quality of housing. **Thanks to the help from UNICEF, we could buy dishes, pots, bed linen, shoes for the child and especially food.**
(Mother with two children, Bratislava)

3.5 Nutrition Findings

KEY OBSERVATION – DEPENDENCE ON FOOD BANKS

The share of refugees reporting visiting food banks and in need of food banks dropped dramatically since they started receiving cash assistance from UNICEF. Only 23% of the refugee population reported attending food banks in November 2022, a drop from 69% in June 2022. Similarly, 76% stated that they needed to use food banks during baseline data collection, dropping to 29% after receiving humanitarian cash support (see Figure 3.5.1).

Figure 3.5.1: Dependence on food banks at baseline and post intervention



Most respondents considered the food in their household sufficient post intervention: 77% were satisfied, and 15% were partially satisfied (Figure 3.5.2, top panel). Only 2%

were dissatisfied, primarily stating high prices, low food quality, and insufficient food quantity as reasons for dissatisfaction.²⁶

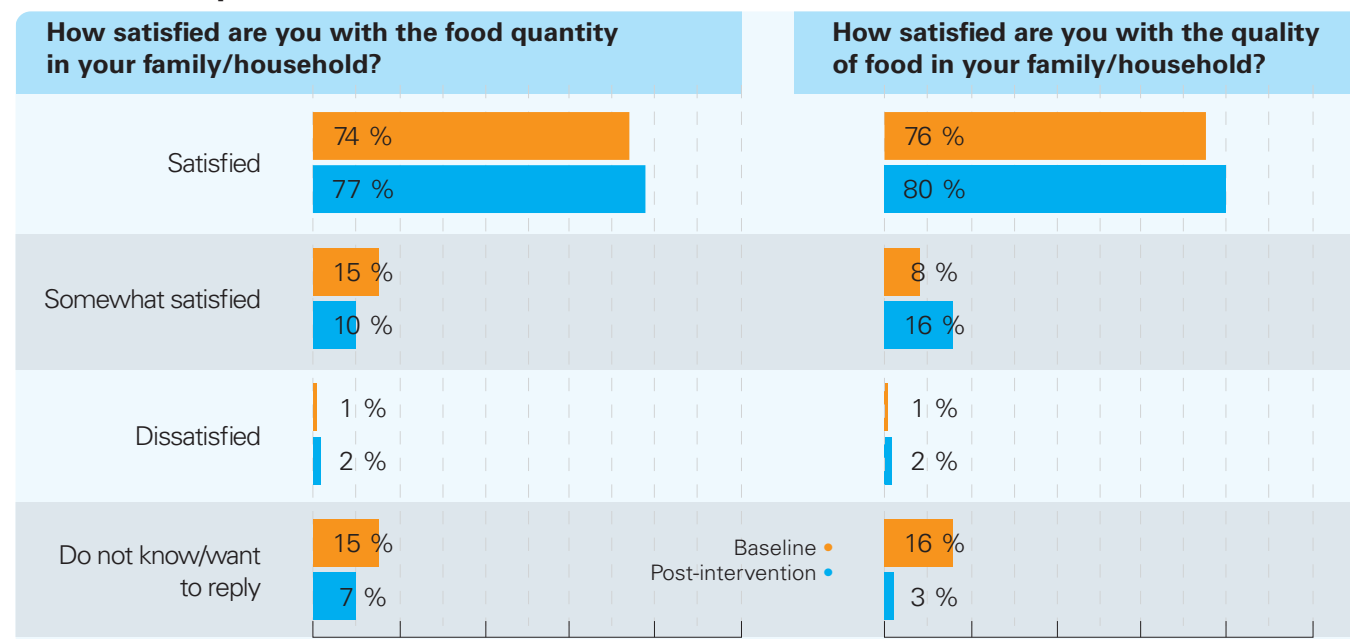
²⁶ The survey did not examine household composition/size and how it might relate to food sufficiency.

KEY OBSERVATION – CONTRIBUTION OF UNICEF FINANCIAL SUPPORT TO NUTRITION

Cash assistance significantly contributed to improved food security and food supply (see Figures 3.5.3–3.5.5).²⁷

27 The observation is also in line with the post-distribution monitoring findings throughout 2022, which continuously indicated expenditure on food as the primary use of UNICEF humanitarian cash support.

Figure 3.5.2: Satisfaction with food quantity (left panel) and quantity (right panel) at baseline and post intervention



As for food quality, 80% of respondents were satisfied, and 16% partially satisfied (Figure 3.5.2, bottom panel). Only 3% were dissatisfied due to non-nutritious food, a lack of variety, and a lack of fresh fruits and vegetables

The interviews corroborate the findings of the survey, as most respondents highlighted the predictability and regularity of income contribution allowing households to spend on food.

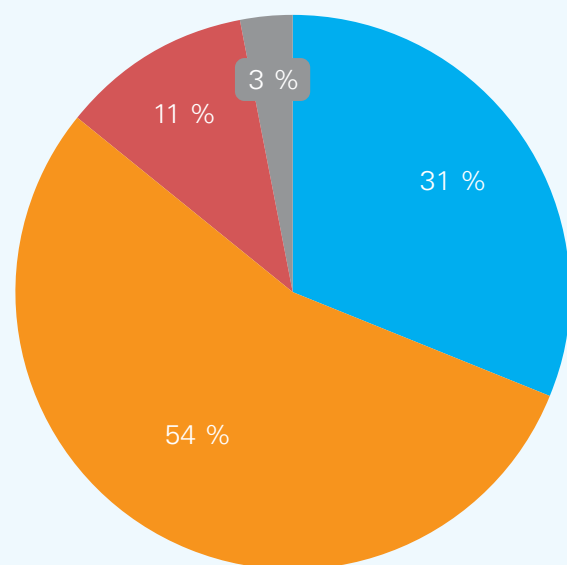
“After UNICEF started helping us financially, the quality of our food improved significantly. We could afford to buy fish, meat, fruits and vegetables. I would like to

say that it has improved so much that our food in Slovakia is better quality than the food in Ukraine before the war. **We were assured we would have enough to eat for the next few months.**

(Mother with two children, Bratislava; see Figure 3.5.4)

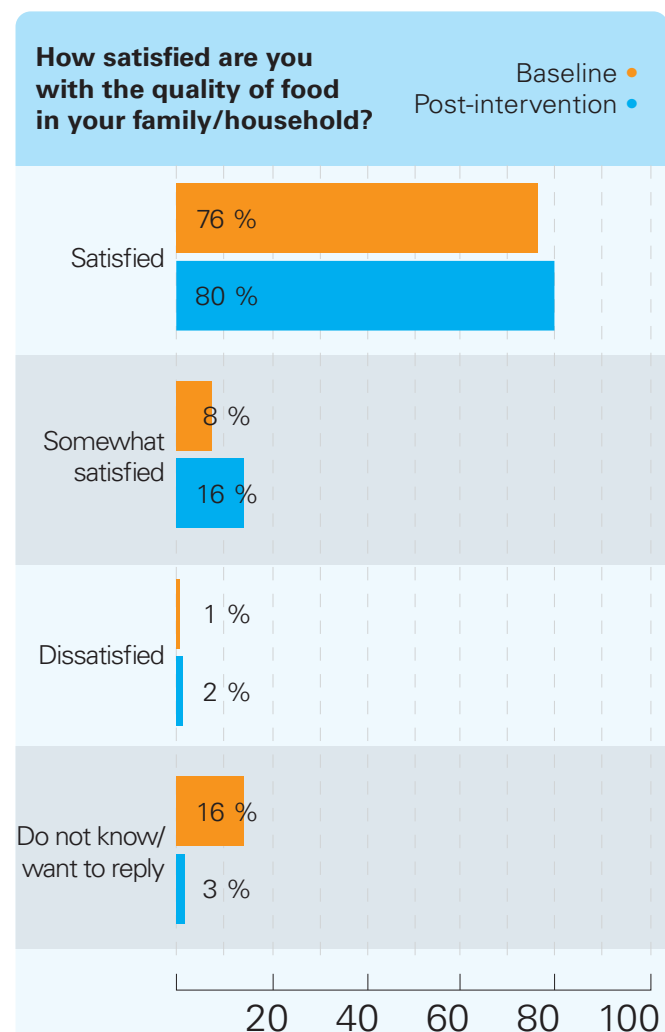
“Thanks to UNICEF’s financial assistance, we can afford more varied food. Of course, I still look at the prices and buy what is on sale. **Financial aid helped because we had a stable income and knew what we could afford.**

(Mother with two children, Trenčín)

Figure 3.5.3: Food security improvement

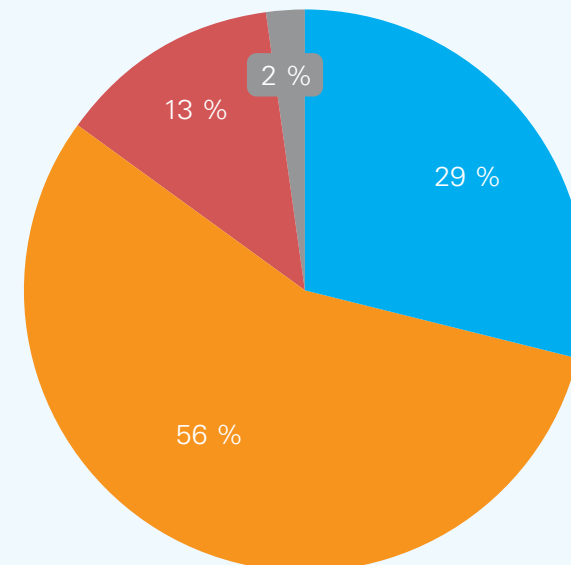
Has your family's food security improved or not since you started receiving financial assistance from UNICEF?

- It has improved significantly ●
- It has improved a bit ●
- It has not improved ●
- Do not know/want to reply ●

Figure 3.5.4: Satisfaction with food quality

How satisfied are you with the quality of food in your family/household?

Baseline ●
Post-intervention ●

Figure 3.5.5: Food supply improvement

Has your family's supply of nutritious and quality food improved or not since you started receiving financial assistance from UNICEF?

- It has improved significantly ●
- It has improved a bit ●
- It has not improved ●
- Do not know/want to reply ●

3.6 Childcare and education findings

3.6.1 Contextual overview

The observations summarized in this section are based on the surveys of MNB beneficiaries. However, the interviews that aimed to map the contribution of the MNB programme to education and childcare revealed that respondents primarily associated educational support with the CCDE programme.

Thus, this section is recommended to be read as a contextual overview of childcare and education, as the MNB programme was open to all Ukrainian households registered for support. The following section, section 3.6.2 on the contribution of the CCDE programme to childcare and education,²⁸ focuses more on the humanitarian cash education-related contribution.

²⁸ Importantly, the data presented in section 3.6.2 were collected separately and on a sample different from that used in the MNB survey.

Humanitarian aid context – Comparison of the Slovak and Ukrainian education systems

In Ukraine, children aged 17–18 are not in school, as the education system differs from the Slovak system. Differences in educational context are likely to significantly affect the uptake of secondary-level education in Slovakia.

The Ukrainian school system is divided into three levels: 4 years of elementary education, 5 years of lower secondary, and either (1) 2 years of upper secondary education that enables young people to continue to higher (tertiary) education or (2) 1.5–4 years of vocational education. Ukrainian pupils can also opt for pre-higher education (2–4 years) directly after lower secondary education, which allows them to acquire a ‘junior bachelor’ degree.

As the Slovak education system (and other EU systems) are not fully aligned with the Ukrainian system, this might impact young people’s decisions on enrolling in upper secondary and higher education.

The surveys, focusing primarily on cash, did not look in more depth at the differences in the systems by age bracket but focused primarily on the uptake of Slovak education by Ukrainian children and young people.

KEY OBSERVATION – TRENDS IN ATTENDANCE AT SLOVAK EDUCATIONAL INSTITUTIONS

From baseline in June 2022 to post intervention in November 2022, the percentage of children reported to be attending educational facilities in Slovakia increased to 64% (from 53%); similarly, the percentage of children not attending any educational institution in Slovakia dropped to 34% (from 46%).

Attendance at secondary schools dropped from 52% to 46%, while there was a significant increase in attendance at primary schools – from 22% to 35%.

Respondents reported that as much as 34% of Ukrainian children were not attending any educational institution in Slovakia. In this group, 57% were studying online at a Ukrainian school.

Over 50% of those aged 16–17 years were reported as not attending any educational institution in Slovakia. Due to differences in the education systems, a large portion of children in this group is likely to have already completed high school in Ukraine.

In the post-intervention survey, 62% of respondents were taking care of at least one child (Figure 3.6.1). The share of households reporting one child had increased from 48% at baseline to 61% post intervention (Figure 3.6.2), which can be attributed to the variability between the baseline and post-intervention samples (see Annex A2_1, available on request). Post intervention, 33% of respondents reported two children and 6% three children. Boys accounted for 52% of children and girls for 48% (Figure 3.6.3, top panel). Post intervention, 38% were reported to be 11–15 years old; 29% 6–10 years old; 16% 3–5 years old; 9% 16–17 years old; and 7% were toddlers (0–2 years old) (Figure 3.6.3, bottom panel).

Figure 3.6.1: Sample characteristics – families with children at baseline and post intervention

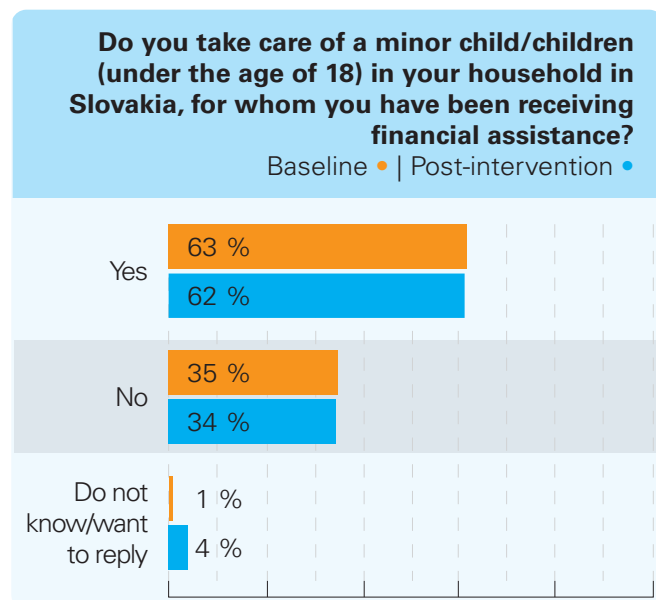


Figure 3.6.2: Sample characteristics – number of children per family at baseline and post intervention

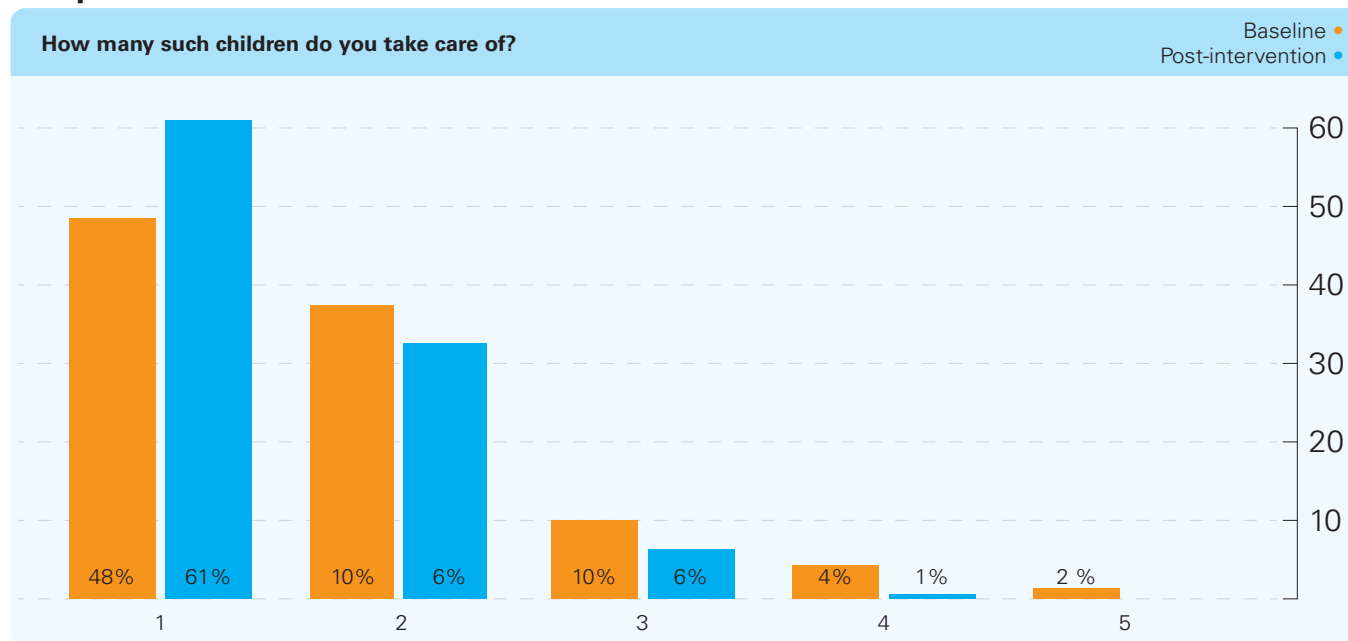
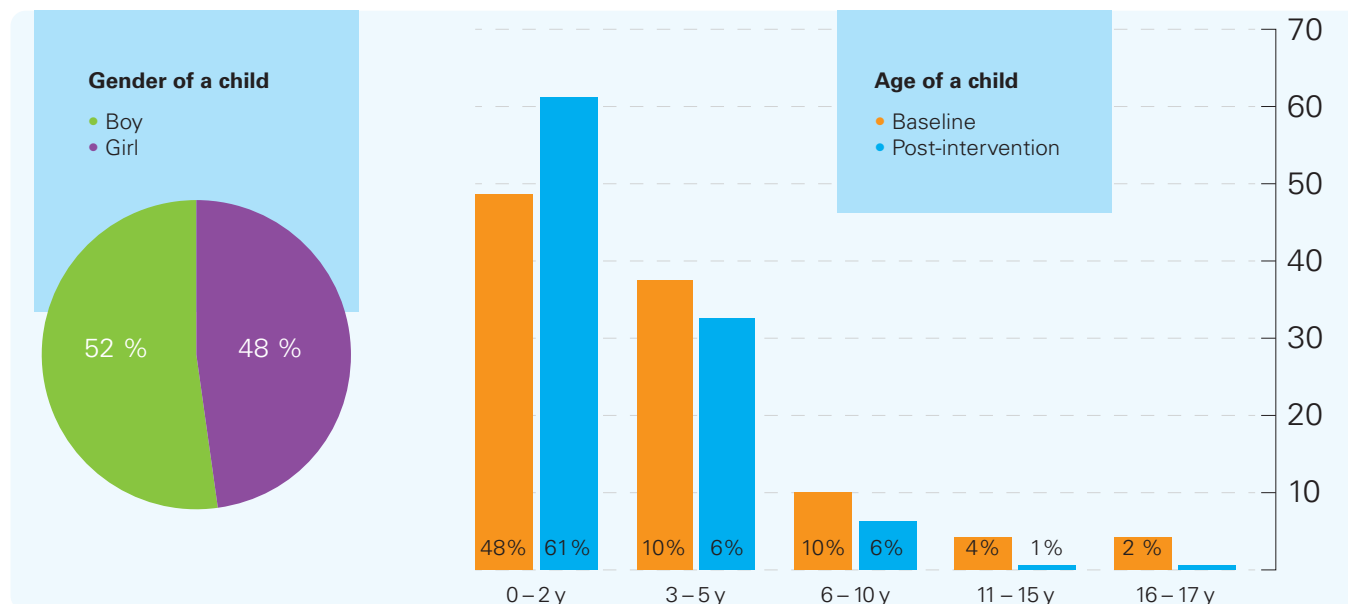


Figure 3.6.3: Gender and age composition of children



Before arriving in Slovakia, 87% of all children in the MNB post-intervention survey sample were reported to attend an educational institution in Ukraine (Figure 3.6.4). Most of the children attended secondary school (53%), followed by primary school (25%) and pre-school education (22%) (Figure 3.6.5). Only 12% of children did not attend any educational institution in Ukraine (Figure 3.6.4).

In the post-intervention survey sample, only 64% of children of all age groups (0–17 years) were attending schools/kindergartens in Slovakia, while 34% were not (Figure 3.6.6). Attendance at Slovak primary schools increased from 23% at baseline to 35% post intervention (among children aged 6–15 years) (see Figure 3.6.8). Based on the sample age structure, it could be expected that 65% of primary school-aged children would be in primary education in Slovakia, with 35% out of education. Several reasons could account for the increase in attendance post intervention, notably the difference in the education systems in Ukraine and Slovakia or the fact that some children reached school age in September. In any case, the trends in school attendance should not be directly attributed to the cash interventions.

Figure 3.6.4: School attendance in Ukraine

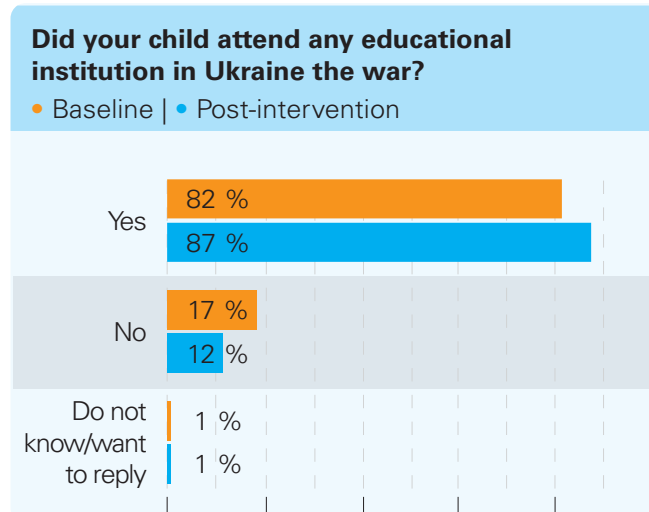


Figure 3.6.5: Type of educational institution attended in Ukraine

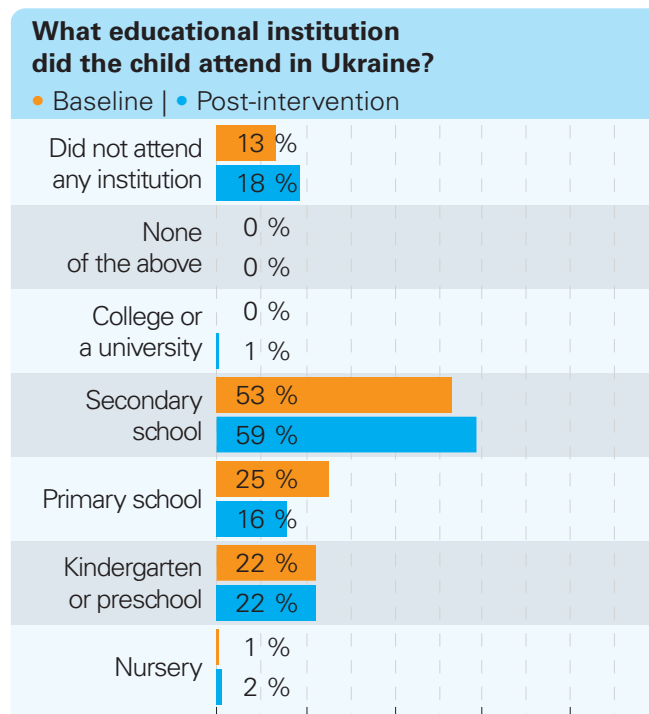


Figure 3.6.6: School attendance in Slovakia

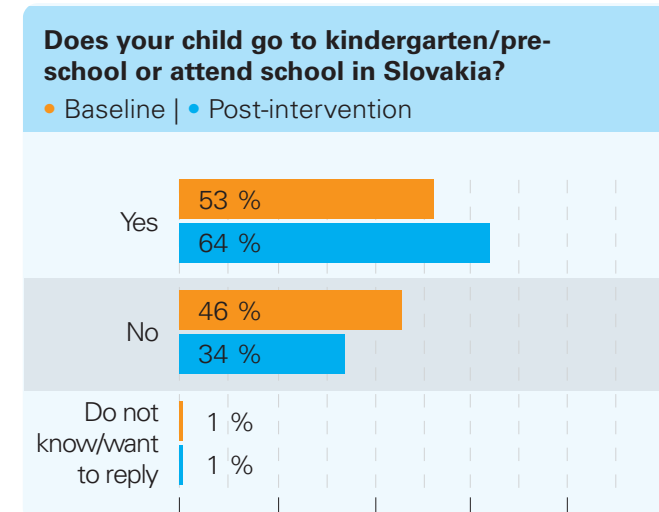
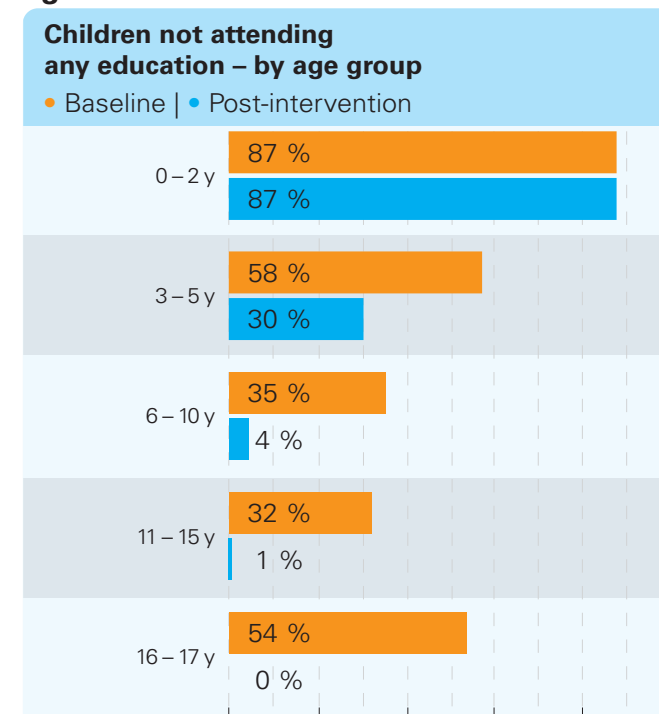


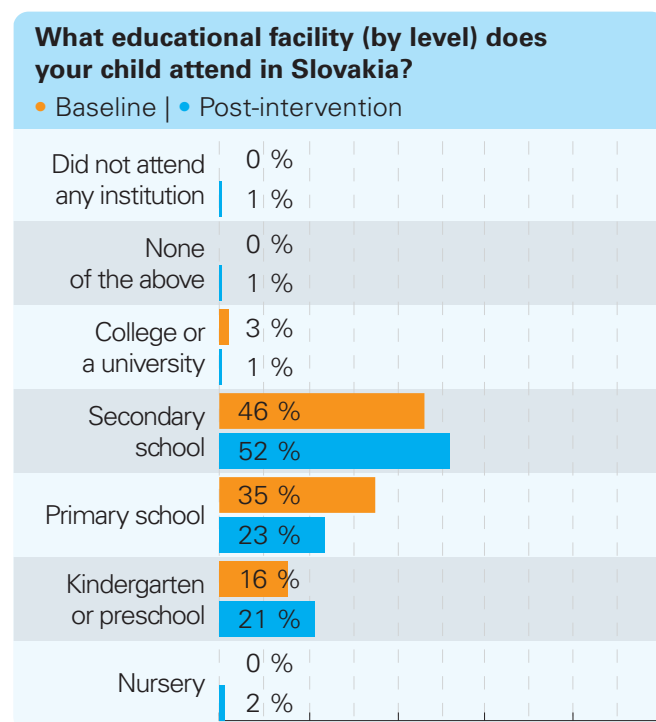
Figure 3.6.7: Not attending any education – age distribution



Importantly, there is still a large share of children of school age outside the education system in Slovakia: 35% of children aged 6–10 years and more than 32% of children aged 11–15 years (Figure 3.6.7).

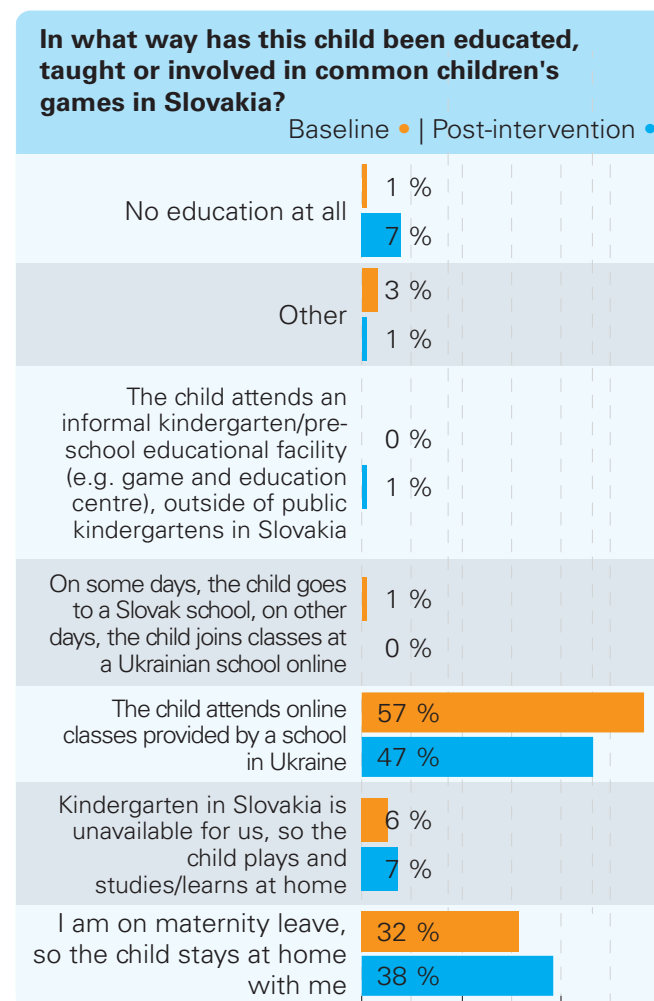
In the post-intervention survey, over 50% of those aged 16–17 years were not attending any educational institution in Slovakia, although they had been studying in Ukraine before the invasion (Figure 3.6.7). This gives rise to concern about the future of children

Figure 3.6.8: School attendance in Slovakia – by education level



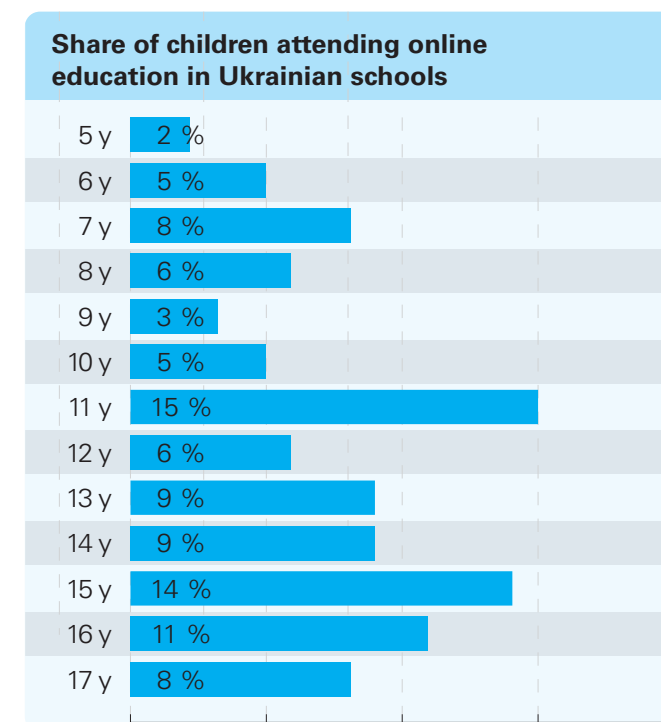
in this age group, as it may imply that they could not successfully transfer to the Slovak education system, keeping in mind the differences in the structure of the education systems in the two countries.

Figure 3.6.9: Method of education of children not attending any facility in Slovakia



According to the post-intervention survey respondents, 57% of children not attending any educational institution in Slovakia were studying online in a Ukrainian school (an increase from 47% in the baseline survey) (Figure 3.6.9); within this group, 32% stayed with their mother on maternity leave and 6% were at home with their mother due to lack of space in a kindergarten (Figure 3.6.9).

Figure 3.6.10: Children attending online classes provided by a school in Ukraine – by age group



KEY OBSERVATION – PARENTS' ATTITUDES AND ENROLMENT DECISION-MAKING

Respondents reported that parents sometimes perceive the Ukrainian education as superior to the Slovak system, making them less inclined to enrol their children in Slovak schools; another contributory factor is that some children were already attending Ukrainian online schools (Figure 3.6.10).

Interviews point to some of the reasons for not enrolling in Slovak education. One is systemic, relating to the lack of space in kindergartens. The other is more related to parents' perception of Slovak education as being inferior to that in Ukraine and supporting online education in Ukraine.

“Even this school year, children do not attend school or kindergarten. The older daughter learns online in a Ukrainian school and communicates daily with classmates and friends. She does not want to go to a Slovak school because she misses home very much and refuses to learn the Slovak language. The younger daughter is timid and refuses to go to kindergarten. She cries a lot without her mother, so we don't want to cause her trauma.
(Family with three children, Banská Bystrica)

“The curriculum is simpler compared to the Ukrainian. Here it focuses more on languages; in Ukraine, it focuses more on mathematics. My daughter also continues to study in a Ukrainian online school, especially mathematics, so she does not fall behind after returning. Today my daughter also attends a Slovak language course by UNHCR. We are very grateful for this opportunity.
(Mother with two children, Bratislava)

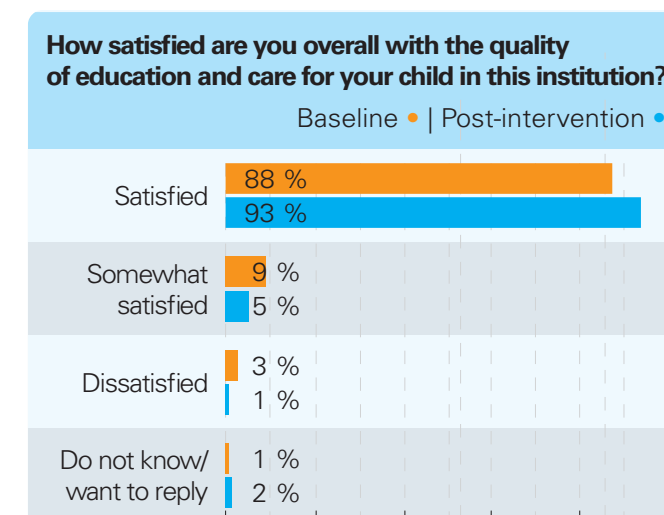
“Yes, UNICEF helped us; we could afford more food. We used the financial aid provided in October to children for education

purposes to pay for a speech therapist. It helped us a lot, as without this help, we would not have been able to afford a speech therapist. The older daughter attends a club that costs us €5 a month. Aid from UNICEF covered 70% of our expenses.

(Mother with two children, Piešťany)

In the post-intervention survey, 93% of all respondents were satisfied with the quality of their children's education in Slovakia, 5% were somewhat satisfied and only 1% were dissatisfied (Figure 3.6.11) – mainly because they considered education in Ukraine to be of better quality or because of differences in the educational curricula, and very rarely because of bullying and the poor attitude of school staff.

Figure 3.6.11: Satisfaction with the quality of education in Slovakia



KEY OBSERVATION – CONTRIBUTION OF UNICEF'S FINANCIAL SUPPORT TO EDUCATION

MNB cash support facilitated access to education and prevented potential poverty stigma against impoverished refugee children by covering school supplies, clothes and shoes. Secondly, it helped cover extracurricular activities where these incurred a cost (Figure 3.6.12).

KEY OBSERVATION – BARRIERS TO EXTRACURRICULAR ACTIVITIES

Lack of information remained the main reason for children not attending school clubs or other extracurricular activities (increase from 14% at baseline to 29% post intervention) (Figure 3.6.13).

Respondents reported that the language barrier preventing children's attendance at extracurricular activities dropped significantly from 43% in the baseline to 18% in the post-intervention survey (Figure 3.6.13). This observation is probably linked to the fact that 66% of post-intervention respondents stated that their child was attending/has participated in a Slovak language course (Figure 3.6.14).

Figure 3.6.12: Attendance at extracurricular activities

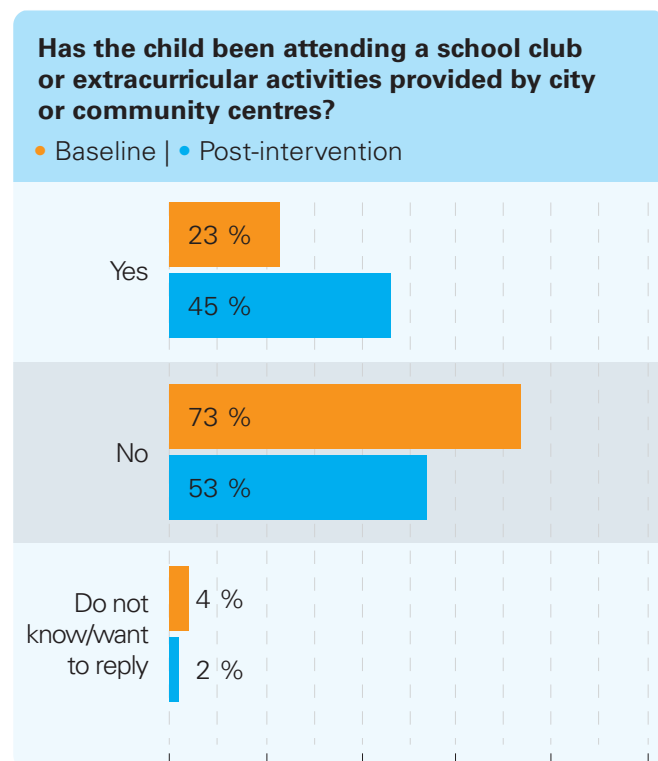


Figure 3.6.13: Reasons for not attending extracurricular activities

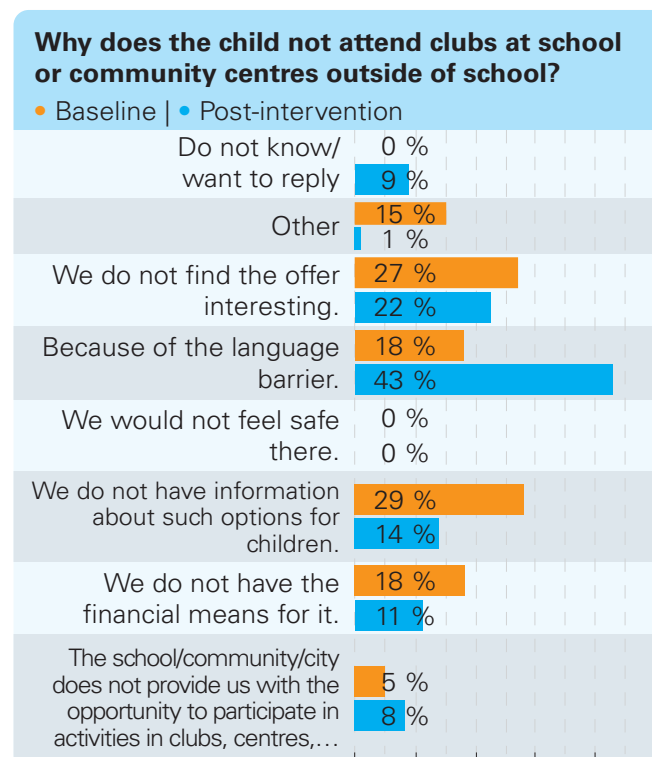
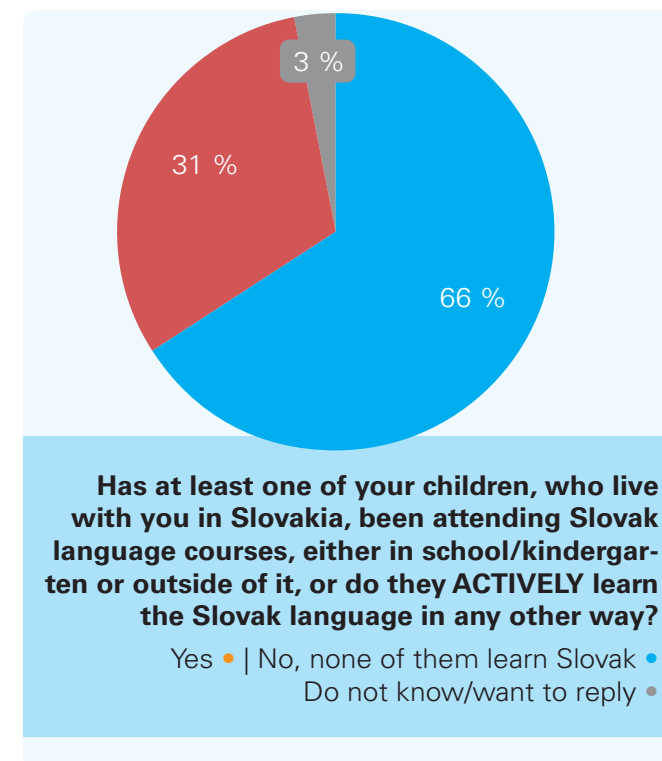


Figure 3.6.14: Children learning Slovak

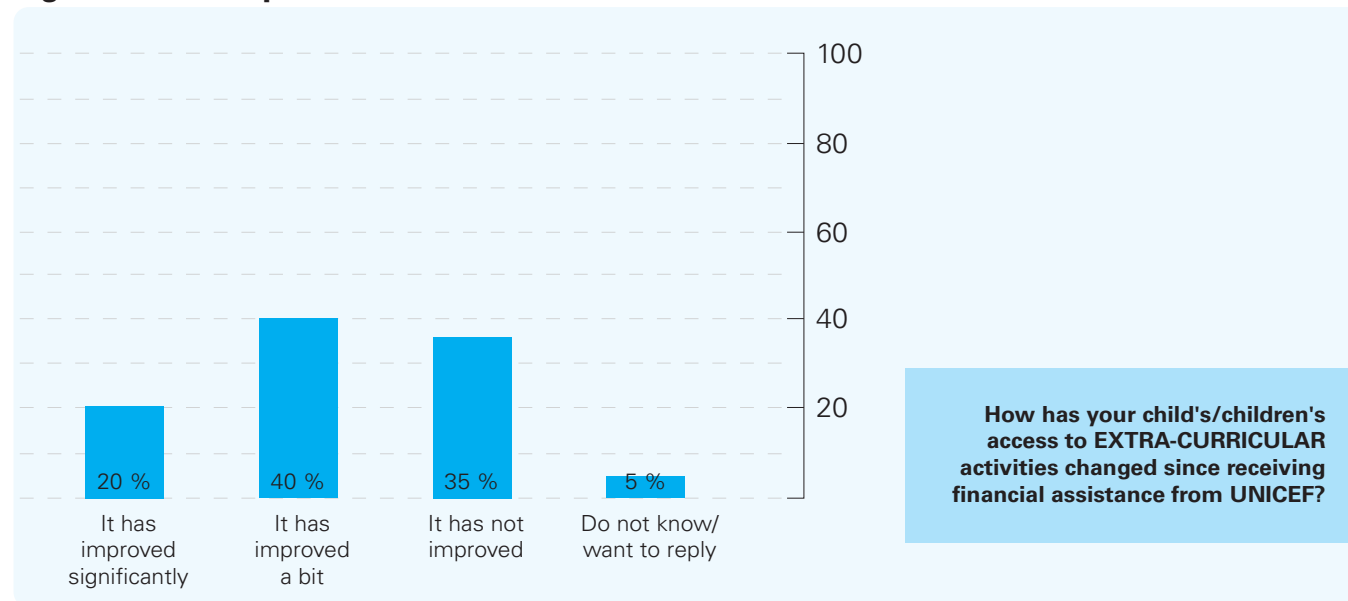


The share of children attending school clubs or extracurricular activities increased from 23% at baseline (June 2022) to 45% post intervention (November 2022) (Figure 3.6.15). The interviews indicate that cash assistance contributed to this development, as many extracurricular activities, courses and clubs are to be paid for partially or fully, meaning that families could have only afforded them once they first paid for essential children's and household needs.

“The financial assistance from UNICEF helped us a lot; I bought my daughter school supplies with this money, and I also had the opportunity to enrol her in a music school to learn to play the piano. Today my daughter also attends a Slovak language course by UNHCR. We are very grateful for this opportunity.
(Mother with two children, Bratislava)

“At the beginning of the school year, I bought clothes and school supplies for the children. The assistance from UNICEF for children's education helped us a lot. The younger son already speaks Slovak; the older one is still learning. Even in the dormitory's common room, all the Ukrainian children organize a Slovak language course. They attend clubs, and they like it here.
(Mother with two children, Námestovo)

Figure 3.6.15: Improvement in access to extracurricular activities



Post-intervention, as much as 31% of all children did not attend any extracurricular activities. The main reasons include the lack of activities near their homes but also the lack of finances (18%).

Interviews add to the survey findings and show that a lack of information on schools' extracurricular activities²⁹ remained a challenge in November 2022 and was often cited by parents (especially those activities that are free of charge):

“I have used all my income for food, school supplies in September, and shoes for children so far. I can say that 99% of the income is spent to fulfil the needs of the children. I cannot afford paid extracurricular activities and have not been informed about any free ones...
(Mother with two children, Nitra)

“They do not attend a school club or do any extracurricular activity. I was not informed about the clubs that were offered directly at school.
(Mother with two children, Nitra)

²⁹ In Slovakia, after-school clubs for children in grades 1–9 (primary education) are part of the school educational curriculum (školský výchovný program) and are offered in almost every primary school. The costs of the service are shared between the municipality and a monthly contribution from parents.

3.6.2 Cash for Child Development and Education contribution

The programme entitled Cash for Child Development and Education supported 32,877 Ukrainian households caring for children aged 0–17 years. The cash assistance was meant to be used for childcare and school supplies and to contribute to families' expenditure on children's care and education. The assistance was distributed on 15 October 2022.

This section focuses on understanding how the CCDE programme contributed to supporting families' ability to provide everything necessary to enable children's attendance at school (education) and to further elaborate on the findings of section 3.6.1.

One-off data collection took place between 27 December 2022 and 4 January 2023 with 366 questionnaires completed on behalf of 550 supported children.³⁰

The sample consisted of 50% girls and 50% boys (Figure 3.6.16): most of them were aged 11–15 (33%) and 6–10 (31%); 16% was aged 3–5, 10% aged 0–2, and only 9% aged 16–17 (Figure 3.6.17). One third (32%) lived in Bratislava region, 16% in Žilina region, 11% in each of Košice and Nitra regions, 7–9% in other regions, and only 6% in the Banská Bystrica region (Figure 3.6.18).

30 The context is important for the interpretation of the results presented in this section and is discussed in section 3.6.1.

Figure 3.6.16: Sample characteristics – children's gender

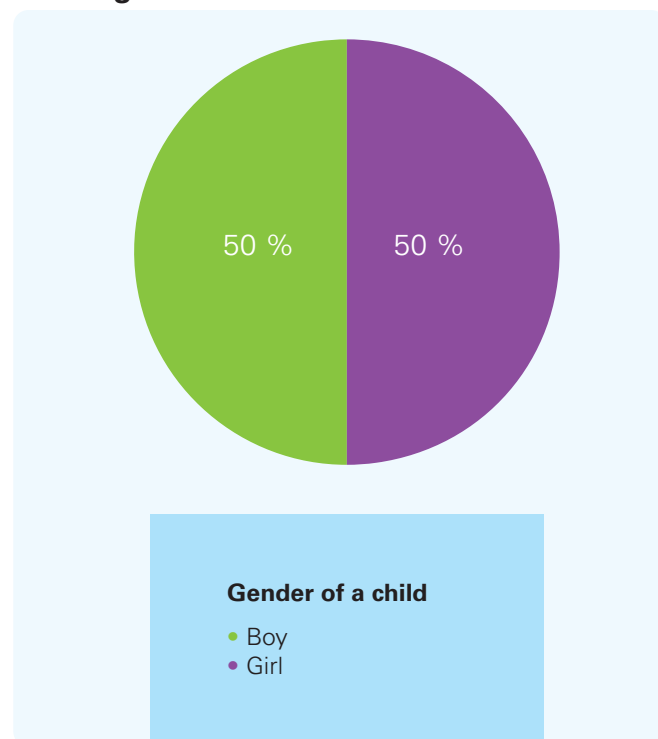


Figure 3.6.17: Sample characteristics – children's age composition

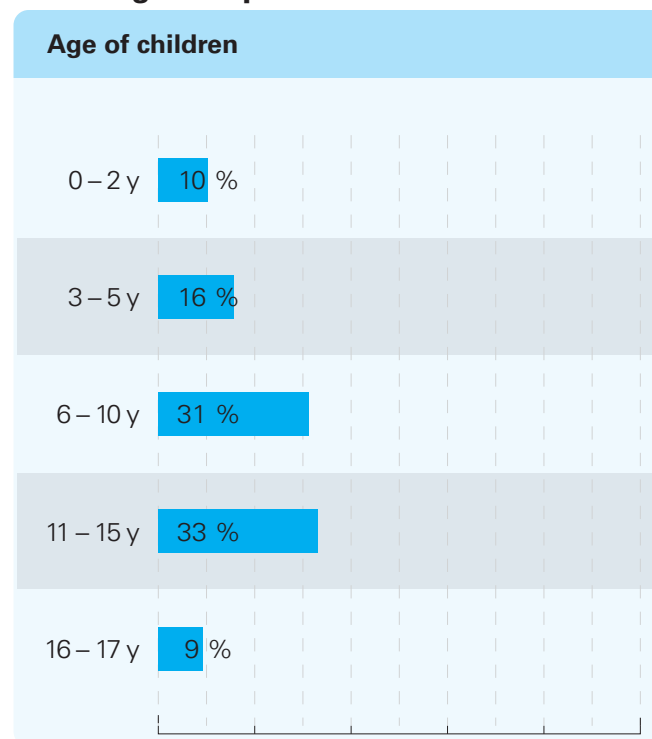
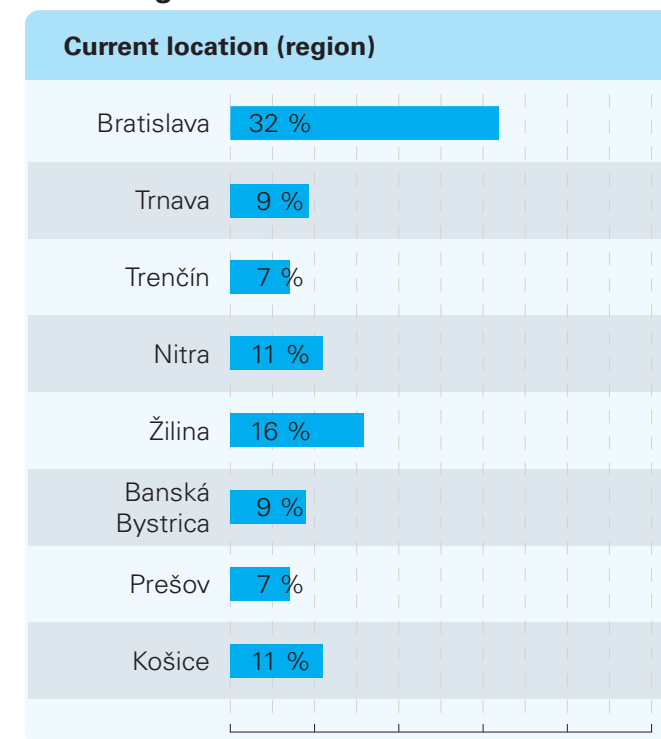


Figure 3.6.18: Sample characteristics – children's regional distribution



According to official statistics, the regional distribution of Ukrainian children attending primary schools in Slovakia is very similar to the distribution of the surveyed sample (Figure 3.6.19). The highest number of pupils lived in the Bratislava region, followed by Nitra, Trnava and Žilina, with the lowest share of children living in the Banská Bystrica region.³¹

Notably, only 60% of children attended an educational institution in Slovakia, while 40% did not (Figure 3.6.20). Based on age group (see Figure 3.6.17), preschool-aged children (3–5 years) represent only 16% of the sample, and only 10% were aged 0–2 years. This means that only 10% of children (those under 2 years of age) were not supposed to attend any educational institution.

Of the 60% attending (pre)schools in Slovakia, 40% were in primary schools, 38% in secondary schools, 20% in kindergarten and 2% in nursery (Figure 3.6.21).

Figure 3.6.19: Official numbers of Ukrainian pupils in Slovak elementary schools – by region

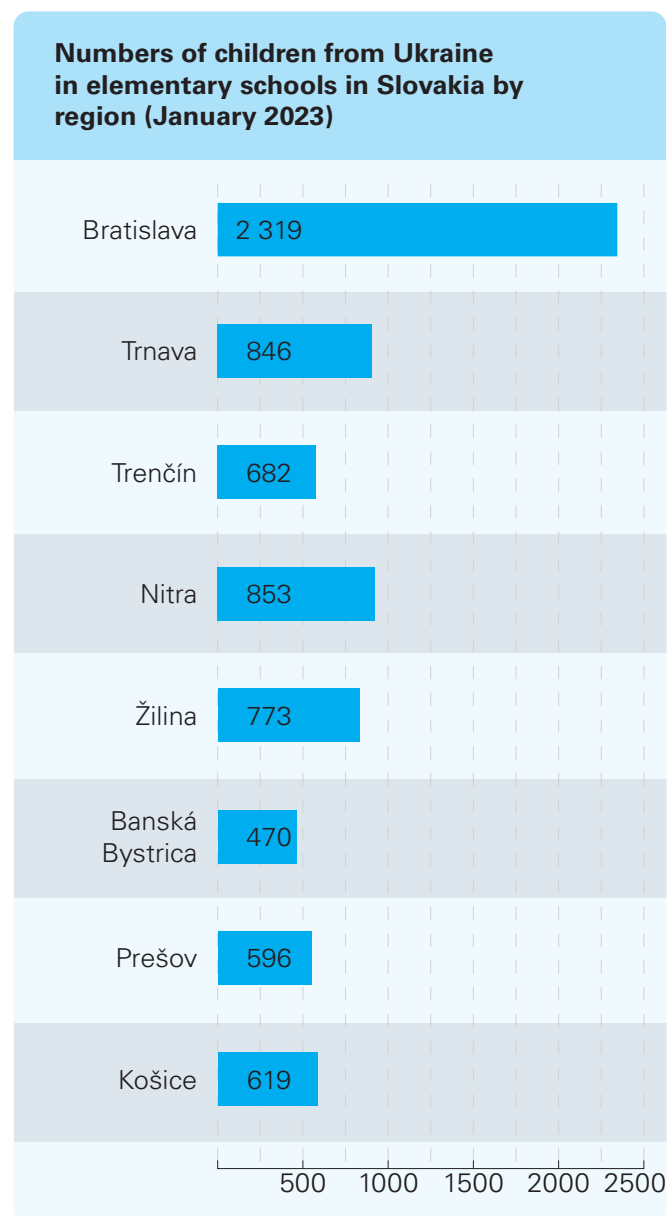


Figure 3.6.20: Share of children attending educational institutions in Slovakia

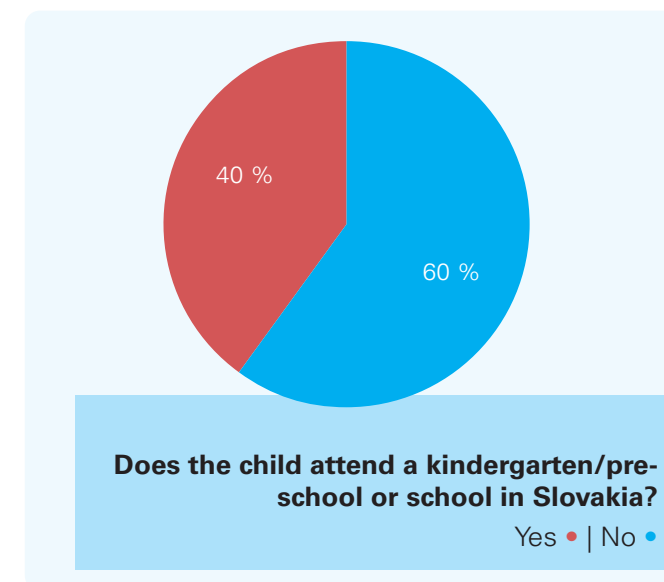
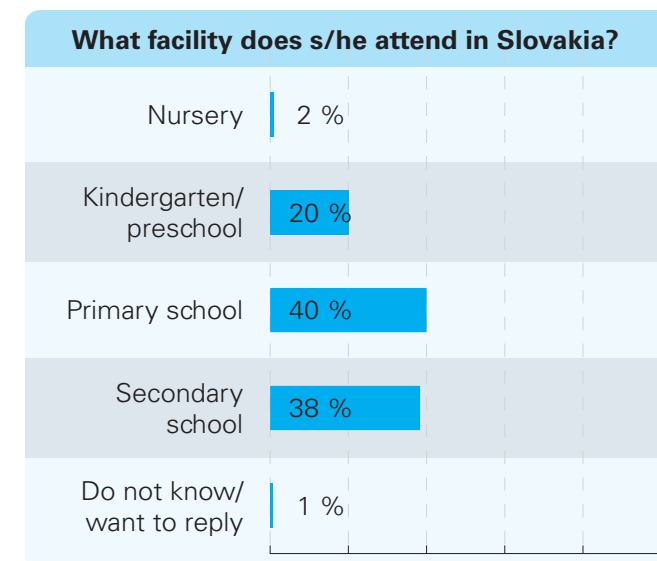


Figure 3.6.21: Type of facility attended by children in Slovakia



31 Sources: Ministry of Education, Science, Research and Sport of the Slovak Republic: [Všeobecné informácie | Ministerstvo školstva, vedy, výskumu a športu Slovenskej republiky \(minedu.sk\); 25874.xlsx \(live.com\); Rezort školstva: Slovenské školy navštevuje 10.550 žiakov z Ukrajiny \(teraz.sk\)](#).

KEY OBSERVATION – USE OF THE CASH FOR CHILD DEVELOPMENT AND EDUCATION PROGRAMME

Most of the parents (86%) of the 60% of children attending school facilities in Slovakia used the CCDE grant to pay for school supplies, while only 14% did not.

Over half (54%) of the parents of children attending schools stated that the benefit was used to pay for school lunches (see Figure 3.6.24), while 24% used it to pay for school transport for their child or children. Over two thirds (70%) reported using the money to buy clothes and shoes for children.

Figure 3.6.22: CCDE programme – expenditure on school supplies

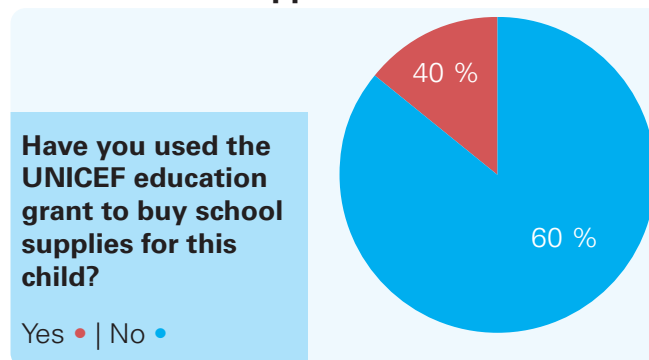


Figure 3.6.24: Expenditure on school transport and school lunch (children attending school)

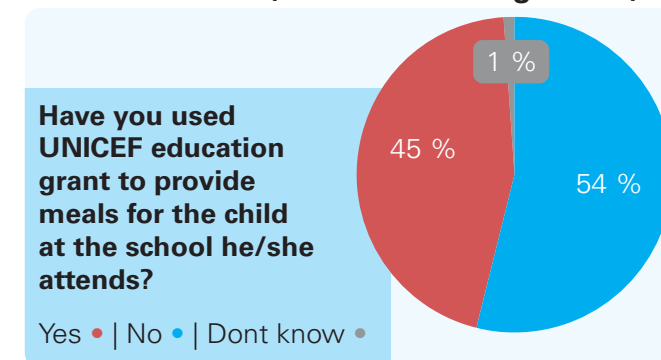
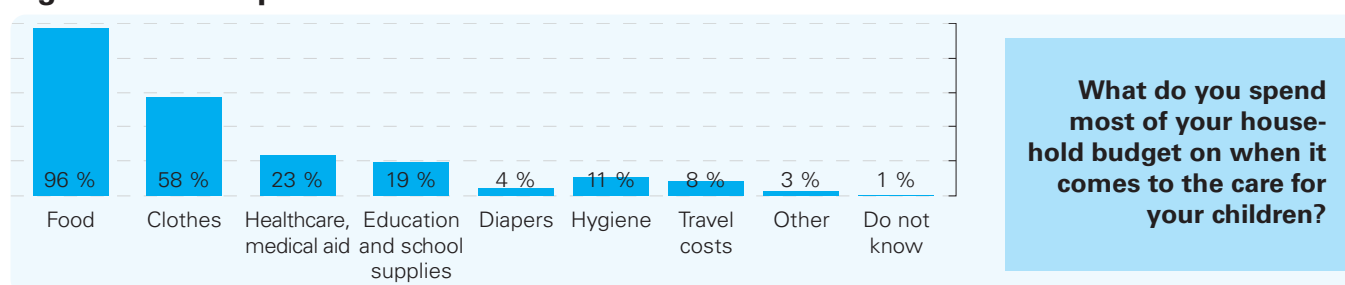


Figure 3.6.23: Expenditure on children's needs



It can be concluded that the CCDE programme effectively achieved its aims. Parents of school-aged children used the assistance primarily to pay for school supplies, food, clothes and shoes, travel costs, courses/clubs, and other education-related things (Figure 3.6.22). Parents whose children were enrolled also used the cash to improve the quality of their child's learning, for example to cover extracurricular

activities and learning support (e.g. speech therapist).

Disaggregated by type of expenditure, the households surveyed generally spent the most significant share of the cash they received on food (96%), clothes (58%) and healthcare (23%) (Figure 3.6.23). Among the 'other' items mentioned were accommodation, sports and other clubs, toys.³²

³² This was a multiple-choice question in which respondents could mark a maximum of three options. The percentage represents the share of respondents who mentioned that particular option – e.g. food was marked by 96% of respondents as one of their three options.

KEY OBSERVATION – SITUATION OF CHILDREN OUTSIDE THE EDUCATION SYSTEM IN SLOVAKIA

For 40% of children who were not attending educational institutions in Slovakia in the CCDE group, respondents stated that 60% were attending online classes at schools in Ukraine, 24% were staying at home with a mother on maternity leave and 10% were at home because there was no kindergarten available (Figure 3.6.25).

Figure 3.6.25: Alternatives in the case of children not attending school/kindergarten in Slovakia



Other reasons for not attending any school facility were mainly health problems/disabilities, studying at university or work.

Notably, respondents often mentioned in the interviews that they had been provided with everything necessary for children to attend

school for free,³³ thanks to the continuing financial support from the Ministry of Education for schools with pupils from Ukraine enrolled.

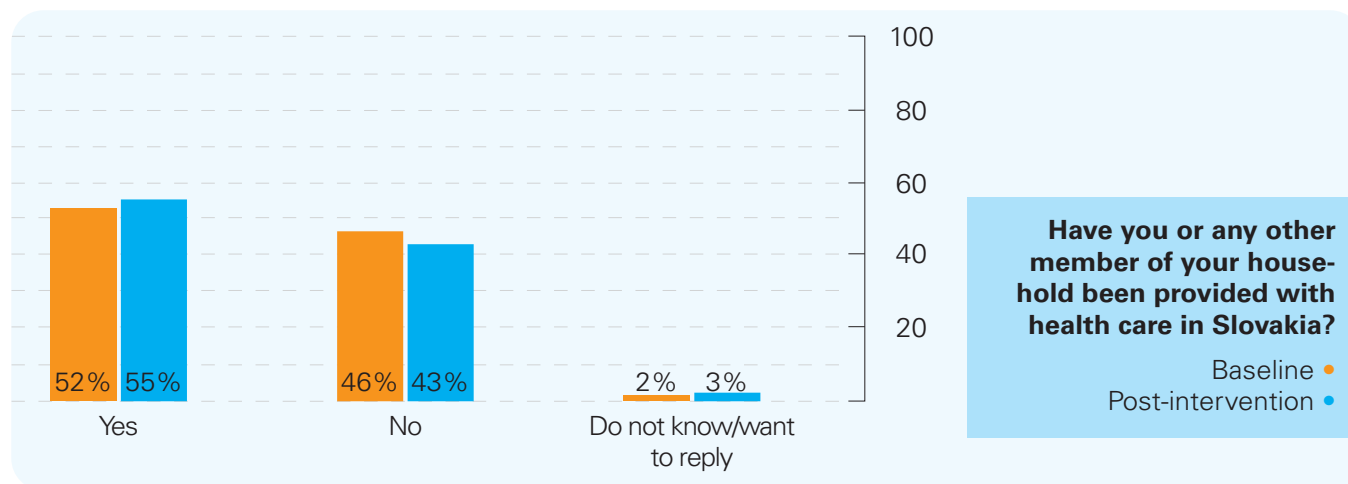
³³ Source: [Príspevok na špecifiká – Podpora integrácie detí a žiakov z Ukrajiny z EŠIF \(„európsky normatív“\) v materských, základných a stredných školách od septembra 2022 | Ministerstvo školstva, vedy, výskumu a športu Slovenskej republiky \(minedu.sk\)](#)

3.7 Healthcare findings

Approximately half of the respondents in the post-intervention survey (55%) had been in touch with the Slovak healthcare system directly or through a household member (Figure 3.7.1). Over three quarters (76%) reported being satisfied with the experience post intervention, while 17% were somewhat satisfied and 6% were not satisfied (Figure 3.7.2). Respondents gave various reasons for

their dissatisfaction, including long waiting times, expensive services and the complexity of the healthcare system. The obstacles, which may also exist for Slovak nationals, are probably even more pronounced for Ukrainians and other foreigners lacking proficiency in the language and/or previous experience of the system.

Figure 3.7.1: Respondents receiving healthcare in Slovakia



The funds allocated to schools according to the number of children/pupils from Ukraine registered in the departmental information system on the last day of the month and the monthly allowance per child/pupil from Ukraine, which is determined as:

- €182 for kindergarten children
- €218 for primary school pupils
- €218 for pupils in the first to fourth grades of eight-year gymnasiums

- €177 for pupils in the fifth to eighth grades of eight-year gymnasiums
- €227 for students of conservatories
- €232 for pupils of secondary vocational schools
- €346 for pupils of vocational schools and practical schools.

KEY OBSERVATION – OBSTACLES TO ACCESSING HEALTHCARE

Most respondents did not report financial obstacles to accessing healthcare in Slovakia. The 18% who did stated the lack of finance, lack of accurate information about medical assistance (significant increase in the post-intervention survey), and complexity of the Slovak healthcare system as the main obstacles.

KEY OBSERVATION – CASH CONTRIBUTION TO HEALTHCARE

UNICEF financial assistance helped respondents to cover out-of-pocket healthcare costs.

“Our experience with healthcare is confusing. Healthcare in Slovakia is incomprehensible to me. There is a long wait, and when you come for an examination, it is superficial, and they do not look for the cause of the patient’s problem at all. The assistance from UNICEF helps us buy medicine whenever we need it.

(Mother with two children, Bratislava)

Post intervention, 8 out of 10 (81%) respondents stated that they had not experienced a situation in the past three months in which they could not afford healthcare (drugs, devices, medical aids, treatment, etc.) for themselves or their household members (Figure 3.7.3). The remaining 18% stated that such a situation had occurred. When refugees reported being unable to access healthcare, it was due to the lack of finance (66%) and information (26%) and an inability to navigate the Slovak system (17%) (Figure 3.7.4). It is concerning that respondents reporting a lack of information increased from 14% at baseline to 26% post intervention.

Figure 3.7.2: Satisfaction with healthcare received in Slovakia

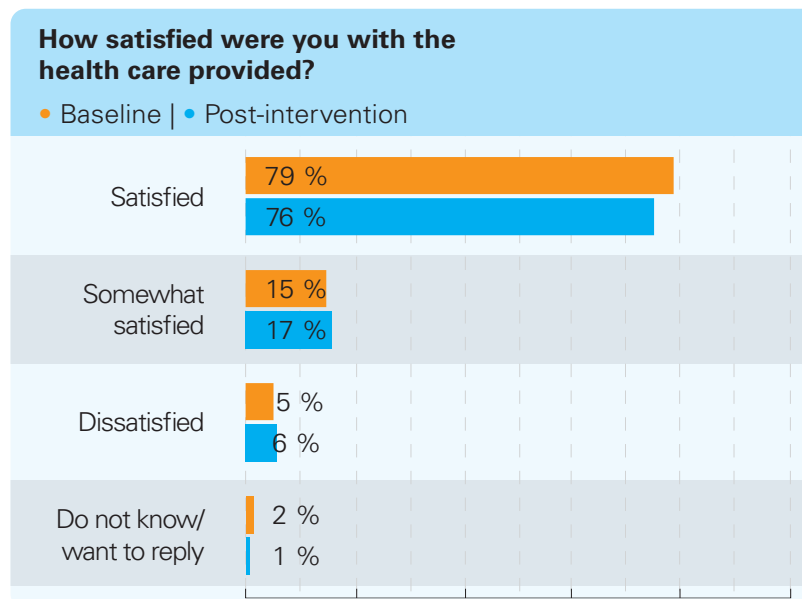


Figure 3.7.3: Financial obstacles to receiving healthcare (YES/NO)

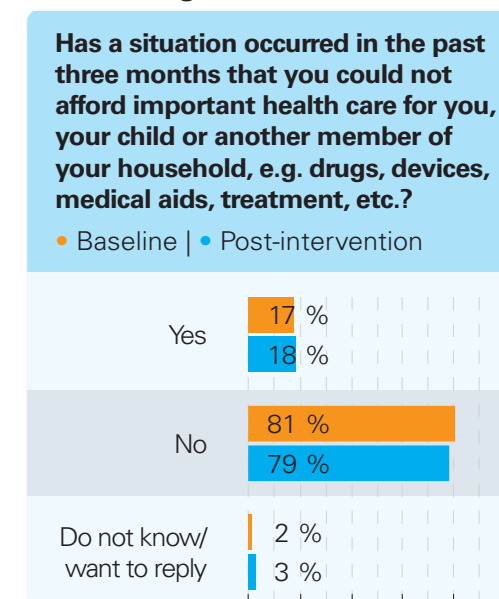
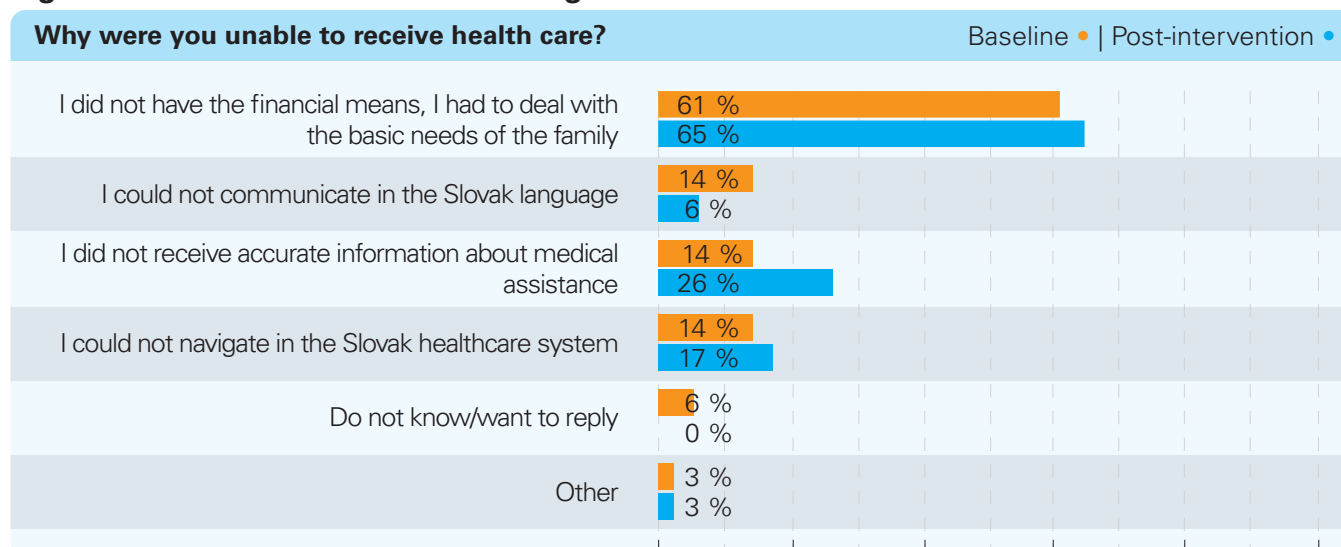


Figure 3.7.4: Reasons for not receiving healthcare

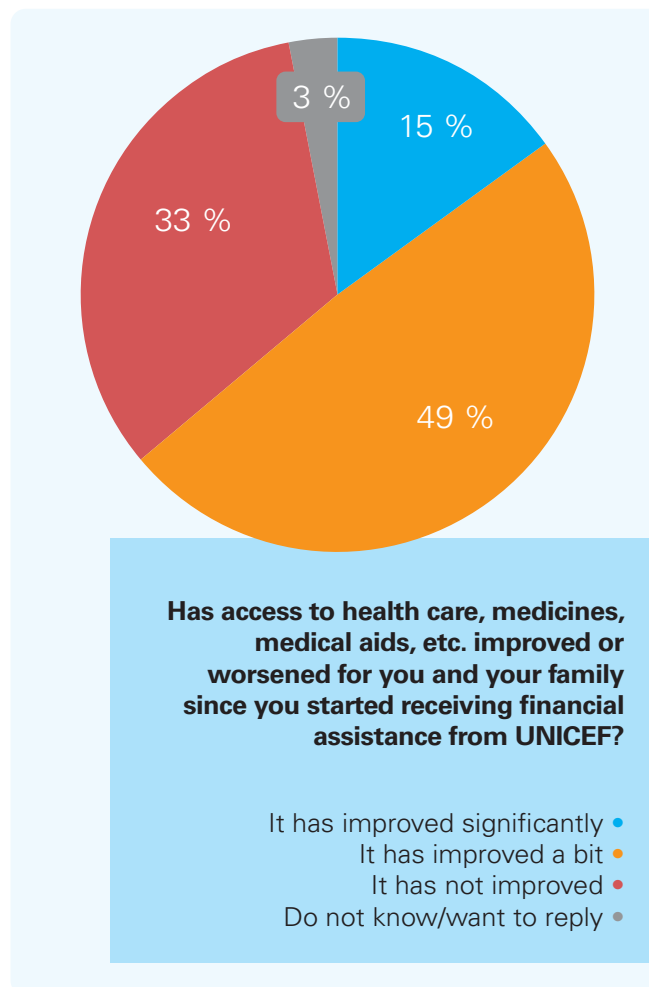


Respondents stated that access to health-care, medicines, medical aids, etc., did improve significantly for 15% of respondents, somewhat for 49% and not at all for 33% since they had started receiving financial assistance from UNICEF (Figure 3.7.5). The interviews indicated that the financial assistance would be used to cover out-of-pocket healthcare costs.

“Thanks to UNICEF, we didn’t have to save on food. We had to save only in cases where one of us got sick, and we spent a significant part of our income on medicine.
(Mother with two children, Nitra)

“My children have a paediatrician who examines them if necessary and provides us with all the paperwork needed for school. The problem is with other clinics. You must make an appointment for the examination in advance, and the waiting time is very long. We are not used to such healthcare. In Ukraine, everything happens much faster.
(Mother with two children, Nitra)

Figure 3.7.5: Improvement in access to healthcare



3.8 Qualifications and employment findings

KEY OBSERVATION – EMPLOYMENT STRUCTURE

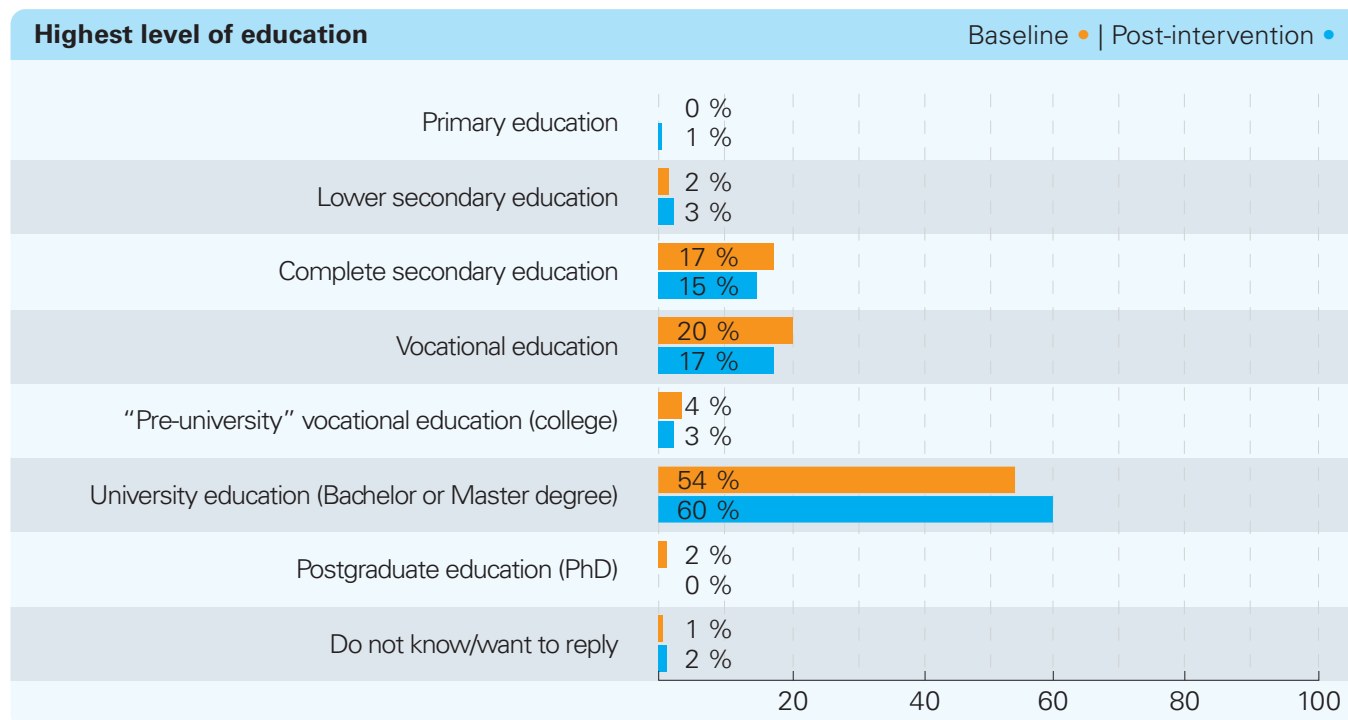
The share of respondents employed in the auxiliary workforce dropped from 53% in the baseline to only 29% in the post-intervention survey. In parallel, the share of those employed in the private sector increased from 20% in June 2022 to 39% in November 2022.

KEY OBSERVATION – OBSTACLES TO JOB-FINDING

The main obstacle to finding a job in Slovakia is being unable to speak Slovak. This was noted by 62% of respondents in the baseline and 74% of respondents in the post-intervention survey. Against this background, one third of respondents asked still need to learn Slovak.

Single parents and those with caring responsibilities are less likely to seek employment, while a lack of certificates was also seen as an obstacle to finding adequate employment.

Figure 3.8.1: Sample distribution by the highest level of education attained at baseline and post intervention



While employment trends are unlikely to be directly attributable to the provision of humanitarian cash assistance, they are presented here because of their relevance in interpreting improvements in households' economic situation, considering that increased employment rates are likely to reduce reliance on humanitarian support, and lessons that can be learned for rethinking humanitarian cash support towards more targeted and long-term support.

The post-intervention survey conducted in November 2022 shows that half of the respondents held a Bachelor's or Master's degree, 17% had completed vocational education and 15% had completed secondary education ((Figure 3.8.1). Against this background, more than 40% of respondents found work in Slovakia, 28% were unsuccessful in their attempt to find employment, and 8% refrained from seeking employment because they were on maternity leave or retired (Figure 3.8.2).

Among those employed, 32% reported having a **job matching** their qualification/degree post intervention, an almost two-fold increase from only 17% with a job matching their education level at baseline (Figure 3.8.3). Most people (53%) reported employment as workers (auxiliary workforce) in the baseline, with a significant drop to only 29% in the post-intervention survey (Figure 3.8.4). Similarly, the number of those employed in the private sector increased from 20% at baseline to 39% post intervention.

Figure 3.8.3: Job–qualifications matching at baseline and post intervention

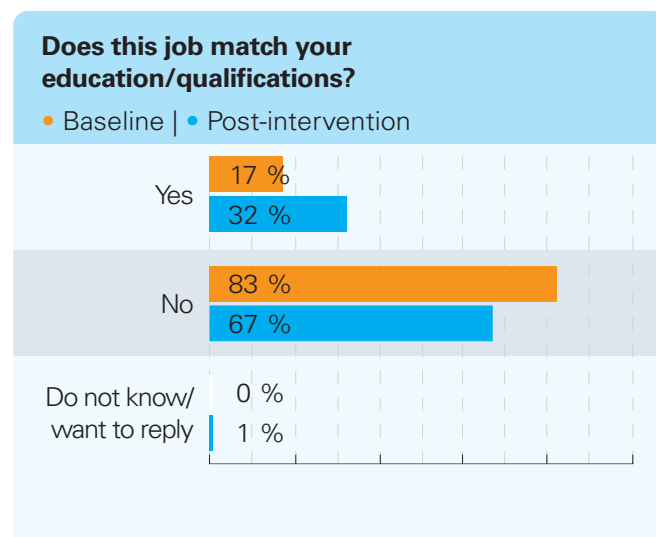


Figure 3.8.2: Respondents seeking employment in Slovakia at baseline and post intervention

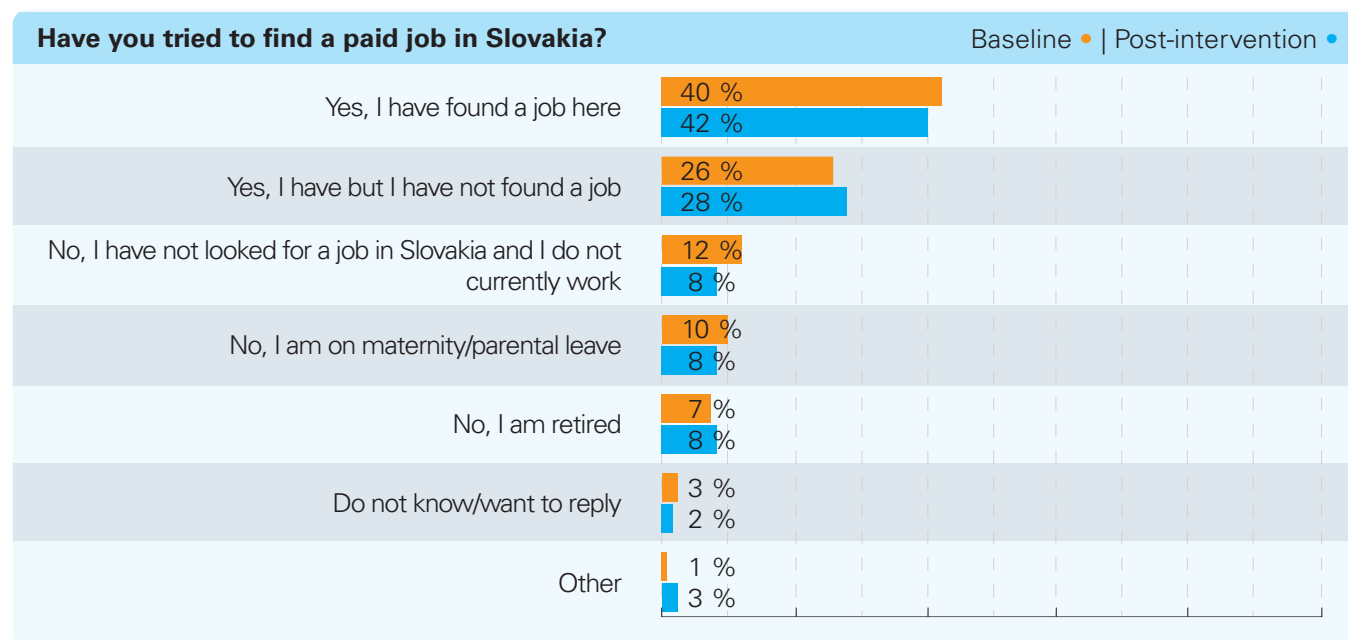


Figure 3.8.4: Field of employment at baseline and post intervention

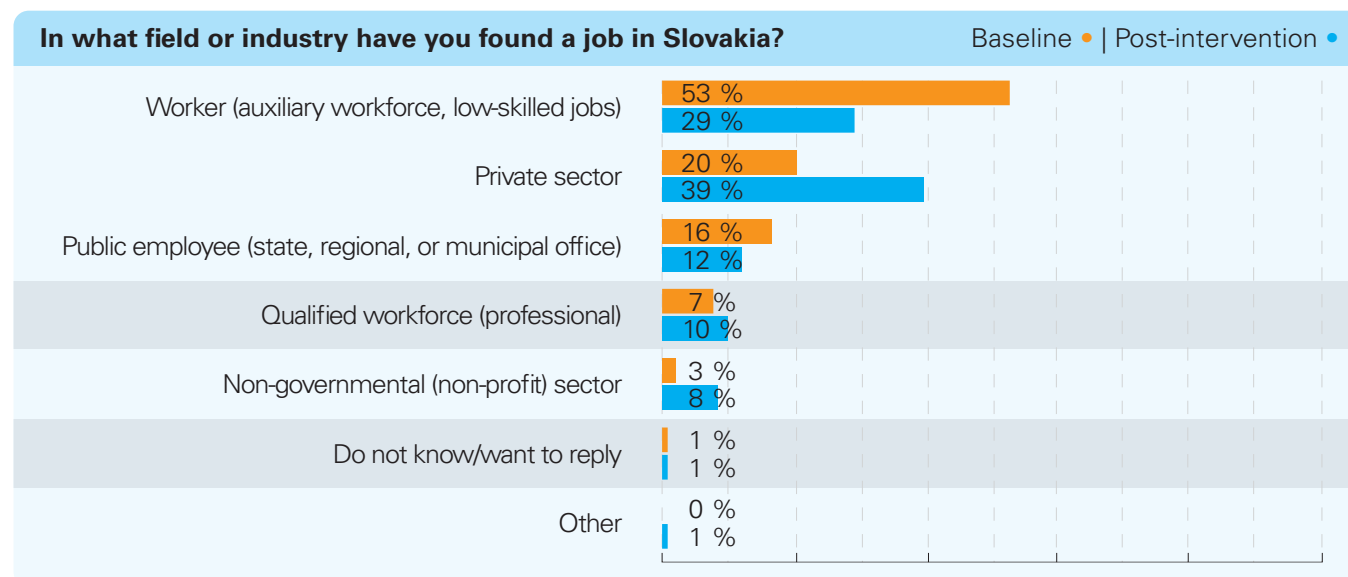
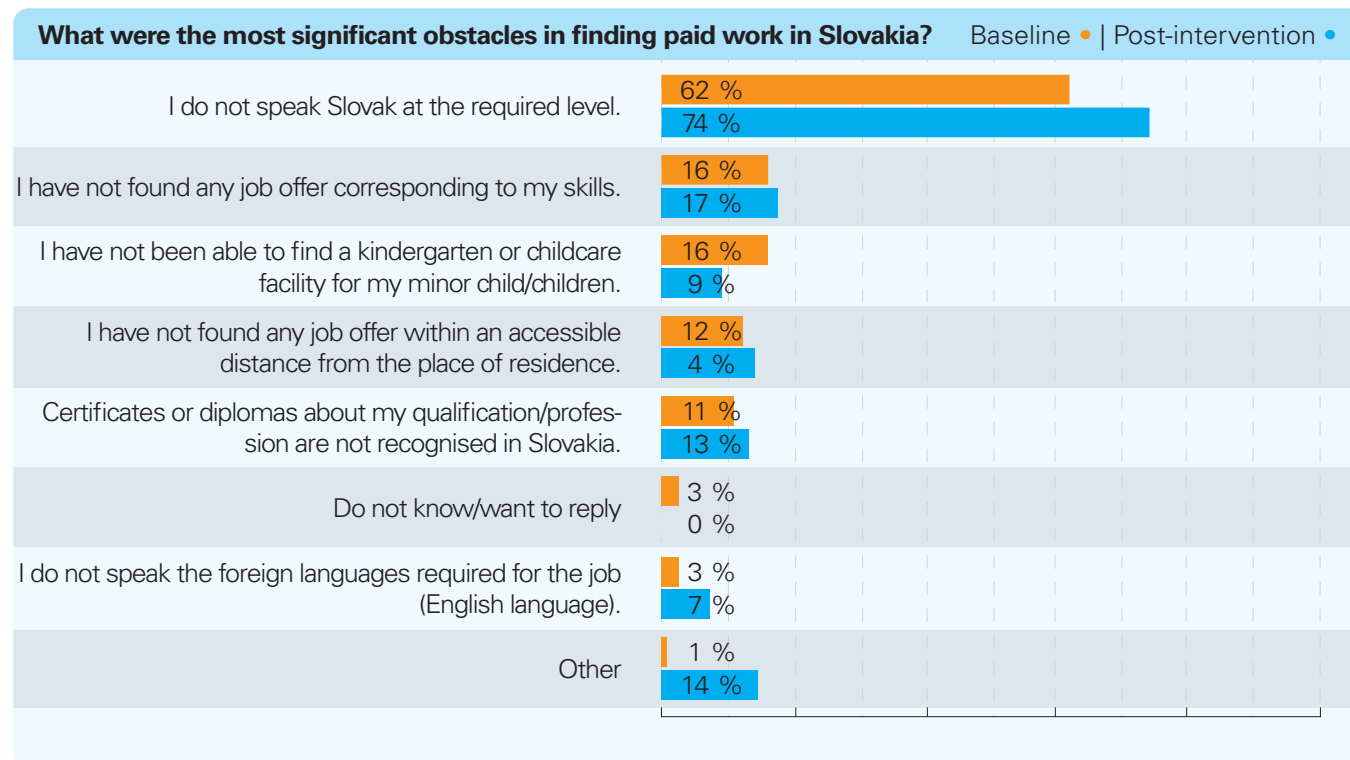


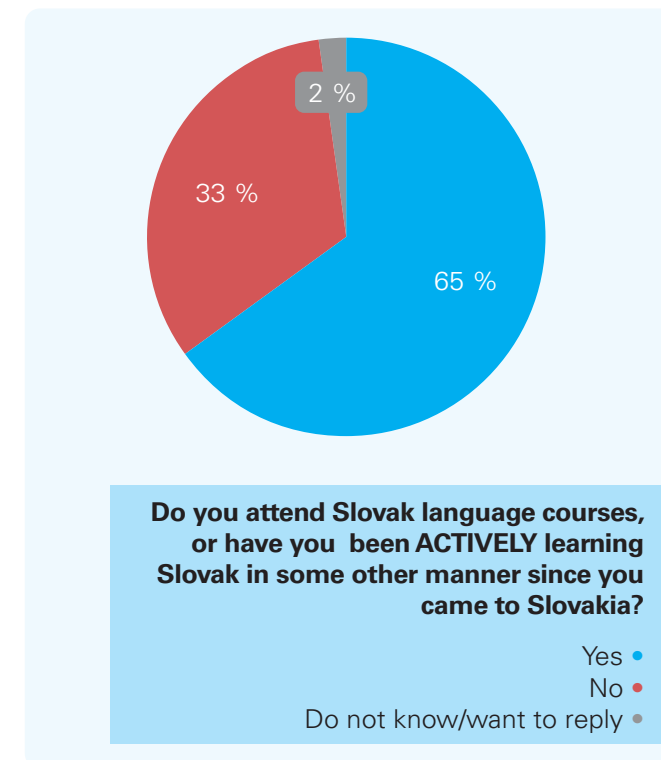
Figure 3.8.5: Main obstacles to finding a job in Slovakia at baseline and post intervention

While a lack of language skills continued to be perceived as the most significant barrier to employment (Figure 3.8.5), 33% of respondents were not learning Slovak (Figure 3.8.6). Other reasons for unemployment include the lack of job offers corresponding to one's skills (17%), missing certificates/qualifications for a position (13%), insufficiency of preschool facilities for children (9%) and other issues (14%) in the post-intervention survey.

The interviews reveal that respondents' reasons for not learning the language are

linked to hopes of and plans for an early return to Ukraine.

“In Slovakia, I found a part-time job. I worked as a cleaner at the winter stadium from 8:00 a.m. to 12:00 p.m. In October, the season ended, and I lost my job. The manager and colleagues were very nice, interested in me and helpful. I didn't learn Slovak, I learned to understand it at work, but I can't speak it. I do not plan to attend the course as I really want to return home. (Mother with two children, Nitra)

Figure 3.8.6: Slovak language learning

As expected, single parents or parents on maternity leave taking care of one or more children are less motivated to seek employment.

“I did not look for a job as I am alone with my children, who do not attend kindergarten. So far, I haven't felt the need to learn the language, as I have always been at home with the children, and we hope that it all will end in Ukraine and that we will be able to return to our father. (Mother with two children, Piešťany)

3.9 Social relations findings

KEY OBSERVATION – CASH CONTRIBUTION TO THE NORMALIZATION OF LIFE IN SLOVAKIA

Financial assistance positively contributed to the normalization of life for Ukrainian refugees in Slovakia by allowing leisure spending.

KEY OBSERVATION – SOCIAL RELATIONS/INCLUSION

Almost half of the refugees surveyed did not develop social relations with Slovaks, a trend that was more pronounced in urban centres.

The cash assistance helped or partially helped 51 % of respondents to go on holiday; 34 % reported travelling for a holiday in summer 2022.

*“ We started receiving financial aid in June. Then we could afford to go, for example, to the swimming pool or for a trip to Bratislava.
(Mother with two children, Námestovo)*

Approximately half of the respondents (46 %) did find friends among Slovaks, while 51 % did not (in the post-intervention survey). Those who did not develop social relations with Slovaks were mainly living in the Bratislava region. It is the case that when larger towns, such as Bratislava, host large communities of Ukrainian refugees, these groups are less likely to establish contact with the host population.





4 | Carer's Benefit for Children with Specific Needs

The Carer's Benefit aimed to address the economic vulnerability of children with severe disabilities or health conditions and their caregivers, providing a safety net for families who had been driven from their homes under the most traumatic of circumstances. It also focused on linking them to services that could support their social inclusion and enable them to live life to the fullest, despite their changed circumstances.

From July until December 2022, in agreement with MoLSAF and in cooperation with UNHCR and IOM, UNICEF supported displaced Ukrainian households with children with specific needs with €508 per month. Overall, cash assistance was delivered to 303 Ukrainian households caring for a child with specific needs in 2022. The caseload has since been successfully transferred to the Government of the Slovak Republic, which continues to provide financial support to these households under the same conditions, thus ensuring sustainability. MoLSAF graciously amended national legislation to allow the Carer's Benefit to be included in the Slovak humanitarian aid system and accepted the validity of UNICEF's humanitarian disability assessments of the households, reducing the burden on both the families and the labour offices.

Focusing on beneficiaries caring for children with specific needs (i.e. severe disabilities and medical conditions), the survey evaluated the contribution of cash assistance provided by UNICEF to samples of Ukrainian refugees at two points (baseline and post intervention),³⁴ looking at their financial security/buying power and various livelihood indicators. This chapter presents the results and enriches the findings of the quantitative surveys with additional interpretations based on an analysis of the interviews with selected respondents.

In common with the findings presented in Chapter 3, not all trends identified in the quantitative survey can be interpreted as a direct impact of UNICEF's cash assistance. It is often the whole set of influences, circumstances and individual experiences that determines the satisfaction or dissatisfaction of survey respondents. The interpretations of the survey and interview findings, therefore, consider the impact of UNICEF's assistance and other possible effects (state policies, landlords, help from families, schools, doctors, civil society, etc.) on the lives of Ukrainian households with children with specific needs.

Section 4.1 presents the key observations, covering all areas analysed,³⁵ followed by the key recommendations stemming from the



analysis in section 4.2. The detailed results are presented in the remaining sections.

³⁴ Both survey samples are described in Appendix 1.

³⁵ Household income and expenditure, accommodation, nutrition, childcare and education, healthcare, qualifications and employment, and social relations.

4.1 Summary of main observations

Firstly, the main observations on the trends and context in Slovakia, relevant to households with children with disabilities and specific needs, are presented. Secondly, the main observations on the contribution of humanitarian cash assistance to the quality of life of refugee households with children with disabilities and severe medical conditions are presented.

4.1.1 Trends and context

1. Families caring for children with specific needs reported mainly spending the Carer's Benefit on **food** (90%), followed by healthcare and medical aid, and clothing.
2. The share of low-income households **unable to purchase even the cheapest food** fell to 0% in the post-intervention survey from 15% in the baseline survey. The share of low-income households able to purchase **only the most inexpensive food** dropped to 7% post intervention from 34% at baseline.
3. The share of households with an **income sufficient to cover everything needed** increased to 69% in the post-intervention survey, conditional on managing their budget well, from 34% in the baseline survey.
4. In December 2022, 81% of Carer's Benefit recipient households reported **not paying for housing in Slovakia**. An almost equal share of households (82%) was **satisfied with the quality of accommodation** provided in Slovakia, while 17% were somewhat satisfied or dissatisfied, mainly those living in shared accommodation and reception centres.
5. In December 2022, 73% of households caring for children with specific needs reported **no longer visiting food banks**, but more than one quarter of those asked (27%) continued to access food banks. Those who continued to rely on food banks belonged to households across all levels of reported buying power (as measured by monthly expenses) and lived in diverse accommodation types (shared accommodation, reception centre, rented house).
6. The overall share of **children with specific needs attending neither kindergarten nor school** dropped significantly to 42% in the post-intervention survey from 54% in the baseline survey. The percentage of children with specific needs **attending special schools or special kindergartens** increased significantly from 29% in the period up to June 2022 to 51% in December 2022. Despite these trends, a significant share of children identified as having specific needs remains outside the education system.
7. Respondents gave various reasons for children not attending education, which can be divided into the following: health-related reasons according to parents/carers; lack of a suitable place in an educational institution or the **child being refused enrolment**; and **lack of information** about how to enrol children in school (special or regular) or kindergarten and take part in extracurricular activities. Individual interviewees gave discrimination by school staff and the language barrier as the main barriers.
8. The share of children with specific needs **receiving support from professionals in Slovak schools** increased significantly from 29% in the period before June 2022 to 41% in December. Professionals mainly refers to school psychologists, special educators and teaching assistants.
9. Overall, **four out of five (83%) respondents were satisfied** with the quality of education, inclusion, and care for their child with specific needs in the educational institution they attended. The group of satisfied respondents included 90% of those with children attending regular schools and 76% of those whose children were attending special schools.

10. **Only 20% of households reported insufficient income to procure medicines and/or care** for their child with specific needs since receiving humanitarian cash support, dropping significantly from 31% at baseline. In addition, 85% of respondents ³⁶ stated that they had not been refused care for their child by the health-care system.

11. Three quarters of families receiving the Carer's Benefit did not face issues with the availability of medical care for their child (77% in the post-intervention survey and 69% in the baseline). Those who could not access healthcare ³⁷ reported a lack of financial means (61% at baseline and 67% post intervention), a lack of information (22% in the baseline survey) and the complexity of the Slovak health-care system (more than one quarter of respondents in both surveys) as primary issues.

12. Access to specialized healthcare services was limited in Slovakia until December 2022. Therefore, only a small number of children benefited from this type of care.³⁸
More than 80% of respondents' children had not used specialist healthcare

services, mainly because they had no information about such options. Therefore, parents often consulted doctors in Ukraine about their child's health problems.

4.1.2 Benefits of UNICEF financial assistance

1. The beneficiaries of the Carer's Benefit greatly appreciated **the predictability of the cash assistance**, which provided them with financial security and allowed a more relaxed approach to household spending. UNICEF's contribution accounted for **a significant portion of the household budget** (up to 40–50%). Mothers of children with a severe disability and/or who are not at kindergarten or school do not work and instead care for the children.
2. Beneficiaries confirmed that the UNICEF cash assistance for families caring for children with specific needs was sufficient to cover all their children's essential needs, regardless of their buying power (measured by monthly expenditure) and even in households reporting the lowest

monthly expenditure – primarily headed by single mothers.

3. Families emphasized their gratitude for and satisfaction with the state free housing policy, allowing them to allocate expenditure to other needs. The analysis further shows that the housing policy enabled humanitarian cash transfers to make more substantial positive contributions to supporting the livelihoods of Ukrainian refugee families. Positive experiences of the hospitality of Slovak landlords were also discussed in several interviews.
4. Interviewees reported that UNICEF cash assistance directly contributed to improving their accommodation conditions by allowing them to refurbish children's rooms, purchase kitchen utensils, etc. Mothers also mentioned the direct impact of UNICEF's cash assistance in interviews in helping to purchase school or sports equipment for children with specific needs.
5. Access to nutritious, high-quality food improved for 87% of respondents after receiving UNICEF financial assistance. However, according to 12% of beneficiaries,

³⁶ The percentage was the same in both surveys throughout 2022.

³⁷ 31% of respondents in the baseline and 20% in the post-intervention survey.

³⁸ Ukrainian refugees (including children) were entitled only to emergency medical care until December 2022. Since January 2023, public health insurance will fully cover Ukrainian children's healthcare.

their families' access to good-quality food had not improved, most often because of the high price of quality food in Slovakia; hence, only cheaper food was affordable for these households. The interviews confirm the survey findings of improved access to high-quality and more diverse food as a result of receiving UNICEF cash assistance. Notably, families with children on special diets were grateful that they could reduce their dependence on food banks and provide their children with a more nutritious and varied diet.

6. Interviewees talked about the difficulty of accessing adequate and specialized healthcare and assistive devices for children with specific needs because of the high cost of medication and health services. Those situations occurred until December 2022, when only emergency medical care was provided to Ukrainian children.³⁹ In such situations, UNICEF's cash contribution helped to cover costs not already covered by public healthcare. Interviewees also appreciated being able to use UNICEF cash assistance to purchase medical devices or special therapies for their children.

³⁹ As the legislation changed in January 2023 to ensure that Ukrainian children's healthcare is fully covered by public health insurance, the removal of these barriers to accessing healthcare can be expected.



4.2 Main recommendations

KEY RECOMMENDATION 1

Adopt a two-track approach to supporting the integration of Ukrainian children with disabilities in inclusive mainstream education by providing comprehensive information on inclusive education for Ukrainian parents (demand) and by supporting schools to provide good learning support for children with disabilities in mainstream schools (supply). Conduct a survey on Ukrainian children's quality of learning in special schools.

Survey results indicate a lower share of children attending neither kindergarten nor school in Slovakia at 42% in the post-intervention survey. At the same time, the share of children who attend special schools or kindergartens increased significantly – from 29% at baseline to 51% post intervention (December 2022), while attendance at mainstream schools was reduced.

To make sense of the trends, it is crucial to understand both the Slovak educational system and the experiences of Ukrainian parents.

In the Slovak system, when a child in a standard school is identified as having special educational needs, they should receive additional specialized support. If a school lacks professional staff or equipment, it can suggest enrolment in a special school, in agreement with

the parents. Therefore, the trend could point to either (1) good management of the placement of children in primary schools based on their educational needs or (2) the insufficient ability of the Slovak schooling system to provide inclusive education.

However, interviewees noted that the reasons for children not attending schools or kindergartens were often related to a lack of information about integrating children in formal and informal education and not being able to find a suitable special or standard school for their child.

To increase the inclusion of children with disabilities in mainstream education, implementing the two-track approach is recommended to (1) inform parents about inclusive education in Slovakia and (2) support schools to be able to provide inclusive education to Ukrainian refugee children. The ultimate aim is to keep children in inclusive mainstream education and to avoid their transfer to special schools, unless truly necessary.

Considering the strong trend towards enrolling children with disabilities in special schools, a survey on Ukrainian children's quality of learning in special schools is also recommended.

KEY RECOMMENDATION 2

Share information widely on the network of schools able to provide educational support to children with specific needs, including school counselling centres (CP-PaP and CŠPP) and other individual providers (e.g. psychologists, therapists) to provide continuous educational support to children with additional learning needs, by fully utilizing existing availability and capacity.

Some parents noted issues with finding a placement for a child in both mainstream and special education, including being refused enrolment or facing discrimination.

Fully utilizing the available capacity to provide inclusive education and provide support from education specialists relies on good information about support for children requiring inclusive educational support. This will prevent their complete exclusion from the educational system or support parents' decision to opt for special education where inclusive education is not available.

KEY RECOMMENDATION 3

Support capacity building for teachers and schools in several areas: the capacity and sensitivity to work with children who have faced trauma and stress; anti-bias awareness, conflict resolution and constructive communication; intercultural education; diversification and individualization of approaches to teaching; flexibility of pedagogical approach; and fostering parent participation.

To further strengthen the capacity to provide inclusive education, support should be provided to schools for the adaptation/differentiation of teaching methods and materials for all students (diversified materials and guides for teachers) and for targeted/individualized support for Ukrainian children with specific needs and support for their parents.

These efforts should be an integral part of the educational system's structural policies to contribute to the better integration of other vulnerable groups in education.

KEY RECOMMENDATION 4

Continue MoLSAF's provision of the humanitarian Carer's Benefit and consider the progressive inclusion of children with disabilities and specific needs in the Slovak social protection system.

The grant accounted for 40–50% of households' budget, which is to be expected, considering that parents caring for children with severe disabilities and/or medical conditions often cannot take paid work, notably if they are single parents. The high share of the household budget is to be expected, considering the generosity of the Carer's Benefit in relation to the Slovak system.

The grant was primarily used to cover essential needs, whether food, medicines, medical aid or clothing. The predictability of cash transfers was a significant feature for families, allowing them to avoid negative coping strategies.

In November 2022, the Carer's Benefit provided by UNICEF was transferred to MoLSAF to continue supporting beneficiaries through guaranteed sustainable cash transfers to vulnerable households with children with severe disabilities and/or medical conditions. From January and September 2023, all children and adults, respectively, are included in the public healthcare system, which has significant potential to reduce household expenditure on medical aid. These developments are even more important considering that families with children with severe disabilities are generally one of the groups at the highest risk of being left behind and most prone to falling into poverty.

Therefore, it is recommended that the Slovak Government and partners continue the promising practice of expanding support to families with children with disabilities, giving them more financial security and better access to healthcare and education.

KEY RECOMMENDATION 5

Inform Ukrainian families about recent changes in Slovak legislation on healthcare for Ukrainian refugee children, including what healthcare services children are entitled to. Provide capacity building for health professionals in communicating with parents, including on the Slovak equivalents of required drugs, and educating parents/caregivers about existing alternative therapies/treatments available in Slovakia.

Respondents noted a lack of information and the difficulty of navigating the Slovak healthcare system as barriers to accessing healthcare for their children.

Access to specialized healthcare services was limited in Slovakia until December 2022. Respondents stated that over 80% of children had not used specialist healthcare services. The lack

of information and inability to comprehend the Slovak healthcare system led parents to rely on online consultations with doctors in Ukraine.

Legislation was changed in January and September 2023, allowing Ukrainian refugee children and adults, respectively, full access to public healthcare and not solely emergency healthcare. This means that children with disabilities and severe medical conditions can access healthcare services more easily, as long as their parents receive good information through public channels and from healthcare practitioners.

As interviewees pointed to a perceived lack of adequate medicines and treatments in Slovakia, the information provided should cover medicines and treatments available in Slovakia that are equivalent or alternative to those available in Ukraine.

KEY RECOMMENDATION 6

Build the capacity of health professionals and health insurance providers to communicate with Ukrainian parents, including on drugs and treatments available in Slovakia that are equivalent to those in Ukraine, interpretation of urgent and necessary services (as defined by the Ministry of Health) and drugs, and services covered and not covered by public healthcare.

Providing adequate information to Ukrainian refugees will require that the relevant health professionals, including insurance providers, are informed about healthcare insurance for Temporary Protection holders. Healthcare practitioners should also provide information to parents about the Slovak equivalents of drugs and treatments available in Ukraine.

KEY RECOMMENDATION 7

Collect additional information on out-of-pocket healthcare payments made by households with children with specific needs to understand the types of charges in relation to the healthcare packages universally available to Ukrainian children since January 2023.

*Until December 2022, parents reported significant out-of-pocket payments (including using their humanitarian cash transfers) to procure medication, assistive devices and treatments for their children with disabilities and specific needs. Interviewees reported the **high price of medicines and assistive devices for children with specific needs** as one of the main obstacles to receiving healthcare.*

Since the legislative change in January 2023, parents' out-of-pocket costs are bound to reduce, as long as there is sufficient information available about the types of expenses incurred by households, and whether they are covered by the new policy, as in the case of medicines and therapies that are comparable or alternative to those available in Ukraine.

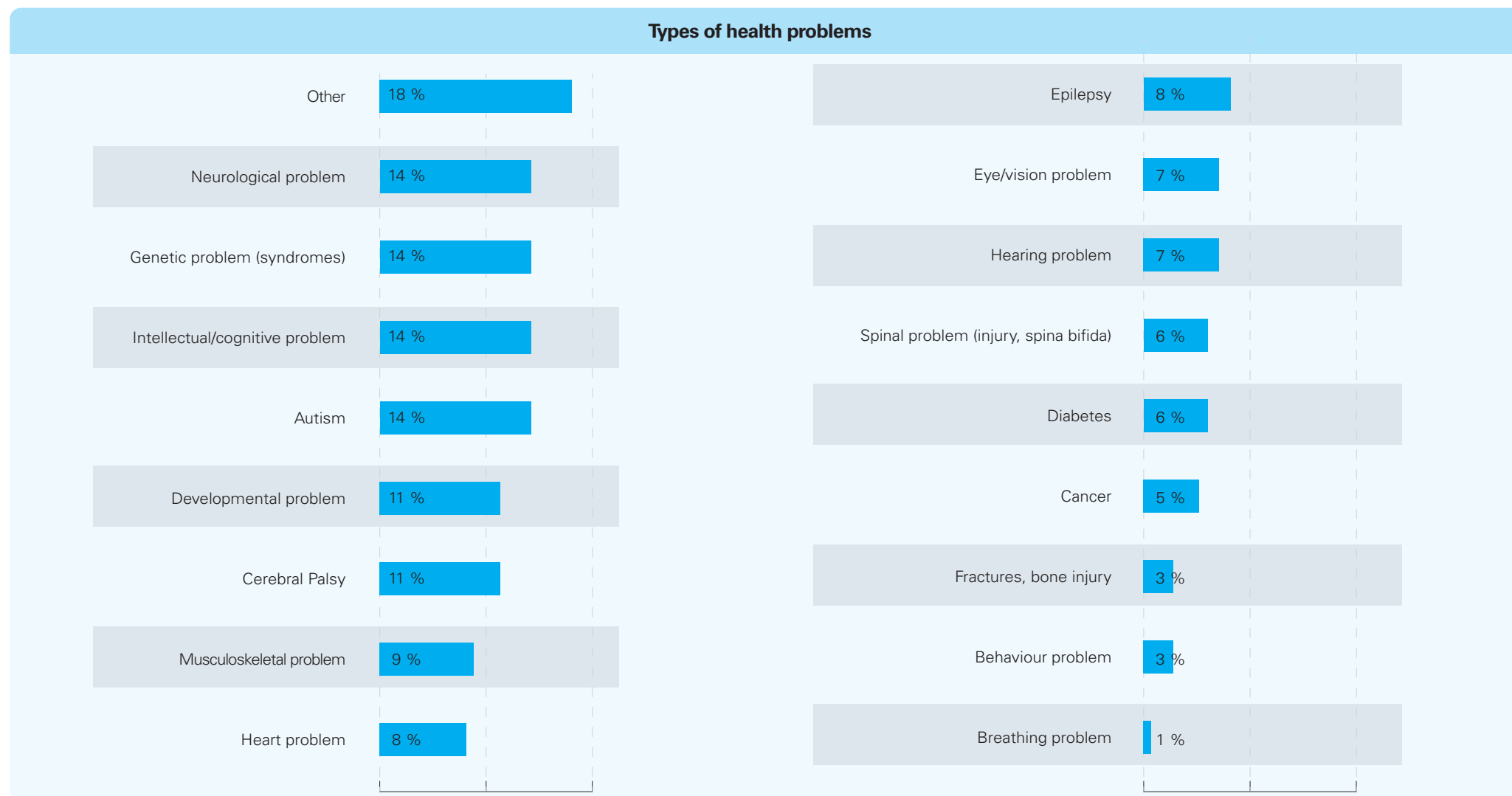
4.3 Health issue findings

In the set of children whose families qualify for the Carer's Benefit, neurological problems (14%), genetic problems (14%),

intellectual/cognitive difficulties (14%) and autism (14%) were most commonly reported (Figure 4.3.1). These were followed by

developmental disorders (11%) and cerebral palsy (11%).

Figure 4.3.1: Types of health problems

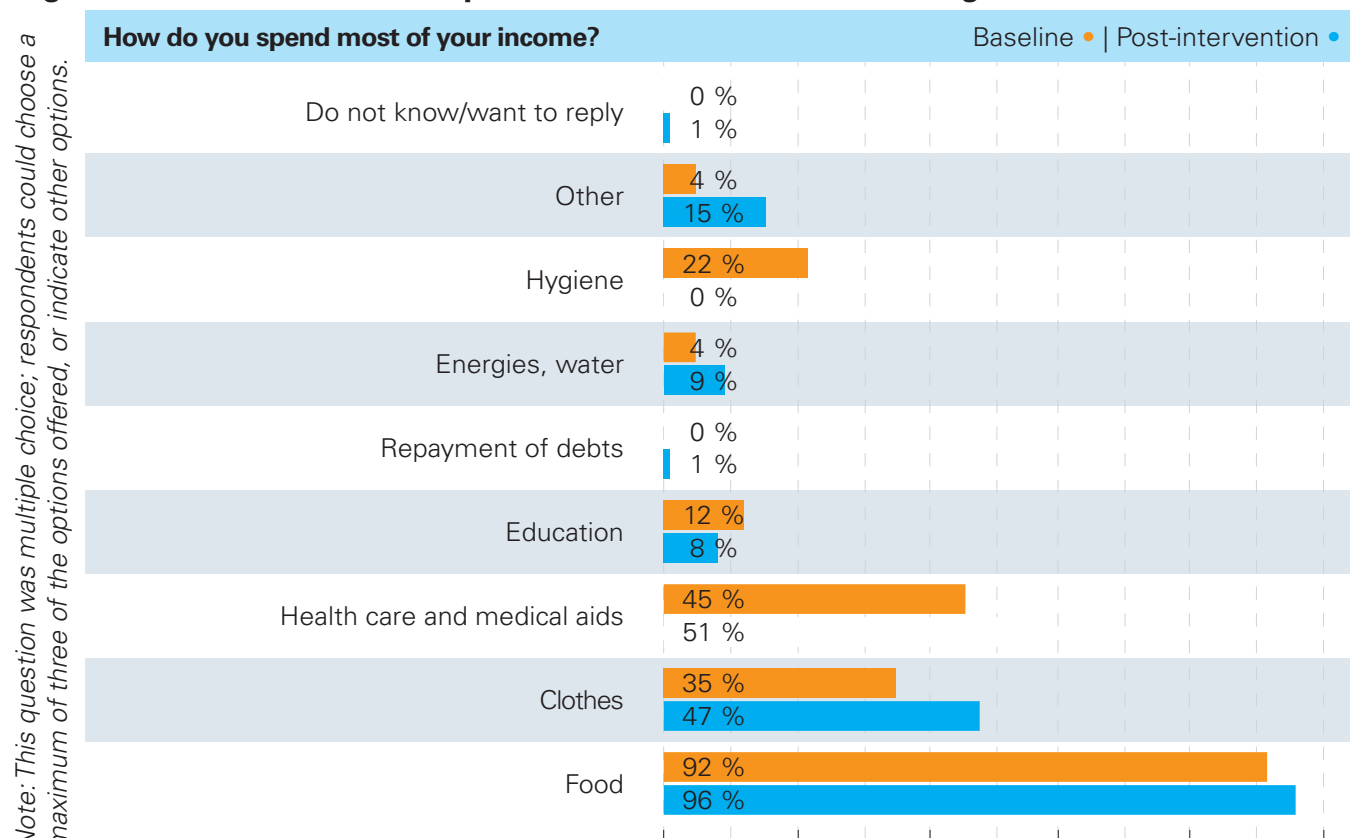


4.4 Household income and expenditure findings

KEY OBSERVATION – MAIN EXPENDITURE ITEMS

Families with children with specific needs reported mainly spending the Carer's Benefit on food (90%), followed by healthcare and medical aid, and clothing.

Figure 4.4.1: Breakdown of expenditure of households receiving Carer's Benefit



More than 90% of respondents spent most of their budget on food (Figure 4.4.1). Almost half reported spending on medical aid and medicines as the second most frequent expenditure.⁴⁰ Expenditure on the third

item, clothing, decreased significantly in the post-intervention survey compared with the baseline (from 47% to 35%).

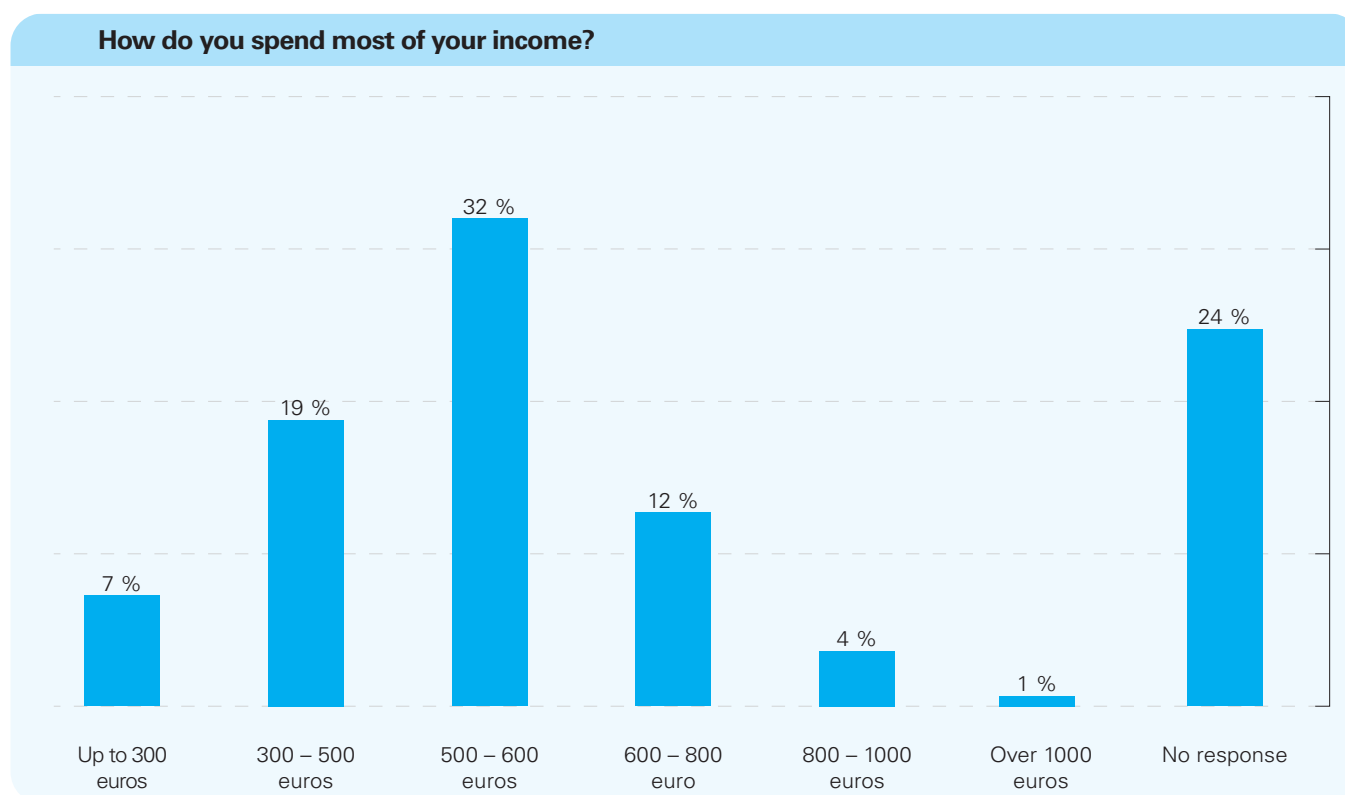
⁴⁰ According to the results of a survey in Slovakia on social services needs and compensations, the estimated cost per household in which a person with a specific disability lives of additional health services, therapies, medical devices, etc., is on average €3,750 per year, with a median value of €2,000. Source: [Questionnaire-evaluation-final \(socia.sk\)](#).

KEY OBSERVATION – INCOME SUFFICIENCY

The share of low-income households **unable to purchase even the cheapest food** fell from 15% at baseline to 0% post intervention. Similarly, the percentage of low-income households able to procure **only the most inexpensive food** dropped from 34% at baseline to 7% post intervention.

The share of households with an **income sufficient to cover everything needed** increased to 69% in the post-intervention survey, conditional on managing their budget well, from 34% in the baseline survey.

Figure 4.4.2: Average monthly household expenses



Note: This question was multiple choice; respondents could choose a maximum of three of the options offered, or indicate other options.

One third of households (32%) caring for children with specific needs reported spending around €500–600 monthly (Figure 4.4.2). More than one quarter of Ukrainian families reported spending no more than €500 per month, of which 7% of households spent less than €300. It should be recognized that families including people

with disabilities tend to have significantly higher costs relative to their income than other families.

KEY OBSERVATION – CONTRIBUTION OF CARER'S BENEFIT TO COVERING CHILDREN'S ESSENTIAL NEEDS

Beneficiaries in interviews confirmed that the UNICEF Carer's Benefit was sufficient to cover all their children's essential needs (Figure 4.4.3), regardless of their buying power (measured by monthly expenditure), and even in cases of households reporting the lowest monthly expenditure – primarily headed by single mothers.

The interviews confirmed that parents appreciated the regularity of income, that it accounted for a significant portion of the household budget (up to 40–50%), and that it was generally sufficient to cover the essential needs of their children. Mothers of children with a severe disability and/or who are not attending kindergarten or school are not working but are caring for the children.

The main observations are aligned with the main aims of the Carer's benefit, which is to support households to cover the additional and higher costs of living with disability and to allow (single) parents to focus on their caring responsibilities, which they could not do if they had employment responsibilities or had to seek employment.

“Of course, UNICEF immensely helped our financial independence ... As I already mentioned, we live at a better level than at home in Ukraine. We can afford to cover all expenses ... The child has everything she needs. Approx-

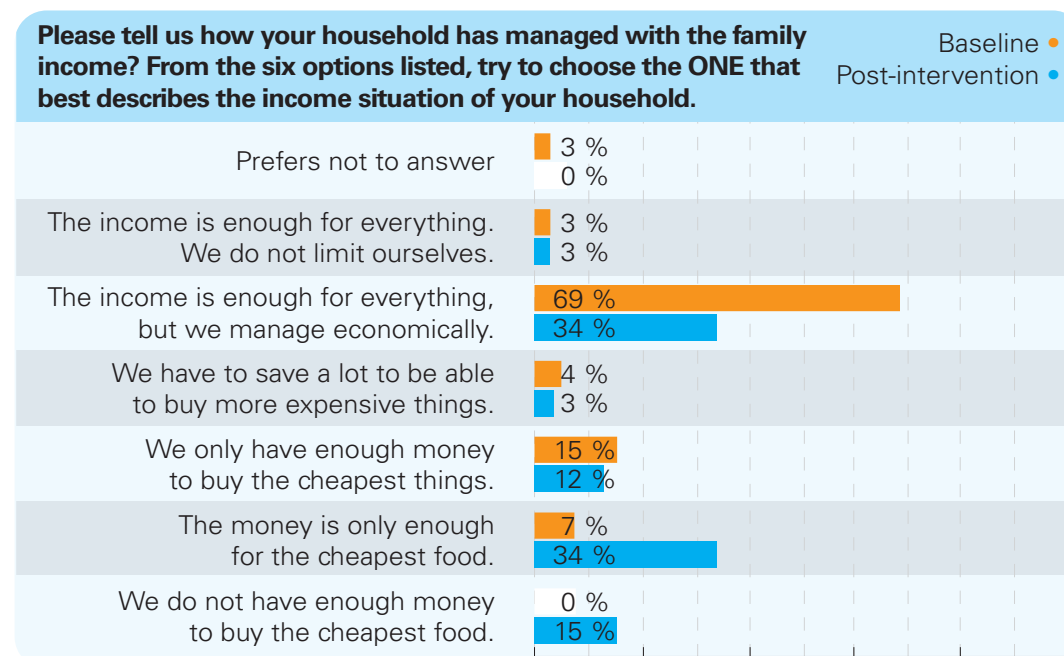
imately 40% of the total income goes to cover the expenses for the child.

(Family with a child with a genetic disorder accompanied by a neurological disease)

The interviews indicated that parents caring for a child with disabilities were less able to seek employment.

“I have not been looking for a job, I can't leave the children alone in the dormitory ... We have everything.
(Mother of a child with a chronic autoimmune disorder)

Figure 4.4.3: Household income management of beneficiary households (income sufficiency)



Interviews with some respondents (primarily single mothers) from the two groups with the lowest monthly expenditure (up to €300 and €500–600 per month) showed that UNICEF's assistance was sufficient to cover all essential needs and at times was complemented by the hospitality of Slovak landlords.

“The cash assistance was sufficient and arrived on time. I could buy shoes and better food for my child.
(Single mother of a child with a neurodevelopmental disorder)

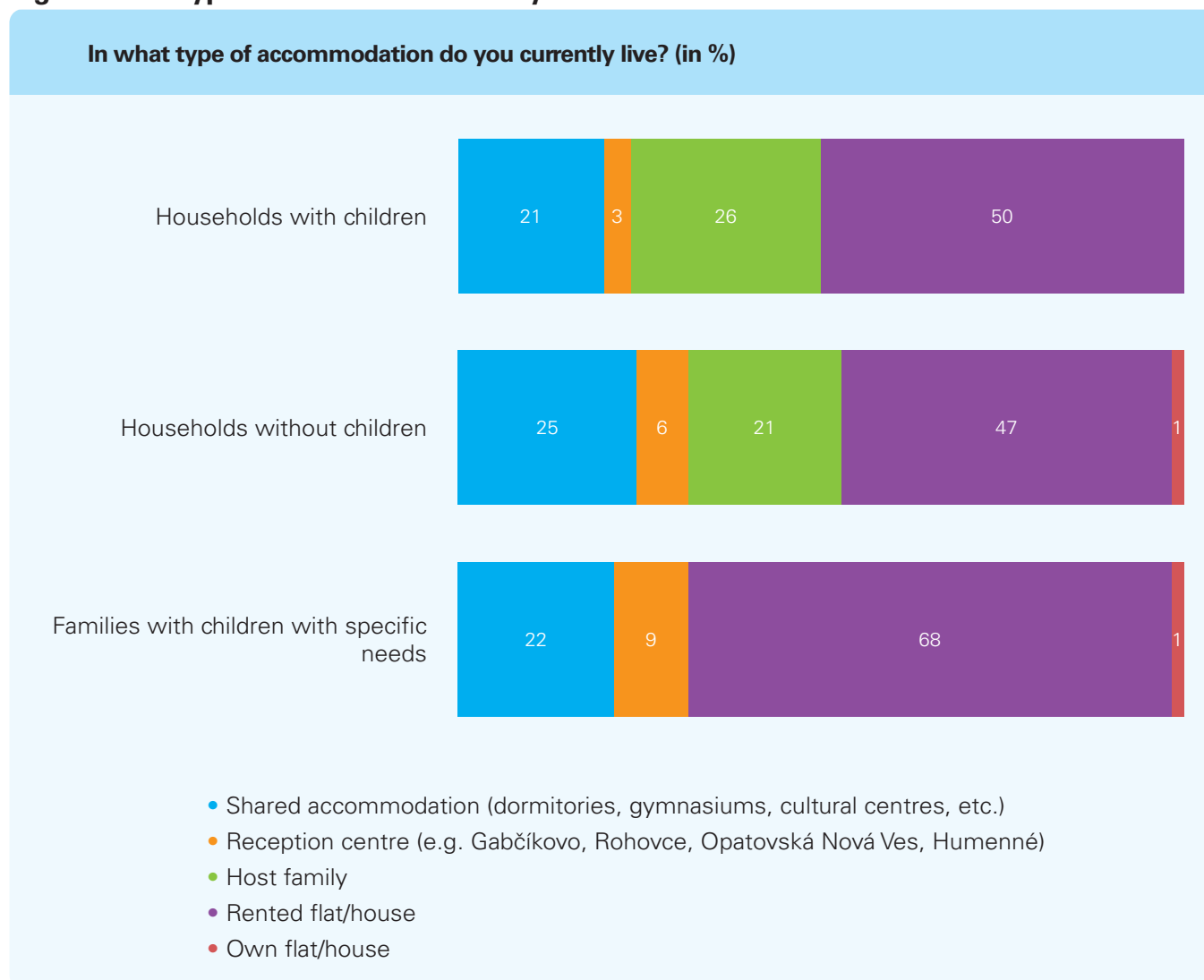
4.5 Accommodation findings

KEY OBSERVATION – EXPENDITURE ON HOUSING

Four out of five (81%) households receiving the Carer's benefit reported not paying for housing in Slovakia in December 2022. An almost equal share of households (82%) was satisfied with the quality of accommodation provided, while 17% were somewhat satisfied or dissatisfied, mainly those living in shared accommodation and reception centres.

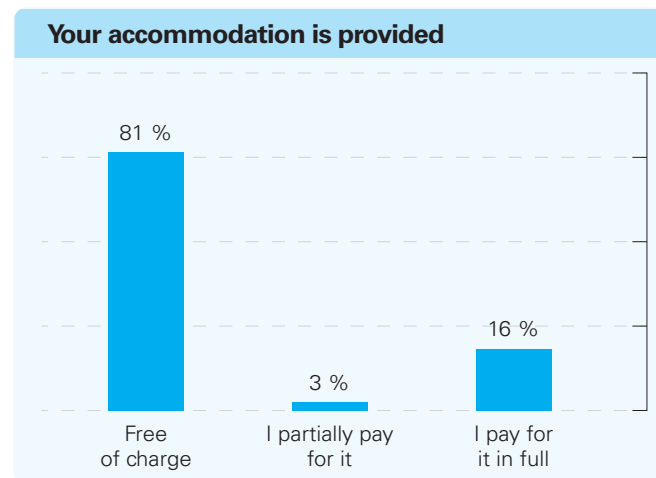
Families emphasized their gratitude for and satisfaction with the state free housing policy, allowing them to allocate expenditure to other needs. The analysis further shows that the housing policy enabled humanitarian cash support to have a more substantial positive impact on supporting the livelihoods of Ukrainian families. Positive experiences of the hospitality of Slovak landlords were also discussed in several interviews.

Figure 4.5.1: Type of accommodation by household structure



Note: The data are from the post-intervention survey.

Most families with children with disabilities (68%) lived in a rented flat or house, 22% lived in shared accommodation, and 9% in reception centres (Figure 4.5.1).

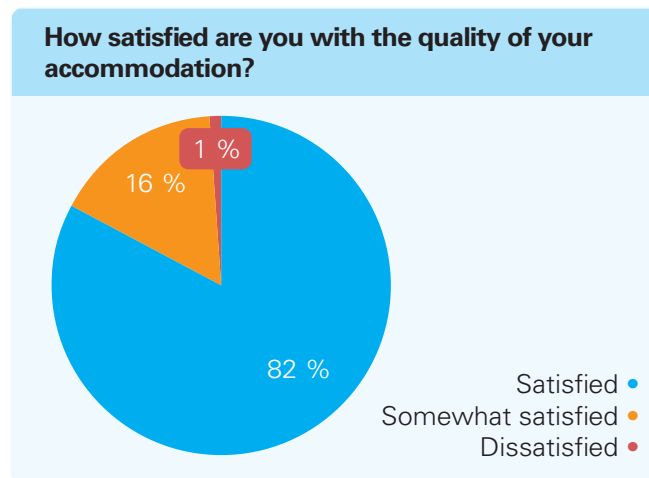
Figure 4.5.2: Payment for accommodation

About 80% of Carer's Benefit recipients did not pay for accommodation (Figure 4.5.2), and an equal share were satisfied with their accommodation (Figure 4.5.3).

Those partially dissatisfied gave reasons such as insufficient space, shared toilets and bathrooms, limited accessibility of these facilities for children, etc. This mainly applies to families living in shared accommodation and reception centres. Respondents' dissatisfaction with housing in Slovakia was negligible (only 1%).

Interviewees often highlighted the hospitality of Slovak landlords.

“ My husband was allowed to cross the border because he had a disability. The younger son has diabetes, measures his blood sugar regularly, injects insulin and

Figure 4.5.3: Satisfaction with accommodation

needs a diet. At the border, the volunteers advised us to go to Michalovce, to a centre for refugees. We spent the night there and arranged a temporary shelter. We were invited to come to Malacky – Veľké Leváre – where Ukrainians lived in a sports hall. We stayed there for four days with 30 other people. They gave us hot food there, and there were also showers. Right after we arrived, we looked for a job and thought we would rent an apartment after finding one. But the Slovaks offered us an apartment for free as part of a state programme, and we moved there on the fifth day. It is a two-room apartment in which we still live today. The apartment owner gave us the apartment fully furnished. She even filled the refrigerator. We lacked nothing.

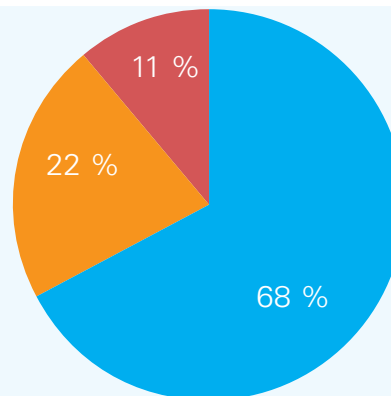
(Family with two children, including a child with a chronic autoimmune disorder)

KEY OBSERVATION – CONTRIBUTION OF UNICEF FINANCIAL SUPPORT TO ACCOMMODATION CONDITIONS

Interviewees reported that cash assistance directly contributed to improving their accommodation conditions by allowing them to refurbish children's rooms, procure kitchen utensils, etc.

Figure 4.5.4: Respondents' quality of accommodation**Has the quality of your family's housing in Slovakia improved since you received financial assistance from UNICEF?**

- It has improved significantly
- It has improved a bit
- It has not improved



As much as 90% of survey respondents declared that their accommodation conditions in Slovakia had improved significantly or slightly since receiving cash assistance from UNICEF, and 10% did not report any improvement (Figure 4.5.4). These improvements are not likely to relate to access to housing, which is predominantly free of charge and provided by the state.

The interviews shed light on how UNICEF's financial assistance improved the families' accommodation conditions – mainly by allowing the purchase of equipment they lacked, e.g. furnishings and appliances catering for children's needs.

“Volunteers found accommodation for us. It was a three-room flat in which we have lived so far. There was no furniture in the apartment. But it was clean there. We furnished it gradually, looking for used furniture in flea markets. My sons share a

room, the nephew has a separate room, and the third is for my husband and me. We still live in the same flat. It is fully furnished, and we have adjusted the conditions for our son with a diagnosis. The son mainly needs a sterile environment; there must be no dust or mould in the apartment. Each of the children has their own bed, table, and chair. Of course, the help from UNICEF had a very positive effect on the furnishing of the apartment.

(Mother with two children, including a child with a progressive genetic disorder)

“My son has his own study corner and a bed. Thanks to the help from UNICEF, we bought a desk, a chair and a laptop for my son. This aid greatly improved the quality of our housing in Slovakia.

(Family with two children, including a child with a chronic autoimmune disorder)



4.6 Nutrition findings

KEY OBSERVATION – FOOD SECURITY AND QUALITY

As much as 95% of households reported that their food security had improved since receiving UNICEF financial assistance (Figure 4.6.1). More than one quarter (27%) of households continued to access food banks;⁴¹ but three quarters of households (73%) no longer visited food banks in December 2022 (Figure 4.6.2).

41 The survey showed that food banks continue to be visited by families from all economic groups and living in different types of accommodation: shared accommodation, reception centre and rented house or flat. The food banks most often visited are those in Bratislava and Žilina.

Figure 4.6.1: Improvement in food security

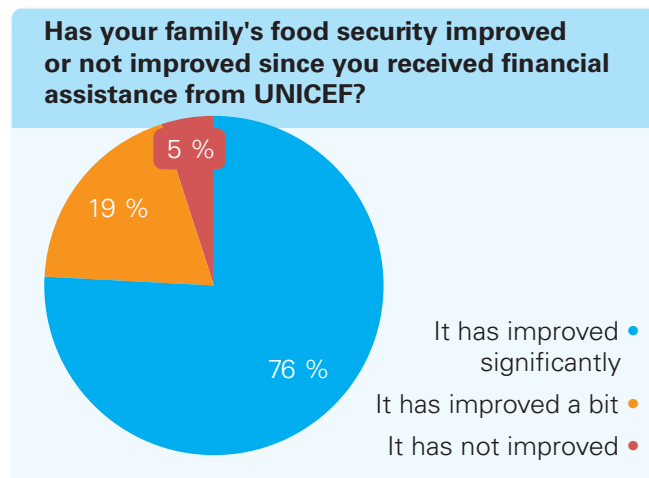


Figure 4.6.2: Visiting food banks

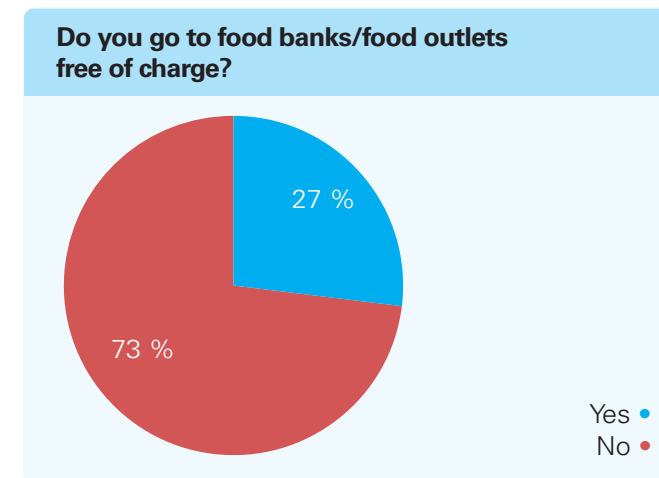
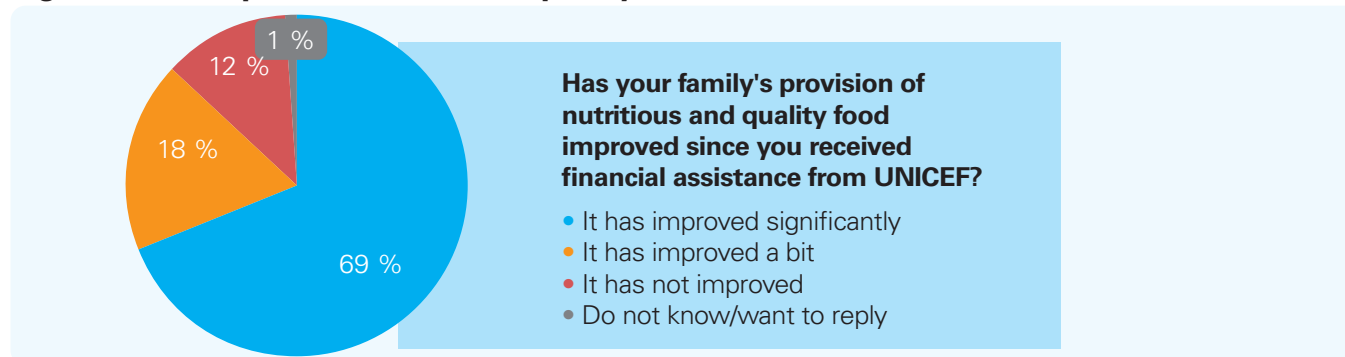


Figure 4.6.3: Improvement in food quality



In terms of food quality, 87% of respondents stated that access to nutritious, high-quality food improved after receiving UNICEF financial assistance: 69% reported significant improvements in the provision of good-quality food, and 18% reported a slight improvement (Figure 4.6.3). According to 12% of benefi-

ciaries, their ability to provide quality food for their families did not improve even after receiving financial assistance. Most often, respondents gave the reason as the high price of good-quality food in Slovakia, meaning that they could only afford to buy cheaper food.

More than three quarters (77%) of respondents considered the quantity of food sufficient for their household needs (Figure 4.6.4). A fifth (21%) of respondents were only slightly satisfied or dissatisfied with the amount of food in their household. The reasons given by those reporting less satisfaction with the quantity of food include insufficient quantities of food available and high food prices, including the financial demands of providing a special diet for children with specific needs.

The interviews indicate that families could obtain higher quality and more diverse food for their children thanks to cash assistance from UNICEF. Mothers compared their experiences immediately after arriving in Slovakia and using food banks against the period after receiving the Carer's Benefit. Once more, the predictability of cash support is highlighted as much appreciated, as it allowed a more relaxed approach to household expenditure.

“After arriving in Slovakia, we visited the Jabloň food bank in Prievidza once a week. The food quality was fine. We could take food there, such as rice, buckwheat, oatmeal, long-life milk and canned goods. The children ate three times a day, but the diet lacked fruits and vegetables and quality meat. I tried to save as much as possible because I didn't know what awaited us and if we would have money soon. Today, we do not visit food banks; we spend

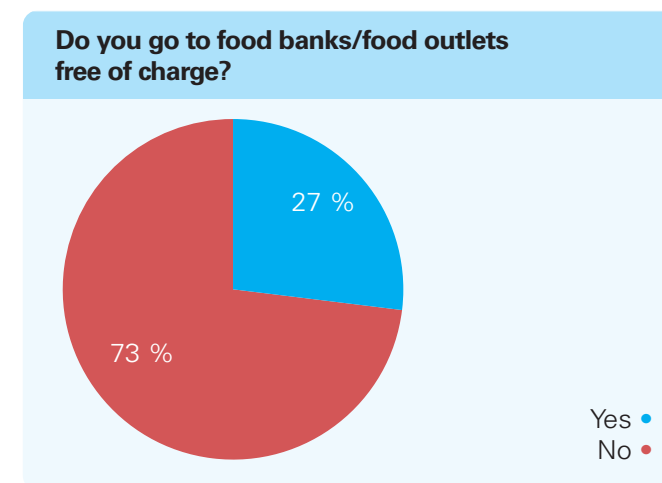
approximately 50% of our income on food. Today we eat much more varied food. We buy fruits, vegetables, meat, fish and vitamins from the pharmacy. We buy the same quantity as in Ukraine, but the food here seems better than there. We can afford to buy more varied food thanks to UNICEF's financial assistance. Of course, I still look at the prices and buy what is on sale. Financial aid helped because we had a stable income and knew what we could afford.

(Mother with two children, including a child with a neurological disorder)

For Ukrainian mothers, dissatisfaction with food quality was attributable to perceived differences in the quality of fruits and vegetables in Ukraine and Slovakia and the higher prices in Slovakia. Children with specific needs are sometimes more dependent on special diets, which is why parents especially appreciated being able to reduce their dependency on food banks and provide their children with more nutritious and varied food.

“My son suffers from a disease in which it is necessary to eat enough healthy fats such as nuts, fish, high-quality meat and dairy products. Unfortunately, we could not provide him with these foods in the quantity he needed from the beginning, so his health worsened. Stress and the lack of nutrients caused his weight loss. Today

Figure 4.6.4: Satisfaction with food quantity



we do not visit food banks. We spend 50% of our monthly income on food. UNICEF and UNHCR helped us financially, and we could afford to buy the food we were used to. The son immediately returned to his original weight. His health has improved. He started eating fish, nuts and meat, which is of good quality in Slovakia, and it also seems to me that dairy products are of better quality here than in Ukraine. Unfortunately, fruits and vegetables are overpriced, and their taste cannot be compared to our fruits from the market.

(Mother with two children, including a child with a progressive genetic disorder)

4.7 Childcare and education findings

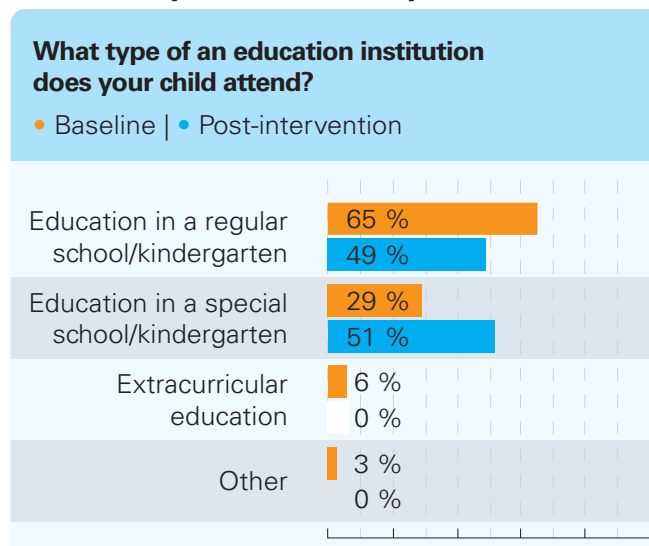
KEY OBSERVATION – TRENDS IN SCHOOL AND PRESCHOOL ENROLMENT OF UKRAINIAN CHILDREN

The overall share of children with specific needs who attended neither kindergarten nor school dropped significantly from 54% in the baseline to 42% in the post-intervention survey (see Figure 4.7.2).

The share of children with specific needs attending special schools or special kindergartens in Slovakia increased significantly from 29% in the period up to June 2022 to 51% in December 2022 (Figure 4.7.1). Similarly, a significant drop in attendance at regular schools was noted (from 65% in the baseline to 49% in the post-intervention survey).

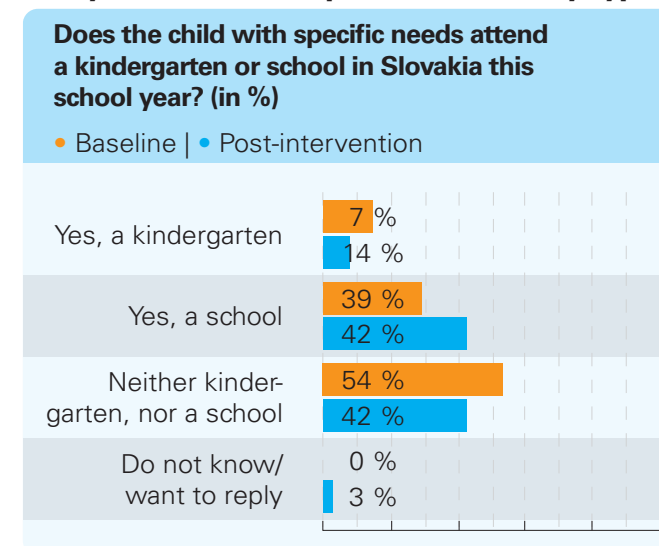
A significant share of Ukrainian children identified as having specific needs remains outside education.

Figure 4.7.1: Type of educational institutions attended by children with specific needs



The data suggest an increasing number of Ukrainian refugee children with special educational needs in the Slovak education system. This could point to better management of the placement of children in primary schools based on their educational needs. Although the number of Ukrainian refugee children in Slovak special schools increased,⁴² the number of these children in regular primary schools decreased. Conversely, this may demonstrate

Figure 4.7.2: Educational institutions attended by children with specific needs – by type



a lack of ability of the Slovak schooling system to provide inclusive education.

According survey data, 7% of Ukrainian children with specific needs attended kindergarten in the period up to June 2022 and 14% of children in December 2022; 39% of children attended school up to June 2022, and 42% of them attended school in December 2022 in Slovakia (Figure 4.7.2).⁴³

⁴² The latest available statistics from the Ministry of Education, Science, Research and Sports show that 51 Ukrainian children with specific needs were attending 15 special schools in Slovakia in January 2023.

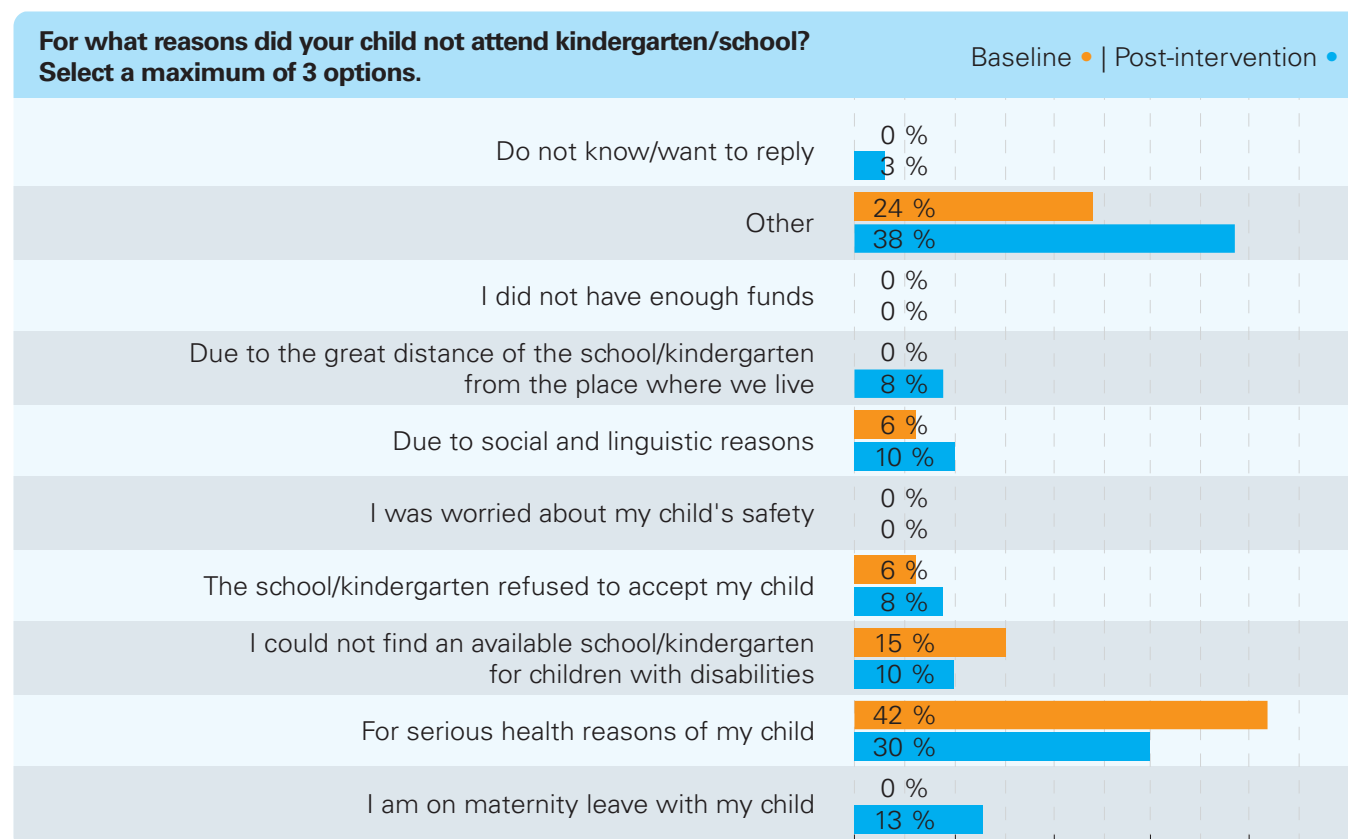
⁴³ In both comparisons of kindergartens and schools, the differences in the shares are not significant because of the small number of children in these categories in the survey samples.

KEY OBSERVATIONS – REASONS FOR CHILDREN NOT ATTENDING EDUCATION IN SLOVAKIA

Respondents gave various reasons for children not attending education, which can be divided into the following: **health-related reasons according to parents/carers**; **lack of a suitable place in an educational institution or the child being refused enrolment**; and **lack of information** about how to enrol children in school (special or regular) or kindergartens and take part in extracurricular activities.

Individual interviewees gave discrimination by school staff and the language barrier as the main barriers.

Figure 4.7.3: Reasons for not attending kindergarten/school



As much as 40% of children with specific needs were not attending education in Slovakia in December 2022 (post-intervention survey). The primary reasons given include severe health-related reasons (30% at baseline, 42% post intervention) and attending online courses at a Ukrainian school (38% at baseline, 24% post intervention) (Figure 4.7.3).⁴⁴

⁴⁴ See 'Other' in Figure 4.7.3.

⁴⁵ There are no significant statistical differences between pre- and post-intervention findings (due to the small sample size).

Other reasons are more systemic, such as that the family could not find an available school/kindergarten for their child (10% at baseline, 15% post intervention) or the school/kindergarten refused to accept a child (8% at baseline, 6% post intervention), and for social or linguistic reasons (10% at baseline, 6% post intervention).⁴⁵



The interviews confirmed that the reasons for not attending school or kindergarten are mainly medical, or that the family has not found a suitable special or regular school for the child, or there is a lack of information⁴⁶ about integrating children into schools, kindergartens and extracurricular facilities, as demonstrated in the following interviews.

“My daughter does not attend a Slovak school because we could not find anything suitable in our area. She participates in online classes twice a week with a Ukrainian teacher. My daughter

doesn't speak, so I don't know which school we could place her in. She doesn't like strangers.

(Family with a child with a genetic disorder accompanied by neurological disease)

“The older daughter does not attend school. Her health does not allow it; she is immobile, non-verbal and has a severe disability.

(Mother of two children, including a child with a motor disability and a neurological movement disorder)

“We would like more information on who we can contact and what kind of education children are entitled to. Unfortunately, we have not received any information so far.

(Mother with two children, including a child with a motor disability and a neurological movement disorder)

⁴⁶ In the interviews, many parents reported a lack of information about special kindergartens and schools, although information in Ukrainian is available on the website of the Ministry of Education, Science, Research and Sport of the Slovak Republic: [допомога при пошуку школи – Ministerstvo školstva, vedy, výskumu a športu Slovenskej republiky \(minedu.sk\)](https://www.minedu.sk/) and also on this platform: [Допомога людям з обмеженими можливостями та їхнім родинам з України – Platforma rodín detí so zdravotným znevýhodnením \(platformarodin.sk\)](https://platformarodin.sk/).

KEY OBSERVATION – SATISFACTION WITH THE QUALITY OF EDUCATION, INCLUSION AND CARE

The share of children with specific needs receiving support from professionals in Slovak schools increased significantly from 29% in the period before June 2022 to 41% in December (Figure 4.7.4). Professionals mainly refer to school psychologists, special educators and teaching assistants.

Overall, **four out of five (83%) respondents were satisfied** with the quality of education, inclusion and care for their child with specific needs in the educational institution they attended (Figure 4.7.5). The group of satisfied respondents included 90% of those with children attending regular schools and 76% those whose children were attending special schools.

Only 12% of parents on average were somewhat satisfied (10% of those with children in standard schools and 14% in special schools). Dissatisfaction with the quality of education, inclusion and care in schools was low, and only in special schools (less than 5% in the post-intervention survey in December 2022). Survey respondents specified reasons for dissatisfaction with the quality of teaching and inclusion, for example lack of understanding of the language, discrimination at school and a low standard of professionalism.

Many interviewees stated that their experience with the inclusion of their children was good, including this mother of a child with specific needs in a regular Slovak school.

“...The sons liked the school. A son with cystic fibrosis does not need a special school. The older one attends the swimming club, and the younger one attends the sports club. We haven't turned to special educators or school psychologists yet; we didn't know there was such an option.
(Mother with two children, including a child with a progressive genetic disorder)

Another mother caring for a child with specific needs who attends a regular school reflected that her child's experience of inclusion had been excellent.

Figure 4.7.4: Children receiving assistance from professional teaching staff

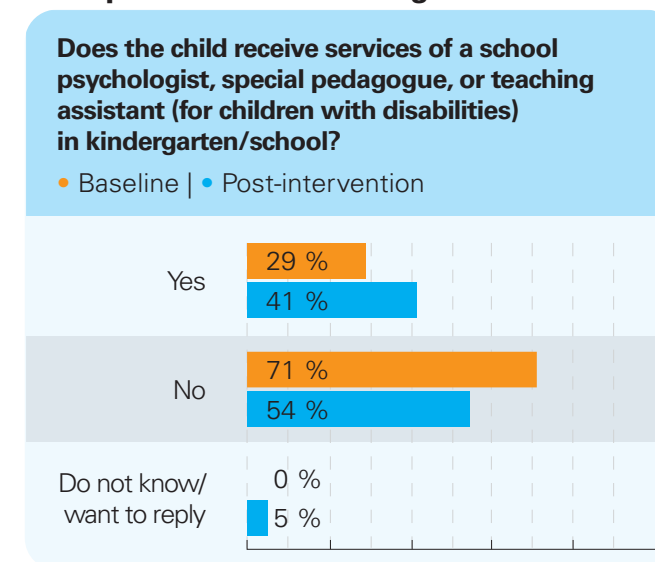
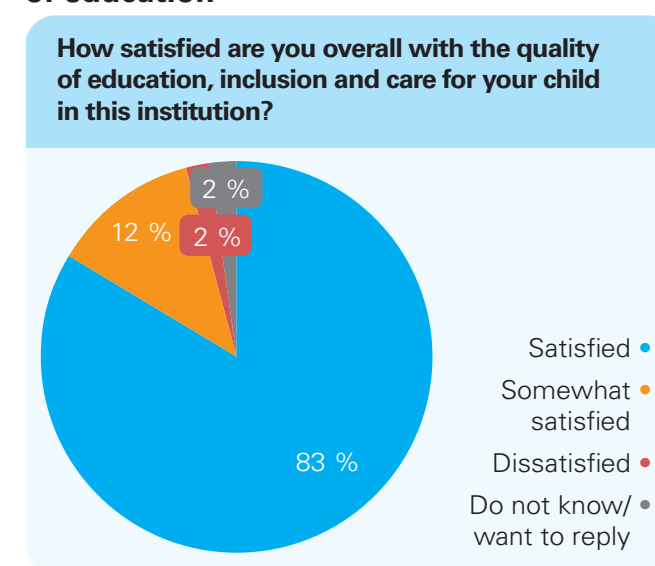


Figure: 4.7.5: Satisfaction with the quality of education





“ Absolutely no discrimination. As I said, we are extremely satisfied with the acceptance of the children by the teachers as well as the pupils.

(Mother with a child with a brain disease)

Other interviewees indicated that further support was needed to find suitable educational facilities for their children, including having to navigate the system on their own and without relevant guidance.

“ ...I didn't look for a special kindergarten for children with autism because I didn't understand anything or know where to start. I would like my son to be looked after by experts and develop... ... He (my son) visits the (private) Andreas Centre for autistic children. ... I am not present at these classes, but I know that a speech therapist, special educators, and a psychologist work with the children. ... I am extremely satisfied with the Andreas Centre...

I would be glad if mothers of children with specific needs were invited to a meeting where they would explain to us how to proceed. How to look for special facilities in Slovakia and what we are entitled to.

(Mother with a child with a neurodevelopmental disease)

KEY OBSERVATION – EDUCATION-RELATED CONTRIBUTION OF UNICEF CASH ASSISTANCE

Respondents mentioned the direct contribution of UNICEF cash assistance to purchasing school or sports equipment for children with specific needs.

Interviewees stated how they were able to use the Carer's Benefit to procure education-related supplies for their children.

“ *The younger son has everything he needs. Thanks to UNICEF, we even bought him a laptop that he needed for school and a bicycle because he needs to do sports. (Family with two children, including a child with a chronic autoimmune disorder)*

Some interviewees associated this type of assistance with the UNICEF CCDE grant,⁴⁷ such as this mother with a child not attending school.

“ *We bought home aids for our daughter. Thanks to the UNICEF education grant, we bought her a painting board, markers, paints, glue, paper and much more. (Mother with a child with a genetic disorder and a neurological disease)*

KEY OBSERVATION – BARRIERS TO INCLUSIVE EDUCATION

As some individual interviewees indicated, the language barrier and a lack of support for Ukrainian children with specific needs from

school staff remain barriers to their true inclusion in the Slovak education system.

Respondents' subjective assessment of the improvement in their children's educational conditions may not be directly related to UNICEF cash assistance. It is more related to the individual experiences of Ukrainian parents and children of their acceptance in Slovak schools and their access to extracurricular activities.

Some respondents who were able to integrate children in Slovak schools also indicated that their children faced issues because of the language barrier and sometimes inappropriate or even directly discriminatory treatment by school staff.

“ *The director (of school) was very friendly and tried to speak Russian with us so that we could understand him. The younger son cried for the first month at school. He said the teacher ignored him, put him at the back desk and focused only on Slovak children.*

He felt pushed away. (Mother of a child with a chronic autoimmune disorder)

Another mother referred to her children not being accepted in extracurricular activities because of the language barrier:

“ *They told us at school that my children could not be enrolled in the clubs because they did not know the language. My daughter has online classes in Ukraine – violin and theatre. They also visit the library. They like to read very much. They learned the Slovak language in a dormitory, where a teacher saw them – he taught them grammar, which was pointless because they did not know the meaning of words. (Mother of a child with a chronic autoimmune disorder)*

⁴⁷ UNICEF's direct impact assistance in the field of education is analysed in more detail in section 3.6.2.



4.8 Healthcare findings

Humanitarian aid context – Public healthcare policy for Ukrainian refugee children

In 2022, the biggest challenge for Ukrainian families caring for children with specific needs in Slovakia was access to healthcare. This was related to the fact that the Slovak policy guaranteed only essential healthcare to Ukrainian refugees – in the form of emergency medical assistance.

Consequently, children with disabilities were not eligible for specialized treatment under health insurance unless at least one parent worked. These restrictive rules were in place during the post-intervention survey until the end of December 2022.

In January 2023, the legislation was changed⁴⁸ and now allows Ukrainian children full access to public healthcare. The survey data refer to a period before this legislative change took effect.

48 The definition of the extent of healthcare is provided on the website of the Ministry of Health: [Ministerstvo zdravotníctva Slovenskej republiky \(gov.sk\)](https://www.ministerstvo-zdravotnictva.gov.sk/). For Ukrainian children up to 18 years of age, sections 2, 3 and 7 of Act No. 577/2004 Coll. on the scope of health care reimbursed under public health insurance and on reimbursement for services related to the provision of health care, as amended, shall apply.

KEY OBSERVATION – ACCESS TO HEALTHCARE

Only 20% of households reported insufficient income to purchase medicines and/or care for their child with specific needs since receiving humanitarian cash support, dropping significantly from 31% at baseline (Figure 4.8.1).

As much as **85% of respondents**⁴⁹ stated that they had never been refused care for their child by the Slovak healthcare system (Figure 4.8.2).

Three quarters of families receiving the Carer's Benefit did not have any issues with the availability of medical care for their child (77% in the post-intervention survey and 69% in the baseline).⁵⁰

49 The same share was found in both surveys conducted in 2022.

50 There are no significant differences between the baseline and post-intervention results.

According to respondents in both surveys, more than half (64% in the baseline and 53% in the post-intervention survey) used primary healthcare for their child (Figure 4.8.3). Fewer families (19% in the baseline survey and 26% in the post-intervention survey) caring for children with specific needs reported using specialized healthcare. Only 14% of beneficiaries' children with specific needs used rehabilitation services or treatments. This was consistent with the availability of medical assistance for Ukrainian refugees in Slovakia, including children, when only emergency medical care was fully covered by public health insurance until December 2022.

Figure 4.8.1: Financial affordability of healthcare for children

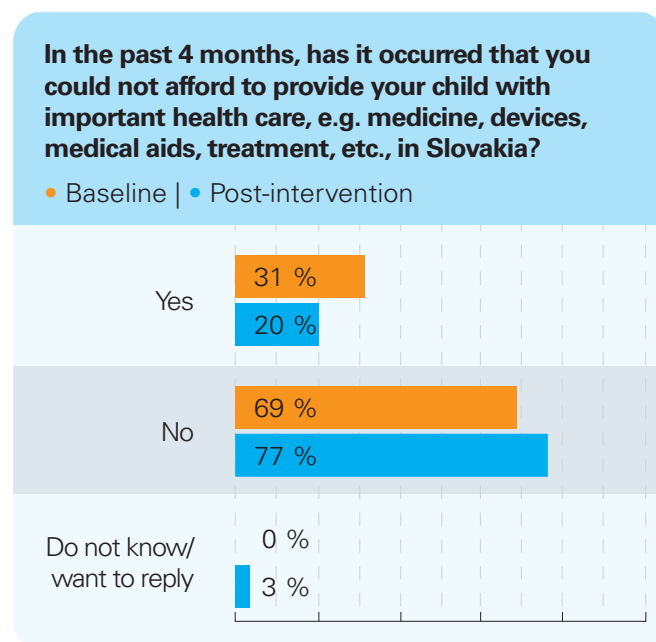


Figure 4.8.2: Access to medical care – refusal of service

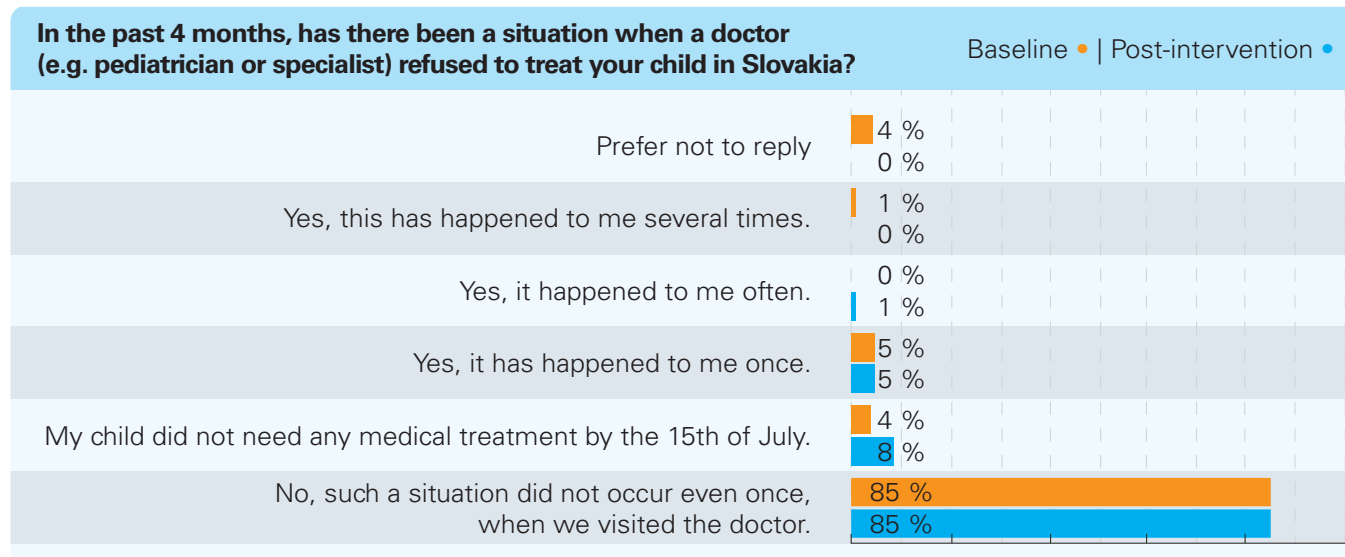
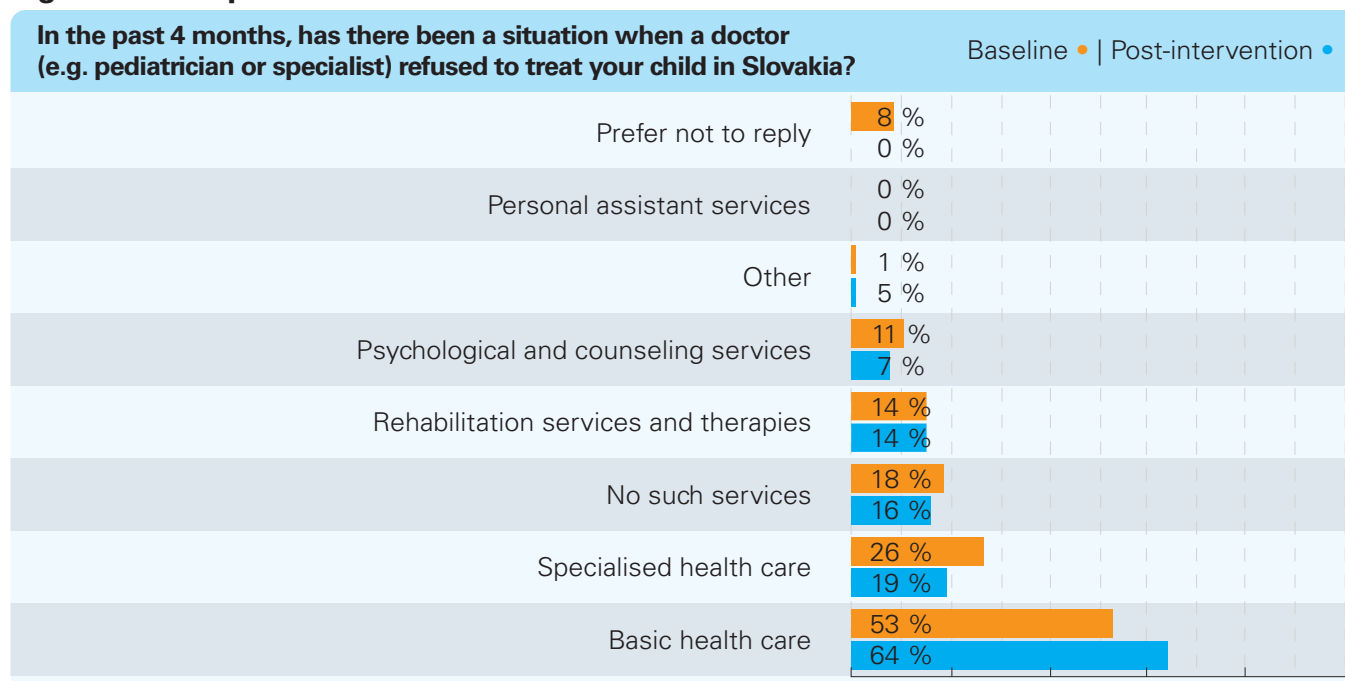


Figure 4.8.3: Uptake of healthcare services for children



KEY OBSERVATION – OBSTACLES TO ACCESSING HEALTHCARE

Those households that could not access healthcare⁵¹ reported that a lack of financial means (61% at baseline and 67% post intervention) and information (22% at baseline) and the complexity of the Slovak healthcare system (more than one quarter of respondents in both surveys) remained the main issues (Figure 4.8.4).⁵²

KEY OBSERVATION – BENEFITS OF UNICEF FINANCIAL ASSISTANCE FOR FAMILIES WITH HEALTH-RELATED EXPENSES

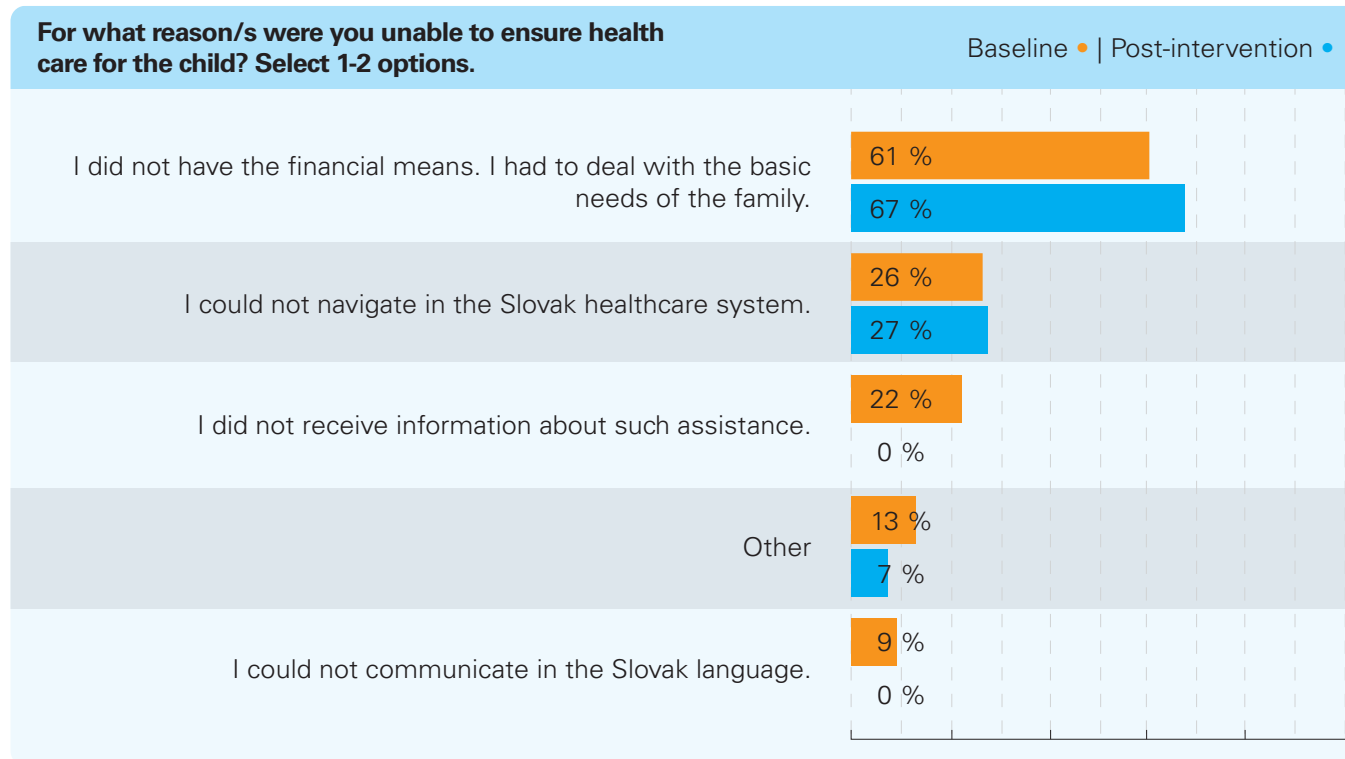
The interviews indicated that parents mainly used humanitarian cash to cover out-of-pocket healthcare costs for children with specific needs, which were not covered by public health insurance until December 2022.⁵³ Notably, families continued to struggle to access assistive devices.

51 31% of respondents in the baseline and 20% in the post-intervention survey.

52 This is similar to the findings for the MNB programme.

53 The conditions for reimbursement of healthcare for Ukrainian refugees is available online: [Health insurance in Slovakia for people displaced from Ukraine by war \(Union.sk\)](https://www.unicef.org/slovakia/health-insurance-in-slovakia-for-people-displaced-from-ukraine-by-war).

Figure 4.8.4: Reasons for unavailability of healthcare for children



Under the legislation in force until December 2022, some medicines and specialized healthcare were expensive for respondents because they were not covered by Ukrainian refugees' health insurance. As previously explained, the situation changed in January, and Ukrainian children now have the right to the same range of healthcare as Slovak children, including complete reimbursement of treatment from public health insurance. As a result of this change, the situation of families caring for children with specific needs can be expected to improve.

One of the biggest obstacles to healthcare is the **high price of specific medicines and assistive devices** for **children with specific needs** and the unavailability of some medications in Slovakia (as per interviews). Sometimes, respondents decide to travel to other countries to buy cheaper and what they perceive as adequate medicines. In such situations, UNICEF's cash contribution – Carer's Benefit was relevant to cover the out-of-pocket costs not covered by healthcare.

“Our income allows us to cover almost all expenses. The son needs many medicines

and procedures. At the cystic fibrosis centre, we get a prescription for the required medication. My son uses drugs unavailable in Slovakia, so we now travel to Poland and buy them there. Besides, we bought him a sterilizer, an inhaler, accessories for the inhaler, and a breathing apparatus. Unfortunately, we did not buy him a phlegm suction device because it was expensive. It costs around €1,000. The insurance company would cover this device if I had a medical condition. My son must be hospitalized once every six months, and we pay for that ourselves. We cover all this, food and household expenses from our salaries and assistance from UNICEF. Without financial aid from UNICEF, it would be much more difficult for us.
(Mother with two children, including a child with a progressive genetic disorder)

Even this respondent's expenses were not fully covered by health insurance, and since they did not work in Slovakia, they could not afford to buy an expensive medical device for the child.

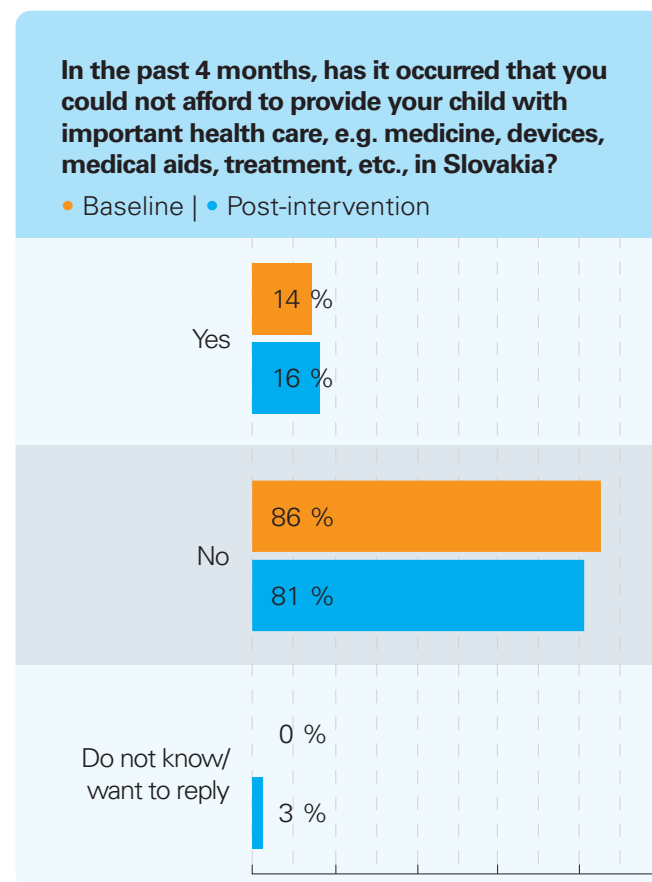
“... (For my child) we need an insulin pump. It was too expensive. If we wanted to get it for free, we would have to have health insurance.
(Unemployed mother of a child with a chronic autoimmune disorder)



KEY OBSERVATION – OBSTACLES TO ACCESSING SPECIALIZED HEALTHCARE

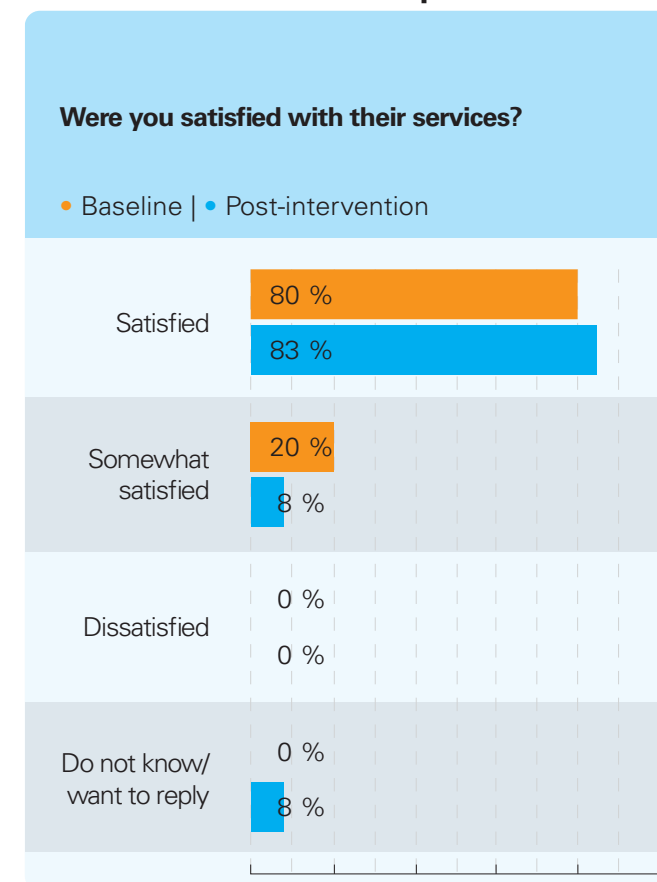
The lack of information on specialized healthcare remains an issue, as confirmed by several interviewees. Access to specialized healthcare services was limited by public health insurance until December 2022. Therefore, only a small number of children received this type of care and parents continued to consult doctors in Ukraine.

Figure 4.8.5: Uptake of specialized centres service for children with disabilities



Most Ukrainian children with specific needs did not receive specialized healthcare until after December 2022. Only a small share of families (14% in the baseline and 16% in the post-intervention survey) used the services of specialized centres for children with specific needs (Figure 4.8.5). More than 80% of families had not used these services, mostly because they had no information about such

Figure 4.8.6: Satisfaction with specialized centres for children with specific needs



options. These facilities did not provide free medical assistance to Ukrainian refugees without health insurance; hence, the uptake of their services was very low. However, parents' satisfaction with the services of these centres was very high (more than 80%) when they were available to children (Figure 4.8.6).

Many interviewees highlighted the lack of information about healthcare for their child.⁵⁴

“ I found absolutely no information (about healthcare). If my daughter has a seizure, she will need a neurologist. I don't know where to look for one, and I don't know if it would be free.

(Mother of a child with a brain disease)

“ We did not find any information in the Ukrainian language anywhere. Everything we knew, we found out from each other in the dormitory or Facebook groups. We didn't even know how to call an emergency. I looked for information on whether insulin could be transported across the Ukrainian–Slovak border, but I never found out about that either. We don't know how we can get health insurance. We don't know what we are entitled to. We lack information.

(Mother with children, including a child with a chronic autoimmune disorder)

In another interview, a respondent talks about the usefulness of a specialist centre to assist in the treatment of her child with a disability.

“ We have a great experience at the Children's Cystic Fibrosis Centre. My son

regularly goes for examinations; from the beginning, they also provided us with an interpreter. They give us prescriptions for medicines and special diets. My son and I were sent for free treatment to Dolný Smokovec, the National Institute for Children's Tuberculosis and Diseases.

(Mother of a child with a progressive genetic disorder)

In interviews, many parents stated that they could not navigate specialized healthcare services for their children in Slovakia. Therefore, some preferred to rely on online/telephone consultations with doctors in Ukraine, like this mother:

“ If my daughter with a disability has difficulties (bleeding, vomiting), I call Ukrainian doctors; we also have medicines from Ukraine.

(Mother of a child with a neurological disease)

Considering they were not always able to navigate the system and access adequate healthcare, the interviewees also confirmed that **the UNICEF Carer's Benefit helped to cover essential costs.**

54 A website providing comprehensive information for families with children with specific needs is available in Ukrainian: [Допомога людям з обмеженими можливостями та їхнім родинам з України – Platforma rodin detí so zdravotným znevýhodnením \(platformarodin.sk\)](https://platformarodin.sk/)





“ We also have experience with emergency assistance in Banská Bystrica. Our son fell and hit his head while playing. We worried about him, so we took him to the emergency room. The doctors and nurses did not tell us anything. They hospitalized our son, and my wife stayed with him, but they did not identify the problem for three days. They only gave him infusions. My wife argued with them because the son was looking worse and worse. We feel they did nothing and did not explain anything to us as parents. The language barrier was palpable. After five days, they were released, and we took the son to Uzhgorod to see a neurologist... (My son)

He went for rehabilitation there (to Piešťany). The first time, my wife was there for two weeks with our son, completely free of charge. The second time we paid only about €600 from the UNICEF contribution for accommodation. Rehabilitation is helping him a lot. He didn't sit on his own before. Now, he sits and moves on all fours. We visited all other specialized doctors in Ukraine. Unfortunately, we did not find anyone in Slovakia to treat our son. (Family with a child with a brain disease)

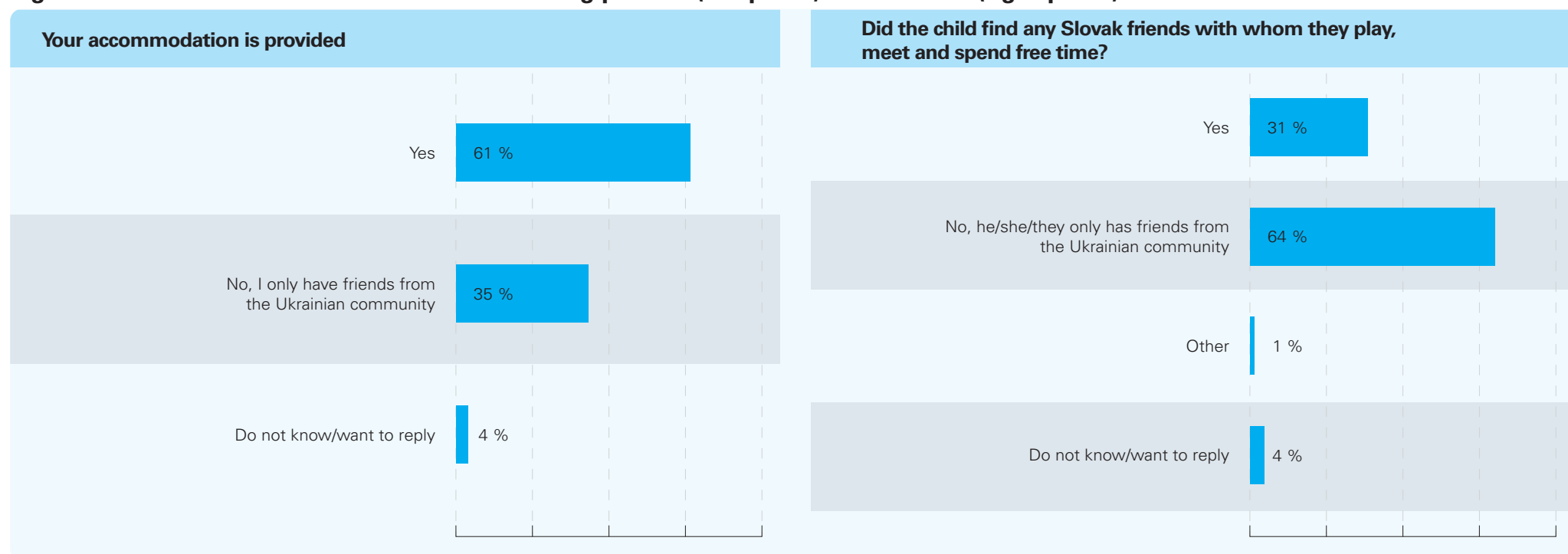
“ ... Thanks to UNICEF's financial assistance, I could buy my son an orthopaedic mattress, a pillow, and an exercise

machine. I also bought toys for children, books, puzzles and legos. My son needs special shoes; thanks to UNICEF's help, I bought enough shoes for my son. (Mother of a child with a neurological disease)

“ Thanks to the help from UNICEF, my child with specific needs can visit the swimming pool and afford special exercises, massages and a psychologist. (Mother of a child with a neurological disease)

4.9 Social relations findings

Figure 4.9.1: Social interactions in Slovakia among parents (left panel) and children (right panel)



Six out of ten Ukrainian adult respondents (61%) did make friends among Slovaks, while 35% did not (Figure 4.9.1, top panel). One third of children with specific needs (31%) found Slovak friends with whom they could play or spend time, but 64% of them had friends only from the Ukrainian community (Figure 4.9.1, bottom panel). These relationships are best formed in an inclusive school/ kindergarten or extracurricular environment.

In interviews, many parents talked about the feeling of security in Slovakia and good relations with Slovaks, including this one.

“... Otherwise, we are very happy here, we feel safe in Slovakia, and people treat us very nicely.
(Mother of a child with a neurodevelopmental disease)

This single mother describes her children's very good access to extracurricular activities

and the acceptance of her children by the school and their peers in Slovakia.

“ Yes, we received this information (... about extracurricular activities). The younger daughter attends the sports club, and the older daughter attends the chemistry–mathematics club. They also visit the leisure centre near the school, where they play, make new friends and learn the Slovak language.
(Mother of a child with a brain disease)



5 | Post-distribution monitoring: Process and satisfaction

To monitor the effectiveness of the administration process and the utilization of the cash assistance by recipients, the Pontis Foundation was contracted in August 2022 to implement 'post-distribution monitoring'. The surveys were conducted continuously between August and December 2022.

The post-distribution monitoring (PDM)

survey was regularly conducted on a sample of respondents one week after cash delivery – usually once a month. The monitoring aimed to map recipients' satisfaction with the quantity of cash assistance (sufficiency), the delivery mechanism (a bank or Western Union (WU)), and the registration and communication processes. Such information collected through PDM allows the cash distribution process to be optimized as necessary, based on the information received. Monthly PDM reports incorporated the main findings of monitoring and recommendations for UNICEF.

5.1 Key findings

Clear, unified and easy-to-find information in Ukrainian was the top need identified by all respondents in all surveys undertaken.

Some registration processes were not sufficiently coordinated between institutions (registration centre, call centre, bank/post office/WU), which caused errors and delayed

payments, and some people did not receive any payments for a long time.

For some people, it was difficult to travel a long distance to obtain cash assistance.

Most households used the financial assistance to buy food and clothing, as observed repeatedly in the PDM surveys.

5.2 Satisfaction with registration and other processes

The processes for registration and withdrawal of the cash assistance were perceived as satisfactory, with no significant obstacles, as shown in the PDM results and observed in interviews:

*“ We registered in Michalovce immediately after arriving in Slovakia. There, they asked us if any of us had a disability. Workers from UNICEF visited us very soon, and the first cash assistance came about two weeks later.
(Mother of two children, Prešov)*

Overall satisfaction with the distribution of cash assistance was very high over the period monitored – over 90% of respondents were satisfied.

Recurring reasons for dissatisfaction included:

- Insufficient cash support, as it had not reflected rising inflation rates and did not suffice to cover all the essential needs in some cases
- The complicated registration process, registration errors, delayed payments or missed payments
- The distance beneficiaries needed to travel to collect funds.

5.3 Recommendations from post-distribution monitoring

- UNICEF and partners should consider local inflation rates when determining the amounts of cash assistance.
- Information sharing with beneficiaries should be further improved.
- The processes for registering and accessing cash should be further simplified, notably to account for the needs of older people, people with disabilities, and mothers with several children and/or children with specific needs (severe disabilities or medical conditions).

Appendix 1: Programme monitoring methodology

Programme monitoring was conducted through several waves of PDM, and through in-depth monitoring six months after the intervention, to assess whether and how UNICEF cash assistance provided to vulnerable Ukrainian households and children impacted their lives. Programme monitoring looked at whether and how the MNB affected various aspects of refugee households in Slovakia: housing and accommodation, nutrition, household costs, access to services (education, childcare, healthcare), access to employment and skills building, and social interactions. For the Carers' Benefit, special emphasis was put on the care and education of children with specific needs, as well as healthcare and other services for these children.

Key target groups

These were households that received the MNB and those that received the Carer's Benefit. Both quantitative and qualitative methods were used. The quantitative method used a standardized questionnaire that included dichotomous questions, multiple-choice questions, semi-open questions, questions with scaled answers focused on satisfaction (satisfied, partially satisfied/partially dissatisfied, dissatisfied) and open questions. Quali-

tative methods included structured interviews that were used to unpack and explore some aspects with selected respondents in more depth. Both the survey questionnaire and interviews were in Ukrainian.

Standardized questionnaire

The questionnaire aimed to gather information on the circumstances and perceptions of Ukrainian refugee households such as the needs of the household, needs of children, including children with special needs, quality of housing, nutrition, availability and quality of services in education and healthcare, and work opportunities in Slovakia. Questions also mapped respondents' perceived level of satisfaction with the elements listed above. Questions requesting respondents' subjective assessments and opinions were essential to triangulate the quantitative data.

The standardized questionnaire was developed in August 2022 and was administered in two waves. The first wave focused on the period before beneficiaries received cash benefits and helped establish the baseline: what were the circumstances of households and children before receiving cash assistance? In the second wave, the same questionnaire was administered six months into the pro-

gramme's implementation to track and document the changes that the cash assistance brought to the lives of Ukrainian refugee families and children. The complete questionnaire is provided in Annex 1_1 (available on request).

Data processing

Data were processed using SPSS statistical software. Based on analyses of the statistical significance of the differences, individual variables from the surveys were interpreted. The chi-squared goodness-of-fit test was used to determine the statistical significance of the differences between computed variables in the baseline and post-intervention surveys. Data from the baseline survey were then compared with data from the second wave.

Sampling

Random systematic sampling was used for both survey waves. After randomly assigning a number to each household that qualified for cash assistance and mixing these numbers multiple times, 1,000 households were selected. The households were contacted via the call centre. The sample size achieved in the MNB survey was 375 respondents in the baseline and 370 in the post-intervention

survey. The number of respondents for each wave of the survey and each grant is presented in Table A1.1.

For the MNB sample, the response rate (RR) varied between 25% and 29% for both waves. For the Carers' Benefit sample, the RR ranged from 42% to 46%. For the CCDE grant, the RR was 29%.

The final size of the selected samples (successfully completed interviews) was determined with respect to the defined maximum statistical error (margin of error) and 95% confidence interval. In the case of the MNB surveys, the maximum statistical error was approximately $\pm 5\%$ at a 95% confidence level, representing a sample size of roughly 370 households.

Since the number of households included in the Carer's Benefit survey was less than the optimum, the call centre tried to reach all households from the entire set to get as many answers as possible (best effort, 74 respondents) (Table A1.1).

Table A1.1: Number of respondents (N) in each wave of the surveys

Cash assistance programme	Baseline	Post-intervention	
	September 2022	November 2022	December 2022
MNB	375	370	x
Carer's Benefit	74	x	74
CCDE	x	x	366

Limitations of programme monitoring methodology

The samples for the baseline and post-intervention surveys did not consist of panel data. Instead, two independent sample selections were made for each wave. The main reason for this approach was the unstable situation regarding the length of stay of Ukrainian families in Slovakia in the individual months of 2022. Especially in the summer and autumn months, many families left for other countries even after obtaining temporary refuge in Slovakia. Many temporarily returned to Ukraine and then came back to or passed through Slovakia. Many new refugees came to Slovakia from Ukraine before the winter. Capturing the same or a similarly large and accessible group of respondents for the baseline and

post-intervention surveys would, given the circumstances at the time, have been very difficult and without certain success. Both surveys (baseline and post-intervention) were therefore carried out on two independent, randomly selected samples of households that, at the time, lived in Slovakia, had found temporary refuge there and were registered as recipients of UNICEF cash assistance.

Concerning the data interpretation, it is essential to state that the baseline and post-intervention samples (MNB beneficiaries) are comparable only in the categories of gender and the respondents' educational level. Comparability was not achieved in the regional distribution of the baseline survey⁵⁵ because of the circumstances surrounding its conduct.⁵⁶ There are also differences in the represen-

⁵⁵ The in-depth monitoring baseline survey (MNB programme) was conducted from 30 September until 11 October 2022.

⁵⁶ When evaluating data from the in-depth monitoring baseline survey (MNB programme) in October 2022, it was identified that the distribution of the sample by region (current place of residence) in the baseline survey was not representative of the target population. Subsequently, it turned out that the database of 1,000 randomly

tativeness of the age structure⁵⁷ in the baseline sample. However, the parameters of the post-intervention sample⁵⁸ were representative in all demographic indicators (age, gender and regional distribution). In the Carers' Benefit surveys, the demographic characteristics of the baseline and post-intervention samples⁵⁹ were comparable and representative in their regional distribution. The indicators of age and gender were available only for the post-intervention sample because of the technical limitations of the baseline database. The characteristics of the samples of both target groups in the surveys are given in Annexes 2_1 and 2_2 (available on request).

When interpreting and comparing data in the baseline and post-intervention surveys in the MNB survey, it is therefore necessary to consider the characteristics of the samples. The significant changes detected in the variables are rather structural, which is also considered in the data interpretation. Based on the limitations of the quantitative surveys, it is

not appropriate to compare regions or draw conclusions regarding regional distribution.

For these reasons and limitations, when interpreting the data in this report, greater emphasis was placed on analyses of data from the post-intervention survey, the parameters of which correspond to the sample's representativeness (age, gender and regional distribution). These limitations are also related to the low absolute number of interviews in individual regions (fewer than 20 respondents in some regions).

Another limiting factor in the quantitative analysis is the timing of the baseline surveys (September 2022), which were conducted after the target groups had started receiving financial assistance (June and July 2022). In the baseline surveys, respondents were asked to recall facts before receiving cash benefits. For this reason, in analysing and interpreting the data, greater emphasis is placed on how respondents subjectively

evaluated changes in the post-intervention surveys and structured interviews.

Interviews

The structured interviews aimed to obtain qualitative information on the impact of UNICEF-supported cash assistance on the lives of Ukrainian refugee families and children and help to interpret some of the quantitative data. The interviews intended to explore whether and how Ukrainian refugee households and children could better adapt to living conditions in Slovakia thanks to UNICEF's cash assistance. Qualitative data are valuable in examining the dynamics of how an intervention/programme works and its potential bottlenecks. Although qualitative indicators may have limitations in establishing causal connections, they can improve our understanding of how different stakeholders perceive the benefits or disadvantages of programmes.⁶⁰

selected households (selected using Kobo Toolbox) did not adequately represent households from the Bratislava region (which was underestimated), which resulted in a higher proportional representation in the sample from other regions. A second significant complication during the in-depth monitoring baseline survey was the proliferation of fraudulent phone calls made to Ukrainian households at the time of the survey. As a result, many households had inaccessible telephones and could not be reached because of the resulting mistrust. Therefore, increasing the random sample of 1,000 with another 400 additional contacts was necessary to achieve a sample of 370 participating respondents.

⁵⁷ In the in-depth monitoring baseline sample (MNB programme), there was a lower representation of the 40- to 59-year-old age group than in the post-intervention sample. Other age categories, 18–39 years and over 60 years, were comparable between the samples. One possible interpretation is that, at the time of the survey (October), there was an increase in the number of middle-aged Ukrainian refugees leaving Slovakia.

⁵⁸ The in-depth monitoring post-intervention survey (MNB programme) was conducted from 3 to 8 November 2022.

⁵⁹ The in-depth monitoring baseline survey (Carer's Benefit) was conducted from 23 to 28 September 2022. The in-depth monitoring post-intervention survey (Carer's Benefit) was conducted from 16 to 21 December 2022.

⁶⁰ Miller, E., and E. Daly, *Understanding and Measuring Outcomes: The role of qualitative data*, Institute for Research and Innovation in Social Services, 2013.

A total of 15 qualitative structured interviews were conducted. The sample of interviewees was selected based on respondents' subjective scaled evaluation answers in the post-intervention survey. To reduce sample selection bias, respondents' answers were considered to cover the entire spectrum of perceptions of UNICEF assistance: whether UNICEF assistance brought a significant improvement, partial improvement or no improvement to households with children. Another selection criterion was where Ukrainian families were living in Slovakia to capture the regional point of view. Different locations were selected to capture the greatest possible variety of external influences on the living conditions of households.

Based on these criteria, respondents were selected into the following groups:

1. Mothers with children receiving the MNB (families in material need) who declared significant or partial improvements (four interviews).
2. Mothers caring for children with specific needs who declared significant or partial improvements (six interviews).
3. Single mothers with children (including a child with specific needs) who declared no improvement (five interviews).

Open-ended questions aimed to encourage respondents to narrate and reveal whether and how the cash assistance from UNICEF had helped them cope with different aspects of life in Slovakia. Interviews also focused on comparing household conditions shortly after arriving in Slovakia and at the time of the interviews (December 2022).

In the first group of respondents, the questions in the structured interviews focused on evaluating the effectiveness of financial assistance from UNICEF and comparing it over time in the following areas:

- A. Quality of housing of the household – after arrival in Slovakia and at present
- B. Providing the household with high-quality and nutritious food
- C. Employment opportunities and job searching
- D. Children's educational needs and availability of extracurricular activities for children
- E. Availability of healthcare for children and access to medicines and medical aids.

For the second group of respondents, the questions in the structured interviews were similar to those in the first group, but they were modified to ask about the children with

specific needs. Areas A–C were identical, and areas D and E focused on the educational needs of children with specific needs (e.g. availability of assistants and professional staff in schools and kindergartens). Similarly, questions about healthcare for children with specific needs were expanded to include the availability of health and special services that children needed.

Interviews with the third group of respondents focused mainly on the following areas:

- A. Satisfaction with UNICEF cash assistance delivery processes and identification of the need for non-financial assistance
- B. Availability of inclusive education for children/children with specific needs and availability of extracurricular activities
- C. Availability of healthcare and assistance for children with specific needs
- D. Comparison of assistance available in Ukraine and Slovakia to identify differences
- E. Adequacy of cash assistance for parents in view of the needs of a child with a specific need.

The interviews also captured personal stories, revealing more deeply whether

Table A1.1: Number of respondents (N) in each wave of the surveys

Cash assistance programme	Month of PDM data collection			
	August 2022	September 2022	November 2022	December 2022
	PDM	PDM	PDM	PDM
MNB	155	152	x	x
Carer's Benefit	x	x	69	54
CCDE	x	x	169	x
Winterization	x	x	x	188

UNICEF's financial assistance benefited families and in which aspects. The interviews were conducted by telephone in Ukrainian, recorded and then transcribed into Slovak or English. Based on the answers of the respondents and their justifications for their needs, it was possible to formulate the final recommendations more precisely and in a more targeted manner.

system. The questionnaire survey was conducted by phone in Ukrainian on a selected sample of respondents (Table A1.2).

Post-distribution monitoring methodology

The PDM survey utilized a harmonized questionnaire adjusted to the national context. International organizations such as UNICEF and UNHCR have used this questionnaire in other countries. PDM surveys were created and administered in the Kobo⁶¹ information

⁶¹ Kobo Toolbox is a platform for collecting, managing and evaluating data used by international humanitarian, research and other organizations.





© UNITED NATIONS CHILDREN'S FUND (UNICEF)

OCTOBER 2023

© UNICEF