Regional Refugee Response for the Ukraine Situation

Moldova

MAPPING OF REFUGEES WITH DISABILITY

DECEMBER 2025

Since the onset of the refugee response in Moldova, refugees with disabilities have faced compounded barriers related to access to services, information, livelihoods, and meaningful participation. These barriers are shaped not only by disability, but also by displacement, administrative constraints, limited accessibility, age, and gender.

To better understand these dynamics and inform inclusive programming and advocacy, Keystone, UNHCR, and Disability and Age Task Force (DATF) partners conducted a quantitative and qualitative mapping of Ukrainian refugees with disabilities across Moldova. This report presents the analysis of the findings, with particular attention to systemic barriers (environmental, institutional, and attitudinal).

As one refugee explained:

> *"My disability did not change, but my environment did. Here, even small things like stairs or distance become a problem."*

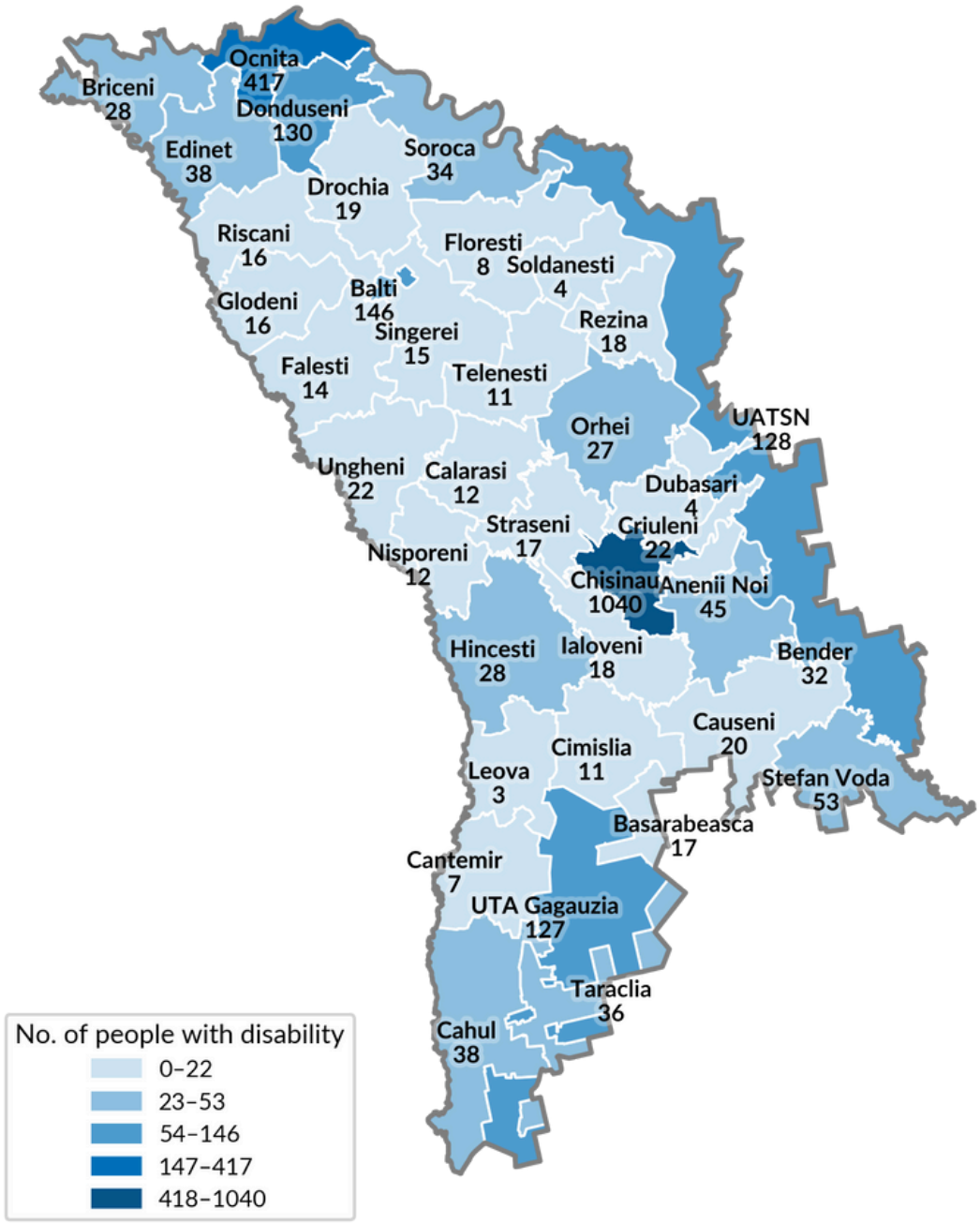
Methodology

- **KII** – Refugees with Disabilities (n=31): includes age, gender, location, and Washington Group Short Set (WG-SS).
- **Semi-Structured Interviews** – Social Assistance Departments (n=33 interviews /representing districts across the country).
- **Structured interviews** – Organizations of Persons with Disabilities (OPDs) (n=6).
- **Administrative dataset** – Distribution by rayon/locality (different datasets from UNHCR, Territorial Social Assistance Structure (STAS) and Ministry of Labor and Social Protection (MLSP).
- **Focus Group Discussions** (n=2): with refugees with disabilities from Ukraine from rural and urban areas to identify specific needs and gaps.

Data collection considerations

- Social assistance interviews don't include Chisinau, Gagauzia, and the Left Bank of the Dniester river (henceforth referred to as "Left Bank").
- KIIs include respondents located in the Right and Left Bank of the Dniester regions. Community insights exist for Chisinau, the Left Bank, and Gagauzia, but institutional triangulation is weaker for those areas.
- Disability Determination: The quantitative data are a mix of different identification methods. The identification of disability is based on refugees' self-declaration, information reported to social assistance authorities, and/or disability certificates issued in Ukraine.

Profile and Distribution



The mapping exercise recorded **2,633 Ukrainian refugees with disabilities** in Moldova. Nearly 40% (1,040) reside in Chisinau, while about 5% are registered on the Left Bank (including Bender and Dubasari). The remaining 54% (1,429) live across other rayons of Moldova. Notably, in Ocnita, refugees with disabilities made up 15% (417 individuals), the second highest concentration among all locations.

Outside Chisinau and the Left Bank, refugees with disabilities are unevenly distributed, with 62% located in northern regions, followed by the south (22%) and the centre (17%). This population is highly concentrated in a small number of rayons, particularly Ocnita, Balti, Donduseni, UTA Gagauzia, and Stefan Voda, which together represent the main hotspots.

Functional Limitations and Disability

Analyzing the data from the Key Informant Interviews (KIIs, n=31), which used the WG-SS with "severe difficulty" threshold (a lot of difficulty / cannot do at all), respondents reported:

29.0% (9/31) vision	**22.6% (7/31) hearing**	**16.1% (5/31) mobility**	**6.5% (2/31) remembering**	**3.2% (1/31) self-care**	**3.2% (1/31) communicating**

While gender disaggregation for the KIIs is: 21 women (67.7%), 10 men (32.3%). The age of the person interviewed varied between 17 to 80 years old to have a better representation of the different instances of different age groups.

Disability recognition and documentation

Social assistance interviews show that **identification** relies strongly on certification (multiple choice question):

- Ukrainian disability certificate used by 76.9% of those interviewed by social assistance units
- Moldovan certificate used by 46.2%
- Identification "by observation" by 12.8%

There is a dependence on documentation as the primary means of recognizing a disability. Individuals with functional limitations who lack clear or complete paperwork face an increased risk of exclusion or delayed access to essential support services.

> *"Without documents, access to services is limited." (Social assistance interview)*

Access to Assistance

During interviews, **refugees** (n=31) identified the following priority needs (multiple responses allowed):

- Cash assistance: 87.1%
- In-kind humanitarian assistance: 83.9%
- Winterization: 54.8%
- Host family support: 38.7%
- Hot meals: 22.6%
- Psychological assistance (9.7%)
- Vocational trainings (6.5%)

These forms of assistance help refugees cope with immediate challenges, but do not eliminate the physical and institutional barriers faced by persons with disabilities, such as a lack of rehabilitation services and limited access to assistive devices. As a result, key disability-specific obstacles remain.

> *"Cash assistance helps, but it does not solve my daily difficulties." (Refugee with disability)*

Social assistance units report providing or facilitating general humanitarian support, case management, and referrals. In some cases, they offer transport assistance and support in navigating services, though this often depends on staff capacity.

OPDs highlight that they frequently compensate for gaps through outreach and identification, accompaniment and referrals, and provision of assistive devices or targeted in-kind support when funding allows.

Health, Rehabilitation, and Assistive Devices

Access to Healthcare and Rehabilitation

Both refugees and OPDs report that access to basic healthcare has improved since 2022, but access to specialised services, such as rehabilitation, assistive devices, costly medication, and mental health care, remains limited. High transport costs, unaffordable equipment, and the reduction of humanitarian support further constrain access, leading to deteriorating health, increased pain, greater dependency on caregivers, and reduced participation in community life.

The mapping highlights a critical distinction between medical access and functional recovery. While refugees can often consult doctors or receive prescriptions, this does not translate into improved functioning or independence.

Without rehabilitation, refugees with disabilities face:

- worsening or persistent mobility limitations,
- increased difficulty with self-care,
- chronic pain and fatigue,
- the emergence of secondary health complications.

This is particularly relevant for older refugees and those with injuries or chronic conditions.

Access to Assistive Devices

52% of respondents interviewed during KIIs reported to have **no access to assistive devices** while 48% report to have access to them.

Assistive devices are repeatedly described as potentially life-changing, yet access remains inconsistent. Refugees often rely on devices brought from Ukraine, donations, or one-off distributions.

Regarding assistive devices, both refugees and OPDs note that access to healthcare has improved since the full-scale invasion began; however, assistive devices and specialized services are still scarce. OPDs report that beneficiaries often cannot afford transport or equipment, which is exacerbated by the decrease in available humanitarian aid.

Assistive devices often have a relatively small cost but a high impact. Nonetheless, access to them is inconsistent, and replacement options are weak, particularly outside service hubs.

Housing and Transport

Housing

The lack of housing and WASH facilities repeatedly emerges as a key barrier. For respondents with mobility/self-care limitations, inaccessibility can create dependence and protection risks, especially in winter, in both private accommodation and Refugees Accommodation Centers.

> "The apartment is not adapted. I manage, but every movement is a challenge." (Refugee with disability)

In rural areas and smaller localities, the accessibility of placement centres, public institutions, and basic infrastructure is even lower, and the cost of transport to larger cities is restrictive, especially for people in wheelchairs or with severe mobility difficulties.

These constraints lead to:

- increased dependency on family members,
- reduced privacy and dignity,
- limited ability to leave the home,
- exacerbated social isolation.

Transport

Transport proved to be the biggest challenge across interviews. It affects whether refugees can:

- attend healthcare and rehabilitation services,
- complete administrative procedures,
- participate in education or employment,
- access humanitarian services.

In rayons with many refugees with disabilities outside Chisinau, transport barriers increase pressure on services and deepen inequalities. Limited transport becomes a driver of exclusion, worsening the functional limitation and turning them into systemic isolation. Where transport is inaccessible, all other services become unreachable.

Education and Employment

Education

STAS findings show mixed experiences. In some places, teachers, families, and psychological support are engaged, and it leads to successful inclusion. Elsewhere, no measures are in place due to limited requests or a lack of adapted tools. Parents of children with disabilities stressed the need for extra support to adjust the educational system to their children's needs.

While access to education may exist on paper, meaningful participation for children with disabilities is often constrained by:

- physical inaccessibility of the schools,
- lack of adapted learning materials,
- insufficient teacher capacity for inclusive education,

- limited assistive technology
- language barriers.

Parents of children with disabilities report that these challenges often result in partial attendance, reduced learning outcomes, or, in some cases, complete exclusion from education. Over time, this increases the risk of exclusion for refugee children with disabilities.

Employment

Working-age refugees with disabilities often mentioned that they want to work and contribute, but they face major barriers to employment, such as:

- **Environmental barriers**: transport, and workplace accessibility
- **Institutional barriers**: lack of tailored employment support
- **Attitudinal barriers**: stigma and low expectations

Qualitative data and STAS indicate that the employment of refugees with disabilities is rare. Most social service representatives were not aware of such cases or noted that people with disabilities often work in the informal sector. Only a few examples of formal jobs or small business initiatives were reported.

During interviews, many refugees with disabilities were willing to work, but job opportunities remained out of reach. Employment exclusion is therefore not a result of the unwillingness of refugees with disabilities, but inaccessibility of appropriate job opportunities. This has long-term implications for self-reliance, dignity, and social inclusion.

> *"I could work, but the system is not made for me." (Refugee with disability)*

Age and Gender Consideration

Gender

FGDs and KII suggest that **women with disabilities** live under expectations tied to their traditional gender roles, particularly the caregiving roles, despite experiencing significant functional limitations in daily life.

This often means that women with disabilities delay or neglect healthcare, have limited time to seek help, and experience greater physical and emotional stress—making it harder for them to meet their own needs or take full part in community life. In this context, women's needs may become less visible, as they are often primarily perceived in caregiving roles rather than as rights-holders with their own support needs.

Older Refugees with Disabilities

Older refugees face a convergence of:

- age-related functional decline,
- disability,
- displacement-related stress,
- limited access to age-appropriate services.

Without access to rehabilitation, home-based care, or inclusive environments, older refugees with disabilities face a heightened risk of rapid decline in functional abilities, social isolation, and loss of independence. The mapping also shows that older women with disabilities are among the most systematically marginalized groups.

Refugees Children with Disabilities

Refugee children with disabilities in Moldova can access disability allowances; however, this requires undergoing the national disability determination process, which is often fragmented, complex, and difficult for refugee families to navigate.

Situation of Refugees with Disabilities in the Left Bank

The **Left Bank of the Dniester River** represents a context where barriers are not only cumulative but systemically reinforced. Refugees with disabilities often face:

- parallel administrative systems,
- restricted mobility across the river,
- limited presence of humanitarian and disability actors.

> *"If I cannot cross, I am stuck here with my problems."*
> *(Refugee with disability)*

Unlike other regions, where inclusion is limited by capacity or coordination, on the Left Bank of the Dniester it is hindered by structural separation. This leads to minimal access to health and rehabilitation services, almost no options for obtaining assistive devices, reliance on informal coping strategies, and an increased risk of neglect and deterioration.

Recommendations

Reduce environmental barriers

- Prioritise transport solutions including vouchers, organised transport, and outreach/mobile visits in high-caseload rayons.
- Expand accessible housing options and small-scale adaptations such as bathroom supports, ramps, and handrails.
- Ensure services consistently provide accessible information through diverse formats and channels, not limited to digital platforms.

Address institutional barriers

- Provide access to specific services for refugees with disabilities, such as disability allowances, currently available to Moldovans.
- Strengthen identification beyond certificates by adopting approaches aligned with Working Groups' recommendations.

- Design easy-to-follow routes for rehabilitation and assistive devices, including customization/adaptation, repair, and replacement.
- Strengthen coordination between social assistance, OPDs, and humanitarian actors with clearly designated focal points.

Shift attitudinal barriers through practice

- Promote practical guidance on reasonable accommodation and inclusive employment.
- Ensure women with disabilities who are caregivers are recognized as individuals with their own rights and needs, not just seen as caregivers.

Use data to prioritize action

- Prioritise multi-actor inclusion interventions in hotspot regions, especially outside Chisinau, like Ocnița, Bălți, Dondușeni, UTA Găgăuzia, Ștefan Vodă, while also maintaining coverage in other regions.

Conclusion

This mapping highlights that the situation of Ukrainian refugees with disabilities in Moldova is shaped by a **combination of environmental, institutional, and attitudinal barriers** that affect access to services and opportunities for participation. While notable progress has been made since the early stages of the response, particularly in improving access to basic assistance and healthcare, significant challenges remain in ensuring that refugees with disabilities can fully benefit from available services.

The analysis shows clear geographic and demographic trends. A significant share of refugees with disabilities live outside Chisinau, with strong concentration in a few rayons, particularly in the northern regions. This uneven distribution adds pressure on local services and calls for tailored, coordinated solutions at the local level. At the same time, older persons and women with disabilities, often balancing functional limitations with caregiving responsibilities, are especially vulnerable to becoming isolated and losing their independence.

Across sectors, the findings suggest that more efforts are needed to improve access to accessible housing, transport, rehabilitation services, and assistive devices, as key elements for supporting independence and participation.

Overall, the mapping underscores the importance of coordinated, inclusive, and context-sensitive approaches that build on existing efforts while addressing gaps. Bringing refugees with disabilities into national systems, working more closely with OPDs, improving how people are identified and referred based on their functional needs, and adapting responses to local realities will help ensure they can better participate in community life on an equal footing with others.

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UNHCR The UN Refugee Agency