Regional Refugee Response for the Ukraine Situation

HUNGARY
MULTI-SECTOR
NEEDS ASSESSMENT
Final Report - December 2023

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CONTRIBUTIONS

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ACCESS THE DATA

UNHCR's Microdata Library (microdata.unhcr.org) is a public online library containing anonymous microdata of persons affected by forced displacement collected by UNHCR, its partners and other third parties.

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List of acronyms

AAP	Accountability to Affected Populations
CBO	Community-Based Organization
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HH	Household
HUF	Hungarian Forint
ID	Identification Document
IOM	International Organization for Migration
MHPSS	Mental Health and Psychosocial Support
MSNA	Multi-Sector Needs Assessment
MCQ	Multiple Choice Question
N	Total number of observations
NEET	Not in Education, Employment of Training
NGO	Non-Governmental Organization
PSEA	Protection from Sexual Exploitation and Abuse
RCF	Refugee Coordination Forum
RLO	Refugee-Led Organization
RRP	Refugee Response Plan
TP	Temporary Protection[1]
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WG	Washington Group
WHO	World Health Organization

[1] Referring to the refugee-like legal status based on the directive of the European Union of March 4, 2022.

EXECUTIVE SUMMARY and KEY FINDINGS

In mid-2023, UNHCR conducted a Multi-Sector Needs Assessment (MSNA), focusing on refugees from Ukraine living in Hungary. The assessment, guided by the Refugee Coordination Forum (RCF), involved nearly 700 adult respondents from refugee households across 18 counties in Hungary.[2] The data collected was complemented with focus group discussions organized with refugees. The information gathered is crucial for humanitarian planning as well as identifying service gaps. The findings informed the 2024 Refugee Response Plan (RRP). Here are the key findings.

Household Profiles and Vulnerabilities.

Interviewed households comprise 2.2 members on average. Women and girls make up the majority of family members (59%); 27% are children (boys and girls) and 8% are older refugees aged 60+. Approximately 9 out of 10 interviewed refugees reside in urban centers, particularly in Budapest, while 12% live in rural areas. 80% self-identify as Ukrainian, 25% as Hungarian, and 5% as Roma, with respondents able to select multiple options. Vulnerabilities were identified within the sampled households: 32% of households reported having a member with a chronic medical condition; 7% of the household members reported a form of disability and difficulties performing basic functions. On average, households have been living in Hungary for more than a year, with 28% having arrived within the last 12 months.

Satisfaction with Assistance.

Around half of the interviewed households received assistance within the last 3 months from either governmental entities or humanitarian organizations. The majority was satisfied with the support received. However, during focus group discussions, refugees have stressed the importance of continued financial and material aid. Nearly all of the respondents who received aid expressed satisfaction with the behavior of aid workers. Among the percentage who did not (6%), the reasons cited were feeling unheard regarding their needs, their feedback not being considered, and a perceived lack of respect and empathy from aid workers towards their situation.

Priority Needs.

3 out of 4 households interviewed identified unmet priority needs within their households. The primary needs highlighted are accommodation, followed by food, and language support. The emphasis on the need for language assistance, including language courses and translation services, underscores the significance refugees place on language as a crucial tool for facilitating socio-economic integration. It also reflects their intentions to integrate within the local community and the limited number of individuals with immediate intention to return.

Temporary Protection (TP) and Documentation.

Most of the refugee households reported a valid legal status in Hungary (93%), in the form of either temporary protection, residence permits, or similar status, or are dual nationals (Ukrainian and Hungarian). Generally, refugees reported having valid identity documents and access to registration of new-born children.

Protection Risks.

Approximately a quarter of the respondents (24%) expressed protection issues in their residential areas. Main reported concerns for adults include risks of robbery and verbal harassment within their community. For children, concerns around psychological violence, such as bullying and violence online.

[2] The survey targeted individuals who fled Ukraine after the escalation of the conflict and reside in Hungary under different status, including temporary protection, residence permits, dual citizens.

Refugees showed a high level of familiarity with where and how to access services, in particular hospitals and the police, but lower levels of awareness of services specifically for survivors of gender-based violence (GBV), such as helplines, legal aid, or psychosocial support. 13% of refugee households experienced tensions with the host community, such as verbal aggression, discriminatory behavior, and negative online comments. Respondents linked these behaviors to their refugee status, ethnicity, and different cultural backgrounds combined with a competition for jobs and resources in the host country.

Access to Information.

One-third of households reported difficulties in accessing information, particularly concerning topics such as TP status, rights, entitlements, and available services in Hungary. Although this marks a decrease from the 50% registered last year, the data emphasizes the continued necessity for improved efforts in disseminating information. The main difficulties mentioned are that information is not available in the language(s) they speak (53%), while 40% are uncertain about where to locate information and others lack confidence in identifying trustworthy sources. The preferred source of information listed by refugees are Facebook, Viber, phone helplines, Telegram, and Messenger.

Language Barrier.

Language challenges broadly affect refugees' socio-economic integration, as one of the main hurdles to access TP status and broader TP rights and services, such as education, healthcare, and employment. Language support rose to the top 3 of the priority needs reported by refugees, form the 9th place last year. Multilingual communication channels remain crucial, as Ukrainian (56%), Hungarian (26%), and Russian (18%) are spoken at home.

Education.

As per the respondents, close to four out of five school-aged children (79%) were enrolled in school in Hungary in the school year 2022/23, which started on 1 September 2022; of them, 30% were following the Ukrainian curriculum online at the same time. Enrolment rates are higher in primary schools (84%) compared to secondary schools (79%). The remaining was not enrolled in Hungarian schools, with 14% exclusively following the Ukrainian curriculum online and a 7% out of school. Language barriers, alongside being enrolled in online classes, are the main reason for not attending local school. With regards to the 2023/24 academic year, 79% of parents intend to enroll their children in Hungarian schools. 13% of youth aged 16-24 are categorized as NEET (neither employed nor in education or training).

Employment, Underemployment and Unemployment.

71% of refugees within the working age bracket (16-64) are employed, predominantly in sectors such as manufacturing, construction, and hospitality. Discussions with refugees suggest that refugees are often underemployed, working in jobs that require low skills compared to their level of education and offer low wages. 9% are unemployed, with primary reasons including language barriers (59%), limited access to suitable job opportunities (17%), and challenges in obtaining recognition for their educational qualifications and degrees in Hungary (17%). The remaining 20% of working-age refugees fall out of the labor force (not employed, not looking for employment, or not able to work). 11% of refugees lack formal employment contracts.

Income and Economic Power.

On average, refugees reported a per capita income of 144,000 HUF, which falls below the national average in Hungary.[3] One in every five households has witnessed a reduction in purchasing power since their arrival in Hungary;

[3] The average Hungarian income is at 187,000 HUF net per month per capita in 2022, according to the Hungarian Central Statistical Office. It should be noted that the MSNA questionnaire did not specify if the questions related to income were referring to gross or net income.

the decrease is linked to low-paying jobs, rising inflation, increased expenses for essentials like goods, housing, and education, as well as unexpected financial burdens associated with displacement. Spending savings is the most widely reported coping strategy to counteract loss of income due to displacement, along with minimizing essential expenditures such as healthcare or in extreme cases resorting to illicit or precarious employment options.

Social Protection Benefits.

28% percent of households received government subsistence allowance in Hungary within the last 30 days. The allowance, limited to 45 days, with exceptions for children and vulnerable individuals, remains an important tool to support the socio-economic integration of vulnerable families. Despite beneficiaries' overall satisfaction with the benefits received, with an average amount received of 43,500 HUF per month, hurdles like bureaucracy, language barriers, and complex address change procedures were reported.

Housing.

60% of refugees from Ukraine have secured private accommodation arrangements in Hungary, with 43% living independently and 17% sharing accommodation with others. This demonstrates a shift from the more prevalent collective accommodation setups observed at the initial stages of the response but also highlights the difficulties in bearing the rental costs. In fact, only one in every three households covers the rental costs, with the remaining relying mainly on subsidies from their employers (31%) or other sources such as charities and non-governmental organizations (NGOs). Moreover, one in five households reported issues with their current accommodation, such as a lack of privacy, while 14% of these accommodations are not prepared for winter. Additionally, 18% struggle to pay rent on time, and 9% only have accommodation arrangements for up to 3 months.

Health.

Healthcare needs were reported by one in three members, with 12% facing barriers to necessary care. Language gaps (36%), costs of specialized healthcare (33%) and lack of information on services available (20%) still hinder access to needed healthcare. Significant barriers to accessing mental health and psychosocial support also exist, although they were reported to be on a smaller scale than in last year's MSNA survey.

INTRODUCTION

Background.

Developed under the guidance of the Refugee Coordination Forum (RCF) in Hungary, the Multi-Sector Needs Assessment (MSNA) provides data for humanitarian planning. It involved multiple organizations, including UN agencies and local/international groups working with refugees.

The survey helps comprehend evolving needs of refugees and service gaps across various sectors, as part of the planning for the 2024 Refugee Response Plan (RRP). By providing relevant, and comparable information on the refugee multi-sectoral needs across the country and over time and actively incorporating refugee feedback, this assessment also supports operational partners to align with the goal of the refugee response. The MSNA is the second of its kind in Hungary.[4]

As of October 2023, Hungary granted Temporary Protection (TP) status to more than 35,000 Ukrainians; additionally, almost 3 million documented border crossings to Hungary by Ukrainian nationals were recorded since the

[4] The 2022 MSNA Report can be accessed here: https://data.unhcr.org/en/documents/details/97062

conflict's onset.[5] To ensure meaningful results, the MSNA conducted in Hungary in the summer of 2023 targeted nearly 700 refugee households (HH) from Ukraine (representing more than 1,500 HH members) who arrived after the escalation of the conflict in February 202 and reside in Hungary under diverse legal statuses.

The assessment is part of a regional initiative involving 10 countries participating in the RRP. The preliminary findings were presented to the Refugee Coordination Forum in September 2023, followed by workshops involving refugee-led organizations (RLOs), community-based organizations (CBOs), UN agencies, non-governmental organizations (NGOs), and governmental departments. Working Groups and Task Forces reviewed the analysis of the data of their sector of competence to ensure accuracy, with additional secondary data integrated into the final report.

Objectives of the survey.

Through direct consultation with refugees, the MSNA aims at capturing and understanding the needs of the in-country refugee population in Hungary and how they are met, the level of access to basic services and service gaps as well as refugees' priorities. It covers demographics, education, protection (including child protection, gender-based violence, and protection from sexual exploitation and abuse), economic inclusion and livelihoods, health (including mental health), and accommodation.

METHODOLOGY

Sampling, Representativeness, and Geographical Coverage.[6]

The survey targeted adult Ukrainian refugees who came to Hungary after February 24, 2022, when the conflict escalated. Data was collected from 682 respondents representing a total of 1,511 household members. Respondents were purposively selected to reflect diversity in geography, accommodation, and languages spoken. The findings are indicative and not statistically representative due to the sampling methodology. Interviews took place in 18 of the 20 counties of Hungary, including Budapest, which is home to the majority of refugees (33%). Location selection was guided by various data sources.[7] Samples in both urban and rural areas were included in the survey.

Data Collection.

The questionnaire was developed through interagency consultations at the regional level and adapted to the Hungarian context through the RCF. Interviews were primarily face-to-face (88%), with some conducted by phone (12%), in Ukrainian, Hungarian, or Russian. The data collection was carried out by the TÁRKI Social Research Institute from June 18, 2023, to August 5, 2023, with the involvement of 21 trilingual enumerators (11 men and 10 women), including 2 from IOM. Enumerators underwent a one-day online training on 9 June on the mobile data collection tool and data protection protocols; the training included practice sessions to test the phrasing and understanding of the questions. In addition, 13 focus group discussions (FGDs) were held by UNHCR, IOM, and the TÁRKI Social Research Institute in August-September 2023. The FGD questions were designed collaboratively by the

[5] Including arrivals directly from Ukraine and via Romania.
[6] Hungary's main administrative divisional units are 'counties' (vármegye, pl. vármegyék). Hungary is divided into 20 units that consist of 19 counties and the capital (főváros), Budapest. These counties are further divided into districts (járás, pl. járások). There are in total 174 districts, 23 of which are capital districts (kerület, pl. kerületek) in Budapest.
[7] The sources are: the 2022 MSNA, statistics on the geographical distribution of beneficiaries of TP, results of field monitoring in counties with the highest proportion of refugees, and knowledge of collective sites and distribution points.

interagency team, sectoral working groups, and UNHCR colleagues to complement the quantitative data, address unexplored research questions, and offer more insights, context, and explanations for target refugee groups.[8] FGD participants were selected from respondents who consented to be contacted for further surveys. FGD findings are illustrative and not representative due to the nature of the method.

Data Quality Assurance and Data Analysis.

Quality of data was assured in the pre-data collection period by incorporating skip logic and data validation in the questionnaire and mandatory training of enumerators. During the data collection itself data quality was monitored through spot checks and real-time tracking of interviews by key metrics.[9] Data quality was further enhanced post-data collection, through call backs of 10% of the respondents. Preliminary results were elaborated by TÁRKI Social Research Institute in close consultation with UNHCR. Data cleaning and analysis was conducted with SPSS as well as in R. To monitor changes in the needs and the composition of the refugee population, data from the 2022 MSNA report was also used.

Limitations and Disclaimers.

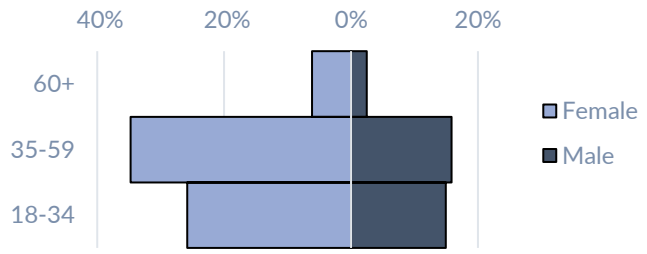
The survey results should be interpreted with limitations. Data collection occurred during the summer, overlapping with Ukrainian and Hungarian school holidays, which impacted the demographic profile of the sample. Sensitive questions on protection, mental health, and income usually suffer from high non-response rates, particularly among vulnerable refugees. There is also a risk of respondent bias, causing some indicators to be under- or over-reported due to subjective perceptions. Finally, it is likely that due to the sampling methodology and response bias dual citizens might be underrepresented in the sample (although their exact numbers are unknown so this difficult to ascertain), the same applies to those on residence permits for employment since employers were often reluctant to grant access to their employees for interviews. The report involved AI-powered language models for readability purposes.

FINDINGS

Respondent Profile.

The survey targeted adult respondents, the majority falling in the 35-59 age group (51%), followed by the 18-34 group (41%), and 60 and above (8%). Most respondents were women (67%, see Graph 1).

Graph 1 – % of respondents by gender and age (N=682)

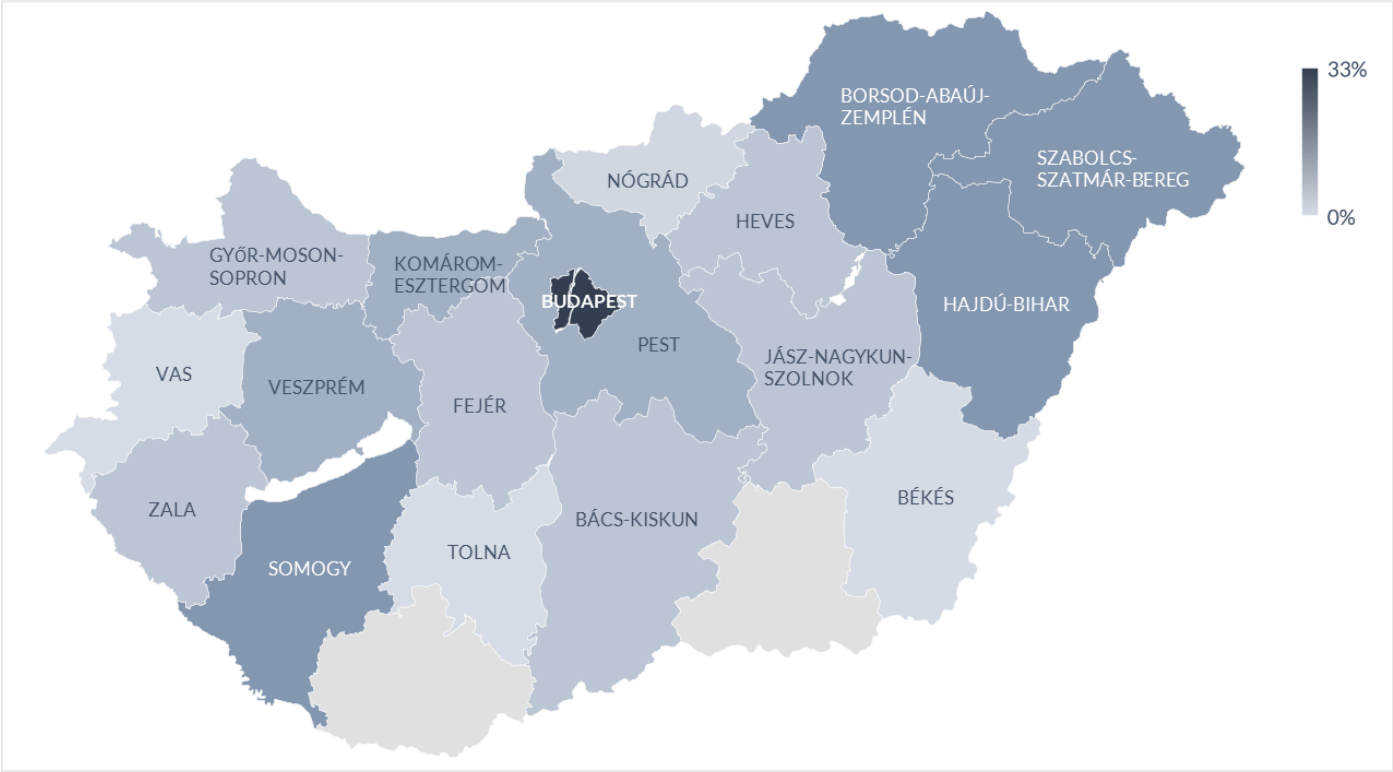


All respondents have Ukrainian citizenship, a requirement for survey participation; additionally, 18.3% hold Hungarian citizenship (see Graph in Annex).

[8] FGD targeted refugee women, men, children and youth, older refugees, female, male and young Romani refugees, refugees with disabilities, non-TP holders and dual citizens.
[9] Such as average household size, respondent gender, main language spoken, citizenship, ethnicity, location of residence, type of residential area and type of accommodation.

Interviews took place in 18 counties, including Budapest. Most respondents lived in the same county where the interview occurred. Budapest, where many refugees reside, had the highest number of interviews (33%, see Map 1).

Map 1 – % of respondents by county of residence (N=682)

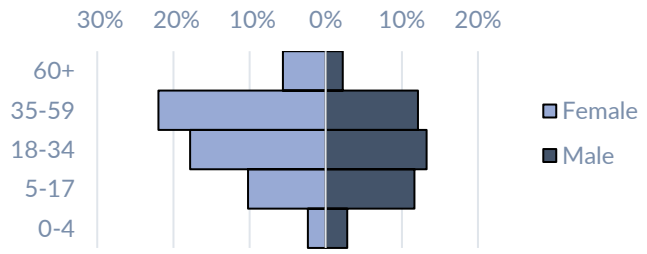


Household Profile.

The average household size of the sample (2.2 members per household) aligns with regional findings (2.4)[10] but is notably smaller than the one reported in the 2022 MSNA (3.5). This difference may be attributed to the timing of the survey, as families with children may have returned to Ukraine for summer vacations. Additionally, this year's survey includes individuals with residence permits for work purpose in Hungary (see p.15), who show smaller household size (1.4) compared to those with TP status (2.5). Most households (88%) live in urban centers.

59% of the family members are female (women and girls), while 27% are children (boys and girls) and 8% are older refugees (aged 60+, see Graph 2).

Graph 2 – % of household members by gender and age (N=5,111)

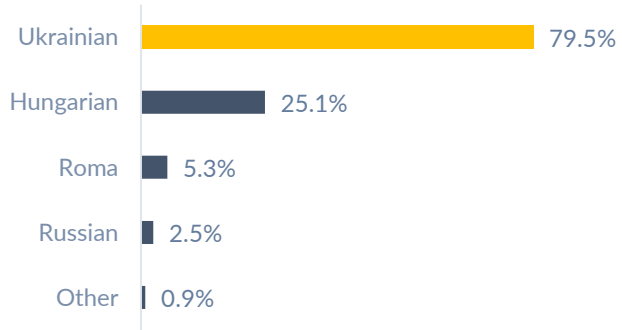


32% of the surveyed households have a female head. 5% have an older refugee as head of the household. The largest age group is 30-59 years (51%).

[10] The regional MSNA analysis is forthcoming.

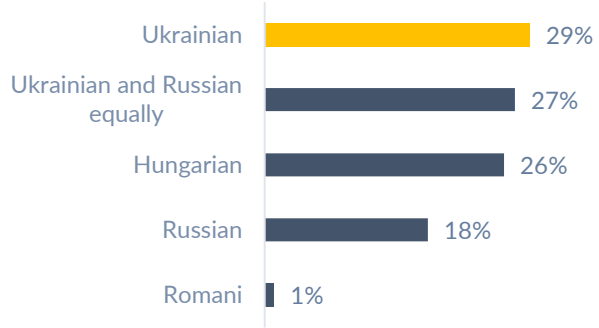
In terms of ethnicity, 80% of respondents self-identified as of Ukrainian background, 25% as Hungarian, 5% as Roma, 3% as Russian (see Graph 3).

Graph 3 – % of HHs by ethnic background (self-identified) (N=677)



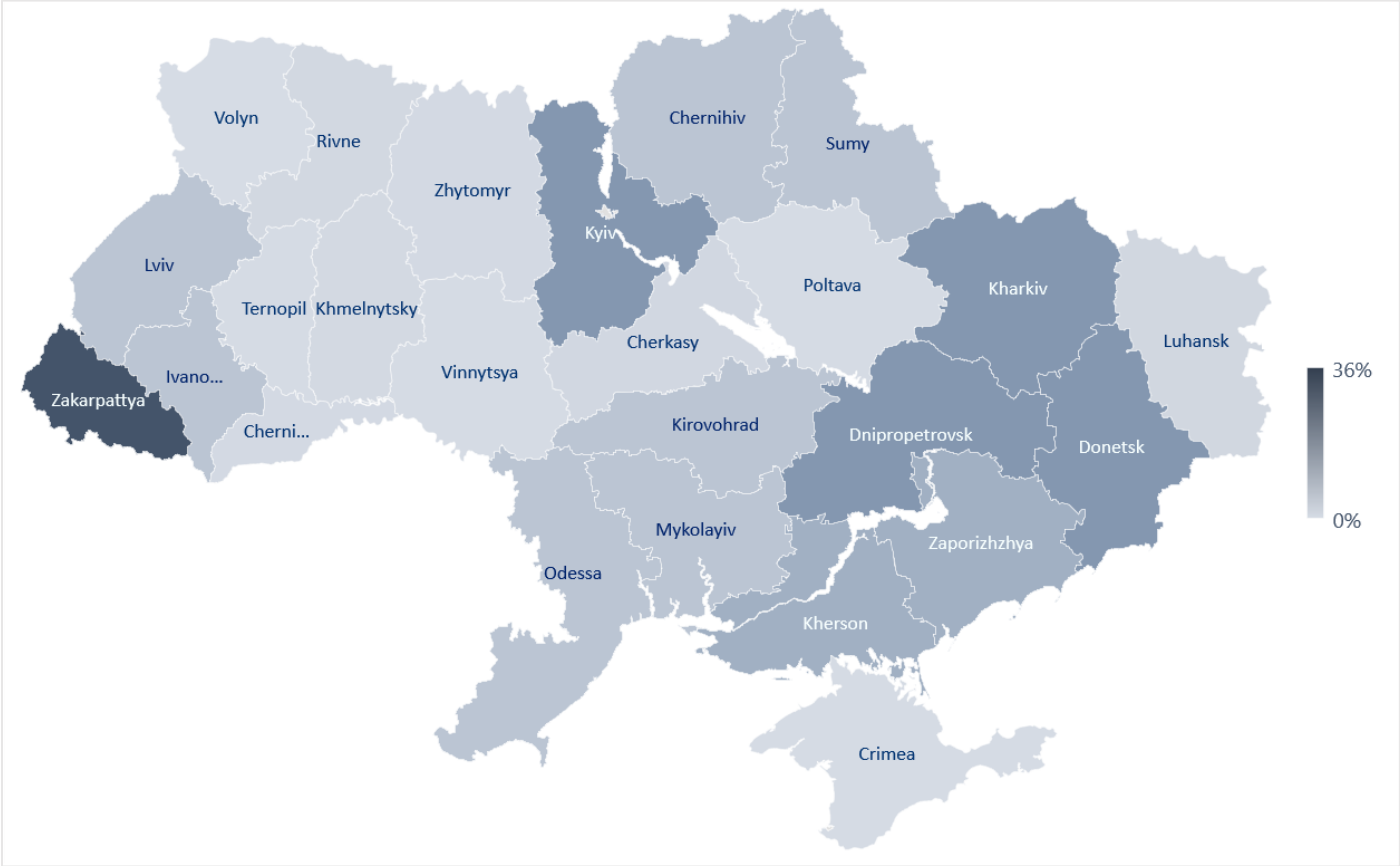
The majority of refugees uses Ukrainian as main language, either just Ukrainian (29%) or combined with Russian (27%); 26% Hungarian; 18% Russian (see Graph 4).

Graph 4 – % of HHs by main language spoken at home (N=682)



36% of the households fled from the Zakarpatska oblast, followed by Kyiv and Kyivska oblast, as well as Kharkivska oblast, each accounting for approximately one out of 10 respondents. Additionally, refugees from Donetska and Dnipropetrovska oblasts make up around 7% and 6%, respectively (see Map 2).

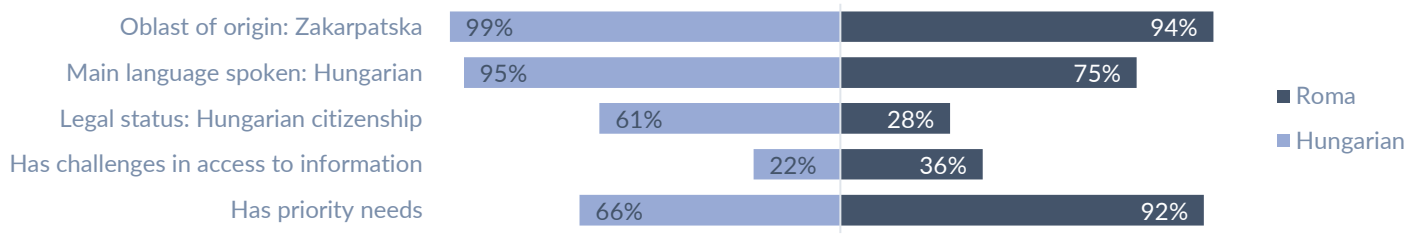
Map 2 – % of HHs by oblast of origin (N=662)



28% of the refugees arrived less than one year ago. The average length of displacement among households is above one year, standing at 410 days (see Graph in Annex). For those residing in rural areas in Hungary, this period is slightly shorter, averaging 375 days, as opposed to 414 days for those in urban areas.

Comparing key indicators between people with self-identified Hungarian and Romani ethnic backgrounds reveals differences (see Graph 5). Both groups predominantly originate from Zakarpatska (99% of the refugees self-identifying as of Hungarian background and 94% of Roma background, compared to the average of respondents of 36%), yet linguistic variations are evident: 95% of ethnic Hungarians speak Hungarian at home, while only 75% of Roma do (19% speak Romani). In terms of legal status, 61% of Hungarian-background respondents have Hungarian citizenship in addition to the Ukrainian one, contrasting with 28% of Roma. Challenges accessing information affect 1 in 5 people with a Hungarian background but over 1 in 3 with a Romani background (the latter is in line with the average for all respondents). 3 out of 10 ethnic Hungarian respondents reported priority needs, while a concerning 9 out of 10 Roma express such needs (the average is 7 out of 10 for all respondents).

Graph 5 – Key indicators by self-identified ethnic background[11]



Discussions with Romani refugees reveal additional needs around access to dignifying legal work opportunities, decent housing, healthcare, adequate education for children, and additional financial support.[12] The socio-economic integration of Romani refugees is often hindered by experiences of discrimination in sectors such as employment, education, and healthcare. Lack of affordable rental housing, instances of discrimination in the private rental market, and overcrowding and substandard living conditions in collective shelters remain overarching issues regarding housing faced by Romani refugees.

"During the interview process for a job, I got refused because I am Roma. I felt bad and discriminated." (Roma refugee man)

"In schools, we still see some discrimination through segregated classes, and teachers do not always provide the support students need. Even in kindergarten, kids face similar issues." (Roma refugee)

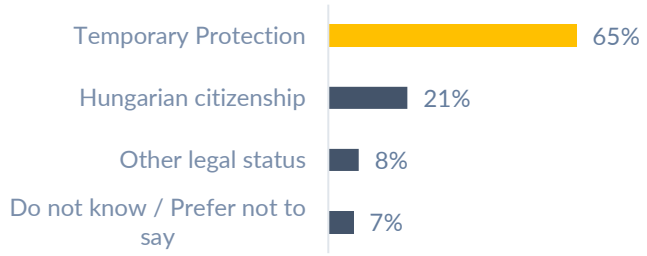
[11] 170 respondents self-identified as being of Hungarian ethnic background, 37 respondents self-identified as being of Roma ethnic background.
[12] For more information see also: "The Educational Circumstances of Romani Refugee Children in Hungary" by Romaversitas (November 2023).

PROTECTION

Legal Status

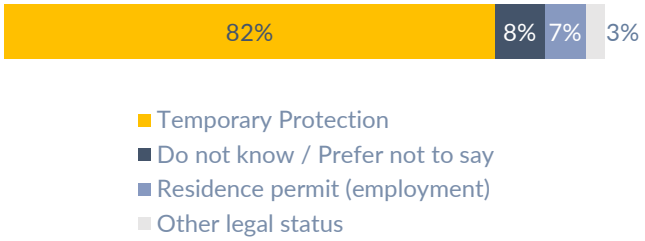
Most of the refugee households reported a valid legal status in Hungary (93%), in the form of either temporary protection (65%), residence permits, or similar status (8%), or have dual citizenship (Ukrainian and Hungarian; 21%) and are therefore not eligible for TP (see Graph 6).

Graph 6 – % of HHs by legal status[13] (N=682)



Out of all those eligible for temporary protection, eight out of 10 households have applied for TP (77%) or are planning to do so (5%). 7% hold a residence permit for employment and 3% have temporary residence permits, visa-free stay, or residence permit for study (see Graph 7).

Graph 7 – % of HHs by legal status – excluding those with Hungarian citizenship (N=541)



Valid identity documentation is important when it comes to accessing legal status and legal protection. For 98% of the respondents, all members in the household possess an identity document, such as a national ID, passport, or birth certificate. Additionally, it is noteworthy that 99% of children below the age of 5 have been registered with civil authorities in Ukraine, Hungary, or other third countries.

Refugees reported variations in the duration of the TP process (anywhere from 10 days to 6 months). A general lack of information and awareness concerning the rights and benefits linked to TP, including financial assistance, housing, and social security, have been voiced. Furthermore, service providers are sometimes uncertain about the entitlements covered by the TP, particularly in healthcare.

"In my municipality, it often happens that service providers do not have enough information, or knowledge about how to deal with TP holders […] I experienced cases where we could not access hospital treatment or treatments by a medical specialist because they did not know how to manage cases of TP holders. Also, when the TP status was extended, the government office staff did not know about it, so we had many problems." (37-year-old Ukrainian woman with TP status)

The situation becomes more complex in mixed-status households, where household members possess differing legal statuses. Ukrainians who reside in Hungary with residence permits are sometimes unfamiliar with the entitlements of this status as compared to TP holders. Most of the communication for refugees from Ukraine is in fact about TP rights and entitlements. This can result in inadequately informed decisions regarding changing their status if necessary.

[13] The graph is based on two different questions: 1. Has your family applied for Temporary Protection in Hungary? 2. What is your legal status in Hungary? The second question was only asked from those who answered that they did not apply for TP.

The significant presence of Ukrainian and Hungarian dual nationals among persons fleeing from Ukraine, especially from the Transcarpathia region, can primarily be attributed to the facilitated naturalisation accessible by the Hungarian government to persons with Hungarian ancestry.

Having dual nationality places forcibly displaced persons in a complex situation with implications for their legal status and access to rights and services in Hungary. As Hungarian nationals, they are not eligible for temporary protection, and they may face challenges in accessing certain rights and services (such as healthcare and various social services) generally available to other nationals of the country, due to often not being able to meet additional conditions imposed (such as permanent residence or continuous stay in Hungary).

At the wake of the refugee crisis, the Government introduced emergency legislation that grants the same rights to services and assistance to dual-national forcibly displaced persons, with permanent residence in Ukraine, as temporary protection holders in Hungary (in case more favourable services are not accessible due to their Hungarian nationality). While this has alleviated some legal barriers, the condition of permanent residence in Ukraine means that those dual nationals who establish permanent residence in Hungary are no longer entitled to such services. Practical obstacles (such as lack of information on the part of service providers, i.e., requiring proof of social security when the treatment is covered by the emergency legislation and difficulties related to proving their displacement from Ukraine), also persist and continue to hinder access to rights and services.

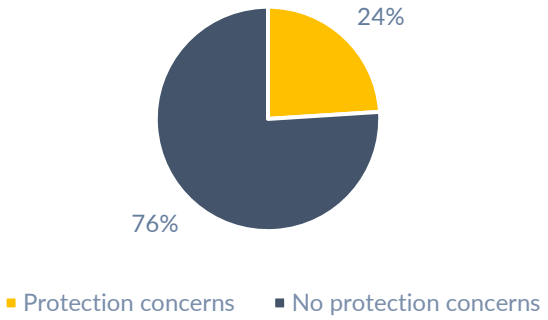
"They told me that you cannot pay for social security unless you have had a registered Hungarian address for a year, so that failed, and we were not informed about that either." (27-year-old woman with dual nationality)

"Our landlord was very empathetic towards us at the time. He told us that for the first few months, he didn't expect us to pay, he wanted us to get on our feet, and that was a huge help for us to really get started." (27-year-old woman with dual nationality)

Safety and Security Concerns.

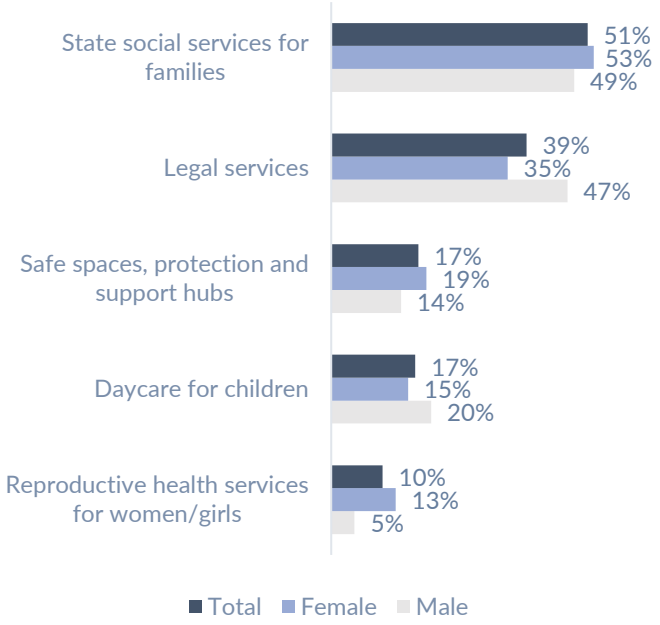
Approximately one in four refugee households interviewed reported safety and security concerns (see Graph 8), encompassing risks faced by female and male, children and adults in their area of residence.

Graph 8 – % of HHs with protection concerns (N=682)



Although most of the interviewed households appear to be aware of at least one type of protection service accessible in their areas of residence, a quarter of them are still uncertain about how to access such services locally. This highlights the need for continued awareness campaigns and improved communication about available services. Some services, like those related to social support for families and legal assistance, seem to be more widely known and available than others, such as safe spaces, childcare facilities, and reproductive health services for women and girls (see Graph 9).

Graph 9 – % of HHs aware of protection services – Top 5 (N=325)



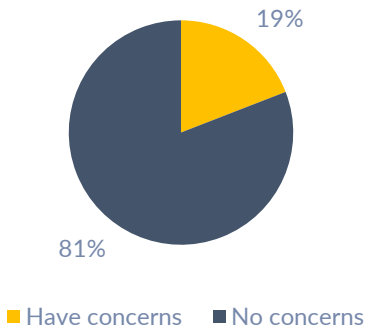
13% of the HHs interviewed reported tensions with the host community. The most common types of hostile behavior encountered were verbal aggression, negative comments on social media, discriminatory behavior, and negative comments in the news (see Graph in Annex). In most cases, the assumed reasons for the behavior were the refugee status or ethnicity of the respondent and cultural differences. Competition for jobs and resources was also mentioned (see Graph in Annex).

Gender-Based Violence.

With regards to safety and security concerns related to GBV, 19% expressed apprehensions about the safety of women and girls (see Graph 10).[14] This is an increase compared to 2022 (12%).

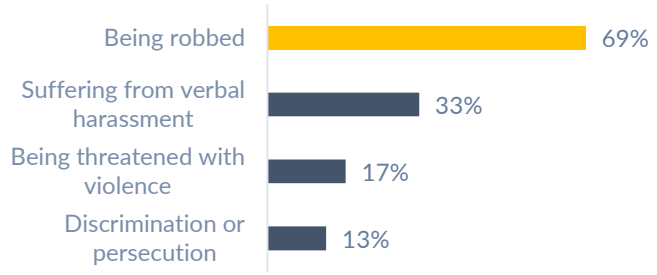
[14] Considerations regarding biases are crucial in interpreting GBV findings. Even though respondents were mainly women (67%), the questionnaire was not designed to capture sensitive GBV information on purpose, and therefore, it neglects the prevalence of GBV among the refugee community. Monitoring activities confirm that refugee women, due to their unique vulnerabilities related to forced displacement situations, are facing an increased risk of GBV.

Graph 10 – % of HHs who have concerns regarding the safety/security of women (N=492)



These concerns predominantly centered around issues such as robbery (69%, up from 24% in 2022), verbal harassment (33%), and threats of violence (17% - see Graph 11).

Graph 11 – Top 4 safety/security concerns for women reported – MCQ (N=94)

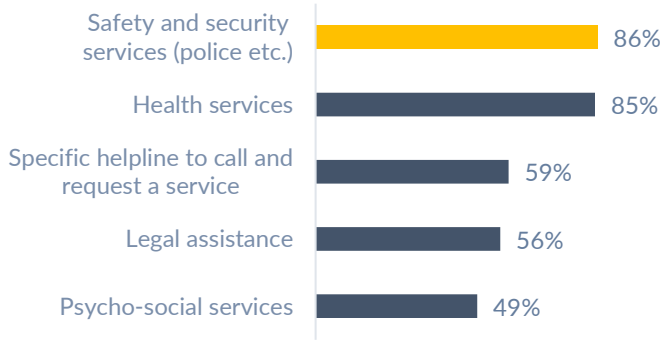


In contrast, 14%, reported concerns regarding the safety of men. For men, the primary areas of concern included robbery (65%), verbal harassment (29%), non-sexual physical harassment or violence (20%), and economic violence (10%) (see Graph in Annex).[15]

Refugee women highlighted uncertainties around stable housing and dire financial situations coupled with little humanitarian assistance, hinting to GBV risks of single women-headed households with children and the power imbalance with landlords or shelter managers. Increased psychological distress was reported linked to fear of eviction, the feeling of uncertainty for the future, and, in some cases, the transition from smaller villages in Ukraine to living in larger cities within Hungary. Domestic violence and economic violence within the households were also reported, in the form of control of household finances, limiting access to resources and economic opportunities.

The high percentage of respondents indicating awareness of available health services and social and security services (around 80% in both cases) can be interpreted as representing familiarity with where and how to access hospitals and the police. Percentages are considerably lower when it comes to legal assistance (44%) and psycho-social support (39%). 46% of the respondents reported having knowledge of a specific helpline (see Graph 12).

Graph 12 – % of respondents who know how to access GBV services – MCQ (N=644)



Common barriers in accessing GBV services are: language and cultural barriers, lack of awareness as well as stigma and shame.[16]

[15] The question about men's concerns was not part of previous year's survey, so no comparison can be made.
[16] The number of respondents reporting barriers was low (70).

Results from FGDs confirm that stigma forms a major barrier to access GBV services, which is aggravated by victim-blaming and lack of confidence in reporting mechanisms and available protection services. These findings are in line with general trends registered around barriers in disclosing and accessing GBV services.

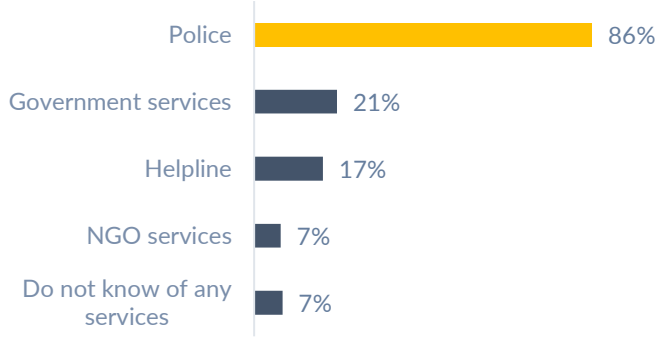
Child Protection.

One-third of the households (36%) have children with them in Hungary. Of them, approximately 6% are headed by older refugees (60+), another 4% by refugees under 25 years old, and 9% by a head of household with disabilities.

One in five expressed worries regarding risks faced by boys and girls,[17] marking an increase from the 2022 findings of +16%. This increase amounts to +4 percentage points for boys and +7 percentage points for girls. The three most frequently mentioned risks for both genders included psychological and physical violence, along with an increased vulnerability to violence online (see Graphs in Annex).

Most respondents were able to identify at least one service in their neighborhood for reporting violence against children, mainly police (86%), government child protection departments (21%), helplines (17%), and child protection NGOs (7% - see Graph 13). 7% indicated they were unaware of such services.

Graph 13 – % of HHs being aware of services to report violence against children – MCQ (N=682)



Disability.

Across the sample, 7% of the household members reported a form of disability, meaning difficulties in activities such as seeing (29%), walking (14%), remembering (6%), self-care (4%), and hearing (1%).[18]

Despite seemingly equitable access to TP status, households with a member with disability report more frequently unmet needs, around healthcare, implying heightened vulnerability compared to other households. As expected, households with persons with disability exhibit a significantly higher reliance on social protection benefits. It is important to mention is that refugees with disabilities in Hungary do not have access to government disability grants as Hungarian citizens. (see Table 1).[19]

Table 1 – Comparison of key indicators related to disability

Households with member/s	with disability	without disability
Have applied / received TP	92%	82%
Have unmet needs	91%	71%
Healthcare needs	31%	20%
Access to social protection benefits	62%	33%

[17] These results lack the perspective of children as only adult were targeted and they answered on the children's behalf. Cchildren's views were integrated into the report through FGD specifically targeting them.
[18] Disability of level 3 and above, according to criteria set in the guidance by the Washington Group on Disability Statistics. For more information, see https://www.washingtongroup-disability.com. Although difficulty in communicating was asked in relation to the person's usual language, it may have been misunderstood as not being able to communicate in the language of the host country, which explains why the percentage is relatively high (57%).
[19] As TP holders do not have access to government disability grants in Hungary, the social protection benefits mentioned in the table below are different form of support to vulnerable refugees.

The lack of systematic identification mechanisms for refugees with disabilities and barriers in the recognition of Ukrainian medical certificate further hampers access to tailored assistance.

Refugees with disabilities encounter additional hurdles in the socio-economic integration process and are more reliant on external assistance. It should be noted that TP holders are not eligible for the disability grants provided by the government to its citizens with disabilities (it ranges between 32,000 and 39,000 HUF). Lack of job options accommodating disabilities and caregiving responsibilities hinder the employment of refugees with disabilities and their caretakers.

" I cannot get state support, because I am not entitled to a special allowance for disabled children. We cannot find proper jobs because our children with disabilities can only go to school in the morning. This is a problem, for me and many other mothers, especially single mothers, because we cannot work full time." (37-year-old Ukrainian woman with TP status)

The location of schools, healthcare centers, and transportation challenges significantly limit housing options. Landlords' reluctance to rent to families, along with inaccessible buildings and limited access to transportation options and healthcare facilities, make suitable housing scarcer and pricier for refugees with disabilities and their families.

Particularly financially burdensome is their access to disability-specific healthcare, including necessary equipment, compounded by language and communication barriers. Information remains often inaccessible for refugees with disabilities.

"My child is autistic; she does not speak. I live in a rented flat in Budapest, without assistance. For two months we could hardly find a flat […] The rent is paid from my last savings. I am alone here with my daughter, and I have no one to leave the child with to take care of other commitments." (40-year-old Ukrainian woman with TP status)

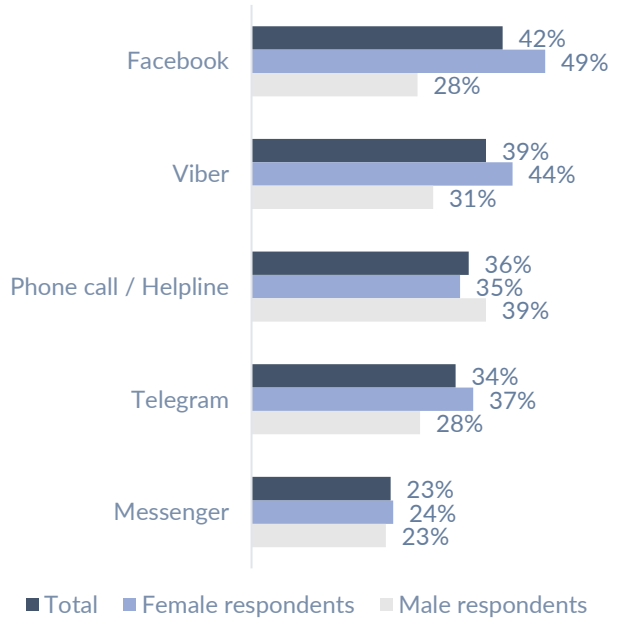
Access to Information and Feedback Mechanisms.

While there has been a slight improvement in accessing information on TP rights and entitlements compared to the previous year (50% reported challenges in the 2022 MSNA), the fact that one-third of respondents still encounter difficulties underlines the need for enhanced efforts in information dissemination (see Graph in Annex).

Language remains a significant barrier, with over half of respondents (53%) citing that information is not available in the language(s) they speak. The data reveals that 40% of respondents are uncertain about where to find information, and a substantial proportion lack confidence in determining trustworthy sources (see Graph in Annex). This suggests the importance of multilingual information resources and services and clear and easily accessible channels and for building trust in information sources, including government agencies and humanitarian organizations. It should be noted, as corroborated by FGDs, that the lack of information affects Hungarian and non-Hungarian speakers alike.

The five most favored methods or channels for receiving information (see Graph 14), include Facebook, Viber, phone calls or helplines, Telegram, and Messenger. Information should be available in different languages (for a breakdown of languages spoken, see Graph 4 on p.12).

Graph 14 – Top 5 preferred means of receiving information, % of HHs – MCQ (N=680)

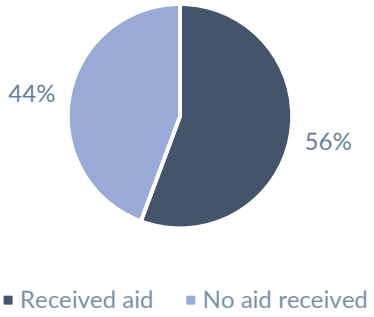


Approximately four out of five households reported knowing how to access secure and confidential complaint and feedback systems. Where feedback mechanisms are available, they effectively address refugees' concerns, as confirmed by 78% of respondents. The primary means of offering feedback to aid providers are phone calls or helplines being the most favored approach (see Graph in Annex).

Feedback on Assistance Received and Priority Needs.

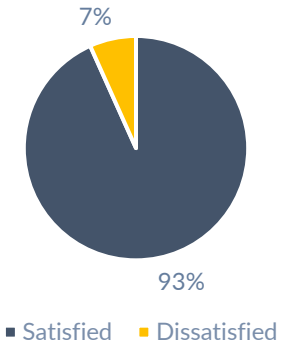
As per the survey, 56% of refugees received aid from humanitarian organizations or the government in the last 3 months (see Graph 15).

Graph 15 – % of HHs who received aid in the last 3 months (N=643)



The majority was satisfied with the assistance and the professionalism of those providing aid. Dissatisfaction with aid, which was reported by 7% of those who received aid (see Graph 16), was primarily due to the aid being insufficient. Dissatisfaction with behavior of those providing aid is linked to not being consulted about their needs, a lack of responsiveness to feedback, and a perceived lack of respect and empathy.

Graph 16 – % of HHs who were satisfied with the aid received (N=358)



To complement feedback on assistance, generally across all focus group discussions, a common thread highlighted the need for more support, whether from the government, local municipalities, or humanitarian organizations. Participants stressed the need for more comprehensive assistance, covering basic needs such as accessible or affordable housing, transportation, provision of food, language courses, immediate access to translators, healthcare, and education services. Timely information about rights and service access was also deemed crucial. Participants consistently reported substantial shortcomings in all mentioned areas, resulting in challenges and an overarching sense of vulnerability. This highlights the importance of more effective and comprehensive support measures to address the multifaceted needs of the refugee population.

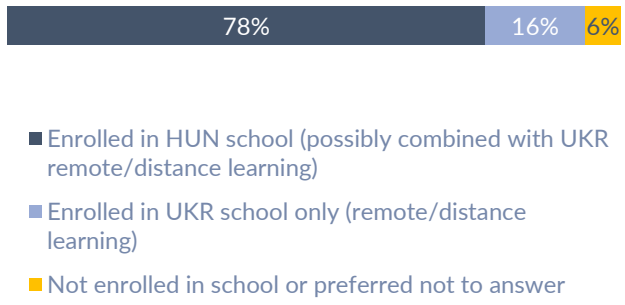
Three out of four respondents identified priority needs within their households. The primary needs highlighted are accommodation, followed by food, and language support (see Graph 17). The emphasis on the need for language assistance, including language courses and translation services, underscores the significance refugees place on language as a crucial tool for facilitating socio-economic integration. It also reflects their intentions to integrate within the local community and the lack of a short-term plan of return.[20]

Graph 17 – Top 3 most reported priority needs – MCQ (N=486)

EDUCATION

As per the sample interviewed, 78% school-aged children (6-17 years old)[21] were enrolled in school in Hungary in the school year 2022/23.[22] 16% were exclusively following the Ukrainian curriculum online, leaving 6% of children out of school (see Graph 18).[23] It is worth noting that the survey is self-declared and might be subject to bias given that enrollment is mandatory for TP holders. In addition, the survey captures enrollment rate but not the quality of learning.

Graph 18 – % of school-aged children enrolled in the 2022/23 school year (N=308)



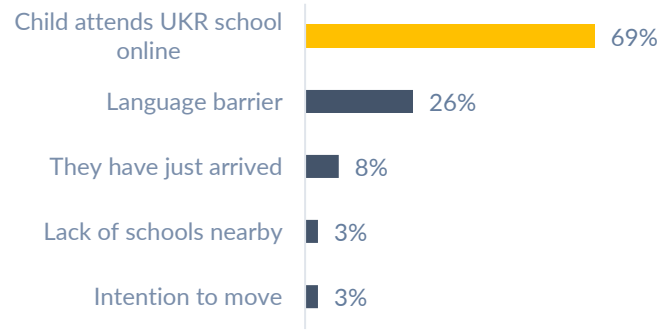
The enrolment rate for primary school-aged children is marginally higher (84%) compared to

[20] 85% of respondents indicated that they preferred to remain in Hungary in the 2022 MSNA, although this question was not included in the 2023 MSNA, UNHCR's Regional Intention Survey shows similar results for July 2022 (16% planned to return to Ukraine in the coming months) and June 2023 (14% planned to return within the next 3 months).
[21] The school-age range used excludes kindergarten, to allow regional comparison of the data. According to Hungarian law, attendance at kindergarten and school is mandatory for children between the ages of 3 and 16 years old; this is also applicable to TP holders and holders of resident permits in Hungary.
[22] Of them 37% were also following the Ukrainian curriculum online at the same time.
[23] It is important to reiterate the potential bias in the sample, as some families may have travelled back to Ukraine during the summer holidays, which could have affected the representation of families with children.

secondary school (79%). Younger students seem to find it comparatively easier to adapt to the language, as they tend to acquire language skills more readily than older students. It also highlights the potential need for additional language acquisition support for secondary students. For secondary enrollment, a distinction is evident between boys and girls, with 75% of boys and 85% of girls enrolled.

Reportedly, one out of five school-age refugee children were not enrolled in Hungarian schools in the 2022/23 academic year. The main reasons cited included 69% attending Ukrainian distance learning, 26% language barriers (see Graph 20).

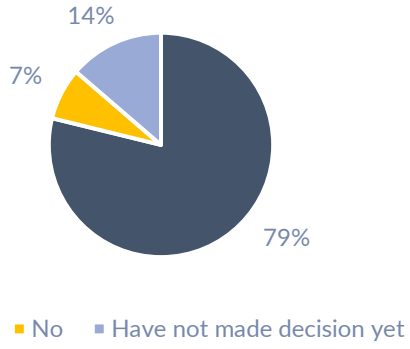
Graph 20 – Primary reasons for not enrolling children in school (N=62)



Half of the children were enrolled in Ukrainian distance learning; of them, 37% also attend schools in Hungary, while 16% exclusively access online education from Ukrainian schools. This indicates a strong desire among families to maintain ties with their home country, potential intent to return, and concerns about foreign school certificates being recognized upon their return. As per FGDs, families often face dilemmas when choosing between enrolling their children in either Ukrainian distance learning or Hungarian in-person education, in particular when these options overlap in the morning hours.

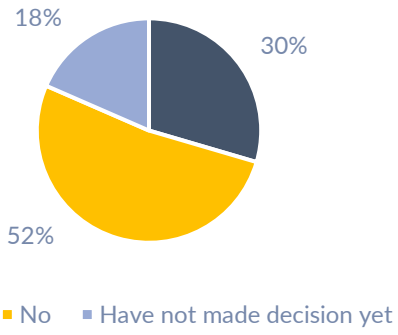
The consistency in the percentage of children intending to enroll in Hungarian schools for the current school year (79%) suggests an ongoing commitment to education from the side of refugee parents, incompliance with Hungarian regulations; 7% of parents are not planning to enroll their children and 14% are undecided, which indicates potential areas for targeted support and outreach to ensure educational continuity (see Graph 21).

Graph 21 – % of school-aged children to be enrolled in Hungarian schools for the 2023/24 school year (N=307)



In the upcoming school year, 30% of children are scheduled to be enrolled in Ukrainian online classes. Meanwhile, 18% of parents remain undecided regarding whether they will enroll their children in online classes or not (see Graph 22).

Graph 22 – % of children to be enrolled online in Ukrainian distance learning for the 2023/24 school year (N=325)



Within the 16-24 age group, 13% are categorized as NEET (not in employment, education, or training), which is in line with the national average (13.5%). Youth in this category might face challenges in the socio-economic inclusion process, putting them at heightened protection risk and dependency on aid.

Language barriers pose significant challenges in the school integration of Ukrainian refugee children in Hungary. Certain schools offer Hungarian language classes for foreign children. In addition, due to the language gap, Ukrainian refugee children often have to attend grades below their previous grade in Ukraine, affecting their motivation and learning path.

"I knew this material because in Ukrainian school I was in grade 8, but in the Hungarian school I had to go to grade 7, but then I could not work at the lessons because I do not know the language." (14-year-old Ukrainian girl)

There are also success stories that demonstrate that additional language classes facilitate rapid proficiency for some refugee children, enhancing their academic performance.

"Many refugee children do not speak Hungarian, but Ukrainian and English, they have enrolled the children in the local school right away, as soon as they got to Hungary. These children were taught Hungarian as a foreign language separately." (43-year-old Ukrainian man with TP status)

Instances of prejudice and bullying have been detailed by many refugee children and their parents, with discrimination based on language, nationality, or ethnicity. Some students, unable to overcome language barriers or facing bullying, prefer to focus on online education rather than attend Hungarian schools where they were officially enrolled.

"I had bad classmates: they put bees in the backpack of a Ukrainian girl. There were three kids from three different countries in our class, but they were not bullied. We were singled out as Ukrainians. We told the school principal; he agreed that we do not go to school this year, yet we are enrolled." (14-year-old Ukrainian boy)

SOCIO-ECONOMIC INCLUSION

Socio-economic inclusion implies that refugees, in particular vulnerable categories at risk of poverty and social exclusion, have the opportunities and resources necessary to fully participate in the economic, social, and cultural life and enjoy a standard of living that is considered normal in the society in which they live.

Employment and Underemployment.

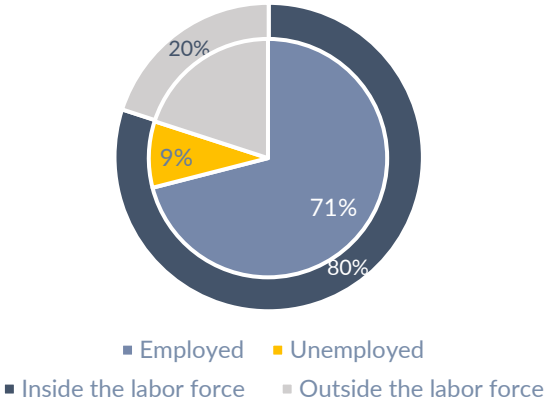
4 out of 10 refugees interviewed generally possess a post-secondary level of education. Notably, 28% hold master's degrees, and 13% possess bachelor's degrees (see Table in Annex). Conversely, 4% have no formal education, 8% completed primary education, 20% attained secondary education, and 25% finished technical or vocational schools. Further analysis shows that women tend to have higher education levels than men. Specifically, 16% of women hold bachelor's degrees, and 31% hold master's degrees, compared to 9% and 23% of men, respectively.

Seven out of ten (71%) working-age refugees (aged 16-64) are currently employed, while 9% remain unemployed (see Graph 22).[24] 20% of working – age refugees fall outside the labor force, meaning they were not employed and not able to work or looking for employment. Employment rates for refugees in Hungary are lower than the national statistics: Hungary's employment rate stands slightly higher at 75%

[24] Comparing the 2023 employment figures to the 2022 MSNA survey, it is evident that there has been a significant increase in employment. This sharp change may be partly attributed to the shift in measurement from respondent (MSNA 2022) to individual (MSNA 2023) level. However, the employment rate of refugees across other countries hosting those displaced from Ukraine is around 50% according to preliminary regional comparisons of MSNA data, indicating that refugees have increasingly found work in their host countries.

and the unemployment rate less than half at 4%.[25] Also, when comparing the situation prior to displacement, more adults are unemployed and less are employed.[26]

Graph 22 – Labor force participation - out of working age population (N=1,058)

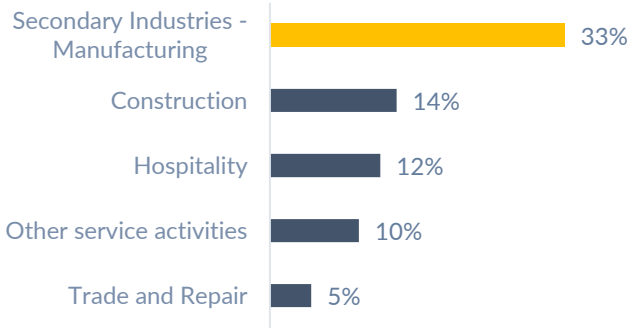


A notable gender disparity exists in terms of employment, with a higher employment rate for men (81%) compared to women (64%). In fact, not only refugee women find it more difficult to find jobs, but they do not look for a job at all due to household or care responsibilities: 17% of women are out of the labor market compared to 1% of men of working age for childcare reasons. The impact of family responsibilities is also evident in the average working hours, which are higher for men than for women (41 hours per week against 37). The data also indicates a connection between family size and employment status, showing that larger families with more children face greater difficulty finding work, possibly due to lack of childcare options. In fact, households led by unemployed heads have on average twice as many children residing with them in Hungary and employed heads.

The most common employment sectors for refugees include secondary industries such as manufacturing, construction, and hospitality (see Graph 23). In the case of women, the most common sector of employment is manufacturing (40%), followed by hospitality (19%), and service activities (12%). Conversely, most men are employed in construction (29%), followed by manufacturing (24%), and service activities (8%).

While most refugees are employed through official and legal forms of contracts, 11% do not have such agreements. However, this percentage might be higher, as it is reasonable to anticipate that refugees might be hesitant to disclose illegal employment.

Graph 23 – % of HH members employed by sector of employment (N=719)



[25] Hungarian employment and unemployment rate as of September 2023. Source: Hungarian Central Statistical Office.
[26] Comparing their situation in Ukraine before the displacement, 82% were employed, 12% were engaged in education, 9% in household or family responsibilities, and 3% were unemployed. Their work experience was most prevalent in manufacturing, construction, trade and repair, service activities, and hospitality.

Many working opportunities available for refugees prove challenging, marked by extended shifts, physically demanding labor, and constrained scheduling flexibility. Single mothers reported difficulties in striking a balance between work commitments and childcare responsibilities. The situation is exacerbated by the often-low-level salaries associated with refugees' employment positions, resulting in prevalent in-work poverty. Low wages are generally insufficiently offset by social benefits and humanitarian aid, underscoring the financial struggles experienced by Ukrainian refugees in Hungary. Protection of refugee workers against exploitation and abuse and awareness on the legal framework were also raised as issues.

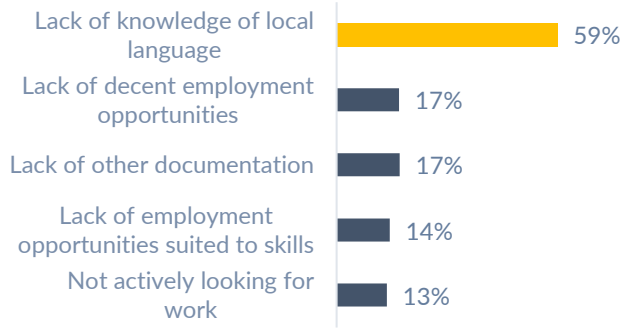
"My son once worked in a construction, but he was not paid eventually for 3 weeks for his work. We were kicked out from our apartment because of that." (Roma refugee woman).

"The education I got in Ukraine is of no importance here, because I do not know the language." (42-year-old Ukrainian woman with TP status)

Despite the encouraging employment rate, given their relatively high level of education, a substantial portion of the refugee working population is now underemployed, as they often find themselves in roles below their skill levels and unable to leverage their qualifications and prior work experiences effectively, as confirmed by the FGDs conducted. Many secure jobs in positions that do not require proficiency in Hungarian language.

The primary reason for unemployment for refugees is language barriers; the lack of decent job opportunities (mismatched skill levels or inadequate compensation), and difficulties in having documentation, degrees, and diplomas recognized (see Graph 24) follow.

Graph 24 – % of HH members by main difficulty in finding work (N=631)



Subsistence Allowance and Other Forms of Social Benefits.

28% of the households received social protection benefit from governments in the last 30 days, with 22% receiving them from Hungary, 4% receiving them from both Hungarian and Ukrainian governments and 2% from Ukraine.

TP holders in Hungary are entitled to TP subsistence allowance;[27] the allowance is limited to 45 days, with exceptions for children and vulnerable categories, as a means to support the integration of new arrivals for a limited period, expecting refugees to attain self-

[27] In addition, vulnerable TP holders are also entitled to free accommodation and meals, disbursed to the institutions hosting the TP holders.

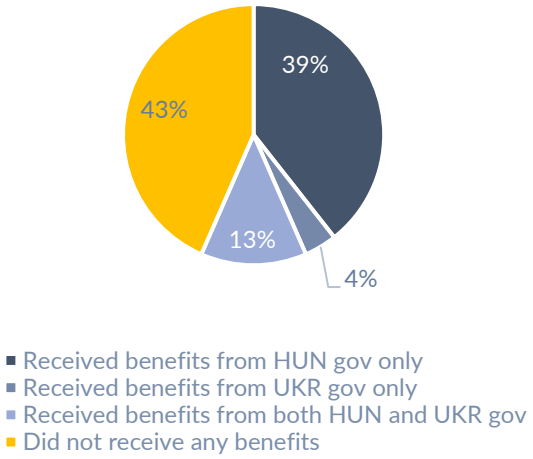
reliance over time.[28] For those receiving Hungarian benefits, the average amounted to around 44,000 HUF monthly on a household level, making up 65% of their overall income.

Conversely, Ukrainian benefit recipients received an average of 30,000 HUF, contributing to 41% of their total income.

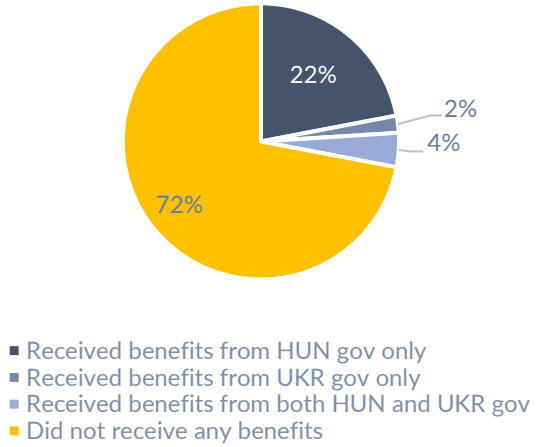
88% of individuals receiving allowances from the Hungarian government expressed satisfaction, yet discussions with refugees revealed practical obstacles such as bureaucratic hurdles, language barriers, and difficulties in processing address changes for those receiving assistance via mail.

As displacement persists, the percentage of households receiving government social benefits decreases: 56% of households acknowledged receiving subsidy allowances upon their arrival, while 28% reported such allowances in the last 30 days since the survey took place (see Graph 25 and Graph 26).

Graph 25 – % of HH receiving social protection benefits: since arrival (N=682)



Graph 26 – % of HH receiving social protection benefits: in last 30 days (N=650)



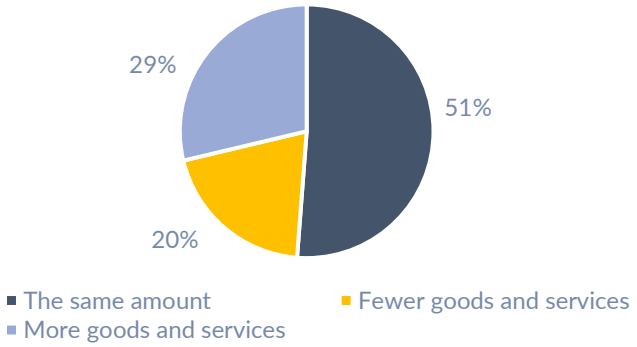
Income and Purchase Power.

Almost 3 out of 4 households (73%) reported Hungarian employment as their main income source, constituting a substantial 98% of their total income. This underscores the role employment plays for refugees in Hungary to support household income, while also highlighting the importance of social assistance, particularly from the Hungarian government, in providing supplementary financial support to vulnerable households. Considering the various income sources, refugees have a per capita income of 144,000 HUF, which falls below the national average in Hungary.[29]

Limited purchase power by refugees is highlighted by the 20% of surveyed households who – despite good employment rate - noted a decline in their purchasing power compared to the previous year (see Graph 27).

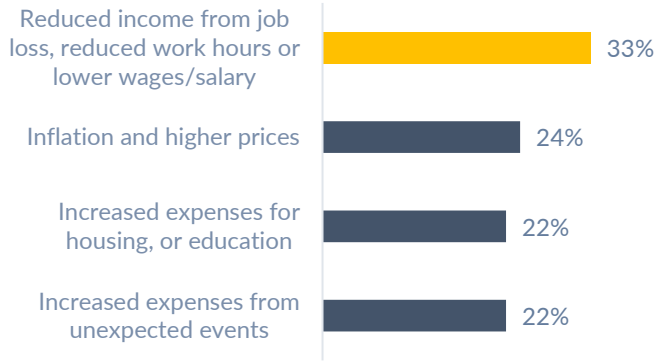
[28] The subsistence allowance comprises 22,800 HUF for adults and 13,700 for children disbursed over an initial 45-day period, either via bank transfer or given by post at the provided address. Beyond this period, adults must accept job offers while only children remain eligible and certain vulnerable categories. Notably, refugees often lack awareness regarding the origin and purpose of the assistance they receive. As per Hungarian regulations, TP holders are not eligible to other social benefits provided by the government, such as family, unemployment, or disability grants.
[29] 187,000 HUF net per month per capita in 2022, according to the Hungarian Central Statistical Office. However, the questionnaire did not specify if the questions related to income were referring to gross or net income.

Graph 27 – % of HH by change of purchasing power: compared to the first months in Hungary (N=578)



This downturn is primarily attributed to reduced income, mainly stemming from employment in low-paying jobs, escalating inflation leading to increased prices for goods and services, heightened housing and education costs, and unexpected financial burdens (see Graph 28).

Graph 28 – % of HH who can afford less goods and services by reason for change (N=116)



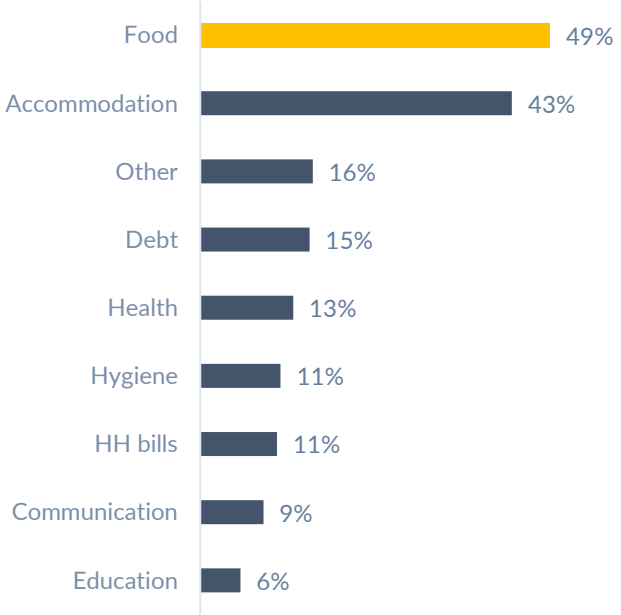
Accommodation follows closely, representing 43% of the expenditure share (average expenditure: 89,200 HUF). Those carrying debt shoulder an additional 15% of their expenditures for repayment. Health and household bills each account for 13% and 11%, respectively, while 11% is allocated to hygiene, 9% to communication, and 6% to education.[31]

Household Expenditures.

The breakdown of household expenditures provides a glimpse into the allocation of resources, highlighting essential areas of spending and the financial burdens that some households bear (see Graph 29).

On average, food is the most substantial expense for households, constituting 49% of their expenditures (average expenditure: 135,000 HUF).

Graph 29 – Average expenditure per category: as % of total HH expenditure[30] (N=682)



Vulnerability indexes

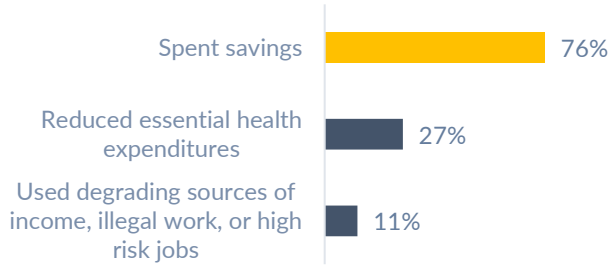
Measuring household stress based on the survey data, several complex indexes can be used to assess the vulnerability of refugees from Ukraine in various respects. These indexes provide a deeper understanding by exploring not only the livelihood of refugees but also the strategies applied to improve their situation.

[30] Those who gave the answer 0 for an expenditure category were not included in the calculation of the average share.
[31] The share of those not spending on food is 5%, 63% do not have accommodation costs, and 46% do not spend on health. For hygiene, this share is 18%, for communication it is 20%, for household bills it is 66%, for education 83%, for debt 94%, and for the category "other" it is 35%.

Table 2 – Vulnerability indexes: overview and explanation of results

	Result	Explanation
Food Consumption Score (FCS)[32]	99% "acceptable"; 1% "borderline" or "poor"	Most Ukrainian refugees in Hungary do not seem to suffer from food deprivation.
Reduced Coping Strategies Index (RCSI)[33]	2.45 in average, notably higher for Roma (7.47)	Measured on a scale of 0 (no food insecurity) to 56 (maximum food insecurity), the results indicate that Ukrainian refugees rarely have to employ negative coping strategies to secure their household's adequate nutrition. This is in line with the FCS results.
Livelihood Coping Strategy Index (LCSI)[34]	23% have recurred to at least one kind of coping strategy (See Graph 30), notably higher for Roma (56%)	While the 2 above food security index are satisfactory, the LCSI shows that other basic needs are not always met, forcing refugees to adopt detrimental strategies to ensure an adequate level of livelihood.

Graph 30 – Top 3 reported negative/harmful coping strategies, by % of HH - MCQ (N=682)



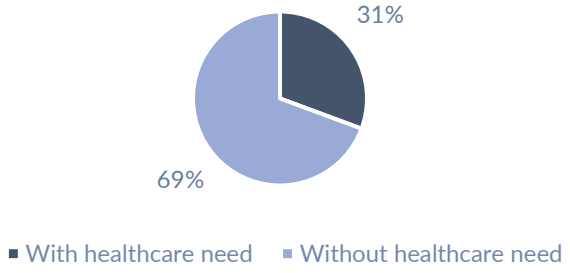
Of the nearly 1 in 4 households who reported engaging in negative or harmful coping strategies due to lack of food or money, the most adopted strategies are spending savings (76%), reducing essential healthcare expenditures (27%) and using degrading sources of income, illegal work or high-risk jobs (11%). Respondents who self-identified as being of Roma ethnic background consistently scored worse in these indicators of vulnerability.

HEALTH

Access to Healthcare.

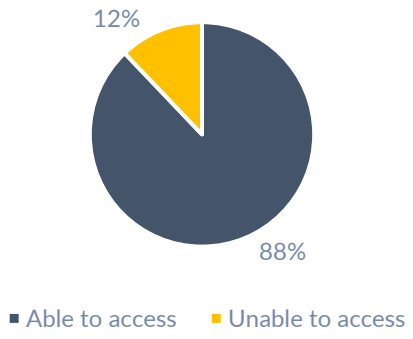
Within the 30 days preceding the survey, one out of three household members experienced healthcare needs, out of this group, 12% were unable to receive the necessary healthcare (see Graph 31 and Graph 32).

Graph 31 – % of HH members with healthcare need: <30 days (N=1,503)



[32] This index reflects on the food security of households, by combining information on dietary diversity, food frequency and the relative nutritional value of various food groups, asking about food consumption in details during the 7-day period preceding the survey. It is used in humanitarian crises to measure access to adequate nutrition.
[33] This index measures the extent to which households engage in food-related coping strategies (such as buying less or less expensive food).
[34] This index has a broader scope than the previous two indices and refers to the percentage of households reporting engaging in negative/harmful coping strategies over the last 30 days due to either a lack of food or money.

Graph 32 – % of HHs with health needs who reported access barriers (N=454)

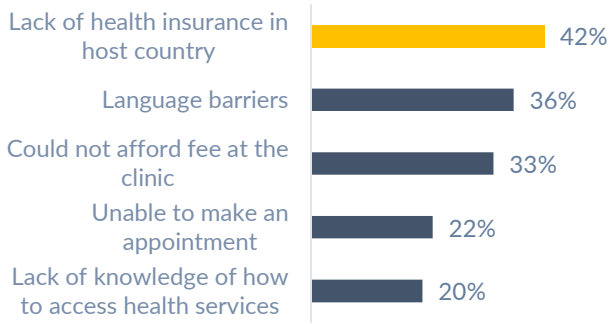


TP holders are entitled to free emergency and essential healthcare in Hungary, which includes general practitioner services in their area of residence and access to specialized care or hospital assistance.

The fact that, paradoxically, 42% of those encountering difficulties cite the absence of Hungarian health insurance as one of the main barriers (see Graph 33) might be linked to a lack of awareness on the part of refugees or healthcare practitioners regarding their healthcare entitlements. Others might be misled by validity of TP documents, which were automatically renewed beyond the date stated on the document (without new documents being issued) or procedures to follow to access healthcare and subsidized medication in the absence of a TAJ number.

Language barriers were identified as a significant hurdle, with 36% of respondents reporting that not speaking the language hindered their access to healthcare. 4% of women reported difficulties in accessing sexual and reproductive health services in Hungary, which underscores the need for improved access to these essential services for this group.

Graph 33 – % of HH members unable to access healthcare, by type of barrier (N=55)



33% of respondents cited being unable to afford clinic fees as a barrier. This could be linked to costs related to specialized care, beyond the free emergency and essential healthcare linked to the TP status, or care for chronic conditions, which TP holders ought to be entitled to under the relevant legislation.

54% of the households reported healthcare related expenditure in the 30 days prior to the survey. It goes up to 85% for households with at least one member with a disability.

For households who reported health expenditures, the costs made up 13% of the total household expenses. However, households with at least one member with disability spent a much higher share, comprising on average almost a quarter of all their expenses. One out of three refugee households reported having at least one member with a chronic illness, they spend on average 20% more on healthcare compared to others.[35]

[35] 92% of children aged up to 6 years have received at least one dose of polio vaccination. 22% of children have received all 4 recommended doses, 7% have received 3, 40% have received 2, and 23% have received only 1. 86% of 9-month- to 5-year-olds received measles vaccination.

Discussions with Ukrainian refugees in Hungary, in particular with refugees with disabilities and older refugees, have shed further light on the significant challenges related to accessing healthcare.

The shortage of interpreters is reported as major difficulty in cases of urgent medical care. Although English can occasionally serve as a communication bridge, some medical staff lack English proficiency. This underscores the need for alternative solutions, such as translators or digital tools, to address communication barriers effectively. Due to language barriers and other difficulties in accessing healthcare, many refugees, including the very old (over 90) refugees, choose to return to Ukraine for treatment and medication.

"There are people who go back home for healthcare; back home they know what medicines we need. Some also bring medicines from home back to us, from Ukraine […] In Ukraine, we can communicate with the doctor, we are treated in a different way. I understand the Ukrainian system and I find it more transparent." (64-year-old Ukrainian woman)

Lack of familiarity with the Hungarian healthcare system, the attitude of medical staff in some cases, long waiting lists, and disparities in healthcare systems, including differences between the Hungarian and Ukrainian treatment protocols and medication prescriptions are also listed as key concerns.

Furthermore, health insurance and eligibility for free care are major issues for Ukrainian refugees in Hungary. While TP holders are entitled to healthcare in general, certain treatments and medications are not covered within the TP scheme. Furthermore, dual nationals from Ukraine are not automatically granted health insurance, even for essential services.

Barriers often result in suboptimal healthcare for refugees and, consequently, they resort to seeking medical care in Ukraine, either by returning to their home country or through online consultations with their regular doctors who can prescribe necessary medications. This approach is especially common among refugees who have established permanent residence in Hungary.

"Our people mostly go home to Ukraine and get treated there. They prefer to go to Ukrainian doctors not only because of the language but also because of the attitude of the doctors, (...) it is more that the doctors want to get rid of us quickly. (…) [Access to health for refugees in Hungary] is such a serious problem now that in the Eastern part of Ukraine they know about it, for example in Kharkiv my own former GP called me and said, 'feel free to call me from Hungary, I treat several people here, so we can consult online, I can treat you online, and it is much easier this way." (75-year-old Ukrainian man with TP status)

Mental Health and Psychosocial Support (MHPSS).

In 12% of the households interviewed, the respondent indicated that at least one individual is experiencing psychological issues such as anxiety, stress, sleep difficulties, or depression, to such an extent that it affects their daily functioning (for example, having difficulty getting out of bed, caring for self or for others in the household, or doing daily household activities such as cooking and cleaning).

However, due to the prevailing stigma associated with disclosing mental health problems within the Ukrainian community, the data likely does not reveal the full extent of the issue. It also does not cover milder cases of persons who are still able to function but nonetheless experience psychological issues.

Among those who recognized the need for psychosocial assistance, a substantial proportion, two out of three, were unable to access such support. This discrepancy points to

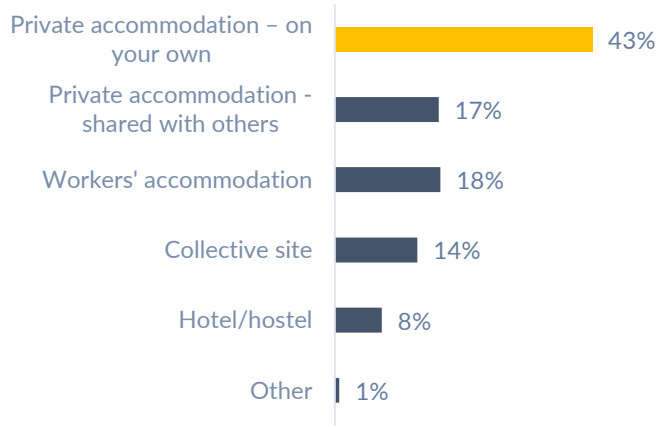
a significant unmet mental health support need among Ukrainian refugees in Hungary, ranging from psychiatrist support for more severe cases to community-based support mechanisms for general support. The language barrier, cited by 46% of respondents, is the most common reason hindering access to psychosocial support followed by a lack of knowledge about where to seek help, mentioned by 32%. These barriers suggest that interventions are needed to address language-related challenges and to improve awareness and information dissemination regarding available mental health services and resources (see Graph in Annex).

ACCOMMODATION

The predominant living arrangement for the surveyed households are independent accommodations, with 60% of households living in private settings: 43% in private accommodations on their own and 17% in private accommodations shared with others. When looking only at those who are in private accommodation (either on their own or shared with others), the proportion of those sharing with others has increased (8% in 2022 vs 29% in 2023). This might be linked to cost mitigation measures adopted by some refugee families, while moving from institutional housing facilities (many closed after the initial emergency phase of the response) to private yet shared accommodations.

About 18% of households are in workers' accommodation, defined as arrangements provided by employers. Collective sites, often offered by the government or charitable organizations, house 14% of the respondents; in the 2022 MSNA, the percentage stood at 56%, indicating a gradual phasing out from institutional housing.[36] 8% reside in hotels/hostels (see Graph 34). I

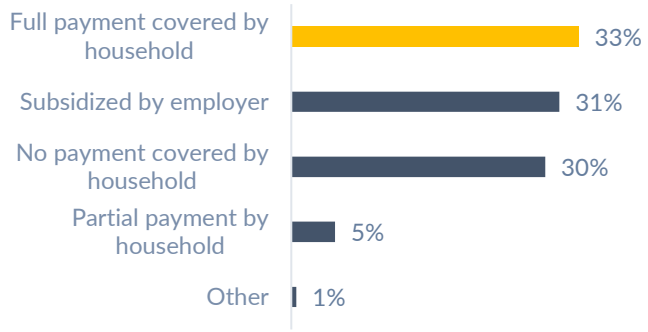
Graph 34 – % of HHs by accommodation arrangement (N=678)



One third (33%) of refugee households pay for their accommodation fully themselves, while roughly the same share (31%) has their expenses subsidized by their employer. A further 29% do not have to pay at all, mostly because they live in accommodation provided by the government (such as collective sites) or are hosted for free (either by family or with support from civil society). 5% only provide partial payment, for instance because they are hosted by close friends or relatives (see Graph 35). As availability of subsidized housing reduces, the potential for further economic hardship for those not currently required to cover rent costs are significant.

[36] In is also important to note that the 2022 MSNA targeted more collective sites (as more refugees were living there) potentially impacting the statistics.

Graph 35 – % of HHs by payment arrangement (N=666)



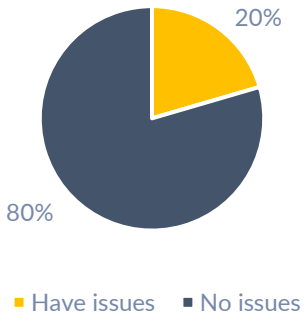
The average monthly amount spent on rent for households renting accommodation is around 134,000 HUF.

While only 1% of households are facing pressure to leave their accommodation (it was 13% in 2022), 9% have short-term arrangements (for up to 3 months) which do not grant security of tenure.

1 in 5 households have issues paying their rent on time, indicating financial distress.

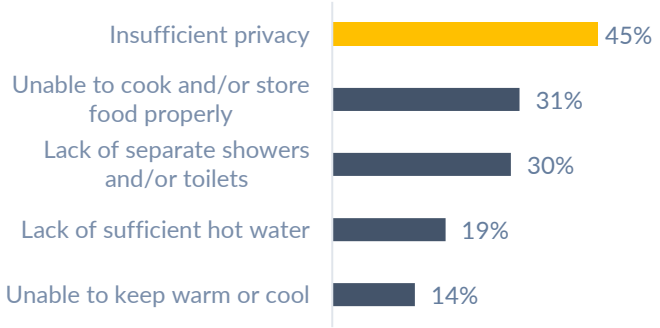
One in five households report issues with their current living conditions (see Graph 36). This is an improvement compared to 2022, when one out of three reported issues with their accommodation.

Graph 36 – % of HHs reporting issues with accommodation (N=669)



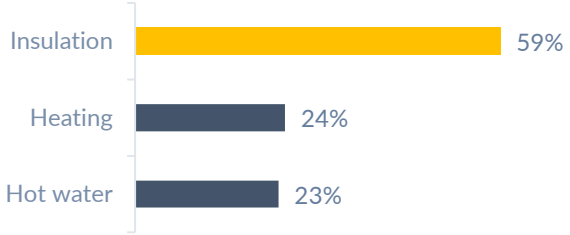
The most common problems include insufficient privacy, difficulties in cooking and food storage, and the absence of separate showers or toilets (see Graph 37). Additionally, 4% of households live in overcrowded conditions (meaning more than three people per habitable room), underscoring the need for adequate living space.

Graph 37 – Top 5 most reported issues with accommodation (N=137)



Furthermore, 14% of households express concerns about the suitability of their accommodation for winter. The primary issue is inadequate insulation, as mentioned by 59% of respondents facing concerns. A significant proportion (about one-fourth) of households expressing concern lack access to heating and/or hot water, which can pose substantial challenges, particularly during colder months (see Graph 38).

Graph 38 – % of HHs by type of winter preparation missing in accommodation (N=95)



CONCLUSIONS

Guided by the Refugee Coordination Forum (RCF) in the summer of 2023, the Multi-Sector Needs Assessment (MSNA) provides a cross–sectoral understanding of the multifaceted needs and challenges faced by Ukrainian refugees living in Hungary, highlights their access barriers to essential services, and identifies priorities for an effective humanitarian response. The MSNA also provides the evidence informing the 2024 Refugee Response Plan (RRP) planning process.

Based on the findings of the report, humanitarian partners engaged in the response should consider the following areas to enhance the effectiveness of the refugee response and support the socio-economic inclusion of refugees:

1. **Enhance support for vulnerable refugees,** ensuring that social safety nets are available to all vulnerable refugees regardless of status and for a sustained duration. As a transition measure, complement state-provided social protection schemes with additional humanitarian support for vulnerable refugees, with a focus on refugees with disabilities, older individuals, refugees with chronic medical conditions, and children.
2. **Increase language support programs.** Recognizing that language barriers significantly hinder access to rights and services and hampers meaningful inclusion of refugees, efforts should be made to expand language support services, including language training for adults, interpreters in healthcare settings, language assistance programs in schools and translation of documentations and certificates.
3. **Diversify information channels.** To ease access to services it is important to disseminate reliable and updated information through multiple channels and languages to refugees with a focus on TP status, associated rights, changing benefit entitlements, and essential services. Multiple communication channels in Ukrainian, Hungarian and Russian, especially through favored platforms like Facebook, Viber, phone helplines, Telegram, and Messenger, should be actively utilized by all actors to bridge information gaps. Information should also made accessible for older refugees, not necessarily familiar with social media channels and alternative channels for refugees with disabilities who might face challenges accessing existing mechanisms.
4. **Support tailored integration activities.** As the crisis grows longer, needs have become increasingly diversified. Targeted support for the most vulnerable is essential to ensure progress in the integration process, complementing larger efforts at systematic changes. Tailored activities for youth out of employment, education, or training as well as older individuals and persons with disability should be considered. Programming addressing the specific challenges faced by members of the Romani community should also be considered.
5. **Enhancing access to education for refugee children and youth**. Promote educational inclusivity by focusing on targeted language support, overcoming attendance barriers, and bolstering mental health services. Strengthen anti-discrimination measures for a safe school atmosphere. Tailor outreach for secondary education and hesitant parents while creating socio-economic programs for NEET youth. Facilitate foreign certificate recognition to ease enrollment.
6. **Offer tailored employment programs.** To address shifts in employment dynamics and the challenges faced by refugees in securing stable employment, tailored socio-economic integration programs should be

developed, including skills training, vocational programs, and initiatives that specifically address gender disparities in employment, while easing recognition of certificates and past work experience. Also, accessible information on livelihoods in relevant languages should be increased to facilitate refugees who are seeking employment to support their self-sufficiency and economic inclusion.

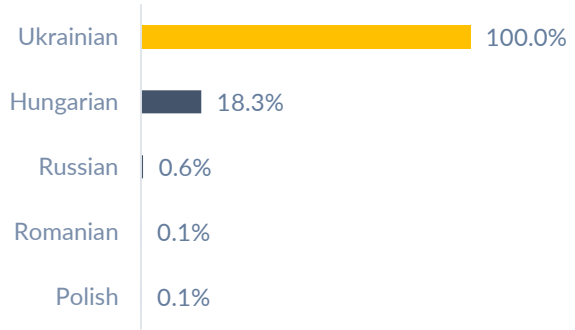
7. **Enhancing access to affordable housing options.** Acknowledging the shift from collective sites to private accommodations, efforts should be sustained to address access barriers to individual housing, including cost, and ensuring adequate availability of affordable housing. In addition, targeted support for families facing privacy and overcrowding concerns, as well as initiatives to promote access to suitable housing options for individuals living in housing unsuitable for winter should be considered.
8. **Strengthen access and awareness on healthcare.** Acknowledging challenges stemming from the lack of information on the health system in Hungary among TP holders and around eligibility of TP holder amongst service providers in the healthcare system, strengthen awareness campaigns among refugees and health practitioners on the right to free care; also, implementing financial aid programs, and launching initiatives to enhance the accessibility of specialized medical services.
9. **Support preparedness and coordination of the response**. Sustain reception capacity and response preparedness by developing contingency plans to promptly manage varying refugee numbers, identification and assistance of vulnerable individuals through the rapid mobilization of resources, including staffing. Maintain coordination among national and humanitarian entities to establish a more effective and responsive system, adept at meeting the evolving needs of refugees.

In conclusion, the MSNA in Hungary provides a nuanced and holistic understanding of the diverse needs and challenges faced by refugees from Ukraine in Hungary. It acknowledges the successes and ongoing challenges in socio-economic integration, housing, and healthcare, while underscoring the importance of tailoring interventions to address specific protection vulnerabilities to ensure meaningful access to rights to the different groups of refugees in Hungary. The findings were presented to the humanitarian community and to the government and serve as an important resource for humanitarian planning, shaping the 2024 RRP, and facilitating collaborative efforts to meet the evolving needs of the refugee population in Hungary.

ANNEXES

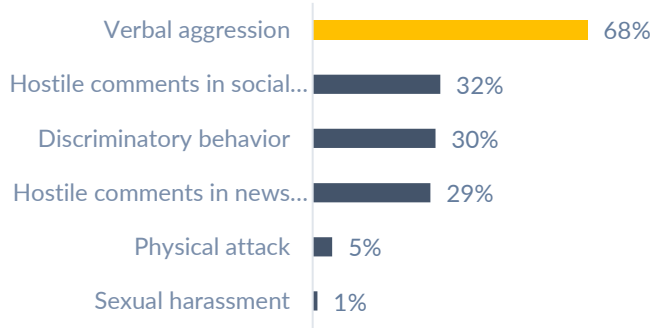
Demographics

Graph 39 – % of respondents by citizenship – MCQ (N=682)

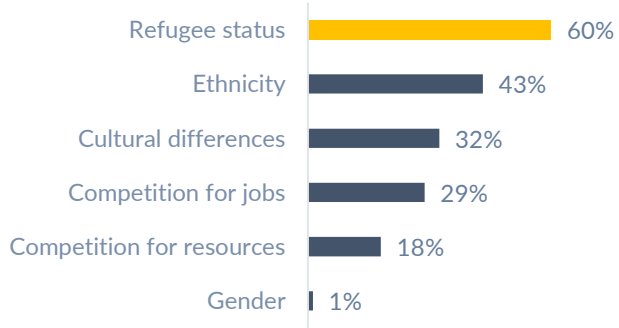


Protection

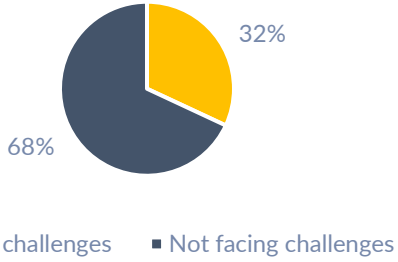
Graph 40 – Types of hostile behaviors experienced (N=84)



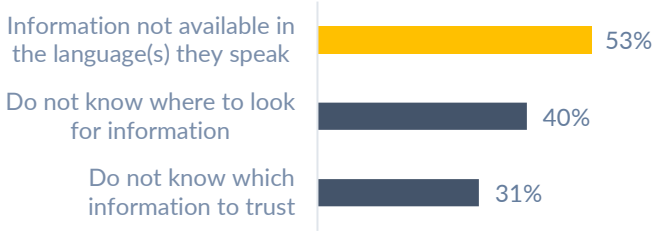
Graph 41 – Assumed reasons for hostile behavior (N=84)



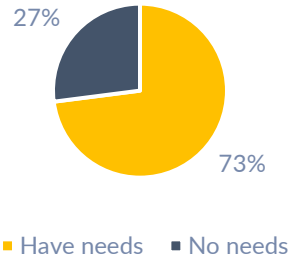
Graph 42 – % of HHs facing challenges in accessing information (N=648)



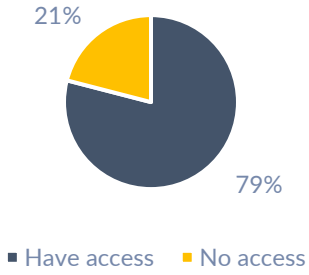
Graph 43 – % of HHs by type of challenge faced in accessing information – MCQ (N=207)



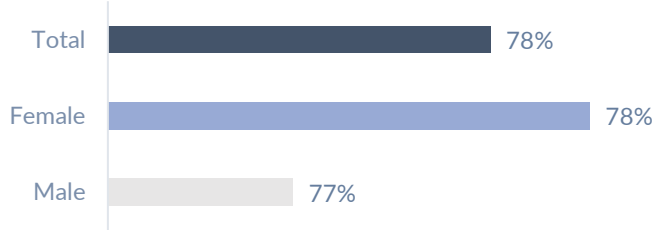
Graph 44 – % of HHs who reported priority needs (N=682)



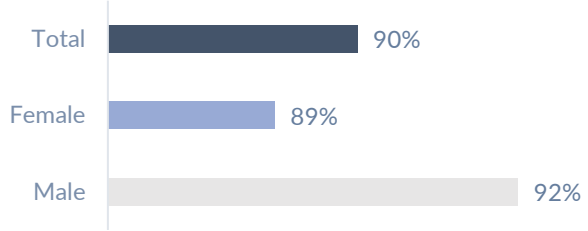
Graph 45 – % of HHs with access to complaints and feedback mechanisms (N=577)



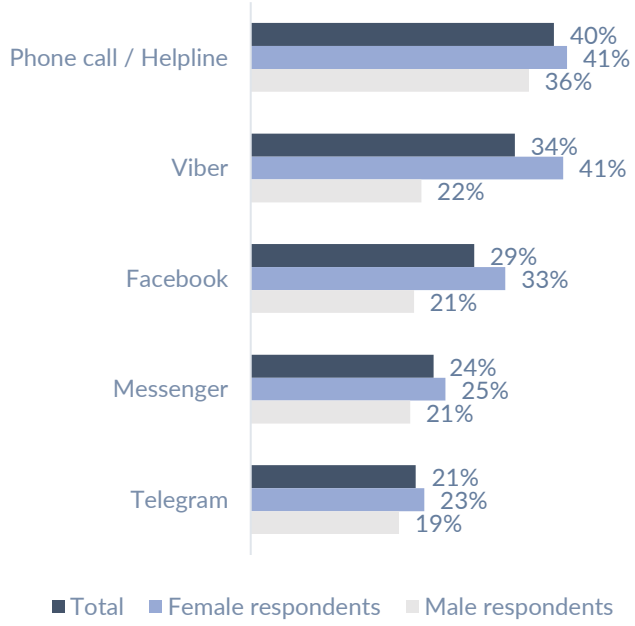
Graph 46 – % of HHs who feel that protection concerns they report receive an appropriate response (N=383)



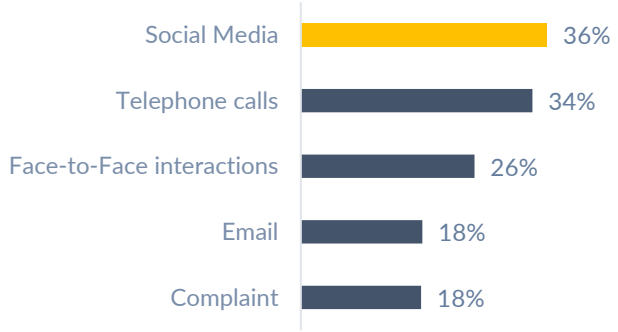
Graph 47 – % of respondents who would report inappropriate behavior from an aid worker (N=568)



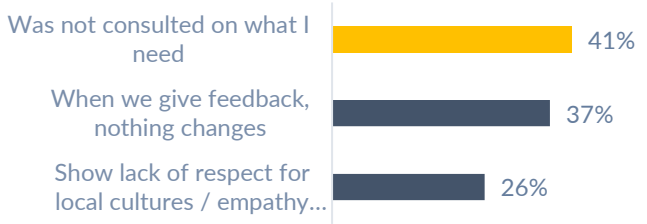
Graph 48 – Top 5 preferred means of providing feedback to aid providers about the quality, quantity, and appropriateness of aid, % of HHs – MCQ (N=605)



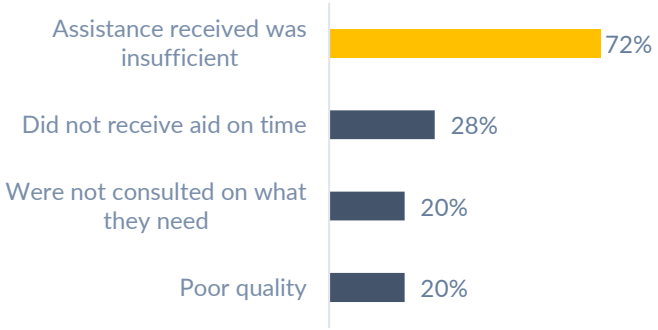
Graph 49 – Top 5 preferred means of providing feedback to aid providers about the behavior of aid providers and other sensitive issues, % of HHs – MCQ (N=598)



Graph 50 – Reasons for dissatisfaction with aid workers – MCQ (N=27)

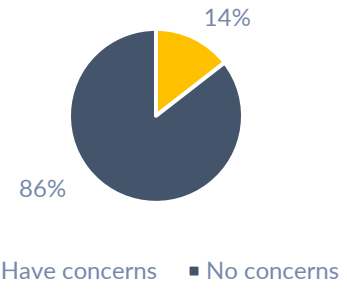


Graph 51 – Reasons for dissatisfaction with aid (N=24)

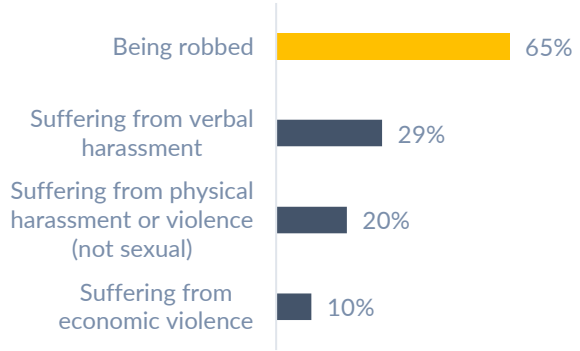


Gender-Based Violence

Graph 52 – % of HHs who have concerns regarding the safety and security of men (N=352)

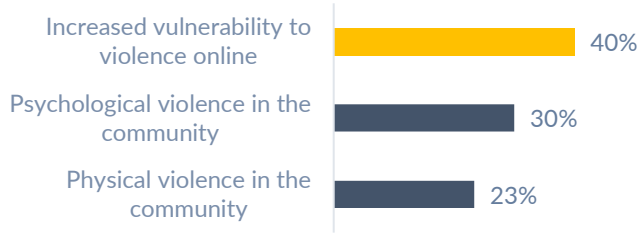


Graph 53 – Top safety or security for men reported – MCQ (N=51)

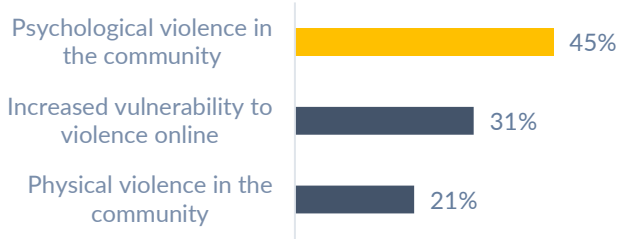


Child Protection

Graph 54 – Top 3 most reported risks faced by boys – MCQ (N=30)

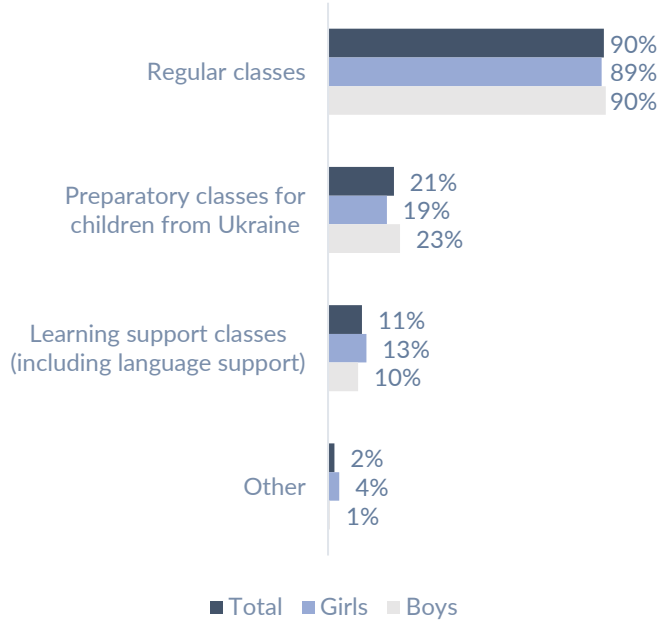


Graph 55 – Top 3 most reported risks faced by girls – MCQ (N=29)



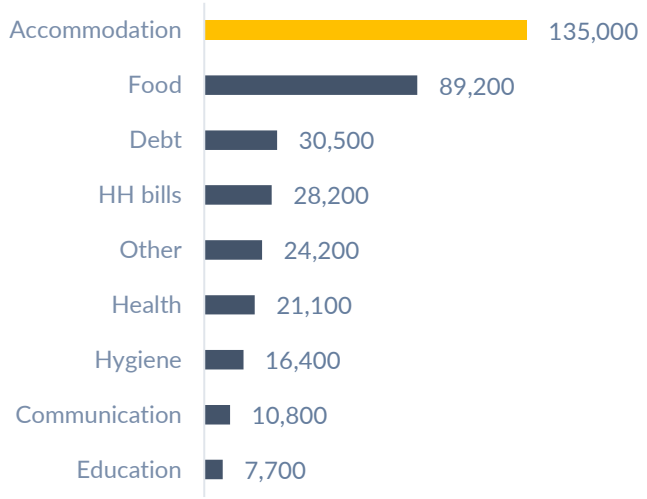
Education

Graph 56 – % of children attending classes, by type– MCQ (N=300)

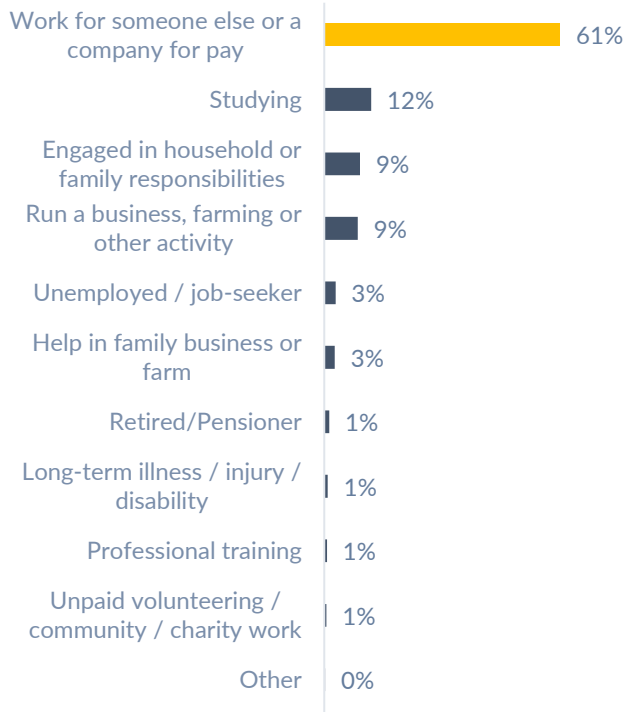


Socio-Economic Inclusion

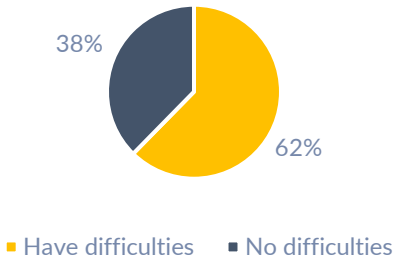
Graph 57 – Average household expenditure per category[37] – amount in HUF (N=682)



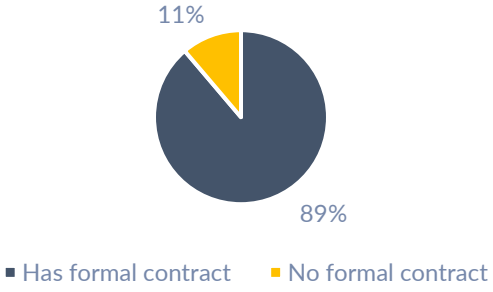
Graph 58 – % of HH members by main activity before leaving Ukraine (N=1,027)



Graph 59 – % of HH members who have difficulty finding work (N=1,012)



Graph 60 – % of HH members by type of employment contract (N=696)

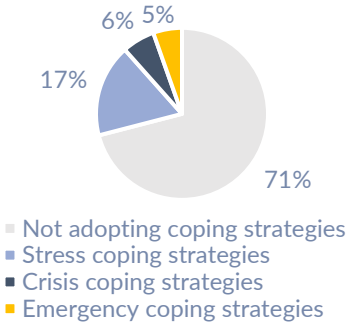


[37] Those who gave the answer 0 for an expenditure category were not included in the calculation of the average amount.

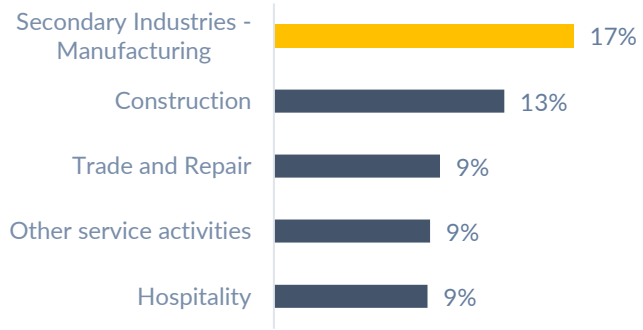
Table 3 – % of HH members by highest level of formal education attained to date (N=1,080)

	Total	Female	Male	18-24	25-34	35+
Bachelor (first level of higher education)	13%	16%	9%	16%	16%	11%
Master (second level of higher education)	28%	31%	23%	5%	35%	33%
No education	4%	3%	5%	3%	5%	4%
Ph.D./Doctoral Candidate/First Doctoral Degree	1%	1%	1%	0%	0%	2%
Primary education	8%	7%	10%	12%	12%	6%
Secondary education	20%	18%	22%	37%	15%	16%
Technical or Vocational	25%	23%	29%	27%	17%	29%

Graph 61 – % of HHs by maximum coping behavior (N=682)



Graph 62 – % of HH members by sector(s) of work experience or training – Top 5 (N=728)



Graph 63 – % of HHs by ownership of productive assets – MCQ (N=682)

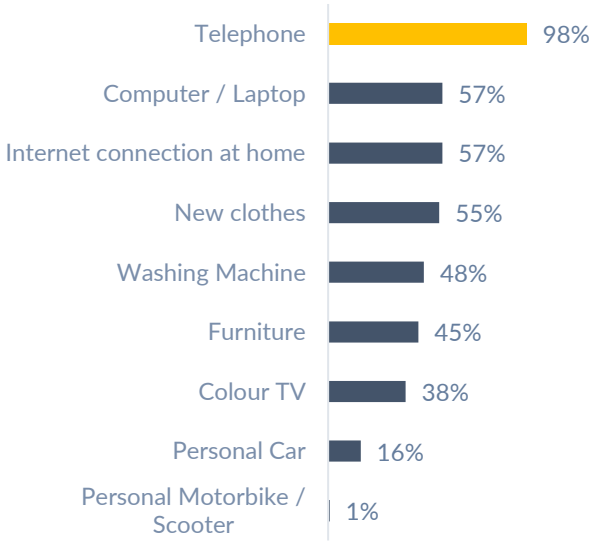
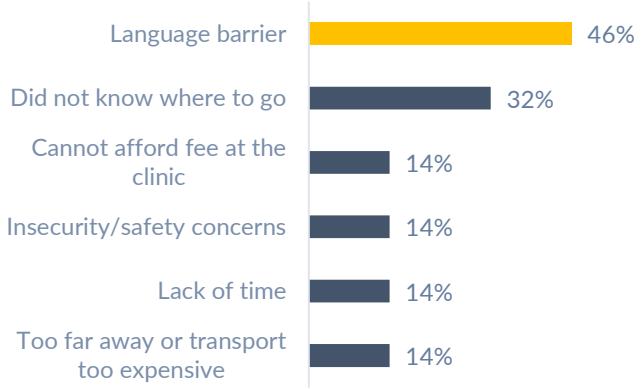


Table 4 – Average HH income over the last 30 days: by amount and % from each source[38]

	Average amount in HUF	Average % of total income
Hungarian employment	388,767	98%
Hungarian benefits	43,565	65%
Ukrainian benefits	29,828	41%
Other sources[39]	128,048	59%

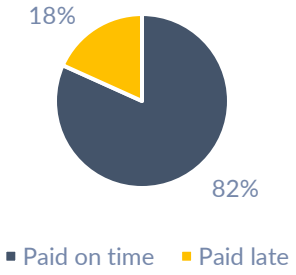
Health

Graph 64 – % of HH members who did not receive mental health and psychosocial support, by reported barriers (N=28)

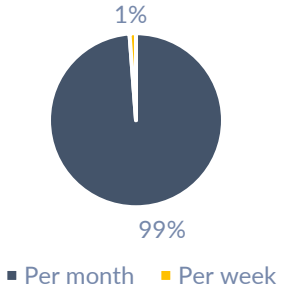


Accommodation

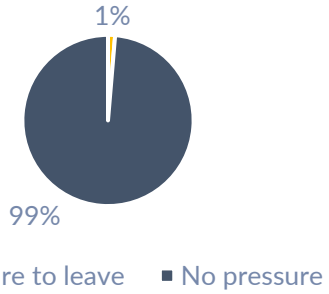
Graph 65 – % of HHs facing problems paying rent (N=252)



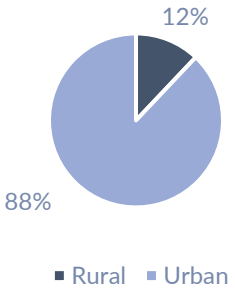
Graph 66 – % of HHs renting accommodation by payment frequency (N=251)



Graph 67 – % of HHs under pressure to leave accommodation (N=674)



Graph 68 – % of HHs by rural vs urban area (N=680)



[38] Where respondents reported 0 as an amount, these values have been excluded from the calculation. The shares are for those who have the given category as an income source, therefore, the categories do not add up to 100%.
[39] These include cash assistance from humanitarian organizations, income from investment, savings or property, loans and credits as well as remittances.

Regional Refugee Response for the Ukraine Situation

HUNGARY
MULTI-SECTOR
NEEDS ASSESSMENT