



SLOVAKIA

ACCESS TO HEALTHCARE SERVICES FOR UKRAINIAN REFUGEES

2023 ANNUAL REPORT

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International Organization for Migration
Regional Office for South-Eastern Europe,
Eastern Europe and Central Asia
Dampfschiffstrasse 4/10-11, 1030 Vienna
Austria
+43 1 581 22 22
Website: <https://rovienna.iom.int/>
Contact: ROViennaDataResearch-Newsletter@iom.int

International Organization for Migration
Country Office Slovakia
Grösslingová 35
811 09, Bratislava
Slovak Republic
+421 2 5263 0093
Website: <https://iom.sk>
Contact: bratislavainfo@iom.int

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Cover photo: IOM, in collaboration with Equita organization, providing healthcare support to elderly refugees from Ukraine in Bratislava. © IOM 2023

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KEY FINDINGS IN 2023

DEMOGRAPHICS

 2,600
Ukrainian respondents

 78%  22%


VULNERABILITIES

53% 
of respondents
live with people
with specific needs
or serious medical conditions

SUPPORT REQUIRED

 51%
in need of
healthcare services

 42%
in need of medication

 5%
in need of mental health
and psychosocial support

More than one answer possible

HOUSEHOLDS WITH VULNERABILITIES


 15%
at least one infant
(0-4 years old)


 46%
at least one child
(5-17 years old)


 44%
at least one elderly person
(60+ years old)

More than one answer possible

HEALTH CONDITIONS

 87%
chronic diseases or
serious medical conditions

 70%
visual impairment

 19%
hearing difficulties

More than one answer possible

INFORMATION

54% in need of information
on healthcare services

24% in need of information
on medication


1% in need of information
on psychosocial support

More than one answer possible

BARRIERS TO HEALTHCARE

 Long queues (58%)

 Costs (50%)

 Unavailability (22%)

 Language barrier (21%)

 Discrimination (17%)

More than one answer possible

TEMPORARY PROTECTION

94%
have applied for
Temporary Protection (TP)
among respondents facing
barriers to access to healthcare

EXPENSES

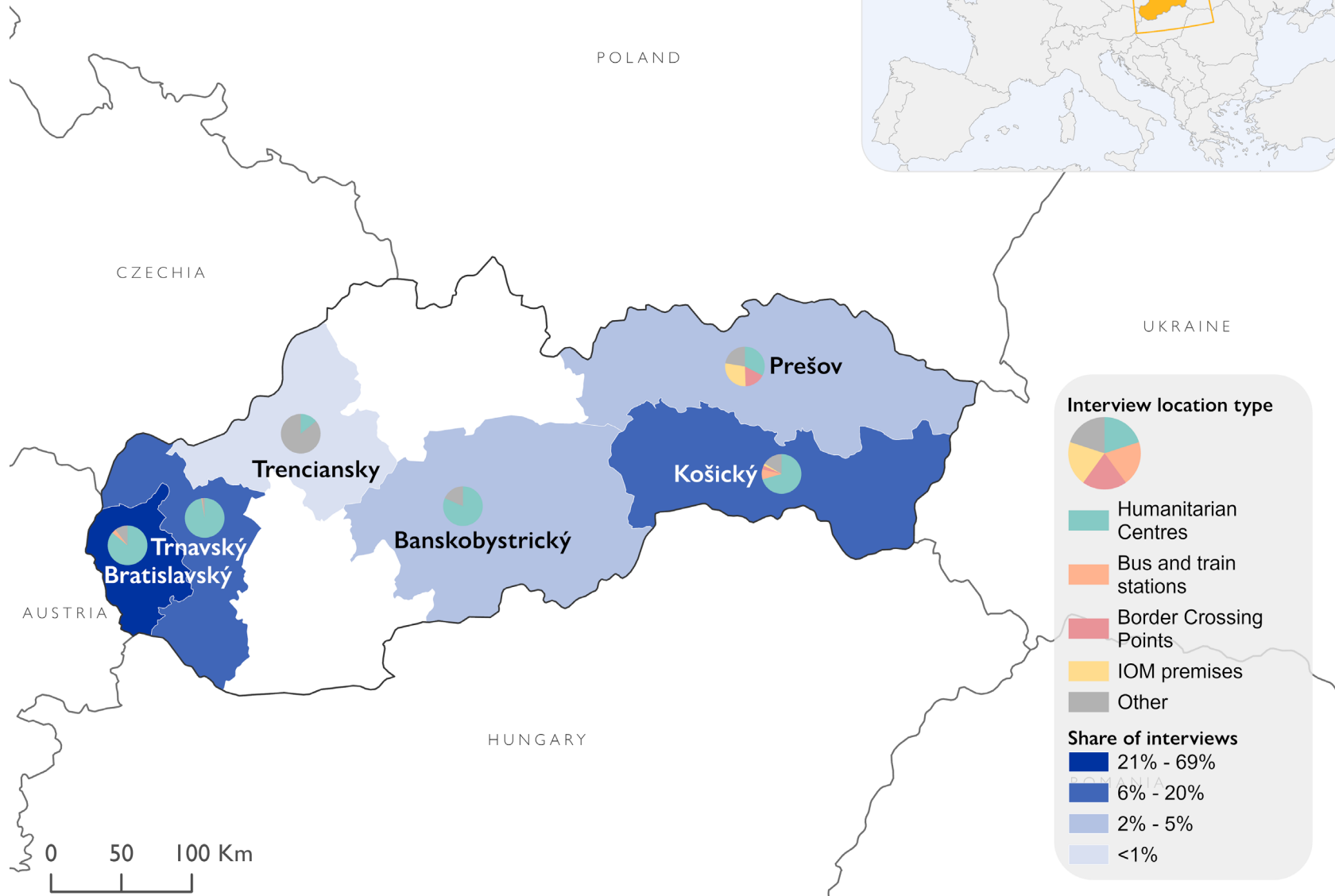
76%
pay for
healthcare services or medication

24%
do not pay for
healthcare services or medication

OVERVIEW: NUMBER OF SURVEYS AND LOCATIONS OF DATA COLLECTION IN SLOVAKIA IN 2023

Surveys: 2,600
Provinces: 6

Men - 22%
Women - 78%



0 50 100 Km

SOCIO-DEMOGRAPHIC PROFILE

DTM collected data on the Needs, Intentions, and Integration Challenges of Ukrainian refugees in Slovakia from January to December 2023, interviewing a total of 2,600 individuals over the year. This report elaborates on the profile of Ukrainian refugees in terms of health conditions and specific needs, highlighting trends related to their access to healthcare services, and identifying obstacles and challenges they may encounter while in

Slovakia. The report also encompasses trends and needs identified in the field of mental health and psychosocial support.

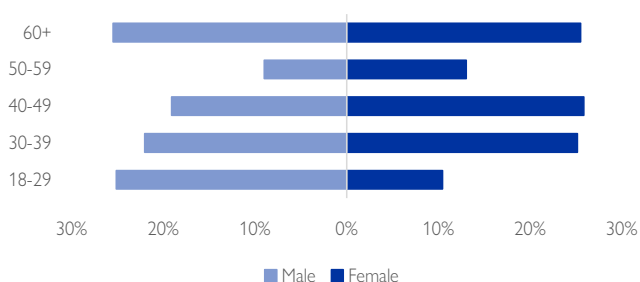
The majority of surveys were collected in Bratislava (69%) and Košice (20%), followed by Trnava (6%). The remaining surveys were conducted in Prešov (3%), Banská Bystrica (2%) and Trenčín (<1%).

AGE AND GENDER

Among respondents (n=2,600), the majority were represented by women (78%), with men making up nearly one quarter of the sample (22%). The share of women is similar in the 30-39 age range (25%) and the 40-49 age range (26%), with 26 per cent of women being over 60 years old. Among men, most are over 60 years old (25%) or belong to the 18-29 age group (25%).



Figure 1. Respondents by age and gender (%) n=2,600



HOUSEHOLD COMPOSITION, VULNERABILITIES, AND SPECIFIC NEEDS

Among all respondents (n=2,600), 16 per cent stay with at least one infant aged 0-4 years old, and nearly half of the households live with at least one child aged 5-17 years old (45%). In addition, 31 per cent of the households report living with at least one elderly person above the age of 60.

Figure 2. Household composition of all respondents (%) n=2,600; and composition of households with people with specific needs or health conditions (%) n=1,371 (below)

Over half of all respondents (53%) who provided a response to this question (n=2,592) report living with people with specific needs or serious health conditions. Among them (1,371), 15 per cent have at least one infant (0-4 years old), 46 per cent have at least one child (5-17 years old) and 44 per cent live with at least one elderly person (above 60 years old).

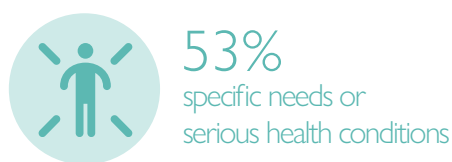
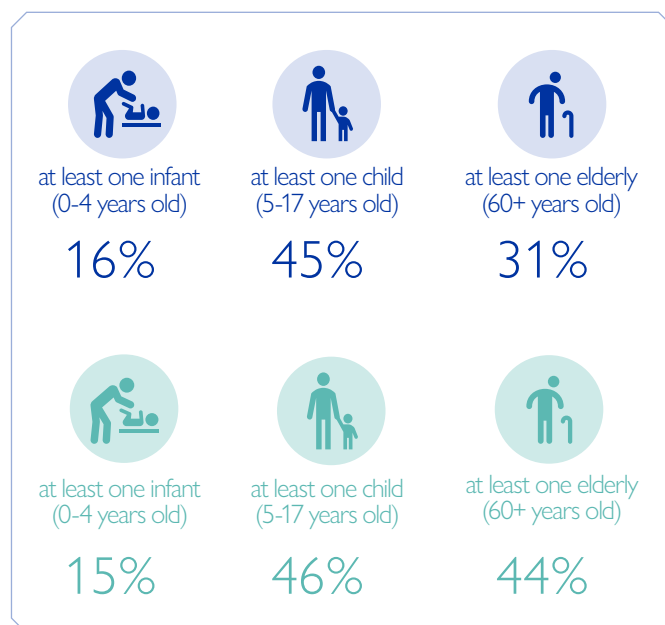


Figure 3. Most common health conditions and specific needs (%) n=1,371 (more than one answer possible)



ACCESS TO HEALTHCARE SERVICES

PRIORITY NEEDS

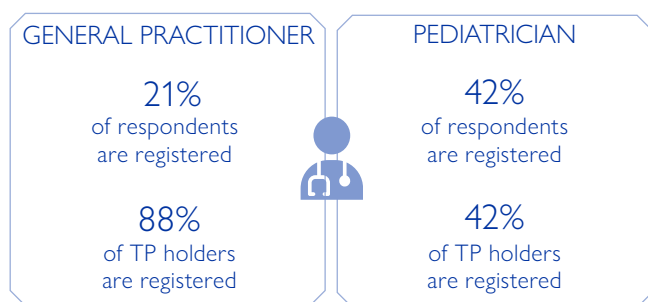
Healthcare services rank as the most pressing priority need among respondents, with over half of them (51%) reporting the need for healthcare services in Slovakia (55% of women and 36% of men). This is followed by the need for financial support (48%) and the need for medication (42%), mentioned by 45 per cent of women and 30 per cent of men.

INFORMATION NEEDS

Among respondents expressing the need for more information on where to seek assistance (n=352), the two most frequently reported information needs are linked to healthcare services and medication. Over half of them cite the need for information on healthcare services (54%), while the need for additional information on accessing medication is mentioned by one quarter of respondents (24%).

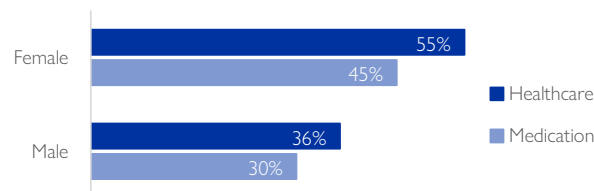
REGISTRATION WITH LOCAL HEALTHCARE PROVIDERS

Of all respondents who disclosed information on the status of their registration with local healthcare providers (n=801), only one-fifth (21%) cite having registered with a general practitioner in the country. Remarkably, among Temporary Protection¹ (TP) holders (n=801), 88 per cent report having an assigned general practitioner whom they can refer to in case healthcare services are needed.



Over time, there is a gradual increase in the share of respondents having a general practitioner as the length of displacement increases. Among those having stayed between one and six months in the country, only 5 per cent had registered with a local doctor. Among those with a stay of one year to one and half a year, there is a higher percentage of respondents having registered with a general practitioner (25%), rising to 45 per cent among those having spent more than two years in Slovakia.

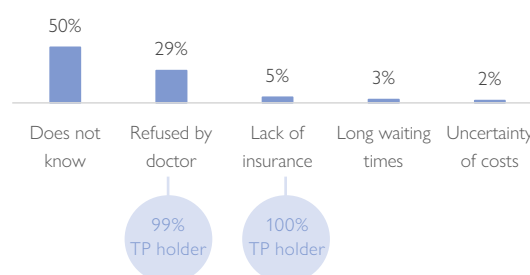
Figure 4. Need for healthcare and medication by gender n=2,600 (more than one answer possible)



In terms of children's registration with a local pediatrician, less than half of respondents with children are registered with a local pediatrician (42%). There is no discrepancy in registrations between those with TP (42%) or other legal statuses (42%). Among those who have not registered (n=256), most respondents did not know the reasons for not having registered their children (50%), while other reasons include refusal by the doctor (29%), other non-disclosed reasons (11%), the lack of insurance (5%), long waiting times (3%), uncertainty about costs (2%), distance to services (2%) and the language barrier (1%).

Interestingly, among those who report barriers to registering with a local pediatrician due to refusal by the doctor (n=74), 99 per cent held TP at the time of the interview, with the remaining one per cent planning to apply for TP. Among those with no insurance as a reason for not having registered with a pediatrician (n=14), all respondents are found to be TP holders.

Figure 5. Reasons for not registering with pediatrician (%) n=256 (more than one answer possible)

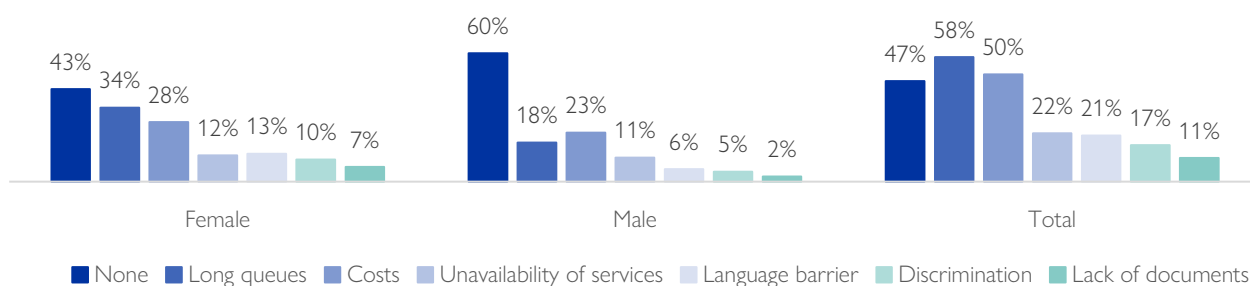


¹ The Temporary Protection Directive was activated by the European Union (EU) in March 2022 in order to provide immediate protection to displaced people from Ukraine. The scheme has been extended until 4 March 2025. According to Council Implementing Decision (EU) 2022/382 of 4 March 2022, it applies to people residing in Ukraine on or before 24 February 2022 who are 1) Ukrainian nationals and their family members, 2) non-Ukrainian nationals and stateless persons benefiting from international protection in Ukraine and their family members, 3) non-Ukrainian nationals with permanent residence permit in Ukraine who cannot return to their country of origin in safe and durable conditions. It can also apply to Ukrainians who found themselves in the EU on 24 February 2022 and other non-Ukrainian nationals previously residing in Ukraine who cannot return to their countries of origin. TP holders gain various rights, including residency rights and access to housing, access to labour market, as well as social welfare and medical assistance within the EU.

OBSTACLES TO HEALTHCARE PROVISION

Upon examining obstacles to healthcare services, respondents identified the primary challenges they encounter when seeking healthcare. Among those who provided information on this question (n=420), the most frequently mentioned obstacles include long queues (58%), service costs (50%), unavailability of services (22%), language barrier (21%), discrimination (17%) and lack of documents (11%).


Figure 6. Top obstacles to healthcare provision by gender (%) n=420 (more than one answer possible)



Remarkably, 94 per cent have applied for TP among respondents who mention barriers to access to healthcare services. Service costs as a barrier are mentioned mostly by respondents who are active (54%), with 65 per cent among them being employed and 35 per cent unemployed and looking for employment opportunities.² Among those reporting lack of documents as a barrier, 98 per cent have applied for TP, with the remaining 2 per cent staying in Slovakia on a student status.

94%

have applied for Temporary Protection among those facing barriers to accessing healthcare

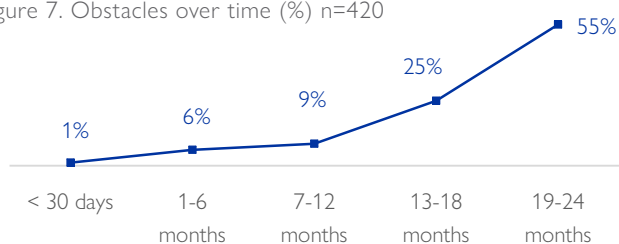


98%

have applied for Temporary Protection among those reporting lack of documents as a barrier

Over time, the percentage of respondents (n=420) citing obstacles to accessing healthcare services has increased. Six per cent of respondents mention facing barriers among those who have spent between one to six months in the country, while this share increases to 25 per cent among those having stayed one to one and a half years and to 55 per cent among those who have already stayed one and a half to two years in Slovakia.

Figure 7. Obstacles over time (%) n=420



² Active population is the sum of employed and unemployed. Inactive population is the sum of retirees, students, people on parental leave, and unemployed people who are not looking for a job. Employment and unemployment rates are calculated only on the active labour force, excluding those who are inactive.



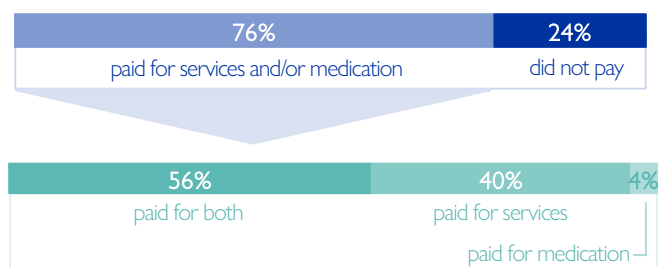
Ukrainian woman receiving healthcare assistance in an accommodation facility in Humenné in Prešov region © IOM 2023

EXPENSES RELATED TO SERVICES AND MEDICATION

The study revealed that a significant majority (76%) of respondents in Slovakia bear the cost of healthcare services and medications, while only one quarter (24%) do not incur any expenses. Among those indicating payment (n=602), 56 per cent pay for both services and medications, 40 per cent solely pay for healthcare services, and 4 per cent pay exclusively for medication.

Among those covering expenses for services, medication, or both (n=602), the majority (94%) have applied for TP or similar protection schemes, while 6 per cent have other forms of legal arrangements.

Figure 8. Types of expenses spent on healthcare (%) n=793



CROSSING BACK TO UKRAINE TO ACCESS HEALTHCARE SERVICES

Given the prevalence of these barriers, many Ukrainian refugees cross back to Ukraine for a short-term visit of less than 30 days in order to access healthcare services in Ukraine. According to the Annual Report of IOM Slovakia on Ukrainian Nationals Crossing Back to Ukraine, 56 per cent of the respondents (n=6,337) express the intention to cross back to Ukraine for a short-term visit. Among them, 19 per cent cross back with the intention of accessing healthcare services in Ukraine.



ACCESS TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

PRIORITY NEEDS

Mental health and psychosocial support (MHPSS) are not ranked among the most frequently mentioned priority needs for respondents (n=2,600). MHPSS is indicated only by 5 per cent of the respondents, with 5 per cent of women and 2 per cent of men expressing the need for support. Among respondents, only 1 per cent report the need for additional information on where to access mental health and psychosocial support.

ASSISTANCE RECEIVED

Mental health and psychosocial support do not rank among the most frequently received forms of assistance.³ MHPSS is mentioned by 6 per cent of respondents. Among those who have received MHPSS (n=62), the majority benefitted from assistance through agencies of the United Nations (95%), volunteers (85%), government assistance (85%), non-governmental organizations (81%), or religious organizations (79%).



Ukrainian refugees attending a community event organized for seniors by IOM in a collective centre in Slovakia © IOM 2023



³ The most frequently received forms of assistance include food assistance (85%), personal hygiene items (77%), accommodation (71%), clothes (64%), and financial support (61%).

METHODOLOGY

IOM's Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route.

Since April 2022, IOM Displacement Tracking Matrix has been regularly surveying people who are residing in the eleven countries included in the Regional Refugee Response Plan for Ukraine. The aim of the survey is to improve the understanding of their profiles, displacement patterns, intentions and needs. The survey is deployed in 6 countries neighbouring Ukraine – Belarus, Hungary, Poland, the Republic of Moldova, Romania, and Slovakia, and other 5 countries in Europe, particularly impacted by the arrivals of refugees from Ukraine, including Bulgaria, Czechia, Estonia, Latvia and Lithuania.

Face-to-face surveys were conducted by 17 trained enumerators, with adult refugees from Ukraine (18+ years-old). Surveys were collected at selected locations (information centres, humanitarian aid distribution points, accommodation centres, transit points, BCPs and IOM premises) in six regions of Slovakia. The survey is anonymous and voluntary, administered after obtaining consent from the respondent. Respondents can stop the survey at any time. In Slovakia, the questionnaire is available in Ukrainian and Russian, and the preferred language is determined by the interviewee. Only fully completed surveys are taken into account for analysis.

Prior to the start of the survey, all enumerators were trained by IOM on DTM standards, the use of Kobo application, IOM approach to migrants' protection and assistance, the ethics of data collection and the provision of information and referral mechanism in place.

ABOUT THE SURVEY

Aim

To improve the understanding of the profiles of Ukrainian refugees residing or transiting through Slovakia, including their displacement patterns, intentions and needs.

Location and execution

Face-to-face surveys were conducted by 17 trained enumerators stationed at selected locations in 6 regions of Slovakia. Surveys are conducted in Ukrainian and Russian with the help of a mobile application.

Target population

The analysis focuses on the access to healthcare services and the need for mental health and psychosocial support among Ukrainian refugees in Slovakia.

Regional data collection and analysis

The survey is deployed in 11 countries: 6 neighboring countries (Belarus, Hungary, Poland, the Republic of Moldova, Romania, Slovakia), and 5 other countries (Bulgaria, Czechia, Estonia, Latvia and Lithuania) impacted by the arrival of refugees from Ukraine.

LIMITATIONS

The sampling framework was not based on verified figures of refugees from Ukraine entering through all land border points or staying in the various regions where the surveys are conducted, due to the lack of baseline information.

The geographic spread of enumerators deployed captures a wide range of locations. Whilst the overall results cannot be deemed as representative, the internal consistency of data collection in each country and at the regional level suggests that the current sampling framework produces findings of practical value.

While every attempt was made to capture all types of locations, the operational reality of fieldwork was confronted with different levels of accessibility of BCPs and other transit and stay locations, including the different availability of possible target individuals to comfortably spend 10-20 minutes responding to the questionnaire depending on a mix of personal conditions. Other factors more related to the conditions at a specific location and period, such as organizational changes in the entry and transit areas from national authorities, or weather conditions, also play a role.

DTM

Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. The survey form was designed to capture the main displacement patterns of refugees of any nationality fleeing from Ukraine because of the war. It captures the demographic profiles of respondents and of the group they are travelling with, if any; it asks about intentions relative to the intended destinations and prospects in the country of displacement; it gathers information regarding a set of main needs that the respondents expressed as more pressing at the moment of the interview.

Since the onset of the war in Ukraine, several IOM's DTM tools were deployed in countries neighbouring Ukraine and in other countries particularly impacted by the new arrivals of refugees from Ukraine.

For more information, please consult:

<https://dtm.iom.int/responses/ukraine-response>