

HUNGARY

SOCIO-ECONOMIC INSIGHTS SURVEY

Final Report - October 2024



SEIS 2024 – HUNGARY

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LIST OF ACRONYMS

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

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INTRODUCTION.

By October 2024, over 6.7 million refugees have fled Ukraine since the conflict escalated in February 2022. With more than 3.7 million crossings from Ukraine recorded into Hungary, some have applied for Temporary Protection (TP) in the country, with over 46,000 granted TP status as of this report. Due to Ukraine's uncertain security and humanitarian situation, population movements are expected to continue throughout 2025, albeit at a slower pace. This will likely result in new arrivals of Ukrainians seeking safety and protection in Hungary, joining those already in the country.

To address the needs of refugees across the region, UN agencies, NGOs, and civil society organizations have joined forces under the [Refugee Response Plan](#) (RRP). This regional effort unites humanitarian actors in 10 countries, including Hungary, around a coherent response strategy and coordinated funding appeal to complement national governments' responses.

Since 2022, three yearly RRP have been developed, with a fourth currently being prepared for 2025 and 2026. In Hungary, the RRP is coordinated through the [Refugee Coordination Forum](#) (RCF), bringing together the work of over 60 humanitarian organizations, volunteer groups, and local responders around an [interagency response strategy for Hungary](#).

Accurate and comprehensive data is crucial for guiding the regional response's planning, implementation, and evaluation, ensuring an evidence-based approach. To this end, the RCF in Hungary conducted the 2024 Socio-Economic Insights Survey (SEIS) with refugees from Ukraine residing in Hungary in consultation with local stakeholders and technical coordination bodies.

This survey is part of a broader regional data collection effort across RRP countries, with a harmonized design to identify the most pressing needs of Ukrainian refugees in sectors such as protection, health, education, accommodation, and livelihoods. The SEIS is the direct successor of the Multi-Sector Needs Assessment (MSNA) conducted in Hungary and across the region in the past two years ([2022 Hungary MSNA](#), [2023 Hungary MSNA](#)).

The 2024 Hungary SEIS was funded by UNHCR's Representation for Central Europe and developed in the RCF with contributions from partners and working groups' members. [Scale Research](#) carried out the data collection between May and June 2024, surveying 795 households, representing 1,824 household members among the refugee population from Ukraine. The survey included multi-sectoral questions at both individual and household levels.

Preliminary findings from the SEIS were presented and discussed with RCF partners and civil society in various meetings in September 2024. The SEIS report is informing the humanitarian planning process for the 2025-26 RRP in Hungary, ensuring a focused and prioritized approach with a medium to long-term perspective on the socio-economic integration of refugees.

The SEIS data collection process aligns with the [Grand Bargain Principles for Coordinated Needs Assessment Ethos](#), outlining values, principles and ethical behavior within the work of coordinated needs assessments and analysis for humanitarian situations.

The data collected through the SEIS have been anonymized and are available for further analysis for interested organizations through the [UNHCR Microdata Library](#).

RESULTS AT A GLANCE



DEMOGRAPHICS



63%
Female



37%
Male



2.3
HH size

Age breakdown

0-17, 34%

18-59, 52%

60+,
14%



5% of refugees have a disability



27% of refugees are chronically ill



40% are single women with children



PROTECTION



Reported feeling vulnerable to at least one protection-related issue



Respondents with challenges in accessing information



Respondents reporting one or more incidents with the host community



EMPLOYMENT



Refugees employed



Refugees unemployed



Employed refugees are engaged in informal work, lacking official contracts



EDUCATION



Refugee children enrolled in Hungary



Refugee children enrolled online in Ukrainian schools



Youth who are NEET (not in education, employment or training)



ECONOMIC INCLUSION



Average household income from employment



Refugee families at risk of poverty



Families adopting negative coping strategies to meet basic needs



HEALTH



Refugees reporting barriers to healthcare



Refugees reporting barriers to mental health and psychosocial support services



Refugees reporting improvements after accessing MHPSS services



ACCOMMODATION



Families living in shared accommodations or collective sites



Families relying on support to cover housing costs (rent and utilities)



Families under pressure to leave their current accommodation



PRIORITY NEEDS



Households with one or more priority needs



1.
37%
Health



2.
36%
Housing



3.
35%
Food

KEY FINDINGS.

Demographics. Of the 1,824 household members covered by the survey, 63% are female, and 37% are male. One in three are children. Nearly three out of four refugees have been displaced for more than two years, with half arriving a few months after the invasion's onset. Of the 795 refugee families surveyed, more than half (56%) have children, 46% include members with chronic health issues, 40% are single mothers, 25% have one or more older members (60+), and 10% have one or more members with disability.

Legal Status. Refugees in Hungary hold valid legal status, with 95% under Temporary Protection (TP) and 5% on other residence permits. One-third of those not on TP have transitioned to work or study permits, showing adaptability. Some are waiting to see if Ukraine's situation improves or don't plan to stay in Hungary. The majority of respondents were able to renew key documents via the Ukrainian consulate, while registering changes in family composition with Hungarian civil authorities is also accessible.

Child protection. One in three household member is a child, most aged 5-17. Most children moved and live with parent/s or legal caretakers, though 5% are in alternative care arrangements. Awareness of child protection services amongst surveyed refugees is generally high.

Community ties. The data points to a generally positive environment for Ukrainian refugees in Hungary, though growth in those perceiving negative sentiments exceeds those with improved relationships. Respondents generally reported positive relations with the host community, with 78% rating them as good or very good. 16% felt relations had worsened since arrival, 67% saw no change, and 12% noted improvements.

Intentions. In the next 12 months, 69% of refugees plan to stay in Hungary, with few intending to return to Ukraine or relocate. Over half (57%) of households have had at least one family member visit Ukraine since 2022, often for short trips, maintaining ties for personal, family, property, or healthcare reasons.

Safety and security. 42% of respondents reported perceived protection, safety, and security concerns, with a higher prevalence among men and boys. While generally, robbery is the primary concern for adults; men are concerned about legal risks (deportation, confiscation of IDs), while women are more concerned about harassment and domestic violence. For children, psychological violence is the main issue, hinting at bullying as a source of concern.

Education. In the 2023/2024 school year, 79% of refugee children aged 3-16 years were reported by their parents as enrolled in Hungarian kindergartens and schools, consistent with the previous year's data. Enrollment rates were highest among primary school-aged children (83%) but dropped for those attending secondary school (78%) and kindergarten (64%). For the remaining children, language barriers and a preference for Ukrainian online education contributed to the decision not to enroll in Hungarian schools, reflecting at the same time the impact of language as a barrier to integration and a desire for educational continuity, possibly in view of a potential return to Ukraine.

Language proficiency. By mid-2024, overall Hungarian proficiency remains low, excluding native speakers. Three-quarters of refugees in Hungary still have beginner or no Hungarian language skills, with only a quarter reaching intermediate or advanced levels. Younger refugees (12-17) are more proficient than older individuals. One-third of households speak both Ukrainian and Russian equally.

Employment. Among working-age refugees (15-64) 61% were employed and 10% unemployed at the time of the survey. Regular employment was more common than part-time or self-employment, and most had formal contracts. Language barriers, low pay, unsuitable job schedules, and caregiving responsibilities, particularly related to childcare, hindered employment. Underemployment is prevalent, with refugees often in jobs that don't match their skills. Additionally, 11% of youth (15-24) were NEET (not in education, employment, or training), with rates increasing with age, lower at 16 and higher at 24.

Income and Economic Capacity. Refugee household income primarily comes from employment, with remittances, social protection benefits, and humanitarian aid supplementing it. The average monthly income is however lower than the national for almost three out of four families. Low-income levels severely impact refugee households' ability to meet daily needs, with 41% reporting they can now afford fewer goods and services than when they first arrived.

Poverty and income disparity. Refugee households from Ukraine face significant economic vulnerability, with 36% living below the poverty line, against a national average of 9%. Households with older refugees, those with disabilities or chronic illnesses, and single-headed households are especially affected. Social protection and cash assistance are essential tools to complement low or lack of income from work for vulnerable refugees unable to work.

Coping strategies. More than half of refugee families has adopted one or more negative food coping strategies like relying on less preferred foods or borrowing food or money regularly, while nearly half use coping strategies to meet basic needs, including spending savings and reducing essential expenditure.

Priority Needs. The vast majority of refugees in Hungary (94%) report at least one priority need. Key needs include healthcare, accommodation, and food. In 2023, key needs were accommodation, food and language support.

Health. Over one in five refugees with health needs struggles to access medical care, citing language barriers, long waiting times and difficulties in obtaining medical appointments and administrative issues accessing subsidized care as obstacles. Gender disparities are evident, with 25% of women unable to access health care compared to 15% of men. The average monthly health-related expenditure for refugee families is roughly equivalent to the full subsistence allowance granted to vulnerable refugees. Health costs rise significantly for those with disabilities, chronic conditions, or older refugees.

Mental Health and Psychosocial Support. Mental health concerns for refugees remain a pressing issue, with 58% unable to access necessary services due to procrastination, language barriers, and lack of awareness. While many refugees utilize community or peer support, professional mental health services remain underused, especially in healthcare and educational settings. However, those accessing support report improvements, particularly when combining formal and informal services.

Accommodation. Most households secured private accommodation arrangements, while others rely on temporary options like hotels or shared spaces. A third depend on external financial support to cover rent and utilities entirely, leaving them vulnerable to changes in assistance schemes. Additionally, almost one in five face challenges paying rent on time. Legal and social challenges persist, as 31% of households have informal agreements, risking eviction or exploitation.

METHODOLOGY.

Sampling. The target population includes refugees from Ukraine who have sought protection and reside in Hungary since the full-scale invasion of Ukraine (24 February 2022). Unlike previous MSNAs conducted in Hungary, the SEIS did not include dual nationals, meaning individuals from Ukraine with both Ukrainian and Hungarian or EU citizenship to ease regional comparison, as they are not surveyed regionally. Respondents were purposively selected to reflect diversity in the place of residence, in both urban and rural areas, with county targets set based mainly on administrative data (TP official statistics).¹ However, due to data limitations,² the sampling is non probabilistic and therefore the findings are indicative and not statistically representative. The sample target was set at 800 interviews across the country, considering the minimum size required for random samples for estimates with 95% level of confidence and 5% margin of error and to mitigate the challenges in drawing a statistically representative sample.

Data collection. The questionnaire, designed by the UNHCR Regional Bureau for Europe (RBE) using past surveys and interagency consultations in April 2024, was adapted for Hungary through the RCF in May. Translated into Ukrainian, Russian, and Hungarian as a Kobo form, it included individual and household-level data, collected through in person interviews. Individual questions were included for each household member, with respondents answering on behalf of their family members.

The data collection was carried out by Scale Research from 17 May to 1 July 2024 through a pool of 31 enumerators (25 females and 6 males; all Ukrainian speakers, with four also fluent in Hungarian) using electronic tablets. The enumerators underwent a one-day online training in May on the mobile data collection tool, data protection protocols, and Protection from Sexual Exploitation and Abuse (PSEA) principles.³ Data was collected from 795 adult respondents representing a total of 1,824 household members.⁴ The respondents comprised 86% women and 14% men. Among them, 99% were Ukrainian nationals, and the remaining were Russian nationals with residence in Ukraine. Respondents were randomly selected across the counties, and interviews were conducted in public areas, including community centers and at community events. Local organizations in the field supported the data collection by providing information on places and events to facilitate reaching out to respondents. Interviews took place in 18 of the 20 counties of Hungary, including Budapest, home to most refugees.

Data quality 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, data quality was monitored through spot checks and interviews were tracked in real-time using key metrics.⁵

In addition, RCF partners held 17 focus group discussions (FGDs) with 130 Ukrainian refugees (98 females, 32 males), including Romani, youth, older refugees, and those with disabilities.⁶

¹ To fill gaps in residence details, alternative sources include the 2023 MSNA county sampling frame, TP beneficiary distribution statistics, field monitoring in counties with a high number of refugees, and information on collective sites and distribution points.

² The lack of refugee contact and residence details hindered setting representative sampling targets by county. Administrative records are outdated, reflecting the county of residence given when refugees first applied for TP, rather than current addresses.

³ At every stage, measures aligned with [UNHCR Data Protection Policy](#) were taken to protect personal data and minimize the risk of attributing findings to specific individuals or households. Data collection followed the principle of data responsibility, ensuring safe, ethical, and effective data management as outlined in the [IASC Operational Guidance on Data Responsibility in Humanitarian Action](#).

⁴ The total number of interviews conducted was of 865 with 70 excluded during the cleaning process.

⁵ E.g. average household size, respondent gender, main language spoken, citizenship, ethnicity, location of residence, type of residential area and type of accommodation.

⁶ FGDs were coordinated through the RCF and UNHCR and implemented with Budapest Helps' support! Information and Community Center, Budapest Municipality, Devai Inn, Dorcas Ministries, Elni Akarunk Foundation, Hungarian Baptist Aid, IOM, Kek Vonal, Menedek, Next Step, Ukrainian House, UNICEF, Vámos Foundations, Ukrainian Space.

The FGD questions were designed collaboratively by the UNHCR interagency and community-based protection teams to complement the quantitative data, address unexplored research questions, and offer more insights, context, and explanations for targeted refugee groups. FGD findings are illustrative and not representative due to the nature of the survey method, but they provide valuable qualitative information and insights on refugees' views and experiences, as well as their testimonies, on topics covered in the SEIS exercise.

Data analysis. Data cleaning was conducted by Scale using R and analysis was conducted by UNHCR with Power BI, SPSS as well as R, in close consultation with the UNHCR Regional Bureau for Europe and the country office. The quantitative findings were complemented by qualitative information collected through the FGDs and with secondary sources reviewed and quoted in the report. Feedback on the findings were also collected from refugee-led organizations, civil society and humanitarian organizations through roundtables organized in September 2024 and through the Protection, Inclusion and Basic Needs Working Groups. The results of the 2022 and 2023 MSNA reports and 2024 SEIS regional results were also used for comparative purposes to monitor changes in the needs and composition of the refugee population. AI tools were applied for readability purposes.

Limitations. The survey results should be interpreted with limitations. The statistical significance of the SEIS results is affected by the non-probabilistic selection of respondents. However, the demographic composition of the sample shows a very similar distribution to that of the overall refugee population as reflected in administrative data and previous assessments, providing confidence that the results can be

considered a good indication of the overall situation of refugees in the country.

There was also a notably high non-response rate regarding sensitive questions related to protection, mental health, income, and expenditure, in particular among vulnerable groups, which likely resulted in non-response bias. There is also a risk of respondent bias, causing some indicators to be under or over-reported due to subjective perceptions. Finally, the interviews were conducted face-to-face in public locations in which verification of responses was not possible and not actively pursued, by design of the exercise (e.g. legal status in Hungary, enrollment of children in school, vaccination status, etc.).

Changes in the sampling influence comparison of the 2024 SEIS data with previous MSNA surveys for Hungary. This year, dual nationals (Ukrainian-Hungarian) were excluded, whereas they were previously included. As Hungarian citizens, dual nationals are not eligible for temporary protection or residence permits and have access to different services and rights, affecting key indicators such as employment, language proficiency, ethnic composition and socio-economic integration.⁷ Changes in the sampling also most likely led to an underrepresentation of respondents of Hungarian background, of Hungarian speakers and of refugees of Romani background.⁸

Additionally, the timing of data collection varied across the surveys conducted: September 2022 (at the beginning of the new school year), June-July 2023 (during the summer break), and May-June 2024 (at the end of the school year). Data collection also occurred before the government changes in subsidized accommodation schemes, which took effect in August 2024, impacting refugee accommodation needs and priorities.

⁷ More information on dual national are collected by the RCF in a dedicated [Recommendation Note](#) developed in April 2024.

⁸ For more information about Romani refugees in Hungary: RCF Note on Inclusion of Romani Refugees in Hungary (April 2023) in [English](#) and [Hungarian](#); Carpathian Foundation, Somnakuno Drom and Roma Women Association, [Fleeing the War](#) (September 2024); EMMA, "And Then We Reached the Border: There were a Million Women!" Experiences of Roma Refugee Women from Ukraine with Sexual and Reproductive Healthcare in Hungary, (2024) in [English](#) and [Hungarian](#); Romaversitas, [Inclusion of Roma refugee children from Ukraine](#), 2023.

FINDINGS.

DEMOGRAPHICS.

Family composition and profiles.

The survey includes 795 families, with an average household size of 2.3 members, which is consistent with 2023 MSNA data from Hungary (2.2) and the 2024 regional average (2.3). The data indicates that most households are relatively small, with nearly two-thirds comprising just two or three members: 24% are single-person households, 37% consist of two members, 29% have three members, 7% have four members, and 3% have five or more members.

2.3 Average family size

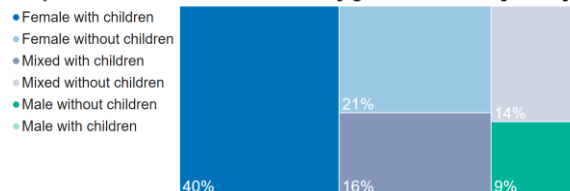
56% Families with children

61% Female-headed households

More than half of families (56%) have children; out of the families with children, 11% are headed by 18–30-year-olds, 77% are headed by 31–50 year-olds, 6% are headed by 51–59 year olds, and 6% by older people (60+).

Female-headed households account for 61% of all households (40% are single women with children and 21% are women without children). Male-headed households account for 9%, these are almost exclusively households without children. These findings are mostly in line in line with the regional average, although there are more single women with children in Hungary (40% in Hungary vs 31% regional average) and slightly less single women without children (21% vs 26%).

Graph 1: Distribution of households by gender of adults [N=795]



Among surveyed households, 46% have at least one member with a chronic medical condition, 10% have a member with a disability,⁹ and 25% include older adults (60+), highlighting the need for age-specific support. Additionally, 2% of households have pregnant or breastfeeding women. The data are consistent with regional findings.

46% Families with member/s with chronic medical conditions

25% Families with older member/s (60+)

10% Families with member/s with disability

Half of the households surveyed fled to Hungary from three main regions: Kyiv and the surrounding Kyivska region (21%), Kharkivska Oblast (20%), and Dnipropetrovska Oblast (9%).¹⁰

Map 2: Oblast of origin



⁹ For the calculation disability of level 3 and above is considered, as per the criteria set by the [Washington Group on Disability Statistics](#).

¹⁰ The oblasts of origin align with regional findings ([UNHCR Regional Protection Profiling](#)) but differ in the representation of Zakarpatska Oblast compared to Hungary-specific findings of the protection profiling. In Hungary, the distributions are: Zakarpatska (20%), Kharkivska (19%), Kyiv city (18%), Dnipropetrovska (10%), and Donetsk (9%).

71% of refugees have been displaced for more than 2 years, with half of them arriving between February and April 2022, right at the onset of the Russian invasion of Ukraine. 8% of the refugees arrived in the last 12 months. Finally, 3% of households have at least one member who was already living in Hungary before the invasion.

Graph 3: Length of displacement per household member [N=1,758]

● 0. < Feb '22 ● 1. < 1 year ● 2. 1-2 years ● 3. 2+ years



94% of the surveyed households live in urban settings, mostly in Budapest. This result, however, introduces a bias, as it reflects the difficulties in locating refugees outside of Budapest and the main urban centers.

Ethnic background is predominantly Ukrainian, with 98% of households identifying as such. Additionally, 3% identify as Russian, and 1% as Hungarian, with some households selecting multiple ethnic backgrounds.

Language use at home is diverse, with 50% speaking Ukrainian, 49% speaking Russian, and less than 1% Hungarian. Additionally, one in three households use both Ukrainian and Russian in the household.

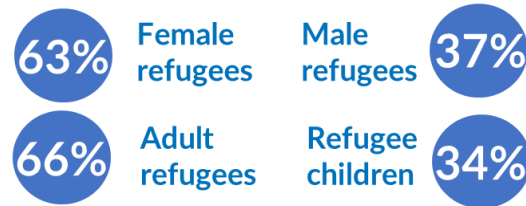
Graph 4: Main language spoken in the household [N=753]



The ethnic background and language reflect the sampling methodology used. Field observations indicate that the number of Romani refugees, ethnic Hungarians from Ukraine holding Temporary Protection, and families speaking Hungarian is likely higher than reported.

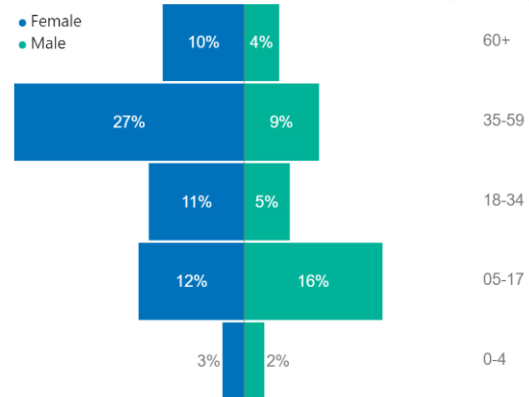
Refugee profile.

Out of the 1,824 respondents and their family members, 63% are female and 37% are male. 66% are adults and 34% are children (decimals were rounded). 14% are older refugees (60+). The profile aligns with official TP statistics and with 2022 and 2023 findings as well as 2024 regional findings.



The age and gender breakdown of TP applicants aligns closely with the respondents' gender distribution, showing a slight difference in the adult-to-child ratio. Additionally, this profile is also in line with the regional gender and age distribution in the 2024 SEIS.

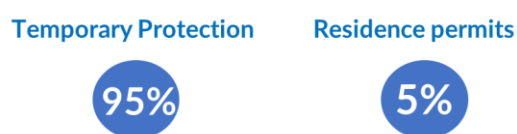
Graph 5: Household members by gender and age [N=1,824]



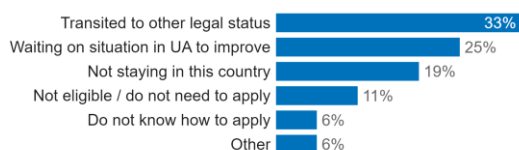
PROTECTION.¹¹

Legal and Civil Status.

Refugee respondents hold valid legal status in Hungary through either Temporary Protection (TP) (95%) or residence permits (5%). Residence permit holders seem under-sampled: it is estimated that out of the Ukrainian nationals who have registered in Hungary after the escalation of the conflict (Feb 2022) around two out of three hold TP status and a third have residence permits.¹²



Graph 6: Respondent by reason for not applying for TP status [N=36]



One-third of those without TP transitioned to resident permits (33%), most for work or study purposes, which attests to the flexibility and adaptation in securing their legal stay in Hungary based on their specific needs and plans. Some refrained from applying for TP, awaiting improvement in Ukraine (25%) or are planning to leave Hungary (19%), indicating ongoing uncertainty about their long-term stay. For respondents, the TP application process was generally smooth, with only 7% reporting challenges, mainly long queues (49%) and online system issues (28%), potentially linked to registration of non-biometric data online and requesting the proof of TP status through the website.

Some FGD participants explained that they did not register for TP upon arriving from Ukraine due to a lack of information about their rights and entitlements. They opted to obtain work permits instead.

“I got a work visa because when I arrived in Hungary, I did not know that it was possible to apply for other types of residence permits.”

“I thought we could not travel in the Schengen area with TP. So we thought a work visa was better.”

FGD participants who do not hold TP status have expressed uncertainties about different procedures and related benefits, such as starting a business and applicable fiscal regime, replacing study or family reunification permits with a work permit, or the option of having multiple official employers.

With regards to Ukrainian identification documents, refugee hold biometric passports (89%), fiscal IDs (64%), and internal passports (53%). Three years into the war, many have needed to renew expired documents. While 57% successfully renewed them in Hungary, nearly 10% could not due to the Ukrainian embassy not issuing specific documents (65%), lengthy procedures (12%), or a lack of information on renewal procedures (9%). The first challenges may reflect the restrictions on consular services for men of conscription age introduced by Ukrainian authorities in April 2024.¹³

Only a limited number of respondents reported issues registering family status changes with Hungarian authorities, with 83% finding the process straightforward. Those facing challenges (17%) struggled with meeting requirements or were unsure of the reasons.

¹¹ Given the sensitive nature of some of protection topics, underreporting by survey respondents shall be considered.

¹² Based on latest official administrative data available to UNHCR.

¹³ In April 2024, the Ukrainian government required men aged 18 to 60 to update their military registration for passport services (Law 10449 of 16 April 2024). Consequently, the Hungarian government decided to accept expired Ukrainian passports for residence permits, as per Government Decree 125/2024 on June 14, 2024.

Ukrainian refugees in the FGD reported occasional refusals of services they were entitled to in Hungary, despite having valid documentation, due to lack of awareness among service providers. In some instances, for example, doctors or municipal workers did not accept their TP documents because they were believed to be expired, even if proof of extension was available.

“They see that my TP card is expired and refuse to help. They do not believe me even if I show them the extension I got from the Immigration Office.”

Safety and Security Concerns.

Respondents were asked to share their perceptions of protection risks that they and their family members feel exposed to in their area of residence.¹⁴ These findings reflect concerns rather than actual incidents.

A significant portion, 42%, reported feeling vulnerable to at least one protection-related issue.

Table 7: Top protection concerns by gender and age

Respondents indicating concerns in their area of residence		Female	Male
<p>42% at least 1 concern</p> <p>41% no concerns</p> <p>17% Do not know</p>	18+	<ol style="list-style-type: none"> Being robbed Verbal Harassment Violence in household 	<ol style="list-style-type: none"> Deportation Confiscation of ID/papers
	0-17	<ol style="list-style-type: none"> Psychological violence in community Worsened mental wellbeing Increased vulnerability to violence online 	<ol style="list-style-type: none"> Increased vulnerability to abuse Physical violence in community

Compared to 2023, the proportion of refugee households with protection, safety, and security concerns has increased significantly, from 24% to 42%. This rise is seen across all gender and age groups, with men (47%) and boys (52%) reporting higher levels of insecurity compared to women (39%) and girls (42%).

The data is, however, generally in line with regional findings for boys (54%) and women (39%), although there are slight differences for men (40%; lower than the Hungary rate) and girls (47%; higher than the Hungary rate).

The main safety and security concern among adults is robbery, with similar prevalence for both men (41%) and women (42%), suggesting that theft and loss of property are perceived as significant risks in the refugee community. Other safety and security concerns seem to be more gender-specific: among the main concerns for men are legal and procedural risks such as deportation and confiscation of ID papers. Amendments to the conscription law introduced by the Ukrainian government between April and May 2024 may be one of the triggers for the significant growth in terms of a sense of perceived insecurity among men. For women, interpersonal risks like verbal harassment and domestic violence are more pressing.

Among children, psychological violence within the community is the primary concern (33% for both boys and girls), signaling mental and emotional well-being challenges. Boys are apprehensive about physical violence (28%), while girls face heightened concerns over online violence (25%) and associated mental health risks. These perceptions may be linked to dynamics of bullying in and around schools and other social settings.

¹⁴ The question was formulated as: "What do you think are the main safety and security concerns for men/women/boys/girls in your area of residence, if any?" with the option to report no concerns. Therefore, the findings reflect respondents' perceptions and are not indicative of actual occurrences or incidents.

Graph 8: Respondent awareness of protection services in their area of residence [N=795]

• Aware of at least one • Not aware of any



In terms of response to protection incidents, despite general awareness of protection services, nearly a quarter of households remain unaware of available local support (23%). The most recognized services include safe spaces, protection and support hubs (including child-friendly spaces) (61%), government social services for families (59%), legal services (54%), and government or NGO helplines (40%).

Gender-Based Violence.

As the SEIS did not collect sensitive or confidential data on GBV, the survey focused on general awareness of available services in health, legal assistance, psycho-social support, safety, and GBV-specific helplines.

Graph 9: Respondent awareness of GBV services in their area of residence [N=777]

• Aware of at least one • Not aware of any



While nearly three in four respondents are aware of at least one GBV service in their area (77%), they primarily refer to safety and security services (85%) and health services (74%), suggesting that most know how to contact the police or the hospital in immediate crises situation, but might be less aware of specialized, long-term support options such as psycho – social support. In fact, the main barriers to accessing GBV services identified by respondents are their lack of awareness (61%) and language barriers (61%), followed by concerns about stigma and shame (35%). These findings emphasize the need for further information dissemination, culturally sensitive communication, and language support

to ensure survivors can access necessary care without fear or difficulty.¹⁵

Graph 10: Awareness of GBV services [MCQ/N=604]



72% of the responders indicated awareness of a helpline, which is a positive result, but figures are considerably lower regarding psycho-social support and legal assistance (both at 61%), thus pointing to two critical areas that may not be as visible or accessible to the refugee population, hindering survivors from receiving comprehensive care and justice. Given that domestic violence is a key reported concern for women, these gaps must be addressed to ensure that all GBV services are well-known in the refugee community.

Child Protection.

As per demographic data, one in three household members is a child. Specifically, 28% are between the ages of 5 and 17 (12% girls, 16% boys), and 5% are under 5 years old (3% girls, 2% boys).

Most children arrived with their parent(s) or legal caretaker(s). 5% are separated children linked to caretakers through formal (3%) or informal (2%) care arrangements. Despite these generally stable care setups, it is important to note that many children are in single-parent households.

Graph 11: Respondent awareness of CP service providers in their area of residence [N=795]

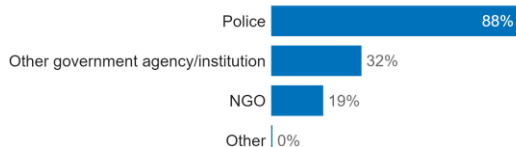
• Aware of at least one • Not aware of any



¹⁵ For more information about GBV among the Romani refugee community see EMMA, "And Then We Reached the Border: There were a Million Women!" Experiences of Roma Refugee Women from Ukraine with Sexual and Reproductive Healthcare in Hungary, (2024) in [English](#) and [Hungarian](#).

Awareness of child protection services is generally good, with only 16% of respondents unaware of any service provider. The police are the most widely known service for reporting child protection cases (88%), reflecting a strong reliance on law enforcement, whereas other service providers, such as government agencies (32%) and NGOs (19%), are much less recognized. This suggests that while it is widely known that the police handle high-risk cases, there is limited awareness about other entities that can intervene in less acute situations. This includes cases where risks are identified early or have not yet escalated to the level requiring police involvement.

Graph 12: Awareness of CP service providers [MCQ/N=673]



While knowledge of reporting mechanisms is positive, there is a need to improve awareness of services that address the main child safety concerns reported in the section above, particularly psychological violence in the community. Increasing the visibility of psychosocial support, counseling, and community-based child protection services could help address these risks and provide more comprehensive support. It should be highlighted that some of the child protection services foreseen by the national legislation are not available for TP holders.¹⁶

¹⁶ The [Child Protection Act](#) in Hungary provides a comprehensive framework for preventing and mitigating child protection risks, supporting families, and ensuring alternative care when necessary, focusing on Hungarian citizens and recognized refugees, beneficiaries of subsidiary protection, individuals with tolerated status, and stateless persons. However, children holding TP status are not explicitly covered by this legislation. RRP partners through the Protection Working Group, have called for the removal of legal and administrative barriers to ensure that refugee families fleeing Ukraine can access the full range of nationally available child protection services, including preventive services and early support ([PWG Advocacy Note on the Child Protection Act, June 2024](#)).

Access to information.

28% Of refugees with challenges in accessing information

28% of interviewed refugees face challenges when accessing information about rights, entitlements, and available services. The primary issues are not knowing where to find information (45%), difficulty in determining trustworthy sources (35%), and a lack of information in their language (27%), relevance (23%), or timeliness (18%).

Graph 13: Challenges faced in accessing information [MCQ/N=217]



FGDs with older Ukrainian refugees indicated that while some are very familiar with digital information or can rely on family members for help, others find it difficult to obtain information about their rights and the available services in Hungary, particularly on health and employment. Some indicated that even if the information is available, it is too scattered and mostly out of reach for non-tech-savvy persons.

Some young Romani participants highlighted how their lack of literacy in general and knowledge of how to access social services hampers their ability to plan their future in Hungary and, looking forward, that of their children.

Viber is the preferred communication channel for over half of respondents (58%), followed by email, phone helplines, and Telegram.

These are also favorite platforms to share feedback or submit complaints.¹⁷

In the FGDs, it appeared that some refugees have concerns about the potential vulnerabilities to breaches of confidentiality when using digital platforms, particularly when communicating with friends or family in occupied territories or military service.

Many refugees use popular social media groups to find and exchange information. Social media users have occasionally come across unverified information and scams, indicating that comments and reactions to a post are often viewed as more credible than the original post itself. They suggested that humanitarian organizations may help filter out scams and endorse reliable information.

“Comments are the true source of information. If ten people confirm it, it is true.”

“Are there helplines in Ukrainian available? We often don’t know whom to call.”

Among FGD participants, there were calls for greater transparency from aid organizations, clearer criteria for assistance distribution, and the availability of hotlines for refugees using Ukrainian phone numbers.

“The hotline is not very ‘hot’ when it matters...”

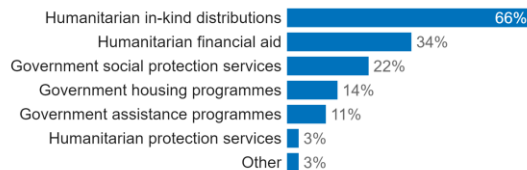
Despite the prevalence of online information-seeking, FGD participants confirmed that "word of mouth" remains a preferred source of information.

Feedback and reporting mechanisms.

In the three months prior to the survey, 70% of participants received aid, with humanitarian in-kind distributions (71%), financial aid by humanitarian organizations (50%), and government social protection services (40%) being the primary forms of assistance.

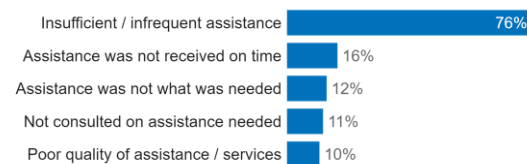
Government subsidies play a crucial role, but their reach appears to be relatively limited compared to in-kind and financial aid provided by humanitarian organizations.

Graph 14: Type of aid dissatisfied with [MCQ/N=95]



While 78% of refugees expressed satisfaction with the aid received, 18% were dissatisfied, mainly due to insufficient or infrequent assistance (76%). Additional reasons included the aid not being timely, not meeting their needs, poor quality, or a lack of consultation. These issues highlight that, while most refugees are satisfied with the humanitarian assistance received, the actual needs of refugees continue to exceed the availability of aid.

Graph 15: Reason for dissatisfaction with aid [MCQ/N=89]



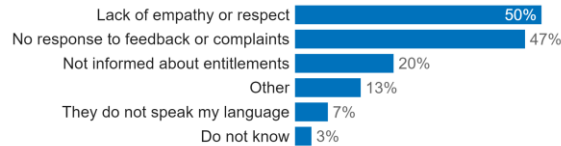
Regarding access to safe and confidential feedback channels on the assistance received, 83% of respondents reported having access, while 11% did not, of them 6% were unaware of such mechanisms. The reason to access feedback channels was mainly to obtain explanations and further information, seek assistance or report issues. Respondents confirmed receiving generally appropriate response (93%).

In terms of behavior by aid workers, 82% of respondents were satisfied with the conduct of aid workers, while 5% were not. Dissatisfaction stemmed from a lack of empathy or respect (50%), no response to complaints (47%), insufficient information on entitlements (20%), and language barriers (7%). Most refugees are

¹⁷ More information about digital threats to refugees in Hungary see [Wise Browsing, Safe Posting, February 2024, UNHCR Hungary](#).

aware of reporting channels for misconduct of aid workers, citing email (43%), phone (30%), online forms (29%), face-to-face interactions (29%), social media (24%), and complaint or suggestion boxes (21%) as preferred channels.

Graph 16: Reasons for dissatisfaction with behavior of aid workers [MCQ/N=30]



Community ties.

With the crisis in its third year, most respondents report positive relationships with the host community, with 78% rating these interactions as good or very good. While 16% noted a deterioration in relations since arrival, the majority (67%) observed no change, and 12% reported improvement. This generally reflects a welcoming environment for refugees in Hungary.

Graph 17: Respondent relationship with host community in their area of residence [N=795]

● 0.Bad ● 1.Neutral ● 2.Good ● 3.Very good



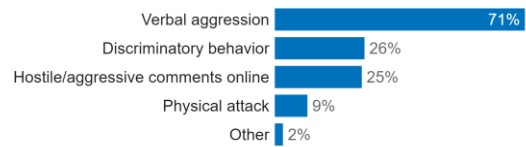
Graph 18: Change in relationship since arrival [N=783]

● Do not know ● Improved ● No change ● Worsened



However, 17% of respondents experienced one or more incidents with the host community, a slight increase from 13% in 2023. As per the SEIS regional comparison, the rate is, however, the lowest across the region, with peaks in Poland (40%) and Estonia (39%) and a regional average of 29%.

Graph 19: Type of hostile/unwelcoming behaviors experienced [MCQ/N=129]



These incidents primarily involved verbal aggression (71%), discriminatory behavior, particularly in accessing housing or employment (26%), and hostile comments online. The hostility was perceived as motivated by their refugee status (45%), nationality-based discrimination (39%), language barriers (31%), cultural differences (28%), and competition over jobs and resources (11%).

In general, FGDs revealed largely positive interactions between Ukrainian refugees and the Hungarian host community.

“I like being here in Hungary, I have friends in Budapest.”

Young refugees and students described positive interactions with classmates but struggled to form deeper relationships with Hungarian peers outside of school, due to cultural differences.

“Mingling with the Hungarians is possible, but there are no deep friendships. There are big cultural differences.”

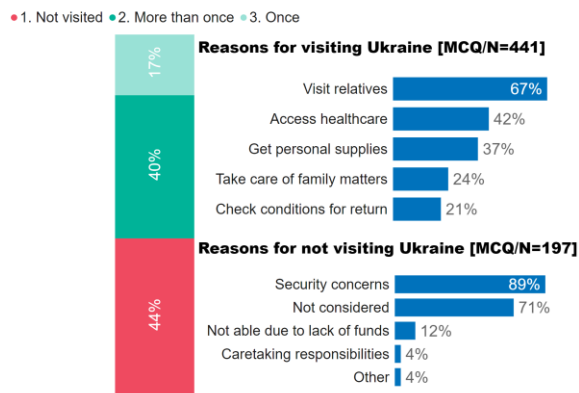
Older refugees and those with disabilities or chronic illnesses did not report specific challenges but expressed a preference for staying connected with family and friends in Ukraine to combat isolation, rather than host community.

Some trust issues were particularly among Transcarpathian Ukrainians. More hostility is generally recorded towards Romani refugees, where two layers intersect, one related to their refugee status and one to their specific ethnic background (more assessments and research paper on the issue are listed on page 10, note 8).

Visits to Ukraine and movement intentions.

In most refugee households, at least one member has traveled back to Ukraine since the start of the war on 24 February 2022. Specifically, 17% have visited once, while 40% have made multiple trips. Many of these visits took place in the first half of 2024 and were typically brief, lasting less than a month. These short trips suggest that refugees maintain strong connections with Ukraine to visit relatives, access healthcare, get personal supplies, and other personal reasons such as taking care of family matters or property-related reasons.

Graph 20: Visits by any HH member to UA after Feb-22 [N=444]



Of the 44% who did not visit Ukraine, most did not visit due to the security context back home.

Looking ahead, 69% of respondents plan to stay in Hungary for the next year, with only 6% intending to move to another country and 3% considering a return to Ukraine. These figures align with regional trends but show some differences: fewer respondents wish to remain in Hungary (69% vs. 73% regionally) or return to Ukraine (3% vs. 5%). Additionally, 20% are undecided, higher than the regional average of 16%. This indecision may reflect local challenges, and the preference to stay suggests many refugees do not yet view Ukraine as safe for

return, underscoring the need for ongoing support and integration efforts in Hungary.

Graph 21: Respondent movement intentions within the next 12 months [N=785]



EDUCATION.¹⁸

79% Of refugee children enrolled in local schools

Based on SEIS survey responses, 79% of school-aged children (aged 3-16) from interviewed households were reportedly enrolled in Hungarian schools and kindergartens for the 2023/2024 academic year. The data generally aligns with previous MSNA data for Hungary (79%) and regional results from 2024 (80%), suggesting that refugee children generally have good access to education, with most attempting to integrate into the local school system as required by national law.¹⁹

Graph 22: Enrolment of refugee children (3-16 yrs) [N=546]

• In-person HU school • Online UA school only • Out of (formal) education



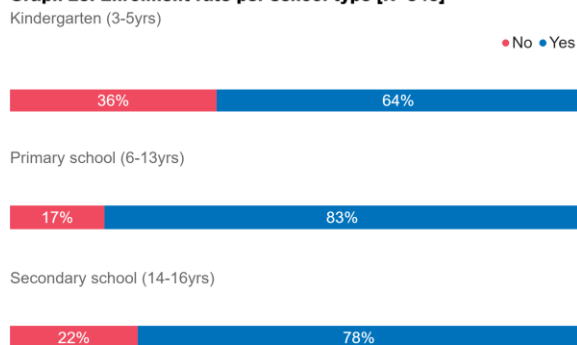
However, reported enrollment rates might not fully reflect the reality of attendance, as some participants may have overreported due to concerns about compliance with legal requirements. A comparison with official statistics is not possible, as updated data with school-age breakdowns of TP applicants is missing in Hungary (and other countries in the

¹⁸ In Hungary, education is compulsory for children aged 3 to 16, with mandatory kindergarten from ages 3 to 6 and primary to part of secondary school from ages 6 to 16. In Ukraine, school attendance is compulsory for children aged 6 to 15.

¹⁹ To enable comparisons across countries with varying mandatory school-age brackets, the regional age cohort used for calculating enrollment data is standardized to 6-15 years old.

region). Therefore, SEIS data only reflects the interviewed population. A deeper analysis of formal enrollment and actual attendance is needed to assess the level of participation of refugees in education in Hungary.²⁰

Graph 23: Enrolment rate per school type [N=546]



Pre-primary enrollment for very young refugee children (aged 3 to 5) remains relatively low at 64% (in line with the regional results), despite it being mandatory for that age cohort in Hungary.

Enrollment trends indicate that refugee children of primary school age (6-13 years) are more likely to attend Hungarian schools, with an 83% enrollment rate, the highest observed in the overall mandatory school-age group, consistent with MSNA data from 2023 (84%) and regional results from 2024 (81%).

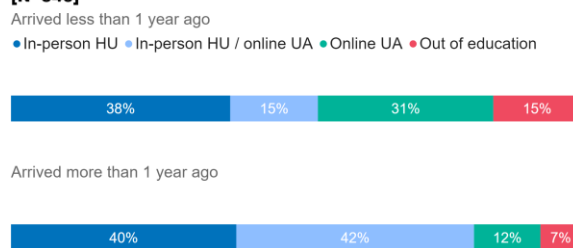
Ukrainian refugee children aged 14-16 years show slightly lower secondary school enrollment (78%), which aligns with the 2024 regional results. The decrease compared to primary school enrolment is likely due to the fact that older students face greater difficulties adopting a new language and curriculum compared to primary school counterparts. In addition, many students are nearing completion of their Ukrainian secondary education and opt for online classes or tutors. As a result, it appears that secondary school-age children and youth are at

particular risk of being out of school or remaining in online or remote education for a longer time.

40% Of refugee children enrolled in Hungarian school and online in Ukrainian schools at the same time

The survey shows that 53% of the school age children are enrolled online in distance education from Ukraine, with 13% attending only online education and two out of five pupils (40%) both in-person school in Hungary and online Ukrainian school during the 2023/2024 academic year. This dual approach offers students the benefit of maintaining continuity with the Ukrainian curriculum while also integrating into the Hungarian education system. However, balancing both systems can place a significant strain on students' time and focus and lead to unmanageable workloads, potentially affecting their academic performance and well-being.

Graph 24: Enrolment of refugee children (3-16yrs) by arrival date [N=546]



A deeper look into the data reveals that children in Hungary for over 12 months are more likely to attend in-person Hungarian schools, while those in the country for less than a year show higher participation rates in online Ukrainian education. Simultaneously, over time, the number of out-of-school children appears to decrease, and fewer children rely solely on online education, with many eventually opting for a dual approach — studying both online in Ukrainian schools and face-to-face in Hungarian schools. This indicates

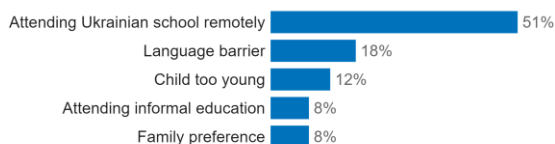
²⁰ UNHCR has developed some regional and global analyses using 2023 data: [Education Of Refugee Children And Youth From Ukraine \(June 2024\)](#) and [Global Education Report \(September 2024\)](#).

that enrollment in national education systems becomes more important as refugees stay longer.

8% Out of school refugee children

One out of five school-aged refugee children were not enrolled in Hungarian schools (21%: 13% were enrolled in online Ukrainian learning only, while 8% were completely out of the education systems).

Graph 25: Main reasons for non-enrolment in HU school among school-aged children (3-16) [N=113]



51% Of families with children not enrolled in local schools cited online/remote education as the main reason

The preference for Ukrainian education through formal online schooling²¹ or local informal education are among the main reasons for non-enrollment in Hungarian schools. The answer “child too young” refers to children who just turned 3 and, in most cases, will be enrolled in kindergarten in the coming school year. Language barriers, cited by 18% of respondents as a reason for not enrolling, are particularly challenging for older children with more challenges adapting to a new language. The data reflects a desire for continuity in education in a familiar language and curriculum and suggests that many families may be adopting a temporary approach, expecting to return to Ukraine.

The reasons for non-enrolment in Hungarian schools differ per school type; for kindergarten,

the child’s age is the top reason, whereas for primary and secondary-aged children, attendance at Ukrainian schools remotely becomes increasingly prevalent. In terms of gender, boys are more likely to attend informal education compared to girls.

Based on field observations and consultations with Hungarian-speaking refugees of Romani background, their pursuit of education in Hungary is not necessarily hindered by language barriers but rather by challenges stemming from their pre-flight experience. These include irregular school attendance, low educational standards in their country of origin, and the absence of school certifications.²²

FGD consultations with refugee students confirmed that young Ukrainian participants identify language barriers as one of the main challenges in school participation, often leading to school dropouts. Their parents, who do not speak Hungarian either, struggle to help them with homework or participate in school activities.

“I didn’t understand the language. I spoke English, but no one understood me. I slept in class, no one even tried to teach me, no one cared about me”.

“One teacher used to yell at me because I did not speak Hungarian. He once said in Hungarian that I was stupid, I understood.”

While many Ukrainian-speaking children do attend Hungarian language classes, they still find it difficult to reach the proficiency needed to follow the Hungarian curriculum, prompting them to prefer online Ukrainian schooling.

Importantly, no households reported children being out of school due to a lack of space in local

²¹ Since the full-scale war began in February 2022, Ukraine’s Ministry of Education and Science has supported education continuity for displaced children, both inside Ukraine and abroad, through various online and remote learning tools, many of which were developed during the COVID-19 pandemic. Children enrolled in Ukrainian schools can continue their full education remotely, either online or through homeschooling in host countries where allowed. Additionally, the Ministry offers a reduced curriculum (6-8 hours weekly) to complement full-time studies in the host country’s education system (source: [Education of Refugee Children and Youth from Ukraine, June 2024](#)).

²² More insights on the education challenges of Romani refugees from Transcarpathia is available from the Hungarian organization [Romaversitas](#).

schools. However, field observations reveal that occasionally refugee children are not able to attend nearby schools due to lack of space (refugees are, however, given the option to enroll their children in alternative schools).

SEIS data on tertiary education is limited, with only 8 refugees (not % but individuals) reported by respondents as attending university, either online or in person. In discussions about access to tertiary education at the RCF level, it appears that the low number of refugees attending university in Hungary is not due to a lack of available spaces. Instead, the barriers identified include language difficulties, administrative challenges, insufficient and inaccessible information, financial constraints, academic hurdles, a preference for online Ukrainian school enrollment, and non-completion of high school.²³

FGD participants who are already in university reported concerns regarding the costs of education, and in particular, the fact that scholarships are deemed insufficient to cover even the most basic costs, such as accommodation.

“I have heard about the ‘Stipendium Hungaricum’ but it is very difficult to get it”

Many young participants expressed interest in continuing education in Hungary. Despite the challenges of obtaining scholarships and IT equipment, these students remain hopeful about fulfilling their academic and professional goals.

“I am working and paying my tuition fee through a student loan.”

Looking ahead to the 2024/2025 school year, 72% of respondents expressed an intention to enroll their children in formal education in Hungary.

Graph 26: Intention to enroll school-aged children

Formal education [N=603]

Do not know No Yes, abroad Yes, in Hungary



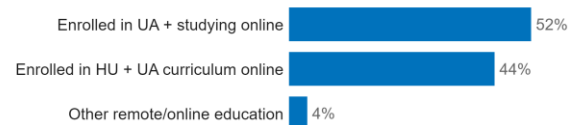
Online education [N=316]

Do not know No Yes



In addition, 65% of respondents planned to pursue online Ukrainian education, either as an alternative to Hungarian education (52%) or in combination with Hungarian schooling (44%).

Graph 27: Intention to enroll school-aged children by type of online education [N=199]



²³ [Hungary: RCF - Recommendation Note on Inclusion of Youth Refugees in the Response \(June 2024\)](#).

EMPLOYMENT.

Education Levels of Refugees.

Over half of working-age refugees (15-64)²⁴ have a technical or vocational education (51%), while 28% hold a university degree, demonstrating a highly educated population; 21% have only completed primary or secondary school, and a small portion (1%) have no formal education. The findings align with regional results, while among the host population, 22% had a university degree, 21% vocational qualification, 23% primary school only, and 33% secondary school.²⁵

Employment status.

61% Refugees employed

Among the working-age refugee population, 67% are part of the labor force, while 33% fall outside. This includes refugees unable to work due to caretaking responsibilities (59%), studying (25%) or medical conditions (14%).²⁶

Graph 28: Labor force participation (N=1,127)

● Inside the labor force ● Outside the labor force



At the time of the survey, 61% of refugees were employed. The average monthly net per capita income from full-time employment is 278,000 HUF (695 €).²⁷ The reported average net per capita monthly salary positions refugees' wages just above the minimum wage for unskilled workers but below that of skilled workers (-15%) and significantly below the national average wage (-35%).²⁸

Regarding economic integration, this disparity highlights the challenges refugees face in accessing better-paying jobs, possibly due to language proficiency, recognition of qualifications, and job market demand (these are barriers also identified for unemployment). It suggests that refugees tend to occupy lower-wage positions despite being qualified, which may hinder their economic stability and potential for upward mobility compared to the local workforce. This may also impact their ability to cover costs, particularly if not eligible for social benefits.

²⁴ In Hungary, child labor is governed by the Labour Code (Act I of 2012), which sets the minimum age for employment at 16 years. Children aged 15 may work during school holidays, and younger children (14 to 15) can perform "light work" with parental consent, usually in cultural or artistic activities. The code also restricts working hours for minors and prohibits night shifts, overtime, and dangerous work environments. These provisions align with Directive 94/33/EC of the European Union and ensure that employment does not interfere with compulsory education, which ends at 16 years old.

²⁵ As per the [2022 Census 2022 for Hungary](#).

²⁶ The categories are defined as per ILO and regional standards as:

- Employment: Employment includes individuals of working age who have engaged in income-generating activities in the past week. This encompasses formal employment, self-employment, agricultural/fishing work, diverse income generation, temporary absence from paid roles, and unpaid contributions to family businesses.
- Unemployment: # of working-age who were not employed during the past week (as per the definition above), who looked for a paid job or tried to start a business in the past 4 weeks, and who are available to start working within the next 2 weeks if ever a job or business opportunity becomes available.
- Outside labor force: # working-age individuals (who were not employed during the past week, and who either cannot start working within the next 2 weeks if a job or business opportunity becomes available or did not look for a paid job or did not try to start a business in the past 4 weeks).
- Inside labor force: Employed and Unemployed.

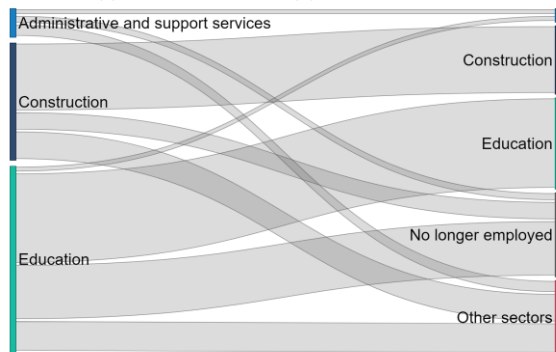
²⁷ Full-time work means 40 hours per week ([EUGO](#)). The calculation is based on complete income profiles only and was adjusted for hours worked and the number of working household members. The exchange rate applied is of 400 HUF for 1 €.

²⁸ As of mid-2024, the average net per capita monthly salary in Hungary stands at approximately 427,100 HUF after taxes (1,067 €). The minimum wage for unskilled workers is 266,800 HUF (667 €), and for skilled workers, it is 326,000 HUF monthly (815 €), As per the [Hungarian National statistics Office](#).

A deeper look into the employment sectors confirms the shift towards unqualified work. The top 5 employment sectors are service activities such as domestic work (janitorial and cleaning services) and personal care services (hairdressing and other beauty treatments), manufacturing, and construction. Compared with the employment sector before the displacement, the shift towards underemployment and unemployment is evident.

Graph 29: Refugee employment transition map for selected sectors [N=139]

Sector in UA (L) vs. current sector in HU (R)



FGDs with different groups of working-age Ukrainians highlighted that skilled refugees are working in roles that do not match their education or experience due to language barriers and a lack of recognition of foreign qualifications.

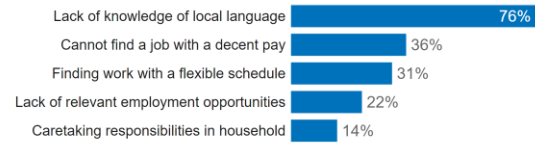
“I have two higher education degrees, as a process engineer in iron and steel foundry and an economist, but I work at a job where I don't apply my profession because I don't speak Hungarian. I want to learn Hungarian, but I don't have the energy to do anything after work. I work 5 days a week, and twice a month I have to work an additional day, on Saturdays.”

“Everywhere Hungarian is required.”

“I can't have my diploma as a speech therapist recognized.”

10% Refugees unemployed

Graph 30: Difficulties encountered when looking for work (MCQ/N=666)



At the time of the survey, 10% of refugees were unemployed. Key barriers to employment include language difficulties (76%), low wages (36%), incompatible schedules (31%), and skill mismatches (22%). Caregiving responsibilities, especially in female-headed households and for those caring for members with disabilities or older refugees also present obstacles due to caregiving duties and insufficient support services.²⁹

FGDs show that middle-aged and older refugees often encounter age-related discrimination in hiring practices. Many younger refugees report struggles due to a lack of previous experience or driving licenses; they were mostly engaged in part-time or summer jobs. Vocational training in Hungary is reported as costly and not accessible for youth refugees. Caregivers of refugees with disabilities or chronic conditions often cannot work due to caregiving responsibilities and the lack of alternative care options.

“We can't work because some of us are taking care of our parents... but I want to work!”

Romani participants expressed concerns about discrimination, including for jobs in areas where they are trained and have expertise, such as construction jobs.

“Ukrainian Roma are in the worst situation in construction, working for subcontractor's subcontractors, without papers and doing the hardest jobs for the lowest wages.”

²⁹ This group is actively seeking jobs, such as part-time or remote work, but struggles to find positions with suitable schedules.

Labor Market Trends and Comparisons.

Table 31: Labor market trends and comparisons

Indicator	Pop.	HU MSNA '23 ³⁰	REG SEIS '24	HU SEIS '24 HU	Nat. Stats '24 ³¹
Inside labor force	Working age	72%	71%	67%	79%
Outside labor force	Working age	28%	29%	33%	21%
Employed	Working age	66%	64%	61%	75%
Unemployed	Labor force	9%	9%	10%	4%

Compared with national statistics:

- **Workforce:** refugees are less integrated into the local labor market in terms of participation, with a rate that stands lower than the national level (67% versus 79%).
- **Employment:** the national employment rate stands at 75%, higher compared to the one identified in the SEIS in Hungary (61%).³²
- **Unemployment:** the refugee unemployment rate (9%) is higher than the national unemployment rate (4%). This gap reflects the challenges refugees reported in securing jobs, such as skill recognition or language barriers.

Compared with regional data, the SEIS shows slightly lower labor force participation rates of refugees in Hungary than across the region (in the workforce: 67% vs. 71%; out of the workforce: 33% vs. 29%), but similar employment and unemployment rates.

Displacement significantly impacted refugee employment: 68% of working-age refugees were employed in Ukraine before fleeing, in line with World Bank data. In Hungary, the employment rate dropped to 61% (as an average between male and female), with refugee women facing greater challenges—only 59% are employed.

Informal Employment.

Around 32% of employed refugees are engaged in informal work, lacking official contracts. As confirmed by FGDs, this leaves them vulnerable to unpaid wage and wage theft, exploitation, and the absence of benefits like sick leave. Informal employment is most common in services such as washing and cleaning, hairdressing and beauty services, household work, arts, entertainment, and recreation. Based on discussions with organizations focused on socio-economic inclusion in Hungary, it appears that the rate of refugees working under informal agreements might be higher than reported. This indicator tends to be underreported during interviews.

Many FGD respondents reported the perception of being in especially vulnerable and precarious situations when accessing the labor market due to shorter contracts, lower wages, longer hours and heavier tasks.

“With unofficial work, we are not paid the amount originally promised in full. Or they delay the payment.”

“There is no way I can take paid sick leave. If I can't go to work, I don't get paid for that day. I have to find someone to work for me and pay that person myself.”

Sometimes, even with contracts, when faced with difficulties in the workplace, due to the lack of confidence in the local language and familiarity with the Hungarian labor legislation, refugees find it hard to assert their rights with their employers or address issues with fellow workers.

“Someone wrote a ‘Z’ sign on my locker.”

³⁰ The data has been recalculated from the previous MSNA to adapt to new regional methodology.

³¹ Hungarian Central Statistics Office: <https://www.ksh.hu/labour>. The age cohort is 15 to 74 and not 15 to 64 as for the other calculations in the table.

³² <https://think.ing.com/articles/hungarian-labour-market-shows-strength/>

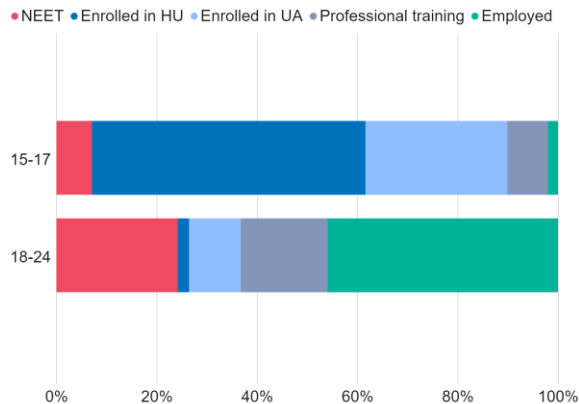
NEET (Not in Employment, Education, or Training).

Among refugee youth aged 15-24, 11% are categorized as NEET³³, which is similar compared to the regional SEIS results (8.5%) and national statistics (10%).³⁴ The incidence of NEET increases with age, as young refugees are transitioning from education into the labor market.

11% Of NEET young refugees

Although refugee youth mention similar barriers to finding work as their adult counterparts, recognition of degrees or skills is clearly more important for this age group, which is often looking for their first work.

Graph 32: Ukrainian refugee youth activity by age (N=185)



Hungarian language proficiency.

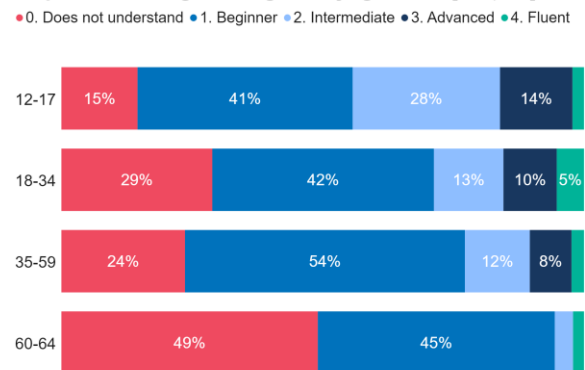
The Hungarian language is one of the key elements facilitating the economic inclusion of refugees in Hungary. Proficiency in Hungarian among refugees varies with half having a beginner level of knowledge, nearly one quarter who do not

understand the host language at all, and the rest having intermediate or fluent level.

Ukrainian refugees in Hungary have lower language proficiency compared to the regional average, most likely due to the specificities of the Hungarian language. In Hungary, 24% of refugees do not understand the local language, compared to 9% regionally, while only 16% in Hungary have an intermediate level, compared to 31% regionally. Similar patterns are seen in Moldova and Romania, due to the host language complexities.

Language proficiency rates decline with age, with higher levels of intermediate, advanced, and fluent skills found among the 12-17 age group, and steadily decreasing to the lowest levels in the 60-64 age group. Conversely, the proportion of those who do not understand the language or are at a beginner level increases from 56% in the 12-17 age group to 94% in the 60-64 age group. It is important to note that the respondents assessed these language proficiency levels for household members.

Graph 33: Knowledge of Hungarian by age cohort (N=1,273)



³³ This means they are neither enrolled in Hungarian school, employed, or engaged in professional training. It does not include remote attendance of Ukrainian schools.

³⁴ <https://tradingeconomics.com/hungary/share-of-youth-not-in-education-employment-or-training-total-percent-of-youth-population-wb-data.html>

ECONOMIC CAPACITY.

Household Income and Economic Capacity.

Household income among refugees primarily comes from employment (salary from work, 80%), with remittances (10%), social protection benefits (9%) and humanitarian assistance (1%) making up the remainder.³⁵ Underemployment, non-participation in the labor force, and unemployment are, therefore, heavily impacting refugee household income levels, given the importance of the salary in the average income composition.

Graph 34: Average composition of household income by source [N=456]

• Employment • Remittances • Social protection • Humanitarian cash grants



73%

Refugee families with income below the national average

According to SEIS data, the average monthly income per refugee household is approximately 181,000 HUF (452 €).³⁶ The national average household income is around 250,000 HUF (625 €).³⁷ In comparison, nearly 73% of refugee families' income is below this national average.

Graph 35: Average household expenditure by category [N=600]

• 1. Food • 2. Accommodation • 3. Other • 4. Healthcare • 5. Household bills



Household expenditures are primarily allocated to food (41%), accommodation (31%), healthcare (7%), and bills (6%).³⁸

Graph 36: Household purchasing power compared to first months in Hungary (N=794)

• 1. Decreased • 2. No change • 3. Increased • 4. Do not know



Low-income levels among refugee households significantly hinder their ability to meet daily financial needs. This struggle has intensified over time, particularly for those who arrived more than two years ago. In fact, 41% of households indicated that they can now afford fewer goods and services than they could during the initial months of their displacement. This data is in line with the regional average (40%) and is double than what captured in the 2023 MSNA for Hungary (20%).

Poverty and Income Disparity.

The figures underline the economic vulnerability of refugee households in Hungary when refugees' income is compared to the poverty line.³⁹

36%

Refugee families at risk of poverty

36% of refugee households are at risk of poverty, with a disposable income below the poverty threshold. The poverty rate among refugees is notably higher compared to the national average of slightly less than 9%, reflecting deep disparities in income levels.

³⁵ The calculation excludes responses with incomplete or no income data or where income was 0. It also excludes indirect forms of income, such as accommodation subsidies paid by the Hungarian government to house providers or other forms of free/subsidized accommodation.

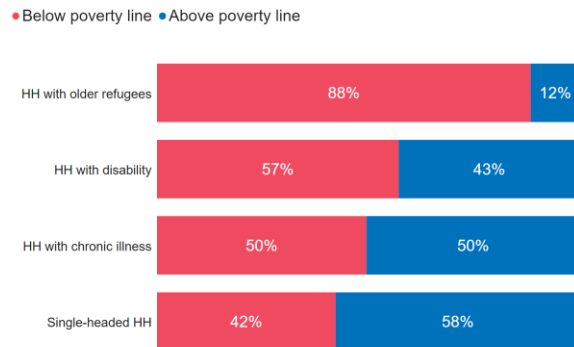
³⁶ The income has been equivalized to make it comparable to the national average by applying weights per household members (Eurostat method).

³⁷ Based on Eurostat data for 2023, indexed with 3.9% average annual consumer price index change for June and July 2024.

³⁸ The calculation includes responses where expenditure was 0.

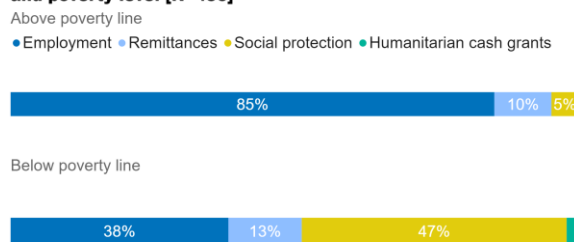
³⁹ The report applies a commonly used poverty line, calculated as an income falling below the 50% of the host population's median, as per UNHCR's report [Helping Hands – An interagency exploration of socio-economic data \(April 2024\)](#).

Graph 37: Households at risk of poverty by type of vulnerability [N=572]



Households with older refugees (88%), refugees with disabilities (57%) or refugees with chronic illnesses (50%), are at heightened risk of poverty, as well as single-headed households (42%).

Graph 38: Average composition of household income by source and poverty level [N=456]



The income composition of refugee households above and below the poverty line differs significantly. Regular employment is key for the financial stability of refugee families; it represents 85% of total income in better-off families, while only 38% in the lower earners. This is partially explained by the higher labor force participation (80% vs. 54%) linked to the different family compositions, as well as their much higher employment rate (75% vs. 38%).

The relevance of social protection benefits and cash assistance from humanitarian organizations is prominent in the income composition of families below the poverty line. While this highlights the crucial role of these essential support measures for families living below the poverty line — who would be in an even worse situation without them — it also underscores

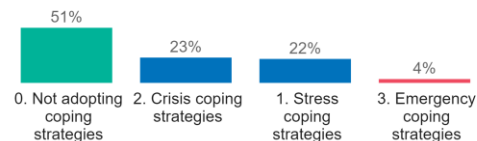
their insufficiency as these households continue to struggle to meet their basic needs.

Coping strategies for basic needs and food.

49% Of families resort to coping strategies to meet basic needs

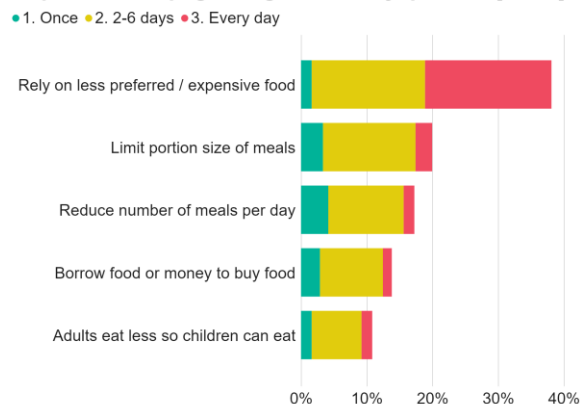
With strained household financial resources, nearly half (49%) of the households resort to coping strategies to meet their basic needs, such as spending savings, reducing essential expenditures or taking on high-risk jobs. In particular, 23% use crisis coping strategies such as spending savings, 22% are using stress coping strategies, such as reducing essential health and education expenditures, selling productive assets, and 4% use emergency coping strategies, such as selling house or land, using degrading sources of income, taking on high risk or illegal jobs.

Graph 39: Household by type of negative livelihoods coping strategy used due to lack of resources to cover basic needs [N=795]



Focusing on food, 12% of families reported difficulties affording enough food. To cope with the food needs and lack of resources, refugee families who are struggling started relying on less preferred foods and borrowing food or money to buy food, often multiple times per week.

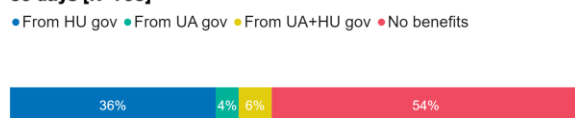
Graph 40: Food coping strategies used - days per week [N=445]



Social protection support.

Despite the ongoing challenges, 54% of refugee households do not receive any social protection support. This is above the regional average of 36%. Among those who do, 36% receive assistance from the Hungarian government alone, while 6% benefit from both Hungarian and Ukrainian government support, and 4% rely solely on Ukrainian government assistance.⁴⁰

Graph 41: Households receiving social protection benefits in last 30 days [N=795]



Priority needs.

Most refugees (94%) reported having at least one priority need, highlighting that the refugee population in Hungary continues to face substantial hardships.

94% Families with priority needs

The main needs identified are healthcare services (37%), accommodation (36%), and food (35%), followed by medicines, language courses, and employment support. This confirms a continuous

demand for basic needs assistance in areas that promote integration and resilience, helping refugees move toward self-reliance and reducing dependency on aid.

Graph 42: Top 5 priority needs [MCQ/N=749]



The number of households reporting priority needs in Hungary has increased over time. In last year's MSNA, 73% of households indicated having at least one priority need. Comparing with the previous years, a notable shift has occurred: in 2023, employment and language courses were prioritized more highly, while health needs have become increasingly prominent in 2024. Accommodation and food continue to be the most frequently cited priority needs among respondents, consistent with previous years.

This rise of health as a priority need among refugees may be attributed to several factors. First, the high prevalence of families with chronic medical conditions (46%) and with older members (25%) among the respondents implies high medical needs. Furthermore, the prolonged duration of displacement can result in the emergence of new health needs or difficulty in the continuation of care started in Ukraine, compounded by limitations in accessing to healthcare providers. Second, the focus on Ukrainian-speaking respondents highlights the challenges they face in accessing medical care, as language barriers can hinder their ability to navigate the healthcare system effectively.

Regional comparison also indicates a higher rate of priority needs among respondents in Hungary (94% vs 84%) and one of the highest across the region. Health is reported as a priority need across the region with a similar frequency (36%

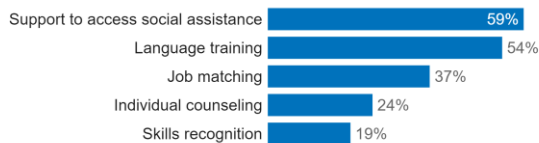
⁴⁰ Pension for Age, State Social Assistance for Persons with Disabilities, Unemployment Assistance, Childbirth Assistance.

vs 37%), followed by accommodation, food, employment and medicines. Language needs are higher in Hungary than the regional average.

Socio-economic inclusion support

Focusing specifically on the area of socio-economic inclusion, respondents emphasized the need for support in accessing social assistance (59%), language training (54%), job matching (37%), individual counseling (24%), and skills recognition (19%). Work permit holders have slightly different socio-economic integration needs, as they more often require support accessing financial services and upskilling opportunities than job matching and skills recognition.

Graph 43: Main areas of support required for socio-economic inclusion [MCQ/N=771]



Access to Financial Services.

67% of refugees reported having access to financial services in Hungary, such as bank accounts, either personally or through a family member. This access is critical in enhancing economic stability and the ability to manage income effectively. In Hungary, some banks waive the payment of the transaction fee when using a Ukrainian debit card at their ATM and offer the conversion of Ukrainian hryvna into Hungarian forints in specially designated branches. There are no regulations in place to prevent persons from the occupied territories of Ukraine from opening a bank account.

HEALTH.

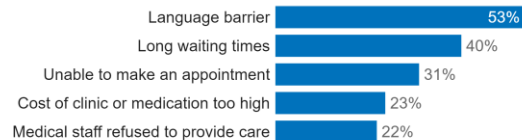
Healthcare Access Challenges.

Among the surveyed population, 27% reported chronic medical conditions and 5% reported having a disability. Out of all households, 2% had pregnant or breastfeeding women.⁴¹



22% of refugees with health needs reported being unable to access medical care in Hungary. The primary obstacles are language barriers (53%), long waiting times (40%), difficulties making appointments (31%), and the inability to afford clinical fees (23%). Additionally, around one out of five refugees experienced refusal of care by medical staff or were unsure where to seek assistance.

Graph 44: Barriers to accessing healthcare services [MCQ/N=111]



There are notable differences in access to healthcare when considering gender and diversity. A significant gender gap is observed, with 25% of women in need of healthcare unable to access it in the past 30 days, compared to 15% of men. The percentage of individuals with chronic conditions and older refugees unable to access healthcare is similar to the overall average. Still, it differs from that of refugees with disabilities, where 40% were unable to receive the care they needed.

In several FGDs language was identified as a barrier to healthcare access, as some refugees struggle to secure medical appointments or

⁴¹ The data are also presented at household level under the demographic section: 46% respondents reported one or more members with chronic medical conditions in their household, 10% one or more members with disabilities.

communicate effectively without reliable interpretation services.

“My question could be solved in two minutes if I had a translator.”

Even when interpreters are available, issues persist; for example, some refugees were denied appointments when an interpreter called on their behalf or had to undergo medical examinations without translation because due to long queues, the interpreter that they had booked, had to leave before their turn to see the doctor.

“If the interpreter translates over the phone, the doctor will refuse the appointment.”

FGD consultations suggest that free interpretation services for refugees are scarce, and there is limited awareness of the 1812 free interpretation helpline available for medical personnel. Moreover, some refugees have reported occasional lack of empathy from local healthcare providers: some older FGD participants perceived local doctors as being less patient and kind towards Ukrainian refugees compared to Hungarian patients; and some young Romani mothers reported instances of discriminatory attitudes from hospital staff after giving birth.

These barriers have led some refugees, particularly the older ones, to neglect regular check-ups and screening tests that could prevent serious medical conditions, particularly around health issues that are perceived as sensitive, such as menopause or prostate cancer, which are especially difficult for refugees to discuss with local doctors. The average monthly healthcare expenditure for refugee families is 21,000 HUF, which nearly equates the financial provision given by the Hungarian government to refugees to cover their basic living expenses (monthly subsistence allowance). However, families with members who have disabilities or chronic illnesses, or those with older members,

face much higher healthcare costs. Families with disabled refugees spend an average of 29,000 HUF per month — 34% more than the average refugee household. Similarly, households with chronically ill refugees see a 15% increase in their healthcare spending. This illustrates the disproportionate financial burden on vulnerable groups and the need for better access and targeted financial support to alleviate these healthcare costs.

FGDs with older individuals and refugees with disabilities or chronic conditions confirmed that these groups face greater barriers to accessing healthcare in Hungary, including the high cost of medications, a lack of awareness among medical professionals about their entitlements, and difficulties with recording refugee data in the Hungarian healthcare cloud-system (EESZT).

“The doctor understands and knows that my status is valid, it is the system on the computer that doesn’t understand that.”

“Many doctors work in the cloud but it is not always possible to get the medicine (at the pharmacy).”

“They asked for TAJ, and we said TP is a health insurance. They called and checked, but we were lucky: they accepted us.”

Refugees with chronic medical conditions face delays in securing regular doctor appointments, undergoing tests, or obtaining prescriptions through the public health sector, which is especially problematic for those needing continuous care.

Many refugees, faced with such challenges and unable to afford the costs of private healthcare in Hungary, prefer to return to Ukraine for medical services, where they can receive easier care. During these visits, they sometimes bring back medication for others.

“I had my thyroid gland removed and suffered a stroke. I normally go to Uzhhorod for check-ups, where I can see a doctor quickly. I don't go to the doctor here.”

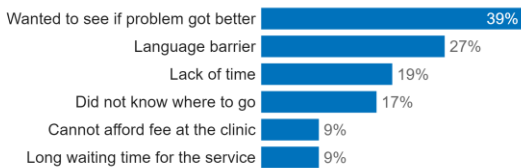
Mental Health and Psychosocial Support (MHPSS).

Nearly 1 in 5 refugees (23%) required mental health support in the past month, with significantly higher rates among vulnerable groups: 53% of refugees with disabilities, 45% of those with chronic illnesses, 37% of older refugees, and a much higher prevalence among women (29%) compared to men (14%). Around 10% of the individuals requiring MHPSS in the past month were children.

58% Unable to access needed MHPSS in the last 30 days

However, 58% of those needing support did not access MHPSS services. These challenges affected more female refugees than men (60% vs 50%) and, as expected, were more pronounced among refugees with disabilities (68%), the chronically ill (62%), and older refugees (72%).

Graph 45: Reasons for not accessing MHPSS [MCQ/N=129]



The reasons for not getting MHPSS support in Hungary include personal decisions to delay seeking help in hopes the issue would resolve on its own, language barriers, lack of awareness about where to find help, and insufficient time to seek assistance. These barriers suggest a need for destigmatization and awareness of services in Ukrainian language. Persons with chronic illness and older persons report mostly similar barriers, but they are especially struggling with long waiting times.

Of those who accessed MHPSS services, most relied on informal support systems such as friends or family (42%), spiritual guidance (32%), and creative or recreational activities (31%). Formal psychological counseling or psychotherapy was utilized by 29%, and only 7% received psychiatric or medication support. Notably, professional services in educational institutions were less available, with only 2% of respondents receiving support there.

The data seem to imply that most people are more comfortable and likely to seek support informally from their network/community of family, peers, church etc. than to see a specialist (likely because of stigma, as well as other barriers). In line with regional observations, this means that only a minority of people will decide to seek professional services if they are able to receive help within the community.

90% reported improvements after the services (slight improvement 65%, significant improvement 25%), 6% no changes and less than 1% a worsening of the condition.

Graph 46: Improvement in wellbeing after receiving mental health and/or psychosocial support [N=224]

● 1. Improved ● 2. Slightly better ● 3. Same ● 4. Worse ● 5. Do not know



Refugees show clearer signs of improvement when accessing a combination of formal and informal MHPSS support (37%) or formal support alone (35%), compared to informal support only (21%).

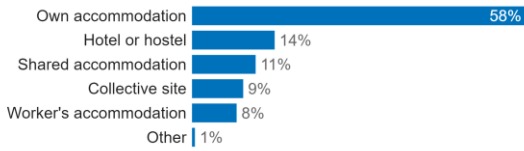
ACCOMMODATION.

Housing and Rental Arrangements.

At the time of the survey, 58% of respondents resided in private accommodations, 14% in hotels or hostels, 11% in shared private spaces,

9% in collective sites, and 8% in worker’s accommodations.

Graph 47: Type of accommodation household is residing in [N=792]



The 2024 data shows a continued reduction of refugees hosted in collective sites (from 14% to 9%) and an increase in private accommodations (from 43% to 58%), confirming trends seen in previous MSNAs for Hungary. While the shift reflects refugees' efforts to secure longer-term housing, it is important to note that 2023 data was collected before the government limited subsidized accommodation to vulnerable groups, contributing to the decrease in collective housing. Additionally, the 2024 data may overestimate the shift due to more limited access to refugees in collective sites. The proportion of refugees in private and shared accommodations aligns with the regional average (58% in private, 11% in collective).

Graph 48: Type of payment arrangement for accommodation [N=786]

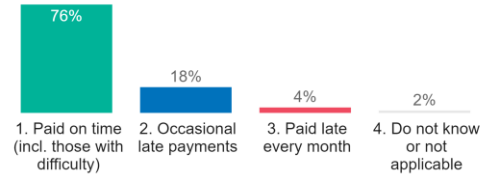


However, while 51% of households managed to cover their rent and utilities independently, 34% relied on external aid entirely, including government support (23%), employer assistance (7%), or free hosting (4%). This underscores a substantial reliance on financial aid for renting, which could pose risks if these support mechanisms diminish. Additionally, 14% of households share costs with others, highlighting the critical role of social networks in maintaining housing and the potential precarious living conditions of many refugees (overcrowding).

In 2024, more refugees seem to be covering fully housing costs themselves (up from 33% in 2023

to 51%) or sharing costs with others (up from 5% to 14%), while fewer rely entirely on external support (a decrease from 61% in 2023 to 34% in 2024). Compared to regional averages, a slightly smaller proportion of refugees in Hungary are covering costs themselves (51% vs. 57% in the region), and more are reliant on external assistance (34% vs. 20%).

Graph 49: Households facing difficulty paying rent [N=446]



Though 76% of households reported paying their rent on time, 22% faced delays, which could jeopardize their housing security if the issue persists. This signals financial stress for many refugees, where timely payments are critical for housing stability.

Around 69% of refugees had formal written tenancy agreements, providing some legal protection. However, 28% relied on verbal agreements, 2% had no contracts, and 1% did not specify the type of arrangement. The absence of written agreements for nearly a third of households leaves them vulnerable to arbitrary changes and potential exploitative behaviors by landlords.

From FGDs, the primary challenge for refugees seeking private accommodation is the high cost of rent, which often forces them into substandard living conditions, in peripheral areas with less services, or frequent relocations.

“My accommodation is terrible: I don’t feel safe in the neighbourhood”.

Older refugees, in particular, struggle with affordability, especially if they do not live with their adult children and are reliant on a limited pension from Ukraine.

“The conditions are bad; we live almost in a basement. I receive pension from Ukraine, so I do not receive refugee benefits from the state here. We do not have enough money for anything.”

Additionally, some landlords reportedly discriminate against Ukrainians, particularly those with young children, and may refuse to provide rental contracts due to concerns about payment and limitation in their legal length of stay, preventing refugees from accessing financial support from aid organizations even when available.

“I was refused rent because I have two 6-year-old children, and I work. It’s been very difficult to find accommodation due to this reason”.

“There is no rental contract, which is why we cannot contact organizations for financial support”.

Even when official rental contracts are in place, refugees often fear losing their accommodation if they try to assert their rights or resolve disputes.

FGD participants recommended increased support from agencies to assist refugees in finding and securing private accommodation, including navigating the language barriers.

“It would be nice if there was a person or agency that helped with the search.”

Uncertainty in Long-Term Housing Security.

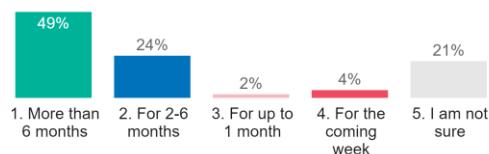
Long-term housing security remains uncertain for many; while nearly half of the households have secured their accommodation for more than six months, 24% for two to six months, 21% are uncertain about the duration of their housing arrangement, and 6% have only short-term arrangements (between one week and one month).

Though 84% are not under immediate pressure to leave, the 14% reported such pressure by their landlords and they could face heightened

vulnerability to further displacement or a need for emergency housing support (two percent do not know). Of those reporting pressure to leave the accommodation, 47% reported the closure of the accommodation facility, the end of the accommodation program (20%), refusal to extend the tenancy by the landlord (17%), unpredictability of the current accommodation programs (13%), increasing living and utility costs (10%), tensions with the landlord or the community (10%), and no longer eligible for state provided accommodation (3%).

There has been a significant increase in households reporting pressure to leave their current accommodations, rising from 1% in 2023 to 14% in 2024. The current figures align with regional averages (12%).

Graph 50: Maximum length of stay in current accommodation [N=773]



In addition, beyond length of stay concerns, 28% of refugee households are experiencing problems with their current accommodation. Key issues include insufficient privacy (46%), a lack of separate showers and toilets (42%), and the inability to cook and store food (22%). Households staying in private accommodation alone are less likely to report issues (15%) compared to those sharing their accommodation with other households (35% in collective sites, 58% in private accommodation shared with other families), indicating concerns related to overcrowding.

Additionally, 8% of households are struggling with winterization problems, particularly inadequate insulation (83%), insufficient or lack of heating (20%), and a lack of hot water (13%).

Graph 51: Issues with current accommodation [MCQ/N=218]



Some refugees residing in collective shelters who participated in the FGDs generally reported satisfaction with their living conditions, while others faced issues such as overcrowding and theft.

“We used to live with 12 people in one room, everyone got sick, there was theft.”

Those with disabilities or chronic medical conditions faced specific challenges, such as struggling to fulfil their dietary needs in centers when ready meals are provided, and they were not authorized to cook for themselves.

“My older mom has no teeth; she can't eat the kind of food they make here. The administration suggested that I buy a blender”.

Some concerns were also raised about a perception of lack of transparency from shelter administrations regarding entitlements and rules in the accommodation site.

The data were collected in June and early July 2024, before a significant policy change was announced in July. This change, which came into effect on August 21, revised subsidized accommodation provided by the Hungarian government to refugees from "war-affected areas" in Ukraine, specifically 13 oblasts. Therefore, the findings do not account for the potential impact of this policy shift.

CONCLUSIONS.

The 2024 Socio-Economic Insights Survey (SEIS) provides a comprehensive cross-sectoral understanding of the needs and challenges faced by refugees, particularly in accessing essential services, socio-economic inclusion, and integration into Hungarian society.

Based on the findings of the SEIS, the following recommendations aim to improve the effectiveness of humanitarian interventions and support the socio-economic integration of Ukrainian refugees in Hungary, address the evolving needs of the refugee population, and inform the 2025-2026 Refugee Response Plan (RRP).

1. When designing humanitarian programs in Hungary, it is important to consider the demographic profile of Ukrainian refugees, particularly the prevalence of female-headed households with vulnerable members, such as children and individuals with chronic conditions or disabilities. Services must be inclusive, age- and gender-sensitive. Comprehensive state social safety nets should be available for all refugees based on vulnerability. Humanitarian agencies can temporarily supplement state support with targeted assistance for those struggling to meet basic needs, thereby reducing reliance on negative coping strategies.
2. To enhance access to social protection, all refugees, TP holders, and individuals with other legal statuses must be able to access comprehensive legal protection and welfare services. This includes clearly communicating rights and entitlements related to different legal statuses, as well as any changes in benefits, housing options and healthcare access, including sexual and reproductive care for women as well as mental health support. Alternative channels should be provided for older refugees and those with disabilities who may struggle with digital platforms. Additionally, monitoring platform

reliability and addressing misinformation through trusted sources is essential.

3. Increasing accessible and culturally sensitive awareness and accessibility of specialized GBV services is crucial, in particular around longer-term support options, such as psycho-social support or legal assistance, to bridge service gaps and ensure that survivors can access the necessary care without fear of stigma or language barriers.
4. To strengthen access to child protection services for refugee children in Hungary, children under TP status must be fully integrated into the national child protection framework, ensuring they receive the same protections as Hungarian citizens and other beneficiaries of international protection. This could be achieved through legislative amendments or administrative directives extending the Child Protection Act scope to cover TP holders. Furthermore, child protection providers, including social workers, educators, and guardians, need targeted training on the rights and needs of TP children.
5. Enhance and expand language support programs to facilitate integration, as language proficiency remains a significant barrier to socio-economic inclusion for most refugees, particularly adults, who have little or no Hungarian language skills. Expanding language training programs for adults, interpreter services in healthcare, administrative settings, and language support in schools is essential to overcoming barriers. Language courses should also be developed to help refugees access better employment opportunities, ensuring socio-economic integration and reducing un- and under-employment.
6. Enhance access to education for refugee children and youth by addressing language barriers, increasing enrollment in Hungarian schools, and supporting students' mental health and well-being. Expand targeted language programs to bridge gaps in

Hungarian proficiency, especially for secondary school students who face higher non-enrollment rates. Prioritize inclusive educational environments by strengthening anti-discrimination measures and fostering cultural integration. Education programs should facilitate the translation of key documents and scholastic textbooks and materials. Further attention should be placed on access to higher education for refugee youth and on bridging programs accompanying students after secondary education.

7. Promote access to employment for working-age refugees by addressing the key barriers to work, including language support and training, job counseling, paralegal assistance on contractual financial matters, and administrative questions. Furthermore, single women and caregivers of older family members, individuals with disabilities, and those with family members who have chronic medical conditions should be offered alternative care arrangements or flexible working options. Refugees should also be equipped with information and grievance mechanism, complaint mechanism and information on labor law.
8. To enhance access to affordable housing options for Ukrainian refugees in Hungary, it is crucial to implement targeted interventions

that address the specific barriers faced by vulnerable groups, including families with children, older individuals, and those with disabilities. This should include addressing the issue of rental costs, including deposit, availability of housing arrangements for refugees, and reluctance by landlords to rent. Additionally, providing language support and outreach initiatives can help refugees navigate housing options effectively.

9. To strengthen access and awareness of healthcare for Ukrainian refugees in Hungary, it is essential to implement targeted awareness campaigns that inform both refugees and healthcare providers about the rights to free medical care, entitlements of TP holders and available services. Enhancing communication strategies in multiple languages, including Ukrainian, Russian, and Hungarian, can help bridge existing information gaps. Initiatives should also focus on increasing the accessibility of specialized medical services and establishing dedicated support channels to assist refugees in navigating the healthcare system, particularly for those with disabilities and chronic conditions. In coordination with health authorities, it is important to consider the overall simplification of the current system in place to facilitate administrative requirements for the health care system and limit the need for parallel systems for refugees.



Regional Refugee Response
for the Ukraine Situation

HUNGARY

SOCIO-ECONOMIC INSIGHTS SURVEY