Regional Refugee Response
for the Ukraine Situation

STAYING SAFE: INTER-AGENCY INSIGHTS ON PROTECTION AND ACCOUNTABILITY FOR REFUGEES FROM UKRAINE

June 2024

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Cover photograph:

Ukrainian refugee Maryna, once head of supplies at a building materials company, fled with her daughter and other families to escape the war's explosions. She organized a convoy of four cars, including her sister-in-law, best friend, and their children. They are now living in Romania and received cash assistance from UNHCR when they arrived.
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Context

The full-scale war in Ukraine has caused one of the largest displacement crises in the world. Since its escalation in February 2022, nearly six million refugees from Ukraine have fled to Europe alone.

With the objective of collecting comprehensive data on the situation and needs of refugees from Ukraine, UNHCR in collaboration with the regional sector leads has conducted a multi-sectoral needs assessment (MSNA) in **seven countries: Bulgaria, Czechia, Hungary, Moldova, Poland, Romania, and Slovakia.** The data collection exercise focused on various sectors, including education, healthcare, and protection.

This regional report presents **key findings related to protection**, including child protection, gender-based violence, and accountability to affected populations.

Key findings

Accountability to Affected People (AAP):

- **82% of households were satisfied with the aid**[1] they received in the three months prior to the interview. However, nearly half of these households still fall below the poverty line, indicating that the aid, while appreciated, may not be sufficient[2].
- Seven percent of households were dissatisfied with the aid they received during the three months prior to the interview date. Of these, **70% were dissatisfied with financial aid –** cash assistance (53%) and vouchers (17%) respectively. Dissatisfaction with financial aid is particularly prominent among households with at least one household member with a disability.
- **29% of refugee households faced challenges accessing information on rights, entitlements and services**, with not knowing where to look for information and not knowing which information source to trust cited as the top barriers. Households with at least one person with a disability faced more barriers accessing information, as compared to other households. In general, women prefer **to access information online** rather than in person, as do most refugees from Ukraine.
- **While mobile messaging platforms and social media channels are the preferred means of communication** for the majority of respondents, vulnerable households, such as households with at least one person with a disability, households comprised of older persons, and households with limited financial means (those who are hosted in free accommodation provided by government, NGOs or by a host family and households who have no employed family member) **prefer to receive information via helpline, phone call or through face-to-face interaction**.
- The top priority needs for refugees are **employment/livelihood, healthcare and accommodation**. However, for households who have at least one member with a disability and for those who have no employed family members, **food** and **healthcare** are the top two priority needs. Moreover, employment and

livelihoods support were the highest priority needs among female-led households with children and across household types.

Social cohesion:

- Regionally, almost **one third of respondents reported experiencing hostile behavior or attitudes** from the local population.

Child Protection:

- **Forty-eight percent of respondents reported protection concerns in their residence area** for girls and boys under 18. The most reported risks were neglect, psychological violence in the community, physical violence in the community and worsened mental health and psychosocial wellbeing.
- A **noticeable share of households (12%)** do not know where to turn to when an incident of violence against children occurs.
- Children belonging to certain households face **greater child protection risks and have higher protection needs** than others. These households include households with children who do not belong to a nuclear family, including those who are in formal foster or family-based care arrangements or those who have no formalized care arrangement in place; households with children where no household member is employed; households headed by an older person or by a person under the age of 25 years, and households with multiple risks (e.g. older persons with a disability).

Gender-Based Violence (GBV):

- Women and girls cited **healthcare, accommodation, and employment** as their top three priority needs. Ensuring access to these essential services can provide lifesaving support while reducing GBV risks. **Economic empowerment** is key in enabling women and girls, including survivors of GBV, in accessing lifesaving healthcare and related GBV response services.
- The main reported barriers limiting women and girls' access to services (including GBV services), are a **lack of awareness about available services, stigma and feelings of shame, language barriers, area of residence (urban vs. rural, with limited access to services reported in rural areas) and cultural barriers**.
- Regionally, **mental health and psychosocial problems increased with age and differed by gender**. Across all age groups over 12, females consistently reported higher levels of such problems, highest among those aged 35 and older. However, among children under age 11, there were more boys with mental health problems than girls.

Key recommendations

On AAP and social cohesion:

- Ensure an inclusive approach in providing information when designing AAP and communication with communities strategies and tools - for example, in addition to the social media and digital communication, making sure that **information is provided through helplines and in-person to the most vulnerable households.**
- More work needs to be done to **maximize the follow up response to feedback and complaints.**
- Design and mainstream **social cohesion programming** across sectors in the work with the refugee and host communities using multi-stakeholder approach.

On persons with disabilities

- **Additional support should be provided to households who have a member with a disability** to access essential needs while ensuring continued access to health services. These households face more challenges attaining essential needs such as health services and food, therefore these areas should particularly be targeted.
- Conduct further research into and take action to **address the information access challenges** faced by households with at least one member with a disability;
- **Adapt information provision** in accordance with the needs of the households with at least one member with disability, e.g. via helpline, phone call or through face-to-face interaction.

On child protection

- Child protection must remain a cornerstone of the refugee response in host countries considering the high level of protection concerns. **Host countries must increase their efforts to systematically identify and integrate refugee children** from Ukraine with protection needs into their statutory child protection systems and strengthen the systems' capacity to meet their needs, improve coordination with other sectors and ensure preparedness.
- National child protection authorities of refugee hosting countries must **ensure early identification, registration and assessment of unaccompanied and separated children**, and of children accompanied by an adult who is not their parent, in line with the best interests of the child.
- Governments should work together with key stakeholders to assess **the availability, quality, and comparability of data** on refugee children from Ukraine and implement actions necessary to create an integrated child protection data environment.

On gender-based violence

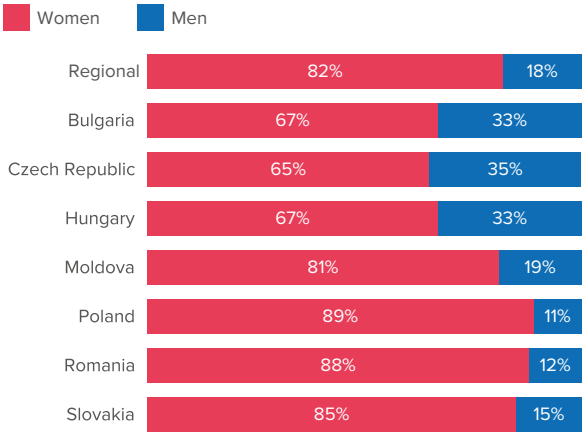
- Host countries need to address key needs highlighted by women, such as **healthcare, accommodation and especially employment/ livelihoods to effectively mitigate GBV risks**.
- National authorities and organizations in refugee hosting countries need to **promote the engagement of women-led and refugee-led organizations** to consistently include GBV risk mitigation in national policies and strategies across sectors and to ensure health, protection and economical empowerment needs are fully integrated in the national response mechanisms.
- Encourage government agencies and women-led organizations to develop and **effectively use age and culturally appropriate awareness raising programmes and technical guidance to mitigate digital GBV risks.** This can partly be achieved through information sharing using preferred channels of information and by setting up appropriate feedback mechanisms.
- Support and conduct an **in-depth Interagency GBV Risk Assessment to identify and reflect comprehensively on concerns of women and girls and possible mitigation strategies.** This assessment should also be conducted in different accommodation settings to fully understand the living conditions and possible risks of GBV for women and girls depending on the type of accommodation.

General protection

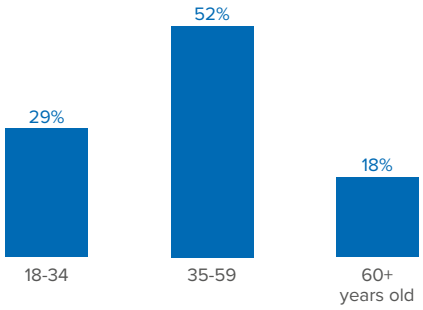
Demographic profiles

The majority of respondents were women, with percentages ranging from 65% in the Czech Republic to as high as 89% in Poland. Over half of respondents fall within the 35-59 age group.

% RESPONDENTS BY GENDER

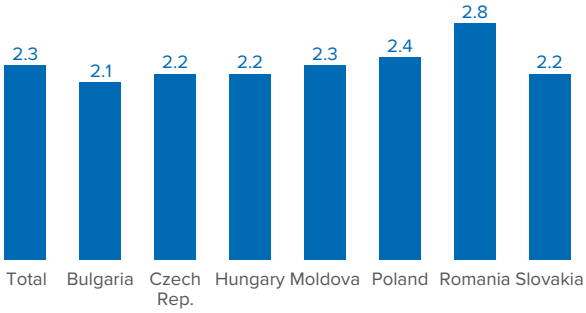


AGE OF RESPONDENTS



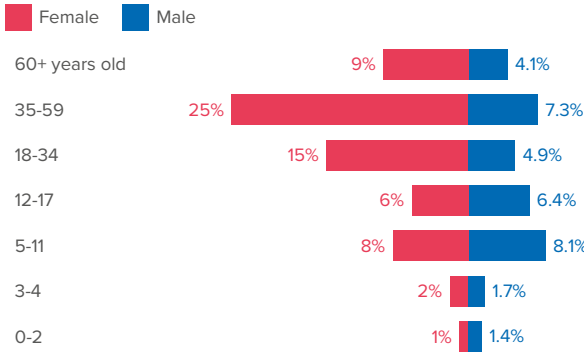
Overall, the total average household size is reported at 2.3 individuals. Romania stands out with the highest average household size among the seven countries at 2.8 individuals per household.

AVERAGE HOUSEHOLD SIZE PER COUNTRY



Across all adult age categories, females consistently represent a higher percentage than males. Notably, females aged 35-59 constitute the largest proportion at 25%, followed by females aged 18-34 at 15%. The gender-specific distribution can be attributed to various factors, notably the military conscription in Ukraine. This policy likely resulted in a significant portion of males being unable to leave the country, either due to compulsory military service or their voluntary decision to stay and serve.

AGE GROUP AND GENDER PYRAMID



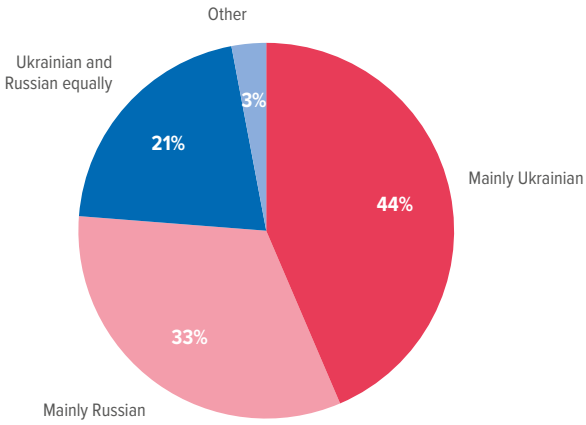
OBLAST OF ORIGIN OF SURVEYED REFUGEES FROM UKRAINE

The survey results, weighted by the distribution of refugees across host countries, reveal Kharkivska (12%), Dnipropetrovska (10%), Khersonska (9%), and Odeska (9%) as the most common areas of origin for respondents. A significant portion also came from Donetska (8%), Zaporizka (7%), Kyiv (6%), and Kyivska (5%) oblasts. The remaining respondents originated from other oblasts throughout Ukraine.

The data however demonstrates variations in the oblast of origin of Ukrainian refugees across different host countries. Kharkivska is the only oblast that consistently ranks among the top four in all 7 host countries. Refugees from Odeska oblast make up a significant portion in Moldova (46%), Romania (40%) and Bulgaria (18%), likely due to these countries' geographical proximity. Similarly, Zakarpatska oblast, bordering Hungary, sees a high concentration of refugees originating from there (39%) but not in the top 4 in any of the other countries. Interestingly, Poland, despite bordering Ukraine, shows a more balanced distribution across oblasts, potentially reflecting its larger refugee population.

The main language spoken at home was Ukrainian, at 44%. 33% of respondents reported speaking mainly Russian, and 21% reported speaking Ukrainian and Russian equally. However, the main language spoken at home by Ukrainian refugees varies depending on the host country. In Bulgaria (52%), Czech Republic (43%), Moldova (64%) and Slovakia (53%) the majority reported speaking both languages at home. In Romania the majority reported speaking Russian (41%), while in Poland (62%) the majority reported speaking Ukrainian. Interestingly, only a small fraction (3%) spoke another language regionally, with most of this group was hosted in Hungary, where 26% reported speaking Hungarian.

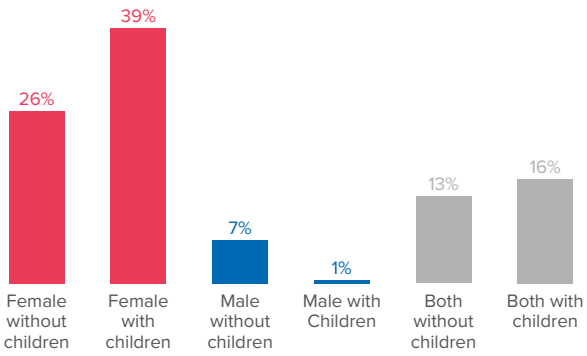
MAIN LANGUAGES SPOKEN AT HOME



The consequences of the full-scale war Ukraine have been highly gendered in nature. This inter alia is reflected in the composition of adults and children in the households. Households with only adult women and children make up 38.5% of households, while households with only adult males and children make up 0.5%.

Women with children households are the largest household category for nearly all countries, followed by women without children at 25.7 percent of households. Two exceptions are Bulgaria, where the largest household category is of women without children (31.3% vs. 33.2% respectively), and Romania, where the second largest household category is those consisting of both females and males with children. These findings already indicate the importance of ensuring that the needs of women and children are integrated throughout refugee response efforts across the region. It must be noted that due to the very small portion of households consisting only of males with children, the results of this group could not be comparatively analyzed with the other household types.

REGIONAL HOUSEHOLD COMPOSITION



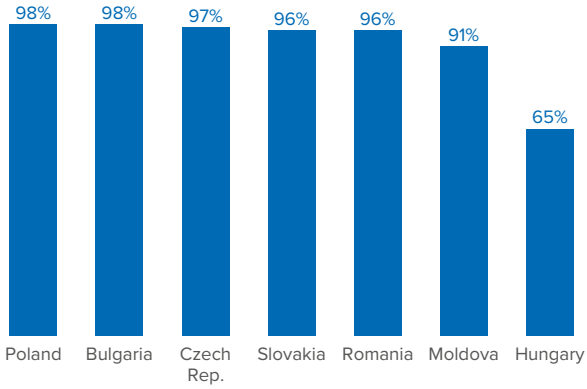
Regionally, roughly 11% of households surveyed had a member with a Level 3 disability[3]. About 16% of households with one member with a disability reported having no member employed, relative to 8.6% of households without a member with a disability. The composition and employment status of households suggest that it is important to increase access to employment and livelihood assistance tailored to the situation of these households, as is further indicated by the priority needs discussed below.

Access to temporary protection

On 4 March 2022, the EU Council triggered the application of the Temporary Protection Directive to refugees from Ukraine, providing millions with swift access to legal status and associated rights. Initially activated for one year, the application of the Directive has since been extended for an additional two years – until March 2025.

Most households surveyed (95%) have applied for temporary protection, while 5% of households have not applied for temporary protection. Comparatively, the proportion of households who have not applied for temporary protection is substantially higher in Hungary (35%); this is largely because many refugees in Hungary have obtained different legal statuses in lieu of temporary protection, e.g. residence permits.

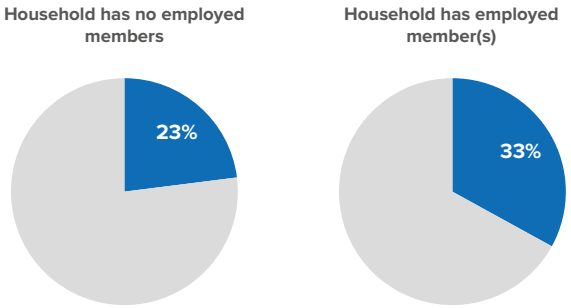
TEMPORARY PROTECTION APPLICATION STATUS BY COUNTRY



Social cohesion

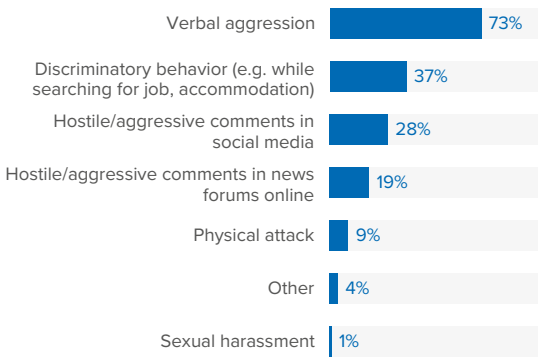
Regionally, almost one third of respondents reported experiencing hostile behavior or attitudes from the local population. The highest rate of hostile behavior was reported in the Czech Republic followed by Poland, while the lowest was in Moldova and Hungary. Households with at least one member employed reported a higher percentage of experiencing hostile behavior at 33%, compared to 23% for households with no employed members; this could potentially be due to their increased interaction with the local population.

% OF HOUSEHOLDS REPORTING HOSTILE BEHAVIOR



Verbal aggression stands out as the most frequently reported type, with 73% of those who reported hostile behavior highlighting instances of verbal aggression. Discriminatory behavior while searching for a job or seeking accommodation was also high at 37%.

TYPE OF HOSTILE / UNWELCOMING BEHAVIOURS (OUT OF THOSE WHO REPORTED HOSTILE BEHAVIOUR)



When asked about the presumed reasons for household behavior, the top three reasons were refugee status, ethnicity, and language – all three options are interconnected and linked to identity of the respondents.

A notable association was found between perceived hostility and mental health challenges. Those who reported experiencing hostile behaviour or attitudes from members of the host population were more likely to report mental health and psychosocial problems (39%) than those who did not report experiencing hostile behaviour (27%). Perceived hostility may increase vulnerability to distress, and at the same time, those with mental health problems may be targeted with greater hostility and/or perceive their environments as more hostile[4].

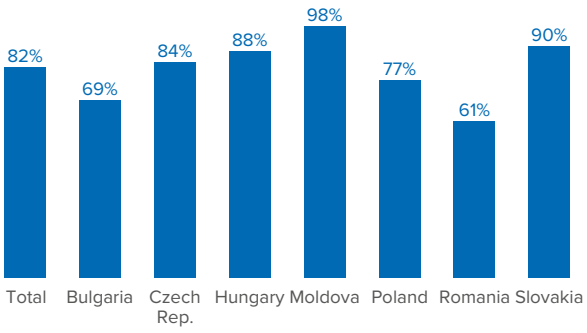
Oleksandr is a wheelchair-user and Svetlana are among many Ukrainian refugees receiving shelter support in Bulgaria. © UNHCR/Dobrin Kashavelov

Accountability to affected people

Satisfaction with aid received in the last three months[5]

The majority of households – 82% – reported being satisfied with the aid (any type of humanitarian of State-provided aid) they received in the last three months. Comparatively, a higher satisfaction rate was recorded in Moldova (98%), followed by Slovakia (90%), and Hungary (88%) - and a relatively lower satisfaction rate was reported in Romania (61%), Bulgaria (69%), and Poland (77%).

SATISFACTION WITH AID RECEIVED BY COUNTRY



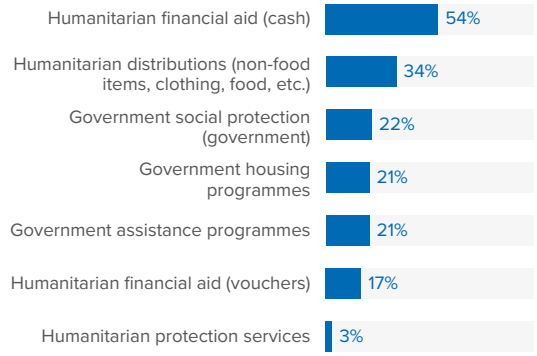
Type of aid HHs were dissatisfied with

Seven percent of HHs were dissatisfied with the aid they received, mostly in Romania (14%) and Bulgaria (9%). Out of the 7% of HHs who indicated dissatisfaction, 70% were unsatisfied with financial aid, cash assistance (53%) and vouchers (17%) respectively. Dissatisfaction with cash financial aid is particularly prominent among households with at least one household member with a disability, as compared to households without a person with a disability (62% vs 52%).

The same holds for humanitarian distributions, where 44.3% of households with a member with a disability reported dissatisfaction with humanitarian distributions, relative to 31.6% of households who do not have any member with a disability.

On a positive note, only 3% of HHs reported being dissatisfied with the protection assistance they received.

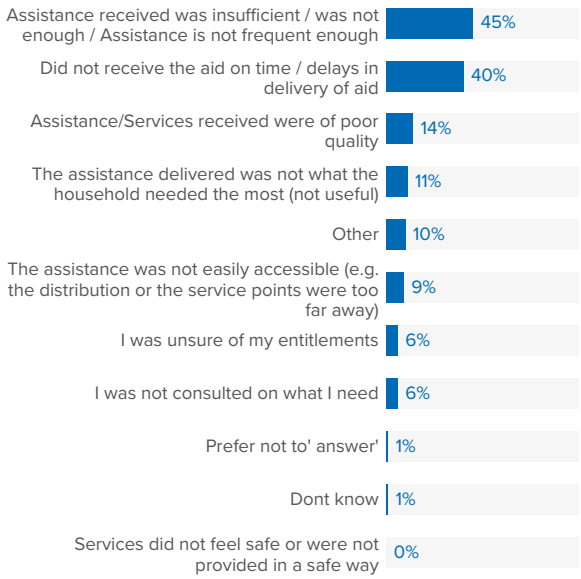
AID DISSATISFACTION PER TYPE OF AID



Reasons for dissatisfaction with aid

Among households dissatisfied with aid, the most common reason was that the assistance received was insufficient or not frequent enough, as reported by 45% of respondents. Additionally, 40% cited not receiving aid on time or experiencing delays in its delivery. Fourteen percent found the assistance or services to be of poor quality, while 11% indicated that the aid provided did not meet their most urgent needs.

REASONS FOR AID DISSATISFACTION

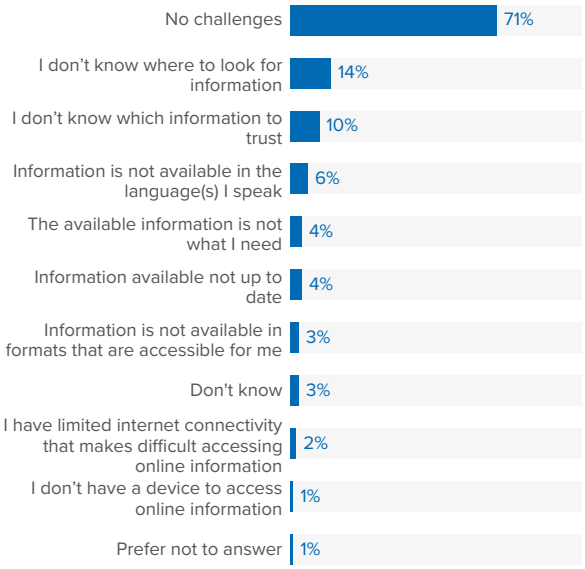


Access to information

The majority, 71% of households, surveyed have not faced any challenges accessing information on rights, entitlements, and services. Among the 29% refugee households who faced challenges accessing information, not knowing where to look for information and not knowing which information source to trust were reported as the top barriers. Unavailability of information in languages refugees understood and a lack of up-to-date information were also cited as obstacles to accessing information.

Overall, households with a person with disability faced more barriers accessing information, when compared to other households. To illustrate, while 72% of refugee families without a person with a disability reported not facing any obstacles accessing information, 60% of households with a person with a disability reported not experiencing challenges accessing information.

CHALLENGES IN ACCESSING INFORMATION

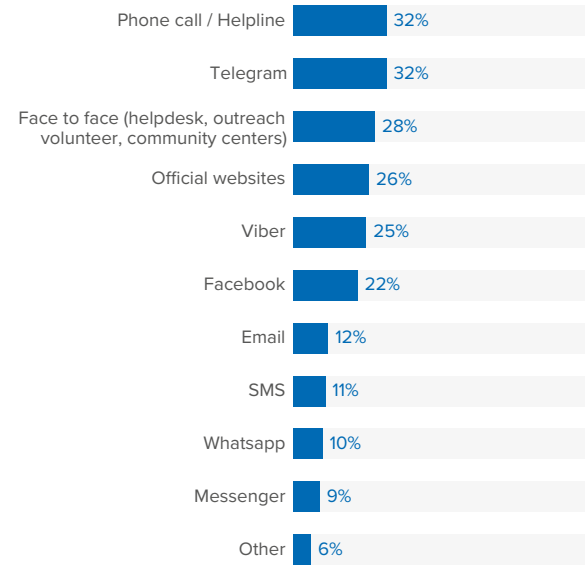


Preferred means of receiving information

The majority of respondents preferred online means of communication, such as mobile messaging platforms and social media channels. More women (27%) prefer using the communication app Viber than men (18%), and more men (34%) prefer face to face interactions than women (28%). Disseminating information and facilitating access and communication through technology has many advantages and it is an overall preferred method by most individuals, both male and female. However, there are a number of GBV risks facilitated by digital and online spaces, including sextortion, image-based abuse, cyberbullying, online gender and sexual harassment, cyberstalking, using technology to locate survivors and/or identification of potential trafficking victims, etc), which need to be borne in mind and mitigated by all stakeholders.

Meanwhile, the results showed that vulnerable households, including households with a person with a disability and households comprised of older persons, prefer helpline over other means of communication. Households with very low income also prefer to receive information via phone call or helpline, which may be due to limited access to internet or low technological skills.

PREFERRED MEANS OF RECEIVING INFORMATION



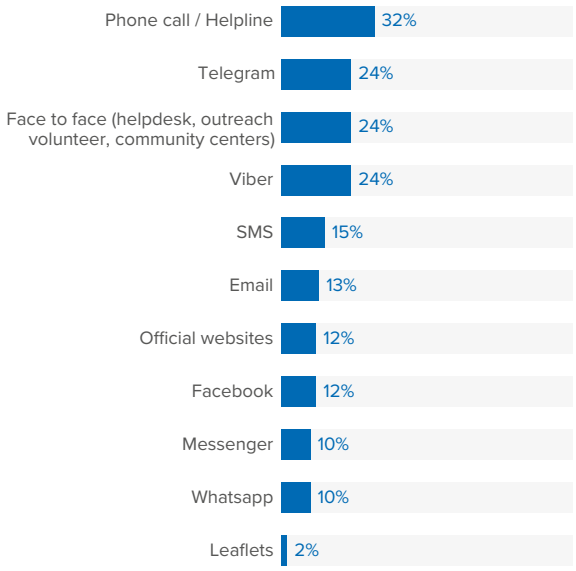
Preferred means of providing feedback to aid providers

To provide feedback, HHs with at least one household member with a disability prefer helpline (38% vs 31%) and face to face interaction (29% vs 23%), compared to HHs who have no member with

a disability. Helpline preference is also higher among HHs who are hosted in free accommodations provided by government, NGOs or by a host family. Similarly, HHs comprised of older persons, HHs who do not have any employed member, and those with limited income prefer to provide feedback via helpline/phone call.

Women-centered feedback and complaints mechanisms are key to identify and respond to concerns of women and girls at risk of and survivors of GBV, they also act as early warning systems for sexual exploitation and abuse (SEA) cases which tend to go highly under-reported in humanitarian settings. Based on the data collected, the preferred method for providing feedback for both female and male responders and heads of households is a phone call to a helpline.

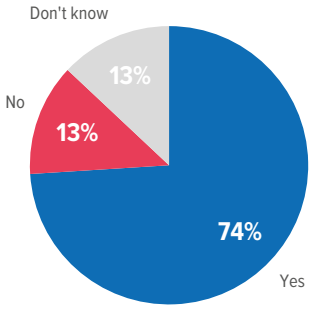
PREFERRED MEANS OF PROVIDING FEEDBACK TO AID PROVIDERS



Access to safe and confidential reporting channels

Ensuring access to safe and confidential channels as part of the Feedback and Response Mechanism (FRM) is one of the core actions under the AAP. It aims to make sure that refugees know where to report allegations of misconduct and/or other complaints about the humanitarian aid in a safe and confidential manner. Given the importance and sensitivity of the subject matter, more awareness needs to be done especially in the remote and marginalized areas to ensure an inclusive and stronger awareness among the refugees about the safe reporting channels.

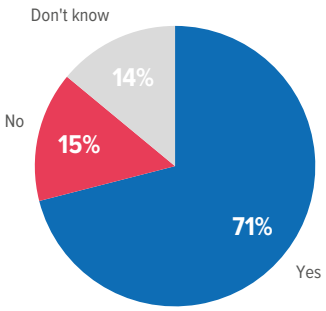
ACCESS TO SAFE AND CONFIDENTIAL REPORTING AND INFORMATION



% of HH who reported receiving an appropriate response after reporting through reporting channels

To complement the FRM loop, this indicator aimed to also looked into the follow up response that refugees receive through the available channels, such as hotlines, digital communication, information desks at community centers and other available community outreach channels. While 68.5% shows a rather positive level of follow up, more work needs to be done to maximize the follow up response to feedback and complaints which is at the core of AAP.

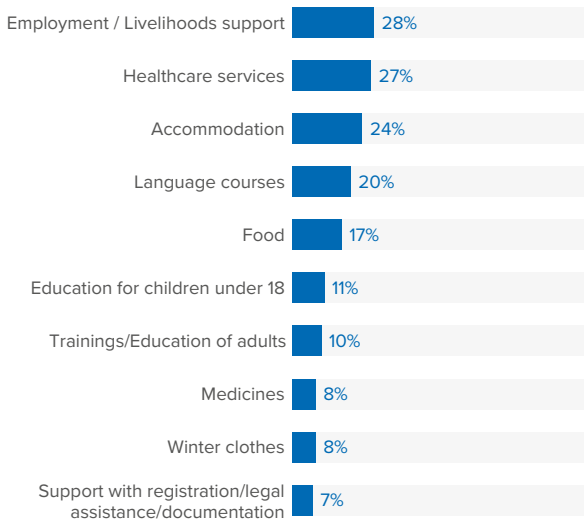
%HH RECEIVING APPROPRIATE RESPONSE THROUGH VARIOUS CHANNELS



Top 10 priority needs of refugee households

- HHs who have at least one member with a disability rank food (22.5% vs 17%) and healthcare (70% vs 30%) as a higher priority need than average.
- Among HHs who do not have employed member, the need for food (23.5% vs 14%) and healthcare (48% vs 27%) is substantially higher.
- HHs comprised of older persons reported a higher need for winter clothes compared to other households.

TOP 10 PRIORITY NEEDS OF REFUGEE HOUSEHOLDS



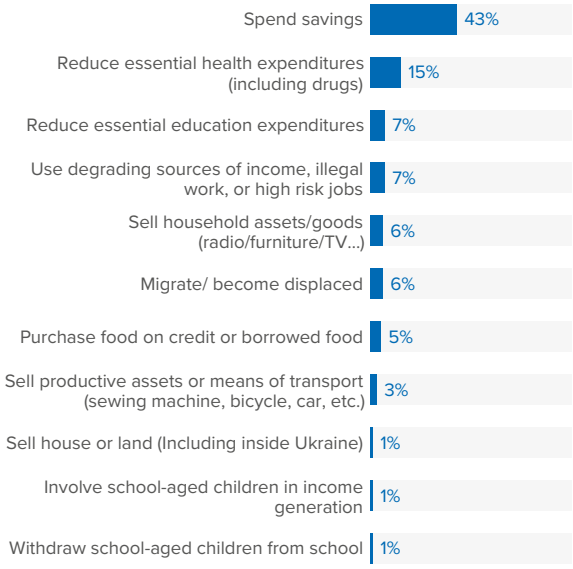
Adoption of coping strategies depending on the type of household

Households with children seem to be vulnerable to adopting livelihood coping strategies, which represent ways households deal with economic challenges. These strategies include spending savings, selling assets, purchasing food on credit, reducing essential expenses, withdrawing children from school, selling property, migrating, involving children in income generation, and resorting to risky jobs. Specifically, 53% of households with children reported adopting such coping strategies compared to 43% for households with no children.

Households with at least one member with a disability appear more vulnerable to adopting livelihood coping strategies. Specifically, 64% of households reporting having one member with an L3 disability reported adopting coping strategies relative to 54% of households who do not. The degree of crisis[6] coping strategies in the 30 days prior to the interview was also almost twice as frequently reported by households with at least one member with a disability (23% vs. 13%). Concerning specific coping actions, among households with at least one member with a disability, 56% reported having spent savings compared to 41% of households who have no member with a disability. Twice as many households with at least one member with a disability reported reducing essential health expenditures compared to households who do not.

The vulnerability of households who have at least one member with a disability is also indicated in priority needs, as only 9.5% of these households reported having no priority needs. For these households, healthcare services, employment/ livelihoods support, accommodation, and food were the top reported needs.

% HOUSEHOLDS ADOPTING COPING STRATEGIES



Child protection

The Ukraine conflict has uprooted millions[7, 8] of girls and boys from their homes, putting them at an increased risk of violence, exploitation, abuse, and family separation[9]. **Family separation** is the defining feature of the Ukraine refugee crisis, as many male family members had to remain in Ukraine, primarily due to martial law.[10]

The refugee child population from Ukraine is highly diverse and so are their needs and the risks they face. For instance, there are many girls and boys who are separated from one or both parents or from their previous legal or customary caregiver, but may be accompanied by other adults who may have been given some form of responsibility for them by parents or Ukrainian authorities[11]; unaccompanied children[12]; children with a disability or disabilities, a chronic illness or children living in households headed by an older person or a young person; children whose family identifies with a minority ethnic group; stateless children; and children who have been evacuated from institutional care in Ukraine.

Care and custodial arrangements, including guardianship, are among the many issues that arise when unaccompanied or separated children from Ukraine arrive or are identified in host countries in Europe. Different legal regimes may apply to them within countries depending on their status and eligibility for temporary protection or national humanitarian protection schemes. Children are particularly vulnerable to legal challenges when arriving stateless or undocumented[13]. Protection concerns may further aggravate when unaccompanied children remain outside the scope of national child protection systems. Moreover, in many host countries there remains a lack of data on the prevalence of child protection risks and specific needs among the different sub-groups of the child population from Ukraine.

Child protection has been a cornerstone of the refugee response [14]. At the same time, this refugee situation has revealed and exacerbated underlying gaps in the child protection systems of host countries, including a lack of preparedness and capacity to plan and implement a coordinated humanitarian child protection response, integrate refugee children into the national child protection systems and case management processes, and provide adequate mental health and psychosocial support services.

The findings of this regional analysis aim to shed light on protection risks facing refugee children with a view of addressing their particular needs.

Birth registration is critical

Birth registration is a key first step towards protecting children. Identity documents are essential for refugee children to access legal status, protection and services in host countries. Without a birth certificate, a child can be at risk of statelessness, for instance. Documentation also plays a central role in facilitating the return of refugee children to their country of origin in safety and dignity, when the time comes.

Across five countries (responses from Poland were disregarded due to limitations), 98 % of children under the age of five years had their birth registered in Ukraine, the host country or a third country according to the respondents, or registration is in process.

Children's right to a family environment

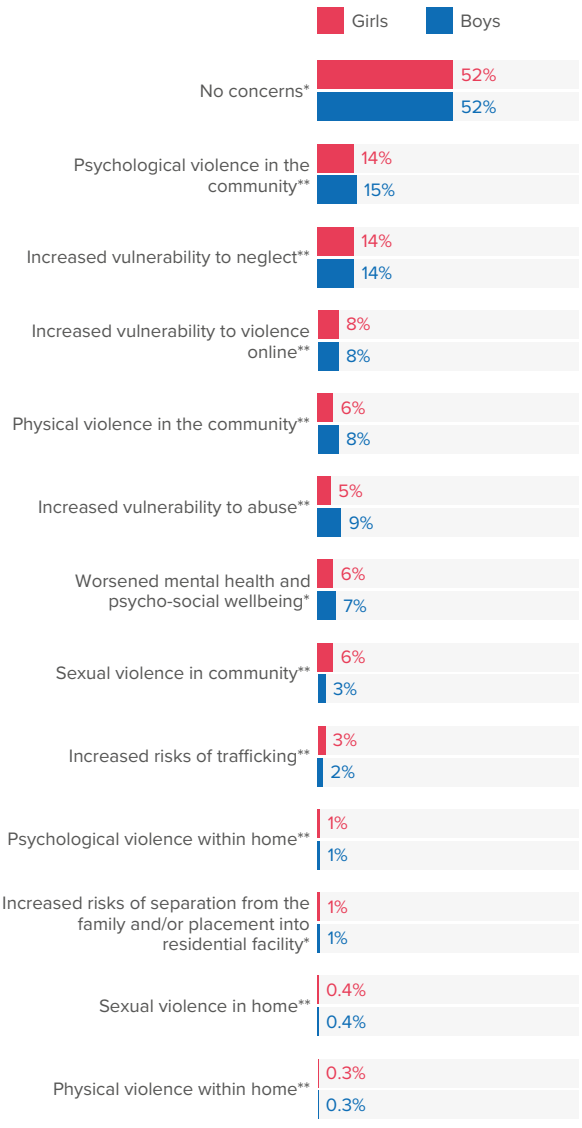
In line with the Convention on the Rights of the Child, all children have a right to a family environment. Children need safe and stable relationships with caring adults to thrive, and such relationships are far more likely to be created in a family environment. Children separated from their families have an increased risk of becoming a victim of violence, exploitation, trafficking, discrimination, and other types of abuse.

Most children in the MSNA sample belong to a nuclear family (92%), while 9% of children are in other care arrangements.[15] There were notable differences among countries with regards to the latter. The highest percentage of children not belonging to the nuclear family was reported by respondents in Czech Republic (13%), and the lowest in Romania and Slovakia (4% each).

Of the children not belonging to the nuclear family, most children in the sample were in a formalized care arrangement with their extended family according to the respondents (504 children). Very few children in the sample were reported to be in an informal arrangement with the extended family (12 children), in foster care (29 children), in a formal (17 children) or informal (13 children) family-type care arrangement, or in no care arrangement (4 children).

Risks faced by refugee girls and boys

RISKS REPORTED FOR GIRLS/BOYS UNDER THE AGE OF 18 IN THE NEIGHBOURHOOD ACROSS SURVEYED COUNTRIES



*Respondents from all seven countries.
**Respondents from six out of seven countries.

Households with at least one girl/boy under the age of 18 years were asked about a range of potential risks that the girl(s)/boy(s) face in their residence area. Across all seven countries where this question was asked, almost 52% of the respondents reported 'no concerns' for both girls and boys in their residence area.

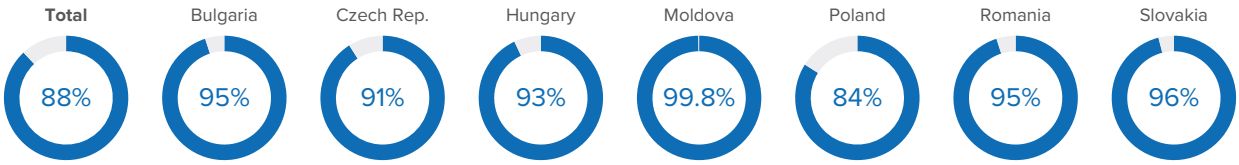
For those respondents who did report the concerns, the most reported risks for boys in their residence area included: physical violence in the community (8 %), psychological violence in the community (15 %), worsened mental health and psychosocial wellbeing (7 %), increased vulnerability to online violence (8 %), neglect and abuse (14 and 9 % respectively)). The most reported risks for girls in their residence area were similar, with slightly lower percentages for all risks, except vulnerability to online violence In addition, the risk of sexual violence in the community for girls was reported across six of the seven countries with 6 %.

Awareness of reporting channels for violence against children

Being aware of available services is one of the pre-conditions for service access and use. The awareness of services to report cases of violence against children in the community is high, with 88 % of households reporting service awareness.

This indicates that services supporting the reporting of violence against children are largely available and that most of the households surveyed would resort to law enforcement of refugee hosting countries to report such incidences, or to other public institutions. Fewer would call a helpline or contact an NGO. The data also suggest that there is still a small but noticeable share of members (12 %) in the surveyed households who do not know where to turn if such an incident happens.

% HOUSEHOLDS REPORTING BEING AWARE OF SERVICES TO REPORT CASES OF VIOLENCE AGAINST CHILDREN IN THE COMMUNITY



SERVICES RESPONDENTS WILL USE TO REPORT CASES OF VIOLENCE AGAINST CHILDREN IN THE COMMUNITY

	Total	Bulgaria	Czech Rep.	Hungary	Moldova	Poland	Romania	Slovakia
Police	84%	94%	88%	86%	97%	79%	91%	91%
Government Services	21%	25%	26%	21%	38%	17%	13%	24%
Helpline	15%	12%	23%	17%	41%	10%	13%	17%
NGO Services	9%	15%	8%	7%	25%	7%	9%	14%
No services available	0.4%	1%	0.2%	0.4%	0%	1%	0.2%	0%
Other	1%	0.2%	1%	0%	0.1%	1%	1%	0.2%

Employment level of households with children

Most of the households with and without children below the age of 18 have at least one member employed (65 % and 61 % respectively) but there is still a considerable share (35 % and 39 % respectively) that does not and may thus be dependent on social protection schemes.

HHs with children with young/older head of household

Children living in households headed by a young or an older person may have greater protection needs than others. However, this is also influenced by a range of factors, such as the health, disability, and socioeconomic status of the head of household. The percentage of households with children with an older head of household across the countries amounts to 6 % – ranging from 7 % in Bulgaria to 4 % in Romania. The percentage of children with a head of household under the age of 25 years across the countries is 7 %, ranging from 15 % in Hungary to 2 % in Moldova.

Gender-based violence

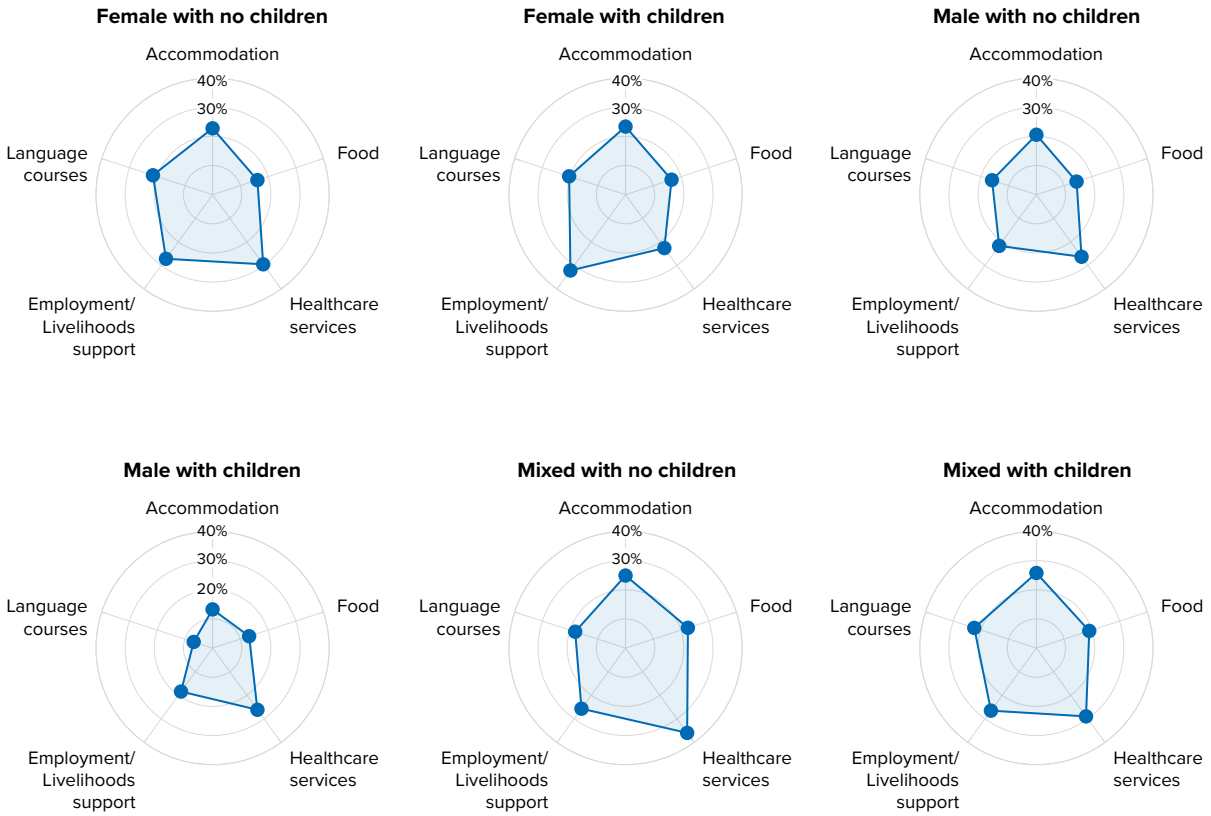
Background

Gender Based Violence (GBV) disproportionately affects women and girls and severely increases during humanitarian emergencies. Due to conflict and displacement, women and girls are at increased risk of experiencing various forms of GBV, including sexual exploitation and abuse (SEA), sex trafficking, sexual violence, exploitation, domestic and intimate partner violence (IPV), during transit and in host countries where they seek refuge.

Key needs highlighted by women and girls

Households led by women reported healthcare, accommodation, and employment as their top priority needs, while households with only men or men and women reported healthcare and accommodation as their main needs. While at least one priority need was reported across household types, this was the highest among female-led households with children, with 87% reporting at least one priority need. Moreover, while livelihood and employment support were reported as a need across household groups, only among female-led households with children was it reported as the main priority need.

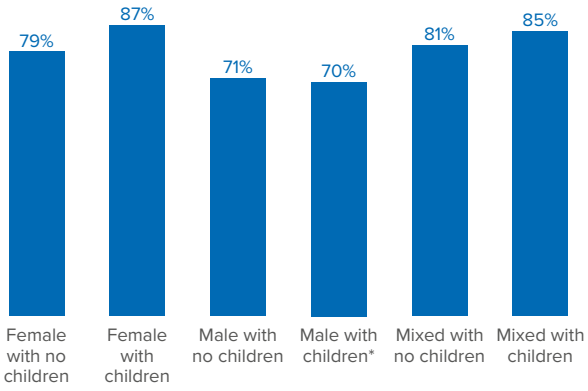
TOP REPORTED NEEDS BY HOUSEHOLD TYPE



Note: "male with children" makes up only 0.5% of the total sample, and therefore it was not possible to comparatively analyze the results they provided due to the small sample size

A lack of access to essential services – including accommodation and employment – exposes women and girls to a number of GBV risks, such as sexual violence, sexual exploitation and abuse (SEA), and intimate partner violence (IPV). In most cases – IPV survivors who are lacking access to financial resources, service providers and accommodation – will be unable to leave abusive relationships, rendering the provision of these services extremely critical.

PERCENTAGE OF HOUSEHOLDS REPORTING AT LEAST ONE NEED, BY HOUSEHOLD TYPE



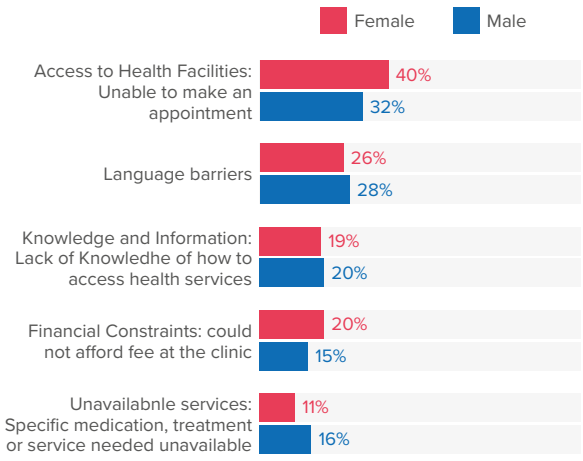
"male with children" makes up only 0.5% of the total sample, and therefore it was not possible to comparatively analyze the results due to the small sample size

One in ten women face barriers when accessing healthcare

Health care is the first entry point – oftentimes the only one – for survivors in high-risk environments seeking life-saving assistance related to GBV. Overall, 28% of all household members reported needing to access health care in the 30 days prior to the survey. Of those who required health care, 89% were able to access health services without problems while 11% reported an unmet health care need. Among female household members who reportedly had a health problem and were unable to access necessary healthcare, 40% cited the inability to schedule appointments as the primary barrier, compared to 32% for male household members. Additionally, 20% of female members cited financial constraints and inability afford clinical fees as a barrier, in contrast to 15% for male household members. This again underscores the need for a comprehensive response which includes coordinated interventions, such as economic empowerment and cash assistance aligned with safe and sustainable accommodation. These can enable survivors of GBV to access healthcare and other GBV-related services. Regarding the unavailability of specific medications, 16% of male household members reported this issue, while it affected 11% of female household members.

Barriers in accessing mental health and psychosocial support services were also highlighted, including not knowing where to go (42% female and 39% male), and language barriers (16% female and 19% male), amongst others.

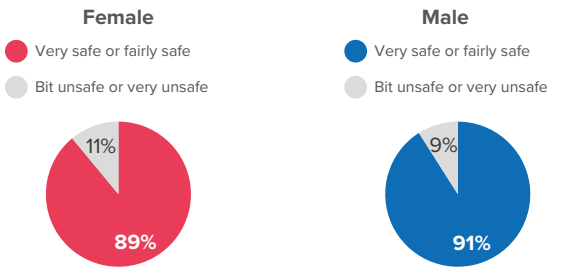
TOP 5 HEALTH BARRIERS - BY GENDER



Safety and Security

Women tend to feel slightly less safe than men while walking alone at night, although the majority still reported feeling safe or fairly safe—89% of women compared to 91% of men.

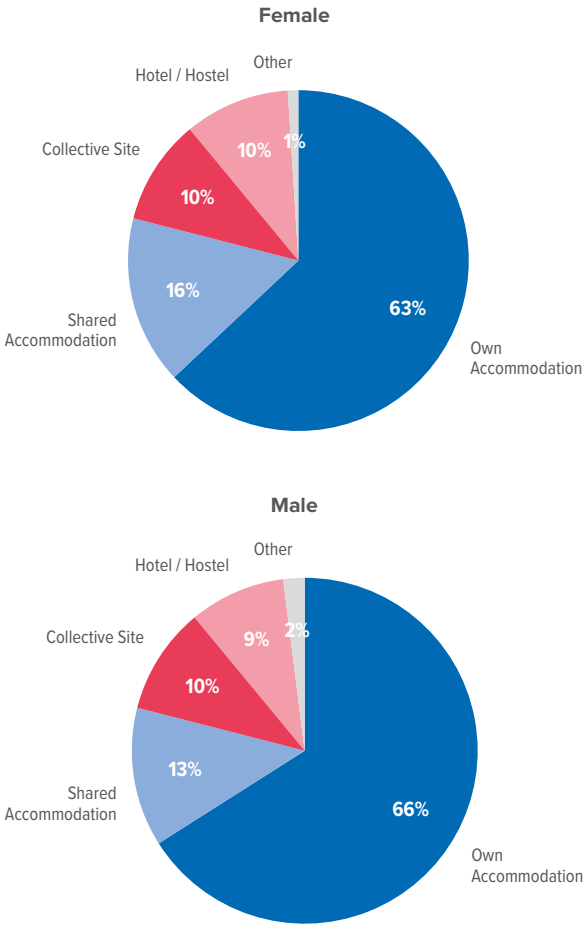
HOW SAFE DO YOU FEEL WALKING ALONE IN YOUR AREA/NEIGHBOURHOOD AFTER DARK BY GENDER OF RESPONDENT?



Collective sites and shared spaces are home to 10% and 16% women and girls respectively. These spaces often lack privacy, posing risks for women and girls, particularly sexual and physical violence by other individuals in the shelter (known or unknown to women and girls). Sex trafficking and SEA are also specific risks for women and girls living in these spaces.

27% of women and girls live in either free accommodation provided by government or NGO (19%) or partially subsidized (8%). The majority (64%) of the individuals surveyed live in private accommodation (out of which 63% are female and 66% are male). While private accommodation might be seen as the safest option, women and girls that are living alone might face the risks even living in this type of accommodation due to intersecting vulnerabilities, such as lack of livelihoods.

TYPE OF ACCOMMODATION



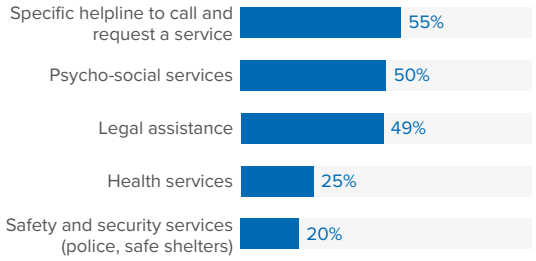
Accessing to GBV services is insufficient

GBV risks are heightened when there is a lack of awareness on where and how to access specialized services.

To understand the level of awareness of GBV services, respondents were asked an indirect question “If someone in your community is subject to gender-based violence and asks for your help, would you be able to tell this person about the following services in this area?”

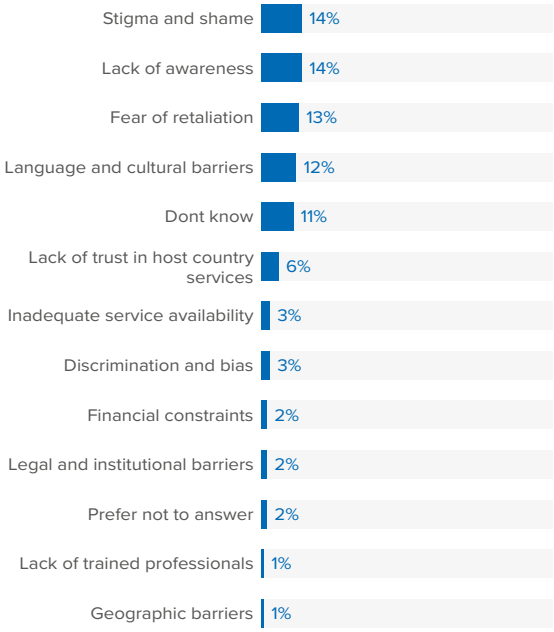
The results revealed significant gaps: 25% were unaware of health services and over half did not know about psycho-social services, legal assistance, or specific helplines. The highest awareness was for safety and security services (such as contacting the police), but still, one-fifth answered no or don’t know.

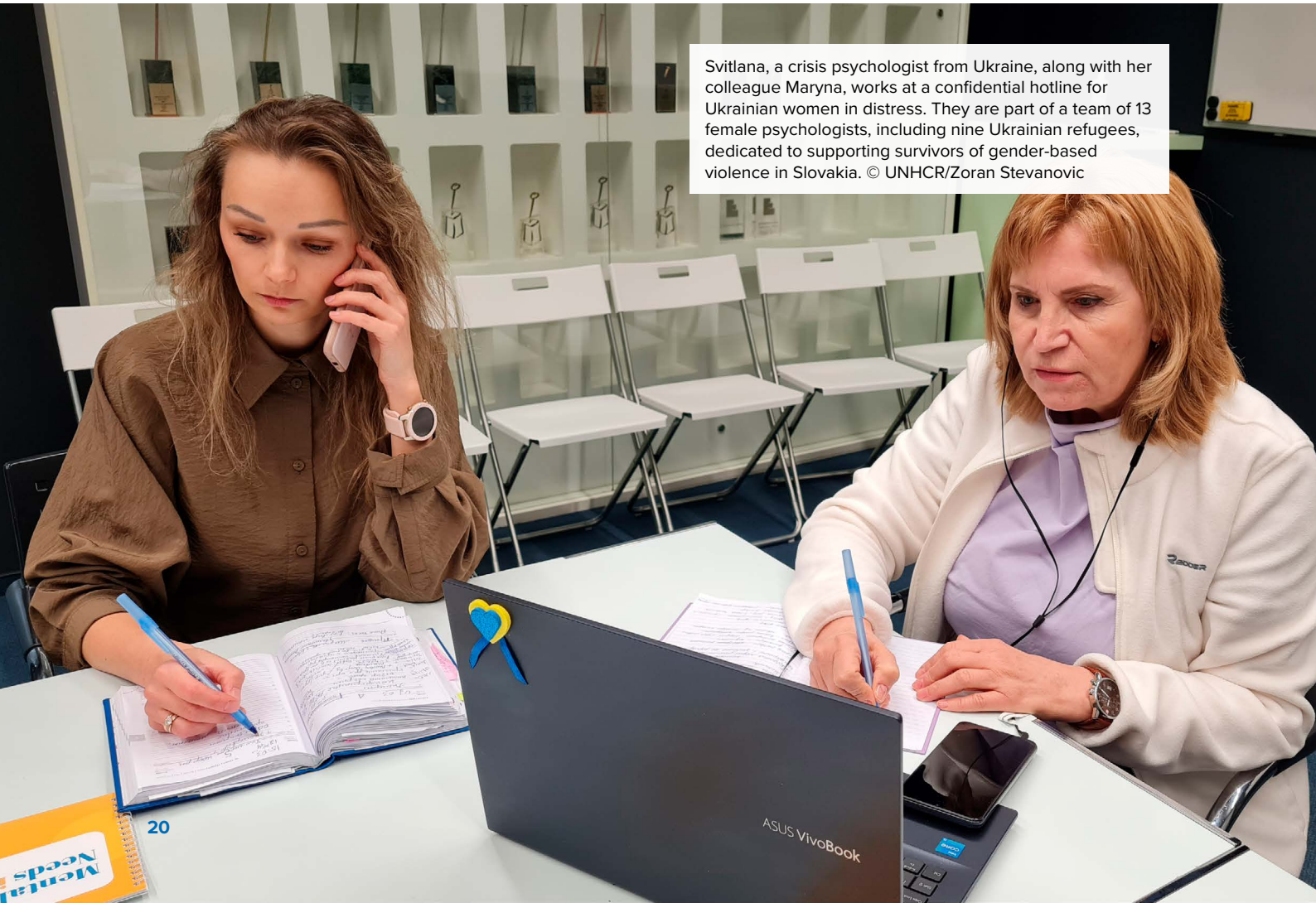
% OF RESPONDENTS WHO ARE UNAWARE OF GBV SERVICES IN THE AREA (ANSWERED NO OR DON'T KNOW)



In response to the question, "What are the major barriers to accessing GBV services?" the responses included lack of awareness (14%), stigma and shame (14%), fear of retaliation (13%), and language barriers (12%). Six percent reported a lack of trust in host country services. Female headed households with children report highest concern of fear of retaliation, while female headed households without children report highest concern is a lack of information. Households with at least one member with a disability reported higher rates for each barrier.

PERCENTAGE OF HOUSEHOLDS REPORTING PERCEIVED BARRIERS TO ACCESSING GBV SERVICES (BY TYPE OF BARRIER)?





Svitlana, a crisis psychologist from Ukraine, along with her colleague Maryna, works at a confidential hotline for Ukrainian women in distress. They are part of a team of 13 female psychologists, including nine Ukrainian refugees, dedicated to supporting survivors of gender-based violence in Slovakia. © UNHCR/Zoran Stevanovic

Methodology

Each country adopted a unique sampling approach, dependent on factors such as the availability of sampling frames and information regarding population distribution by geographic area and accommodation type. The objective was to ensure a diverse sample representative of the population's composition. A combination of different sampling methods was used, typically incorporating multiple stages and blending convenience sampling, cluster random sampling, and simple random sampling (the latter being exclusive to Romania).

For the regional analysis, population weights were applied based on the most up-to-date figures regarding the number of individual refugees recorded in each country. This ensured the analysis more accurately represented the broader refugee population across the region.

No GBV specific information on incidents or experiences of women and girls nor survivors were recorded in this assessment, to safeguard them and follow the GBV Guiding Principles of Safety, Confidentiality, Respect and Non-discrimination[16].

Appropriate measures were implemented to ensure the protection of personal data and guarantee confidentiality in all data collection and processing activities. Consent was requested and recorded for all selected participants, providing clear information on the purpose, and expected use of the data.

COUNTRY	HOUSEHOLDS	INDIVIDUALS	DATA COLLECTION (2023)	DATA COLLECTION PARTNERS	SAMPLING APPROACH
Bulgaria	1,054	2,255	Jul-Aug	Global Metrics Ltd	Random selection of settlements + convenience sampling for households' selection.
Czech Republic	1,218	2,648	June-Jul	SocioFactor	Sample distribution by geographical strata + convenience sampling for households' selection.
Hungary	682	1,511	Jun-Aug	Tárki Social Research Institute, IOM, UNHCR	Random selection of districts + convenience sampling for households' selection.
Moldova	890	2,130	Aug-Sep	REACH, UNHCR	Sample distribution by geographical strata + convenience sampling for households' selection.
Poland	5,645	13,420	Jul-Aug	UNHCR, IOM	Sample distribution by geographical strata + random selection of districts + convenience sampling for households' selection.
Romania	1,222	3,485	Jul-Sep	CSCM, IOM, UNHCR	Sample distribution by geographical strata + simple random selection of households from cash enrolment lists.
Slovakia	819	1,853	Jul-Aug	UNHCR, IOM, WHO, UNICEF, SHC	Two strata (collective sites vs. private accommodation); random selection of districts + convenience sampling for households' selection.
Total	**11,530**	**27,302**	**Jun-Sep**		

Limitations

Due to sampling limitations and the non-probabilistic selection of respondents, the MSNA results present limitations regarding the generalization of findings. Due to sampling locations, the results might be skewed towards a more vulnerable population.

Moreover, there was a notably high non-response rate concerning sensitive questions related to income, expenditure, mental health, psychosocial well-being, and protection.

It's important to highlight that there were slight differences in the questionnaire across countries, as not all questions were consistently included in all country-level questionnaires, and some answer options were adjusted. However, the regional analysis only incorporated questions that could be consolidated for consistency across all participating countries.

Furthermore, certain indicators have been excluded from the regional analysis either due to insufficient sample size or the unavailability of variables across all countries. This limitation also affected the disaggregation of data by certain age groups.

The MSNA does not cover the entire population of children in need of protection like unaccompanied children placed in alternative residential care facilities of the host country, or groups of evacuated children from institutions in Ukraine.

Questions were answered by adult respondents. Consequently, the results do not capture the views of the children in the household and may not fully capture the child protection risks that they may face, especially those occurring in the home.

Moreover, the modality of the survey generates a lack of in-depth responses, so experiences related to more sensitive issues such as wellbeing, protection and particularly GBV, would not have been captured. Most of the risks outlined are assumptions based on trends around GBV in emergency contexts, but more in-depth information is needed.

Sampling and indicators selection, and differences in the questionnaires across countries, limited the capacity to produce gender, age and disability disaggregated data.

Lastly, the survey was conducted during the summer months, coinciding with both host countries' and Ukrainian school holidays. This period often sees many households temporarily visiting Ukraine, which impacted the accessibility of households and posed challenges in meeting targets, particularly in certain countries and geographic locations.

Endnotes

1 'aid' encompasses various forms of assistance received by respondents, including but not limited to humanitarian financial aid (cash and vouchers), humanitarian distributions (non-food items, clothing, food, etc.), humanitarian protection services, government social protection and assistance programs, government housing programs and other types of aid.

2 Helping Hands - The Role of Housing Support and Employment Facilitation in Economic Vulnerability of Refugees from Ukraine, page 3

3 Level 3 disability refers to individuals experiencing significant limitations in functioning, as assessed through a comprehensive set of questions covering mobility, vision, hearing, cognition, self-care, and communication.

4 Navigating health and well-being challenges for refugees from Ukraine, page 17

5 From the date of interview

6 Crisis coping strategies include the following: Selling productive assets (ex. car, sewing machine), withdrawing children from school, reducing essential health or education expenditure due to lack of resources to cover basic needs.

7 Source: https://data.unhcr.org/en/situations/ukraine, accessed on 21 March 2024.

8 UNICEF, Humanitarian Action for Children, Ukraine and Refugee Response, 2024.

9 Source: The Uprotected_Overview of the Impact of Humanitarian Crises on Children in 2023_English (1).pdf (alliancecpha.org).

10 DISPLACEMENT PATTERNS, PROTECTION RISKS AND NEEDS OF REFUGEES FROM UKRAINE - REGIONAL PROTECTION ANALYSIS #1 (unhcr.org)

11 Note that this is typically not the case in situations of children in migration in Europe

12 Unaccompanied children: children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. (UN Committee on the Rights of the Child, General Comment No 6).

13 For more on the legal issues, see, e.g.: United Nations Children's Fund UNICEF (July 2023). Fulfilling the rights of children without parental care displaced from Ukraine. An analysis of international and European law.

14 Child Protection in Humanitarian Action: "Child protection is the 'prevention of and response to abuse, neglect, exploitation and violence against children'. The objectives of humanitarian action are to: • Save lives, alleviate suffering and maintain human dignity during and after disasters; and • Strengthen preparedness for any future crises. Effective child protection builds on existing capacities and strengthens preparedness before a crisis occurs. During humanitarian crises, timely interventions support the physical and emotional health, dignity and well-being of children, families and communities." (cpms_2019_final_en.pdf (alliancecpha.org), p.19).

15 Only five out of six countries (excluding Moldova) asked respondents whether the children in their household are directly related (meaning part of the nuclear or extended family).

16 Interagency Minimum Standards for Gender Based Violence in Emergencies Programming, GBV Area of Responsibility, 2019. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf

STAYING SAFE: INTER-AGENCY INSIGHTS ON PROTECTION AND ACCOUNTABILITY FOR REFUGEES FROM UKRAINE

June 2024

Regional Refugee Response
for the Ukraine Situation