PROTECTION MONITORING ON THE LEFT BANK OF DNIESTER/NISTRU RIVER

Prepared by UN Refugee Agency and UN Human Rights April 2025

As of April 2025, nearly 1,950,000 refugees and third-country nationals (TCNs) had arrived in the Republic of Moldova (henceforth referred to as "Moldova") from Ukraine since 24 February 2022. [1] While most continued westward to the EU, some 128,700 Ukrainian refugees chose to remain in Moldova, of whom an estimated 4.000 – 6.000 are residing on the left bank of Dniester/Nistru River.

UNHCR and UN Human Rights have been actively engaged in monitoring, documenting, and analysing the profiles, needs, and intentions of refugees to enhance and promote evidence-based protection interventions throughout the country. While protection monitoring has been ongoing across Moldova, this specific analysis focuses on the left bank of Dniester/Nistru River in order to better understand the situation of refugees residing in this region, where access to services, documentation, and resources may differ from the rest of the country. By identifying specific needs and vulnerabilities, the findings aim to inform a more targeted and inclusive response for those residing in this area.

METHODOLOGY

This joint assessment was conducted by UNHCR and UN Human Rights on the left bank of Dniester/Nistru River in Moldova between February and April 2025. A total of **211** surveys were collected across multiple locations. [2] Both agencies utilized their respective protection monitoring tools to gather quantitative data. While the tools differed in structure and emphasis, a number of core questions were aligned or covered similar themes, allowing for comparative analysis across the overall surveyed population.

The findings presented in this report draw on data collected through both tools. In cases where similar questions were posed, the analysis reflects aggregated responses across the full dataset, regardless of the tool used. However, certain findings are specific to one agency's methodology and are therefore based solely on data collected through that respective tool, and these distinctions are noted throughout the analysis, where relevant.

It is important to note that the sample is not statistically representative of the entire refugee population residing on the Left bank, and findings should be interpreted as indicative.

[1] The figure refers to Ukrainians arriving from Ukraine and other border crossing points, including Chisinau airport and could potentially include multiple occasions of crossing the border by one individual.
[2] The UNHCR sample consisted of 99 respondents and UN Human Rights accounted for 112 respondents.

DEMOGRAPHICS & PROFILES

The majority of respondents surveyed were women (76%), with nearly all identifying as Ukrainian nationals (97%). This was followed by a small number of Russian nationals (3%). In terms of language, approximately 87% reported using Russian as their primary language at home, followed by Ukrainian (55%). [3] Smaller proportions spoke Romani (5%) or other languages (4%). Nearly half of all respondents (48%) identified as bilingual.

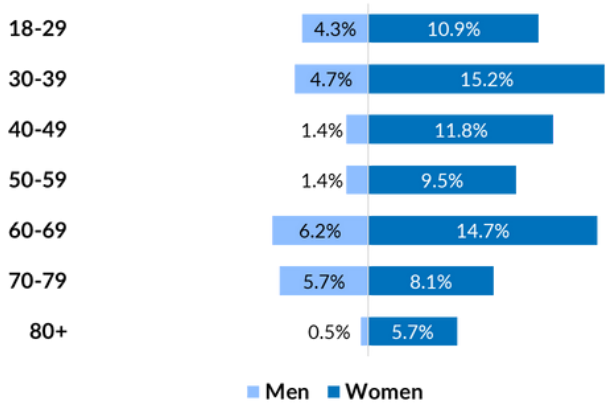

Figure 1. Respondents by age and gender

According to the collected data, the majority of respondents originated from Odessa region (71%), followed by those from Kyiv region (11%) and Mykolaiv region (5%). Smaller proportions of respondents were from Donetsk, Kherson, and Vinnytsia region (each 3%). Most respondents arrived in Moldova (referring to both the Right and the Left banks) during the early stages of the war, with 38% arriving in the first quarter of 2022. Among those surveyed, arrival numbers declined steadily afterward, stabilizing at around 2–3% per quarter in 2024.

Almost half of respondents (49%) were hosted either by relatives or by host families. Among them, nearly half were hosted free of charge—19% by relatives or friends, and 16% by host families. The second largest group (43%) were renting apartments or houses independently. A small share of respondents (5%) reported living in property they owned.

More than half of the respondents (58%), both women and men, reported having returned to Ukraine at least once since their initial displacement. Of these, 40% had returned more than once, while 18% returned only once. Most visits (87%) were short-term, lasting less than two weeks [4]. Among those who had not returned, 25% said they were unable to do so, 13% felt it was unnecessary, and 4% preferred not to answer. Among those who were unable to travel to Ukraine, security concerns were the predominant reason (43%), followed by other factors (32%) such as health issues, fear of conscription, or destroyed property.

Among those who traveled to Ukraine, the primary reason was to check on property and assets (27%), followed by visiting relatives and friends (20%), and handling official documentation (19%)—including identity documents, medical records, disability certificates, or driving licenses. Other, less common but still relevant reasons included checking on the general situation (8%), accessing pensions (5%), retrieving personal belongings (4%), and seeking healthcare (2%).

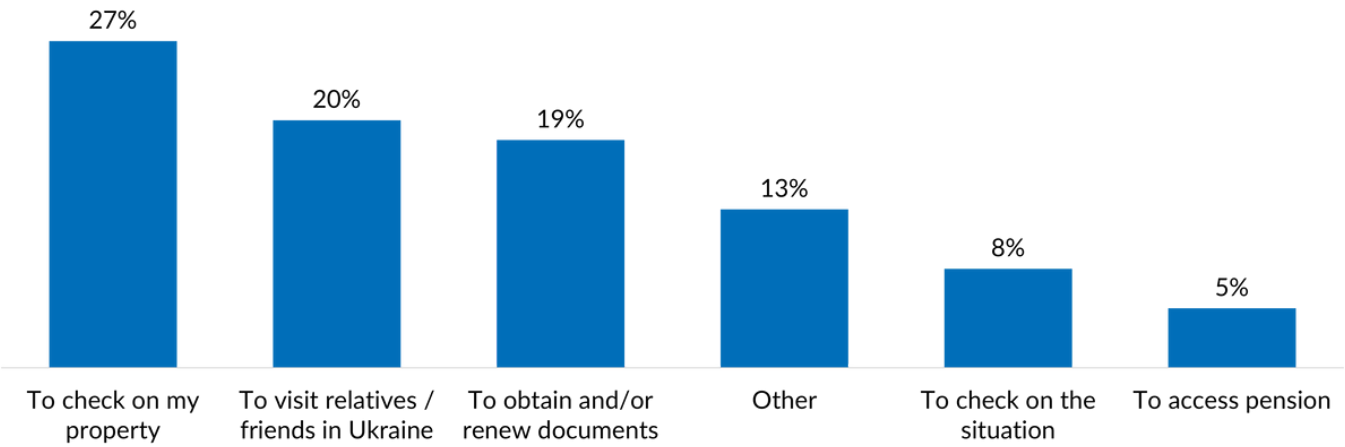

Figure 2. Primary reasons for travelling back to Ukraine

[3] When asked about the primary languages used at home, the respondents could choose multiple answers.
[4] The data on the duration of the visits to Ukraine are solely based on the UNHCR dataset.

Among surveyed households [5], some indicated to have at least one family member with specific needs such as:

55%
with a serious medical condition

14%
had children separated from both parents

When responding to the Washington Group short set of questions on functioning, respectively 25% of respondents reported a lot of difficulty for themselves or for family members, and 3% said they could not perform certain activities at all. In contrast, 37% reported no difficulties for themselves and their family members. Based on this data, an estimated 28% of respondents or their family members can be identified as persons with disabilities, keeping in mind that some individuals may fall into more than one category, indicating multiple types of disabilities. Most of the respondents or their family members who identified as persons with disabilities were women. [6]

Figure 3. Percentage of respondents and households with difficulties per functional domain

UN Human Rights (112 individuals)	**26 persons (23%) seeing**	**14 persons (13%) hearing**	**23 persons (21%) walking**	**17 persons (15%) remembering**	**11 persons (10%) self-care**	**5 persons (4%) communicating**
UNHCR (99 households)	**16 households (16%) seeing**	**8 households (8%) hearing**	**10 households (10%) walking**	**2 households (2%) remembering**	**7 households (7%) self-care**	**no household (0%) communicating**

KEY FINDINGS

Education & employment

Less than one-third of respondents (27%, or 58 individuals) reported living with school-age children. Among these households, 65% stated that the children were enrolled and attending local school. Among the small group who provided reasons for non-enrollment (15 respondents), 11 said they preferred that their children continue online education through Ukrainian schools. Three cited experiences of discrimination or bullying, two mentioned language barriers, and one reported lacking the required documentation to register a child in a local school.

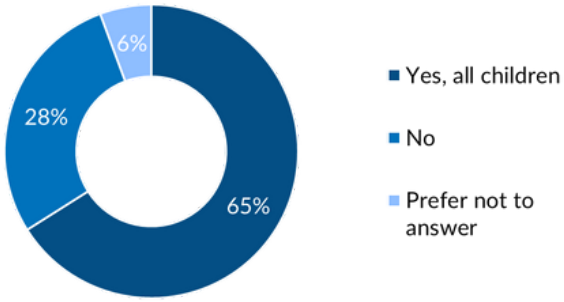

Figure 4. Percentage of households who indicated having children enrolled and attending local school

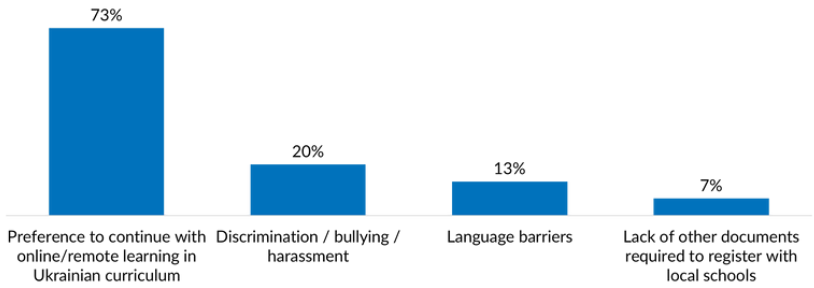

Figure 5. Reasons for not enrolling children in local schools

[5] This data was collected only for UNHCR sample.
[6] While collecting data on Washington's set of questions, each organization used a different approach; UNHCR inquired about the presence of functional limitations within the households, while OHCHR focused on collecting answers for individual respondents.

For adults, respondents had diverse education backgrounds, with the highest proportion holding vocational qualifications (30%), followed by those with bachelor's degrees (20%) and specialized education i.e. second level or higher education with specialization (19%). A smaller sample had attained a master's or higher degree (14%), while only 1% had completed only primary education. [7]

Prior to displacement, most respondents were employed (43%) or retired (37%), with smaller groups reporting being unemployed (6%), self-employed (5%), or students (5%). [8]

Since arriving in Moldova (referring to both the Right and the Left banks), the share of retired respondents at the Left bank remained relatively stable at 34%. **However, unemployment rose sharply to 24%, highlighting the significant barriers to labor market access faced by refugees.** Unemployment affected more female respondents compared to male respondents. Among those currently working, only 6% indicated that they were employed in person, while 9% were employed remotely and 7% were self-employed.

In terms of matching skills and qualifications, only 19 respondents provided feedback. Of these, 41% felt that their current job aligns with their education and skills, while 50% reported a mismatch. Among those reporting a mismatch, 32% felt overqualified for their current role, and 18% considered themselves underqualified. Regarding employment conditions, 64% of employed respondents reported having a formal contract with their employer, while 32% were working without an official agreement.

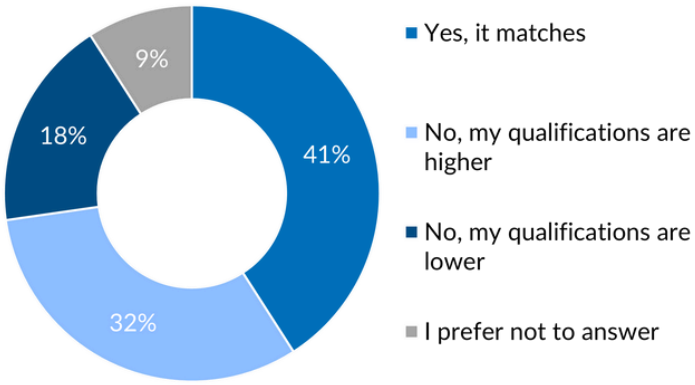

Figure 6. Matching of skills and qualifications

When asked about barriers to accessing employment, 42 participants provided responses. The most frequently cited reason fell under "other" (38%), with explanations including health conditions, retirement age, or recent arrival in Moldova. Additional barriers included a lack of decent employment opportunities (19%), lack of childcare (17%), not currently seeking employment (12%), and not intending to remain in Moldova long-term (10%). Only 7% cited barriers in accessing information on the labor market and 5% language barriers.

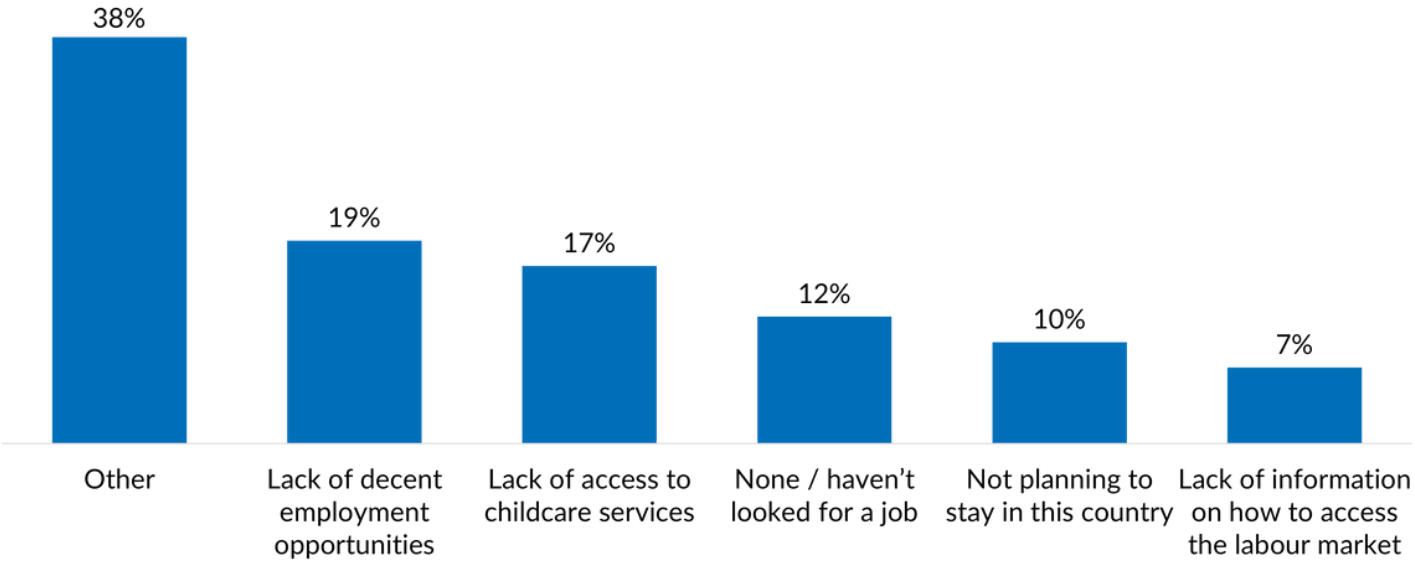

Figure 7. Barriers in accessing employment

[7] [8] This data was collected only for UNHCR sample.

Urgent & information needs

A significant majority (84%) of respondents indicated having at least one urgent need. The most commonly cited needs were access to healthcare and medication (cited by 39%, half of whom were older persons aged 60 and above), material assistance (31%, including non-food items, clothing, and other essentials), and legal aid (27%). Other frequently mentioned needs included accommodation (18%) and employment opportunities (11%), mostly reported by respondents belonging to age group 18 - 49. The need for food and information also ranked relatively high, each cited by 13% of respondents.

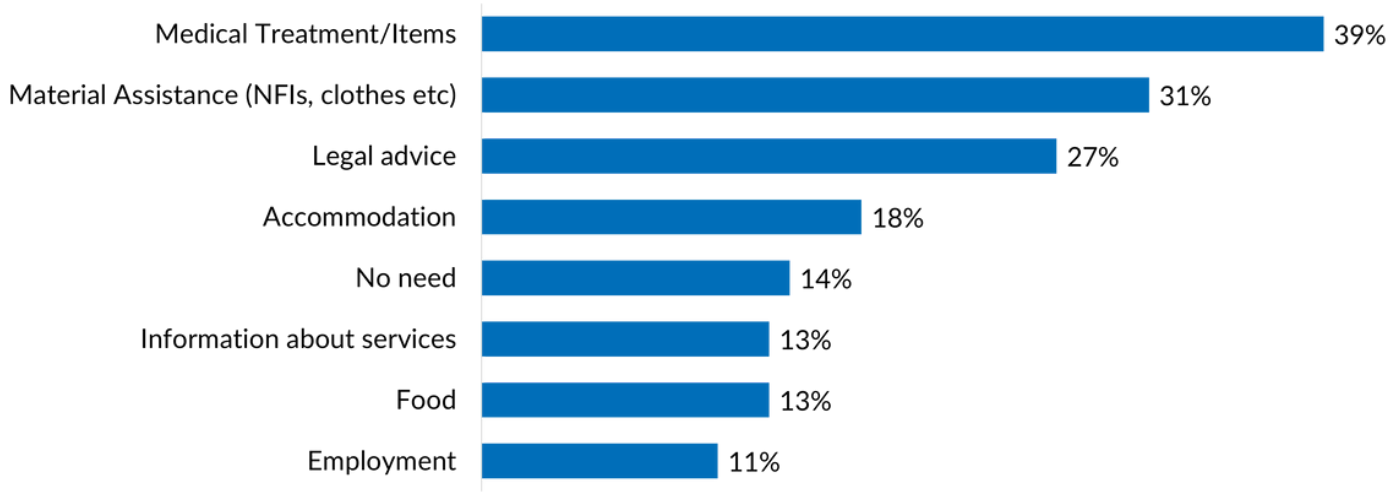

Figure 8. Top urgent needs of respondents

In parallel, 77% of respondents indicated that they lacked access to essential information on one or more key topics. Over one-third (34%) sought information on financial assistance, followed by 27% who needed clarity on their legal status. One-quarter of respondents (25%) reported needing information on access to medical care, followed by information on employment opportunities (14%). The need for more information on how to access medical care was mentioned more by older respondents.

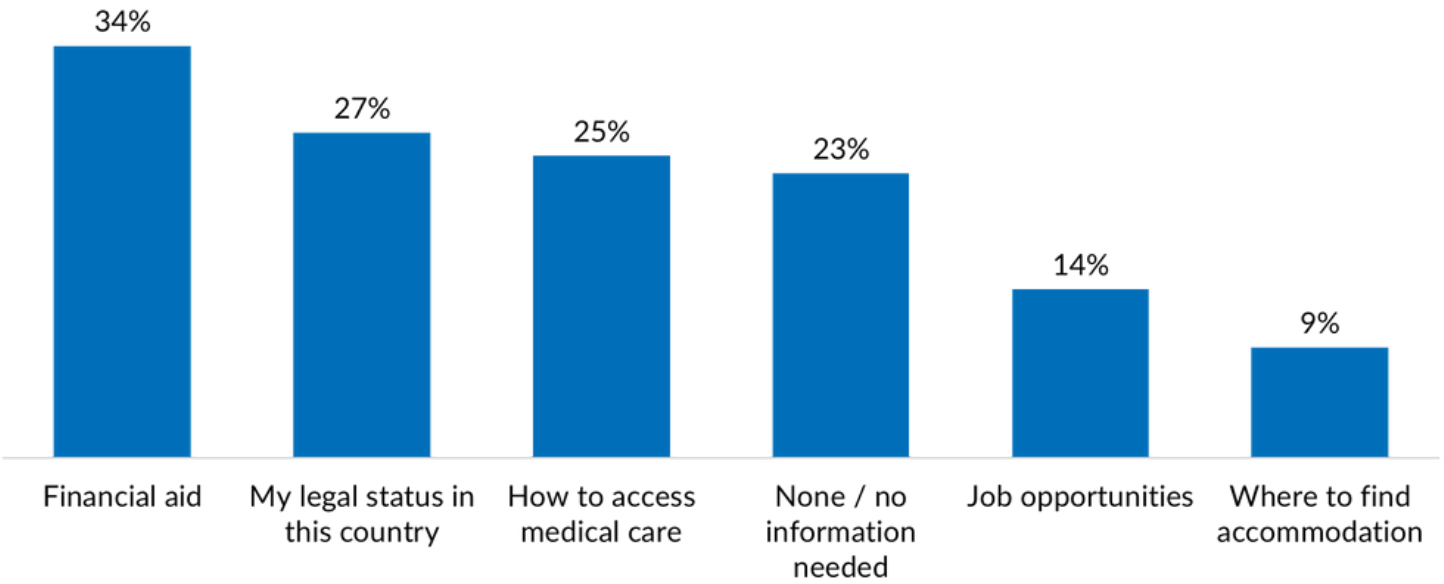

Figure 9. Top information needs of respondents

Access to healthcare and related barriers [9]

Among 112 respondents, **29% reported experiencing difficulties accessing healthcare services or medicines**, while 11% indicated they had not needed any medical services during their residence here. The remaining 61% stated they encountered no issues when seeking healthcare. The most frequently reported challenges related to accessing secondary care (e.g., specialists or diagnostic services) and primary care (e.g., general practitioners). A smaller number also experienced difficulties accessing emergency care.

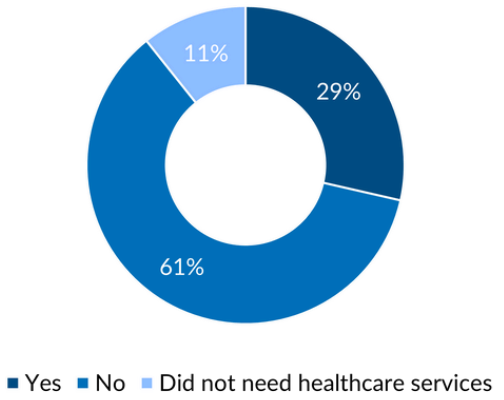

Figure 10. Barriers in accessing healthcare

Barriers included **fees associated with medical services or transportation (16 persons), unavailability of services (12 persons), and long waiting times (9 persons)**. In more complex cases, these issues were compounded by refusal of care by medical providers (13 cases), discrimination, lack of documentation, and language barriers. Notably, including 5 respondents explicitly mentioned discrimination as part of their healthcare access challenges.

Despite the challenges, the majority of those who sought healthcare reported receiving some form of assistance (including from multiple sources). State institutions were the primary providers (66 cases), followed by support from NGOs or UN agencies (15). However, 23 respondents reported out-of-pocket payments.

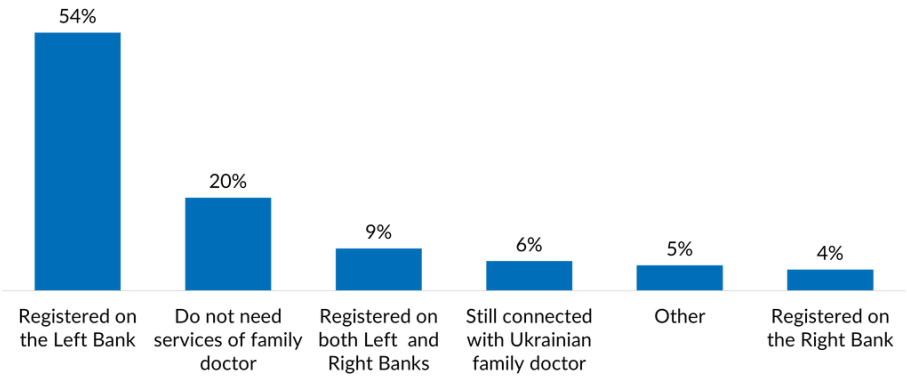

Figure 11. Healthcare registration with family doctors

In terms of healthcare registration with a family doctor, 54% of respondents (equally reported by women and men) confirmed registration with a family doctor on the Left bank, 20% said they did not need such services, 9% had a registration with a family doctors on both Right and Left banks, and 4% registered only on the Right bank. Others reported maintaining connections with doctors in Ukraine (6%) or preferred not to respond.

Social cohesion and integration perspectives [10]

When asked about tensions and social dynamics in host communities, the majority of respondents (60%) rated the situation as “Good”, 27% as “Neutral”, and 12% as “Very good”. Only two respondents described the situation as “Bad”, citing political disagreements and resentment linked to the war in Ukraine. While most respondents described interactions with local residents as respectful or supportive, many also highlighted underlying tensions related to perceptions of aid distribution, political opinions, and competition over limited resources.

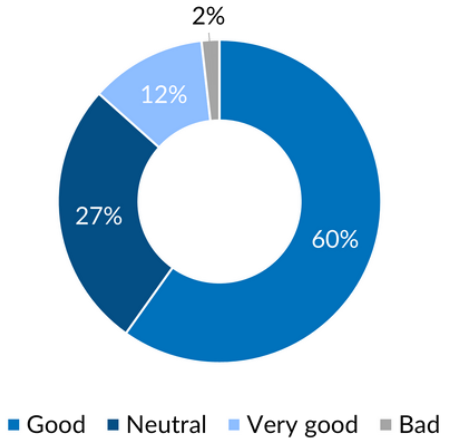

Figure 12. Social cohesion perspective

[9] This data was collected only for UN Human Rights sample.
[10] Idem

A number of respondents noted that while relations were friendly at the onset of the crisis, attitudes worsened during the energy crisis January and February 2025, with some locals expressing frustration that refugees from Ukraine were receiving assistance while host communities struggled. Several respondents reported being told it was time to "go home," or described discomfort in public spaces such as markets or hospitals.

At the same time, several participants emphasized positive experiences, stating that locals were welcoming and empathetic, especially those who had themselves experienced hardship or displacement. Others described the situation as stable but distant, noting that they had limited interaction with local communities.

When asked about solutions to improve integration, respondents most often suggested language support (e.g., Romanian courses), job opportunities for youth, access to affordable housing, and more accurate communication about the nature and scale of humanitarian support received by refugees. A few highlighted the need for community events, psychosocial support, and initiatives to address political polarization.

These findings reflect both a broad acceptance of refugees and emerging tensions driven by economic strain, misinformation, and political narratives, underlining the importance of targeted integration efforts, inclusive communication, and shared support for both refugee and host populations.

Discrimination and negative attitudes based on protected grounds [11]

Despite the relatively small sample (112 respondents), patterns of discrimination and social exclusion were evident among refugees residing on the left bank of Dniester/Nistru River. Fourteen respondents (13%) reported **negative attitudes due to their refugee status, citizenship, or language**; another 14 (13%) experienced **ethnicity-based discrimination.**

Roma individuals were disproportionately affected (9 of 11 Roma respondents), citing unfair treatment in healthcare, exclusion from aid, and verbal abuse in schools. Many reported being served last or treated dismissively in clinics. Others shared experiences of stereotyping and being labelled as "outsiders" or "invaders," particularly in schools and public spaces. Some Russian speakers faced bias linked to political narratives around the war.

Discrimination also intersected with other vulnerabilities. One respondent with a chronic illness reported mistreatment by a doctor, while another was discouraged from working due to anti-Ukrainian sentiment. Language-related barriers were noted, including disrespect toward older Ukrainian speakers or pressure to speak Russian in public services.

Findings highlight the need to counter xenophobia, strengthen non-discrimination policies, and ensure inclusive public services, especially for Roma and Ukrainian communities on the Left bank.

[11] This data was collected only for UN Human Rights sample.

CONCLUSION

The joint UNHCR–UN Human Rights assessment on the left bank of Dniester/Nistru River highlights both persistent protection needs and emerging risks faced by refugees in this region, particularly among women, older persons, persons with disabilities, and ethnic minorities.

Women (76% of respondents) were more likely to report barriers to realizing their rights to work, health, related to caregiving responsibilities among other factors. **Older persons** appeared overrepresented among those with urgent healthcare needs and limited access to essential information. While the number of self-identified ethnic **Roma respondents** was small (11 individuals), 9 of them described experiences of discrimination, including exclusion from aid, verbal abuse, or poor treatment in healthcare, suggesting possible patterns of ethnic bias. **Persons with disabilities** (28% of survey participants or their family members), especially women, reported difficulties accessing services and participating in daily life.

While most respondents described respectful community relations, some accounts pointed to underlying tensions, driven by economic hardship, misinformation, and political narratives. Isolated reports of stigmatization, particularly toward Roma, Ukrainian speakers, and those perceived as "outsiders", highlight the importance of fostering inclusive and rights-based approaches.

To enhance support for refugees residing on the Left bank, the findings suggest strengthening inclusive and responsive service delivery to address barriers faced by different vulnerable and marginalized groups. Supporting access to language learning, employment opportunities, and clear, accessible information on rights and services may also contribute to improved social inclusion. Continued protection monitoring remains important to inform evidence-based programming and identify and respond to evolving needs.

UN Human Rights and the UN Refugee Agency in Moldova acknowledge the financial support of the European Union (DG ECHO) for their contribution to protection monitoring activities.

Co-funded by European Union Humanitarian Aid

This factsheet is not intended to communicate a political position with regards to the status of the de facto administration nor imply its international recognition.

Contact

Sean Sager, Protection Officer, UNHCR, sager@unhcr.org
Olha Florynska, Information Management and Reporting Officer, OHCHR, olha.florynska@un.org

Working together

UNHCR The UN Refugee Agency

UNITED NATIONS HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER