



Hungarian language lesson organized as part of the SEM project. © Hungarian Red Cross

<p>Emergency Appeal №: MGR65002 First launched on: 28/02/2022</p>	<p>Glide №: OT-2022-000157-UKR</p>								
<p>Final report issued on: 31/03/2026</p>	<p>Timeframe covered by final report: From 01/03/2022 to 31/12/2025</p>								
<p>Number of people targeted: 214,120</p>	<p>Number of people reached:</p> <table border="1" data-bbox="787 1638 1510 1717"> <thead> <tr> <th>2022</th> <th>2023</th> <th>2024</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>160,891</td> <td>43,298</td> <td>32,228</td> <td>9,866</td> </tr> </tbody> </table>	2022	2023	2024	2025	160,891	43,298	32,228	9,866
2022	2023	2024	2025						
160,891	43,298	32,228	9,866						
<p>Funding requirement:</p> <ul style="list-style-type: none"> • IFRC Emergency Appeal: CHF 20,597,104 • Federation-wide: CHF 25,652,341 	<p>Expenditure:</p> <ul style="list-style-type: none"> • IFRC Emergency Appeal: CHF 10,388,181 • Federation-wide: CHF 17,519,440 								

*Details on methodology, data limitations, and how to interpret this report are provided in Annex I.

A. SITUATION ANALYSIS

Description of the crisis

In February 2022, Hungary was directly impacted by the escalation of the international armed conflict in Ukraine, which began on 24 February 2022. As one of Ukraine's immediate neighbours, Hungary became a key transit and destination country for people fleeing the violence. The sudden and large-scale emergency escalation resulted in mass displacement, with over 1.8 million people crossing into Hungary from Ukraine and 1.7 million from Romania between February and November 2022. As of end of November 2025, 64,883 refugees were recorded from Ukraine in Hungary.¹

The conflict created immediate and widespread humanitarian needs, primarily in the sectors of emergency shelter, health, protection, food security, and access to basic services. The majority of those displaced were women and children, many of whom arrived in Hungary without adequate documentation, resources, or access to medical and social support. Vulnerable groups also included older people, individuals with chronic illnesses or disabilities, and third-country nationals previously residing in Ukraine who lacked legal clarity and social protection entitlements in Hungary.

Initial assessments conducted by humanitarian actors, including UNHCR, IOM, and the IFRC, identified critical vulnerabilities. These included urgent shelter needs (especially in colder months), language barriers impeding access to healthcare and legal services, and limited information available to displaced persons about their rights and entitlements in Hungary. By November 2022, 32,522 people had applied for Temporary Protection Status (TPS) in Hungary, of whom 28,379 were granted status, offering them limited access to Hungary's social protection system.²

The Hungarian Red Cross (HRC), with support from the IFRC, was mobilized to address these needs under the Ukraine and Impacted Countries Emergency Appeal (MGR65002). The response included:

- Provision of food and non-food relief items,
- Establishment of temporary accommodation (supported by UNHCR),
- Deployment of DM team including Health-HERO units,
- Launch of multi-purpose cash assistance programmes,
- Distribution of winterization kits, and
- Coordination with government and humanitarian partners to ensure the inclusion of marginalized and undocumented groups.

The situation continued to evolve rapidly throughout 2022. While many refugees moved onward to other European countries, tens of thousands remained in Hungary. Some staying in over 800 temporary centres, others hosted by relatives or in private accommodation. The high volume of arrivals strained Hungary's border regions and public services, especially in Szabolcs-Szatmár-Bereg, Borsod-Abaúj-Zemplén, and urban centres such as Budapest, where needs remained acute.

Compounding the humanitarian challenges were economic pressures, including rising fuel and energy prices and pre-existing vulnerabilities in Hungary's poorest counties. These developments influenced both the humanitarian context and the planning of interventions, necessitating a more holistic approach that included support for both displaced and host communities.

¹ [Situation Ukraine Refugee Situation](#)

² [Situation Ukraine Refugee Situation Document - UNHCR Hungary - Social Protection Brief - February 2024](#) The situation of vulnerable refugees in Hungary – January 2025 [Document - THE SITUATION OF VULNERABLE REFUGEES FROM UKRAINE](#)

Throughout 2023, the humanitarian situation in Hungary continued to evolve in the context of the protracted international armed conflict in Ukraine. While large-scale movements across borders had declined compared to the initial months of 2022, the humanitarian impact remained significant. The emergency prolonged, with new waves of displacement, a continued need for temporary protection, and emerging pressures on host communities and national systems.

Although many of the initial emergency needs had been partially addressed through coordinated response efforts by humanitarian actors and the Hungarian government, new and more complex challenges emerged. These included:

- A harsh winter period requiring winter-specific relief items (e.g. clothing, shelter heating, heating support),
- Economic pressures linked to inflation and rising energy prices affecting both displaced populations and host communities,
- Ongoing legal and administrative challenges in accessing services, particularly for third-country nationals and persons with dual citizenship who were often excluded from Hungary's social protection mechanisms,
- Barriers to social and economic integration, especially in relation to language, employment, education, and housing.

By mid-2023, humanitarian needs in Hungary had shifted from acute, life-saving assistance to stabilization-oriented support, particularly in the sectors of primary healthcare, mental health and psychosocial support (MHPSS), livelihoods, and social integration. Many displaced families remained in Hungary, but some have required support to transition from temporary accommodation to dignified, longer-term housing solutions. Simultaneously, an increasing number of children needed access to education, and single-headed households, especially those led by women, faced heightened vulnerability.

The operational context became increasingly complex due to a combination of factors:

- Persistent language barriers and limited access to employment for displaced individuals,
- Funding constraints and increasing competition for donor attention across multiple global emergencies,
- The beginning of regional discussions on transitioning from Temporary Protection frameworks, raising concerns about future legal status and entitlements of displaced individuals.

The HRC, with technical leadership from IFRC, responded to these evolving needs by adjusting programming. This included the continuation of multi-purpose unconditional cash assistance, increased focus on protection-sensitive programming, and deeper engagement in social inclusion activities, especially targeting marginalized groups such as the Roma community, persons with disabilities, and older persons.

At the same time, National Society Development (NSD) investments continued to support the transformation of HRC's internal capacity, enhancing branch development, volunteer engagement, and staff training, in preparation for a more durable and inclusive response strategy.

In 2024, Hungary remained affected by the protracted consequences of the international armed conflict in Ukraine, with approximately 63,775 refugees from Ukraine still present in the country as of the end of 2023, and a projected caseload of 85,000 people requiring assistance during the year. While the situation improved for some displaced individuals, particularly those with access to stable housing, employment, and social services, many others continued to face critical challenges, including uncertain legal status, limited integration opportunities, and ongoing protection risks, especially for children, single mothers, older persons, and people with disabilities.

Key developments in 2024 significantly influenced the humanitarian landscape in Hungary:

- Return movements to Ukraine became more frequent, often driven by economic pressures and the erosion of social support in host countries, although many returns were premature and not yet fully voluntary.
- The extension of the EU Temporary Protection Directive (TPD) to March 2025 created a temporary sense of legal stability but also raised uncertainty and planning challenges for responders.

- Some policy shifts began to emerge, with signs of scaling down financial assistance across Europe, including Hungary, reinforcing the need to transition from dependency-based aid to self-reliance and inclusion-focused approaches.

The humanitarian focus in Hungary therefore started to shift toward longer-term, community-based interventions, complementing residual emergency support. The Hungarian Red Cross, with support from IFRC, increasingly prioritized:

- Local integration efforts through social care, volunteer networks, and community outreach,
- Support for dignified housing via host family programmes and rental assistance pilots,
- Livelihood and employment support for displaced persons,
- Expansion of mental health and psychosocial support (MHPSS) services, especially for vulnerable groups.

Despite these gains, gaps in inclusion, access to national systems, and sustainability of support remained key barriers. The operating environment also became more constrained due to donor fatigue, overlapping global emergencies, and inflationary pressures, which particularly impacted localized service providers and stretched host community resources.

In this context, 2024 represented a transition phase, from acute emergency operations to a hybrid approach that emphasized inclusion, protection, and resilience, paving the way for recovery and longer-term planning ahead of the anticipated policy shifts in 2025.

As of 2025, the international armed conflict between Russia and Ukraine remains unresolved, and Hungary continues to host tens of thousands of displaced persons under Temporary Protection, which the EU extended until March 2026. Humanitarian needs remain significant, particularly among elderly individuals with chronic illnesses, people with disabilities, women, single-parent households, children, Roma and third-country nationals without formal residency status.

Although some indicators improved, such as increased access to language training and expanding health services, recent economic instability, rising inflation, and donor fatigue threaten service continuity. The transition from the Emergency Appeal (EA) to the IFRC Unified Country Plan (2025–2027) signals a shift toward sustainable, community-based interventions, particularly in:

1. Health access,
2. International relations and communications,
3. Counselling and protection support,
4. NSD (particularly for resource mobilization, digitalization and system development, branch development, and volunteer capacity building).

At the same time, Hungary's shrinking humanitarian space, restrictive migration discourse, and complex regulatory landscape continue to pose risks to service delivery and peoples' inclusion. The humanitarian actors remain flexible and coordinated, drawing on lessons from the past three years to effectively balance immediate needs with longer-term inclusion and resilience strategies.

Amid ongoing global instability, including economic volatility, shifting donor priorities, and rising geopolitical tensions, concerns are mounting that external pressures could reduce access to essential services or increase vulnerabilities for at-risk populations in Hungary.

In this context, both 2024-2025 represented critical years of transition, where Red Cross must balance the delivery of life-sustaining support with investment in durable solutions, inclusive systems, and preparedness for the post-TPD policy environment.

Federation-wide Response to Date:

Hungary



TOTAL PEOPLE REACHED

160K	43K	32K	9.8K
2022	2023	2024	2025

NATIONAL SOCIETY CAPACITY during the response period

239

People Trained in CEA

1.8K

People Trained in MHPSS

6.7K

Peak Number of Volunteers Mobilised

21

Branches Responding

Disasters and Crises



BASIC NEEDS ASSISTANCE

160K	37K	32K	9.1K
2022	2023	2024	2025



SHELTER

2.3K	322
2024	2025



CASH AND VOUCHER ASSISTANCE

People reached with CHF 477K in 2022, CHF 1.3M in 2023, 646K in 2024, and CHF 41K in 2025

3.6K	7.2K	3K	34
2022	2023	2024	2025

Health and Wellbeing



HEALTH AND CARE

2.5K	1.1K	324	2.7K
2022	2023	2024	2025



MHPSS

16K	43K	16K	9.8K
2022	2023	2024	2025



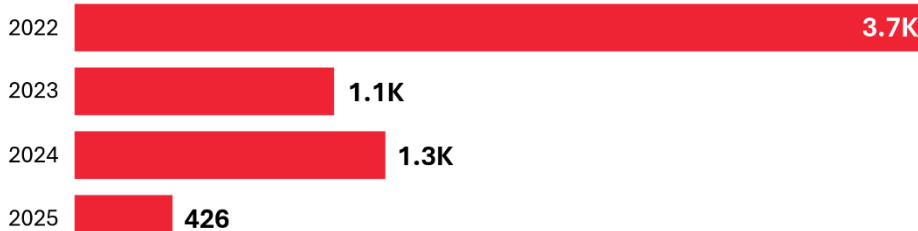
WASH

60K	17K	7.1K	3.2K
2022	2023	2024	2025

Migration and Displacement



People Reached with MIGRATION Support



Values, Power and Inclusion

PROTECTION, GENDER AND INCLUSION

3K	828	707
2023	2024	2025

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY



National Society has established feedback mechanisms

Summary of response

In the immediate aftermath of the international armed conflict between Russia and Ukraine, the HRC, supported by IFRC and operating across all counties of Hungary, launched a nationwide humanitarian response.

IFRC supported the HRC mobilizing their Disaster Management team and responding on the branches, cross-border points and public transportation hubs where the refugees were met and the first wave of response was provided. Recognizing the scale of displacement and the critical needs of arriving refugees, IFRC worked closely with Hungarian authorities and HRC leadership to advocate for humanitarian space and to establish the country's first national-scale multipurpose cash response for displaced persons.

Key actions in 2022 included:

- HRC branches assessed the emergency situation and communicated with local actors responding at the first days of the crisis.
- The provision of relief items and health services through the HRC Disaster management and Health-HERO teams.
- The Provision of multi-purpose cash assistance (MPCA) to over 3,000 displaced people from Ukraine through the HRC Migration team.
- Triggering the provision of MHPSS services through HRC's project team.

Building on the foundations of 2022, HRC continued its scale-up and shift toward stabilization programming:

- MHPSS response was scaled reaching approximately 40,000 people.
- Cash response scaled up across all counties in Hungary, ensuring inclusive coverage and timely access for Ukrainian refugees in need and reaching approximately 10,000 unique individuals with tailored and frequent targeting.
- Sectoral cash approaches, especially cash for protection, proved successful in promoting dignity, choice, and equity, favourably reaching the most marginalized groups, including single mothers, Roma communities, third-country nationals, and persons with disabilities.
- Protection, Gender and Inclusion (PGI) continued to be institutionalized, with enhanced data disaggregation, safeguarding protocols, and frontline capacity-building.
- Community Engagement and Accountability (CEA) systems became embedded in programme design and implementation, offering affected people channels for information, complaints, and co-design.
- IFRC's technical and financial support to cover the shelter gap created by UNHCR funding cuts, enabling HRC to implement a tailored cash-for-shelter modality, supporting people transitioning from collective centres to dignified private accommodations.
- The establishment of HRC's Integrity Line.

Cash modalities not only addressed urgent survival needs but also triggered a broader institutional shift within HRC. The experience accelerated the institutionalization of PGI as a central pillar of the National Society's operations. At the same time, CEA scaled up dramatically. With support from the IFRC, HRC CEA Manager and the NS Helpdesk, HRC deployed a two-way feedback mechanism, allowing real-time interaction with affected communities. This work was further enabled by investment in digital transformation, including the operationalization of the "Digital Engagement Hub" and the "Access RC" platforms, facilitating integrated services delivery across cash, protection, health, and referrals.

IFRC remained a key enabler in this phase, providing technical guidance, funding gap coverage, and coordination support, particularly in maintaining continuity for shelter support during the funding transition between UNHCR and HRC.

By 2025, the humanitarian needs in Hungary entered a protracted and complex transition phase, requiring a realignment of priorities away from broad-scale cash support and toward more targeted, thematic interventions. While the cash components phased out, HRC and IFRC refocused on:

- Winterization support through non-food item (NFI) distributions, especially for vulnerable households and children;
- Health screening and outreach services, as an auxiliary to the government in selected counties;
- Institutionalization of PGI, with increased integration of protection principles across HRC operations and strategies;
- Advocacy and communications support, ensuring the voices of displaced and vulnerable people remained heard in national and regional decision-making;
- Fundraising support to sustain essential services and scale durable, locally driven solutions.

In line with the Unified Country Plan 2025–2027, the IFRC continues to support HRC in strengthening its auxiliary role, fostering localization, community resilience, and inclusive access to services as the operating environment becomes increasingly shaped by long-term integration and legal uncertainty surrounding Temporary Protection post-March 2025.

Operational risk assessment

The humanitarian operation in Hungary between 2022 and 2025 was conducted in a largely stable security environment but was shaped by a number of operational and contextual risks that impacted implementation.

- Unexpected influxes of displaced people in 2022 created pressure on border reception systems and temporary accommodation, especially during winter.
Supported by the Emergency Appeal and other donors, HRC conducted a rapid scale-up of border reception points, deployment of HRC's Disaster Management teams including the Health-HERO regional teams, and adoption of a regional contingency plan.
- Institutional and staffing limitations within HRC initially constrained the scale-up of cash and feedback mechanisms.
It was addressed through IFRC's surge support, expanded training, and digital investments including the launch of the Digital Engagement Hub and Access Red Cross platform.
- Policy shifts and legal ambiguity, particularly affecting third-country nationals and vulnerable groups, risked exclusion from protection or shelter.
IFRC advocated with government actors and bridged funding gaps (e.g. through cash-for-shelter support following UNHCR cut).
- Concerns around reputational risk and sustainability arose due to phasing out of some emergency modalities (e.g. cash).
Mitigated via strategic NSD planning including for resource mobilization, institutionalization of PGI and CEA, and transition to longer-term, integrated services.
- Funding volatility and inflation in 2024–2025 threatened continuity of services.
HRC intensified its fundraising activities, donor engagement, and refocus on lower-cost interventions like NFI distributions and auxiliary health support.

Overall, flexible coordination, strategic mitigation, and extended technical support from IFRC, enabled the Hungarian Red Cross to continue delivering humanitarian impact despite evolving risks and constraints.

A. OPERATIONAL STRATEGY

From the onset of the international armed conflict between Russia and Ukraine in 2022 through 2025, the HRC, with continuous support and coordination from the IFRC, developed and implemented a needs-driven, adaptive operational strategy that evolved in line with the conflict's phases: emergency, recovery, and transition. The strategy was anchored in principled humanitarian action and aimed to reach the most vulnerable displaced people from Ukraine as well as marginalized host populations, while also supporting early recovery and system integration.

Continuous Needs Assessment and Analysis

HRC carried out ongoing needs assessments in collaboration with IFRC, UNHCR, and other humanitarian actors, using both structured assessments (e.g. multi-sectoral need analyses, protection profiling) and branch-level observations through staff and volunteers' engagement with host communities. Key findings from: UNHCR RRP assessments (Multi-Sector Needs Assessment MSNA both year 2022 & 2023, Socio-Economic Insights Survey SEIS 2024), [IFRC's Federation-wide Indicator Tracking Tool \(ITT\)](#), assessment via IFRC's project tools (KOBO, AccessRC³, and social media listening tools), Regular PGI and health data from frontline teams, were all used to identify emerging vulnerabilities, such as the needs of third-country nationals, Roma communities, and single-headed households, and to adapt programmatic targeting accordingly.

These assessments were complemented by a two-way CEA system, including digital feedback mechanisms, branch outreach, and hotline (Digital engagement Hub), which enabled real-time validation and adjustment of activities based on lived experiences of affected people.

Adaptive Planning and Community Feedback Integration

HRC modified its operational plan regularly based on community feedback, field monitoring, and partner coordination insights. Notable adaptations included:

- Expanding cash-for-protection and cash-for-shelter modalities based on feedback about barriers to accessing state services;
- Introducing localized social work and programmatic counselling in counties with high numbers of undocumented or marginalized refugees;
- Scaling back Cash Assistance in 2024 and 2025 in response to changing funding conditions and focusing instead on winterization, inclusion, health screening, and protection services.

The institutionalization of PGI and CEA approaches into the NS operations, supported through IFRC technical support and HRC hotline mechanisms, enabled responsive, inclusive programming at all stages of the response.

Integrated, Multi-Sectoral Programming

Throughout the operation, HRC and IFRC prioritized programmatic integration across sectors. This was achieved through:

- Coordinated cash, health, and protection service delivery via Access RC and the Digital Engagement Hub DEH, enabling cross-referrals and co-delivery;
- Combined PGI and CEA approaches in all major interventions, from health screenings to shelter transitions;
- Synchronization of health and hygiene interventions with cash distribution and social support, ensuring that immediate and recovery needs were addressed.

Branch-level volunteers and staff were cross-trained in first aid, preparedness to disasters, psychosocial support, CEA, PGI and referral pathways, ensuring continuity and coherence between the various Areas of Focus.

³ [Go platform – digital assessments \(AccessRC\).](#)

Promotion of Early Recovery

As the operation transitioned into the recovery phase (2023–2024), HRC actively promoted early recovery and resilience-building through:

- Support for dignified shelter transitions, especially through tailored cash and rental assistance programs.
- Livelihoods and social integration programming, including collaboration with local municipalities, social enterprises and targeted outreach to vulnerable job-seekers.
- Community-led protection initiatives and the mobilization of volunteers from displaced populations to strengthen community cohesion.

In 2025, while cash activities were phased out, HRC continued to promote recovery through health outreach, winterization response, both institutional and community engagement on protection and inclusion, supporting displaced communities in their longer-term integration within host communities.

B. DETAILED OPERATIONAL REPORT

HEALTH AND CARE, INCLUDING MHPSS AND WASH

	HEALTH AND CARE (INCLUDING MHPSS)	Overall Target: 90,000			
		Overall Services Provided: 94,547			
Objective	<i>Communities in crisis-affected areas and displaced people in vulnerable situations are provided with high-quality health and care services, including MHPSS.</i>				
Health and Care					
Key Indicators	Indicator	Reach			
		2022	2023	2024	2025
	# of people reached with primary health services and/or referral to public health institutions	2,561	1,174	324	2,723
Achievements	<p>Under the UIC EA, the HRC, with technical and financial support from IFRC and Movement partners, contributed to strengthening both individual and community health outcomes for displaced persons and host communities in Hungary. The health and care response was implemented through a combination of direct services, community-based outreach, and targeted health support and referrals. Notable achievements included:</p> <ul style="list-style-type: none"> • Expansion of Community Health Screenings and Referrals: With funding from the Netherlands Red Cross, French Red Cross, Canadian RC, Danish RC, and Japanese Government, HRC significantly expanded its community health outreach, conducting emergency health response (emergency phase of the Appeal), regular health screenings in Budapest and several counties with high numbers of displaced people from Ukraine.. These efforts identified individuals with chronic conditions or unmanaged illnesses and linked them to primary care services via health referral pathways to General Practitioners or Hospitals. • Pioneering Health and Hygiene Promotion: In collaboration with local authorities, local NGOs and service providers, HRC organized community health awareness sessions, particularly targeting Ukrainian-speaking populations. By summer 2025, 8 branches of HRC 				

participated in the programme. During Jan-Dec 2025 several activities were organised on a monthly basis. The sessions focused on preventive health, vaccination awareness, hygiene promotion, and mental health literacy. Leaflets, videos, and hotlines were developed and translated to address information gaps among displaced populations.

- **Strengthening Health System Interfaces:** HRC acted as an auxiliary to the national public health system by facilitating access for displaced persons to local health providers and helping overcome linguistic, administrative, and logistical barriers. With IFRC technical support, HRC also began institutional planning to professionalize its health service delivery (Disaster Management and Health-HERO teams), including the design of a community health strategy and training curriculum for volunteers.
- **Emergency Health Support through Cash and Shelter Integration:** Health-related needs were met through multipurpose cash and accommodation support for individuals facing complex health vulnerabilities (e.g., mobility issues, pregnancy, mental health conditions), demonstrating the value of linking health, shelter and basic needs programming.

Activities in 2025

In response to urgent unmet needs during the winter period, the HRC launched a targeted initiative to improve access to health services and essential items for displaced persons from Ukraine.

The initiative aimed at reaching 2,000 people in vulnerable situations. The project centered around HRC's multi-functional health service points, which offer health promotion, primary healthcare, and complementary humanitarian assistance. It combines health screenings, sensitization activities, and the distribution of food and non-food items (NFIs). While procurement and distribution of relief items were still ongoing in May 2025, health-related activities began in January 2025, ensuring timely support during the coldest months.

By March 2025, multi-functional health service points were operational in six HRC Branches: Szabolcs-Szatmár-Bereg, Pest, Borsod-Abaúj-Zemplén (BAZ), Budapest, Zala, and Győr-Moson-Sopron. These centres provide rapid health screenings and support in accessing healthcare services to displaced individuals. By August 2025, the Hungarian Red Cross had successfully expanded its network of multi-functional health service points from six to eight counties (Fejér and Komárom-Esztergom counties). These facilities provided essential health screenings to vulnerable groups, including both refugees and members of host communities. The expansion aimed to improve access to basic health services for populations facing heightened health risks and limited healthcare access. As of the end of October 2025, the initiative had reached a total of 2,723 people displaced from Ukraine, contributing to improved health outcomes and early identification of medical needs.

Challenges and Lessons Learned

Challenges

- **Access Barriers and Fragmented Service Landscape:** Displaced persons often faced administrative hurdles, a lack of insurance coverage, language gaps, and limited knowledge about entitlements — obstacles that constrained their ability to access public health services despite Hungary's legal provisions.
- **Human Resource and Capacity Limitations:** HRC's Health Team operated with limited dedicated staff. Much of the service delivery was dependent on DM volunteers, which restricted the scale and specialization of the interventions. Capacity-building efforts began but require sustained investment.

	<p>Lessons Learned</p> <ul style="list-style-type: none"> • Localized, Community-Based Approaches Are Effective: Health services delivered at the community level, especially mobile units, pop-up screenings, and health info sessions, proved highly effective in reaching underserved displaced populations and reducing stigma or fear. • Integrating Health in Multi-Sectoral Responses Increases Impact: The integration of health services into shelter, cash, and protection programming allowed for a more holistic and needs-responsive approach to individual well-being. • Volunteer Training and Retention Is Critical: HRC's volunteer-led health outreach was impactful but highlighted the need for structured training modules, supervision, and retention strategies to maintain quality and scale over time. • Bridging Humanitarian and Public Health Systems Requires Long-Term Investment: While HRC successfully positioned itself as an auxiliary in health, systemic strengthening, especially in referral systems, data sharing, and institutional preparedness, requires ongoing support and formalized partnerships with public health actors.
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Mental Health and Psychosocial Support

	Indicator	Reach			
		2022	2023	2024	2025
Key Indicators	# of people reached by National Society mental health and psychosocial support services	16,050	43,298	16,672	9,866
	# of people trained in MHPSS (including psychological first aid and other MHPSS related trainings)	8	697	954	220


Achievements	<ul style="list-style-type: none"> • Integration of Psychosocial Support (PSS) Services: Recognizing the traumatic impact of forced displacement, supported by DG SANTE's fund, HRC embedded psychosocial support into its health and care response. Trained staff and volunteers provided basic PSS in community settings, with referrals to specialized providers for severe cases. This component benefited the community including single-parent households, older people, and those residing in temporary shelters.
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Challenges And Lessons Learned	<ul style="list-style-type: none"> • Mental Health and PSS Needs Outpacing Resources: While basic PSS was made available, the demand for more structured and long-term mental health support (especially for children, trauma survivors, and isolated elderly) exceeded the capacity of available systems, both within the Red Cross and in public services. However, this was mitigated through the DGSANTE funding and the parallel increase in HRC's PSS capacity on a national scale
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	WATER, SANITATION, AND HYGIENE (WASH)	Overall Target: 80,000			
		Overall Services Provided: 88,755			
Objective	<i>Comprehensive WASH support is provided to people in vulnerable situations, resulting in an immediate reduction in the risk of water-related diseases and improvement in dignity for the targeted population.</i>				
Key Indicators	Indicator	Reach			
	# of people reached with hygiene supplies	2022 60,896	2023 17,484	2024 7,108	2025 3,267
Achievements	<p>Under the UIC EA, the HRC, implemented WASH interventions to promote hygiene and reduce public health risks among displaced populations from Ukraine. Key activities included:</p> <ul style="list-style-type: none"> • Distribution of hygiene kits (adult, baby, and menstrual hygiene) in shelters and branches across several counties. • Hygiene promotion sessions conducted in temporary shelters, targeting children and women with culturally appropriate materials in Ukrainian, Hungarian and Russian. • Installation and maintenance of handwashing stations and sanitation points in HRC-operated shelters, including Dunaújváros. <p>Through these efforts, HRC supported safer, more dignified living conditions for displaced people, contributing to their overall health and well-being during the emergency phase.</p> <p>Activities in 2025</p> <ul style="list-style-type: none"> • In response to rising humanitarian needs, the HRC launched the Urgent Unmet Needs Project in January 2025, targeting 2,000 people in vulnerable situations with health screenings, food aid, and hygiene kits. An internal needs assessment conducted in February across HRC Branches revealed a significant increase in demand for essential items, prompting Headquarters to initiate procurement planning. • Between March and June 2025, HRC organized the procurement and delivery of 2,100 food parcels and 2,100 hygiene kits, to be distributed by 12 Branches identified during the assessment. In May, the Procurement Department successfully contracted suppliers and delivered the items to four logistics hubs: Budapest, Hajdúszoboszló, Pécs, and Zalaegerszeg. The Migration Department supported implementation by facilitating online consultations with Branches, finalizing data collection tools and data protection protocols. • Distribution activities began in June, with the Migration Department overseeing monitoring and reporting. Efforts are focused on tracking the number of people reached, preventing duplication, and ensuring accurate reporting against project indicators. This coordinated approach ensures that assistance is both needs-based and accountable, reinforcing HRC's commitment to responsive and transparent humanitarian action. By end of October 2025, 1,981 people have been supported with 1,875 hygiene packages. • A new, generalized distribution sheet was developed for the Urgent unmet needs project on HQ level, where the National Society will be able to collect SADDD for the first time with the unified document. This current project serves as a pilot for the data collection. Based on the provided County data, HRC was able to reach 758 male, 1,026 female beneficiaries while 37 people did not declare their gender. As per the age breakage, 197 beneficiaries are 				

	between the age of 0-6, 473 people are within the age of 7-17, 407 people between 18-34, 592 between 35-64 and 118 beneficiaries are above the age of 65. The statistics were meant to collect the data per households.
Challenges and Lessons Learned	<p>Challenges</p> <ul style="list-style-type: none"> Language barriers and varying hygiene practices among displaced populations required tailored messaging and approaches. Short-term nature of shelter operations limited the long-term impact of infrastructure-related WASH improvements. <p>Lessons Learned</p> <ul style="list-style-type: none"> Integrating WASH components into shelter and health programming improved overall impact and efficiency. Early distribution of hygiene items combined with education significantly contributed to disease prevention and raised awareness within the community. Partnerships with local health authorities and community engagement were essential for effective WASH delivery.

INTEGRATED ASSISTANCE

	SHELTER, HOUSING, AND SETTLEMENTS	Overall Target: 75,000			
		Overall Services Provided: 2,647			
Objective	<i>Communities in crisis-affected areas and displaced people restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions.</i>				
Key Indicators	Indicator	Reach			
		2022	2023	2024	2025
	# of people assisted with collective temporary shelter/accommodation	0	0	2,325	322
Achievements	<p>The Hungarian Red Cross provided essential support to people affected by the ongoing international armed conflict in Ukraine. One of the core pillars of this response remained the distribution of food, clothing, non-food items (NFIs), and other essential goods. These distributions were carried out by all county branches and targeted displaced people residing in shelters, HRC regional offices, designated donation/help points, or directly at people's homes.</p> <p>Throughout the implementation of the UIC EA, the HRC, supported by IFRC and various partners (American RC, Canadian Red Cross Society (CRCS), Japanese Government, Australian RC and Netherlands RC), provided transitional shelter and housing solutions described below to displaced people from Ukraine in alignment with the objective of restoring and strengthening their safety, wellbeing, and long-term recovery. Key achievements included:</p> <ul style="list-style-type: none"> Provision of Shelter at Dunaújváros (Pledge: M2203074 – Canadian Red Cross Society): HRC operated a shelter in Dunaújváros which hosted 31 displaced individuals, including 17 children, until its closure in June 2024. This facility offered comprehensive care and accommodation for people in highly vulnerable situations, including the elderly, individuals with mental or chronic illnesses and marginalized groups. 				

- Transition to Private Housing (Pledges: M2203035 – Danish Red Cross, M2204081 – Japanese Government): With donor funding, HRC facilitated the transition of displaced individuals from collective shelters to private housing. This was achieved through tailored protection and support services including referrals, PGI services, and basic needs provision.
- Winterization and Housing Stability (Pledges: M2203035, M2204081): These pledges supported emergency and transitional shelter needs, including in-kind distributions, rental support, and winterization items, ensuring families remained safe during the cold seasons.
- Infrastructure Support and Integration Measures (Pledge: M2203074): HRC supported displaced persons by connecting them to long-term housing solutions while also ensuring access to integrated services such as NFIs, healthcare services, protection, and inclusion activities.

Through these initiatives, the HRC contributed meaningfully to the shelter objective of the UIC EA, helping thousands of displaced individuals to access safe, dignified, and transitional housing solutions amidst a protracted emergency.

Activities in 2025

- Between January and June 2025, the Hungarian Red Cross (HRC) continued to provide shelter and essential support to people displaced from Ukraine. In January, a total of 287 people were accommodated in shelters operated by HRC, including the Dorkász facility and the Hajdú-Bihar Branch, while the Csongrád-Csanád Branch supported 33 people in a municipality-run shelter in Hódmezővásárhely. In February, housing support expanded to 235 people in Hajdú-Bihar County through various service providers, and the Madrid Street Shelter in Budapest accommodated 2 people displaced from Ukraine,

Shelter reach fell short of targets primarily due to a combination of funding constraints, restrictive policy changes, and heightened needs among the displaced population from Ukraine. The reduction of donor funding—particularly following UNHCR cuts—significantly reduced available transitional accommodation options, leaving many people in collective centers without alternatives. At the same time, the introduction of a new Hungarian law in August 2024 sharply restricted access to state-funded housing, placing an additional 2,000–3,000 people at immediate risk of homelessness and limiting the effectiveness of planned shelter interventions.

Operational capacity constraints further contributed to the gap. High demand for shelter far exceeded available places in Hungarian Red Cross-run or partner facilities, while rising inflation, escalating energy costs, and limited employment opportunities made it increasingly difficult for refugees to secure or maintain affordable long-term housing. Finally, the complex vulnerabilities within the displaced population—including disability, chronic illness, and protection risks—required more intensive case management and tailored accommodation solutions, stretching resources and slowing placement rates

Challenges and Lessons Learned


Challenges

- **Donor funding cuts:** UNHCR decision to cut funds left people living in collective shelter in need of transitional solutions.
- **Legal and Policy Shifts:** The introduction of a new Hungarian law in August 2024 restricted access to state-funded accommodation, placing approximately 2,000–3,000 displaced people from Ukraine at risk of homelessness. This shift challenged the sustainability of existing shelter strategies.

- High demand and limited capacity, only a fraction of those in need could be supported within HRC-run or affiliated shelters.
- Rising inflation, energy costs, and limited access to employment for refugees made long-term housing unaffordable for many, increasing reliance on humanitarian support.
- **Complex Needs:** Many displaced people had specific vulnerabilities (disabilities, chronic illness, or gender-based violence risks) requiring tailored housing and case management services that stretched existing resources.

Lessons Learned

- **Integrated Assistance Models Are Crucial:** Successful recovery requires combining shelter provision with protection, healthcare, and social integration support. The Dunaújváros shelter (M2203074) served as a model of such a holistic approach.
- **Adaptability to Policy Context Is Essential:** Sudden regulatory changes demand flexible shelter programming and contingency planning. Strong local partnerships were vital to navigating legal shifts.
- **Private Sector and Municipal Cooperation:** Collaboration with municipalities and landlords facilitated quicker access to longer-term housing options and enhanced community acceptance.
- **Winterization Preparedness Must Be Early:** Advance planning and pre-positioning of resources are key to supporting vulnerable populations during harsh winters.

	LIVELIHOODS		Overall Target: 200			
			Overall Services Provided: 239,944			
Objective		<i>Communities in affected areas and displaced people receive basic needs assistance to support immediate livelihoods security and recover their way of life and income through sustainable livelihoods programmes that promote socioeconomic integration and economic stability.</i>				
Key Indicators	Indicator	Reach				
		2022	2023	2024	2025	
	# of people reached with relief assistance for basic needs (food, clothing, hygiene, medicines, and other essential items)	160,891	37,663	32,228	9,162	
Achievements		<p>The Hungarian Red Cross provided holistic support to displaced people from Ukraine, focusing on improving access to essential services, promoting social cohesion, and enhancing integration opportunities. These efforts were carried out in close collaboration with municipalities, local businesses, and other partners.</p> <p>HRC staff actively supported displaced people living in and around shelters by sharing information on local employment opportunities and professional training. This was done in coordination with municipalities and local businesses across various sectors.</p> <p>Under the EA, the HRC, with the support of the IFRC, implemented targeted actions that contributed to the restoration and strengthening of displaced individuals' livelihoods. Though the</p>				

operational focus primarily addressed immediate basic needs, several activities indirectly and directly supported early livelihood recovery and economic self-reliance. Achievements include:

- **Cash for Protection and Multi-Purpose Cash Assistance (MPCA):** Through multiple allocations from the Canadian RCS, Netherlands RC and the American RC, HRC provided multi-purpose and unconditional cash transfers to 9,974 displaced populations. While primarily aimed at meeting basic needs, Post-Distribution Monitoring (PDM) data revealed that recipients used part of the assistance to cover rent, utilities, transport, internet services, and small business investments, enabling short-term financial independence and preserving productive assets.
- **Digital Inclusion and Access to Opportunities:** Cash assistance delivered AccessRC platform empowered recipients by removing registration barriers and enabling them to access support flexibly across the country. This digital platform laid the foundation for future integration of livelihoods or job-seeking services through the Red Cross digital interface, particularly for remote and rural applicants.

Through the above efforts, HRC contributed to the livelihood recovery of displaced and vulnerable populations in Hungary by preserving their economic dignity, offering choice-based financial assistance, and laying the groundwork for long-term integration and resilience.


Activities in 2025

- Throughout 2025, the HRC maintained a strong presence in humanitarian aid distribution, ensuring that displaced people received essential support. County branches such as Pest, Komárom-Esztergom, and Zala facilitated regular and ad-hoc distributions of food, clothing, and hygiene products. These efforts were often supported by food rescue initiatives, allowing for sustainable and timely assistance tailored to local needs.
- In addition to material aid, the Hódmezővásárhely branch assisted with administrative support such as education, healthcare access, and job-seeking, with interpretation support.
- To promote integration and access to services, HRC continued to offer Hungarian language classes, catch-up sessions across several counties as part of the SEM project. Overall, 3205 people were reached with activities.
- Distribution activities began in June, with the Migration Department overseeing monitoring and reporting. By end of October 2025, 1,981 people have been supported with 1,755 food packages and 1,875 hygiene packages.

Despite significant labour market and legal barriers, the actual reach of livelihoods supports exceeded expectations largely because the demand for assistance was far greater than projected. Many displaced people from Ukraine continued to struggle with administrative hurdles, limited language proficiency, and difficulties getting their qualifications recognized, all of which restricted access to formal employment and increased reliance on humanitarian support. Rising inflation and soaring living costs further eroded households' ability to meet basic needs independently, making more people eligible for and in need of livelihoods-related assistance.

The structure of multipurpose cash assistance also contributed to higher-than-expected reach. Cash served as a stabilizing short-term intervention and became a critical entry point for individuals who would not have been reached through employment-focused programming alone. Additionally, digital tools like AccessRC facilitated efficient registration and targeting, enabling wider inclusion of vulnerable groups such as Roma, persons with disabilities, and those facing linguistic or administrative barriers.

Challenges and Lessons Learned	<p>Challenges</p> <ul style="list-style-type: none"> • Legal and Labour Market Barriers: Displaced people from Ukraine in Hungary faced administrative and linguistic barriers to accessing formal employment. Many displaced people from Ukraine lacked work permits, language proficiency, or recognition of qualifications, limiting their ability to generate income despite financial assistance or job willingness. • Duration of Support vs. Recovery Time: While cash-based assistance addressed urgent needs, the limited duration and amount constrained recipients' ability to establish longer-term income streams. The absence of integrated livelihoods programming (e.g., vocational training, employment referrals, microenterprise support) restricted sustainable recovery pathways. • Inflation and Rising Costs of Living: Soaring inflation and increased housing costs in Hungary diminished the value of cash transfers, affecting people's ability to cover even basic expenses, let alone invest in livelihood opportunities or savings. <p>Lessons Learned</p> <ul style="list-style-type: none"> • Cash as a Bridge to Livelihood Recovery: Multi-purpose cash assistance proved to be a crucial first step toward restoring livelihoods by helping recipients stabilize their situation, reduce debt, and preserve mobility or employment-related tools. • Need for Complementary Livelihood Support: Future interventions should integrate basic cash assistance with active livelihood components such as job matching, vocational training, and digital literacy support to enable durable economic recovery. • Digital Tools Enhance Access and Efficiency: The success of AccessRC as a registration and targeting platform indicates its potential for further use in job-seeking support, skills-building campaigns, and targeted referrals, especially for marginalized groups such as Roma or persons with disabilities.
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	CASH AND VOUCHER ASSISTANCE	Overall Target: 35,000			
		Overall Services Provided: 13,948			
Objective	<i>Displaced people in vulnerable situations have their needs addressed through the use of cash.</i>				
Key Indicators	Indicator	Reach			
		2022	2023	2024	2025
	# of people reached with conditional and/or unconditional cash and voucher assistance	3,639	7,254	3,021	34
	Amount of cash distributed, CHF	CHF 477,370	CHF 1,328,766	CHF 646,460	CHF 41,176
Achievements	Throughout the implementation of the UIC EA, the HRC, in partnership with the IFRC and with support from key donors including the American Red Cross, French Red Cross, Canadian Red Cross Society, Netherlands Red Cross and the Australian Red Cross, provided unconditional multi-purpose cash (MPC) grants and sectorial cash to displaced people from Ukraine. This				

modality offered a dignified, flexible, and efficient way for households to meet their most pressing needs based on self-identified priorities. Key achievements included:

- **Widespread Reach through Scalable Infrastructure:** Between 2022 and 2024, HRC delivered MPC assistance to a total of 9974 individuals across Hungary. This included newly displaced populations and previously assisted households receiving top-up payments to reinforce resilience during periods of high vulnerability. The use of the AccessRC self-registration application and linking it to the Digital Engagement Hub (DEH) was a key enabler, allowing for a user-friendly and secure application process accessible from across the country.
- **Targeting the Most Vulnerable:** The MPC programme was tailored to reach households with specific vulnerabilities, including female-headed families, elderly members, persons with disabilities, and those with chronic illnesses. A pilot Cash for Protection component also allowed HRC to respond to individual protection risks using MPC as a flexible tool.
- **Evidence-Based Programme Adaptation:** Findings from Post-Distribution Monitoring (PDM) exercises in early 2023, which continued in 2024, guided the adaptation of eligibility criteria, making the assistance more inclusive. Restrictions on work status and third-party aid eligibility were lifted, allowing broader access for at-risk households. The data-informed approach enhanced both efficiency and effectiveness. The feedback from assisted population registered high satisfaction in this response modality and helped them in Dignity.
- **PDM and monitoring activities:** Regular Post-Distribution Monitoring (PDM) was conducted throughout the operation to ensure that the cash and voucher assistance reached targeted households effectively and as intended. PDMs provided timely insights into recipients' satisfaction, the appropriateness of transfer values, the relevance of the delivery mechanism, and any protection or accessibility concerns. By systematically gathering feedback and monitoring expenditure patterns, the operation was able to identify emerging issues early and adjust programming as needed. This continuous monitoring process contributed to maintaining accountability to affected people and improving the overall quality and effectiveness of the CVA response.
- **Basic Needs Coverage and Financial Inclusion:** People used the cash grants primarily for rent, utilities, food, transportation, health, education, and communication (e.g., internet access), thereby addressing essential household needs. The assistance also preserved recipients' dignity by allowing them to make choices based on their specific situations.

Through these activities, the Hungarian Red Cross ensured that thousands of displaced people from Ukraine in Hungary were able to meet their basic needs through timely, flexible, and dignified cash assistance, demonstrating the continued value of MPC within emergency and early recovery responses. Further, such tools transformed HRC's vision and capacities on development pathways including digitalization, protection, humanitarian advocacy etc. During the response period, the before mentioned positioned the HRC as a main and lead CVA actors for the Humanitarian Cash response in Hungary.

Activities in 2025

- The Hódmezővásárhely branch operated a Cash Voucher Assistance (CVA) program, distributing weekly vouchers for groceries and hygiene items. Since January 2025, eligibility has been limited to minors and people over 65 years, ensuring targeted support for people in the most vulnerable situations.

Eat Better Get Better Project

Project I – Budapest County Branch Implementation

- The Hungarian Red Cross Budapest Branch successfully implemented Project I of the Eat Better Get Better through a series of coordinated activities. The procurement process for vouchers was completed, resulting in a signed contract with ReWin Kft., which delivered the vouchers in two separate batches. Participant selection was based on a needs assessment and health status, using data from a May survey conducted under the PGIE program. The first 50 eligible applicants were invited to join the initiative.
- Voucher distribution was carried out in four phases, each accompanied by educational components. The first distribution took place on July 24 at the Empathy community space, alongside a workshop focused on healthy eating. Subsequent distributions occurred on August 22, September 17, and October 15 at the same location. The final event included an interactive lecture on nutrition and the dissemination of a specially compiled Recipe Booklet.
- To support the program’s educational goals, a satisfaction and needs assessment questionnaire was edited and translated, then shared both online and offline. Completed surveys were submitted to IFRC for analysis. Additionally, a collection of healthy recipes was developed and translated, emphasizing vitamin-rich, fiber-dense meals made from accessible ingredients while minimizing common allergens. These materials were distributed to all participants during the final voucher event.


Project II – Regional County Branch Implementation

- Project II was implemented across six county branches: Bács-Kiskun, Békés, Csongrád, Hajdú-Bihar, Komárom-Esztergom, and Szabolcs-Szatmár-Bereg. The initial phase involved assessing local needs and identifying branches with active engagement in supporting displaced people from Ukraine. Contracts were signed with each participating branch, and vouchers and Recipe Booklets, developed jointly with Project I, were procured for distribution. Each branch organized two voucher distribution events on separate dates, during which the Recipe Booklets were also handed out to beneficiaries.
- In total, 150 displaced people from Ukraine , primarily older individuals, participated in the program. Across both projects, 400 vouchers valued at 30,000 HUF each were distributed. In Budapest, four events were held, while the regional branches conducted twelve events (two per location). Home delivery was arranged when necessary to ensure accessibility.

All planned activities were successfully completed without delays or risks. The program met its key indicators, including the engagement of the target number of beneficiaries, the execution of educational workshops, and the dissemination of health-promoting materials. The initiative demonstrated a strong collaborative effort between the Hungarian Red Cross and its partners, contributing meaningfully to the well-being of vulnerable populations. Cash assistance reached fewer people than anticipated primarily due to operational, economic, and eligibility-related constraints during programme implementation. High and fluctuating living costs in Hungary particularly inflation and rising housing prices significantly reduced the real value of transfers, limiting their effectiveness and prompting stricter prioritisation to ensure that the most vulnerable households were reached. Post-distribution monitoring consistently showed that the assistance only partially met needs for the majority of recipients, which influenced a more cautious targeting approach.

	<p>Early-phase registration and eligibility challenges also reduced reach. Initial criteria excluded several vulnerable groups based on employment or prior assistance status, while administrative limitations—such as manual registration for Hungarian households, compatibility issues with payment providers, and strict financial controls—created delays and bottlenecks. These factors restricted the programme’s ability to scale up quickly. As many households’ needs persisted beyond the short-term cycle, a significant proportion of those initially expected to benefit could not be supported within the programme’s timeframe or funding envelope.</p>
<p>Challenges and Lessons Learned</p>	<p>Challenges</p> <ul style="list-style-type: none"> • High and Fluctuating Cost of Living: Inflation and rising housing prices in Hungary diminished the purchasing power of cash transfers. PDM results showed that for 77% of recipients, the assistance only partially met their household needs. • Complex Eligibility and Registration Constraints (Early Phase): Initial targeting criteria excluded many vulnerable individuals based on employment or assistance status. Manual registration processes for Hungarian households were also impeded by administrative and system limitations, notably compatibility issues with payment providers and strict finance controls. • Short-Term Duration of Support: The temporary nature of assistance, often limited to two or three payments, constrained the programme’s ability to support sustainable improvements in recipients’ financial resilience, especially in a protracted displacement context. <p>Lessons Learned</p> <ul style="list-style-type: none"> • Cash is Fast, Flexible, and High-Impact: MPC proved to be a critical lifeline for displaced families, enabling them to make independent decisions and prioritize their needs with dignity. Its flexibility and ease of deployment make it an essential modality in humanitarian response. • Digital Platforms Increase Reach and Accountability: The AccessRC application greatly enhanced operational scale and transparency. It offered real-time data, reduced administrative burden, and improved access for people in remote or underserved areas. • PDM and Community Feedback are Crucial: Ongoing feedback mechanisms such as PDM surveys allowed timely programme corrections and underscored the need for adaptive targeting approaches and longer-term assistance to meet evolving needs. • Integration with Other Sectors Maximizes Impact: While MPC addressed immediate needs, its effectiveness was amplified when complemented by services in protection, shelter, and health. Linking MPC with case management or referral pathways for additional support proved particularly valuable for complex cases.

PROTECTION AND PREVENTION

	PROTECTION, GENDER, AND INCLUSION	Overall Target: 2,500			
		Overall Services Provided: 5,633			
Objective	<i>Communities in crisis-affected areas and displaced people in vulnerable situations are safe from harm including violence, discrimination, and exclusion, and their needs and rights are met.</i>				
Key Indicators	Indicator	Reach			
		2022	2023	2024	2025
	# of children welcomed in child-friendly spaces	0	0	37	707
	# of people reached with PGI activities	-	3,053	828	111
# of staff, volunteers and associated personnel trained on prevention and protection of sexual exploitation and abuse and child safeguarding	-	641	238	18	
Achievements	<p>Throughout the UIC EA implementation, the HRC, with IFRC technical support, and direct engagement with Canadian Red Cross Society and Australian Red Cross, strengthened the protection of vulnerable groups, particularly women, children, the elderly, Roma communities, and persons with disabilities. Key actions included:</p> <ul style="list-style-type: none"> • Integration of PGI considerations in cash, shelter, and health programmes using inclusive targeting criteria and accessibility measures. • A Dedicated Cash for Protection (Pledge: M2207071) enabled the HRC to reach individuals facing compounded protection risks, including gender-based violence (GBV) survivors and people with chronic illnesses or disabilities. While the cash enabled meeting the essential needs of the assisted vulnerable population (including marginalized groups), it also helped the NS mainstream safeguarding and protection. • Context-specific assessments, including a Roma community analysis and gender/age-sensitive Post-Distribution Monitoring (PDM), to guide inclusive programming and inform decision based on evidence. • The initiation and scale-up of the context tailored “Assistive Mobility Devices” project with direct support from the Australian RC and the Canadian Red Cross Society according to the PGI international standards reaching those with specific needs and facing specific protection risks. • HRC staff and volunteers trained and practiced through PGI programming and reported to the leadership on a branch level and HQ level. <p>HRC’s PGI interventions contributed to safer, more equitable access to humanitarian services, ensuring the needs of those most at risk were recognized and addressed.</p> <p>Activities in 2025</p> <ul style="list-style-type: none"> • The Hungarian Red Cross has made notable progress in mainstreaming PGI principles, safeguarding policies, and child-friendly programming across its humanitarian response. These efforts are supported by close collaboration with IFRC regional teams and 				

the Canadian Red Cross Society, contributing to broader NSD. Groups in vulnerable situations have been reached through a combination of services including healthcare, relief aid, safeguarding, and child-friendly spaces, with tailored activities designed to foster inclusion and psychosocial wellbeing.

- Throughout the first half of 2025, HRC advanced several PGI-related initiatives. These included the submission of concept notes to the Canadian Red Cross Society, participation in UNHCR service mapping, and involvement in working groups and trainings focused on psychological first aid, disability inclusion, and safeguarding operationalization. A Child Protection Policy was drafted, and internal consultations were held to align safeguarding practices with national standards. HRC also conducted a PGIE and Safeguarding Self-Assessment, facilitated Focus Group Discussions (FGDs), and prepared for the Family Shelters Conference in Balatonlelle. The assessment established an organizational baseline on the application of PGIE and safeguarding standards at institutional and programmatic levels, confirming strong commitment and practical implementation within migration and social services, while identifying gaps in consistent branch level application, safeguarding procedures, documentation and monitoring; targeted action plans were subsequently developed to strengthen institutionalization, harmonize practice and reinforce safeguarding and accountability mechanisms across the organization.
- In parallel, child-friendly spaces were actively maintained across several branches, offering daily activities such as drawing, LEGO play, and group games. These spaces not only support children but also provide opportunities for parents, especially mothers, to engage and socialize. In June, a Child-Friendly Development Center was launched in Szabolcs-Szatmár-Bereg County, offering structured developmental programs and parental consultations.
- In July 2025, the Migration Department of the Hungarian Red Cross launched intensive activities under the CRCs Protection, Gender, Inclusion, and Engagement (PGIE) project. The team conducted self-assessment FGDs with several HRC branches – starting in Hajdú-Bihar, followed by Győr-Moson-Sopron and Bács-Kiskun counties – to understand the current implementation of PGIE practices. These assessments aimed to provide a broader study on PGIE integration across the organization. A similar FGD was held with the Social Department in June, following a visit to Balatonlelle.
- In parallel, the department initiated the development of Integrity line posters to promote ethical practices, coordinating with the Social, Communication, and HR departments. Another key milestone was the drafting of a Child Protection Policy, which began in June and progressed in July after consultations with social coordinators. Monthly online PGIE working group meetings were established to maintain consistent communication with participating branches, and regular donor updates were provided through virtual catch ups.
- The second pillar of the PGIE project focused on supporting displaced people from Ukraine in vulnerable situations through the procurement of assistive devices such as support people with chronic illnesses and disabilities, such as glasses, blood pressure meter, blood sugar meter, wheelchair. Branches conducted needs assessments and began preparing for purchases. Additionally, the Migration Department collaborated with IFRC Geneva to localize PGIE and Safeguarding online courses for a Hungarian audience, laying the groundwork for a national learning platform.
- In August 2025, the department continued its July initiatives, expanding its field visits to Hódmezővásárhely, Tatabánya, and Tata. It also began drafting a general PGIE Terms of

Reference (TOR) document and refining the Child Protection Policy for future adoption. PGIE presentations were delivered to branch colleagues, and the self-assessment FGD questions were translated and finalized for submission to the CRCS, which will produce a comprehensive study based on the collected data.

Actual PGI reach exceeded initial projections largely because protection concerns proved more extensive and complex than originally expected, driving higher demand for tailored support across multiple population groups. Systemic barriers—such as discrimination affecting Roma communities and uncertainties around legal status—created additional vulnerabilities that required PGI involvement, increasing the number of cases referred for protection-focused assistance.

Although specialized PGI staffing was limited, the cross-cutting integration of PGI principles across all sectors significantly expanded reach. By embedding PGI approaches into cash, shelter, health, and livelihoods activities, frontline staff and volunteers were able to identify more individuals with hidden or emerging vulnerabilities. Community engagement efforts and participatory assessments further uncovered groups previously not captured in planning estimates, contributing to the higher-than-expected case load.

Additionally, the time-intensive nature of in-person PGI support often requiring accompaniment and sustained interaction meant that once individuals were engaged, they remained within the programme for longer periods, cumulatively increasing total reach over the course of implementation.

Challenges and Lessons Learned

Challenges

- Systemic barriers limited access to services for marginalized groups, particularly the Roma and those with legal status uncertainty.
- Limited specialized PGI staffing constrained the scale and consistency of tailored protection interventions.
- The lengthy time frame of the in-person assistance that requires accompaniment for a considerable time.

Lessons Learned

- Cross-cutting integration of PGI across sectors increased impact, reach and relevance of assistance.
- Community engagement and participatory assessments were key to identifying hidden vulnerabilities.
- Ongoing investment in staff and volunteer training is essential to sustain inclusive, rights-based responses.



COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

Objective

The diverse needs, priorities and preferences of the affected communities guide the response through a people-centred approach and meaningful community participation.

Key Indicators	Indicator	Reach			
		2022	2023	2024	2025
	National Society with established feedback mechanisms	Yes	Yes	Yes	Yes
	# of community feedback reports produced	-	1	-	1
	# of staff, volunteers, and leadership trained on community engagement and accountability	-	1	238	-

Achievements


HRC, with IFRC support, embedded CEA throughout the UIC EA operation. A dedicated Helpdesk, launched with support from the Netherlands Red Cross 510 team, served as a vital two-way communication channel, receiving over 3,000 feedback entries by the end of 2024. Operating in multiple languages, including Ukrainian, Russian, Hungarian, and English, the Helpdesk provided timely information, addressed community concerns, and supported programme improvement.

Additional CEA channels included post-distribution monitoring (PDM), focus group discussions (FGDs), social media monitoring, and direct branch-level engagement. Feedback covered overall satisfaction with the programme and self-registration process, the modalities and conditions of receiving cash assistance, and household needs, income and expenditure, including preferred information channels and targeted protection and health related questions. These efforts ensured that displaced Ukrainian individuals had multiple accessible ways to share their concerns, receive accurate information, and influence decision-making.

Activities in 2025

- The Hungarian Red Cross continued to strengthen its CEA approach in Q1-Q2 of 2025, focusing on institutionalization, the establishment of feedback mechanisms, and meaningful participation of affected communities. These efforts are embedded within broader organizational development and are supported by collaboration with IFRC, partner National Societies, and integration into key projects such as SEM. Strategic priorities included embedding CEA into HRC structures, enabling two-way communication, and ensuring that community voices inform program design and evaluation.
- From January to June 2025, HRC made steady progress in operationalizing CEA. Key milestones included the finalization of the CEA Annual Report in both English and Hungarian, consultations with 510 Global on the future of the Digital Engagement Hub (DEH), and field visits to SEM project branches to conduct surveys, FGDs, and key informant interviews (KIIs). These assessments, carried out in Szabolcs-Szatmár-Bereg and Zala, helped gather valuable feedback from people and informed the SEM Midline Study. The Integrity Line was also implemented as part of HRC's accountability framework.


	<ul style="list-style-type: none"> HRC actively participated in regional learning and inclusion initiatives, including the CEA Community of Practice Peer Learning Session and the Disability Inclusion Consultation. Internal consultations continued regarding the future of the CEA focal point role, while preparations were made for interviews under the Integration and Inclusion – Education Support initiative.
Challenges and Lessons Learned	<p>Challenges</p> <ul style="list-style-type: none"> Limited awareness among community members about the full range of HRC services, particularly in the integration phase. Decrease in feedback volume toward the end of 2024 due to mobility of displaced populations and the phasing out of certain programmes (e.g. CVA). Variability in CEA capacity and practices across branches. <p>Lessons Learned</p> <ul style="list-style-type: none"> Centralizing CEA through an institutionalized Helpdesk increased accessibility, accountability, and responsiveness. Community feedback directly informed operational adjustments (e.g. improvements to the AccessRC platform). Continuous training of staff and volunteers on CEA, PGI, and safeguarding strengthened community trust and internal collaboration.

	MIGRATION	Overall Target: 15,000			
		Overall Services Provided: 8,926			
Objective	<i>People on the move, regardless of their background or status, have access to the lifesaving assistance and protection they need.</i>				
Key Indicators	Indicator	Reach			
		2022	2023	2024	2025
	# of people assisted with transportation or evacuation	3,723	1,128	211	-
	# of people supported in official procedures	0	0	91	-
	# of people reached with education support (including childcare and summer camps)	-	0	1,351	426
# of people reached by social cohesion activities to improve relations between asylum seekers, refugees and displaced people, and host communities	-	-	981	389	

	# of people reached with language support services (language courses and classes)	-	0	322	304
Achievements	<p>Integration remains a central pillar of the Hungarian Red Cross response to the needs of displaced people from Ukraine. Through coordinated efforts with volunteers, partner organizations, and local communities, HRC has implemented a wide range of activities aimed at fostering inclusion, improving access to services, and supporting long-term settlement.</p> <p>In the early phase of the response, with support from the UIC Emergency Appeal and IFRC technical assistance, the HRC addressed the immediate needs of migrants and displaced persons through shelter, cash assistance, health services, and distribution of non-food items. UNHCR support enabled HRC to operate shelters through 2022, while the government's AMIF (MMIA) funding ensured continued services beyond that point. IFRC played an important role in providing contingency funding whenever the assisted population were facing exclusion risks and also supported their transition into private and dignified shelters.</p> <p>In partnership with IFRC, HRC launched the SEM project in 2024, aimed at supporting the integration of people in the asylum process, refugees, and displaced persons in Hungary, Latvia, Lithuania, and Romania. The 24-month initiative promoted access to basic services, healthcare, livelihoods, and social inclusion. In Hungary, the project included child-friendly spaces, catch-up education programs, language lessons, and monthly social cohesion activities. A Development Centre was established in Zala County, with Tolna, Békés, and Szabolcs-Szatmár-Bereg joining in July 2024. Planned activities included workshops to share the Development Centre model and a project closing event.</p> <p>The Swiss Government's (SEM) project marked a transition from emergency response to integration-focused programming. SEM enabled HRC to enhance local branch capacities and deliver community-based support. Activities included language lessons, educational and child friendly spaces for children, social cohesion events, and strengthened referral systems, all contributing to more inclusive and sustainable services for migrants.</p> <p>Activities in 2025</p> <ul style="list-style-type: none"> • Between January and October 2025, HRC's Migration Department actively contributed to project implementation and broader integration efforts. Highlights include consultations with Branch Directors, development of SEM Midline study tools, coordination with UNHCR, and participation in regional workshops and working groups. The team also submitted multiple reports and concept notes, conducted needs assessments, and engaged in strategic planning for future initiatives such as the Integration and Inclusion Programme. Collaboration with partners like IOM, and the Canadian Red Cross Society further strengthened HRC's capacity to deliver inclusive and responsive programming. • Migration-related reach fell below initial projections primarily because migrants' mobility patterns and legal uncertainties made it difficult to plan and sustain consistent service delivery. Many migrants moved frequently or faced unclear legal status, limiting their ability to engage in longer-term support and reducing the number of individuals who could be consistently reached through structured programmes. • In addition, awareness of available services particularly among marginalized or harder-to-reach migrant groups was lower than expected. This required more intensive, localized outreach and engagement than originally planned, slowing the rate of enrolment and reducing overall reach during the implementation period. These factors collectively created significant barriers to achieving the anticipated scale of migration assistance. 				

Challenges and Lessons Learned	<p>Challenges</p> <ul style="list-style-type: none"> • Migrants’ mobility and legal uncertainties complicated long-term planning and access to services. • Limited awareness of available support, especially among marginalized groups, required sustained outreach and localized engagement. <p>Lessons Learned</p> <ul style="list-style-type: none"> • Shifting from centralized emergency relief to decentralized, community-led integration support increased impact and sustainability. • Cross-sectoral coordination (e.g. linking migration, PGI, health, and CEA) was key to addressing diverse migrant needs. • Investing in local branch capacity and partnerships enhanced HRC’s ability to serve migrants throughout their displacement journey. • Through SEM and the broader EA, HRC advanced its role as a responsive, inclusive, and trusted actor in supporting migrants across all phases of migration.
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ENABLING APPROACHES

	NATIONAL SOCIETY STRENGTHENING				
Objective	<i>National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in disaster risk management is well-defined and recognised.</i>				
Key Indicators	Indicator	Reach			
		2022	2023	2024	2025
	# of volunteers involved in the operation	6,749	6,749	712	712
	# of branches responding ⁴	21	21	21	21
	National Society has in place capacities to conduct an Emergency Needs Assessment	No	Yes	Yes	Yes
	National Society is part of their national government’s disaster response mechanism	No	Yes	Yes	Yes
Achievements	Under the UIC Emergency Appeal, the Hungarian Red Cross undertook targeted National Society Strengthening actions to bolster its ability to respond to humanitarian needs while laying the groundwork for long-term institutional development. Key achievements include:				

⁴ Throughout the Ukraine and Impacted Countries Emergency Appeal response, the Hungarian Red Cross provided support to people displaced from Ukraine and host communities across all its 20 branches, as well as at headquarters.

- **Decentralised service expansion:** With IFRC and partner support, HRC successfully scaled up local branch engagement, particularly in border and urban areas, enabling timely delivery of assistance across a dispersed caseload.
- **Digitalisation and information management:** HRC invested in the rollout of improved data collection systems, aligned with Federation-wide tools, which enhanced case management, reporting, and monitoring, particularly within the CVA, Assistive devices and SEM programmes.
- **Volunteer mobilisation and training:** A surge in volunteer engagement was supported through structured onboarding and training initiatives, contributing to over 35,000 people trained in first aid in Hungary since 2022, including displaced people and host communities mainstreaming PGI and CEA (i.e. Balaton Lake summer activities).
- **Resource mobilisation and donor engagement:** Seed funding and programme visibility under the UIC EA helped HRC initiate steps toward diversifying its funding base, with early efforts toward domestic fundraising and strategic communications.
- **Strategic planning:** With technical support from the IFRC Country Team, HRC initiated the development of an internal NSD plan (2025–2027), aligning with IFRC Strategy 2030 and laying the foundation for more structured institutional growth

Activities in 2025

- During the reporting period, the Hungarian Red Cross continued implementing its NSD activities, with a strong focus on internal coordination and strategic planning. Key priorities included enhancing fundraising capabilities, improving digital fundraising tools, particularly through the website, and supporting branch-level development. These efforts aimed to strengthen the organization’s long-term sustainability and outreach capacity.

Digitalization and CRM System Development

- Since February 2024, the HRC operations team has engaged in technical discussions to develop a scalable, user-friendly Customer Relationship Management (CRM) system tailored to fundraising needs. The National Society opted to initiate a fundraising-specific CRM with potential for future scalability and interoperability.
- As part of this digitalization effort, the donation landing page was redesigned to facilitate easier online contributions. With support from IFRC, HRC also upgraded its internal file handling system, which was introduced to department heads and potential users. Additionally, work began on a new membership registration system, essential for the upcoming 2025 elections.

Fundraising Strategy and Capacity Building

- To reinforce financial sustainability, HRC began implementing a comprehensive fundraising action plan. Although some delays occurred, progress continued steadily. The organization secured CHF 75,000 in funding through a successful Capacity Building Fund (CBF) application, following several rounds of review. The 16-month project, launched on 1 September 2025, includes the introduction of a professional CRM system and a pilot face-to-face (F2F) fundraising campaign. Additional fundraising activities encompassed a billboard and social media campaign, production of printed visibility materials, further web development, and a fundraising workshop held in autumn 2025 with support from the IFRC Strategic Partnerships and Resource Mobilization (SPRM) team.

	<p>Preparedness Strengthening</p> <ul style="list-style-type: none"> In April 2025, the IFRC Regional Office for Europe (ROE) approved a modified project proposal submitted by HRC to enhance its preparedness capacities. The proposal was refined with input from the country office and aligned with IFRC standards. Procurement planning was initiated, with HRC ensuring compliance with IFRC's observer status and procurement policies throughout the process. These developments marked a significant step forward in building the organization's resilience and operational readiness. <p>Preparedness Strengthening II</p> <ul style="list-style-type: none"> The Hungarian Red Cross implemented its project to strengthen its disaster response capacity through involving SOP updates, mobile EOC development, and targeted training. Since 2020, five regional emergency units have been established, each led by a disaster management coordinator. In the first phase of the project, the organization revised its outdated flood-focused operational documents to address emerging challenges like pandemics and conflict-related crises, while also enhancing HQ staff skills with IFRC support. A mobile Emergency Operations Centre was equipped for flexible deployment. From January to June, six training sessions were held for regional and HQ NDRTs, covering preparedness topics such as Emergency Needs Assessment, Information Management, and Logistics, complemented by simulation exercises to test learning and SOPs. The final phase focused on evaluating the impact through a Lessons Learned workshop and refining the updated strategies based on feedback.
<p>Challenges and Lessons Learned</p>	<p>Challenges</p> <ul style="list-style-type: none"> Limited pre-crisis CVA and integration programming meant that HRC had to adapt quickly to scale operations under new modalities, requiring steep learning curves in areas like targeting, PDM, and cross-sector coordination. Human resource strain: Despite increased volunteer involvement, the surge in programming created pressure on limited staff capacity, especially in finance, logistics, and IM roles essential for scaling both response and internal systems. Sustainability risks: Some capacity gains remain project-linked and may face continuity challenges post-EA without sustained funding or integration into core functions. <p>Lessons Learned</p> <ul style="list-style-type: none"> Embedding NSD within operations, such as linking logistics development, volunteer engagement, and digital systems to emergency programming, creates stronger institutional foundations that endure beyond the crisis response. Localized delivery models, such as those tested in the HRC managed shelters, Assistive Mobility devices, and SEM projects, enhanced branch-level ownership and responsiveness, and offer a replicable model for future programming. Continuous mentoring and technical accompaniment from IFRC proved critical in helping HRC adopt new tools, meet donor compliance, and engage more confidently in international coordination spaces. (AccessRC and DEH).



COORDINATION AND PARTNERSHIPS

Objective

Technical and operational complementarity is enhanced through cooperation among the IFRC Membership and with the ICRC.

Key Indicators	Indicator	Reach			
		2022	2023	2024	2025
	Movement coordination meetings are organized, and updates are provided to the Movement partners	No	Yes	Yes	Yes
	# of external Stakeholders and Clusters coordination meetings organized	0	9	9	9

Achievements

Throughout the UIC Emergency Appeal period, the Hungarian Red Cross strengthened its coordination role and reinforced strategic partnerships at national, regional, and Movement levels. Key achievements include:

- **Structured coordination with IFRC and Partner National Societies (PNSs):** HRC worked closely with the IFRC Country Team in Hungary and received direct bilateral and multilateral support. These collaborations enhanced technical quality, reporting, and alignment with global standards.
- **Engagement in Movement-wide coordination:** HRC actively participated in the Federation-wide reporting system and contributed to regional coordination calls, enhancing its visibility and positioning within the IFRC Network. It also collaborated with PNSs such as the Netherlands Red Cross, Canadian Red Cross, American Red Cross, French Red Cross, Australian Red Cross and Swiss Red Cross in multi-lateral programmes.
- **National-level partnerships:** HRC maintained and expanded its partnerships with key governmental actors, particularly the Ministry of Interior and AMIF (MMIA), ensuring its auxiliary role was recognized during the transition from humanitarian to state-supported hosting frameworks. Coordination with local municipalities, and local actors helped bridge service gaps in shelter, protection, and legal aid.
- **Localised coordination models:** HRC engaged its regional branches in inter-agency working groups, fostering coordination with NGOs, municipalities, and refugee support networks at sub-national level. This was especially visible in border regions and urban centres like Budapest.

Challenges and Lessons Learned

Challenges

- **Fragmentation and evolving roles:** The phasing out of international actors and donor-funded programmes, such as UNHCR's withdrawal from shelter funding in 2023, created coordination gaps that HRC had to navigate. The dynamic funding landscape also required frequent realignment of roles and expectations among partners.
- **Capacity limitations** for external representation.

- **Coordination burden during surge:** At the height of the emergency response, simultaneous demands from bilateral and multilateral actors created a heavy coordination load, requiring support from IFRC to manage parallel reporting, planning, and compliance expectations.

Lessons Learned

- **Dedicated coordination role,** including the presence of IFRC coordination staff with HRC, proved critical in navigating multiple partnership layers, aligning strategies, and managing donor relationships.
- **Clarity of roles and joint planning** between IFRC and HRC enabled better coherence and reduced duplication, particularly in complex areas such as winterisation planning and CVA implementation.
- **Sustained investment in inter-agency participation** is essential to maintain HRC’s voice and influence in national response mechanisms, particularly as humanitarian funding contracts and development actors take on larger roles.



IFRC SECRETARIAT SERVICES

Objective

The IFRC is working as one organization, delivering what it promises to National Societies and volunteers, and leveraging the strength of the communities with which they work as effectively and efficiently as possible.

Achievements

The IFRC Secretariat played a pivotal role in supporting the Hungarian Red Cross throughout the Ukraine and Impacted Countries Emergency Appeal, enabling it to scale operations, enhance quality, and strengthen institutional resilience. Key achievements included:

- **Technical and operational support:** The IFRC Secretariat deployed dedicated personnel to Hungary, including an Operations Manager, CVA Delegate, and thematic technical profiles such as Health, PSS, CEA, PMER, finance and PGI, who worked side by side with HRC teams. This hands-on accompaniment significantly improved programme quality, delivery, and compliance.
- **Programme design and planning:** The Secretariat supported HRC in developing integrated programme frameworks (e.g. for a nationwide CVA, sectorial CVA, SEM and Assistive Mobility Devices), aligned with the IFRC Plan and Budget, Movement-wide standards, and donor requirements. These contributions helped position HRC as a key humanitarian actor in Hungary’s refugee response.
- **Compliance and reporting:** IFRC led the coordination of Federation-wide reporting in Hungary, consolidating inputs across multilaterally funded activities. It also ensured alignment with the UIC EA’s Indicator Tracking Tool (ITT) and narrative reporting processes, easing the reporting burden on HRC.
- **Capacity strengthening:** The Secretariat facilitated tailored NSD support, including logistics systems improvement, financial oversight, BOCA, Communications, and planning for sustainability. It also advised on HRC’s internal NSD roadmap and resource mobilisation strategy.

Challenges and Lessons Learned

Challenges

- **Staff turnover and continuity (IFRC and HRC):** While Secretariat deployments brought valuable expertise, high staff turnover and gaps between deployments occasionally disrupted continuity and institutional memory.
- **Balancing surge support with ownership:** The heavy presence of Secretariat support during the initial emergency phase occasionally risked overshadowing HRC leadership in programme narrative or visibility, requiring careful calibration of roles over time.
- **Complex administrative procedures:** HRC encountered challenges navigating some Secretariat administrative processes, including fund transfers, contract amendments, and procurement protocols, which occasionally delayed implementation or required extensive clarification.

Lessons Learned

- **Embedded, context-specific support** from the Secretariat, particularly through co-location and joint planning, proved more effective than remote or short-term missions. (i.e. Operations Manager, PMER QA Senior Office, Finance SO and NSD officer).
- **Clear roles, joint planning, and mutual accountability** mechanisms helped maintain trust and ensure complementarity between the Secretariat and HRC, especially during high-pressure periods.

C. FINANCIAL REPORT

The interim Final Financial Report is attached below to this narrative report. The financial report is published on an interim basis given that, as of 31 December 2025, final reconciliations of the projects remained pending. The finalized report will be made available in 2026. Any remaining balance will be transferred to the funding pool of the Revised Emergency Appeal for Ukraine and Impacted Countries, in support of the continuation of activities addressing the humanitarian consequences of the Russia-Ukraine international armed conflict. Further details on the interpretation of financial data and reporting scope are provided in Annex I.

Expenditure by Thematic Area

Planned Operations / Enabling Approaches	Expenditure
PO01 - Shelter and Basic Household Items	915,431
PO02 - Livelihoods	2,883
PO03 - Multi-purpose Cash	2,575,113
PO04 - Health	2,333,899
PO05 - Water, Sanitation & Hygiene	0
PO06 - Protection, Gender and Inclusion	941,211
PO07 - Education	103,198
PO08 - Migration	765,133
PO09 - Risk Reduction, Climate Adaptation and Recovery	303,400
PO10 - Community Engagement and Accountability	16,573
PO11 - Environmental Sustainability	0
Planned Operations Total	7,956,840
EA01 - Coordination and Partnerships	3,605
EA02 - Secretariat Services	934,766
EA03 - National Society Strengthening	1,492,970
Enabling Approaches Total	2,431,340
Grand Total	10,388,181

Contact information

For further information, specifically related to this operation please contact:

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For In-Kind donations and Mobilization table support:

- **Manager, Global Operational Procurement and Regional Supply Chain**: Indra Eckstein, indra.eckstein@ifrc.org

Reference documents

↘ Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)
- [Note on methodology in calculating people reached and federation-wide response to date overview](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

ANNEX I. NOTE ON READING THIS REPORT

The structure of final country reports of Ukraine and Impacted Countries Emergency Appeal is organised around the sectors and enabling approaches outlined by the Appeal. The narrative presents a cumulative account of the response efforts carried out by National Societies within the timeframe of their respective Response Plans, unless stated otherwise.

All data is self-reported and, where necessary, validated and triangulated with previous reports or publicly available information. Detailed National Society Response Plans and individual results can be accessed on [IFRC GO](#). Please note that, in some cases, data may be incomplete, or estimates may be used where gaps exist, following a conservative and transparent methodology. Additionally, due to variations in National Societies' activities and data systems, some reported figures may represent services delivered rather than unique individuals reached, which may result in a degree of double counting.

At the country level, operations were aligned with National Society Response Plans developed at the launch of the Emergency Appeal. These plans were based on available data, needs assessments, risk analyses, and planning assumptions at the time, with aspirational funding requirements reflecting projected needs. As the context evolved, including changes in needs, population movement dynamics, and funding levels, National Societies adapted their responses accordingly. While remaining aligned with the overall strategic intent, adjustments were made to ensure that available resources were directed to maximise relevance, efficiency, and impact.

It should also be noted that while the narrative reflects the achievements of National Societies across the IFRC Network using federation-wide resources, the accompanying financial report presents income and expenditure related exclusively to the IFRC Emergency Appeal.

Data presented throughout the report follows different aggregation methodologies depending on the section. Under the Federation-wide Response to Date Overview, people reached figures are presented by year to enhance transparency and minimise double counting. In contrast, the National Society Capacity section combines cumulative and peak indicators, where training figures represent cumulative totals, while volunteer and branch figures reflect the highest levels reported during the response period. Branch figures may reflect a mix of "branches" and "local units" according to IFRC definitions, which may affect comparability across countries. Additionally, sector tables present both indicator-level data from the Ukraine and Impacted Countries Indicator Tracking Tool (ITT) and a total number of services provided (displayed at the top of each table), calculated by summing yearly reach values across all indicators within each sector. This differs from the methodology used in the Federation-wide overview and the people reached figures highlighted on the cover page, which aim to reflect unique individuals reached where possible. Values reported as "0" in sector tables may indicate either that no people were reached or that the number could not be accurately inferred or estimated.

As the escalation of the international armed conflict between the Russian Federation and Ukraine entered its fourth year, the IFRC revised the [Ukraine and Impacted Countries Emergency Appeal](#) to reflect the continued scale of humanitarian needs and the evolving nature of the response. The operation has been extended to 31 December 2027, maintaining the IFRC Secretariat funding ask at CHF 800 million and increasing the federation-wide requirement to CHF 3.1 billion. The revised Appeal retains a more focused geographic scope, covering Ukraine, the Republic of Moldova, and the Russian Federation, while other countries transition to [IFRC Network Country Plans 2026–2028](#). This ensures continuity of support through longer-term programming, while maintaining flexibility to adapt to future developments.

For most countries whose operations under the Appeal concluded on 31 December 2025, remaining balance was transferred to the funding pool of the revised Emergency Appeal for Ukraine and Impacted Countries to support the continuation of activities addressing the humanitarian consequences of the Russia-Ukraine international armed conflict.