

# Socio-Economic Insights Survey (SEIS) 2024

December 2024 | Republic of Moldova

## KEY MESSAGES

- Although 88% of respondents reported having a very good or good relationship with the host community, 18% of HHs reported having members that **experienced hostile behavior or attitudes** since arrival in Moldova.
- In the 2023/2024 school year, respondents indicated that **54%** of school-aged children and young adults (aged 3–24 y.o.) in their HH **were attending Moldovan schools** and that **40%** of children aged 3–18 y.o. were **still enrolled in a school in Ukraine**.
- At the time of data collection, about half of all working-age HH members aged 15–64 y.o. (**46%**) **were employed**.
- Only 25% of HHs with eligible members reported **having health insurance**.

## CONTEXT & RATIONALE

The SEIS aims to inform the **Ukraine Situation Regional Refugee Response Plan (RRP) 2025–2026**. It seeks to provide up-to-date multi-sectoral data about the needs and coping capacities of refugee households displaced from Ukraine in Moldova following the escalation of the conflict in February 2022. This data will also **inform various stakeholders and programs of humanitarian and development actors** active in the response.

The SEIS follows the regional approach established by the United Nations High Commissioner for Refugees (UNHCR) Regional Bureau for Europe (RBE), using a harmonized questionnaire to enable comparisons across countries participating in the Regional RRP<sup>1</sup>.

## ASSESSMENT OVERVIEW

### METHODOLOGY

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 hostilities in February 2022. 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. 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<sup>2</sup>, and stratified by region (Centre, Chisinau<sup>3</sup>, North, and South). Primary data collection took place from 3 June to 12 July 2024, encompassing 622 HHs. The survey included individual-level sections to collect information about each member of the HH. Findings at the national level were weighted<sup>4</sup>. For more details regarding the methodology and limitations, please refer to the [Terms of Reference](#)<sup>5</sup>.

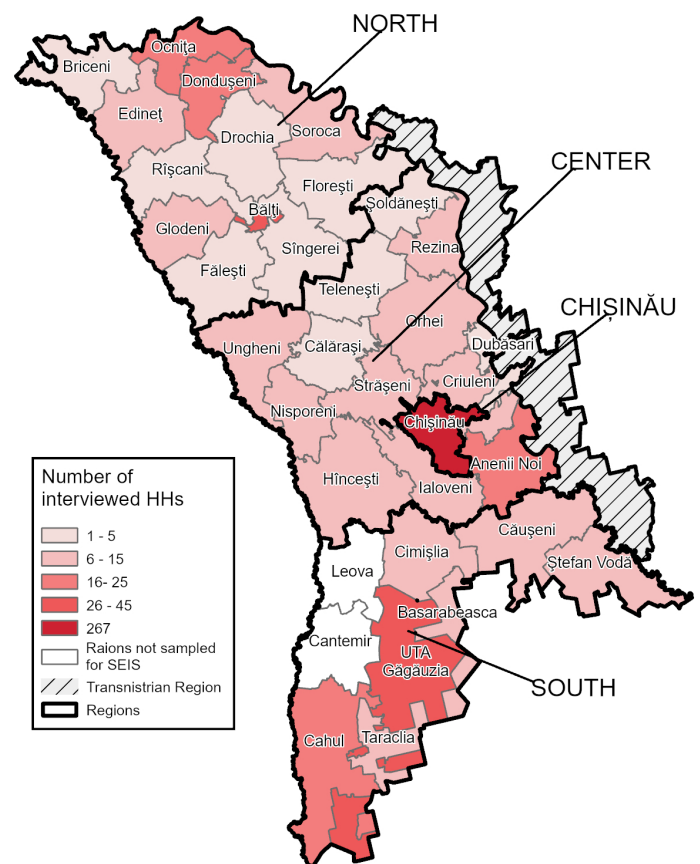
Number of refugee HHs surveyed

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



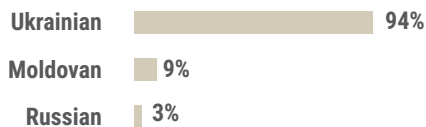
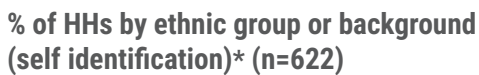
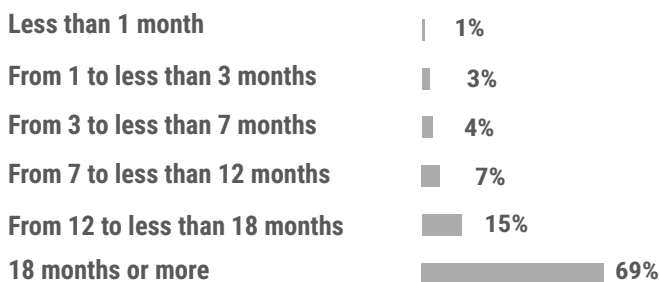
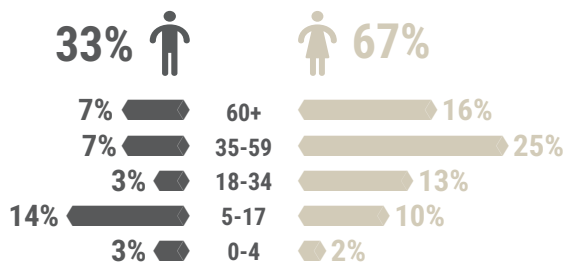
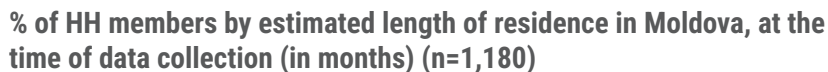
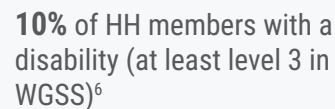
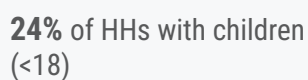
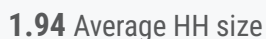
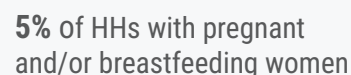
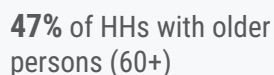
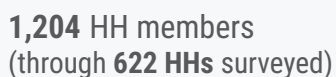
### GEOGRAPHIC COVERAGE

National coverage, excluding the Transnistrian region<sup>2</sup>



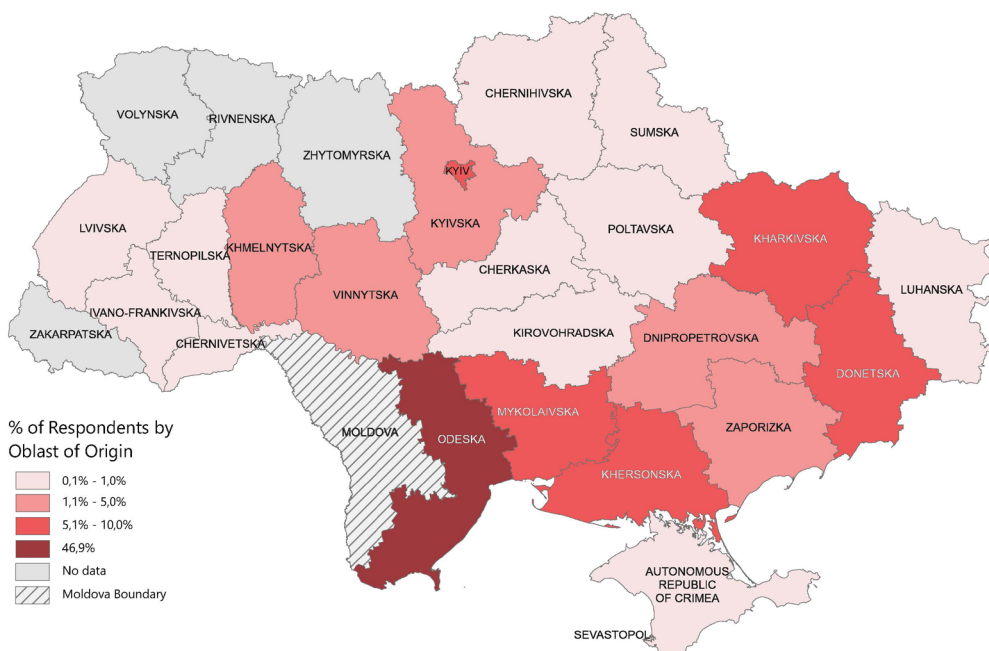
## DEMOGRAPHICS

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



### Average length of displacement for respondents

## 23 months



**47% from Odeska**  
**10% from Mykolaivska**  
**9% from Khersonska**  
**9% from Kharkivska**  
**6% from Kyiv**

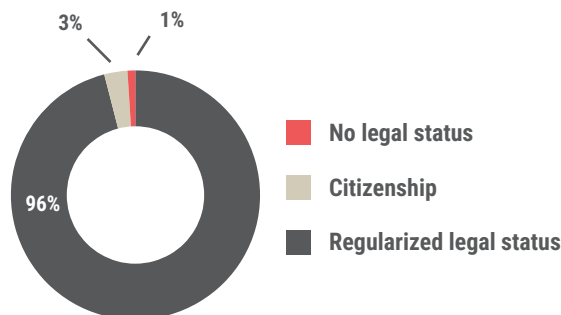
\* Respondents could select multiple answers, therefore the sum of values may exceed 100%.

\*\* Due to rounding, the percentages may not add up to 100%.



## TEMPORARY PROTECTION

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



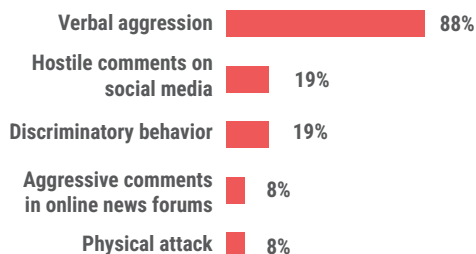
Most respondents reported holding **regularized legal status (96%)** in Moldova, including temporary protection (TP) status, refugee status, residence permit, work or study permit, or having applied for TP. The majority of surveyed respondents (**90%**) reported **having been granted TP**.

Among respondents with TP status or those who had applied and were awaiting a decision (n=574), **99%** reported they **did not experience difficulties** during the TP or asylum application/extension process.

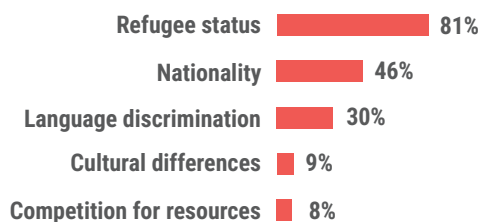
## SOCIAL COHESION

**18%** of HHs reported having experienced **hostile behavior or attitudes** from the host community since arrival in Moldova

Types of hostile behaviors experienced by affected HHs\* (n=91)



Main perceived reasons for hostile behaviors according to affected HHs\* (n=89)



## CHILD PROTECTION

**24%**

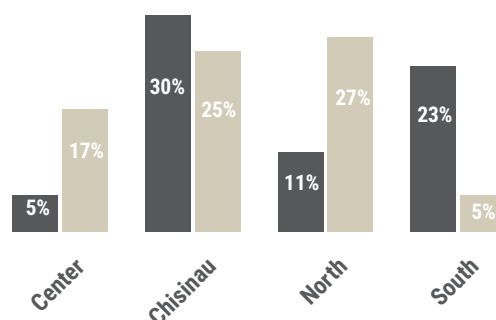
of HHs with boys (n=178) reporting at least one risk faced by boys (<18 y.o.) in their neighbourhood

**23%**

of HHs with girls (n=138) reporting at least one risk faced by girls (<18 y.o.) in their neighbourhood

Disaggregation by region

■ for boys < 18 y.o.  
■ for girls < 18 y.o.



Two thirds of HHs reported that there were **no discernible protection concerns** for boys and girls (**67%** for **both genders**, respectively).

Among reported concerns, HHs with at least one boy (n=178) and HHs with at least one girl (n=138) perceived boys and girls to face **the same top 3 risks: psychological violence** in the community (**15%, 13%**), **physical violence** in the community (**9%, 7%**) and **increased vulnerability to violence online** (**7%, 5%**). This suggests **no perceived differences in risks by a child's gender**.

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

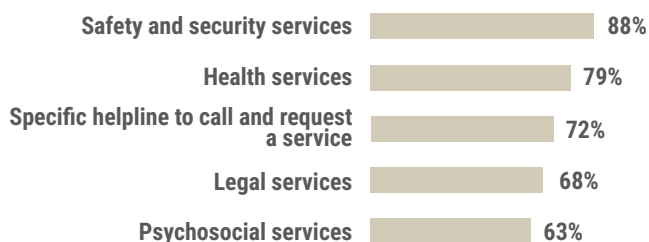
\* Respondents could select multiple answers, therefore the sum of values may exceed 100%.

## GENDER-BASED VIOLENCE (GBV)

Overall, only a small percentage of respondents (11%) reported **being unaware of any GBV services** in their area of residence.

The **lowest level of awareness** was found to be in **Chisinau**, where **15%** of respondents reported **no awareness of GBV services**, followed by the **South (5%)**, the **North (3%)**, and the **Centre (2%)**. **Male** respondents (n=93) were **slightly less likely to be aware of GBV services (20%)** compared to **10%** of **female** respondents (n=529).

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



% of respondents by perceived main barriers that survivors could face when trying to access GBV services\* (n=622)

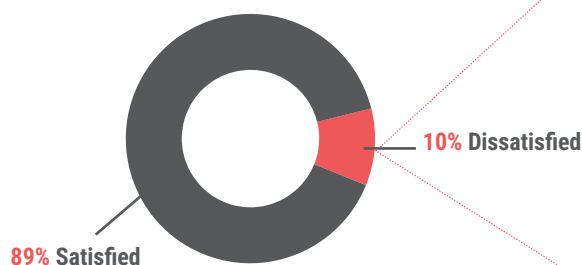


## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

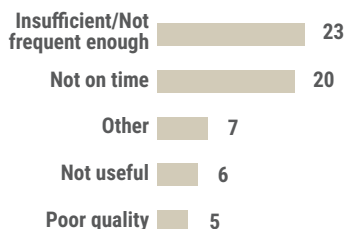
### SATISFACTION WITH AID RECEIVED

% of respondents satisfied with aid received in the 3 months prior to data collection (among those who received aid) (n=583)

**94%** of HHs reported having received aid in Moldova in the 3 months prior to data collection



Most cited reasons for dissatisfaction\* (n=47)  
by number of respondents



Among those dissatisfied with the aid received (n=47), dissatisfaction was most likely to be reported with humanitarian financial aid (cash) and humanitarian distributions (NFI, food, clothing, etc.).

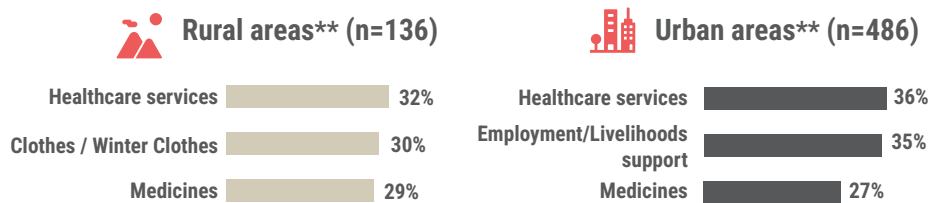
## PRIORITY NEEDS

**82%** of HHs reported having **at least one priority need** at the time of data collection

% of HHs by type of priority need reported (top 3)\*\* (n=622)



% of HHs by type of priority need reported (top 3), by type of settlement\*\*



Other reported priority needs included clothes/winter clothes (21%), food (19%), accommodation (17%), and hygiene products (16%).

HHs in the **South** were more likely to report **sanitation (46%)** and **clothes/winter clothes (29%)** as needs. In the **North**, **medicine** was reported at a higher rate (**49%**) than the national average.

\* Respondents could select multiple answers, therefore the sum of values may exceed 100%.

\*\* Respondents could select up to three options, therefore the sum of values may exceed 100%.

## ACCESS TO INFORMATION / FEEDBACK & COMPLAINT MECHANISMS



**90%** of HHs reported facing **no challenges** in accessing information about their rights, entitlements, and available services (n=622)

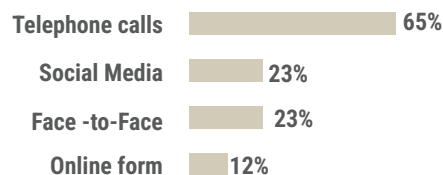


**92%** of respondents reported to **have access** to safe and confidential reporting channels (n=622)



**91%** of respondents reported **being satisfied** with the behavior of aid workers (n=622)

**% of respondents by preferred channels to provide feedback to aid providers about the inadequate behaviour of aid workers\* (n=622)**



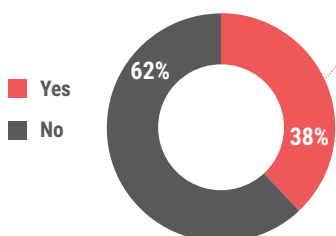
Overall, **25%** of respondents reportedly **did not know where to report inappropriate behavior from an aid worker**, which may point to gaps in awareness.

Respondents from the **Centre** were reportedly **least likely to know** where to report inappropriate behavior (**47%**). **Male** respondents (n=93) were also **not as likely to know** where to report behavior (**53%**) compared to **70%** of **female** respondents (n=529).

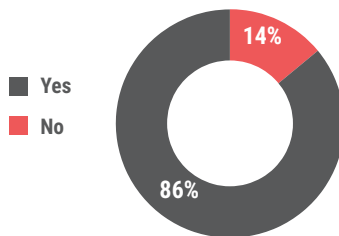
## HEALTH

### ACCESS TO HEALTHCARE

**% of HH members who are reportedly having a health problem and needing to access healthcare (in the 30 days before data collection) (n=1,204)**



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



Most HH members (**86%**) were **able to access healthcare** services when they needed it in the 30 days before data collection.

Among those that were not able to access the needed healthcare (n=46), the **main reasons for not being able to do so** were:

- Could not afford fee at the clinic or cost of medication (50%)
- Could not afford fees at hospital (39%)
- Unable to make an appointment (22%)

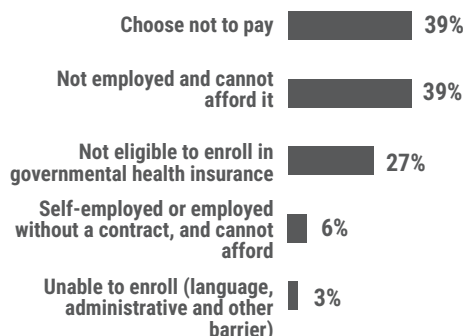
### HEALTH INSURANCE

**25%**

of HHs where **all eligible members** held insurance (n=622)

The low rate of health insurance coverage indicates potential gaps in having HHs integrated into the national healthcare system. This may highlight **long-term vulnerabilities of HHs in accessing healthcare**, particularly if provisions for those with legal status are reduced or terminated.

**% of HHs by reasons for not having health insurance (among HHs where not all eligible members held insurance)\* (n=450)**



### MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Of the HH members aged 5 years and older (n=1,144), some reported **experiencing mental health and psychosocial support (MHPSS) issues** (18%).

Of those experiencing MHPSS issues (n=167), about one third reported to have **tried to access MHPSS services** (35%).

Among those who tried to access MHPSS services (n=57), most HH members also were reported to have **received MHPSS services** (95%).

\* Respondents could select multiple answers, therefore the sum of values may exceed 100%.

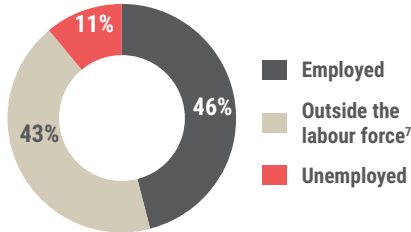




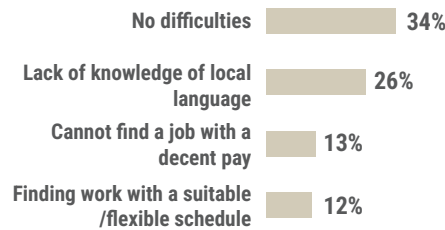
# SOCIO-ECONOMIC INCLUSION & LIVELIHOODS

## EMPLOYMENT

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



% of HH members (aged 15-64 y.o.) by main difficulties encountered in finding work in Moldova\* (n=667)<sup>8</sup>



% of employed HH members (aged 15-64 y.o.) by sector of current employment (n=291)



The **highest employment rate (57%)** was observed in the **South** (n=103), while the **lowest (33%)** was reported in the **North** (n=98).

Among employed HH members (n=292), about half reported **not having a formal written contract (46%)**.

The **highest unemployment rate** was observed in **Chisinau** (n=299), with **13%** of working-age HH members reportedly **being unemployed**.

The **highest percentage** of HH members **outside the labor force<sup>7</sup>** was observed in the **North**, at **62%**.

## INCOME & SOCIO-ECONOMIC NEEDS

% of HHs by sources of reported income\* in the 30 days prior to data collection\*\* (n=621)

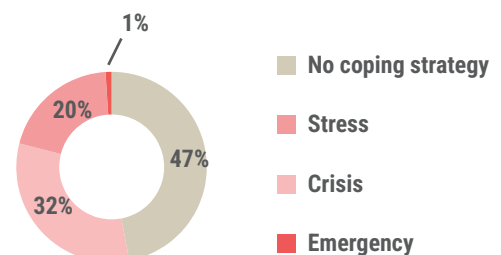


% of HHs by reported areas of support required for socio-economic inclusion\* (n=621)

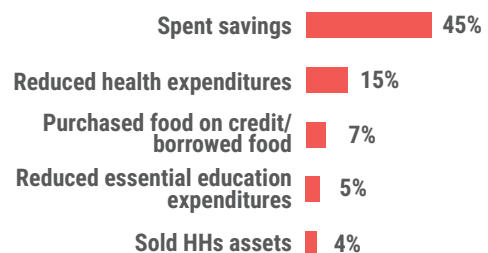


## LIVELIHOODS COPING STRATEGIES

% of HHs by Livelihood Coping Strategy Index (LCSI<sup>10</sup>) category (n=621)



% of HHs by reported livelihood coping strategies used to cover basic needs\* (n=621)



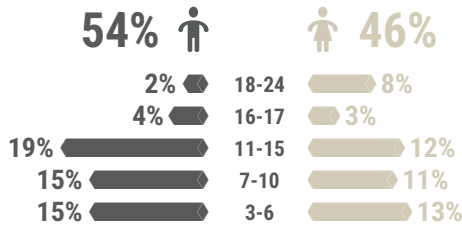
\* Respondents could select multiple answers, therefore the sum of values may exceed 100%.

\*\* or since arrival for those HHs if less than 30 days

# EDUCATION

## ENROLLMENT IN SCHOOL YEAR 2023/24

% school-aged children and young adults (aged 3-24 y.o.) by gender and age group (n=372)



54%

of school-aged children and young adults (aged 3-24 y.o., n=372) were reported to be **attending a school part of the national education system in Moldova** in 2023/2024.

40%

of school-aged children (aged 3-18 y.o., n=342) were reported to be **formally enrolled in a school in Ukraine** in school year 2023/2024 while abroad<sup>11</sup>.

% of school-aged children and young adults (aged 3-24 y.o.) by barriers for enrolling in the national education system in Moldova in 2023/2024\* (n=165)



The **primary barrier to enrolling** school-aged children and young adults (aged 3-24 y.o.) in an educational institution part of the national education system in Moldova was reported to be **still enrolled in schools in Ukraine (63%)**.

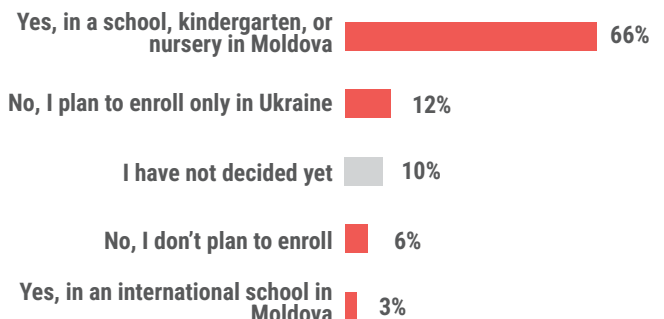
Of the school-aged children (aged 3-18 y.o.) who were **formally enrolled in a school in Ukraine** during the 2023-2024 school year while living abroad (n=77 in the North, n=75 in the Centre), the **highest proportion** was observed in the **North (48%)**, while the **lowest rate** was found in the **Centre (24%)**.

## ENROLLMENT INTENTIONS FOR SCHOOL YEAR 2024/25

66%

of school-aged children (aged 3-18 y.o., n=342) **intended to be enrolled** in a school, kindergarten, or nursery **in the Moldovan education system** for the 2024/2025 school year.

% of school-aged children (aged 3-18 y.o.) intended to be enrolled in a school part of the national education system in Moldova for next school year 2024/2025 (n=342)



61%

of school-aged children (aged 3-18 y.o.) who were learning remotely or online (n=120) **intended to remain enrolled in a school in Ukraine** for the 2024/2025 school year.

33%

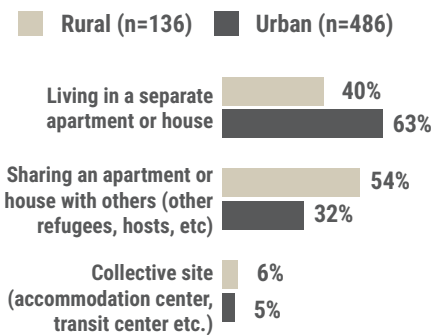
of children (aged 12-17 y.o., n=130) were reported to be **able to communicate effectively** in Romanian.

\* Respondents could select multiple answers, therefore the sum of values may exceed 100%.

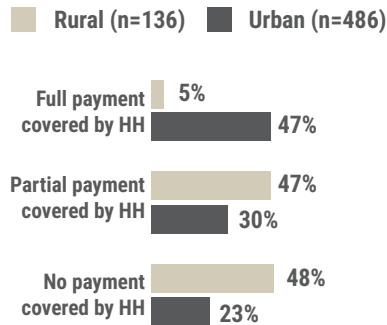


## SHELTER / ACCOMMODATION

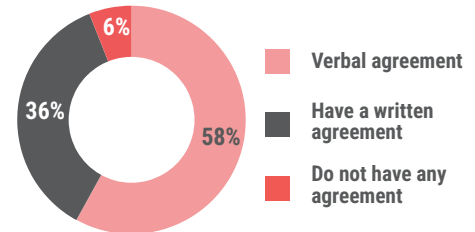
% of HHs by type of accommodation, by settlement type (n=622)



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



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



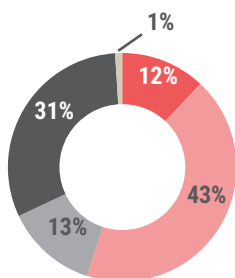
More than half of HHs across **both settlement types** (60%) reported living in a **separate house or apartment**, though this type of accommodation was **more common in urban areas** (63%) than in rural areas (40%).

Only **5% of rural HHs** reported having a **full payment arrangement** for their accommodation, compared to **47% of urban HHs**. Additionally, of those HHs with a partial or full payment arrangement (n=430), **19%** reported **experiencing financial distress** when paying rent in the 3 months prior to data collection.

Only **36%** of HHs reported having a **written occupancy arrangement agreement**. HHs **without written documentation** (64%) could face **potential vulnerabilities related to accommodation security**.

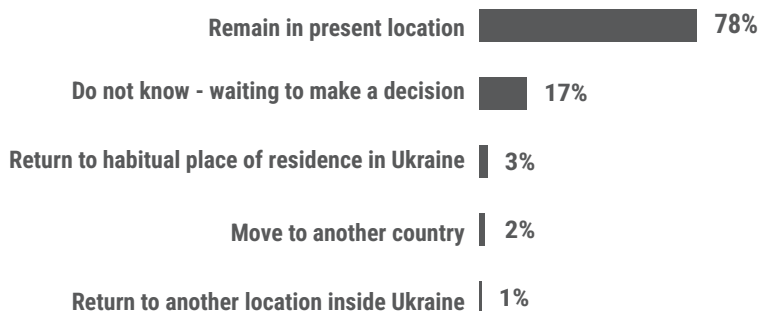
## RETURN PATTERNS AND INTENTIONS

% of HHs where one or more HH members have been back to visit Ukraine after 24 Feb 2022\* (n=622)



- Yes, only once
- Yes, more than once
- No, I/we haven't been able to visit Ukraine
- No, I/we haven't considered the need to visit Ukraine
- Prefer not to answer

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



The majority of HHs (78%) reported intending to **remain in their current location** over the 12 months following data collection, indicating potential stability in refugee movements. However, **17%** of HHs reported **being uncertain about their movement intentions** for the next year at the time of data collection.

The **highest rate** (83%) of HHs **planning to stay** was in the **North** (n=120). Additionally, **10%** of HHs in the **Centre** (n=116) indicated **planning to move to another country**.

\* Due to rounding, the percentages may not add up to 100%.



# Endnotes

<sup>1</sup> RRP countries participating in the 2024 Regional SEIS (the same countries as in 2023): Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, and Slovakia.

<sup>2</sup> 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.

<sup>3</sup> Chisinau is not an official region in Moldova, but was extracted from the Centre region due to the high number of refugees residing in Chisinau, in order to better account for the distribution of refugees within the national territory.

<sup>4</sup> The SEIS data has been weighted at the national level to correct for sampling distortions, particularly due to regional stratification. Since most refugee households are concentrated in the Chisinau region, applying regional weights helps adjust for this imbalance. Although weighting improves the accuracy of national-level findings, the data remains indicative and not representative of the entire population, nor the regional population.

<sup>5</sup> REACH, [Research Terms of Reference - Socio-Economic Insights Survey \(SEIS\) 2024](#), published July 2024

<sup>6</sup> The 6-item Washington Group Short Set of Disability Questions is a set of questions to identify people with a disability. The questions assess whether people have difficulty performing basic activities such as walking, seeing, hearing, cognition, self-care and communication. The WGSS questions were asked at the individual level.

<sup>7</sup> Outside the labour force includes 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.

<sup>8</sup> HH members of working age (15-64 y.o.) were categorized as outside of the labor force if they were not employed in the week before data collection and were either (1) unable to start working within the two weeks following data collection if a job or business opportunity became available, or (2) had not been actively looking for a paid job or attempted to start a business in the 4 weeks before data collection. However, due to data discrepancies and missing values, which were reviewed with enumerators and addressed where possible, some fields could not be fully verified. As a result, several individuals could not be classified as being out of the labor force.

<sup>9</sup> Other service activities refer to hairdressing and other beauty treatments or personal service activities.

<sup>10</sup> The LCS 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 LCS 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 longerterm are the negative consequences for HHs. More details on the index can be found on the [WFP - VAM Resource Centre](#).

<sup>11</sup> Formal education refers to structured and organised learning provided by educational institutions, irrespective of the country of the curriculum (including Moldova, Ukraine or third country's formal education).

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).