

# Temporary Protection Assessment

December 2023 | Moldova

Balti, Cahul, Chisinau, ATU Gagauzia

## CONTEXT & RATIONALE

The escalation of the conflict in Ukraine since February 2022 resulted in loss of life and forced displacement. By November 2023, the United Nations Human Rights Monitoring Mission in Ukraine recorded at least 10,000 civilians killed and 18,500 injured in the conflict<sup>1</sup>. Over six million people escaped the war-torn country to seek refuge abroad, including in neighbouring countries<sup>2</sup>.

As of December 3rd, 2023, 112,811 Ukrainian refugees remain in Moldova<sup>3</sup>. Responding swiftly to the crisis in 2022, Moldova declared a state of emergency, allowing those displaced from Ukraine special entry/exit rights, granting them legal stay, and providing education, healthcare and employment access<sup>4</sup>.

On March 1st, 2023, Moldova introduced Temporary Protection (TP) for Ukrainians and eligible Third-country Nationals. The TP status grants its holders<sup>5</sup>:

- The right to remain in Moldova until 01.03.2024.
- The right to employment (without an additional work permit).
- Access to education, healthcare and social assistance services.
- Accommodation in the temporary centres for persons in need.

Since May 2023, refugees are required to present TP or another legal status to access various basic services. By December 18th, 2023, 26,382 individuals had received TP, including 7,988 children. In December 2023 registrations were still ongoing<sup>6</sup>.

While existing research focuses largely on the TP enrolment process, REACH conducted an assessment to explore TP's impact on refugees' access to basic services (healthcare, education), and employment. Additionally, this report investigates refugees' protection-related environment, movement intentions, as well as access to information and awareness of their rights and obligations related to TP\*.

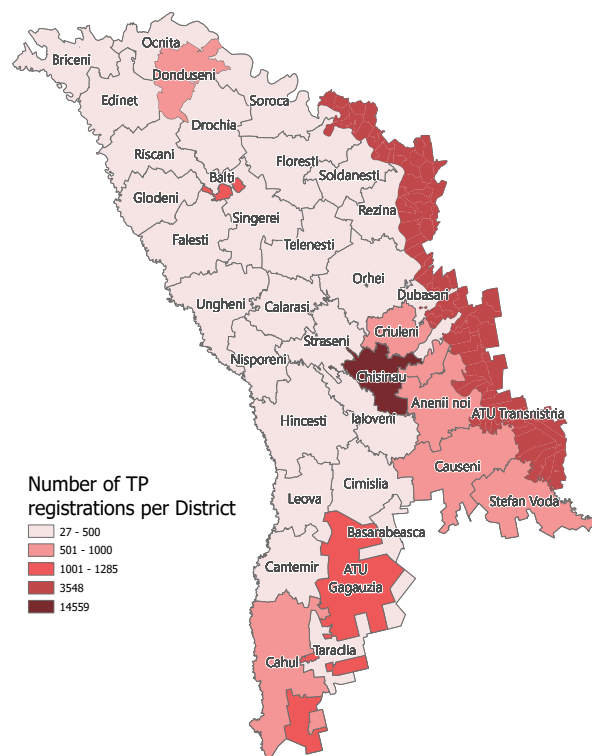


Figure 1: Number of TP registrations per district\*\* as of December 2023

## KEY MESSAGES

- Overall, TP has **streamlined procedures for accessing basic services** (with the TP documentation often replacing other documents required for access). Additionally, TP has served as **proof of long-term plans to remain in Moldova**, facilitating formal employment opportunities.
- While TP has **alleviated some barriers**, particularly in **healthcare access**, **obstacles to education and employment** have predominantly **persisted**, as they were often unrelated to legal provisions, for example the language barrier. Additionally, despite healthcare and education services officially available free of charge, some respondents reported having to pay to access them.
- Approximately one-fifth of households **adjusted their movement plans** following the reception of TP, with the majority expressing a desire to **remain in Moldova**.
- The majority of households were **satisfied with access to information** regarding TP. Households predominantly **obtained information through social media**, official websites, registration centres, and interactions with their community.
- Households demonstrated a **relatively high level of awareness regarding TP-associated rights**, although many **lacked awareness of their obligations**. More than a half of respondents indicated a **need for additional information**, primarily regarding the available legal statuses post-March 2024, when TP is set to expire.

\*Throughout this report, the term "refugees" is used to indicate persons displaced from Ukraine after the escalation of hostilities on February 24th, 2022. It is not meant as a legal status designation.

\*\*A district is the first-tier territorial-administrative unit. There are 35 districts in Moldova (32 raions and 3 municipalities). Additionally, there are 2 autonomous territorial units (Transnistria and Gagauzia).

## METHODOLOGY OVERVIEW

This assessment relied on a mixed method approach. To capture the dynamics of the refugee situation, both quantitative and qualitative components included retrospective questions. Sampling was purposive and all results are indicative.

The quantitative component relied on a household survey with the refugees registered for TP, capturing their experiences regarding the changes in access to basic services, protection-related environment, movement intentions, and access to information.

The qualitative component consisted of key informant interviews (KIIs) with representatives of the public services, local authorities and NGOs.

Data was collected between September and October 2023. The assessment was conducted in 4 districts in Moldova with the highest number of TP registrations: Cahul, Chisinau, Balti, ATU Gagauzia. Overall, 164 household surveys and 57 KIIs were conducted.

## LIMITATIONS

- The assessment of change in access to services is retrospective and lacks baseline data to compare the results with – respondents and informants were asked to assess the situation before and after TP provision. Their assessment of past experiences could be subjective or have shifted with time.
- As the assessment was conducted relatively soon after the mandatory registration timeframe for TP (May–August 2023), the results provide a first understanding of how the TP status impacts refugees' access to the services, rather than providing a thorough overview of the TP measure's impact.
- The household survey originally included the Area of Knowledge (AOK) method. AOK consists of asking the respondent questions concerning their close community, in this case, other Ukrainian refugees that they interacted with in their location. However, due to the low number of responses received within the AOK sections, these findings were not included in the report.

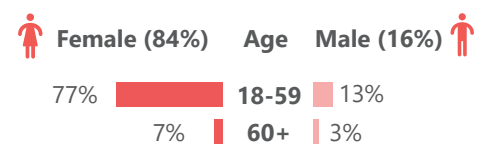
## HOUSEHOLD SURVEY DEMOGRAPHICS

The household survey was conducted with 44 respondents based in Cahul, 41 in Balti, 40 in Gagauzia and 39 in Chisinau.

The majority of respondents (84%) were women, with the highest share of women reported in Cahul (96%), and the lowest in Chisinau (77%). One-tenth of the total population were older persons (60 years old or older). The highest share of older persons were located in Balti (15%) and Gagauzia (13%). The average household was composed of about 3 individuals, including 1 school-aged child.

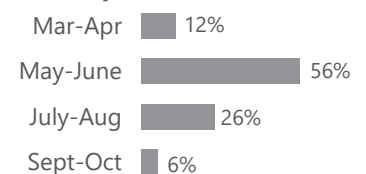
The majority of respondents (85%) arrived to Moldova in 2022. Although the TP status was available since March, most respondents did not apply until it was made obligatory in May. Respondents in Gagauzia were an exception, as a fifth of them applied for TP in March. Over a half of respondents (56%) were granted TP between May–June 2023. Within households larger than 1 person, 98% of the household members obtained TP.

### Respondents' demographics



Average household size: 2.7

### Date of having been granted TP (respondents)



## KEY INFORMANT INTERVIEWS COMPOSITION

Key Informant Interviews (KIIs) were conducted with the representatives of: public facilities providing healthcare and education; local authorities departments responsible for healthcare, education and employment/social assistance; and NGOs (subject-matter experts for healthcare, education and employment).

Breakdown of KIIs by location, by sector, and by the key informants' profile

	Healthcare			Education			Employment		Total
	Local authorities	Providers	NGOs	Local authorities	Providers	NGOs	Local authorities	NGOs	
Cahul	1	3	3	1	3	3	1	3	18
Chisinau	1	3	1	1	3	2	1	2	14
Balti	1	3	2	1	3	1	1	1	13
Gagauzia	1	3	1	1	3	1	1	1	12
Total	4	12	7	4	12	7	4	7	57

## ACCESS TO HEALTHCARE

Before the implementation of Temporary Protection, refugees from Ukraine were entitled to access healthcare services in Moldova free of charge under emergency laws. This encompassed primary and emergency healthcare<sup>7</sup>.

Some international organizations, including the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the International Organization for Migration (IOM), took on the responsibility of covering additional costs, such as pregnancy and children's medical assistance, or oncological medicines<sup>8</sup>.

Since May 2023, refugees who have obtained TP have been granted access to several healthcare services for free. This includes pre-hospital emergency care, primary healthcare, emergency hospital care, outpatient dialysis, and emergency dental care. Additionally, TP beneficiaries are eligible to register with a family doctor (general practitioner). The state insurance company (CNAM) covers the medical expenses. Nonetheless, beneficiaries of TP do not have access to the Moldovan health insurance system, unless they are formally employed<sup>9</sup>.

For those who did not register for TP or any other legal residency status, their access is limited to emergency medical assistance<sup>10</sup>. Those who prove a willingness to obtain TP should be able to access healthcare services guaranteed by TP, but the implementation of this measure remains unclear<sup>11</sup>. Nevertheless, Ukrainian refugee children can access free-of-charge primary healthcare, emergency pre-hospital and emergency hospital care in Moldova, regardless of their legal status (or lack of thereof)<sup>12</sup>.

### TP's impact on healthcare access

Based on the household survey findings, 72% of the Ukrainian refugee households in Moldova attempted to access healthcare services before having received Temporary Protection. Of those attempts, almost all (97%) were successful, with primary healthcare being the most commonly accessed service (accessed by 52% of the households).

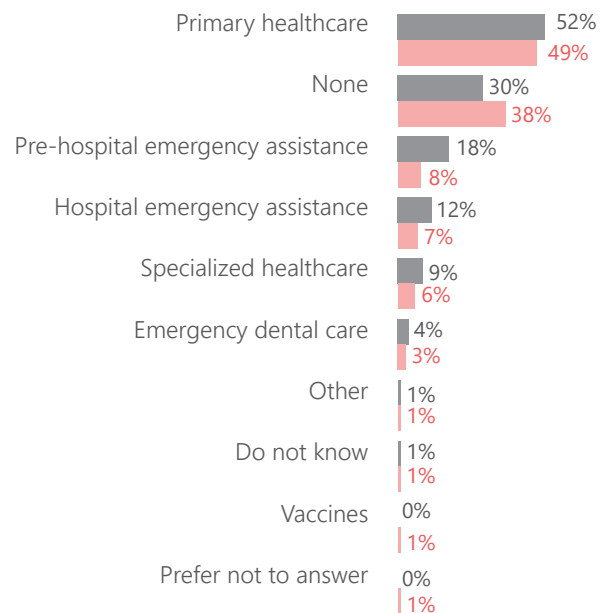
Equally, in the Key Informant Interviews (KIIs), it was most commonly reported that the level of refugee access to healthcare before the introduction of TP was sufficient (reported by 11 out of 23 informants).

Following TP provision, 64% of the households attempted to access any healthcare services, among which primary healthcare remained the most sought-after (accessed by 49% of the households). Remarkably, 99% of attempts to access any healthcare services were successful, except for one case in Gagauzia.

The observed decline in attempted healthcare access may be partially attributed to the timing of the assessment, conducted in October 2023, with TP becoming available in March 2023. It is plausible that many refugees had not yet required healthcare services, considering that seasonal disease outbreaks typically occur in the autumn and winter.

Only 7% of respondents declared that their frequency of

### Healthcare services accessed by the refugee households\*



#### Guide to reading the graphs\*\*:

■ Bars in **grey** show information regarding the situation before having received TP.

■ Bars in **red** show information regarding the situation after having received TP.

Unless the sample size is specified, n=164.

accessing healthcare services has increased since having received TP. Most of them declared that their increase in medical visits frequency was at least to some extent caused by having obtained TP.

Within the KIIs, some informants (most notably in Cahul and Chisinau) claimed that the demand for healthcare services did not change (8/23). Others (7/23) declared that the demand increased (particularly in Balti and Gagauzia), due to, e.g., the reported broader range of services accessible free of charge, or rising awareness of available services among the refugees. On the other hand, some informants declared that they observed a decrease in demand (5/23).

Within the household survey, approximately a third of respondents (31%) could not tell whether TP provision has facilitated refugee access to healthcare. Another 36% declared that TP has mostly or significantly facilitated access to TP. Such opinions were the most common in Gagauzia, reaching a total of 53%. About a fifth of all respondents (19%) further declared the access was slightly to moderately simplified. Thirteen percent of respondents declared that TP did not facilitate access to healthcare at all. This sentiment was most frequently expressed in Cahul (23%).

They key informants revealed varying perspectives on the impact of TP introduction on healthcare access. Several informants declared that after TP introduction, access to healthcare became easier (12/23). However, some informants claimed that access did not change due to TP (9/23).

\* This is a multiple choice question, therefore results may add up to more than 100%.

\*\* The guide applies to all the graphs in this report.

Instances of refugees being denied access to healthcare services appear to be isolated occurrences. Before TP provision, 2 respondents of the household survey (in Balti and Chisinau) declared having been refused access to healthcare on discriminatory grounds. Following TP provision, only one such claim was reported (in Balti).

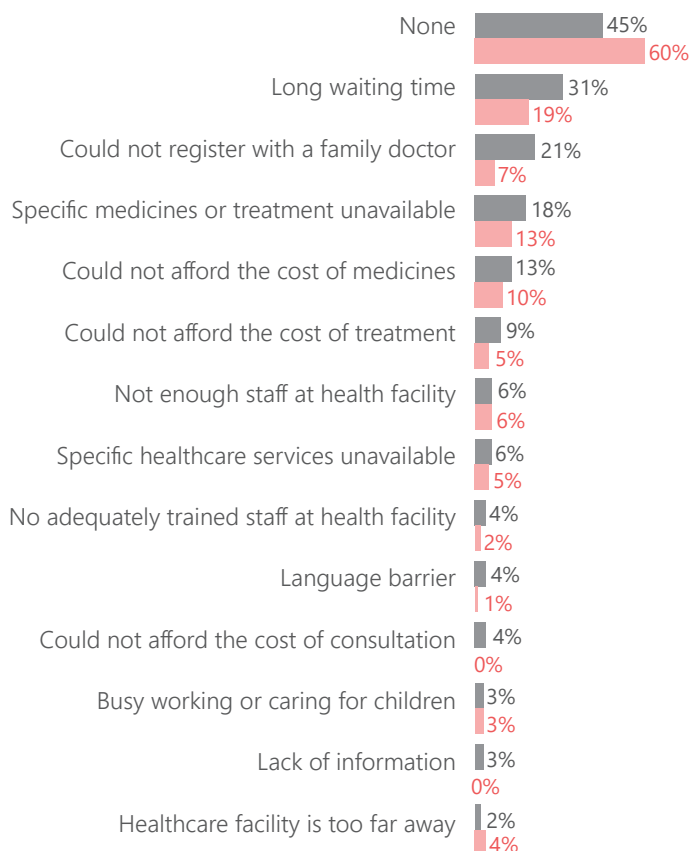
None of the healthcare providers interviewed via KIs reported cases of access refusal before or after TP provision. However, some NGOs reported such instances in Balti, Cahul, and Gagauzia. The situation appeared to have improved after TP introduction, with only one NGO in Balti reporting instances of refusal, according to the informants.

## Barriers to healthcare access

Before the implementation of Temporary Protection (TP), a relatively high share of respondents (45% among those who attempted to access healthcare) did not encounter any barriers. However, approximately one-third (31%) faced prolonged waiting times for appointments, while a fifth (21%) could not register with a family doctor. Moreover, refugees encountered obstacles in accessing necessary medicines and treatments due to either unavailability (18%) or unaffordability (13% indicated high cost of medicines and 9% noted high cost of medical treatments).

### Reported barriers to healthcare access

(before TP n=117, after TP n=103)\*



Similarly, key informants highlighted barriers to refugee healthcare access before the introduction of TP, with 12 out of 23 informants noting such challenges across all locations. Healthcare providers specifically cited barriers in Chisinau and Gagauzia.

Commonly reported pre-TP barriers included extended waiting times for appointments (4/23), limited availability of free healthcare services (4/23), and refugees' lack of clarity regarding rules or the registration process (4/23).

Following the provision of TP, the situation appears to have improved, with over half of the refugees (60%) reporting no encountered barriers. The most persistent issues included prolonged waiting times for appointments (19%), unavailability of specific medicines and treatments (13%), and their unaffordability (10% reported high costs of medicines, while 5% noted high costs of medical treatments). TP introduction might have reduced the barriers related to family doctor registration, with only 7% reporting such issues post-TP.

Similarly, less key informants (7 out of 23) noted remaining barriers after TP implementation. Common post-TP barriers reported by informants included refugees' lack of clarity on rules/registration processes (3/23), limited availability of free services (2/23), or a lack of locally available specialized treatments (2/23). Only one key informant reported prolonged waiting times for appointments after TP introduction.

The majority of respondents (78%) did not observe any remaining gaps in healthcare provision to refugees. However, some respondents raised specific concerns, including limited access to the necessary medicines (10%), lack of access to specialist doctors (8%), lack of available chronic disease treatment (2%), and lack of access to prophylactic dental treatment (1%). In parallel, some key informants noted issues such as inadequate availability of specialized and chronic disease treatment, as well as unaffordability of certain medicines.

## Procedural adjustments

Key informants noted that the introduction of TP brought changes to the registration process, including the possibility to register with a family doctor and expanding the scope of accessible medical services. However, a few informants did not observe any particular alterations to the refugee medical services provision following the introduction of TP.

Regarding the documents required to access healthcare services, the majority of respondents reported that they had to present their national passport or ID before the provision of TP. Another commonly required document was the personal state identification number (IDNP) assigned to refugees upon crossing the border. Some respondents were also asked to present a proof of their legal status, their birth certificate, or their proof of residence.

All of the interviewed healthcare providers indicated that they required refugees to present their national passport or ID to access the services. Some reported that a birth certificate was additionally asked for (4/12), although sometimes it was required in place of the passport.

Respondents reported that following TP introduction they were most frequently asked to present the TP card or certificate to access healthcare services. Additionally, the national passport or ID remained commonly required, particularly when accessing hospital emergency care. A smaller number of refugees were requested to present the

\* This is a multiple choice question, therefore results may add up to more than 100%. The graph includes barriers chosen by min. 2% of respondents, out of those who attempted to access healthcare services (either before or after TP provision).

IDNP, birth certificate, proof of residence, or legal status proof.

Similarly, almost all interviewed healthcare providers across all locations declared that after TP provision, refugees were required to present the Temporary Protection proof (10/12). They were also commonly required to register with a family doctor (7/12) and present their passport or ID (6/12).

One informant in Balti reported that in some special emergency cases medical assistance was provided to refugees without the required documents.

Although primary and emergency healthcare was officially provided to refugees free of charge both before and after TP provision<sup>13</sup>, some refugees reported instances where they were always or sometimes asked for additional payment when accessing public healthcare services in Moldova.

Before the introduction of TP, 36% of those attempting to access primary healthcare (31 out of 85) reported having to pay either always (6%) or sometimes (31%). Payments (at least occasionally) were also reported for pre-hospital emergency assistance (5 out of 29), hospital emergency assistance (4 out of 19), specialized healthcare (outpatient dialysis services, 6 out of 15), and emergency dental care (4 out of 7).

Following TP provision, the situation appeared to have improved. Sixteen percent of those who attempted to access primary healthcare (13 out of 81) reported that they always (2%) or sometimes (14%) had to pay. Some respondents mentioned being asked to pay, at least sometimes, for emergency dental care (5 out of 5) and hospital emergency care (1 out of 11). No one reported having to pay for pre-hospital emergency care nor specialized healthcare (outpatient dialysis) after having obtained TP.

### Challenges for the service providers

Key informants across all locations recalled additional challenges faced by Moldovan healthcare providers before TP provision (reported by 17/23 informants).

Specifically, the surge in refugees and the consequent heightened demand for healthcare services resulted in an increased workload for medical personnel. This, in turn, was one of the factors leading to extended waiting times for appointments for all patients, impeding the timely delivery of medical services. In addition, the communication between medical staff and refugee patients was sometimes reportedly hindered by the refugees' limited understanding of the Moldovan healthcare system regulations.

Healthcare providers declared having received limited support to accommodate refugees since TP provision. Such support was only confirmed by some providers in Chisinau and Balti (2/12), where, e.g., a facility received medicines. Nonetheless, NGOs across all locations have offered supplementary services, including Mental Health and Psychosocial Support (MHPSS), funding for treatments, legal aid, and information sharing.

While healthcare providers commonly declared their ability to handle a potential surge in refugee numbers (reported by 11/16 healthcare providers), almost all informants (22/23) stressed that additional support would be crucial

for healthcare providers to meet the needs of all patients in the event of increased demand.

This support should include, e.g., providing healthcare institutions with additional staff, medicines and new equipment, as well as general financial aid to cover any outstanding needs. Support was most frequently expected to come from the national government.

Support needed to meet potential higher demand for healthcare, by no. of mentions in KIIs	
Additional staff	13
Medicines provision	11
New equipment	10
Financial aid	9
Renovations of facilities	3
Additional space	2

## ACCESS TO EDUCATION

In the academic year 2022/2023, Ukrainian refugee children in Moldova could enrol into local public schools either as full-time students (i.e., following all courses and receiving grades) or auditors (i.e., engaging in educational activities without compulsory schooling nor receiving grades). Additionally, children could participate in extracurricular activities, informal activities (organized by the Youth Centres), or events related to psychological and pedagogical assistance (facilitated by raions, municipalities and educational institutions)<sup>14</sup>.

However, enrolment of Ukrainian refugee children in Moldovan schools remained low, with only about 4% of them following Moldovan education by the end of the 2022/2023 academic year<sup>15</sup>. Instead, the majority of refugee children opted to attend Ukrainian education online<sup>16</sup>. In the 2022/2023 academic year, online Ukrainian learning was chosen by 54% of the refugee households with children, surveyed in the Multi-Sector Needs Assessment 2023<sup>\*17</sup>.

After the implementation of Temporary Protection, the Ministry of Education and Research announced that children who obtained TP status or arrived in Moldova within the previous 90 days were eligible to enrol in Moldovan schools. Those who did not have the TP status were to be considered on a case-by-case basis<sup>18</sup>.

According to the Ministry of Education, over 2,000 children displaced from Ukraine were officially registered in Moldovan educational institutions in September 2023, including over 600 enrolled in preschools<sup>19</sup>.

### TP's impact on education access

According to the household survey, 41% of the households with children\*\* attempted to enrol at least some of their children in Moldovan public schools, before having received TP (39% attempted to enrol all children in the household). Notably, the highest rate of interest in school enrolment was observed in Chisinau, where a half of surveyed households endeavoured to enrol their children.

Almost all (95%) of those who tried, succeeded in enrolling their children before receiving TP. One unsuccessful enrolment was reported in Cahul and one respondent in Balti preferred not to answer. No one reported being denied access to education on discriminatory grounds.

Key informants affirmed that the level of refugee access to education was overall sufficient before TP provision (13/23). Only two key informants, in Gagauzia and Chisinau, mentioned cases of access refusal due to schools having a limited number of free places. Some reported that children who did not dispose of all the required documents for enrolment were accepted as auditors.

Before the introduction of TP, on average, 0.85 children per household (among the households with children) were reported to be enrolled as full-time students in Moldovan schools, while 0.54 were enrolled as auditors. Chisinau recorded the highest average number of children registered as auditors, while Gagauzia had the highest average of full-time students.

Following the implementation of TP, the majority of key informants indicated that access to education had become easier (14/23). They cited a simplified application procedure and facilitated access to the full-time student status. However, some informants believed that TP did not bring significant changes to education access.

Forty percent of the household survey respondents (who have children in their households) could not tell whether TP has facilitated refugee school enrolment. Thirty-six percent declared that it has mostly or significantly facilitated education access. These opinions were the least common in Cahul (18%). Furthermore, 15% of respondents reported that TP has only slightly or moderately simplified school enrolment, while 6% declared it did not facilitate enrolment at all.

Indeed, a slight increase in school enrolment was noted after TP provision by the households. The share of those who attempted to enrol at least some of their children who received TP (i.e., 105 households) into Moldovan public schools increased to 49% (while 48% tried to enrol all of the children in the household). The highest rate of interest in school enrolment was recorded in Cahul, reaching over a half of the local respondents.

About a half (49%) of those attempting to enrol their children were motivated, at least partially, by having obtained TP. About a third (31%) declared that having obtained TP was the most significant factor influencing their decision.

Nearly all (98%) of those who attempted to enrol their children following TP provision succeeded. One case of unsuccessful enrolment was, again, reported in Cahul.

After TP provision, more children were enrolled as full-time students (on average 1.22 per household) and fewer as auditors (on average 0.28 per household). Geographical patterns of student enrolment type remained similar to the situation before TP introduction. The highest average of those registered as full-time students appeared in Cahul, followed closely by Gagauzia, while Chisinau recorded the highest average of auditors.

Cases of access refusal remained isolated occurrences. One instance of access refusal to education on perceived discriminatory grounds was reported in Chisinau through the household survey. Within the Key Informant Interviews, instances of access refusal were only reported by one education provider in Gagauzia, and attributed to a lack of sufficient places in school.

### Barriers to enrolment

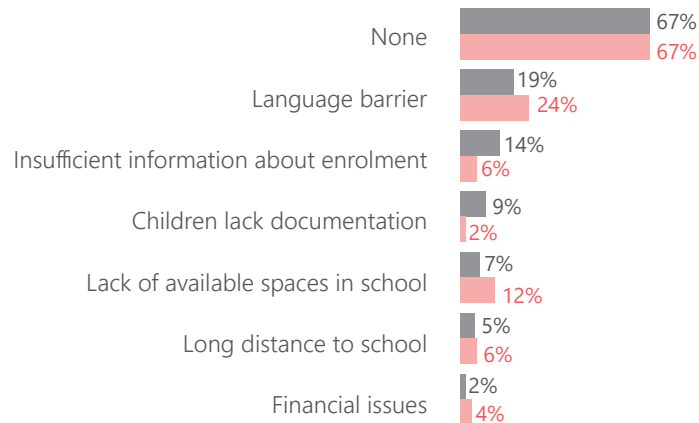
Within the household survey, a third (33%) of respondents (out of those who attempted to enrol their children into schools) reported encountering barriers to enrolment, both before and after having obtained TP. The barriers were most frequently reported in Chisinau and Balti.

\*The findings of Multi-Sector Needs Assessment 2023 are indicative. The sample includes those who have obtained TP, as well as those who have not.

\*\*Unless stated differently, percentages in this section were calculated amongst the households with children, i.e., 106 households.

### Reported barriers to education access

(before TP n=43, after TP n=51)\*



Language barrier was the predominant obstacle, persisting despite the introduction of TP, as a structural and cultural challenge unaffected by legal status provision. Most Moldovan schools instruct in Romanian, the official state language (with a few Russian-speaking public schools), whereas Ukrainian children typically communicate in Russian or Ukrainian.

Other barriers cited by respondents included inadequate information about school enrolment, lack of documents necessary for enrolment and insufficient availability of spaces at school.

Similarly, the key informants reported some barriers to education access in every location (14/23) before the implementation of TP. The language barrier was prevalent (9/23), in line with the household survey results. Furthermore, differences between the Moldovan and Ukrainian school curricula were reported (6/23). Due to differing educational programs, Ukrainian students struggled to fully engage in Moldovan education and needed to catch up on the material. Lastly, several informants noted that some refugees lacked the documents needed for enrolment (5/23).

Some NGO representatives pointed out additional barriers faced by children from vulnerable social groups. Roma children, in particular, faced discrimination and limited educational participation due to their parents' past decisions not to enrol them in formal schooling, as suggested by the key informants. This observation was made in Balti, Cahul, and Chisinau. Additionally, some informants in Balti and Chisinau emphasized that children with disabilities faced physical constraints in accessing education facilities not adapted to their needs. However, education providers in Chisinau contested this, asserting that their facilities were inclusive for persons with disabilities.

According to the household survey, some barriers, such as insufficient information about enrolment and lack of required documents, reportedly eased after TP provision. In contrast, the shortage of available spaces in schools appeared to have intensified following TP provision, especially in Chisinau and Balti, likely due to a slightly increased demand for education services.

Several education providers reported making additional efforts to overcome the barriers (4/12), such as introducing supplementary courses for refugees, including Romanian language courses or catch-up classes. However, despite

these efforts, informants (13/23) indicated that certain barriers to refugee education persisted, notably the language barrier (10/23) and lack of documents required for enrolment (3/23).

### Procedural adjustments

Education providers commonly reported that the provision of TP introduced changes to the school registration process, including a simplified application procedure and facilitated access to the full-time student status.

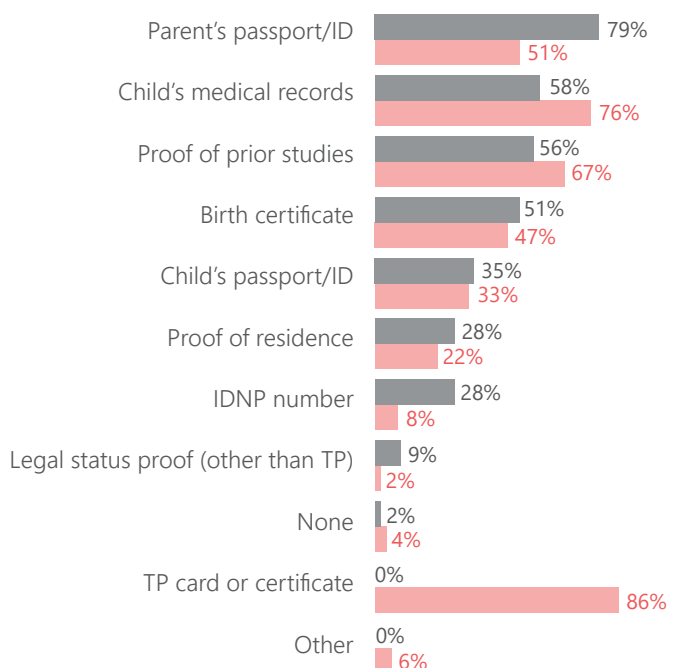
Before TP provision, according to the household survey, parents aiming to enrol their children into Moldovan schools were typically required to present their passport or ID (79%), child's medical records (58%), school records of the child (56%) and the child's birth certificate (51%).

The interviewed education providers most commonly indicated that prior to TP introduction they required child's school records (8/12), a copy of child's birth certificate (7/12), a copy of parent's passport or ID (6/12) and the child's medical certificate, including vaccination records (6/12). Informants in Cahul and Chisinau mentioned as well the need to present the IDNP.

As per the order of the Ministry of Education and Research of Moldova, refugees are currently required to provide the following documents for school enrolment: the national identity card of a parent/legal guardian, the child's birth certificate/national identity card; the child's medical certificate, and documents confirming the pupil's studies (school records)<sup>20</sup>.

Following TP provision, most parents recalled being asked for the child's medical records (77%), school records of the child (67%), parent's passport or ID (51%), and child's birth certificate (47%). Although TP is not officially required for education access, TP holders were reportedly asked to provide a proof (86%).

### Reported documents required to enrol children in schools (before TP n=43, after TP n=51)\*\*



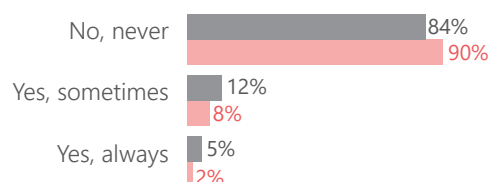
\*Percentages were calculated amongst the households that attempted to enrol at least some of their children into Moldovan public schools.

\*\* Percentages were calculated amongst the households that attempted to enrol at least some of their children into Moldovan public schools. This is a multiple choice question, therefore results may add up to more than 100%.

In alignment with these reports, education providers reported that following the introduction of TP, the child's education file remained the most commonly requested document for school enrolment (9/12). Among other required documents, informants frequently reported the TP proof (7/12), a copy of parent's passport or ID (7/12) and the child's medical certificate (7/12). Some informants (excluding those in Chisinau) reported as well the need to provide a copy of child's birth certificate (6/12).

### Reported payment for school enrolment

(before TP n=43, after TP n=51)\*



According to the law, the refugees were not obligated to pay for access to public education, neither before nor after TP provision<sup>21</sup>. However, 17% of respondents declared that before receiving TP they had to pay for school enrolment, at least in some cases. Following TP provision, the situation appears to have slightly improved, with 10% declaring having to pay for school enrolment, at least in some instances.

### Challenges for the service providers

The key informants most predominantly reported that Moldovan public schools did not face additional challenges in accommodating refugees before TP provision (13/23, including 9/12 education providers). Some facilities (in Chisinau and Cahul) reportedly struggled with increased workload, due to the increased number of students. Other establishments (in Gagauzia) encountered financial and bureaucratic issues when attempting to accommodate refugee students.

To some extent, these challenges were mitigated by the availability of alternative forms of education, particularly Ukrainian online schooling. Many refugee parents reportedly opted for their children to continue attending Ukrainian online education instead of enrolling them fully into Moldovan schools.

Most education providers reported having received support to accommodate refugees since the implementation of TP (10/12). Additionally, NGOs across all locations have been offering services for refugee children, including extracurricular activities, child-friendly spaces, and sharing information on TP and education opportunities.

In the event of increased demand for education services, most informants emphasized the need for additional support to education providers (15/23). This included provision of school/classroom equipment (e.g., desks, whiteboards, computers, etc.), renovation of the school facilities to provide more usable space, or general financial aid, that could be used for equipment purchases or hiring more teachers. The support was most commonly expected from the government, local authorities and NGOs.

Support needed to meet potential higher demand for education, by no. of mentions in KIIs	
School/classroom equipment	6
Renovation of the facilities	3
Financial aid	2
Additional tutoring for refugee students	1
Provision of free meals to refugee students	1

\*Percentages were calculated amongst the households that attempted to enrol at least some of their children into Moldovan public schools.

## ACCESS TO EMPLOYMENT

The TP legislation repealed prior decisions on refugees' employment, which granted them the right to work in Moldova without a residency permit. In line with the TP measures implemented in May 2023, refugees are now required to obtain TP or an alternative legal status to secure employment in Moldova. The legislation was not retroactive; contracts existing as of May 15th, 2023, remained valid during the period in which refugees could regularize their status. Nonetheless, contracts had to be updated under TP or other legal status<sup>22</sup>.

As of November 30th, 2023, the Moldova National Employment Agency reported that 1,265 Ukrainian citizens were officially employed in Moldova. The majority of them were situated in the districts of Chisinau, Gagauzia, and Balti<sup>23</sup>. It is important to note that this data exclusively encompasses those formally employed and registered with the National Employment Agency. In the Multi-Sector Needs Assessment (MSNA) 2023, 37% of household members declared that employment in Moldova was their main source of income. Additionally, 66% among those employed reported having an official employment contract<sup>24</sup>.

### TP's impact on employment access

According to some key informants, refugees enjoyed sufficient access to employment, in legal terms, before the implementation of TP. However, both the refugees and employers encountered challenges. Some informants, in Cahul and Gagauzia, highlighted a scarcity of job opportunities, coupled with a mismatch between available positions and refugees' skills and abilities (e.g., physical constraints hindered older refugees from taking up specific roles).

Moreover, many refugees were uncertain about their future plans, deterring employers from offering them jobs due to the apprehension that they might abruptly leave Moldova. A few key informants claimed that some refugees lacked motivation to work, which they believed could be due to their unclear movement plans and salaries falling short of their expectations. According to the MSNA survey, 26% of the household members (aged 18-64 years old) were not actively looking for a job<sup>25</sup>.

All NGO representatives (7 out of 11 employment sector informants) declared that refugees encountered barriers to employment across various locations before TP provision. These barriers included language obstacles (as numerous employers required knowledge of Romanian, Moldova's official language), limited access to childcare, and lack of necessary documents, which created difficulties in opening a bank account and restricted access to formal employment.

Before the introduction of TP, informants in Cahul and Chisinau reported instances of refusal to grant refugees employment access based on potentially discriminatory grounds (i.e., not stemming from the human resources needs of employers). Refusals were also noted among vulnerable groups, particularly the refugees of Roma ethnicity, due to prevailing prejudices. As per the household survey,

6 respondents (3 in Cahul and 1 each in Balti, Chisinau, Gagauzia) reported that they or their household member were denied access to employment on discriminatory grounds before receiving TP.

Most key informants reported that after the introduction of TP, refugee job access became easier (8/11). For example, TP served as proof of the refugees' long-term plans to stay in Moldova, which employers appreciated. Within the household survey, 35% of respondents stated that TP provision has mostly or significantly facilitated refugee access to employment. Such sentiment was the most common in Chisinau (56%). Another 20% of all respondents claimed that access to employment was slightly to moderately facilitated. One-tenth reported that it did not facilitate access at all. This opinion was most common among respondents from Cahul (27%). A third of respondents (35%) did not know how to answer the question or preferred not to answer.

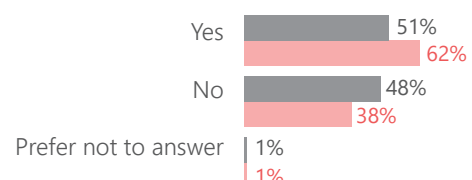
Based on the key informants' accounts, TP has not brought significant changes in terms of access refusal, as such cases were noted even after its introduction, including among vulnerable groups. Five respondents of the household survey (3 in Cahul and 1 each in Balti and Chisinau) declared that they were denied employment on discriminatory grounds after having received TP.

It was reported that some barriers to refugee employment were lifted or their recurrence declined following the TP introduction (remaining barriers were noted by 7/11 informants). These included issues like the lack of adequate jobs, limited access to formal employment, and difficulties in opening a bank account (often required for formal employment). However, persistent challenges such as the language barrier and limited access to childcare remained in place, as they were not directly linked to legal provisions regarding employment access.

### Formal refugee employment

The only discernible legal alteration in the employment process identified by informants after the implementation of TP was the requirement to provide the TP proof for formal employment (i.e., employment predicated on an official contract). In accordance with official legal provisions, no other significant modifications to employment practices were observed subsequent to TP provision. A minority of informants (3/11) reported that refugee access to employment remained unaltered. However, some key informants mentioned that obtaining an official employment contract became more straightforward.

### Employed household members holding an employment contract (before TP n=112, after TP n=114)\*\*



\*The findings of Multi-Sector Needs Assessment 2023 are indicative. The sample includes those who have obtained TP, as well as those who have not.

\*\*Percentages were calculated amongst the respondents and their household members who declared possessing any type of employment. Because of rounding up, the percentages might not add up to 100%.

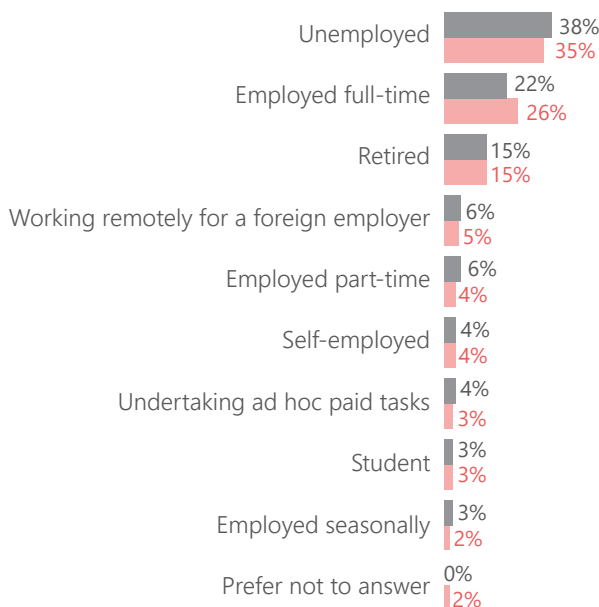
Before acquiring TP, approximately 51% of those employed held an official employment contract, with notably high percentages in Cahul (77%) and Balti (53%). Following TP implementation, the proportion of employed household members with official job contracts increased to 62%.

The change was particularly evident in Balti and Gagauzia. Notably, 91% of individuals who altered their employment status after obtaining TP secured an official employment contract, indicating a progressive formalization of refugee employment.

### Employment structure and labour supply

Before obtaining TP, 44% of household members were reportedly working (holding any employment status\*), while 22% were employed full-time in Moldova. Over a third (38%) were unemployed (this rate excludes students and retirees).

#### Employment status of household members (n=255)\*\*



As per the findings of the household survey, the highest employment rate was observed in Chisinau, where 54% held some employment status\*, and 34% worked full-time. Conversely, the lowest employment rate was noted in Cahul at 35%, with only 13% engaged in full-time employment. Cahul also reported the highest unemployment rate at 52%.

Some informants indicated that, following TP provision, the number of refugees seeking employment decreased (4/11) or remained unchanged (4/11), predominantly in Chisinau, Balti and Cahul. One informant in Gagauzia reported an increased number of refugees looking for employment following the TP provision.

NGOs, authorities, and international organisations reportedly strove to support refugee inclusion into the job market through initiatives such as job fairs, counseling, information campaigns, legal advice, and professional training. Local authorities were reportedly less active on this topic in Cahul.

According to the household survey, following obtention of TP, 10% of household members changed their employment

status (i.e., type of employment), most of whom were at least partially, up to significantly motivated by the acquisition of TP.

After having received TP, unemployment among the household members reportedly decreased to 35% (compared to 38% prior to TP introduction). Overall, employment remained at 44%, however full-time employment increased to 26%, while the proportion of refugees working part-time, remotely, ad hoc and seasonally decreased.

Chisinau continued to exhibit the highest reported employment rate at 59%, with 37% engaged in full-time employment. Meanwhile, Cahul maintained the lowest employment rate (30%, including 13% full-time) and the highest unemployment rate at 52%.

One informant noted that obtaining TP encouraged some refugees to plan for a longer stay in Moldova (in turn motivating them to actively seek employment).

Remaining gaps in refugee employment included insufficient access to childcare, which hindered parents' ability to take up employment, and a lack of Romanian language skills.

As per the household survey, 8% of household members (primarily in Cahul) planned to change their employment status in the future due to having obtained TP. Over half of them aspired to secure a full-time job, while several aimed for part-time employment.

Most key informants across all locations declared that the job market would be able to accommodate higher labour supply if the refugee influx increased. Some employers might require additional support to employ the refugees (as reported by 5/11 informants), mainly in the form of financial aid to subsidize hiring additional workers. The need for support was reported in Balti, Chisinau, and Gagauzia.

\*Including: employed full-time, working remotely for a foreign employer, employed part-time, self-employed, undertaking ad hoc paid tasks, employed seasonally.

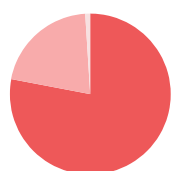
\*\*This question was asked about to respondents about each of their adult household member individually, hence the sample size exceeds the number of respondents. Because of rounding up, the percentages might not add up to 100%.

## MOVEMENT INTENTIONS

According to the household survey, more than half of respondents (55%) intended to remain in Moldova before obtaining TP. This inclination was particularly pronounced among respondents from Cahul, where a substantial 82% expressed the desire to stay. Furthermore, over a third of all respondents (35%) expressed a wish to return to Ukraine. The majority of those looking forward to return were located in Chisinau, with 54% of respondents from the capital expressing a desire to go back to Ukraine. Another 8% sought to move onwards to another country, while 2% were uncertain about their plans.

After the provision of TP, approximately a fifth (21%) of households altered their movement intentions. Among these, the majority (71%) cited the acquisition of TP as a motivating factor in their decision.

### Changes in households' movement intentions after having received TP



78% No change in movement intentions  
21% Changes in movement intentions  
1% Prefer not to answer

Among households that changed their movement intentions due to receiving TP, 96% expressed a desire to remain in Moldova, while 4% wished to move onwards to a country other than Moldova or Ukraine.

Additionally, respondents were questioned about the anticipation of leaving Moldova for more than 45 days over the next 6 months. According to the TP law, such an instance would lead to the loss of TP status in Moldova, with the possibility of later reapplication. The majority of respondents did not anticipate leaving Moldova for more than 45 days (62%). Some considered such a possibility or were uncertain whether they would do so (totaling 35%), while only 3% were certain that they would leave Moldova for 45 days or more.

Among those certain or considering such a possibility, 35% declared their intention to reapply for TP if it expires, 19% were contemplating this possibility, and 4% affirmed they would not reapply. The highest share of respondents expressed uncertainty about whether they would reapply for TP (42%).

## INFORMATION ENVIRONMENT

Moldovan authorities, comprising the General Inspectorate of Migration (IGM) and local governing bodies, alongside humanitarian entities such as the UNHCR and the Refugee Coordination Forum partners, have reportedly undertaken extensive information campaigns. These initiatives aim to disseminate knowledge about the Temporary Protection enrolment process and associated access to basic services.

Printed materials, available in Russian, Ukrainian, Romanian, and English, have been distributed nationwide. Animated videos covering TP application procedures, rights, and obligations have also been crafted. Information has been disseminated across various social media platforms, ensuring broad outreach.

Dedicated efforts have been made to accommodate diverse audiences, including the elderly and individuals with disabilities, through the adaptation of numerous materials. Additionally, in-person events, including Temporary Protection fairs, have been organized throughout Moldova to enhance awareness and address queries related to TP.

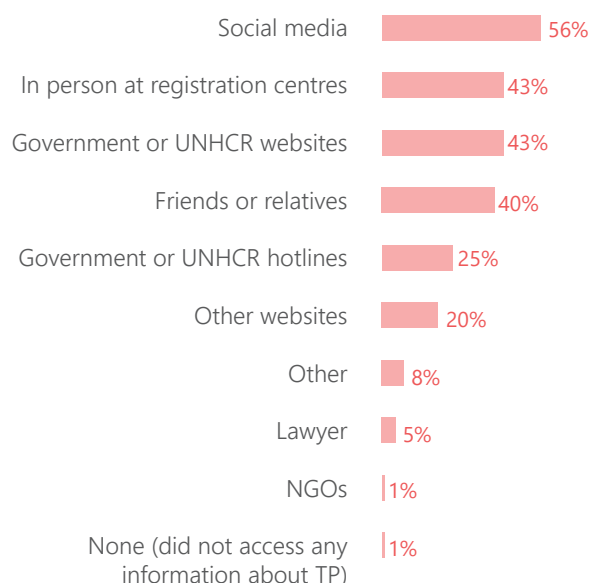
Moreover, authorities and humanitarian actors have conducted information sessions tailored for Moldova's frontline workers, encompassing local actors, managers of Refugee Accommodation Centres, and Roma Mediators<sup>26</sup>.

### Information access

According to the household survey, refugees predominantly sought information about Temporary Protection (TP), along with associated rights and obligations, through social media channels (56%). Following closely were in-person interactions at registration centres (43%), government or UNHCR websites (43%), and information obtained from friends or relatives (40%).

Key informants underscored the widespread implementation

### Sources used by the households to access information about TP\*

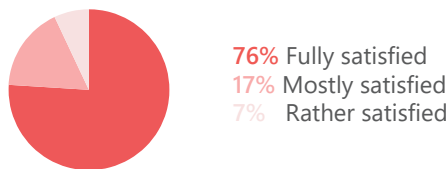


\*This is a multiple choice question, therefore results may add up to more than 100%.

of information campaigns on TP and access to related services and employment across all locations. These campaigns were typically delivered through in-person meetings, online dissemination, or the distribution of written materials.

Regarding satisfaction with access to information about TP, the overall response was positive, with 76% of respondents expressing complete satisfaction, a figure that reached 98% in Cahul. Respondents who reported less than full satisfaction with information access most commonly cited concerns about incomplete or unclear information (41%), language barriers (15%), and a lack of pertinent information regarding eligibility criteria (15%).

### Households' satisfaction with access to information regarding TP



### Refugee level of awareness

To assess the respondents' level of awareness of TP, they were asked to enumerate TP-related rights and obligations. The majority of the respondents listed the right to remain on the territory of Moldova until March 2024 (87%), work (73%), access healthcare (71%) and education (63%). Less than half of respondents were aware of their right to social assistance (46%) and accommodation in the temporary placement centres for persons in need (42%).

In terms of TP-mandated obligations, almost all respondents were aware that they are bound by TP to respect Moldova's law (93%) and about a half knew of the requirement to inform the General Inspectorate of Migration in case of a voluntary return to Ukraine (54%) and to respond to the requests of state authorities (47%). Although only 2% of respondents could not enumerate any rights or obligations related to TP, many were only able to identify one of each. Although knowledge of TP-related rights seemed relatively high, respondents displayed a limited awareness of their obligations.

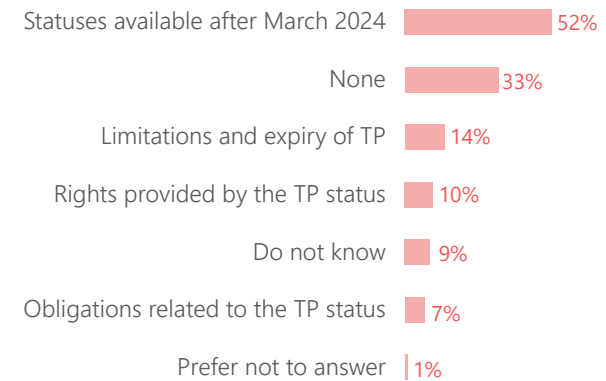
Representatives of the local authorities, basic services providers and NGOs, assessed that the refugees generally have a sufficient level of awareness of TP and related access to healthcare (9/23), education (11/23), and employment (4/11). Some deemed the awareness level as high, while a few mentioned that it was insufficient or varied on a case-by-case basis among the refugees.

### Need for additional information

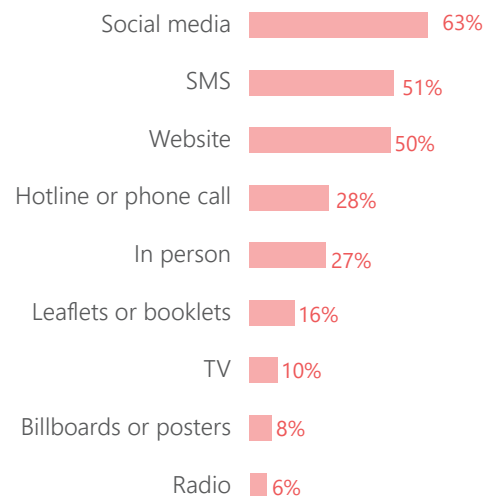
Key informants held differing opinions on the necessity for additional information campaigns, indicating a high level of awareness among refugees and potential ongoing information fatigue.

However, the majority of respondents (67%) declared that they needed additional information. Most frequently they wished to learn about legal statuses available to the refugees after March 2024 (52%), limitations and expiry rules of TP (14%) and rights provided by the TP status (10%). Most respondents preferred to obtain that information via social media (63%), SMS (51%), or websites (50%).

### Additional information needed by the households (n=163)\*



### Sources preferred by the households to access additional information about TP (n=109)\*\*



\*One response was removed in the data cleaning. This is a multiple choice question, therefore results may add up to more than 100%.

\*\*Percentages were calculated amongst those who reported needing additional information. This is a multiple choice question, therefore results may add up to more than 100%.

## FINAL REMARKS

The introduction of Temporary Protection has most significantly impacted procedural aspects, notably by often substituting other required documents, notably for accessing healthcare and education. It is noteworthy that before the introduction of TP, refugees reportedly already enjoyed satisfactory access to basic services, with isolated cases of access refusal on discriminatory grounds.

Cahul emerged as a location facing the most challenges, showing the lowest employment rates, instances of unsuccessful school enrolment, and a higher share of access refusals (to employment, accommodation, and banking services) on perceived discriminatory grounds. Meanwhile, Balti experienced the highest proportion of respondents reporting barriers and gaps in healthcare access.

Overall, respondents generally agreed that TP has, at least slightly, facilitated access to healthcare (55%), employment (55%), and education (cited by 51% of households with children). However, a significant number were unable to determine whether TP facilitated access, likely due to the TP status replacing previous provisions in a similar manner, especially in terms of access to education and employment (see Fig.2).

TP provision has eased some barriers, particularly those related to formal procedures. However, certain barriers, not determined by legal status (e.g., the language barrier), remained in place. Regarding healthcare, some households highlighted persistent gaps, such as limited access to specific medicines and specialist doctors.

TP also served as proof of long-term plans to stay in Moldova, while indeed influencing some households' decision to stay. However, few decisions or access patterns were solely dictated by obtaining TP; rather, it seemed to have functioned as an enabler aligned with the households' needs.

While it was largely reported that service and employment providers could accommodate increased labour supply in case of a surge in refugee influx, additional support, such

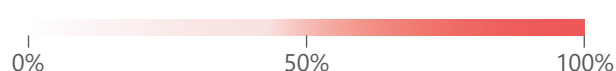
as investments, would be required to ensure services for all those in need.

The overall level of access to information and refugee awareness of TP-related rights appeared satisfactory, owing to widespread offline and online campaigns by the Moldovan government, UNHCR, and other humanitarian actors. Nonetheless, many refugees exhibited limited knowledge of their obligations related to the TP status.

Over half of refugees sought further information, primarily regarding the legal statuses available after March 2024 when TP is set to expire. The reported lack of clear communication from the government regarding TP-holders' legal situation seems to introduce uncertainty for the refugees.

**Figure 2:** Facilitation of access to basic services and employment due to TP provision - perceptions of respondents\*.

	Significantly facilitated	Mostly facilitated	Moderately facilitated	Slightly facilitated	Did not facilitate	Do not know	Prefer not to answer
Healthcare	7%	29%	14%	5%	13%	31%	1%
Education (n=106)**	16%	20%	12%	3%	6%	40%	4%
Employment	11%	24%	16%	4%	10%	32%	2%



\*Because of rounding up, the percentages might not add up to 100%.

\*\*Percentages were calculated amongst households with children.

## ENDNOTES

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- <sup>7</sup> Council of Europe, [Report of the fact-finding mission to the Republic of Moldova by Ms Leyla Kayacik, Special Representative of the Secretary General on Migration and Refugees](#), September 16th, 2022.
- <sup>8</sup> Ibid.
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- <sup>10</sup> Ibid.
- <sup>11</sup> UNHCR, [Temporary Protection Update No. 3, Republic of Moldova](#), August 7th, 2023.
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- <sup>14</sup> Government of the Republic of Moldova, [Disposition No. 10 of March 15, 2022 of the Commission for Exceptional Situations of the Republic of Moldova](#), March 15th, 2022.
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- <sup>23</sup> National Employment Agency, [Updated information regarding the employment of citizens of Ukraine](#), November 30th, 2023.
- <sup>24</sup> REACH, UNHCR, UNICEF, Regional Refugee Response for Ukraine Situation, [Multi-Sector Needs Assessment \(MSNA\)](#), October 2023.
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- <sup>26</sup> UNHCR, [Temporary Protection Update No. 4, Republic of Moldova](#), November 28th, 2023.

## ABOUT REACH

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).