INTRODUCTION

Organized in Bratislava, Slovakia under the 2023 Slovakia Regional Refugee Response Plan and co-facilitated by UN Women and Mareena, a half-day consultation was held with local women’s led organizations (WLOs), women’s rights organizations (WROs), and other organizations working on gender equality in the Ukraine refugee response. 12 representatives from 11 organizations, including one UNHCR representative, were in attendance. The aim of the consultation was to bring together women’s organizations and those working on gender equality to identify common challenges, lessons learned and opportunities as well as recommendations for strengthening gender mainstreaming in the refugee response in Slovakia.

More specific objectives of the consultation included:

- Providing a platform for women’s organizations to share their experiences, best practices, and challenges in responding to the Ukraine refugee crisis in Slovakia one year after the full-scale Russian invasion of Ukraine.
- Identifying funding gaps and opportunities for strengthening the response to the needs of women and girls affected by the Ukraine refugee crisis in Slovakia.
- The development/validation of a set of recommendations and strategies for improving the response to the needs of women and girls affected by the Ukraine refugee crisis in Slovakia.

The consultation was made possible with the financial support of the U.S. Department of State Bureau of Population, Refugees and Migration. The following is a summary of key findings and recommendation from the consultation, which can be used to inform ongoing and future refugee response efforts in Slovakia.
• Ensuring professional qualification recognition in all sectors remains a challenge to employment. However, in some sectors, measures have been taken to address barriers in qualification recognition, demonstrating that this is possible.
  - **Good practice:** UNICEF launched a program which enabled Ukrainian pediatricians to get full recognition and qualifications to practice in Slovakia.

• There are limitations to livelihoods stemming from the Temporary Protective Status directive. Under the current residence act, Temporary Protection (TP) holders are not allowed to be self-employed or run a business, although this limitation may be lifted under the new government and discussions are ongoing. TP holders also cannot be employed longer than the validity of their permission document.¹ Financial pre-requisites for self-employment may be out of reach for refugees. For example, women refugees wanting to self-employ in the beauty industry are required to have enough funds to cover costs for a 12-month period for them and their children, and many cannot meet this requirement.

• Language remains a barrier to employment. As of 2023, many language courses are available including in rural areas, and interest remains high. This is an improvement over 2022 when limited places were available and courses were overbooked. However, unless there is a minimum number of students, courses do not run, which is a challenge in less populated areas.
  - **Good practice:** Some employers offer language courses.

• Lack of access to childcare has been somewhat addressed but remains a challenge. For example, limited hours of day care, for example closing at noon or 3pm, may still make it difficult for women to take on full-time work, and part-time work is not a standard practice in Slovakia.
  - **Good practice:** The opening of 3 free childcare centers in Bratislava which are available from early morning to noon.
  - **Good practice:** Refugees from Ukraine have self-organized childcare groups among their communities.

• The Uncertainty of many refugees concerning their length of stay and desire to eventually return to Ukraine may reduce the motivation of refugees to pursue full time employment, so many seek short-term work. Many refugee women may choose to work in the informal sector, which gives them the flexibility to leave on short notice but may come with protection risks.

• Lack of access to information can increase risks for abuse and exploitation. In some cases, refugee women have signed work contracts in a language they do not understand, only to find out that they do not have appropriate protection clauses. This results in them working illegally, not getting paid, or otherwise being exploited. While legal support is available, it is more accessible to women living in cities as opposed to those living in remote areas.

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**MORE ON LABOR EXPLOITATION OF REFUGEES FROM UKRAINE:**

- Illegal work and labor exploitation are faced more in the east than the west of the country. Most areas of labor abuse are in the areas of construction, industrial production, hospitality, logistics, and agriculture.
- Information on labor laws and standards exists and is available, but it is fragmented, and may include unverified and contradictory information. The information available is also often conflicting, making it difficult to identify actual practices and standards.
- Labor discrimination is acute against Roma refugees, however no comprehensive study has yet been conducted to document this.
- Middlemen and/or job agencies often sell services that are not needed, and profit from the misinformation.² While this problem pre-existed the refugee crisis, it has since grown and remains widespread.
  - **Good practice:** Local organizations have set up Telegram channels where they provide vetted legal information to refugees and try to collect the names of and take action against fraudulent job agencies.

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**RECOMMENDATIONS:**

- Prioritize efforts to recognize professional qualifications among refugees to enhance pool of professionals in Slovakia.
- Lower barriers to self-employment to expand options for securing sustainable livelihoods among refugees.
- Create a centralized source of labor information about labor rights and laws that is accessible to all refugees in their language(s).
- Identify and take appropriate action against actors or agencies that exploit refugees seeking work.
- Continue to offer online language courses during flexible hours to address needs of persons with mobility restrictions, caregiving responsibilities or employment.
- Empower refugees from Ukraine to establish formalized refugee-led childcare services, in order to respond to needs and reduce risks inherent in informal arrangements.

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¹ Initially documents were only valid for 2-3 months, and employers faced legal limits on the number of contract renewals possible.
² For example, in healthcare, a middleman agency offers to help obtain a diploma or professional qualification and then clients are obliged to pay part of their salaries to the agents.
RECOMMENDATIONS:

- Strengthen coordination and harmonization of cash distribution and management systems – consider establishing a one-stop shop.
- Increase the base amount of social assistance to enable refugees to cover basic needs and develop targeted social assistance programs for those with larger families or other types of increased need.
- Cash-based assistance (CBA) is available to refugees and is more targeted than at the beginning of the response.
- While several organizations distribute cash, there is need for greater coordination and harmonization among them.
- The amount offered by CBA programs, generally amounting to 80 Euro per month, compared to the cost of living means many refugees cannot cover their costs.
- There is a lack of sufficient assistance for some vulnerable groups. For example, severely disabled refugees may not be recognized as disabled in Slovakia and thus are not eligible for humanitarian grants from the Labor Bureau.
- Good practice: Some agencies have found interim solutions to allow people with disabilities to apply directly for humanitarian grants.

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CASH-BASED ASSISTANCE

ACCOMMODATION

- Accommodation remains a challenge for refugees, including for single mothers with one child. This is because landlords get money based on the number of residents. Because of this, landlords prefer to accommodate larger families. If single mothers self-organize to live together – this may be overcome this challenge- but there are protection and other risks associated with living with strangers.

RECOMMENDATIONS:

- Provide targeted support to those needing accommodation support, including single mothers with children.

GOOD PRACTICE: Some agencies have found interim solutions to allow people with disabilities to apply directly for humanitarian grants.

GENDER-BASED VIOLENCE

- GBV services for survivors are limited in Slovakia, and existing services do not necessarily cover the protection needs of refugees from Ukraine. As such, actors are both working to respond to the immediate needs of survivors as well as to strengthen the GBV protection system. Shelters exist but there are limitations on criteria for admission, for example related to the type of violence experienced and profile of the survivor.
- Donor funding is short term, focusing on projects for refugees. However, building a GBV response system requires a longer time frame, for example 3 years, and re-structuring of GBV services in Slovakia more generally. As such, CSOs working on GBV have not received the proper resources and funding to be able to move beyond a crisis response mode to work more strategically and to plan beyond a 6-month funding window, or to adapt and expand their organizational structure to support a more sustained response.
- A nationwide mapping of GBV services is not yet complete, although several mapping efforts have been initiated. Currently, UNHCR conducts GBV mapping alongside PSEA mapping. GBV referral pathways have been created in certain regions but there is missing information in the center of the country. In the meantime, CSOs contact their individual networks for referrals.
- According to CSOs, there is no national strategy on GBV response, no GBV focal points, and no time to coordinate amongst GBV actors, which makes it difficult for CSOs to work effectively.
- There is no national-wide data on GBV, which limits CSO’s ability to identify areas of priority action, raise funds and which impacts their ability to respond.
- Good practice: The refugee crisis has created an opportunity to improve the Slovak GBV response infrastructure, as GBV projects targeting refugees from Ukraine have been more productive than comparable initiatives for GBV response in Slovakia.
For example when Ukrainian refugees asked for a list of LGBTQIA+ friendly doctors they were told it doesn’t exist.

**RECOMMENDATIONS:**

- Expand **scope of GBV services** in Slovakia to address diverse groups of survivors including refugees. This includes expanding admission criteria to existing services or creating targeted services to address unmet needs.
- **Invest in strengthening GBV response services nationwide**, including through provision of multi-year funds to support systems building.
- **Draft a national GBV response strategy**, to strengthen response including capacity, funding, coordination and referrals.
- Carry out a nationwide mapping of GBV services and **address gaps in referral pathways**.
- **Strengthen national information management systems on GBV** in line with global standards and ethical considerations.

**HEALTHCARE INCLUDING SEXUAL AND REPRODUCTIVE HEALTH (SRH) AND MENTAL HEALTH**

- Healthcare capacity and access to healthcare including for sexual and reproductive health and mental health in Slovakia faced challenges prior to the refugee crisis, which have been **further strained by increased demand**.
- **Slovakia lacks doctors and mental health professionals**, and Ukrainian doctors and mental health professionals are facing challenges in obtaining recognition of their professional qualifications.
- **There is a lack of clarity on what health insurance covers beyond emergency services**, in particular coverage for preventative treatment creates barriers to access.
- **CSOs have faced challenges in mapping affordable service providers and identifying hospitals that agree to have specific hours for refugees** so they can get the services they need, including interpretation.
  - **Good practice**: While the lack of financial stability to invest in a strong healthcare system, combined with a lack of professionals remains a challenge, the refugee crisis has created opportunities to improve the provision of SRH and MHPSS services in Slovakia, by raising awareness about the importance of these services.
- **There are limited specialized services and coordination mechanisms** to respond to healthcare needs of LGBTQIA+ refugee populations, creating barriers to access for this community.

**RECOMMENDATIONS:**

- **Expand the capacity of the healthcare system and networking hospitals** to enable refugees from Ukraine to access their services.
- **Incorporate qualified medical professionals from Ukraine into the Slovak system** including by lowering the administrative and procedural barriers for professional recognition.
- **Expand healthcare coverage to include prevention** and clarify scope of health insurance coverage.
- **Invest in building and expanding specialized healthcare services for LGBTQIA+ populations** not only for refugees from Ukraine but for all LGBTQIA+ individuals in Slovakia.
- **Strengthen and/or expand sexual and reproductive health and mental health services for refugees**.

**EDUCATION**

- **It is not mandatory for refugee children to be enrolled in Slovak schools**. Many Ukrainian children are enrolled in the Ukrainian education system and participate online while some children are attending both in person Slovak and online Ukrainian schools. **Some reports have found that children who only attend online lessons are lagging, especially those under 12 years.**
- **There is no tracking of refugee children pursuing online education** which makes it difficult to understand their education needs and to assess the most effective way to support them and their caregivers.

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³ For example when Ukrainian refugees asked for a list of LGBTQIA+ friendly doctors they were told it doesn’t exist.
Collaboration and Coordination Recommendations:

- **Introduce a system to identify children attending online classes** in order to better support them and their caregivers.
- **Facilitate integration of refugees into Slovak schools**, including by building capacity of teachers on refugee education and supporting catch up and integrated classrooms.
- **Facilitate recognition of qualifications among refugees with a professional background in education** and integrate them into the Slovak school system.
- **Enhance scope of day care services**, as well as supervision for children attending online school to enable caregivers to access employment and services.
- **Strengthen collaboration between CSO and government actors** to build trust and ensure complementarity in services offered to meet the education needs of refugees.

- **Good practice**: NGOs are responding to gaps in the education system, for example by providing non-formal education and leisure activities for children through community centers and similar programs.

Lack of access to pre-school was a problem in Slovakia prior to the refugee crisis and remains so.

- Single parents who must care for their children at home face barriers to accessing livelihood and services. This includes caregivers of younger children who need day care or older children who need supervision while studying online from home.
- Children with disabilities and special needs, both refugees and Slovak - face barriers to entering and following schooling in the Slovak system.

Collaboration and Coordination

- Refugee-led organizations face administrative barriers to establishing themselves as independent entities, making it difficult to be registered, access funds, and have a voice. **Ukrainian organizations are thus dependent on Slovak organizations to support their activities** which may lead to power imbalances.
- In Slovakia, there are no systematic efforts of collaboration between CSOs and government, and CSOs may be perceived as carrying out parallel work.

Recommendations:

- **Create opportunities for Slovak and Ukrainian organizations to proactively work together**, to advocate for inclusion, and remove barriers faced by Ukrainian organizations to work independently.
- **Create forums to strengthen coordination, collaboration and trust building** between government and CSOs.
- **Invest in building the institutional capacity of CSOs**, including through funding core staff and internal administrative systems.
- **Enhance quality of coordination forums** by creating space for more substantive discussions and experience exchange (e.g. on protection issues, structural issues, institutional growth and resource mobilization).

Funding

- The short-term nature of humanitarian funding and the lack of long-term funding makes it difficult to ensure the sustainability of projects.
- A lack of flexibility in funding modalities makes it difficult to adapt programs to changing needs.

Recommendations:

- **Invest in long term funding** to support more sustainable and effective responses.
- **Introduce flexible funding** to enable organizations to respond to the shifting/evolving needs of refugees.
CONCLUSION

In conclusion, the consultation with WLOs, WROs, and other organizations working on gender was a valuable opportunity to engage directly with local organizations and gain further insights on the challenges and opportunities being faced in the refugee response, and what actions are recommendations to improve the response generally and from a gender perspective. Representatives were meaningfully engaged throughout the workshop and expressed interest in future follow up actions. UN Women will support advocacy efforts amplifying the recommendations among key stakeholders.