Regional Refugee Response for the Ukraine Situation

SLOVAKIA
SEPTEMBER 2024

MULTI - SECTOR NEEDS ASSESSMENT

ANNEX REPORT | OLDER PERSONS

Bratislava, Slovakia. Integration activities with refugee older persons supported by Sme Spolu ©SmeSpolu

Since February 2022, Slovakia has experienced a significant influx of individuals seeking refuge due to the escalation of the war in Ukraine. Over two million Ukrainians and third-country nationals (TCNs) in need of international protection have crossed the borders into Slovakia, with 80% of them being women and children. Among the refugees from Ukraine are older adults, persons with disabilities, and those with urgent healthcare needs. The Government of Slovakia has commendably kept its borders open, and national and local authorities have promptly responded to the large number of arrivals. Local communities have also shown a welcoming attitude, with humanitarian organisations, civil society, the private sector and community volunteers providing substantial support at border reception points and in urban areas.

Despite the favourable protection environment for refugees in the country, significant challenges persist. These include addressing long-term accommodation, education, employment, livelihoods and access to quality healthcare.

Within the framework of the Regional Refugee Response Plan (RPR) for the situation in Ukraine, specifically within Slovakia's RPR, the Inter-agency Multisectoral Assessment Team conducted an annex analysis based on the Multi-sector Needs Assessment (MSNA) carried out in Slovakia in 2023.

Based on a focused analysis of the MSNA, this report presents an overview of the situation and needs of refugees from Ukraine over 60 years old (older persons) and their families who have fled to Slovakia due to the ongoing conflict in their country of origin. The analysis is presented across sectors, based on the MSNA 2023 collected information, and complemented with information from secondary sources, such as focus group discussions (FGD) and previous analyses.

Profile & needs overview

This section discusses the demographic profile and outlines the articulated needs of the interviewed households' (HH) members, including a comparison of HH in relation to the presence of an older person.

The assessment covered a total of 819 HH with 1.853 members, of whom 30% reported at least one member over 60 years old. In addition, a total of 17% HH members reported being older persons; among them, 67% were women, and 33% were men.

	HH (n=819)	HH members (n=1.853)
Older persons	30%	17%
Not older persons	70%	83%

Regarding the profile of the HH, as presented in the previous Annex report on Persons with disabilities[1], a direct correlation between age and disability is observed; 28% of the families with at least one older person reported a member with a disability.[2]

	HH with an older person	HH without an older person
HH with a person with disability	28%	6%
HH without a person with disability	72%	94%

From the analysis it can be observed that HH with no persons over 60 years old have a higher presence of children. In addition, 12% of HH with an older person reported that the elderly person was the head of the household.

	HH with an older person	HH without an older person
HH with children	34%	58%
HH without children	66%	42%

Priority needs

The 2023 MSNA highlighted specific priority needs for the refugees coming from Ukraine, including access to healthcare services, employment and livelihoods, language courses, accommodation options, food and medicines. A comparative analysis of data between HH types shows that slightly more priority needs were reported by HH with at least one member over 60 years old (84%) compared to without (82%). In both types of HH, healthcare needs appear as the first priority, reported on a much larger scale in those with at least one older person (57%). However, differences were observed in the rest of the reported needs. The analysis shows that HH with at least one member over 60 years present more needs for basic items (medicines and food), compared to the reported needs of those HH without older persons (employment and language courses).

Priority needs	HH with an older person	HH without an older person
No needs	16%	18%
With reported needs	84%	82%
Healthcare services	57%	27%
Medicines	32%	8%
Food	21%	12%
Employment/livelihoods	18%	27%
Accommodation	11%	17%
Language courses	10%	24%
Sanitation hygiene products	9%	7%
Education for children	3%	11%

Protection

Differences were identified in the comparative analysis of reported awareness of protection services in the area of residence. In general, HH with no older person reported being more aware of protection services (mainly state social services) than those with a member over 60 years old. The largest difference is observed in knowledge about safe spaces; only 29% of HH with an older person reported being aware of these services in their neighborhood.

Awareness on protection services	HH with an older person	HH without an older person
None	6%	5%
State social services	63%	64%
Legal services	35%	39%
Safe spaces	29%	37%
PSS mobile teams	20%	20%
Daycare children	10%	12%
Don't know	12%	17%

Additional analysis on social cohesion presents possible tensions with the host community reported by respondents. In general, HH with no family member over 60 years old reported a slightly higher percentage of hostile behavior from the host community. The difference in the reported

1 MSNA Annex report on Persons with disabilities: online
2 Person reported having a disability level 3 or above: the level of severity of a difficulty reported by a person is "a lot of difficulty" or "cannot do at all" – as per the Washington Groups Short Set (WG-SS), online

tensions might be related to the profile of this type of HH, with a greater presence of children, could be linked to greater tension with the local community.[3]

Hostile behavior	HH with an older person	HH without an older person
No	75%	69%
Yes	24%	29%
Do not know	0%	0%
Prefer not to answer	1%	1%

The assessment also looked at the assistance provided, and the level of satisfaction reported by respondents. Important differences were observed from the comparative analysis: HH with no members over 60 years old reported receiving less assistance, possibly as a result of the targeted assistance in the country towards the most vulnerable groups, such as older persons.

Satisfied with aid received	HH with an older person	HH without an older person
Satisfied	74%	56%
Dissatisfied	7%	4%
Assistance not received	16%	37%
Prefer not to answer	1%	1%
Do not know	2%	2%

In particular, respondents were asked if they encountered any challenges accessing information needed (including information on rights and entitlements, access to services). In general, no major issues were reported on accessing information, however, HH with an older member presents more challenges.

Challenges accessing information	HH with an older person	HH without an older person
No challenges	**71%**	**76%**
Faced challenges	30%	26%
Prefer not to answer	1%	0%
Do not know	4%	3%

This may represent a challenge for humanitarian actors to diversify and better target information, as older persons may have limited access to online tools provided, for example, through web applications and portals and/or because they are generally not knowledgeable about the use of information and communication technologies (ICTs). This is also reflected in the analysis of the channels preferred by respondents to receive information, which in the case of HH with an older person show a greater preference for interaction with people to obtain information than for digital platforms.

Preferred information channels	HH with an older person	HH without an older person
Call center / Helplines	40%	27%
Face to face	40%	29%
SMS	25%	15%
Telegram	23%	44%
Facebook	23%	25%
Official websites	13%	20%

Economic vulnerability & livelihoods

Significant differences were obtained from the analysis of the main source of income of the HH in the last 30 days. Less than one-third of the HH with an older person reported receiving income from formal employment in Slovakia, with social protection assistance from the Slovak government being the most cited source of income for this type of HH.

Main sources of income	HH with an older person	HH without an older person
Employment host country	28%	63%
Social protection host gov	44%	14%
Social protection UKR gov	17%	4%
Other sources	43%	23%
Do not know	2%	1%
Prefer not to answer	3%	4%
No income	10%	15%

The comparative analysis also shows that HH with a person over 60 years old tend to make less use of financial services, such as a bank accounts or accounts at a formal financial institution in Slovakia. Only 68% reported having access to a bank account, compared to the 80% reported by HH without an older person.

Access to bank account	HH with an older person	HH without an older person
Yes	68%	80%
No	32%	18%
Do not know	0%	1%
Prefer not to answer	1%	1%

3 MSNA Annex report on Families with Children - online

In addition, regarding the changes on the HH income in 2023 compared to 2022, HH with an older person reported more negative balance, compared with the other type of HH.

Change on income compared to 2022	HH with an older person	HH without an older person
Fewer	37%	33%
More	13%	16%
Same	38%	39%
Do not know	11%	9%
Prefer not to answer	1%	3%

Overall, regarding the analysis of food consumption, the majority of HH obtained an acceptable food consumption score (FCS)[4] result with around 93% in the case of HH with a person over 60 years old. Nevertheless, the comparison of borderline or poor food consumption scores presented higher results on HH with an older person (7%), compared to the 1% in the case of HH with no older member.

Food consumption score	HH with an older person	HH without an older person
Acceptable	93%	98%
Borderline	5%	1%
Poor	2%	0%

Healthcare

Access to healthcare services was reported by HH as a first priority need in general, but even higher for HH with a person over 60 years old (57% of HH – see page 3). Moreover, the analysis shows healthcare needs were cited more in HH with an older person, but also fewer challenges were reported when accessing the required services.

At least one member with a health problem	HH with an older person	HH without an older person
Yes	66%	39%
No	34%	61%

Able to access healthcare services (only for those HH reporting Health problems)	HH with an older person	HH without an older person
Yes	90%	58%
No	10%	42%

Regarding the results related to mental health and psychosocial problems,[5] differences were observed in the comparative analysis. Generally, more mental health and psychosocial problems were reported by HH with a member over 60 years old.

Mental health and psychosocial problems	HH with an older person	HH without an older person
Yes	40%	26%
No	58%	73%
Do not know	1%	0%
Prefer not to answer	2%	1%

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

Accommodation

Results from the analysis show own accommodation[7] as the most common type of accommodation cited by respondents at the time of the interview, as reflected in the table below. However, collective sites, hotels and hostels were reported by 36% of HH with an older person, which can represent a concern regarding the possible protection risks when staying in this type of accommodation.[7]

Type of accommodation	HH with an older person	HH without an older person
Own accommodation	42%	49%
Collective site	25%	22%
Shared accommodation	21%	17%
Hotel/ Hostel	11%	10%
Other	2%	2%

Overall, HH reported relying on government support for their accommodation in Slovakia. Further analysis shows that HH with an older person receive the accommodation government subsidy to a greater scale compared to those without an older person.

Accommodation arrangement	HH with an older person	HH without an older person
Government subsidy	85%	79%
Partial payment by HH	4%	9%
Full payment by HH	3%	8%
Free hosted	2%	4%
Partial payment hosted	1%	1%
Subsidized by employer	1%	1%

4 Food Consumption Score FSC: online
5 The MHPS problem was assessed at the individual level on the report of feeling so upset, anxious, worried, worried, restless, agitated, angry, or depressed that it affects the person's daily functioning.
6 Own accommodation including rented apartments, houses, guesthouses, etc
7 Site Mapping and Monitoring – Analysis on collective accommodation

Regarding short-term accommodation plans, HH with an older person reported lower levels of uncertainty about their situation for the coming months and higher secure of tenure for the next 3 months or longer (64%), compared to the other type of HH (60%).

Secure of tenure	HH with an older person	HH without an older person
For 6 months or longer	43%	46%
For 3-6 months	21%	14%
For 2-3 months	5%	5%
For the coming week	2%	2%
For one month	1%	4%
Prefer not to answer	0%	1%
Not sure	28%	29%

Conclusions

The MSNA annex report on refugee older persons and their families aims to support an evidence-based humanitarian response in Slovakia, taking into account the characteristics of the different vulnerable groups, their situation and needs. In this regard, this analysis provides an overview of the challenges faced by HH with older persons.

The analysis indicated that access to health is the top priority need reported by all types of HH, especially by those with a person over 60 years old (57%). Data indicates the following outcome can be expected; In Ukraine, healthy life expectancy at birth was 61.6 years in 2021,[8] with a significant gender gap (58.6 for males and 64.4 for females.) In Slovakia, the older population is slightly healthier, with 64.9 years of healthy life expectancy (63 for males and 66.9 for females).[9] This suggests that older refugees from Ukraine have a slightly higher need for healthcare services. Additionally, the traumatic experience caused by the war and refuge, as well as the postponement of healthcare needs due to the reported difficulties in finding the appropriate doctor, may have caused more health problems for the refugee population.

In addition, HH continue to report basic needs, such as medicins and food, among priority needs, showing that some basic needs are not met by refugees, particularly among HH with older persons. In addition, it is observed that two out of three HH with an older person presented healthcare needs, and 40% reported mental health and psychosocial problems. Yet, this type of HH presented fewer challenges in accessing the healthcare system; which may be related to their need of using these types of services frequently, being more aware and familiarized with them, or living in accommodation types where health services are provided.

The targeted assistance in Slovakia towards vulnerable groups is also reflected in the analysis. Only 16% of HH with an older person reported not having received any assistance in the last 30 days, compared to the other type of HH (37%). However, the situation remains concerning for HH with a person over 60 years old: 44% of them reported social protection support from local government as the main source of income, and 37% presented a negative balance on their income compared to 2022.

The analysis also shows the need for diversifying and better targeting information provision. Digital platforms and social media are not frequently used by older persons; only 23% of HH with a person over 60 years old reported using Facebook or Telegram as a preferred channel for information provision. In addition, 30% of this type of HH reported challenges when accessing information about assistance. The preference for channels with personal interaction shows the need to maintain a wide range of options to ensure vulnerable groups are considered, such as Helplines and kiosk at the Blue dots.[10]

Intersection of age and disability

As already discussed in the MSNA Annex Report on People with Disabilities, the experience of disability and aging is multi-factorial and dependent on wider social, cultural, structural, and environmental factors. An accumulation of health risks across a lifespan of disease, injury, war related trauma and stress, and chronic illness contributes to the higher disability rates among older refugees.

As presented in the table below indicating distribution by age group of household members reporting disabilities, at any severity level, the majority of physical or mental impairments appear in the oldest age group.

Difficulty / Age groups	HH members 5-17 y.o.	HH members 18-59 y.o.	HH members 60+ y.o.
No reported disability	90%	84%	42%
With a reported difficulty	10%	16%	58%
Seeing	60%	67%	52%
Hearing	0%	6%	12%
Walking	15%	26%	58%
Remembering	10%	8%	20%
Self-dressing	13%	3%	9%
Communicating	17%	3%	4%

8 World Health Organization Data for Ukraine https://data.who.int/countries/804
9 World Health Organization Data for Slovakia https://data.who.int/countries/703
10 Blue Dots - online

The accumulation of factors such as old age and disability contributes to escalated vulnerability not only for the individual but for the whole household due to the care obligations for the older person with a disability, which are not supported by external care provision. Unmet needs for social services targeted at the oldest population are a long-term problem in Slovakia. According to the Ministry of Labour, Social Affairs and the Family (MoLSAF) of SR, in 2022, there were 15,182 requests for a residential facility for seniors; only half received a place.[11] To facilitate access for refugees to social services, the MoLSAF issued a guideline for municipalities and social service providers to ensure the immediate provision of social services to persons arriving from Ukraine who have applied to the granting of the provision of temporary refuge. However, according to the statistics provided by MoLSAF , only 46 refugees from Ukraine were placed in social service facilities in 2023 (there is no information available about the type of those services).

In this regard, a tailored and inclusive approach to assistance programmes and support measures is crucial for an effective response targeting the older population of refugees, taking into account their specific characteristics, situation and needs. Nonetheless, promoting and protecting the rights and dignity of older persons and facilitating their full participation in society is an integral part of the pursuit of the 2030 Agenda for Sustainable Development, which pledges that no one will be left behind.

11 *Report on the social situation of the population of the Slovak Republic for the year 2022*

THE MSNA WAS CONDUCTED IN THE FRAMEWORK OF:

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