



# Lowering Barriers to Refugee Access to Public Services in Moldova

Ukrainian refugees in Moldova continue to face significant barriers in accessing public services despite the broad rights granted under Temporary Protection (TP). Around 75 percent of Ukrainian refugees remain uninsured, making basic health care and essential medicines unaffordable. Only 14 percent of Ukrainian students attend Romanian language schools, limiting integration and exam readiness, while shortages of kindergarten places constrain parents' ability to work. Social protection remains one of the most exclusionary sectors, with TP holders largely outside core adult benefits and only 9 percent reporting any contact with social workers.

As a result, legal entitlements do not consistently translate into practical access to services for many families.

Targeted reforms could help close these access gaps and reduce reliance on humanitarian assistance. Priorities include:



Expanding multilingual information systems and local integration offices.



Enabling voluntary enrolment in public health insurance.



Strengthening Romanian language and psychosocial support in schools, increasing childcare capacity.



Integrating refugees into national social assistance schemes.



Scaling outreach through mobile teams and community leaders.

Implemented with clear institutional leads and partner coordination, these measures could accelerate inclusion while easing pressure on public systems.

## Context and Opportunity

Since the onset of the full-scale invasion of Ukraine in February 2022, Moldova has extended access to key public services for refugees granted TP. However, practical barriers continue to limit access to healthcare, education, and social assistance. These include unclear administrative procedures, language constraints, limited institutional capacity, and social exclusion. Refugees often lack information about their rights, face high out-of-pocket costs, and sometimes encounter inconsistent guidance from public institutions.

In healthcare, legal entitlements to basic services are often offset by affordability constraints, limited mental health resources, and barriers to specialized care. Language remains a significant obstacle to school integration, particularly in Romanian language secondary schools, while financial and administrative barriers restrict access to higher education. The inclusive design of social protection systems is often undermined by practical barriers to access, including residency documentation requirements, inconsistent interpretations of eligibility rules, and administrative constraints.

Most importantly, TP holders remain excluded from *Ajutor Social*, Moldova's flagship social assistance programme, as well as several other benefits for adults. Access is largely limited to child-related allowances, disability-related support for children, and energy compensation. This creates a structural gap in income support precisely where needs and vulnerability are often highest.

Despite these gaps, Moldova has demonstrated resilience through coordinated efforts by government institutions, civil society, and international organizations. In several municipalities, schools, clinics, and non-governmental organizations (NGOs) have supported meaningful integration at the local level through targeted support programmes and community engagement. These experiences point to practical examples that could inform broader policy reform.

## Key Obstacles to Accessing Moldovan Public Services

Under TP provisions, Ukrainian refugees in Moldova are granted permission to remain in the territory of the Republic of Moldova and access to a defined set of public services. Key provisions include access to education at all levels, the right to work, free emergency healthcare, child-related allowances, access to the energy-vulnerability compensation scheme, and temporary accommodation.

For foreigners other than those under TP, Law No. 274/2011 provides a set of integration measures, including an individual integration programme, Romanian language courses, cultural orientation, and access to social services.

Despite these legal rights, refugees continue to encounter challenges in accessing public services. Evidence from the Socio-Economic Assessment of Refugees and Host Communities (SERHC) highlights four key barriers.



## Complex Procedures and Information Gaps

Bureaucratic complexity and inconsistent guidance frequently hinder access to services. Data indicates a lack of systematic orientation; notably, only 9 percent of refugees reported proactive contact from social workers, leaving most to navigate complex documentation requirements independently or through informal networks.



## Financial and Insurance Barriers

While emergency care is free, out-of-pocket costs limit access to broader healthcare services. Under the TP framework, public health insurance is only available to those who are formally employed. SERHC data indicates that over 75 percent of refugees lack public health insurance, compared to 20 percent of the host population. Unemployment and high costs of private medical services force many to rely on humanitarian assistance or forego treatment. Around two-thirds of refugee households depend on emergency cash assistance during winter.



## Language Barriers

Limited Romanian language proficiency remains a key obstacle to integration. SERHC findings show 36 percent of refugees identify language as a major barrier to employment. A similar pattern is visible in education: as of the 2024/25 academic year, only 14 percent of Ukrainian students were enrolled in Romanian-language schools, with the majority attending Russian-language schools or online Ukrainian classes. This separation creates additional challenges for social cohesion and for students preparing for national examinations.



## Social and Capacity Challenges

Refugees also face social barriers and capacity constraints with public services. Approximately 14 percent of respondents reported perceived discrimination by service staff, which can discourage engagement with public institutions. Additionally, resource limitations in rural areas, including shortages in kindergarten capacity, limit parents' ability to participate in the labour market. Important gaps also persist in specialized services, including mental healthcare and long-term care.

## Recommendations

### Information and Administrative Coordination



- Strengthen coordination across state programmes and integrate refugee inclusion into national development planning, while linking direct external financing towards the modernization of public service institutions.
- Establish centralized multilingual public service portals and local integration offices to improve access to information and streamline service access.

### Health and Care Services



- Expand coverage and/or adjust eligibility criteria to allow TP holders to voluntarily enroll in the national health insurance system regardless of employment status, ensuring access for those with sufficient income from alternative sources.
- Ensure the availability of essential medicines and introduce systems/technologies to overcome linguistic and cultural barriers in healthcare provision.

### Human Capital



- Standardize school registration procedures and expand childcare capacity in urban areas with concentrations of refugees.
- Scale up Romanian language support in schools and strengthen psychosocial well-being programmes for children.

### Social Protection and Community Outreach



- Expand mobile outreach teams and support community leaders in reaching isolated families in rural or informal employment settings.
- Develop clear inclusion pathways for refugees within national social assistance schemes and provide dedicated social workers to assist with documentation and navigation of administrative procedures.

## Methodology

### Primary Evidence – SERHC 2024

This brief draws on findings from the Socio-Economic Assessment of Refugees and Host Communities, Refugees: National Coverage based on UNHCR Data. The survey uses the household as the unit of analysis with each respondent providing information for all household members. The survey covered 926 refugee households and 463 host community households across Moldova. Households in Transnistria, or areas reachable only via Transnistria, were excluded due to security and logistical reasons.

## Supplementary Evidence – Micro-Narratives and Key Expert Interviews.

The study also incorporates 1,200 micro-narratives, including narrative interviews and written testimonies, from refugees and host-community members, illustrating how barriers identified in the SERHC survey manifest in daily life. To complement perspectives from policymakers and service providers, interviews with public sector and business representatives were also conducted.

The SERHC provides statistically representative evidence, while the micro-narratives offer contextual insights into how factors such as language proficiency and childcare gaps translate into limited labour market participation and social integration.

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