

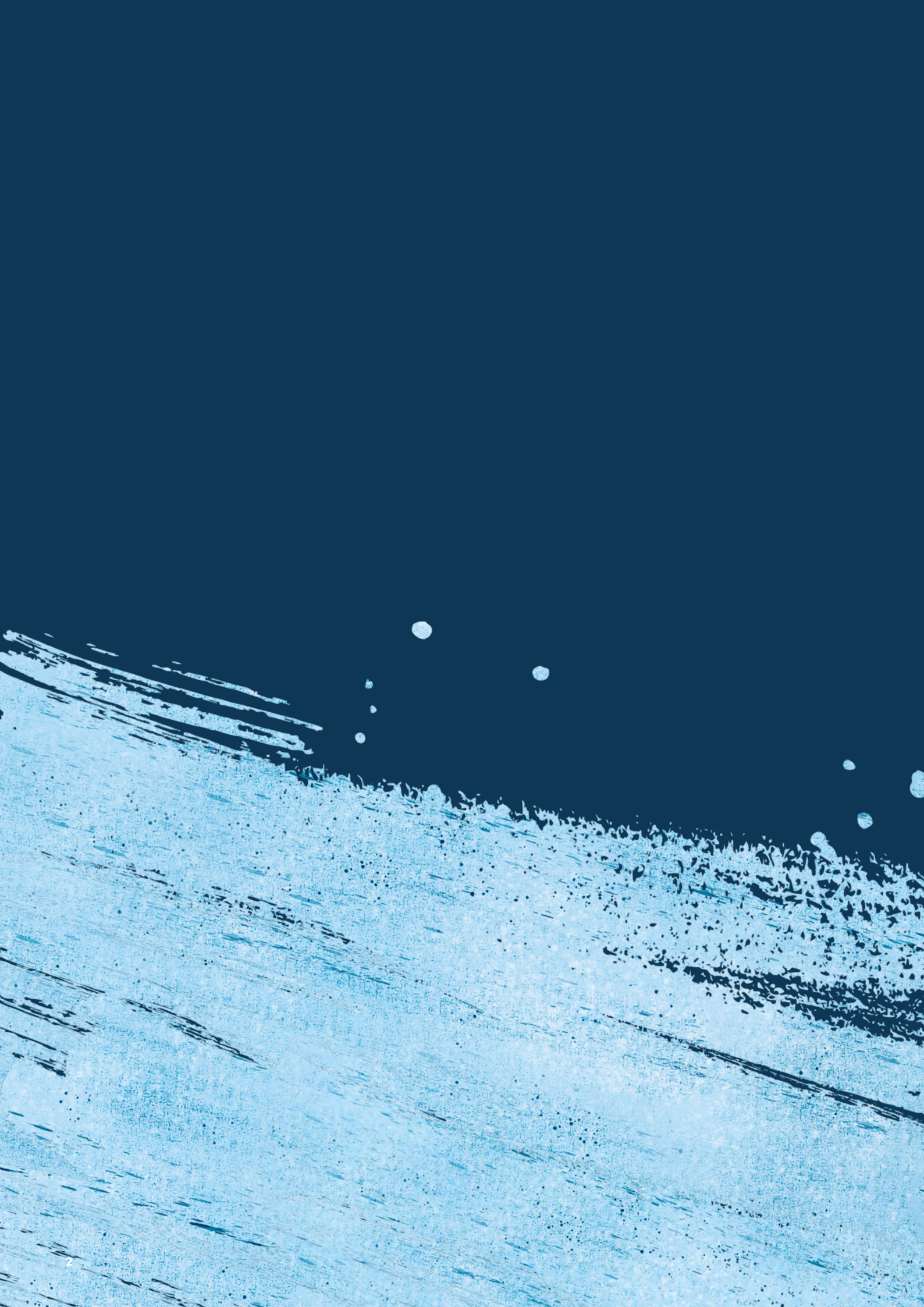
A stylized illustration in shades of blue and red. It depicts three individuals: a man on the left in a red jacket with a Red Cross emblem, a woman in the center with short white hair wearing a white t-shirt, and a woman on the right with long dark hair wearing a red jacket with a Red Cross emblem. They are gathered around a table, looking at documents. The background is a textured blue.

# Cash Assistance for Refugees with Non-Communicable Diseases in Slovakia

Cash and Voucher Assistance in Health

POST DISTRIBUTION MONITORING REPORT





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# Introduction

As of 29th of February 2024, over 139,000 displaced Ukrainians have requested Temporary Protection (TP) in the Republic of Slovakia, with 36% being male and 64% being female, from which 68% being adults and 32% being children. With only around 5.5 million inhabitants, the country has struggled to host the comparatively large number of displaced people from Ukraine<sup>1</sup>. According to the most accurate data available, an estimated 47% have found private accommodation, while 24% are in collective sites managed by local authorities and 18% live in shared accommodation, for example with host families<sup>2</sup>.

The International Federation of the Red Cross and Red Crescent Societies (IFRC) has launched a regional Emergency Appeal to ensure coverage of the basic needs of displaced people from Ukraine. This includes programs and services to assist in healthcare access for Ukrainians and third country nationals.

In Slovakia, the health system runs on the necessity of insurance coverage for access to free healthcare. Displaced people from Ukraine and third country nationals aged 18 years and older residing in Slovakia with TP status did not automatically qualify for free healthcare. Only TP status holders under 18 as well as TP status holders engaged in full-time employment can access insurance, effective from 1 January 2023.

In June 2023, the Government of Slovakia announced that this will change from September 2023 with a new legislation that would permit all adults to be covered with health insurance reimbursement scheme that would allow for access to healthcare services, including medication. However, it took several weeks to implement this throughout the country fully. This approach guarantees that adults with TP status should have easier access to general practitioners, but available medical services are insufficient to serve even the local population.

Since the implementation of the healthcare access through insurance reimbursement legislation in September 2023, all displaced people from Ukraine and third country nationals with TP status in Slovakia have been granted access to healthcare services. However, there are no clear guidelines on which medications and medical procedures are under this scheme. This caused a level of confusion for both displaced people from Ukraine and other people on the move as well as the medical personnel in hospitals, clinics and pharmacies. Efforts are underway to raise awareness of the rights to healthcare access; however, more action is required

at both the community and governmental levels. SRC is providing information to enhance awareness through its HSPs and branches, as well as through helpline workers who are available to address any questions from the community.

SRC identified that displaced people from Ukraine with chronic illnesses face particular barriers when it comes to accessing health services in Slovakia. These are mostly language barriers, information gaps, and higher monthly costs for medicines, health treatments and examinations due to bureaucratic difficulties with insurance.

In response, SRC and IFRC designed an innovative cash for health program to support TP status holders with non-communicable diseases who were not covered by health insurance. The amount of financial assistance provided was EUR 60 per month for three months with a possible extension for an additional three months for the most vulnerable individuals. The financial assistance was eligible for spending on medicines, treatment costs and other health-related expenses.

After months of preparation, the program was successfully launched in mid-2023. SRC trained staff in its thirteen main branches on the new AccessRC application so they could support displaced people by signing up for assistance. People covered by the national health insurance resulting from an employment in Slovakia were not eligible for this support. All applications were cross-checked with the national insurance system to ensure that support reaches those who need it most.

In total 1,222 people received their first payment in August 2023 through IBAN transfer, MoneyGram Cash or MoneyGram Digital pickup and from November 2023, 767 individuals were identified for extension for an additional three-month support.

1. UNHCR Data Portal for Ukraine Refugee Situation

2. UNHCR, IOM & REACH: Preliminary Findings from Multi-Sectoral Needs Assessment in Slovakia (December 2023)



# Purpose and objectives



*Humanitarian Service Points (HSPs) are neutral and safe places open to all people in need - regardless of their age, gender, nationality or religion.*

**The purpose of this report is to** help guiding the national society in implementation of potential future CVA for health projects and **assess the impact and effectiveness of the cash assistance provided to the displaced population from Ukraine in Slovakia.**

**The objectives of this report are:**

- To assess if the recipients of the cash assistance received the intended amount of the cash and their perception of the mechanism.
- To determine how the recipients of the cash assistance utilized it and to assess its immediate impact.
- To measure the recipients of the cash assistance satisfaction of the overall cash for health intervention and to improve future quality of related intervention.
- To identify shortcomings of the cash for health program and provide recommendations for improvement.
- To build the National Society's capacity in carrying out future PDM exercises through trainings and assistance in data collection, data analysis and writing of reports.
- To review the access to healthcare among the displaced people from Ukraine



# Limitations

**Response Bias:** Recipients of the cash assistance may have provided socially desirable answers or may have not accurately recalled their experiences, which lead to response bias and unreliable results. Recipients of the cash assistance might also have inaccurately reported their experiences due to misunderstandings, memory recall issues, or intentional misreporting.

**Non-Response Bias:** Some recipients of the cash assistance have responded to the survey, which could lead to non-response bias which can skew the results if non-respondents' views differ significantly from respondents' views.

**Baseline Data Availability:** Lack of baseline data makes it challenging to measure changes and impact accurately. Health impact is difficult to concretely report as it is multifactorial.

# Methodology

Data for this report was gathered by utilizing various methods. Initially, surveys were distributed digitally in intervals to gather quantitative data at different stages. Following an initial three-month period, a comprehensive monitoring questionnaire was disseminated to all participants. Subsequently, Post Distribution Monitoring (PDM) surveys were digitally distributed to the recipients of the initial three-month support phase. Furthermore, a second survey was administered after six months to all the participants enrolled in the extended program. Qualitative insights into the program's impact were derived through Focus Group Discussions (FGD) conducted in two different centers, involving both extended and non-extended participants that were selected randomly. Calls were made randomly to all participants and those that confirmed to be able to come to the center on the day of the discussions were chosen.



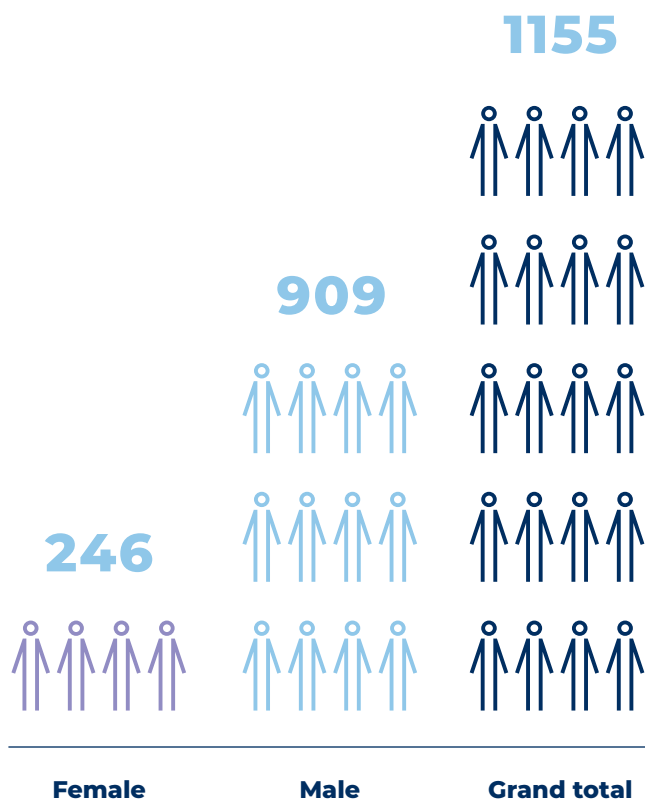
*Slovak Red Cross opened its first HSP in 2022 in Poprad, reflecting the needs of displaced people from Ukraine.*



# Findings

The program reached approximately 1,062 households in Slovakia, benefiting approximately 1,222 individuals, all over the age of 18 years old. Females made up 75% of the participants while males 30%. 277 participants answered the PDM questionnaires while 677 individuals answered the monitoring questionnaire.

UNHCR Data Portal for Ukraine Refugee Situation



## Monitoring questionnaire findings

This questionnaire's objective was to understand the recipients of the cash assistance' access to healthcare after the provision of the financial assistance for the initial three months.

The main question of this questionnaire was if recipients of the cash assistance were registered to a general practitioner (GP)/family doctor in Slovakia. Out of 677 respondents, 660 answered the question, resulting in a high response rate of approximately 97.49%. 336 respondents (49.63%) reported that they were not registered with a public GP in Slovakia and 324 respondents (47.86%) reported that they were registered with a public GP in Slovakia. 49.63% of respondents who were not registered with a public GP may face challenges in accessing primary healthcare services. This could be due to several reasons such as bureaucratic barriers, lack of information, personal preference for private healthcare, or recent migration status. It may also be a sign that during the time of the questionnaire, information on the change of legislation in Slovakia did not reach the recipients of aid recipients of the cash assistance yet or that there was a possible slow implementation phase of the health coverage within the country. The data suggests a need for initiatives which would improve registration rates with public GPs.

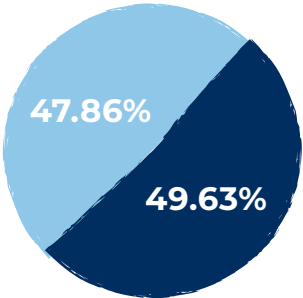
This could include outreach programs to inform people about the benefits of registration with a GP, targeted support to vulnerable groups such as the elderly, with the assistance in the registration process, or addressing specific barriers faced by the non-registered population.



Registration to a public General Practitioner in Slovakia

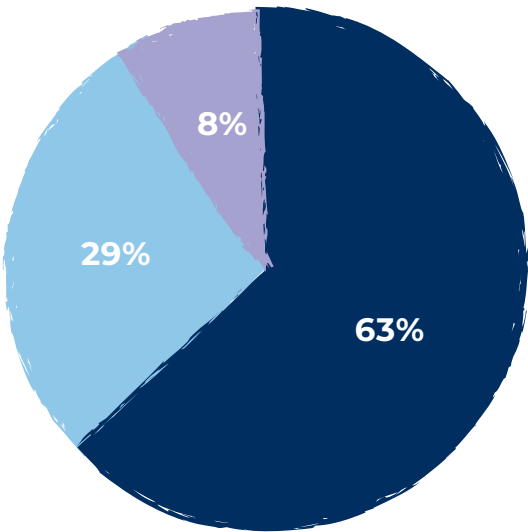
Are you registered to a public general practitioner doctor in Slovakia?

Value	Frequency
No	336
Yes	324



In adjacent to financial barriers, access to information remains one of the main obstacles for healthcare access. 41.95% of respondents stated not having enough information on the Slovak healthcare system. Within the questionnaire, the recipients of the cash assistance were asked if they knew that since September 2023 all Ukrainians and individuals from other nationalities aged 18 and above holding temporary protection status are under the government's healthcare coverage and can access essential healthcare for free, including treatment and medication for non-communicable diseases. 36.19% of respondents answered with no. This highlights the crucial need for a community-based approach to disseminate information to all Ukrainians in Slovakia and to adjust current methods of information sharing to improve awareness among this population.

Access to relevant services when in need of medical attention



In the last 30 days, were you able to access relevant services when you were in need of medical attention?

Value	Number of individuals
No	416
Yes	190
I did not need	54

Within this questionnaire we also asked recipients of the cash assistance if in the last 30 days prior to the questionnaire the recipients were able to access relevant services when in need of medical attention. Most respondents, 61.45% (416 individuals), reported that they were able to access relevant medical services when needed. This indicates that a significant portion of recipients of the cash assistance had satisfactory access to medical attention within the given timeframe. Of the 416 recipients of the cash assistance that were able to access the relevant medical services, 394 individuals reported having accessed these services in Slovakia.



*We provide displaced people with social counselling or access to health care.*

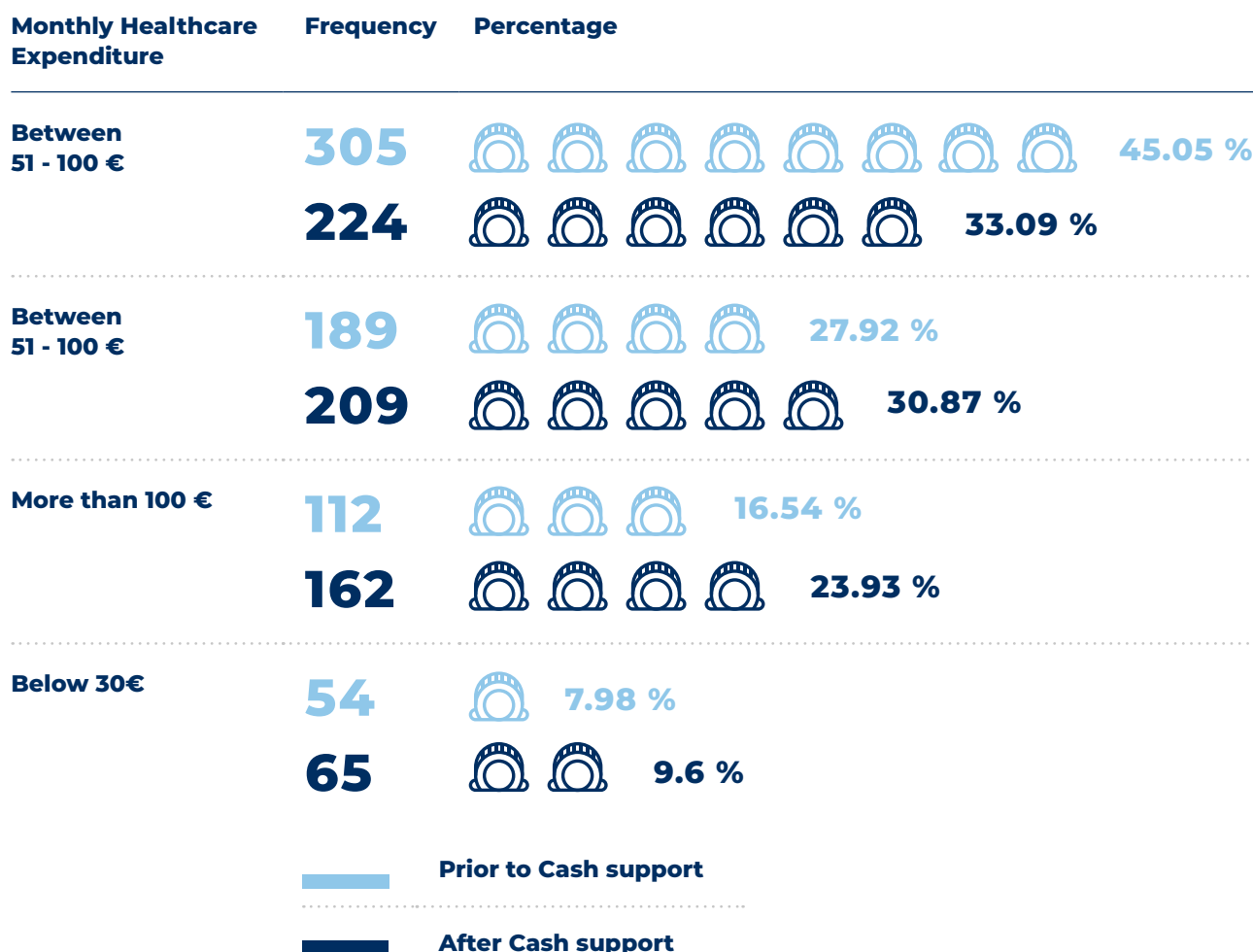
However, a notable proportion, 7.76% (54 individuals), reported that they were unable to access relevant services when needed. This suggests that there are other barriers or challenges than financial barriers preventing some recipients of the cash assistance accessing medical care in a timely manner. Additionally, 28.06% (190 individuals) stated that they were not in need of any medical attention during the specified period. While this is a substantial portion, it's essential to recognize that their circumstances and health conditions may change, and the need for medical attention could arise unexpectedly or these recipients were not in need of regular monthly medical attention.

The findings indicate both positive and concerning aspects regarding access to medical services among the recipients of the cash assistance. While a majority could access services when needed, there is still a notable percentage facing barriers to accessing timely care. Addressing these barriers could improve overall healthcare access and outcomes for the displaced people from Ukraine.

The PDM's questionnaire also investigated the need to see specialists during the three initial months of the program and where the recipients of the cash assistance gained access if needed. A significant proportion of respondents, 75.92%, reported that they needed to see a specialist within the last three months. This indicates a substantial demand for specialized medical services among the recipient of the cash assistance population. Among those who needed to see a specialist, 79.37% were able to do so when needed, which is positive and indicates relatively good availability and accessibility of specialist care within the healthcare system. The data also revealed that a portion of participants sought specialist care outside their country of residence. Specifically, 361 participants accessed specialists in Slovakia, 44 in Ukraine, and 3 in other countries.



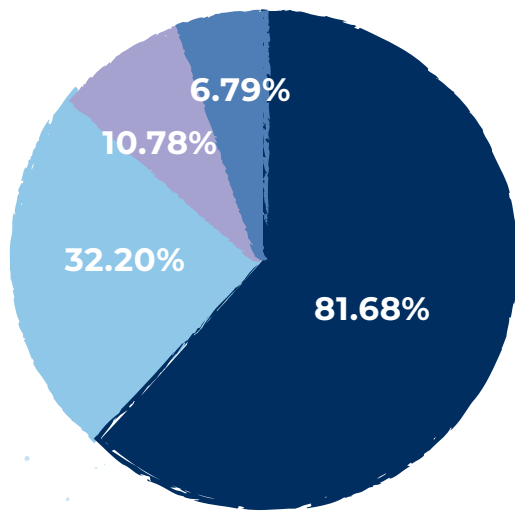
# Monthly Healthcare Expenditure



The data gathered also revealed recipients' purchasing patterns recipients of the cash assistance of prescription drugs specific to their conditions. 66.5% recipients of the cash assistance purchased their medication in Slovakia, 27.92% in Ukraine, and only 3.84% in other countries. While some healthcare-related cross-border movement exists, the numbers suggest that seeking medicines outside of Slovakia is not as prevalent as previously believed.

The analysis of responses related to the question regarding changes in purchasing essential health-related items during the past two months yields significant insights. Among 660 respondents, 49.04% reported maintaining their usual purchasing habits. This suggests a degree of stability in access to essential health items within the recipient of the cash assistance households, despite potential disruptions caused by factors like inflation.

Moreover, a substantial portion, representing 44.46% of respondents, reported purchasing more essential health-related items. This uptick indicates either a heightened awareness of the importance of health provisions, potentially driven by concerns related to the recipients' ongoing health issues, or it could be a result of the program providing additional financial capability for medical-related purchases. A small minority of respondents, only 3.99%, indicated purchasing fewer essential health-related items. While this figure is relatively low, it warrants attention as it points to constraints faced by certain households in maintaining adequate access to health essentials. When we asked what the reasons for this decrease in purchasing were, the main factors mentioned included not being able to afford medical items, a pharmacy being too far or not having needed items, the needed clinic being too far or not being able to afford the required transport.



## Methods of payment for health services

Value	Frequency
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Personal cash	553
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NGO donation	218
--------------	-----

Money loan	73
------------	----

Other	46
-------	----

## Household monthly income

Household Monthly Income	Frequency	Percentage
1 - 200 €	340	50.22 %
201 - 500 €	218	32.2 %
501 - 650 €	56	8.27 %
651 - 800 €	29	4.28 %
More than 801 €	17	2.51 %

The analysis of respondents' healthcare expenditures before and after having received the cash support highlights a significant reduction in out-of-pocket costs. Prior to having received the cash support, 45.05% of respondents spent on healthcare between EUR 51-100 monthly, and 16.54% spent more than €100. After having received the support, spending patterns shifted, with 33.09% spending between EUR 31-50 and only 9.6% spending more than EUR 100. Additionally, the percentage of respondents spending below EUR 30 increased from 7.98% to 23.93%. This indicates that cash support effectively alleviated the financial burden of healthcare costs. Despite this, 81.68% of respondents still rely on personal cash for healthcare expenses, with 10.78% borrowing money, highlighting the ongoing financial strain on households. The data also reveals that 50.22% of households have monthly income of EUR 1-200, correlating with the high reliance on personal funds and the need for borrowing. The average household size is approximately two individuals, indicating that healthcare costs can constitute a significant portion of their limited income. These findings underscore the critical role of cash support in enhancing healthcare affordability and the need for continued financial assistance and policy interventions to support low-income households in managing healthcare costs.

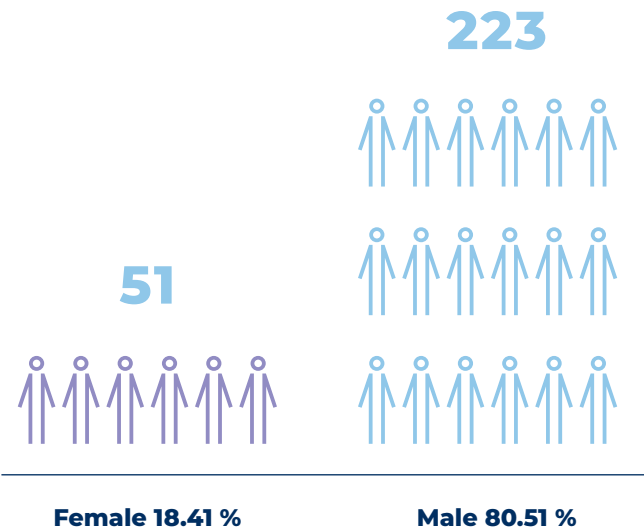


# Post Distribution Monitoring (PDM) results

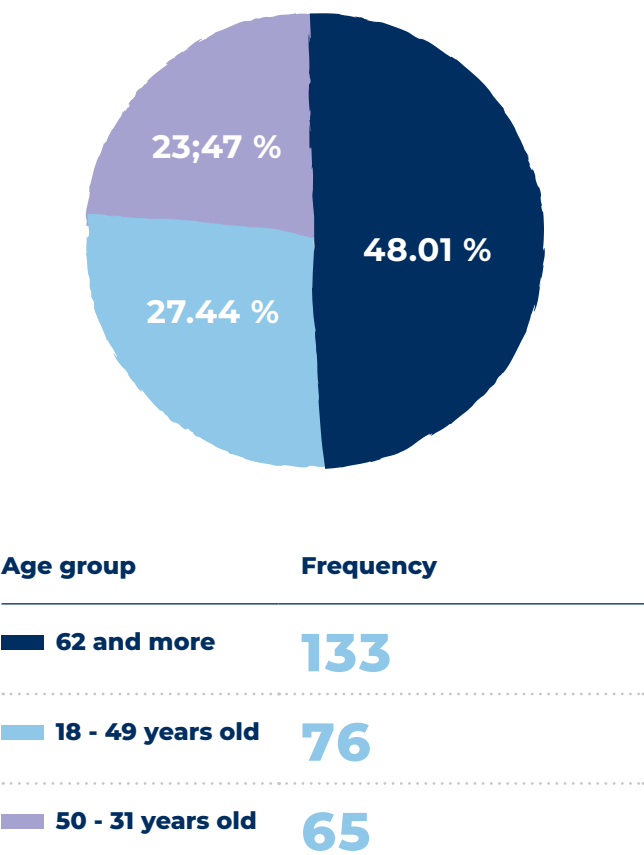
## 1. DEMOGRAPHICS

274 recipients of the cash assistance consented to answering and collecting their information for the PDM questionnaire.

### Gender distribution



### Age distribution



### Household members with disabilities



The data reveals a significant gender disparity among respondents, with females constituting the majority at 80.51%. This might suggest that women are more likely to participate in the survey or could be more affected by the issues being surveyed. However, it must be taken into account that the majority of Ukrainians who migrated to Slovakia are women due to the Ukrainian war time martial law that prohibits men from leaving Ukraine except for exceptional circumstances. Program strategies should consider this gender imbalance and tailor interventions to address the specific needs of female respondents.

A substantial proportion of respondents are elderly, with 48.01% aged 62 and above, indicating specific healthcare and support needs, such as a higher prevalence of chronic conditions and a greater requirement for medical and social services. The remaining respondents are fairly evenly split between the 18-49 years old group (27.44%) and the 50-61 years old group (23.47%), each age group presenting distinct needs and challenges. This highlights the necessity for a diverse range of support services.

The mean number of household members with a physical or mental disability is 0.97, with a median and mode of 1, suggesting that many households have at least one member with a disability. The standard deviation of 0.88 indicates some variability, but overall, the presence of disabilities in households is a common issue. This prevalence underscores the importance of providing targeted support for households with members living with disabilities, including access to specialized healthcare, disability-friendly facilities, and financial assistance.

## 2. IMPLICATIONS

**Targeted interventions:** Given the high percentage of female and elderly respondents, programs should prioritize gender-sensitive and age-appropriate interventions. This could include women's health initiatives and services tailored for the elderly and healthy aging.












**Disability support:** With on average nearly one household member living with a disability, there is a clear need for enhanced support for individuals living with disabilities. This includes improving accessibility, providing specialized medical care, and offering financial and social support to caregivers.

**Comprehensive services:** The diverse age range of respondents indicates the need for a broad spectrum of services that can cater to different life stages, from employment and childcare support for younger adults to retirement and health-care services for the elderly.

### 3. INFORMATION SHARING

The data indicates diverse preferences for receiving information among respondents. Preferred information channels are predominantly Viber, SMS, and Telegram, each used by a significant portion of respondents. This indicates a preference for instant messaging platforms and text messages for receiving information. Phone calls and social media platforms like Facebook and WhatsApp are also utilized but to a lesser extent.

#### Preferred information channels

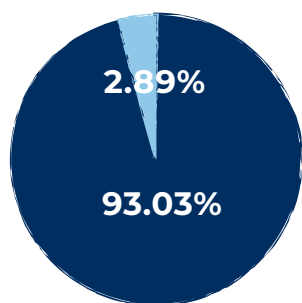
Information Channel	Frequency	Percentage
 <b>Viber</b>	<b>143</b>	<b>51.62 %</b>
 <b>SMS</b>	<b>134</b>	<b>48.38 %</b>
 <b>Telegram</b>	<b>134</b>	<b>48.38 %</b>
 <b>Phone calls</b>	<b>63</b>	<b>22.74 %</b>
 <b>Facebook</b>	<b>60</b>	<b>26.66 %</b>
 <b>WhatsApp</b>	<b>49</b>	<b>17.69 %</b>
 <b>Instagram</b>	<b>19</b>	<b>6.86 %</b>
 <b>Tiktok</b>	<b>8</b>	<b>2.89 %</b>
 <b>Other</b>	<b>5</b>	<b>1.81 %</b>
 <b>Other social media</b>	<b>3</b>	<b>1.08 %</b>
 <b>Vkontakte</b>	<b>2</b>	<b>0.71 %</b>



Most respondents (96.03%) were satisfied with the amount of information shared with them before having received the cash assistance, indicating effective communication. However, a small percentage (2.89%) felt that critical information such as eligibility criteria, the timing of cash disbursements, and the amount of money provided was missing.

#### Satisfaction with information shared before having received the cash assistance

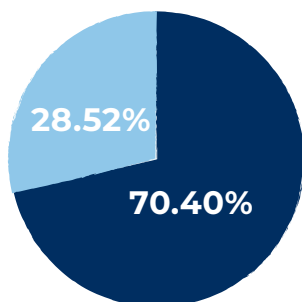
Value	Frequency
Yes	266
No	8



Regarding the knowledge of how to ask a question or file a complaint with the Red Cross, 70.4% of respondents knew how to do so, while 28.52% did not, suggesting a need for improved communication on this process.

#### Knowledge of how to ask a question or file a complaint with the Red Cross

Value	Frequency
Yes	195
No	79



## 4. ANALYSIS OF FINANCIAL TRANSACTIONS AND SAFETY

The majority of respondents received their money via bank transfer (61.01%) and MoneyGram Cash Pickup (30.69%). Most did not encounter issues with receiving their money (93.86%), but a small percentage reported problems such as agent refusals and language barriers. Feeling safe during money collection is prevalently reported, with 97.83% indicating no issues. However, a very small number expressed concerns about theft or losing money, pointing to isolated but important safety concerns.

#### Methods of receiving money



##### Bank Transfer (IBAN)

20 7.22 %



##### MoneyGram Cash Pickup

85 30.69 %

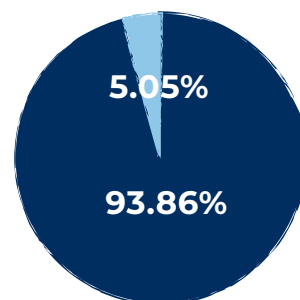


##### MoneyGram Digital Pickup

169 61.01 %

#### Satisfaction with information shared before having received the cash assistance

Value	Frequency
No	260
Yes	14



“I have asthma, I need inhalers - they are crucial for me. Well, I couldn’t afford to pay for them. Financial assistance for prescribed medicines helped me a lot.”

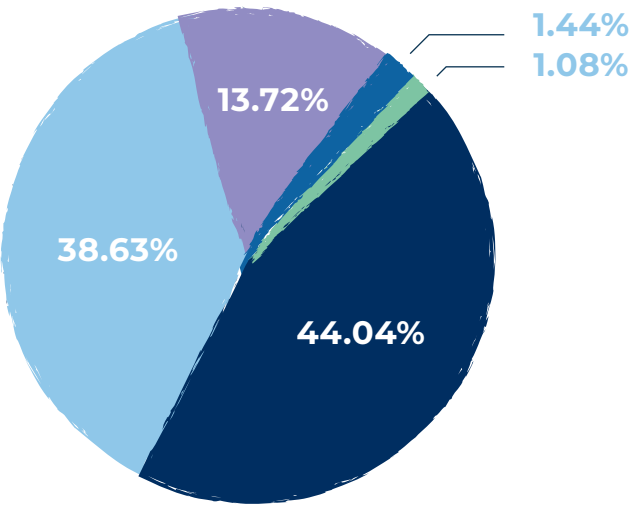
Vira,  
displaced  
from Ukraine



5. SELF-REGISTRATION PROCESS

Most respondents expressed satisfaction with the self-registration process, with 44.04% satisfied and 38.63% very satisfied. A small percentage of respondents were neutral (13.72%) or dissatisfied (2.52%). This suggests that the self-registration process is generally well received, but there is room for improvement to address the needs of the small, dissatisfied group.

Experience with self-registration process



Experience	Frequency
Satisfied	122
Very Satisfied	107
Neutral	38
Dissatisfied	4
Very dissatisfied	3



One of the most vulnerable communities are old people with chronic diseases.

Participants faced the following challenges with the program:



Difficult registration process:

The app-based registration process was complex and required external help, often from the Slovak Red Cross staff.
























Communication barriers:

There were issues with information dissemination, and participants suggested more direct communication methods, such as SMS and community meetings.

## 6. HEALTHCARE SPENDING AFTER HAVING RECEIVED CASH ASSISTANCE

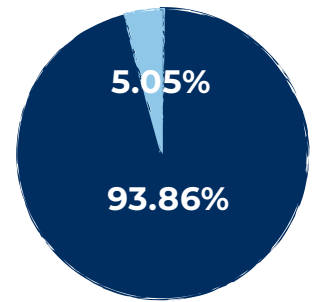
The data shows that the largest group of respondents (35.02%) spent between EUR 31 and 50 per month on healthcare after having received cash assistance. A significant portion (27.8%) spent between EUR 51 and 100, while 16.97% spent more than EUR 100. Notably, 15.16% spent below EUR 30, and 3.97% did not need to pay out of pocket. This indicates that cash assistance has a variable impact on reducing healthcare expenses, with a notable portion still incurring substantial costs.

### Spending Range

Household Monthly Income	Frequency	Percentage
31 - 50 €	97	       35.02 %
51 - 100 €	77	     27.8 %
More than 100 €	47	    16.97 %
Below 30 €	42	   14.16 %
Did not need to pay	11	  3.97 %

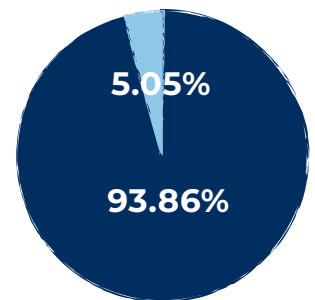
### Satisfaction with information shared before having received the cash assistance

Value	Frequency
No	260
Yes	14



### Satisfaction with information shared before having received the cash assistance

Value	Frequency
No	260
Yes	14



## General satisfaction with the program

General satisfaction with the program is high, with 51.26% of respondents being very satisfied and 40.43% satisfied. Only a small fraction (0.72%) expressed being very dissatisfied. This reflects a positive overall reception of the program, indicating that it effectively meets the needs and expectations of most respondents.

**Enhancing self-registration:** While the self-registration process is largely successful, addressing the concerns of the small group of dissatisfied respondents can further improve the user experience.

**Managing healthcare costs:** Continued support and possibly increased financial assistance may be needed for those still facing high out-of-pocket healthcare expenses despite cash assistance.

**Ensuring healthcare access:** The high rate of clinic or hospital visits underscores the need for sustained and possibly expanded healthcare services, particularly in Slovakia where most visits occur.

**Maintaining program satisfaction:** The high levels of satisfaction with the program should be maintained by continuation of effective service delivery and by incorporating feedback to address any minor issues that arise.



*Slovak Red Cross still operates 9 HSPs in different parts of Slovakia.*

## Qualitative thematic analysis of Focus Group Discussions (FGDs)

This analysis is based on the Post Distribution Monitoring (PDM) and Focus Group Discussions (FGDs) conducted for the Cash for Health Program aimed at providing financial assistance to displaced Ukrainians in Slovakia with non-communicable diseases. The discussions included participants who received support for both three months and extended to six months and were held in the city of Banská Bystrica and Nitra. The FGDs included 29 participants in total, comprising 6 men and 23 women, mostly aged between 50 to 70 years. For the 3-month support group, there were 15 participants (3 men and 12 women), and for the 6-month support group, there were 14 participants (3 men and 11 women).

### 1. GENERAL EXPERIENCE

Participants expressed overall gratitude for the financial assistance, highlighting the critical role the program played in managing their health needs during displacement. The assistance was often seen as a lifeline that allowed them to afford essential medications and healthcare services, albeit with some challenges:

**Sufficiency of financial aid:** While the financial aid was appreciated, many participants indicated that the amount was not entirely sufficient to cover all health-related expenses. A slight increase in the amount would have made a significant difference.

**Awareness and registration:** There were issues with awareness and registration for the program. Many participants learned about the program through word of mouth rather than formal channels, and the registration process was challenging without external assistance.

### 2. DURATION OF PARTICIPATION

Participants who received extended support for six months reported a noticeable positive impact compared to those who only received support for three months:

**Extended support benefits:** The additional three months of support provided greater stability and allowed for better management of health conditions. Participants noted that the extended period helped alleviate some of the financial stress associated with ongoing medical costs.

### 3. PROGRAM'S IMPACT

The program had a substantial impact on the participants' ability to manage their health conditions:

**Improved health management:** Participants could afford better quality medications and additional health-related items such as vitamins, which improved their health. Access to necessary medications and treatments reduced complications and improved their quality of life.

**Healthcare access:** The financial assistance enabled more frequent and necessary visits to doctors and laboratories, which were otherwise unaffordable.



“I have diabetes.  
When I came to Slovakia,  
my blood sugar was very  
high. HSP staff of the  
Slovak Red Cross in Poprad  
helped me - thanks  
to the cash assistance  
I got my medication and  
a glucometer as well.”

Verona,  
displaced  
from Ukraine

## 4. PSYCHOLOGICAL WELLBEING

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The program also positively affected participants' mental and emotional wellbeing:

**Reduced Stress and Anxiety:** Knowing that they could afford essential medications and health services significantly reduced the stress and anxiety related to their health conditions and financial instability.

**Supportive Follow-ups:** Regular follow-ups from the Red Cross staff provided emotional support and reassurance, further reducing stress levels.

## 5. FINANCIAL IMPACT

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The financial aid significantly eased the participants' economic burdens:

**Reduced financial strain:** The program allowed participants to purchase medications without compromising on other essentials like food. This financial relief was particularly crucial during the winter months when health-related expenses typically increase.

**Improved quality of life:** Participants reported being able to buy higher quality food and health products, which contributed to better overall wellbeing.

## 6. SOCIAL SUPPORT

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The program fostered a sense of community and support among the recipients of the cash assistance:

**Information sharing:** Participants valued the ability to share information and experiences with others in similar situations. They expressed a desire for more community meetings to enhance information dissemination and support.

**Inclusion in decision-making:** While they appreciated being included in discussions, participants preferred to be informed and consulted rather than directly involved in decision-making processes.

## 7. LONG-TERM IMPACT

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The program's long-term impact was somewhat limited:

**Short term relief:** The assistance provided crucial short-term relief but did not cover long-term health needs. Participants stressed the importance of continuous support to manage chronic conditions effectively.

## 8. EMPOWERMENT AND INDEPENDENCE

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**The program empowered participants to take charge of their health:**

**Increased knowledge:** Participants gained valuable knowledge about managing their health conditions and navigating the healthcare system independently.

**Financial independence:** The financial aid provided a sense of independence, reducing reliance on others for financial support.

## 9. PROGRAM SUPPORT AND SERVICES

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Participants found services listed below particularly helpful:

**Health information:** Access to health information and guidance from the Slovak Red Cross was highly valued.

**Helpline assistance:** The Helpline played a crucial role in assisting with registration and addressing queries, although there were some challenges with the app-based registration process.

## 10. CHALLENGES AND BARRIERS

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Participants faced the following challenges with the program:

**Difficult registration process:** The app-based registration process was complex and required external help, often from the Slovak Red Cross staff.

**Communication barriers:** There were issues with information dissemination, and participants suggested more direct communication methods, such as SMS and community meetings.

## 11. FUTURE CONSIDERATIONS

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Participants provided several recommendations for future improvements:

**Program continuation:** The recipients of the cash assistance strongly recommended continuation and possible expansion of the program to meet continued needs.

**Improved communication:** Enhancing communication channels and providing more timely information about available health services and programs were highlighted as critical improvements.

## 12. ADDITIONAL FEEDBACK

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Participants expressed overall satisfaction with the program and its impact on their lives but stressed the need for continued support and better communication to fully address their health needs.

# Health effects and impact summary

## Access to healthcare

**Improved accessibility:** The program has significantly improved the accessibility of healthcare services for Ukrainian refugees in Slovakia. 61.45% of respondents were able to access relevant healthcare services when needed 30 days prior to the questionnaire.

**Local healthcare utilization:** The vast majority of healthcare services (both general and specialist) were accessed within Slovakia, indicating the effectiveness of the program in integrating refugees into the local healthcare system and helping to reduce cross-border movements to access healthcare.

## Specialist care

**High demand and access:** There was a high demand for specialist care, with 75.92% of respondents who needed to see a specialist during the period of three months when they were receiving the support. Of those, 79.37% successfully accessed the necessary specialist care, showcasing program's capability to meet more specific healthcare needs.

**Location of specialist care:** Majority of specialist care (361 out of 408 individuals) was accessed in Slovakia, with a smaller number of recipients of the cash assistance traveling back to Ukraine or to other countries for such services.

## Health outcomes

**Immediate health benefits:** By enabling timely access to both general and specialist healthcare services, the program likely contributed to better immediate health outcomes for the refugees, including the management of acute health issues and chronic conditions.

**Reduced health risks:** The program's financial assistance may have reduced health risks associated with delayed or foregone medical care, thereby preventing the exacerbation of medical conditions. The decrease in healthcare-related financial burden led to a reported reduction in negative coping mechanisms, such as skipping or reducing prescribed dosages, which ultimately can lead to dangerous health outcomes.

## Financial impact

**Alleviation of financial burden:** By providing financial assistance for healthcare, the program likely alleviated the financial burden on refugees, enabling them to prioritize their health without the stress of additional costs.

## Overall wellbeing

**Enhanced wellbeing:** Improved access to necessary healthcare services likely enhanced the overall wellbeing and the quality of life of the refugees, which contributed to a sense of security and stability in their new environment.



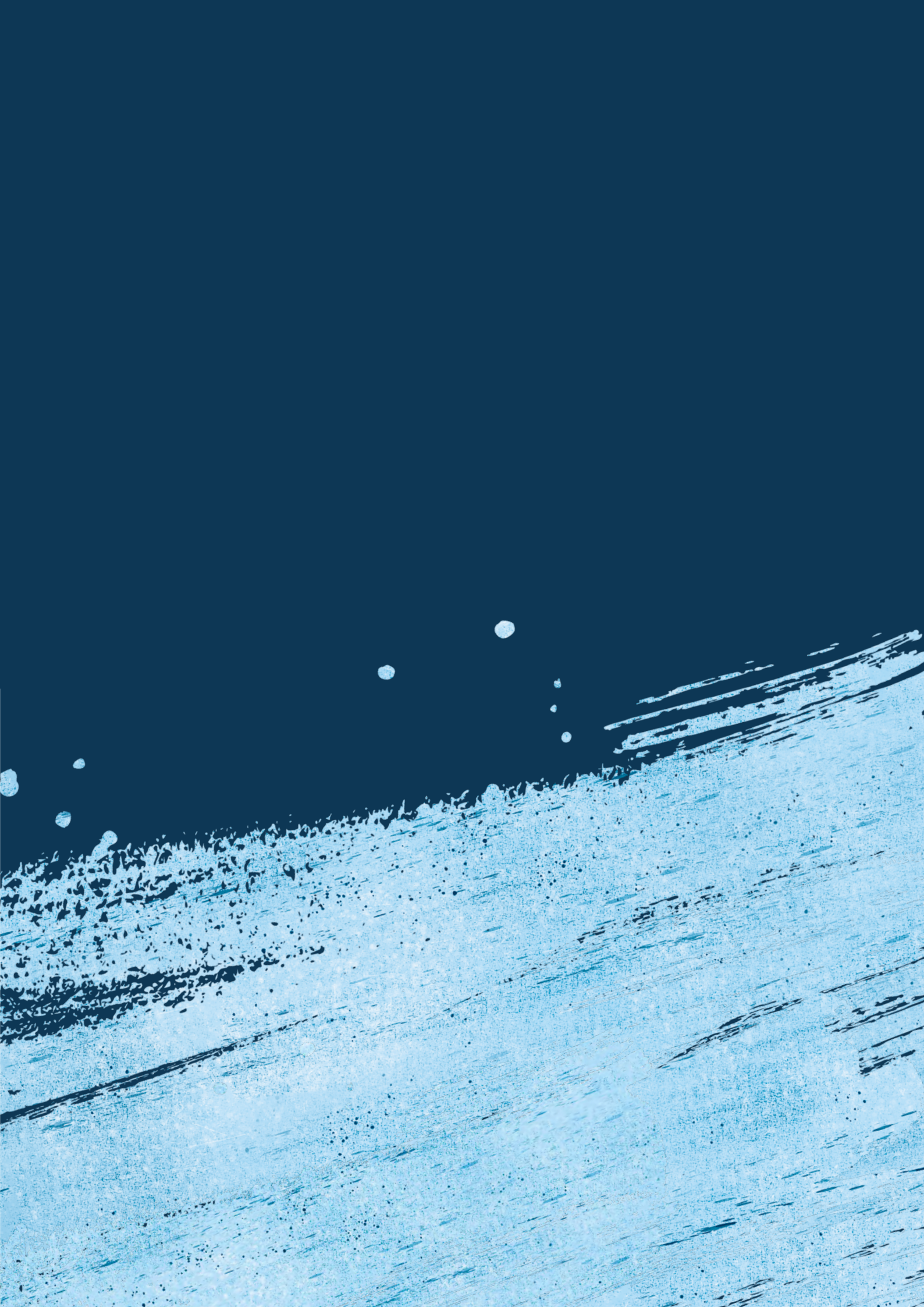
# Conclusion



Based on the findings presented, it is evident that the program aimed at improving healthcare accessibility and integration of people displaced from Ukraine in Slovakia has been a resounding success. The data underscores the positive impact on various aspects of health and wellbeing for the recipients of the cash assistance. The program not only enhanced access to healthcare services, both general and specialist, but also facilitated local healthcare utilization, reducing the need for cross-border movements.

The high demand and successful access to specialist care highlight the program's effectiveness in meeting specific healthcare needs, resulting in better immediate health outcomes and reduced health risks for the refugees. By relieving the financial burden associated with healthcare, the program enabled recipients of the cash assistance to focus on their wellbeing without the constraints of additional costs.

In conclusion, the program's success in improving access to necessary healthcare services for Ukrainian refugees in Slovakia has had a significant impact on their quality of life, sense of security, and stability in their new environment. The comprehensive approach of the program addressed immediate health concerns and contributed to the overall wellbeing of the recipients, showcasing its significance in promoting the health and welfare of vulnerable populations. The high utilization of local healthcare services also suggests successful integration into the host country's healthcare system, further emphasizing the importance of such initiatives in supporting refugees and other vulnerable populations.







# Cash Assistance for Refugees with Non-Communicable Diseases in Slovakia

## Cash and Voucher Assistance in Health

### POST DISTRIBUTION MONITORING REPORT

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