

HUNGARY

SOCIAL INCLUSION OF REFUGEES FROM UKRAINE



JANUARY – MARCH 2024

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KEY FINDINGS

SAMPLE

167

Ukrainian respondents



89%



11%

PROBLEMS EXPERIENCED

Lack of access to housing: 42%

Lack of employment: 33%

Lack of access to services: 13%

Lack of access to school: 5%

(multiple answers possible)

CHALLENGES



54%

Language barrier



51%

Financial barrier



16%

Discrimination

(multiple answers possible)

SOCIAL DIMENSION

23%

Shared meals with locals at least once a month

and

Communicated with locals at least 3 times a month

PSYCHOLOGICAL DIMENSION

33%

Rarely or never felt like an outsider

and

Had at least a moderately strong connection to the host country

NEEDS

77% Financial support

60% Food assistance

39% Health-care services

38% Long-term housing

37% Personal hygiene

29% Clothes and shoes

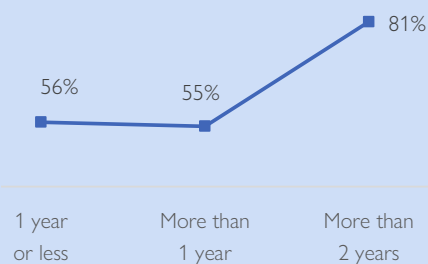
29% Employment

28% Medication

26% Language courses

(multiple answers possible)

CLOSE CONNECTION TO COMMUNITY OVER TIME



CHILDCARE AND EDUCATION

72% Enrolled in childcare (0-4 years old)

84% Enrolled in local schools (5-17 years old)

REGISTRATION

66% with a general practitioner

79% with a paediatrician

OBSTACLES

56%

Found visiting a doctor difficult:

- Language barrier: 50%
- Long queues: 31%
- Lack of documents: 9%

(multiple answers possible)

The IOM's Displacement Tracking Matrix (DTM) collected data through Surveys with refugees in the Ukraine Response region from January to March 2024. During the first quarter of 2024 (Q1, January to March), DTM interviewed a total of 167 individuals in Hungary who intend to stay for the foreseeable future. This group is central to the forthcoming analysis.

This report seeks to understand the social and psychological inclusion of Ukrainian citizens residing in Hungary and elaborates on their experiences and needs regarding their access to employment, education and health-care services.

In this report, social inclusion refers to the process of enhancing the ability of refugees to meaningfully connect with and participate in the host society, including restoring their dignity by being able to independently address their basic needs and have access to services that improve their quality of life.

The majority of surveys were carried out in Budapest (74%), followed by Hajdú-Bihar county (21%), Somogy county (4%) and Szabolcs-Szatmár-Bereg county (1%).

For more information on the methodology, please see the Methodology section.

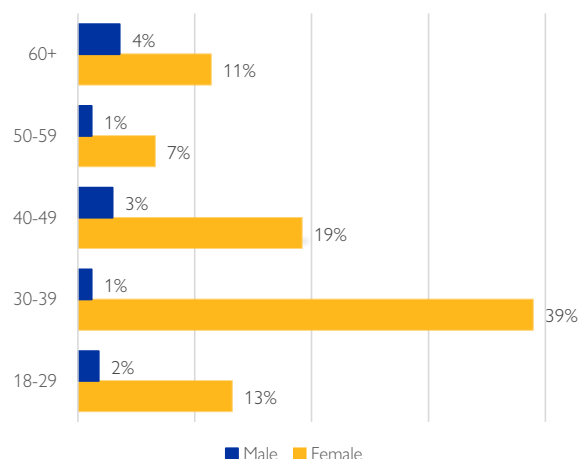
SOCIO-DEMOGRAPHIC PROFILE

AGE AND GENDER

Most respondents were women, comprising 89 per cent of the sample, while men accounted for 11 per cent of the sample. The average age of respondents was 41 years old, with women averaging 41 years old and men averaging 47 years old.

Over one-third of the respondents (40%) were in the 30-39 age group, while smaller percentages belonged to the 18-29 and 50-59 age groups, accounting for 15 per cent and 8 per cent, respectively. Among female respondents, the highest proportion fell within the 30-39 age range (44%), with a smaller percentage in the 40-49 age group (21%). Among male respondents, the largest proportion was above the age of 60 (33%), followed by those in the 40-49 age group (28%).

Figure 1. Respondents by age and gender (%) n=167



HOUSEHOLD COMPOSITION

On average, households consisted of three individuals. Within the households (n=167), 60 per cent of households had children between 0-17 years old. More specifically, 52 per cent of households had children between 5-17 years old, while 19 per cent had infants between 0-4 years old. Over one quarter (26%)

of households were single-headed households with children. In addition, 15 per cent of households stayed with at least one older person above the age of 60. Among respondents, 41 per cent (including themselves) lived with individuals with serious health conditions or specific needs.



LEGAL STATUS

Among respondents (n=167), 83 per cent held Temporary Protection (TP) status,¹ followed by those with citizenship (8%) or work permits (1%). Other respondents (8%) preferred not to disclose information about their legal status in Hungary. Among women, 85 per cent held TP, while a smaller share of men had TP status (67%). Men more frequently (17%) opted for not

disclosing information about their status. Among age groups, the over 60 age group had the most TP holders (92%), followed by the 30-39 age group (87%) and the 50-59 age group (85%). The share of TP holders within the 18-29 age group was substantially lower at 64 per cent. Twenty per cent within this age group preferred not to share information about their legal status.

¹ The Temporary Protection Directive was activated by the European Union (EU) in March 2022 in order to provide immediate protection to displaced people from Ukraine. The scheme has been extended until 4 March 2025. According to Council Implementing Decision (EU) 2022/382 of 4 March 2022, it applies to people residing in Ukraine on or before 24 February 2022 who are 1) Ukrainian nationals and their family members, 2) non-Ukrainian nationals and stateless persons benefiting from international protection in Ukraine and their family members, 3) non-Ukrainian nationals with permanent residence permit in Ukraine who cannot return to their country of origin in safe and durable conditions. It can also apply to Ukrainians who found themselves in the EU on 24 February 2022 and other non-Ukrainian nationals previously residing in Ukraine who cannot return to their countries of origin. TP holders gain various rights, including residency rights and access to housing, access to labour market, as well as social welfare and medical assistance within the EU.

ECONOMIC INCLUSION

LABOUR MARKET PARTICIPATION AND EMPLOYMENT

This section delves into the employment profiles and prospects of 150 respondents (91% women and 9% men) who fell within the working age bracket (18-64 years old). It sheds light on their involvement in the labour market and elaborates on their experiences and needs regarding employment in Hungary during their displacement.

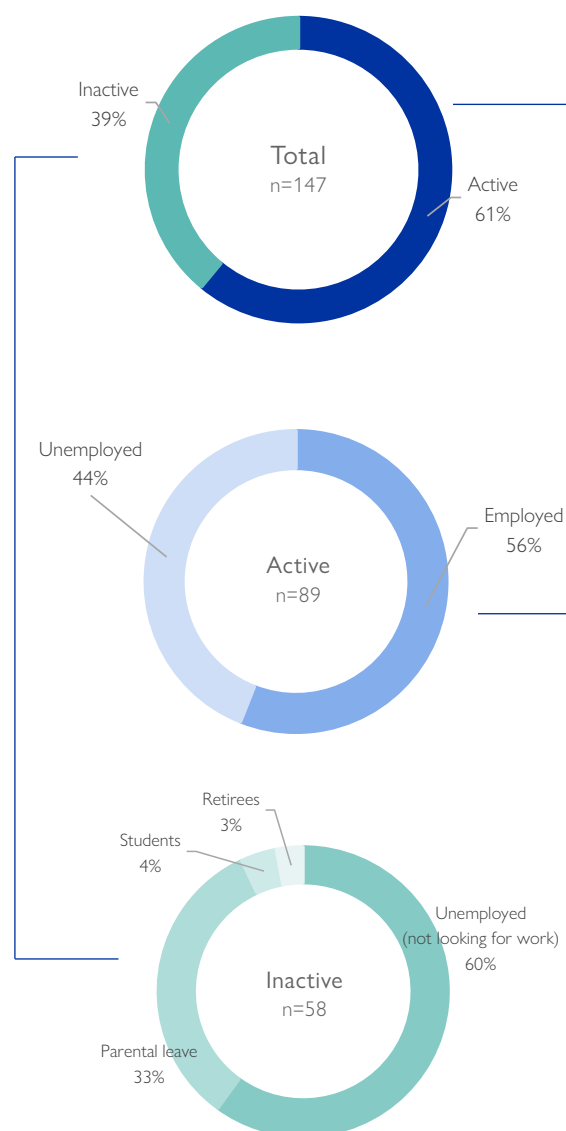
The working age group is further divided into active (employed or unemployed and looking for a job) and inactive (students, respondents on parental leave, retirees and those unemployed who are not looking for a job) respondents. Employment and unemployment rates are calculated only on the active labour force, excluding those who are inactive.

Among respondents (n=147), over half were part of the active population (61%), with 39 per cent not being part of the workforce. A substantial difference was observed among the two genders assessed. Among women, a smaller share belonged to the active population (58%) than among men (85%), while a higher share was inactive among women (42%) than among men (15%). Among age groups, the 50 to 59 age group and the 40 to 49 age group had the highest shares of active respondents, with 83 per cent and 75 per cent, respectively. The highest share of inactive respondents was observed in the 18 to 29 age group (68%), and the 60 to 64 age group (63%).

Among those active (n=89), over half was employed (56%) while 44 per cent were unemployed and looking for work. Among women, a higher share was employed (58%) than among men (45%). Upon assessing employment status by age, the highest employment rate was observed within the 30 to 39 age group (63%) and the 40 to 49 age group (59%). Conversely, the highest unemployment rate was recorded within the 18 to 29 age group (75%), followed by the 60 to 64 age group (67%).

Among the inactive (n=58), the majority (60%) were unemployed and not looking for work, followed by those on maternity or paternity leave (33%). An additional 4 per cent of respondents were students and 3 per cent were retirees. Upon evaluating their status from a gender perspective, most women were either unemployed and not seeking employment (61%) or were on maternity leave (34%). Conversely, men either belonged to those who were not looking for a job (50%) or were students (50%). Across age groups, the highest share of inactive individuals was observed within the range of 18 to 29 years old (68%) and within the 60 and older age group (63%).

Figure 2. Employment status (%) n=147



Before displacement, a higher share of respondents (n=150) was active (68%), and a smaller share was inactive (32%). Specifically, 66 per cent of female respondents used to be part of the labour force and 92 per cent of men used to be part of the labour force prior to displacement. Within the workforce (n=102) prior to displacement, similarly a considerably higher share of respondent was employed (95%), with 96 per cent of women and 92 per cent of men.

EMPLOYMENT STATUS AND EDUCATION

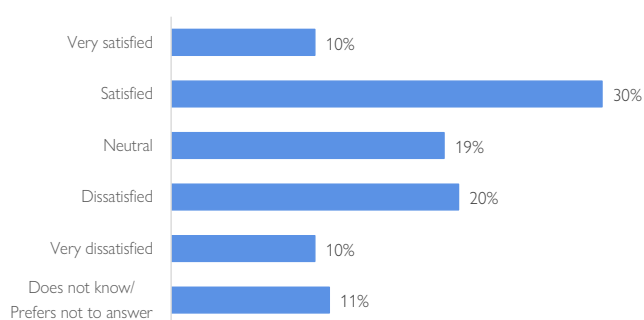
According to survey findings, educational attainment levels did not necessarily mean higher employment rates among refugees from Ukraine. The highest employment rate was observed among respondents who had completed upper secondary education (73%) and post-secondary education (71%), followed by those who had completed tertiary education (66%). In addition, the level of education might have influenced the types of occupations in which survey respondents were employed.

While those having completed primary education worked in elementary occupations (100%),² those with upper secondary education were employed in either elementary occupations (40%) or as plant and machine operators (40%). Conversely, those with tertiary attainment worked in professional categories (32%)³ and to a lesser extent in elementary occupations (23%) or in services and sales (16%).

SATISFACTION WITH EMPLOYMENT STATUS

Among the active population, over one-third of respondents (40%) was either satisfied or very satisfied with their employment status. Conversely, 30 per cent was dissatisfied or very dissatisfied, with 19 per cent being neither satisfied nor dissatisfied. The remaining 11 per cent did not know or preferred not to answer to this question. There were discrepancies observed regarding the satisfaction level of those employed and those unemployed but looking for work. The majority (70%) of employed respondents were satisfied or very satisfied, while only 3 per cent was satisfied among respondents who were unemployed but looking for work.

Figure 3. Satisfaction level with employment status among active respondents (%) n=89



Upon examining the problems in the workplace, nearly half of employed respondents (n=50) did not report any problems (48%). The most widespread problem cited by respondents was the lack of employment contracts (10%). This was followed by problems linked to long working hours (8%), the fact of being underpaid (6%), the lack of breaks during working hours (2%), threats at the workplace (2%), or other non-disclosed reasons (2%).

² Elementary occupations include cleaners, mining or construction workers, street vendors.

³ Professional roles include those in physical sciences, mathematics, engineering, technology, life sciences, medical and health services, social sciences and humanities, among others.

⁴ Income refers to net monthly income. Minimum wage refers to the net minimum wage, in case of individuals not eligible for tax advantages. The monthly net minimum wage in Hungary is 463,5 euros per month as of January 2024 (Source: Eurostat, 2024. https://ec.europa.eu/eurostat/web/products-datasets/-/learn_mw_cur)

INCOME AND FINANCIAL SECURITY

Forty-three per cent of respondents covered their daily expenses with income generated from employment. Among those who provided information regarding the level of net household income (n=55), 27 per cent earned less than 464 euros per month, inferior to the minimum wage in Hungary as of January 2024.⁴ An additional 60 per cent of respondents earned between 500 to 1,000 euros, while the remaining respondents (13%) earned above 1,000 euros per month.

The survey found that most respondents faced financial insecurity. Seven out of ten (71%) respondents would have been unable to cover an unexpected expense of 100 euros. Slightly above one-fourth (27%) declared that they would have means to do so if an unexpected expense had arisen. A small portion (2%) were uncertain about their financial capability to cover such an expense. Respondents who were employed had more confidence in being able to cover an unexpected expense of 100 euros. While 48 per cent of employed respondents were able to afford an unexpected expense of 100 euros, a smaller share could afford to do so among unemployed respondents (13%). Among those inactive, 21 per cent could cover such an expense.



71%

unable to cover an
unexpected expense of 100 euros

NEEDS AND EMPLOYMENT RELATED CHALLENGES

Among respondents of working age (n=150), 35 per cent reported the lack of employment as one of the three main challenges that hindered their inclusion to the host community. Lack of employment was mentioned as an inclusion challenge more frequently by unemployed respondents who were looking for work (62%), followed by those employed (34%) and inactive (21%). The lack of information on employment opportunities as an inclusion challenge was mentioned by 6 per cent of all respondents, with a higher share among unemployed respondents who were looking for work (13%).

The need for labour market counselling was reported by nearly one-third of respondents (32%), with similar percentages among women (32%) and men (31%). Unemployed respondents who were in search of work reported this need the most frequently (62%), while a smaller share was in need of labour market counselling among those who were employed (28%). Additionally, nearly one-fifth (17%) of inactive respondents were in need of such assistance.



62%

of unemployed respondents are
in need of labour market counselling

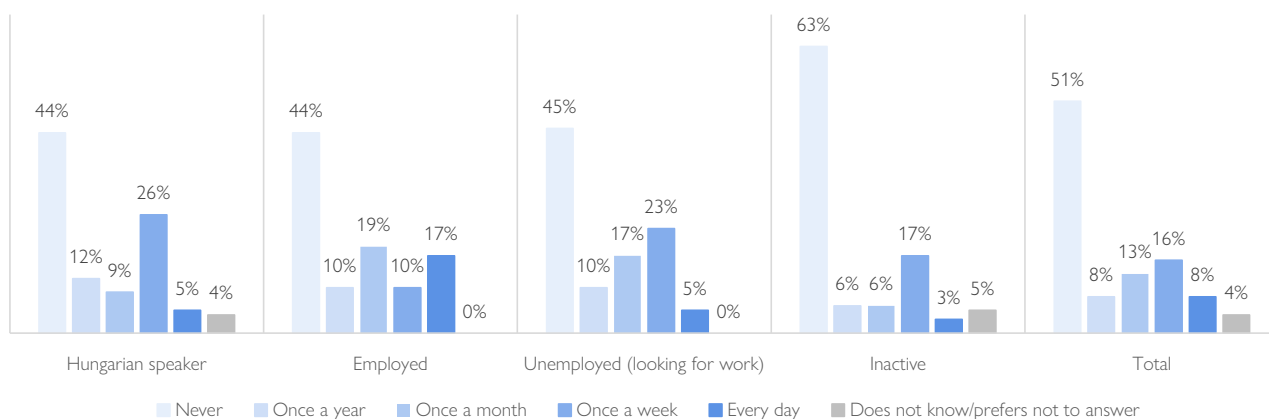
SOCIO-PSYCHOLOGICAL DIMENSION

SOCIAL DIMENSION

When respondents were asked how frequently they had shared meals with locals in the previous 12 months (n=167), the majority reported that sharing meals with locals has never happened to them so far (51%). This was followed by those who shared meals together with locals once a week (16%) or once a month (13%). Some disparities emerged across different demographic groups and based on employment status. The largest proportion of respondents who shared meals with Hungarians every day was observed among male respondents (17%), employed

respondents (17%) and respondents who fell within the age group between 30 to 59 (10%). Most respondents who shared meals once a week belonged to the 18 to 29 age group (28%), and Hungarian speakers (26%). Sharing meals once in a month was mentioned most frequently by the age group above 60 (20%) and employed respondents (19%). Inactive respondents and those having children less commonly had meals with locals, with 63 per cent and 64 per cent never having a meal with Hungarians.

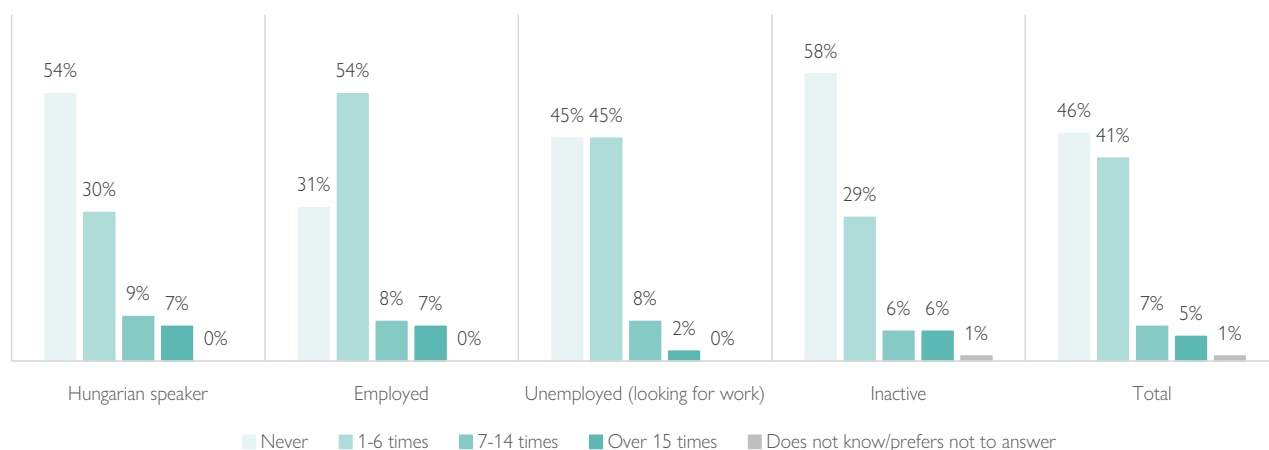
Figure 4. Frequency of sharing meals, by language spoken and employment status (n=167)



When it comes to having communicated online or over the phone with locals in the last month before the survey (n=167), nearly half of the respondents (46%) did not converse with locals on the phone or online. However, a similar proportion spoke to locals between one to six times in the last four weeks (41%). Male respondents tended to have conversations with more locals than their female counterparts, with 17 per cent of men and only 4 per cent of women having communicated with more than 15 Hungarians in the past month. Among age groups, the age group above 60 communicated with locals the most frequently,

with 16 per cent having spoken to 15 locals and 12 per cent with 7 to 14 locals in the month before the interview. The largest share of those communicating with one to six individuals in the past months was observed among the active respondents, with 54 per cent among those employed and 45 per cent among unemployed respondents. Conversely, the largest proportions of respondents not having communicated with locals over the phone or online was observed within the 18-29 age group (64%) and among inactive respondents (58%), followed by Hungarian speakers (54%) and households with children (52%).

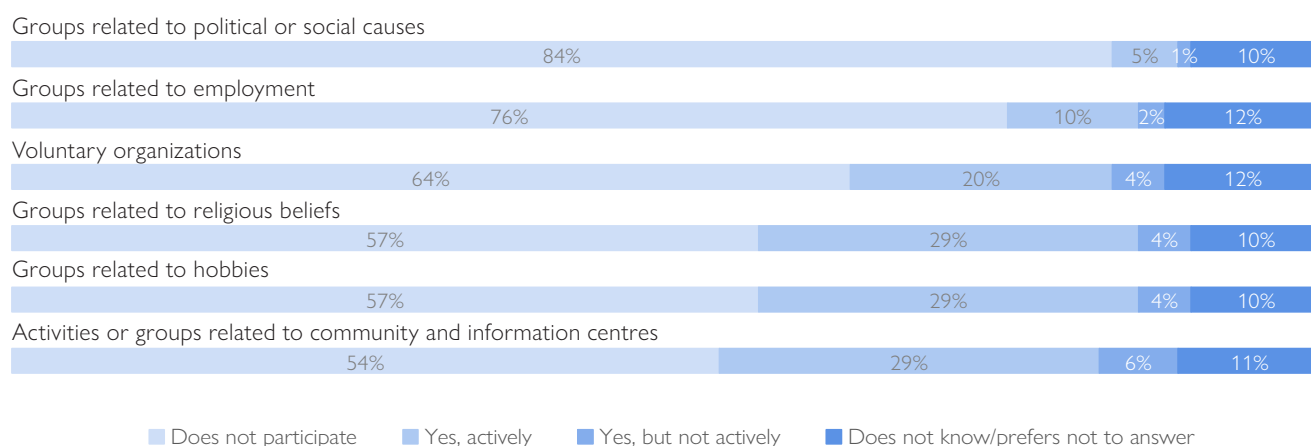
Figure 5. Communicating with locals over the phone or online, by language spoken and employment status (n=167)



When assessing survey participants' active participation in groups and associations (n=167), the most frequented were community centres and information centres (29%), groups related to religious beliefs (29%), and groups related to hobbies (29%).⁵

To a lesser extent, respondents were part of other voluntary organizations (20%), groups related to employment (10%)⁶ and groups related to social and political causes (5%).⁷

Figure 6. Participation in groups and associations (n=167)



(multiple answers possible)

For the purpose of this report, the indicator for describing the social dimension of inclusion considered the questions linked to the frequency at which refugees residing in Hungary shared meals and communicated with the local community. Those were considered socially more connected to the local community who: shared meals with locals at least once a

month, and communicated with locals over the phone or online at least 3 times a month. According to the methodology, nearly one-quarter (23%) of respondents were engaged in the local community in Hungary, with a slightly higher share among men (28%) than women (23%) being categorized as socially included in the host country.



Ukrainian refugees and local community participate in a folk dance event in Budapest, Hungary © IOM 2023

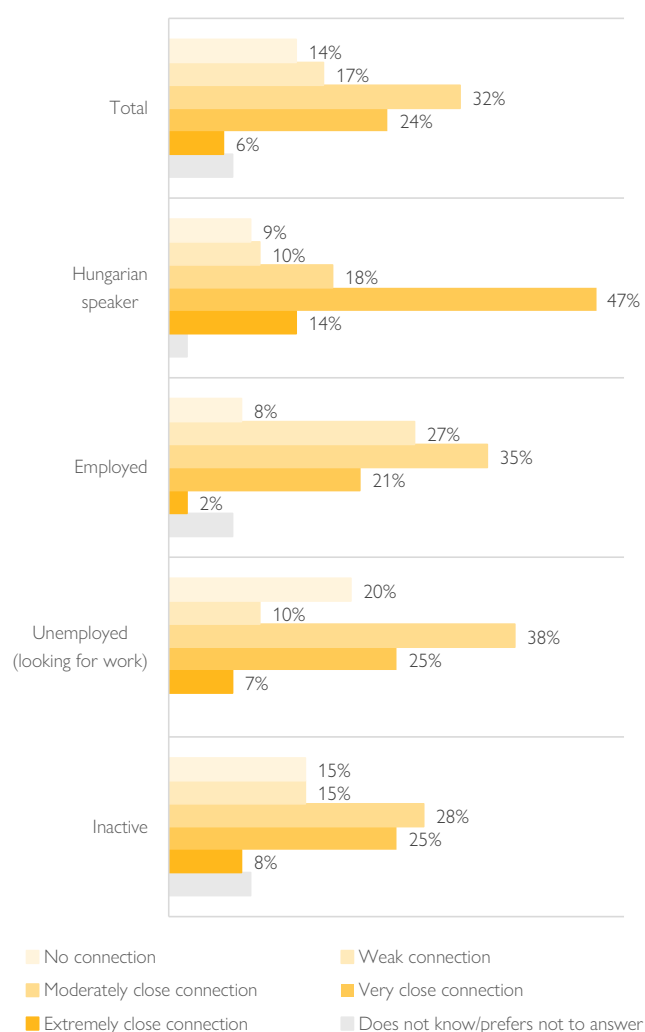
⁵ Groups related to hobbies included groups related to leisure, sport and cultural activities.
⁶ Groups related to employment included unions, businesses and other professional organizations.
⁷ Groups related to social and political causes included voluntary organizations or political parties.

PSYCHOLOGICAL DIMENSION

When survey participants were asked about their level of connection to the local community (n=167), one-third (32%) described having a moderately close connection, followed by those who felt a very close connection (24%). Only 6 per cent of respondents had an extremely close connection to the community. Additionally, 14 per cent expressed having no connection, while 17 per cent indicated feeling only a weak connection. The remaining 7 per cent did not know or preferred not to answer.

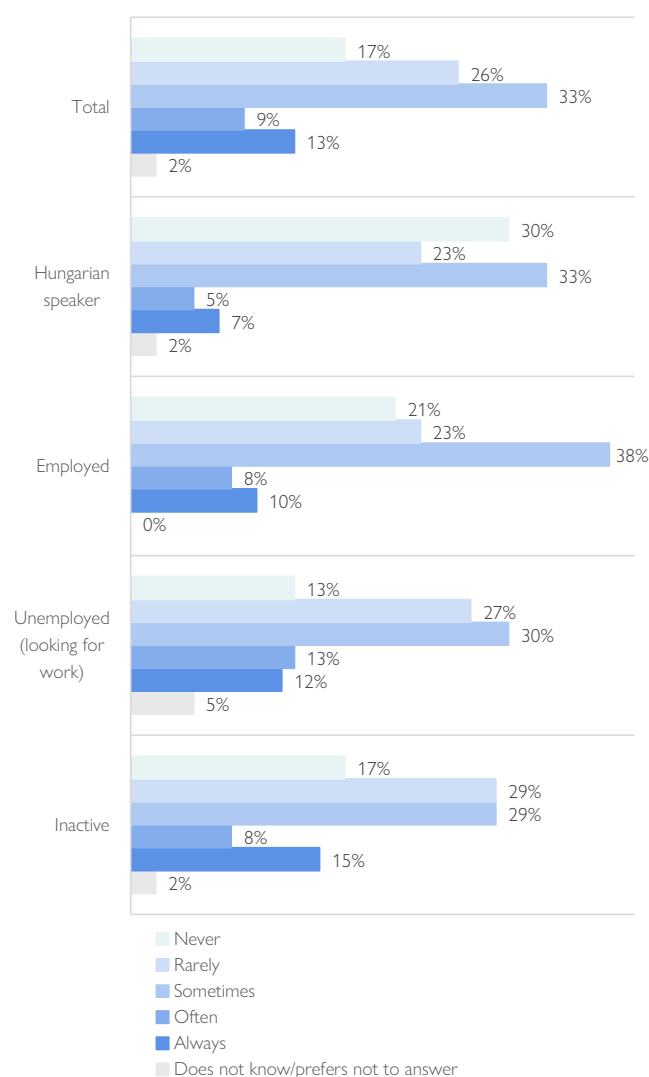
Very close connection was reported more frequently by Hungarian speakers (47%), the 18 to 29 age group (36%) and male respondents (33%). Within these groups, a higher percentage indicated an extremely close bond with the community, with 14 per cent among Hungarian speakers, 12 per cent within the 18 to 29 age group and 11 per cent among men. No connection to the host society was reported the most frequently by unemployed respondents (20%), by the age group above 60 (16%), women (15%) and inactive respondents (15%).

Figure 7. Respondents' connection to host country, by language spoken and employment status (n=167)



When asked about how often they felt like an outsider in Hungary (n=167), one-quarter (33%) reported that they sometimes felt like an outsider. This was followed by those who rarely felt this way (26%), and those who never did (17%). Conversely, 13 per cent of respondents always felt like outsiders, while 9 per cent often experienced this feeling in Hungary. Discrepancies emerged among different groups. Male respondents (6%), as well as those proficient in Hungarian (7%), those within the 30-59 age group (10%) and employed respondents (10%) less commonly mentioned always feeling like outsiders. The feeling of never feeling like an outsider was most prevalent among Hungarian speakers (30%), households with children (22%) and employed respondents (21%).

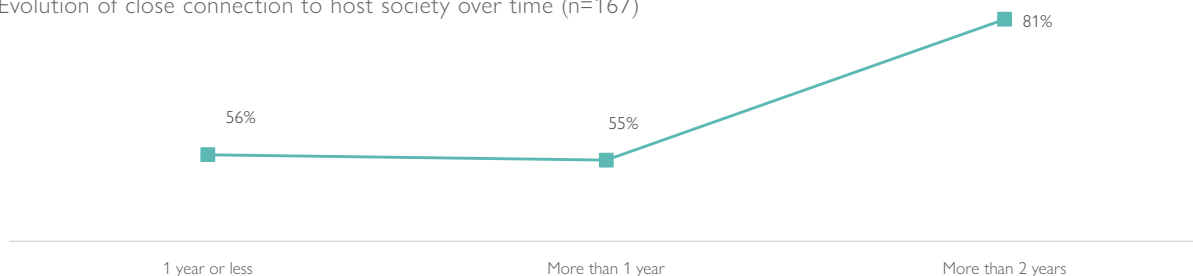
Figure 8. Feeling like an outsider, by demographics and employment status (n=167)



Over time, there was a slight increase in the share of individuals who felt at least moderately connected to the community in Hungary. It increased from 56 per cent among those who have

stayed for one year or less than a year in Hungary to 81 per cent among those who have spent over two years in Hungary.

Figure 9. Evolution of close connection to host society over time (n=167)



Among respondents (n=167), 7 per cent reported being homesick as one of the three main barriers to inclusion in Hungary (7% of women and 6% of men). In addition, psychological counselling

was reported as a priority need by 7 per cent of respondents, with 7 per cent among women and 6 per cent among men.

For the purpose of this report, the indicator for describing the psychological dimension of inclusion considered the questions linked to the extent to which refugees were connected to the host country and the extent to which they felt like outsiders in Hungary. Those were considered psychologically more connected to the local community who: rarely or never

felt like outsiders in Hungary, and those who felt at least a moderately strong connection with the host country.

According to this methodology, one-third (33%) of respondents felt psychologically connected to the host country, with a slightly higher share among women (34%) than men (28%).



IOM staff assists a Ukrainian refugee residing in Kisléta, Hungary © IOM 2024

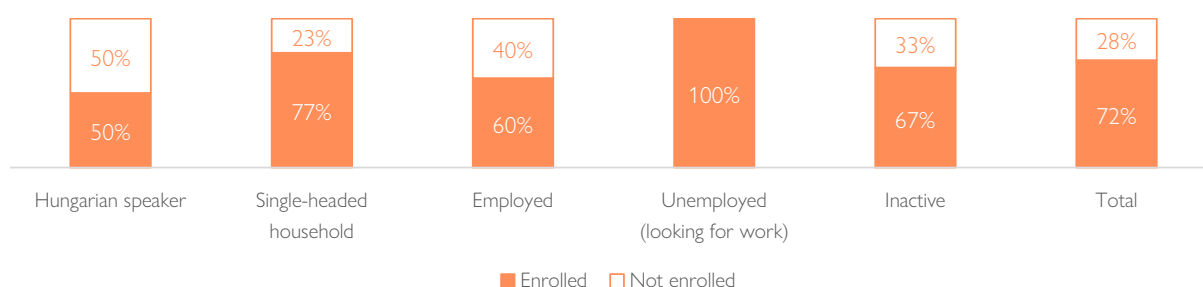
CHILDCARE AND SCHOOL ENROLMENT

ENROLMENT IN CHILDCARE FACILITIES

Among respondents with infants between 0 to 4 years old (n=32), the majority (72%) enrolled their children in childcare facilities, while 28 per cent did not enrol their children. Female respondents (73%) and single-headed households (77%) more frequently enrolled their children than men (50%). Based on employment status, those who were employed less often

enrolled their children (60%) compared to inactive respondents (67%). Among those who did not enrol their children (n=9), the most frequently mentioned reason for no enrolment was due to the child being too young (33%), while other respondents did not know how to enrol their child (22%) or planned to enrol their child in the near future (22%).

Figure 10. Infants' enrolment (0-4 years old) in childcare services, by language spoken, household composition and employment status (n=32)



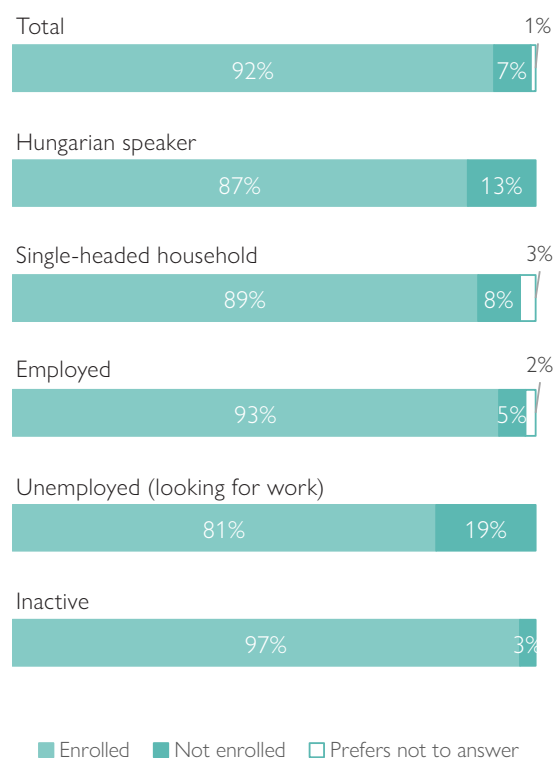
ENROLMENT IN SCHOOL

Among respondents with children between 5 to 17 years old (n=87), 92 per cent of respondents enrolled their children in some form of classes, including local schools, online classes, and homeschooling arrangements. The children of 7 per cent of respondents did not attend or stopped attending school, while 1 per cent preferred not to answer.

Upon assessing the different schooling arrangements more in-depth, the majority enrolled their children in local schools (78%), while an additional 6 per cent had children who simultaneously attended classes in local schools and online from Ukraine. A higher proportion of respondents enrolled their children in local schools among inactive respondents (87%), Hungarian speakers (83%), unemployed respondents (81%) and women (80%). The highest enrolment rates in both local and online schools was observed in the case of single-headed households (11%). Exclusively following online classes was observed most frequently among children of male respondents (33%).

Among respondents whose children were not enrolled in school (n=4), three respondents planned to enrol their children in the near future, while one respondent preferred not to disclose the reason. Among respondents whose children stopped attending school (n=2), one planned to enrol their children in school while one respondent had other reasons that were not disclosed.

Figure 11. School enrolment, by language spoken, household composition and employment status (n=87)



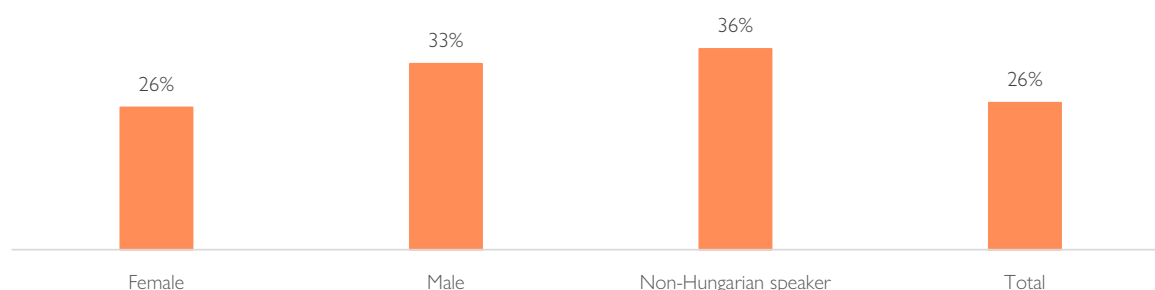
Upon assessing whether children who were not attending local schools attended Hungarian language courses (n=13), over two-thirds (n=9, 69%) did not follow language classes in Hungary. Among respondents whose children followed classes (n=4), one respondent mentioned that their child followed classes in a community centre, another one followed classes organized by non-governmental organizations, one received classes from a private tutor, while one followed classes both online and in a local language school.

On average, access to school was considered by 5 per cent of respondents to be among the three most important challenges that limited their inclusion in Hungary, with only women having mentioned this challenge (6%).

Additionally, when survey participants were asked about their priority needs, 36 per cent mentioned the need for language courses among respondents who did not speak Hungarian (n=110), with a higher percentage among men (55%) than women (34%).

An additional 17 per cent of respondents (n=167) reported adult education as a priority need, with a higher share among men (28%) than women (16%). To a lesser extent, 7 per cent of respondents considered school enrolment among their priority needs, with only women having cited this need (8%).

Figure 12. Need for language classes, by gender and language spoken (%) n=167



Ukrainian refugees participate in a book fair organized by IOM in Budapest, Hungary © IOM 2023

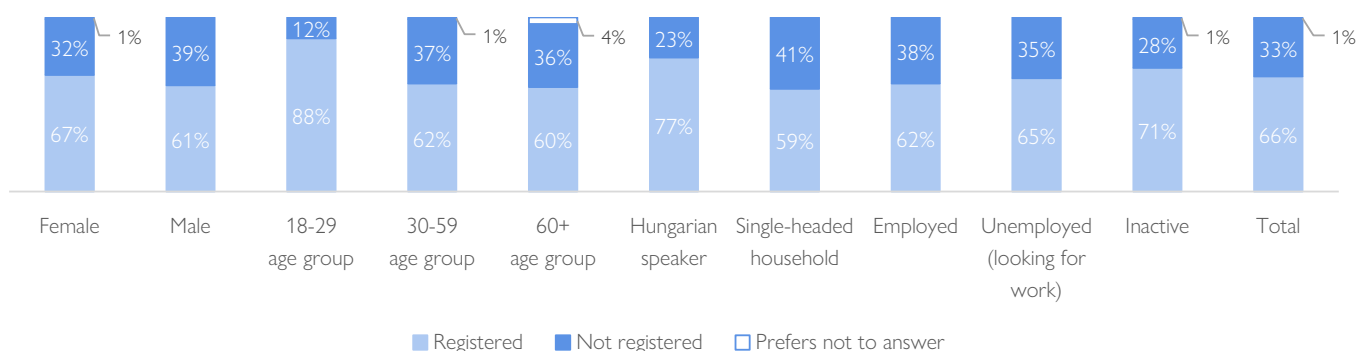
ACCESS TO HEALTH-CARE SERVICES

REGISTRATION WITH GENERAL PRACTITIONER


Upon assessing respondents' registration rates with a general practitioner in Hungary (n=167), two-thirds (66%) of respondents registered with a general practitioner, while one-third (33%) were not registered. Women showed slightly higher registration rates (67%) than male respondents (61%).

A higher proportion of respondents registered with a general practitioner within the 18 to 29 age group (88%), Hungarian speakers (77%) and inactive respondents (71%), while significantly lower registration rates were observed among single-headed households (59%).

Figure 13. Registration with general practitioner, by demographics and employment status (n=167)



The five most frequently mentioned reasons for not having registered with a local general practitioner (n=55) included language barriers (49%), with 50 per cent of women and 43 per cent of men having reported this reason. This was followed by long waiting times (24%), lack of knowledge on how to register (18%), no need for registering (16%) and uncertainty regarding the related costs (5%).



49%
is not registered with a general practitioner due to language barrier

CHILDREN'S REGISTRATION WITH PAEDIATRICIAN

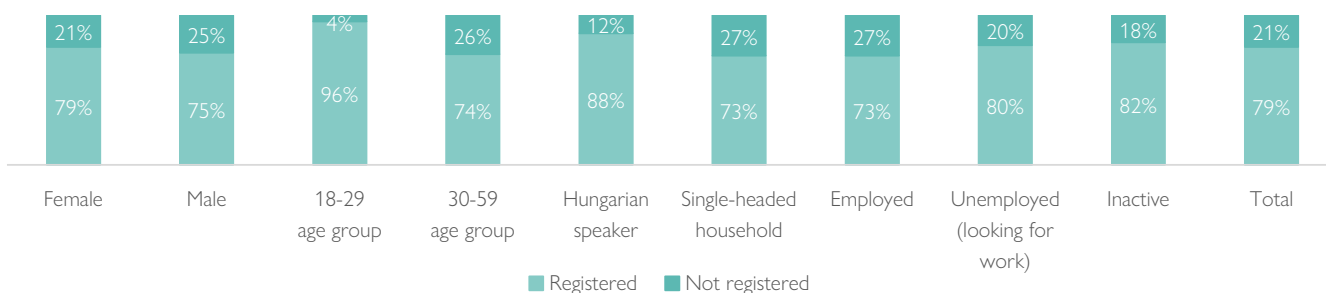
Among households with children (n=126), the majority registered their children with a paediatrician (79%), while one in five children (21%) were not registered with a paediatrician.

Infants (0-4 years old) were more frequently registered (88%) than children above 5 years old (77%). Higher than average registration rates were observed within the 18-29 age group (96%), Hungarian speakers (88%), inactive (82%) and unemployed respondents (80%).

Remarkably, among respondents who registered themselves with a general practitioner (n=87), 98 per cent registered their children with a paediatrician, while only a small percentage did not (2%).

The most commonly listed reasons for not having registered their children with a paediatrician (n=27) included the language barrier, mentioned by 52 per cent of respondents. This was followed by long waiting times (30%), lack of knowledge on how to register (11%), no need for registering (11%) and lack of insurance (7%).

Figure 14. Registration with paediatrician, by demographics and employment status (n=126)

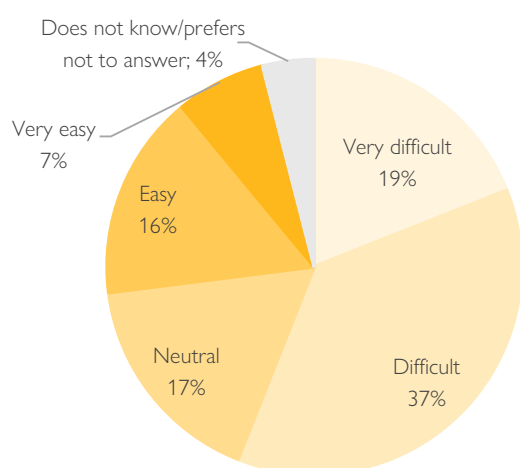


EASE OF VISITING A DOCTOR

Upon assessing information on how easy it was for respondents to see a doctor in Hungary (n=167), the majority (56%) found it difficult to visit a doctor, with 19 per cent finding it very difficult and 37 per cent somewhat difficult. Twenty-eight per cent among those above the age of 60 and 26 per cent among Hungarian speakers found seeing a doctor in Hungary very difficult. Most respondents who found it difficult were male respondents (56%) or were part of the 60 and over age bracket (56%). The biggest share of respondents who found it easy to see a doctor belonged to the 18 to 29 age group (28%), while nearly one-fifth (16%) of Hungarian speakers found it very easy to visit a doctor in Hungary. Among those who registered with a general practitioner (n=110), a lower-than-average percentage found it very difficult to visit a doctor in Hungary (16%), while 37 per cent found visiting a doctor somewhat difficult, regardless of their registration in place.

Among those who held Temporary Protection status (n=138), a similar percentage found it very difficult to visit a doctor (17%), and 38 per cent considered visiting a doctor somewhat difficult in Hungary. This finding indicates that despite the existent legal framework granting refugees from Ukraine the right to address their basic needs, some challenges remain that limit their access to health-care services in the host country.

Figure 15. Ease of visiting a doctor (%) n=167



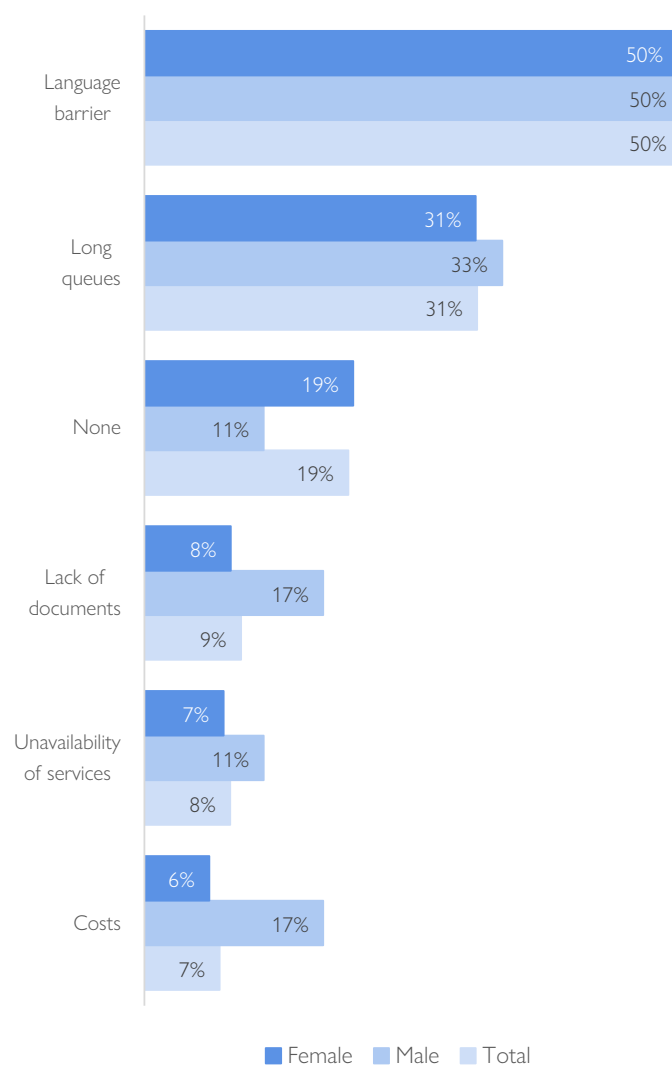
Among respondents (n=167), 39 per cent cited the lack of access to health-care services as one of their main priority needs, with a slightly higher share among women (40%) than men (33%). In addition, over a quarter (28%) cited the need for medication among their priority needs, with both women and men having cited this need to the same extent (28% each).

OBSTACLES TO ACCESSING HEALTH CARE

The main obstacles to accessing health-care services mentioned by respondents (n=167) included the language barrier (50%), long queues (31%) and lack of documents (9%). Nearly one in five (19%) respondents did not report any obstacles regarding access to health-care services in Hungary, with 19 per cent of women and 11 per cent of men.

The language barrier was reported to the same extent by both genders (50% each), while men reported long queues more frequently (33%) as a barrier compared to women (31%). Men more frequently mentioned the lack of documents (17%), unavailability of services (11%), and high service costs (17%), while these obstacles were mentioned to a lesser extent by women (8%, 7%, and 6%, respectively).

Figure 16. Main obstacles to accessing health-care services, by gender (n=167)



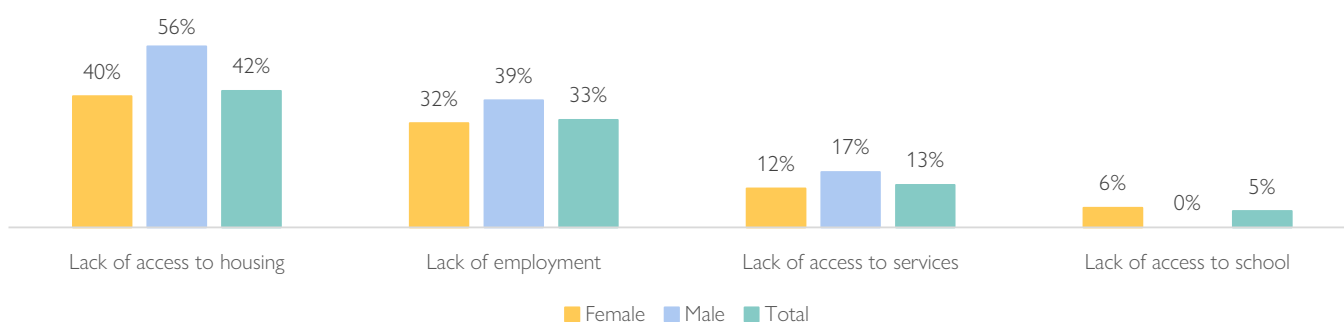
(multiple answers possible)

CHALLENGES AND REMAINING NEEDS

Upon assessing the experiences of refugees from Ukraine in Hungary, nearly half of the respondents (n=167) mentioned the lack of access to housing as a main issue (42%). Over half of the male respondents (56%) cited this problem, while a smaller share reported it among women (40%). Additionally, one-third of all respondents mentioned the lack of employment (33%)

as an inclusion problem, cited by 32 per cent of women and 39 per cent of men. On average, the lack of access to essential services was mentioned by 13 per cent of respondents (12% of women and 17% of men). This was followed by those who experienced the lack of access to schools, mentioned by 5 per cent of respondents.

Figure 17. Respondents' inclusion problems, by gender (n=167)



(multiple answers possible)

CHALLENGES

Of all respondents (n=167), 16 per cent experienced discrimination in the host country, mentioned by 15 per cent of women and 28 per cent of men. Encountering discrimination and prejudice can further marginalize refugees and consequently limit their access to equitable opportunities.



Among the most prevalent inclusion challenges that refugees encountered in Hungary (n=167), the most frequently mentioned obstacle that hindered their inclusion into the host country was the language barrier (54%), mentioned by 55 per cent of women and to a lesser extent, by 44 per cent of men. Additionally, this was followed by financial barriers (51%), cited by a larger share of men (61%) than women (50%).

Due to inclusion challenges, refugees from Ukraine in Hungary remain unable to independently secure their basic needs, perpetuating a cycle of exclusion and vulnerability among refugees.

NEEDS

Regarding the most important needs of all respondents (n=167), the top three most frequently mentioned needs included financial support (77%), food assistance (60%) and health-care services (39%).



Some discrepancies were observed when considering different demographic groups and households. While financial support and food assistance remained the two most important needs across each group assessed, health-care services were the third most frequently mentioned need within the age group above 60 years old (72%), inactive respondents (46%), women (40%), and households with children between 0 to 17 years old (33%). This was followed by the need for long-term housing, frequently reported by single-headed households (59%) and respondents who did not speak Hungarian (49%). Basic needs such as personal hygiene items were frequently mentioned by inactive respondents (46%). The need for employment was reported the most frequently by unemployed respondents (63%).

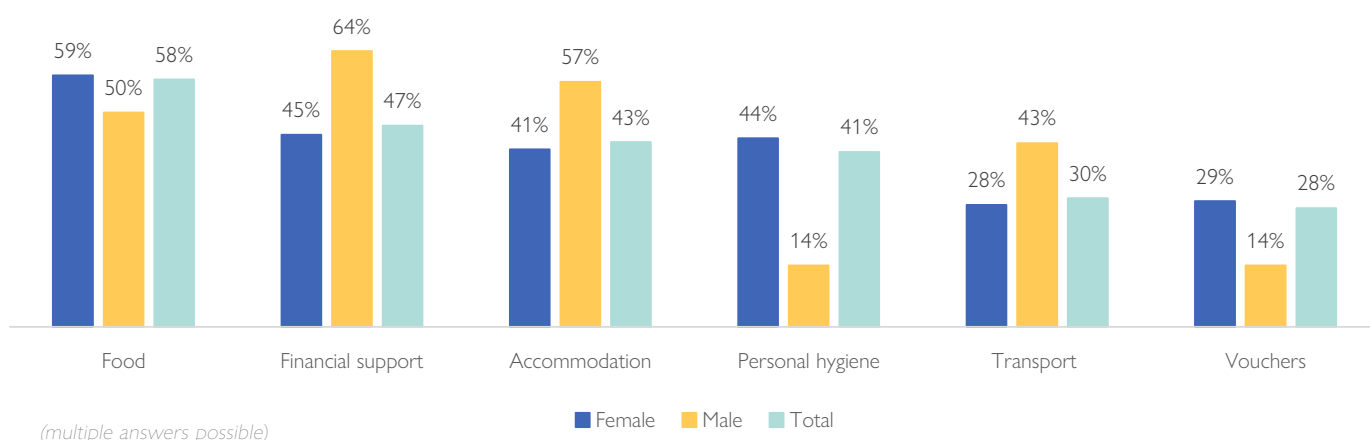
Among respondents (n=167), the large majority (78%) received some form of humanitarian assistance while in displacement in Hungary, with no discrepancies observed among genders. Among them (n=130), the most frequently received forms of assistance were related to the basic needs of refugees. These included food assistance (58%), financial support (47%), accommodation support (43%), personal hygiene items (41%), transportation support (30%), and voucher assistance (28%). Conversely, assistance related to the socio-economic inclusion of refugees was less prevalent, with 7 per cent having attended language courses and 4 per cent having participated in labour market counselling.



78%
received assistance in the host country

Respondents who received some form of assistance (n=130) were most frequently assisted by non-governmental organizations (65%), religious organizations (45%) and government authorities (31%). Twenty-eight per cent received assistance from a UN agency, while 25 per cent credited the support received from IOM.

Figure 18. Respondents' inclusion problems, by gender (n=167)



Ukrainian refugees participate at a food distribution event organized by IOM and its partners in Budapest, Hungary © IOM 2023

METHODOLOGY

IOM's Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route.

This report is based on surveys conducted by IOM's Displacement Tracking Matrix (DTM) in Hungary. The survey is available in 9 out of the 10 countries included in the Regional Response Plan for Ukraine in 2024.⁸

- 5 countries neighbouring Ukraine: Hungary, Poland, the Republic of Moldova, Romania, and Slovakia
- 4 additional countries in Europe, particularly impacted by the arrivals of refugees from Ukraine since the start of the largescale invasion in February 2022: Czechia, Estonia, Latvia and Lithuania.

The analysis presented in this report is based on data collected between January and March 2024 through a network of 10

enumerators, with various timelines and specific survey tools-adapted to the country context and needs. The target population was that of adult refugees from Ukraine and other TCNs (18 years of age and above) who were living in the country of the survey at the moment and had not participated in a similar survey in the last 3 months. Prior to the start of the fieldwork, all enumerators were trained by IOM on DTM standards, the use of Kobo application, IOM approach to migrants' protection and assistance, the ethics of data collection and the provision of information and referral mechanisms in place.

Respondents were approached in a simple random sample by enumerators at selected locations, including humanitarian aid distribution points, information and community centres, accommodation centres, IOM premises and transit points in four regions in Hungary. The survey was anonymous and voluntary. Face-to-face surveys were administered only if consent from the respondent was given. The respondent could stop the survey at any time.

LIMITATIONS

The sampling framework was not based on verified figures of refugees from Ukraine staying in the various regions across Hungary where surveys were conducted. This is due to the limited availability of comparable baseline information.

The geographic spread of enumerators deployed, and locations targeted captures most of the key transit and destination points. Whilst results cannot be deemed representative, the internal consistency within the data in each country and at the regional level suggests that the findings of the current sampling framework have practical value.

Whilst every attempt was made to capture all types of profiles of refugees from Ukraine residing in Hungary, the operational reality of fieldwork was confronted with different levels of accessibility of different types of locations and the different availability of possible target individuals to comfortably spend about 20 minutes responding to the questionnaire depending on a mix of personal conditions. Other factors also play a role which are more relevant to a specific time of the day, period of the year and conditions at a specific location such as organizational changes by national authorities or organizations managing covered transit and reception locations, weather conditions, festive periods, etc.

⁸ See <https://data.unhcr.org/en/documents/details/105903> for more information.

DTM

Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. The survey form was designed to capture the main displacement patterns of refugees of any nationality fleeing from Ukraine because of the war. It captures the demographic profiles of respondents and of the group they are travelling with, if any; it asks about intentions relative to the intended destinations and prospects in the country of displacement; it gathers information regarding a set of main needs that the respondents expressed as more pressing at the moment of the interview.

Since the onset of the war in Ukraine, several IOM's DTM tools were deployed in countries neighbouring Ukraine and in other countries particularly impacted by the new arrivals of refugees from Ukraine.

For more information, please consult: <https://dtm.iom.int/responses/ukraine-response>

DTM is part of IOM's Global Data Institute.