SOCIO-ECONOMIC INSIGHTS SURVEY 2024

December 2024 | Republic of Moldova

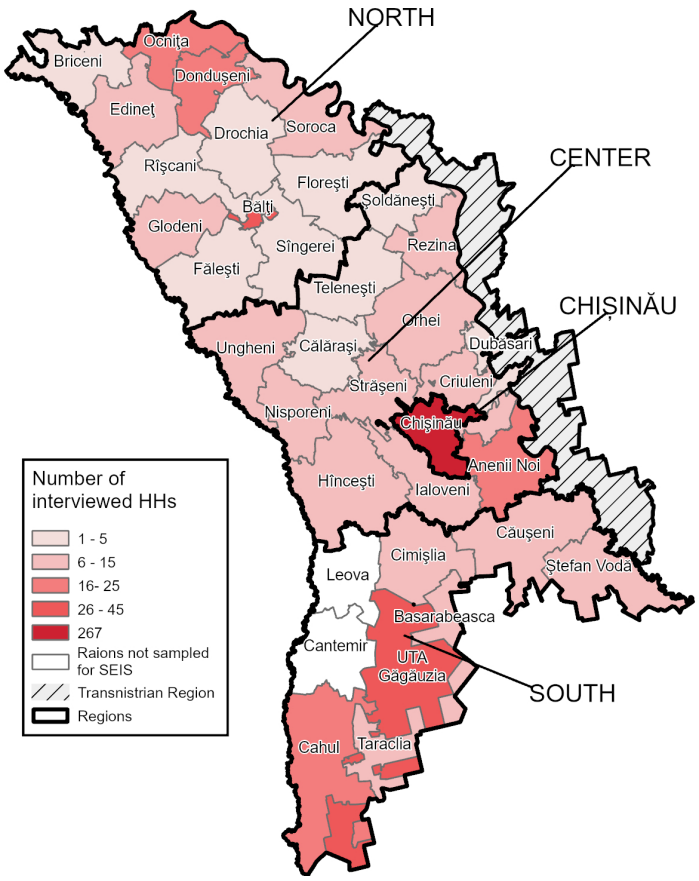
Context & Rationale

Over two years have elapsed since the escalation of the conflict in Ukraine in February 2022, leading to the protracted displacement of over 6.7 million refugees from Ukraine recorded globally.[1] Through monitoring border crossings, 123,729 refugees from Ukraine were recorded to be in the Republic of Moldova as of 29 September 2024.[2] As the conflict persists, the humanitarian response has transitioned towards a development-oriented approach based on long-term and sustainable solutions to support the integration of refugees in Moldova.

The Socio-Economic Insights Survey (SEIS) 2024 follows the regional approach established by the United Nations High Commissioner for Refugees (UNHCR) Regional Bureau for Europe (RBE), using a harmonised questionnaire to enable comparisons across countries participating in the Regional Refugee Response Plan (RRP)[3]. The SEIS aims to inform the 2025-2026 RRP in Moldova and ensure that response actors have the necessary evidence base to effectively address the evolving needs of Ukrainian refugees. By providing up-to-date, multi-sectoral data on the specific needs of refugees, this approach supports evidence-based planning and resource allocation based on identified needs.

This situation overview provides key analyses relevant to humanitarian and development actors on the following sectors: Protection, Accountability to Affected Populations (AAP), Livelihoods and Socioeconomic Inclusion, Education, Health, and Accommodation.

Map 1: Geographic coverage of the assessment



Key Messages

- **Social Cohesion:** HHs reported a positive relationship with the host community, with 25% reporting a very good relationship and 63% reporting a good relationship. Although HHs largely reported a positive relationship, 18% of HHs reportedly had members that experienced hostile behavior or attitudes since arrival in Moldova.
- **Education**: In the 2023/2024 school year, respondents indicated that 54% of children or young people in their HH (aged 3-24 y.o.) were attending Moldovan schools and that 40% of children aged 3-18 y.o. were still enrolled in a school in Ukraine. Among those learning remotely or online, 44% accessed Ukrainian distance learning and 84% participated in Ukrainian exams. Continued enrolment in Ukrainian schools was reported as the main barrier to enrolling in Moldovan schools, reported by 63% of respondents with children or young people in their HH.
- **Livelihoods and Socioeconomic Inclusion:** Employment was low (46%), primarily due to language barriers and caregiving responsibilities. Additionally, 43% of working-age HH members (aged 15-64 y.o.) reported being outside of the labour force. However, this figure is likely overreported, as the working-age population slightly overlapped with the school-age population and surveyed HHs identified employment support as their second highest priority need. The top reported HH expenditures were food, accommodation, and health.
- **Health:** Only 25% of HHs with eligible members reported having health insurance, suggesting potential long-term vulnerabilities accessing healthcare, particularly if provisions for those with legal status are reduced or terminated.

Methodology Overview

The SEIS employed a quantitative approach by conducting in-person, structured HH-level surveys with refugees (including third-country nationals) displaced from Ukraine to Moldova following the escalation of the conflict in February 2022.[4] Due to the lack of data on the precise numbers and geographic dispersion of refugees in Moldova, it was not possible to randomly select respondents. The SEIS therefore implemented regionally stratified purposive sampling, where refugee respondents were purposefully selected based on the population of interest criteria. As a result, findings are indicative and cannot be considered representative of the entire population, nor of the regional population.

Interviews were distributed nationwide, excluding the Transnistrian region, and stratified by region (Centre, Chisinau, North, and South).[5] Primary data collection took place from 3 June to 12 July 2024, encompassing 622 HHs across 105 settlements. To diversify the sample, respondents were identified through an area-based search and recruitment via social media.

Sample: Number of refugee HHs surveyed by region and area of residence

Region	Rural	Urban	Total
Centre	54	62	116
Chisinau	2	265	267
North	37	83	120
South	43	76	119
Total	**136**	**486**	**622**

Interviews were conducted in-person with a self-reported head of household (HoHH) or another adult member knowledgeable about their HH conditions. The survey included individual-level sections to collect information about each member of the HH.

UNHCR's RBE designed and provided a core questionnaire to maintain consistency across all countries participating in the 2024 Regional SEIS. The questionnaire incorporated recommendations from UNHCR Sectoral Technical Leads and the Regional Information Management Working Group at the RBE level. REACH Moldova and the sectoral Working Groups at country-level reviewed and provided inputs on critical issues related to the national contextualisation of the tool.

Key Limitations

Selection Bias: Although efforts were made to randomise and diversify the sample, enumerators frequently visited places where refugees typically gather. This may have introduced a selection bias, resulting in respondents with similar profiles.

Survey Fatigue: Due to the length of the survey, some respondents may have rushed through questions, potentially leading to misinterpretations, inaccurate responses, or errors in data input via the KOBO tool.

Data Verification: Data discrepancies and missing values were checked with enumerators and addressed accordingly, though in some cases, they could not be verified. As a result, there may be some inconsistencies or missing data remaining in the dataset.

For more details regarding the methodology and limitations, please refer to the Terms of Reference.

Demographics

Note: The demographics in this section represent the characteristics of the respondents surveyed for the SEIS, rather than the broader refugee population.

1,204 HH members (through 622 HHs surveyed)

47% of HHs with older persons (60+)

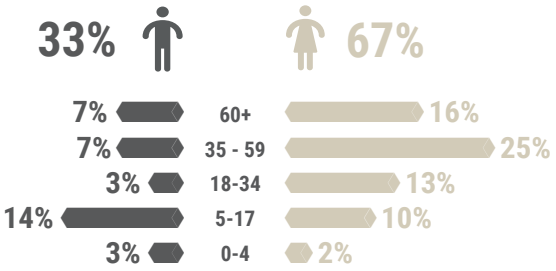
5% of HHs with pregnant and/or breastfeeding women

1.94 Average HH size

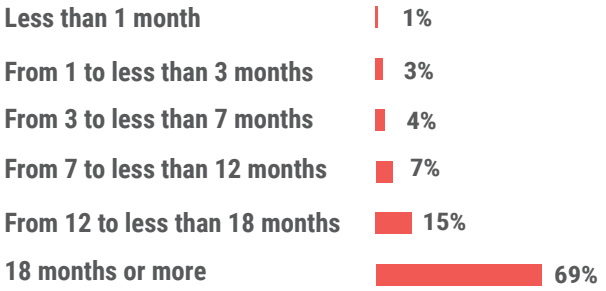
24% of HHs with children (<18 y.o.)

10% of HH members with a disability (at least level 3 in WGSS)[6]

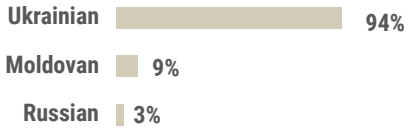
% of HH members by age group and gender (n=1,204)



Estimated length of residence in Moldova (in months) for HH members, at the time of data collection (n=1,180)



of HHs by ethnic group or background (self identification)* (n=622)

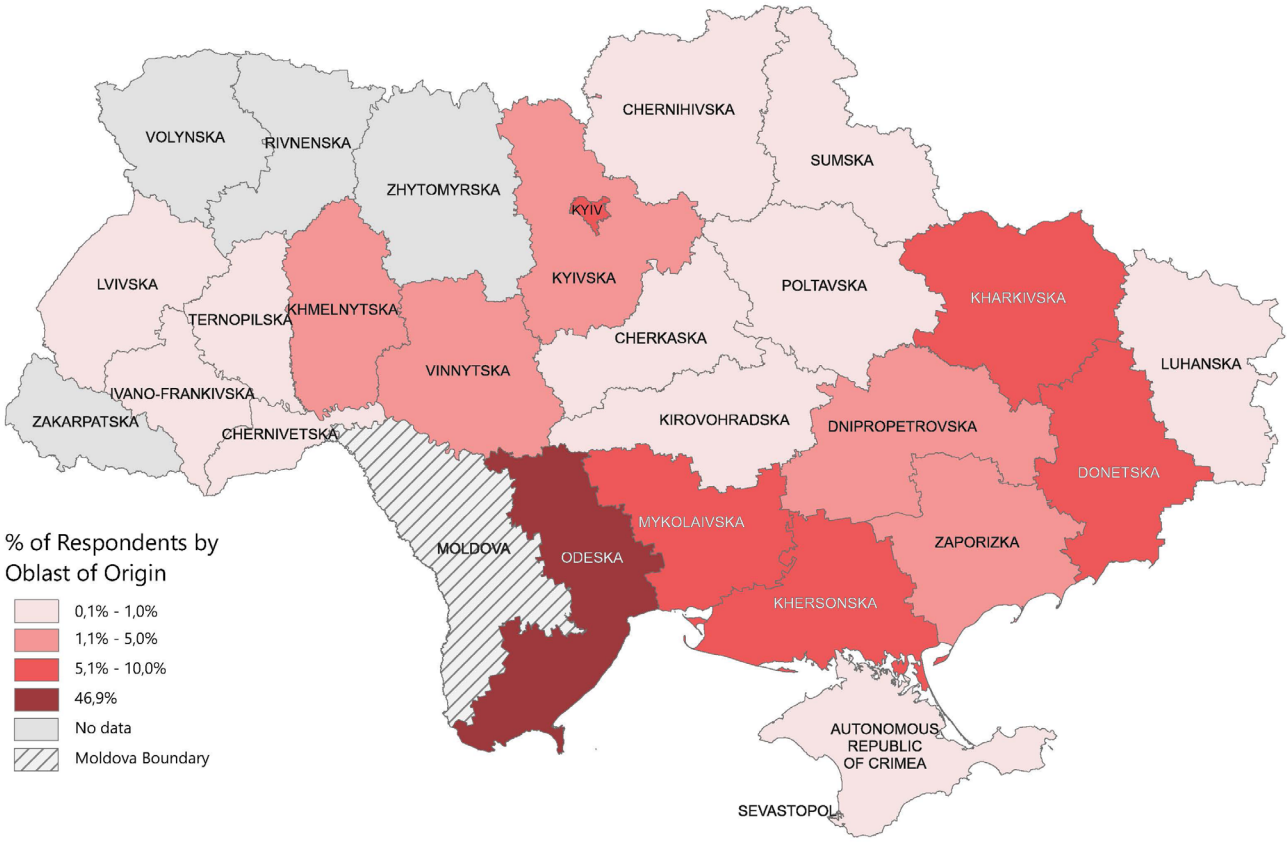


% of HHs living in rural and urban areas (n=622)

Average length of displacement for respondents

23 months

Map 2: % of respondents by Oblast of origin in Ukraine



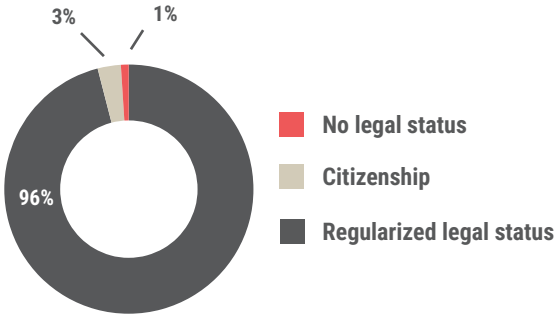
Nearly half of surveyed HHs originated from **Odeska Oblast** (47%). The other most reported Oblasts of origin were **Mykolaivska Oblast** (19%), **Khersonska Oblast** (9%), **Kharkivska Oblast** (7%), **Kyiv** (6%), and **Donetska Oblast** (5%).

Protection

Temporary Protection

To facilitate the integration of refugees, the Government of Moldova granted Ukrainian nationals and eligible third-country nationals the right to apply for TP in March 2023.[7] TP status originally granted refugees the right to stay in Moldova until 1 March 2024, and has since been extended to 1 March 2025. TP status grants refugees several rights, including access to employment and social assistance services. As of 25 November 2024, 81,158 refugees have pre-registered for TP status in Moldova, of which 64,037 have been granted this status.[8]

% of respondents by legal status in Moldova (n=622)



At the time of data collection, most respondents reported holding regularised legal status, including TP status, refugee status, residence permit, work or study permit, or having applied for TP. The majority of surveyed respondents (90%) reported that they had been granted TP status. Among those who had been granted TP status or had applied and were awaiting a decision (n=574), 99% of respondents did not experience difficulties during the TP or asylum application or extension process.

Nearly all surveyed HH members (99.9%) held legally recognized identity documents or credentials, including a birth certificate, passport, tax identification number, or national ID card. Of those that needed to replace identity documents (n=112), 40% were unable to replace or renew their identity documents in Moldova. Among those who were unable to replace or renew their identity documents (n=44), reasons included long processing/waiting times (66%), inability to afford administrative or other associated costs (36%), and documents not issued in Moldova (30%).

Safety and Security

The majority of surveyed respondents (91%) felt very safe or fairly safe walking alone in their area after dark. Only 1% of respondents reported feeling very unsafe.

Most respondents reported no safety or security concerns for both women and men in their area of residence.

Among HHs with at least one woman (n=554), 77% of respondents reported no safety and security concerns for women in their area of residence. Among HHs with at least one man (n=189), 79% of respondents reported no safety and security concerns for men in their area of residence.

% of respondents by top 3 perceived safety or security concerns for men (left) and women (right) in their area of residence, among HHs with male and female adult members (>18y.o.)*

Although a high percentage of respondents reported no concerns, certain safety issues were still perceived by some. The top 3 perceived concerns for women included being robbed (8%), being threatened with violence (6%), and violence in the HH (2%). The primary concern for men was deportation, though this varied by region. In the South, 18% of respondents cited deportation as a concern, the highest rate of any region. Data was not collected on why deportation was the highest perceived concern in the South, but reports suggest that fear of deportation may stem from factors such as military conscription.[9]

Gender-Based Violence (GBV)

Respondents were asked if they were aware of five types of GBV services available in their area: health services, psycho-social services, safety and security services (such as police and safe shelters), helplines, and legal assistance. The bar chart below shows the percentage of respondents aware of each type of service.

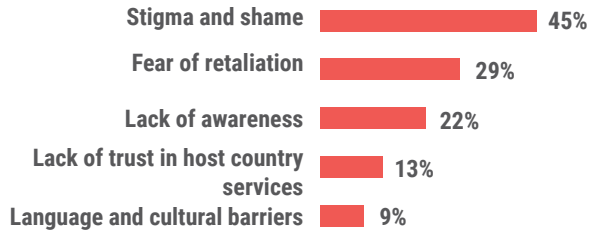
% of respondents aware of existing GBV services available in their area, by type of services* (n=622)

Only 11% of respondents were not aware of any of these services in their area. Male respondents (n=93) were less likely to be aware of these services than female respondents (n=529), with 20% of male respondents

reporting unawareness of any GBV services, compared to 10% of female respondents.

Respondents were also asked the main barriers survivors could face when trying to access GBV services. The chart below shows the percentage of respondents that reported each perceived barrier.

Main perceived barriers that survivors could face when trying to access GBV services* (n=622)

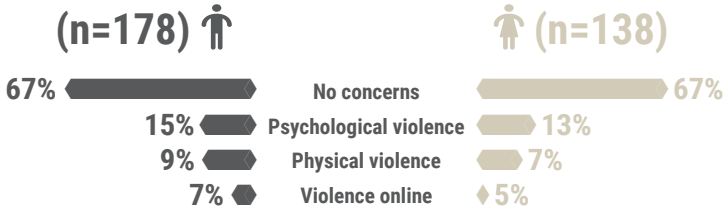


Female respondents (n=529) reported the above perceived barriers at higher rates than male respondents (n=93), suggesting that women face more pronounced challenges in accessing GBV services. For example, 48% of female respondents reported stigma and shame, compared to 23% of male respondents. Additionally, 31% of female respondents cited fear of retaliation, compared to 19% of male respondents.

Child Protection

Overall, there were no discernible protection concerns reported for children in Moldova. Among children under 18 y.o. (n=361), 96% were reported to be directly related to a member of the HH (nuclear or extended family), indicating few reported cases of child separation.

Top 3 most serious risks faced by boys <18 y.o (left) and girls <18 y.o. (right), as reported by HHs with at least one boy or one girl*



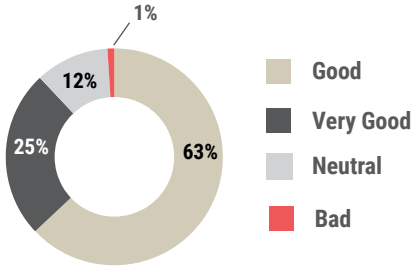
HHs with at least one boy under 18 y.o. (n=178) were asked about the protection risks boys faced in their area of residence. Likewise, HHs with at least one girl under 18 y.o. (n=138) were asked about the risks faced by girls. As shown in the graphic above, boys and girls were considered to face the same risks, indicating no perceived differences by gender. Most HHs reported that there were no concerns for boys and girls (67% and 67%, respectively). Among reported risks, HHs reported that boys and girls under the age of 18 faced the same top 3 risks (psychological violence in the community, physical violence in the community, and increased vulnerability to violence online) at similar rates.

Nearly all surveyed HHs (99%) reported awareness of channels they would feel safe and comfortable contacting and reporting a case of violence, exploitation, or neglect to children in the community, with Police (95%), NGOs (including NGO Helplines) (23%), and Government services (15%) being the most frequently reported channels.

Social Cohesion

HHs reported a positive relationship with the host community, with 25% reporting a very good relationship and 63% reporting a good relationship. Additionally, 12% of respondents reported that the relationship between the refugee and host community had improved since arrival, while only 5% reported that it had become worse. Although HHs largely reported a positive relationship with the host community, 18% of HHs reportedly had HH members that experienced hostile behavior or attitudes since arrival in Moldova. Among HHs that experienced hostile behaviors (n=91), the most frequently cited behaviors included verbal aggression (88%), discriminatory behavior (19%), and hostile/aggressive comments on social media (19%).

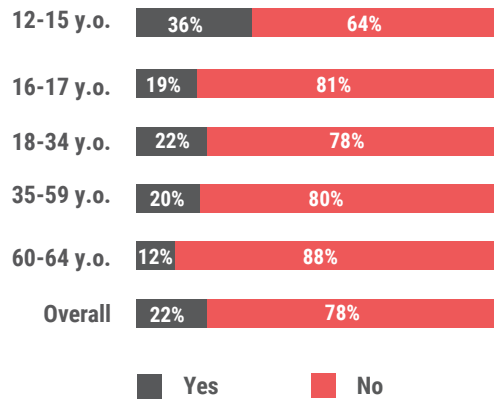
% of respondents by perceived relationship between the refugee and host community in their location of residence (n=622)



Although many members of the host community speak Russian, the official language in Moldova is Romanian. HH members generally reported low levels of Romanian language knowledge, which may pose a barrier to integration into Moldovan schools and access to employment opportunities. Only 22% of HH members aged 12-64 y.o. (n=751) reported being able to communicate effectively in Romanian. Effective communication was defined as being able to understand and use most everyday expressions, understand the essence of clear speech and write simple texts, or fluent and could understand many complex texts and use Romanian regularly without any issues.

There were notable disparities in language proficiency by age. HH members aged 12-15 y.o. (n=103) reported the highest rate of effective communication at 36%, likely due to their attendance in schools. Proficiency progressively decreased with age, with only 12% of HH members aged 60-64 y.o. (n=58) able to communicate effectively.

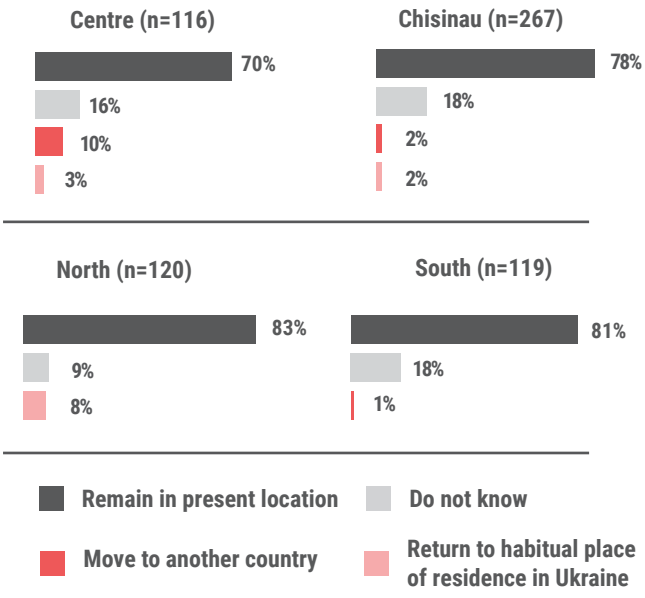
% of HH members (aged 12-64 y.o.) able to communicate effectively in Romanian, by age group (n=751)



Intentions and Returns

HHs were surveyed about their movement intentions in the 12 months following data collection. Data suggests that HHs largely intend to stay in Moldova over the next year and that refugee movements within the country will remain stable. Most HHs (78%) planned to remain in their present location, although 17% were uncertain of their intentions at the time of data collection. Only 2% of assessed HHs planned to move to another country, with intentions differing by region. HHs from the Centre expressed slightly higher intentions to move to another country (10%), while no HHs from the North or South planned to do so. Additionally, only 3% of HHs planned to return to Ukraine.

% of HHs of by movement intention within the 12 months following data collection, by region (n=622)



In terms of HH composition, single-headed male HHs (n=77) exhibited the highest level of uncertainty about their intentions, with 30% unsure about their plans. These HHs were also the least likely to plan to remain in Moldova, with only 56% intending to do so. Data was not collected on reasons for movement intentions, but may suggest that single-headed male HHs face unique challenges contributing to their uncertainty.

HHs were also asked about their visits to Ukraine since the conflict began on 24 February 2022. Slightly over half of surveyed HHs (55%) reported visiting Ukraine during this time period. Among HHs who visited (n=323), 51% did so to see relatives and 87% stayed for less than two weeks. Notably, although those with TP status have access to healthcare services in Moldova, 11% of HHs reported visiting Ukraine to access healthcare, pointing to potential gaps in the perceived quality or availability of healthcare in Moldova.

Accountability to Affected Populations (AAP)

Aid Received

Nearly all surveyed respondents (94%) reported receiving aid in the 3 months prior to data collection. Among those who received aid (n=586), the most common type of aid received was humanitarian financial aid (cash), reported by 95% of respondents. HHs also reported receiving humanitarian distributions such as non-food items, clothing, and food (77%), humanitarian financial aid (vouchers) (27%), government social protection (3%), and humanitarian protection services (1%).

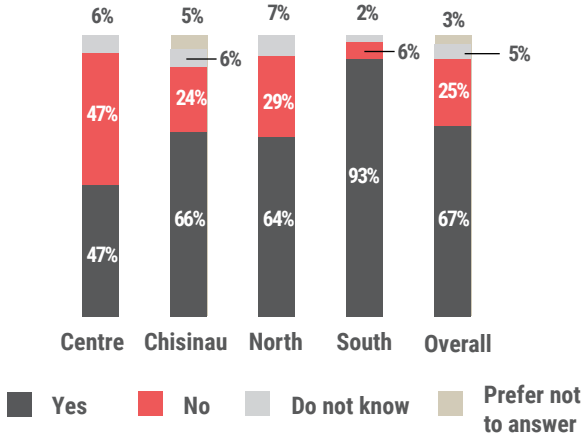
Respondents largely reported being satisfied with the aid they received in the 3 months prior to data collection, with 89% reporting satisfaction. Among those who received aid and were dissatisfied (n=47), dissatisfaction was most reported with humanitarian financial aid (cash) (81%) and humanitarian distributions (43%).

Number of respondents dissatisfied with the aid received by reason for dissatisfaction (among those who were dissatisfied)* (n=47)

Most respondents (91%) also reported being satisfied with aid workers' behavior. However, 25% of respondents reported that they did not know where to report inappropriate behavior from an aid worker, which may point to a gap in awareness of reporting channels. Respondents from the South were most likely to be aware of where to report inappropriate behavior from an aid worker (92%), while those from the Centre were least likely

(47%). Additionally, female respondents were more likely than male respondents to be aware of where to report such behavior (70% and 53%, respectively).

% of respondents who know where to report inappropriate behaviour from an aid worker, by region (n=622)



To provide feedback to aid providers about inadequate behaviour and other sensitive issues, respondents preferred telephone calls (65%), social media (23%), and face-to-face interactions (23%). Ensuring access to these channels could enhance the use of reporting mechanisms.

Priority Needs

Respondents were asked their HH's top three priority needs. Overall, the priority needs identified were healthcare services (35%), employment/livelihoods support (33%), and medicine (28%).

35% of HHs reported Healthcare as a priority need

33% of HHs reported Employment/Livelihoods support as a priority need

28% of HHs reported Medicine as a priority need

Some variations in priority needs were observed across regions. HHs in the North prioritised medicine at a higher rate than those in other regions (49%) while in the South, sanitation (46%) ranked among the top three priority needs. HHs in the Centre had a higher percentage of children aged 0-17 y.o. compared to other regions (30% in the Centre versus the national average of 24%); these HHs were more likely to identify education for children under 18 y.o. (25%) as a priority need.

Top 3 most commonly reported priority needs, by % of HHs (n=622)

Priority need	Centre	Chisinau	North	South	Overall
Healthcare	23%	37%	40%	27%	35%
Employment / Livelihoods support	25%	40%	13%	28%	33%
Medicine	23%	24%	49%	24%	28%
Cloth/winter clothes	11%	18%	33%	29%	21%
Food	19%	18%	35%	9%	19%
Accommodation	16%	20%	20%	3%	17%
No needs	19%	18%	10%	21%	17%
Sanitation and hygiene products	4%	13%	8%	46%	16%
Language courses	16%	13%	3%	10%	11%
Education for children < 18 y.o.	25%	8%	7%	4%	9%

Reported needs also varied slightly between urban and rural settlements. While HHs from both urban and rural areas reported healthcare services and medicine as needs at similar rates, 22% of HHs from rural areas reported employment/livelihoods support as a priority need, compared to 35% of HHs from urban areas.

Access to Information and Reporting Channels

Respondents generally reported high levels of access to information and reporting channels. The majority of respondents (90%) reported no challenges in accessing information. Similar rates of access were observed across rural areas (87%) and urban areas (90%).

Most respondents (92%) also reported having access to safe and confidential reporting channels to obtain information, seek assistance, or report issues. Despite reportedly high levels of access, 24% of respondents indicated they had not used or never tried using these channels, which may point to reluctance to using them or potential barriers to engagement. Male respondents (n=93) were more likely to report never having used reporting channels (37%), compared to 22% of female respondents (n=529). Moreover, respondents from the Centre were more likely to report not using or never having tried these channels (62%) compared to respondents in Chisinau (20%), the North (16%), and the South (25%).

Education

Enrolment in 2023-2024 School Year

On 4 September 2023, the Ministry of Education and Research (MER) issued an instruction announcing that a Ukrainian child's legal status does not hinder their

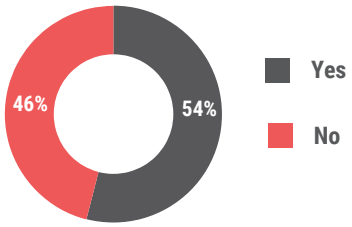
access to education in Moldova. All Ukrainian children are eligible to enrol in Moldovan schools, regardless of whether they or their parents/guardians hold TP status.[10] MER and the Education Working Group have focused on improving the enrolment and attendance of refugee children in Moldovan schools. Despite efforts, enrolment rates have remained relatively stagnant. As of June 2024, 2,325 Ukrainian children were reportedly enrolled in Moldovan schools, reflecting a slight increase from 2,237 in November 2023.[11]

372 school-aged children and young adults **aged 3-24 y.o.**

342 school-aged children and young adults **aged 3-18 y.o.**

Data suggests that barriers to fully integrating children and young people into the Moldovan education system persist. Among the 622 assessed HHs, there were 372 school-aged children or young people aged 3 to 24 y.o. and 342 school-aged children aged 3 to 18 y.o. HHs with children and young people aged 3 to 24 y.o. were asked whether they were attending a school part of the Moldovan education system. For the 2023/2024 school year, only 54% of HHs with school-aged children or young people reported they had children attending Moldovan schools. Direct comparisons with MSNA 2023 data were not possible, as the 2023 survey focused on enrolment rather than attendance, limiting the ability to identify trends in school attendance rates over time.

% of school-aged children and young adults reported to be attending a school part of the national education system in Moldova in 2023/2024 (n=372)

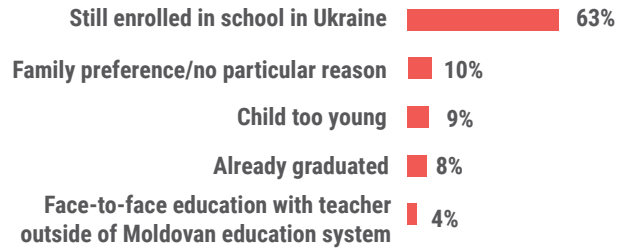


In the 2023/2024 school year, 38% of children aged 3-18 y.o. (n=342) were reportedly learning remotely or online. Among those learning remotely or online (n=125), 44% accessed Ukrainian distance learning and 84% participated in Ukrainian exams online, highlighting ongoing ties to the Ukrainian education system.

Barriers

The primary barrier to integrating children and young people into the national education system appeared to be continued enrolment in schools in Ukraine. Overall, 40% of children aged 3-18 y.o. (n=342) were reportedly still enrolled in a school in Ukraine, with those in the North being more likely to be enrolled (48%). Among HHs with children or young people (aged 3 to 24 y.o.) who did not attend a school in the Moldovan education system (n=165), the primary reason cited was that they were still enrolled in school in Ukraine (63%).

Top 5 primary barriers for enrolling school-aged children and young adults in a school/kindergarten/nursery part of the national education system in Moldova in 2023/2024* (n=165)

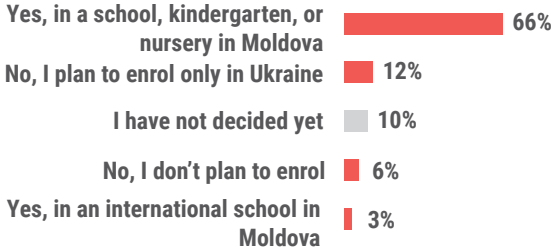


According to the UNHCR Inter-Agency Operational Update, language barriers also pose a concern for parents, contributing to their reluctance to enrol children in local schools.[12] This concern is reflected in gaps in Romanian language proficiency. Among children aged 12 to 17 y.o. (n=130), only 33% were reportedly able to communicate effectively in Romanian. Data was only collected for HH members aged 12-64 y.o., and as such, disaggregation for those under 12 y.o. was not possible. However, findings suggest that improving language proficiency could help facilitate the integration of children and young people into local schools.

Intentions for 2024/2025 School Year

HHs with children aged 3-18 y.o. (n=342) were asked if they intended to enrol in Moldovan schools for the 2024/2025 school year. The chart below shows the reported enrolment intentions of these HHs.

% of school-aged children intended to be enroled in a school part of the national education system in Moldova for next school year 2024/2025 (n=342)



The majority of respondents planned to enrol children in their HH in Moldovan schools, with 66% intending to enrol them in schools, kindergartens, or nurseries, and another 3% intending to enrol them in an international school. In

contrast, respondents indicated that 12% of children in their HH planned to enrol in schools in Ukraine only, while 6% did not intend to enrol in Moldovan schools at all. Additionally, respondents indicated that 10% of children in their HH remained undecided about their enrolment plans at the time of data collection, which could indicate a potential risk of dropout or delayed enrolment. This uncertainty was particularly pronounced in the South, where respondents indicated that 24% of children in their HH had not yet made a decision regarding their enrolment.

Among children aged 3-18 y.o. who were learning remotely or online during the 2023/2024 school year (n=120), respondents indicated that 56% would continue attending school in Ukraine while staying abroad. This high rate of continued distance learning further highlights ongoing barriers to fully integrating children and young people into the national education system. Due to the limited number of children participating in distance learning per region and age group, it was not possible to identify any regional or age-related trends from disaggregated data.

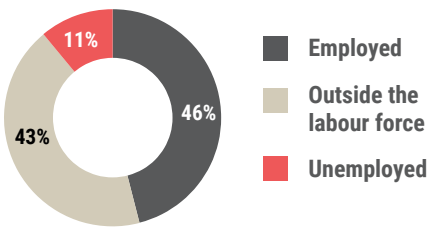
Socio-Economic Inclusion and Livelihoods

Employment

In order to work legally in Moldova, Ukrainian refugees must either be beneficiaries of TP or have another legal status that grants them the right to work.[13] The definitions of employment, unemployment and labour force used in this section are based on the International Labour Organization (ILO) definitions.[14]

Assessed working age HH members aged 15-64 y.o. (n=667) were generally well-educated. Only 1% had no formal education and just 2% reported that their highest education level achieved was primary school. At the time of data collection, the most common highest levels of education achieved were Specialization (28%) and Technical or Vocational school (23%).

% of working-age HH members (aged 15-64 y.o.) by employment status (n=636)



Despite high education levels, only 46% of working age HH members (aged 15-64 y.o.) were employed at the time of data collection. Employment rates were highest among those aged 35-59, at 54%. While 11% of working age HH members were unemployed, 43% were reportedly outside the labour force, almost equal to the percentage of employed HH members. However, it is unlikely that this many HH members are not actively seeking work, as the working-age population included some overlap with the school-age population. Furthermore, employment and livelihoods support had been identified as the second highest priority need among assessed HHs (33%) in the AAP section of this situation overview.

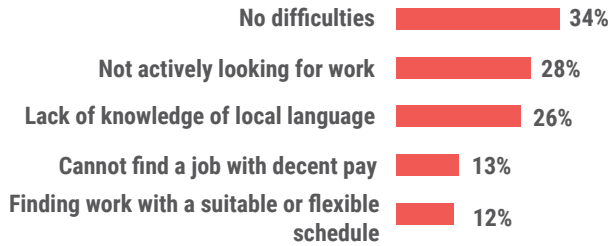
Among employed HH members (n=299), 81% reported being employed in Moldova through in-person, hybrid, or remote work arrangements. Nearly half of employed HH members (45%) reportedly relied on informal work arrangements, while 54% held a written or formal contract. HH members in rural areas were reportedly more likely to have informal work arrangements (67%) compared to those in urban areas (42%). Those engaged in informal work may lack job security, benefits, and legal protections, increasing their risk of exploitation and posing barriers to socio-economic inclusion and integration into the local economy.

Barriers to Employment

Among working age HH members aged 15-64 y.o. (n=667), 34% reported not encountering any difficulties finding work in Moldova. However, this figure may be overstated due to perceived sensitivities and might not accurately represent HH members' ability to secure employment, given that one of HHs' top reported needs was employment and livelihoods support. Furthermore, 28% of HH members said they were not actively looking for work, which may skew the overall picture of those facing challenges in the job market in Moldova.

In terms of reported employment barriers, there appeared to be challenges related to language proficiency and job quality. Difficulties related to lack of Romanian language knowledge are also reflected in low rates of language proficiency among working age HH members, with only 22% of those aged 18-34 y.o. (n=184) and 20% of those aged 35-59 y.o. (n=379) reportedly able to communicate effectively in Romanian.

% of HH members (aged 15-64 y.o.) by difficulties encountered in finding work in Moldova* (n=667)

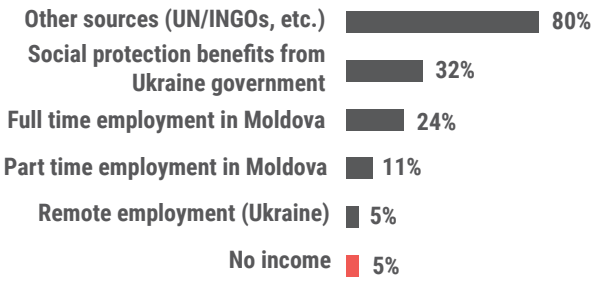


In addition to the barriers reported in the bar chart above, data indicates that caregiving responsibilities pose a barrier to seeking employment. The most commonly reported activity among unemployed HH members (n=353) in the 7 days before data collection was engaging in HH or family responsibilities, including taking care of children and the elderly (57%). This reason was more prevalent among female HH members (n=289, 66%) compared to their male counterparts (n=63, 20%).

Income and Expenses

Surveyed HHs were asked about their income sources and expenditures in the 30 days prior to data collection or since arrival. Given the sensitive nature of these topics, there may be limitations in the completeness or accuracy of responses to these questions.

% of HHs by reported income sources (n=621)



Only 5% of surveyed HHs reported having no income sources in the 30 days prior to data collection (or since arrival if less than 30 days). The most frequently cited source of income was other sources (80%), which primarily included cash assistance from humanitarian organizations (93%), transfers from relatives or friends from outside of Ukraine (18%), and transfers from relatives or friends within Ukraine (10%). Only 35% of surveyed HHs reported receiving income from either full-time (30+ hours per week) or part-time (less than 30 hours per week) employment in Moldova, further highlighting challenges integrating into the local economy.

The following table shows the average total HH income and expenses in the 30 days before data collection, by HH accommodation payment arrangement.[15] Insufficient data was collected to identify region-specific findings.

Average total HH income and expenditures in the 30 days before data collection (in MDL)

Accommodation Payment Arrangement	Average Total HH Income	Average Total HH Expenses	Income - Expenses Gap
HH fully pays for acommodation (n=215)	13,231	13,395	-164
HH partially pays for accommodation (n=217)	9,778	6,519	3,256
HH does not pay for accommodation (n=190)	8,313	5,034	3,279

As shown, HHs that fully paid for their accommodation experienced a slightly negative income-expenditures gap, indicating they may struggle to fully cover their expenses. In contrast, HHs that partially paid or did not pay for their accommodation appeared to have more financial stability, despite lower overall income levels. This difference suggests that accommodation is a significant expense that may limit HHs' ability to accumulate savings and build economic capacity in Moldova.

While HHs that partially paid or did not pay for their accommodation experienced a positive income-expenditures gap, their financial situation could change if they were required to start fully paying for housing. The additional cost of housing would likely lead to a significant increase in monthly expenditures, potentially increasing financial strain and making it more challenging for these HHs to cover their basic needs. As such, although partial or no payment housing arrangements appear to provide greater financial stability, these HHs generally reported lower income levels, making them more susceptible to economic vulnerabilities if their housing payment arrangement were to change.

In terms of perceived income sufficiency, only 1% of surveyed HHs reported that their income was sufficient to meet all HH needs. Furthermore, 5% of HHs reported that there was not enough income for food, 42% of HHs said their income was enough just for basic food, and 45% said their income was sufficient for basic food, utilities, medicine, and clothing. Although most HHs perceived they could cover their basic expenses, findings suggest they may face challenges covering unforeseen expenses. Low levels of perceived income sufficiency, along with the high percentage of HHs receiving cash assistance, further underscore the economic vulnerability of surveyed HHs.

Needs and Economic Capacity

HHs were asked what services would help them improve their financial situation and opportunities in Moldova. The most frequently identified need was support for accessing social assistance (47%), followed by language training (27%) and job matching (24%).

The high demand for assistance with accessing social support suggests that HHs may be unaware of available resources or encounter barriers in navigating the system. This need is particularly pronounced in the South (58%) and in Chisinau (50%), highlighting regional disparities in access to social services. The reported need for language training is similar to the challenges identified by working age HH members regarding Romanian language proficiency, while the demand for job matching aligns with the reported employment rate of 46%.

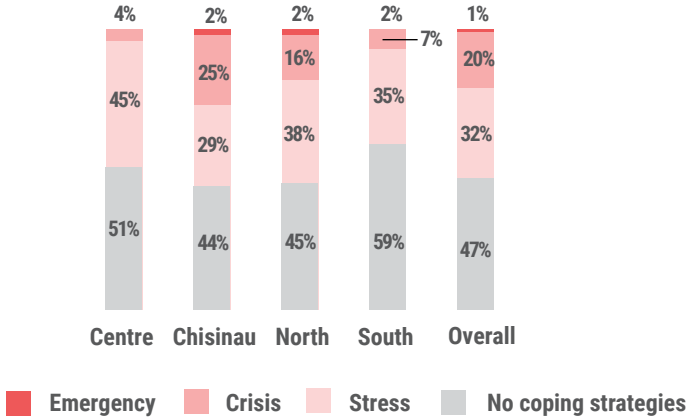
In terms of economic capacity, the largest proportion of HHs (37%) reported having enough savings to live on for 1 month in case of an emergency. Few HHs indicated sufficient long-term savings, further highlighting the vulnerability of HHs to cover unforeseen expenses and

withstand economic shocks. Only 5% of HHs reported they had enough for 6 months, 2% reporting enough for 12 months, and 16% of HHs reported holding no savings.

LCSI

The Livelihoods Coping Strategies Index (LCSI) was used to assess HH coping capacities.[16] The LCSI classifies HHs into four groups: those using emergency, crisis, stress, or no adopted strategies to cope with livelihood gaps in the 30 days prior to data collection. The use of emergency, crisis, or stress-level coping strategies typically reduces HHs' overall resilience and assets, thus increasing the likelihood of unmet basic needs.

LCSI: % of HHs by maximum coping strategy employed in the 30 days prior to data collection, by region (n=622)



Overall, the use of negative coping strategies appeared to have decreased from 2023.[17] In 2024, 53% of surveyed HHs employed at least one negative coping strategy in the 30 days prior to data collection, a decrease from 77% in 2023. Furthermore, 47% of HHs in 2024 reported employing no coping strategies, an increase from 23% in 2023.

Among the most severe coping strategies used, surveyed HHs most commonly reported employing stress coping strategies (32%). This suggests that HHs may experience some level of financial strain, but generally do not face significant economic hardship.

There were no significant differences in the use of coping strategies between rural and urban HHs. However, HHs in the Centre were more likely to report using stress coping strategies (45%), while HHs in Chisinau reported higher levels of crisis coping strategies (25%) than other regions.

rCSI

The Reduced Coping Strategies Index (rCSI) was used to measure HH behaviour over a 7-day recall period when they did not have enough food or money to purchase food.[18] The higher the score (max. 56), the more the HH is engaged in food consumption coping strategies.

The national rCSI average was 3.3, indicating minimal reliance on consumption-based coping strategies and low levels of food insecurity. The average rCSI was higher in rural areas (6.64) compared to urban areas (2.81), and in the North (6.65) compared to other regions.

6.64 rCSI in rural settlements (n=54)

2.81 rCSI in urban settlements (n=203)

Most surveyed HHs (59%) did not employ any consumption-based coping strategies in the 7 days before data collection. The most frequently reported coping strategy was consuming cheaper or less preferred food, reported by 38% of HHs. Use of this coping strategy was higher in rural areas (49%) than in urban areas (36%). HHs in the South and North were more likely to report using this coping strategy (54% and 55%, respectively).

Health

Under the TP law that was initially adopted in January 2023, TP holders were eligible for emergency and primary health care and certain specialised services.[19] The amended TP law expanded available medical services to include compensated medicines and medical devices, and specialist consultations.

According to the Ministry of Health, refugees from Ukraine who hold TP status or are in the process of obtaining it are entitled to primary, emergency inpatient, outpatient care (medical examination for public health reasons; emergency dental care and hemodialysis services) in public health centres in Moldova.[20] These medical services are available free of charge to TP beneficiaries.

Disability

Disability status was evaluated using the Washington Group (WG) Questions, targeted questions on individual functioning intended to provide an indication of the likelihood of the person having a disability.

Among HH members aged 5 y.o. and above (n=1,144), 10% of HH members were reported to have a disability, and 16% of HHs were reported to have at least one member with a disability. Of those with a disability (n=369), 23% were reported to have a chronic illness such as diabetes, hypertension, or asthma.

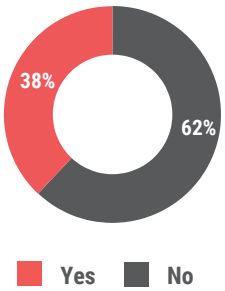
Access to Health Care

Similar to 2023, HHs generally reported being able to access healthcare services in Moldova. In 2023, among HH members with a health problem (n=433), 90% were able to access healthcare. Similarly in 2024, 86% of HH members who experienced a health problem in the 30 days prior to data collection (n=419) reported being able to access

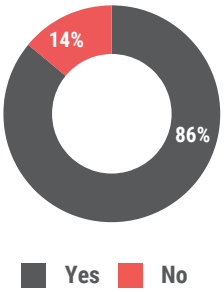
healthcare. Those with disabilities were slightly less likely to report access (n=64), with 78% able to obtain care compared to 87% of those without disabilities (n=328).

Regionally, all HH members in the South indicated they could access healthcare when needed, while Chisinau reported the highest percentage of HH members unable to obtain care, at 18%. Additionally, HHs in rural areas reported slightly better access (94%) than those in urban areas (85%), although this is likely driven by the challenges faced by HH members in Chisinau.

% of HH members with a health problem who needed to access healthcare (n=1,204)



% of HH members able to access the needed healthcare (n=419)



Although beneficiaries of TP have free access to many healthcare services, the most commonly cited barriers were financial. Among HH members who were not able to access healthcare when they needed it (n=46), the most frequently reported reasons were inability to afford the fee at the clinic or cost of medication (50%) and inability to afford fees at the hospital (39%). However, data on the types of services sought was not collected; as such, it's possible that those who faced access issues were seeking services not covered under the available provisions.

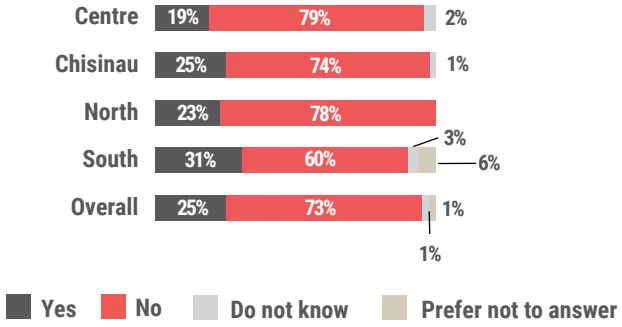
Health Insurance Coverage

25% **of HHs where all eligible HH members have health insurance**

Health insurance coverage appeared to be low, with only 25% of HHs with eligible members reporting that they held health insurance. This low coverage rate indicates potential gaps in integrating refugee households into national social protection systems and may suggest long-term vulnerabilities accessing healthcare services, particularly if provisions for those with legal status are reduced or terminated. HHs in the South had the highest coverage at 31%, while those in the Centre had the lowest at 19%. Coverage rates were comparable between rural and urban HHs (22% and 26%, respectively).

The most commonly cited reasons HHs did not hold health insurance were that they chose not to pay (39%), HH members were unemployed and could not afford it (39%), and ineligibility to enrol in governmental health insurance (27%). These reasons varied significantly by region: HHs in the South were more likely to choose not to pay (69%), those in the Centre most commonly cited unemployment and affordability as a barrier (59%), and HHs in Chisinau most frequently reported ineligibility for enrolment (36%).

% of HHs where all eligible members have health insurance, by region (n=622)



Mental Health and Psychosocial Support

HH members aged 5 y.o. and above (n=1,144) were asked if they experienced MHPSS problems in the 4 weeks before data collection. MHPSS problems were defined as feeling so upset, anxious, worried, agitated, angry, or depressed that it affects their daily functioning. Due to the sensitive nature of MHPSS, respondents may not have reported the full experience of HH members and findings therefore may be underreported.

18% of HH members (aged 5 y.o. and above) **who experienced MHPSS issues** in the 4 weeks before data collection (n=1,144)

34% of HH members who **tried to access** MHPSS services (n=167)

95% of HH members who **received MHPSS services** (n=57)

Among HH members aged 5 y.o. and above (n=1,144), the majority (82%) reportedly did not experience MHPSS problems, while 18% indicated they did face such issues. HH members aged 35-59 y.o. reported the highest rates of MHPSS problems at 27%, followed by those aged 60 y.o. and above at 18%. Additionally, HH members with disabilities reported experiencing MHPSS problems at a higher rate (28%) than those without a disability (16%).

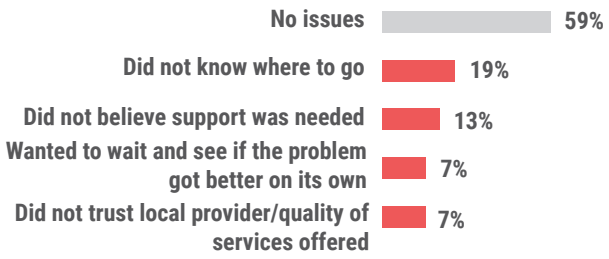
Among HH members who experienced MHPSS problems (n=167), the majority did not try to access support (65%), possibly due to reluctance in doing so. Of those who tried to access support (n=57), 95% reported receiving services. Although the most commonly received service was psychotherapy or counselling (58%), many HH members

sought community-led support rather than through formal institutions. For example, 28% of HH members reportedly received informal support from friends, family or community members and 8% received spiritual support.

The types of services received reflect the service locations frequented by HH members. Among those who accessed MHPSS services (n=44), over half of HH members (52%) accessed support at community centers or community institutions and 11% received services in religious or spiritual settings, highlighting the prevalence of community-based support among refugee HHs. However, only 23% of HH members sought support from healthcare settings, suggesting gaps in integration with these services and potential barriers to accessing formal MHPSS services.

Among those who tried to access services (n=56), 59% reported facing no issues. However, 18% were unsure where to seek help, and some seemed to express reluctance to pursue support. For example, 11% of HH members reported that they didn't believe support was needed for their problem and 7% wanted to see if it improved on its own. Outcomes for those who received services (n=55) were generally positive: 56% reported slight improvement, and 31% experienced significant improvement in their conditions over the 4 weeks prior to data collection.

% of HH members (aged 5 y.o. and older) by challenges faced in accessing MHPSS services (among those who tried to access services) (n=56)



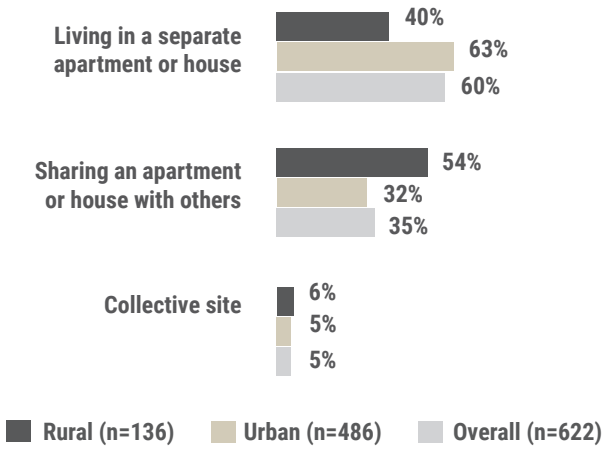
Accommodation

Accommodation Arrangement

The 2024 SEIS focused on refugees living outside of Refugee Accommodation Centres (RACs), as the needs of refugees living in RACs have been assessed through other means.[21] Overall, HHs appeared to live in stable housing arrangements, though there may be potential vulnerabilities regarding payment and documentation.

Most HHs (60%) reported living in a separate apartment or house. HHs with 1 person were more likely to share their accommodation, with 58% living in a shared apartment or house with other refugees or hosts. In contrast, HHs with 2 or more people were more likely to live in a separate accommodation, with 74% of HHs with 2-3 members and 80% of HHs with 4 or more members living in their own apartments or houses. No HHs were reported to be living in overcrowding conditions.[22]

% of HHs by type of accommodation, by settlement type (n=622)



While 41% of surveyed HHs fully covered their accommodation costs, 33% partially covered them with support from employers, government, NGOs, or through hosting arrangements with relatives, friends, or host community members. The remaining 26% reportedly did not pay for their accommodation. The percentage of HHs partially covering their expenses or not paying at all points to potential vulnerabilities, as these living arrangements may be more susceptible to changes in support from hosts or community members.

Despite over half of surveyed HHs relying on external support to pay their rent, the majority indicated they could pay their rent on time. Among HHs that paid either fully or partially for their accommodation (n=430), 76% reported paying their rent on time without difficulty in the 3 months prior to data collection. Only 2% of HHs reported paying their rent late every month due to difficulties.

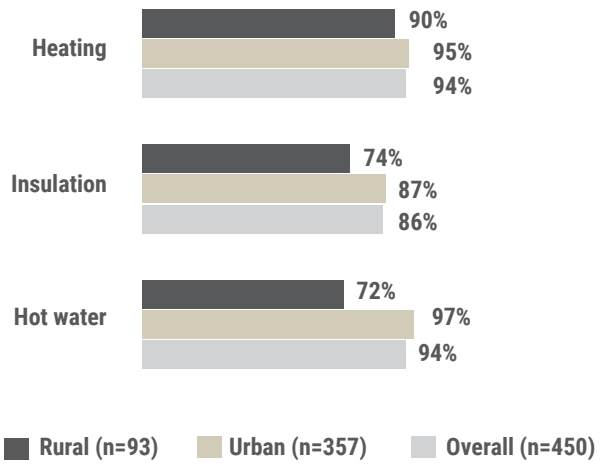
Accommodation Conditions

Most HHs (81%) reported no living conditions issues in their current accommodation. Among the issues reported, the most common were a lack of separate showers and/or toilets (6%) and insufficient privacy (6%). Limited data on HHs by each accommodation type limited the ability to identify findings on living conditions based on disaggregated data.

The majority of HHs reported sufficient winter preparedness in their accommodation, with 94% of HHs indicating they had sufficient heating, 86% reporting sufficient insulation (such as double glassed windows, insulated doors, wall, roof, or floor insulation), and 94% reporting sufficient hot water for colder months.

Despite high levels of overall winter preparedness rates, HHs in rural areas reported lower levels of winter preparedness compared to those in urban areas. The following chart shows a comparison of winter readiness in accommodations between HHs residing in urban and rural settlements.

% of HHs with sufficient winter readiness (among HHs that perceived they could stay in their accommodation for 3 months or longer), by type of settlement (n=450)



Surveyed rural HHs reported facing more challenges across all three aspects of winter preparedness compared to urban HHs. The largest gaps were related to insulation and hot water. Only 74% of rural HHs reported having sufficient insulation, compared to 87% of urban HHs. Similarly, only 72% of rural HHs reported having sufficient hot water, while 97% reported this as adequate.

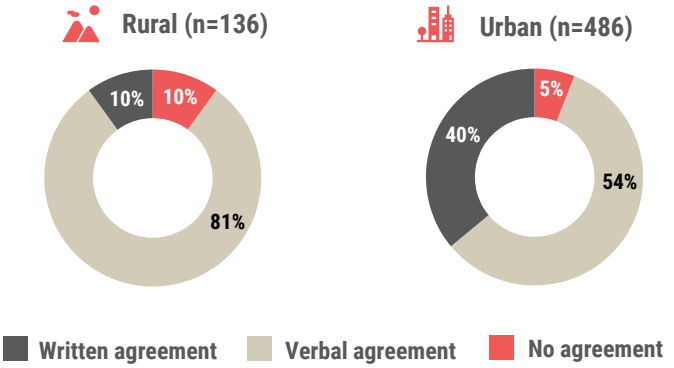
Security of Tenure

98% **of HHs who reported they could stay in their current accommodation for <6 months (n=60) reported they were not under pressure to leave**

Surveyed HHs generally appeared to report residing in secure accommodation arrangements. Two-thirds of HHs lived in long-term accommodation, with 67% perceiving they could stay for 6 months or longer.[23] Among HHs that did not live in long-term accommodation (n=60), the majority (98%) reported facing no pressure to leave. However, at the time of data collection, 20% of HHs were uncertain about how long they could stay in their current accommodation, indicating potential housing insecurity in the longer term.

Most surveyed HHs lacked written documentation to prove their occupancy arrangement. Only 36% of HHs reported having such documentation, while 58% relied on verbal agreements and 6% held no agreement at all. HHs from rural and urban areas reported similar rates of lacking any form of agreement, with 10% of rural HHs and 5% of urban HHs reporting this. However, urban HHs were more likely to report holding written documentation (40%) compared to rural HHs (10%). Conversely, rural HHs were more likely to reporting holding a verbal agreement (81%) than those in urban areas (54%).

% of HHs with written documentation to prove occupancy arrangement for accommodation (n=622)



HHs may lack written documentation if they are staying with family members or friends, where a formal agreement may not be required. However, HHs not staying with family or friends may be more vulnerable to changes in host support, especially if they rely on verbal agreements or informal arrangements.

Methodology - Additional Notes

Population of interest: The population of interest included Ukrainian refugee HHs displaced to Moldova following the escalation of hostilities in February 2022 (including third-country nationals), with a focus on those residing outside of RACs.

Sample: While stratifying the sample per region, the target sample in Chisinau was doubled to better reflect the high proportion of refugees living there. Almost 50% of the estimated refugee population resides in this region.

Respondent identification: In large settlements with 200 or more refugee HHs, 50% of respondents were sampled purposively and 50% were identified through snowball sampling. This approach aimed to diversify respondent profiles beyond the typical identification mechanisms. The 50% of respondents sampled purposively were recruited from public spaces where refugees were most likely to be present, such as aid distribution centres, community centres, and cultural events. Respondents identified through snowballing were recruited via social media and during interviews with purposively sampled respondents. In small settlements with fewer than 200 refugee HHs, respondents were identified solely through snowballing.

After the third week of data collection, it appeared that snowballing would not yield 50% of the desired respondents in large settlements. As a result, the remaining respondents were selected through purposive sampling. In small settlements, snowball sampling continued throughout the entire data collection period.

Weights: The RBE conducted a standardised analysis for all countries participating in the Regional RRP, using a set of standard indicators developed by UNHCR. The SEIS 2024 analysis incorporates the RBE's standardised analysis, as well as an in-country analysis. For the in-country analysis, regional weights were applied to national-level findings to adjust for distortions in proportionality created by the sampling design (i.e., stratification by region), as the majority of refugee HHs are concentrated in Chisinau, with fewer HHs in other regions. Although weighting improves the accuracy of national-level findings, the data still remains indicative and does not provide representative findings of the entire population, nor of the regional population.

Key Definitions

Household: The refugee respondent from Ukraine plus all individuals, including family or close acquaintances displaced from Ukraine to Moldova who were living with the respondent at the time of interview, and share key resources and expenses (i.e., share income, key resources and expenses beyond rent).

Head / co-head of household (HoHH): The head of HH is defined as the main decision-maker in the HH; in certain HHs, this responsibility can be shared between two or more people (co-headed HH).

Settlement: Level 2 territorial-administrative unit. Settlements are not officially recognized as a formal administrative unit, but rather a term selected by REACH to enable more granular data. In practice, settlements can be classified as villages (Satul), communes (Comuna), cities (Orasul), or municipalities (Municipiul).

Rural/urban: Each settlement was classified as urban or rural according to the official definition of the government of Moldova: cities (Orase) and municipalities (Municipiii) were classified as urban areas, while villages (Sate) and communes (Comune) were classified as rural areas.

Additional Limitations

Geographical coverage: The SEIS does not cover the Transnistrian region, a self-declared autonomous area not controlled by the Moldovan government, due to political sensitivities and access constraints.

Sensitive topic underreporting: Respondents may have underreported sensitive topics such as income and expenses due to perceived privacy concerns.

Data imputation: Due to a relevancy error in the KOBO tool, respondents were not asked if they were the head of the HH. To correct this, additional surveys were conducted to collect missing data on HH heads. Where possible, data for the head of HH was imputed for HHs with the following characteristics:

1. If HH size = 1, infer that the respondent is the head of the HH
2. If the HH has 1 adult (aged 18 y.o. and older) and the remaining members are younger than 15 y.o., infer that the adult respondent is the head of the HH
3. If HH size = 2 and the second HH member is not the head of the HH, infer that the respondent is the head of the HH.

Data imputation may have impacted the calculation of average HH size, as data was primarily retained for HHs with 1 member while replacement data was used for HHs with more than 1 member.

Endnotes

* Indicators marked with an asterisk throughout this situation overview represent indicators for which respondents could select multiple answer choices. Percentages may therefore not add up to 100%.
[1] UNHCR, Operational Data Portal, Ukraine Refugee Situation, consulted 8 November 2024.
[2] UNHCR, Operational Data Portal, Republic of Moldova, consulted 8 November 2024. Due to limitations identified in this method of monitoring the number of refugees in Moldova, including the inability to account for the border crossing of refugees with more than one passport, this figure is expected not to accurately reflect the total number of refugees from Ukraine currently in Moldova.
[3] The RRP countries participating in the 2024 Regional SEIS were Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, and Slovakia.
[4] Refugee HHs include the refugee respondent from Ukraine plus all individuals, including family or close acquaintances displaced from Ukraine to Moldova who are living with the respondent at the time of interview, and share key resources and expenses (i.e., share income, key resources and expenses beyond rent).
[5] Chisinau is not an official region in Moldova, but was extracted from the Centre region to better account for the distribution of refugees within the national territory.
[6] The WG short set (WGSS) of 6 questions was used for the assessment for each HH member aged 5 and above, covering vision, hearing, mobility, communication, cognition, and self-care. Difficulties pertaining to these functions were ranked as follows: no issues, some difficulty, a lot of difficulty, and cannot do it at all. Individuals with reported difficulty levels of 3 and 4 were considered to potentially have disabilities.
[7] Government of Republic of Moldova (Guvernul Republicii Moldova), Decision no.21/2023, p. 4, consulted on 28 September 2024.
[8] General Inspectorate for Migration (IGM), Protecția internațională și documentarea ucrainenilor în Republica Moldova, consulted on 1 December 2024.
[9] The Guardian, 'I am not made for war': the men fleeing Ukraine to evade conscription, consulted on 30 October 2024.
Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.
[10] UNHCR, Enrolling Ukrainian children in Moldovan schools becomes easier, consulted on 1 October 2024.
[11] UNHCR, Inter-Agency Operational Update, Quarter 2 – 2024, consulted on 1 October 2024.
[12] Ibid.
[13] UNHCR, Temporary Protection Update No. 3, consulted on 1 December 2024.
[14] According to the definitions from the ILO Labour Force Survey questions:

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

[15] For comparability, HHs were categorized by those that fully, partially, and did not pay for their accommodation arrangement.
[16] The LCSI is derived from a series of questions related to HHs' experiences with livelihood stress and asset depletion due to lack of resources (food, cash, else) to meet essential needs (shelter, education, health, food) during the 30 days prior to the survey. The LCSI in this assessment is based on a set of 11 questions, including 4 stress strategies, 4 crisis strategies, and 3 emergency strategies. HHs relying on livelihood coping strategies to meet their essential needs are classified based on the severity associated to the strategies applied (i.e. stress, crisis or emergency). The higher the category, the more severe and longer-term are the negative consequences for HHs. More details on the index can be found on the WFP - VAM Resource Centre.
[17] Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.
[18] The rCSI is an indicator of household food security based on five questions measuring the frequency and severity of the food consumption behaviours the households had to engage in due to food shortage in the 7 days prior to the survey. The higher the score (max. 56), the more the HH is engaged in food consumption coping strategies. More details on the index can be found on the WFP - VAM Resource Centre).
[19] UNHCR, Protection Brief No. 3, Republic of Moldova, April 2024.
[20] UNICEF. Every child has access to healthcare in the Republic of Moldova, consulted on 30 September 2024.
[21] REACH, Moldova Refugee Accommodation Centres (RACs) Monthly Needs Monitoring, Update as of 31 December 2023.
[22] Overcrowding was calculated by dividing the total number of available rooms in the accommodation by the number of HH members. The accommodation was considered overcrowded if the ratio per room exceeded 3 people.
[23] The RBE considered long-term accommodation to be 6 months or longer.

USEFUL RESOURCES

Terms of Reference
Tabular weighted analysis, cleaned database, and KOBO tool

Presentations: Presentation of key findings, Rural/ Urban key findings, Pillar I (Protection), Pillar II (Inclusion)

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).