



Regional Refugee Response
for the Ukraine Situation

MOLDOVA

SOCIO-ECONOMIC INSIGHTS SURVEY (SEIS)

October 2024

Preliminary analysis

REACH

Informing
more effective
humanitarian action

Photo credit: Nadine Frisk, REACH 2024



UNHCR
The UN Refugee Agency



MOLDOVA

OBJECTIVES & METHODOLOGY

OBJECTIVES

The **SEIS** is a collaborative process which identifies the most pressing needs of refugees across various sectors. Comprehensive and accurate data is gathered to guide the planning, implementation, and evaluation of programs and interventions aimed at addressing those needs.

The SEIS 2024, along with the REACH MSNAs* conducted in 2023 and 2022, assessed several key areas:

- the needs of refugees in Moldova;
- the level of socio-economic integration and access to national systems;
- Service gaps and refugees' priorities for the coming year;
- Identify changing trends in refugees' needs

While some results can be compared over time, changes in the assessment methodology, respondent identification strategy, and questionnaires each year may limit the full comparability of results.

The SEIS is a key source of information for the 2025-2026 Refugee Response Plan (RRP) planning, which aims to capture funding and planning requirements for the response.

These preliminary results cover the following topics:

- **DEMOGRAPHICS**
- **PROTECTION**
- **EDUCATION**
- **SOCIAL ECONOMIC INCLUSION AND LIVELIHOOD**
- **HEALTH**
- **ACCOMMODATION**

* REACH conducted Multi-Sector Needs Assessments (MSNAs) in Moldova in [2022](#) and [2023](#).

OVERVIEW



COMPLETED
VISITS

622 HHs



POPULATION
COVERAGE

Refugee households* (HH), including third-country nationals, displaced from Ukraine to Moldova following the escalation of hostilities in February 2022, with a focus on those living outside of Refugee Accommodation Centres (RACs).



DATA COLLECTION
BY

REACH Initiative



DATA COLLECTION

From **3 June** to **12 July**
2024



PRELIMINARY ANALYSIS
BY

UNHCR Regional Bureau for
Europe (RBE)
REACH Initiative

* Refugee HHs include the refugee respondent from Ukraine plus all individuals, including family or close acquaintances displaced from Ukraine to Moldova who are living with the respondent at the time of interview, and share key resources and expenses (i.e., share income, key resources and expenses beyond rent).

METHODOLOGY

GEOGRAPHIC COVERAGE	National coverage , excluding the Transnistrian region.
SAMPLING	<p>Non-probability purposive sampling approach, constructed based on cross-referenced population figures from the UNHCR Multi-Purpose Cash Assistance (MPCA) beneficiary list, the General Inspectorate for Migration (IGM) Temporary Protection (TP) list, and the REACH area monitoring exercise. Settlements with fewer than 5 refugee HHs were excluded from the sampling frame.</p> <p>Sampling frame at settlement level (admin 2).</p>
DESIGN	HH surveys were distributed based on regional stratification (North, Centre, South, Chisinau).
DATA COLLECTION	Primary data was collected through in-person quantitative HH-level surveys from 3 June to 12 July 2024 by enumerators from the REACH Initiative.
SAMPLE SIZE	622 HHs (with the overall minimum target of interviews sampled being 597), covering 1,204 individual HH members.
WEIGHTS	Regional weights were applied to national-level findings only to correct for distortions in proportionality created by the sampling design (i.e., stratification by region), as the majority of refugee HHs are concentrated in the Chisinau region, with fewer HHs in more rural areas.

LIMITATIONS

- **Representativeness:** Due to the absence of an official nationwide record of Ukrainian refugees' exact numbers and geographic dispersion in Moldova, a probability sampling method was not possible. Consequently, purposive, non-probability sampling was applied. As a result, the findings **are not statistically representative** of the entire population and should be seen as **indicative only**.
- **Geographical coverage:** 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.
- **Survey fatigue:** Due to the length of the survey, some respondents may have rushed through questions, potentially leading to misinterpretations, inaccurate responses, or errors in data input via the KOBO tool.
- **Selection bias:** Enumerators frequently visited places where refugees typically gather or referred to local authorities to identify potential respondents, which may have introduced a selection bias.
- **Data verification:** Data discrepancies were checked with enumerators and addressed accordingly, though they could not be verified in some cases. As a result, there may be some inconsistencies or missing data.
- **Sensitive topic underreporting:** Respondents may have underreported sensitive topics such as income and expenses due to perceived privacy concerns.



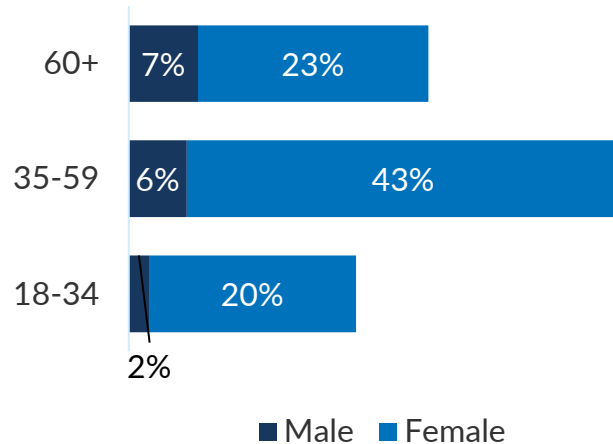
MOLDOVA

DEMOGRAPHICS

DEMOGRAPHICS

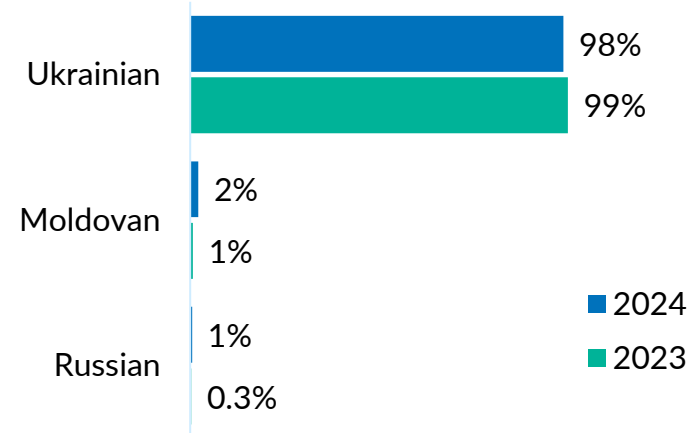
RESPONDENTS

Respondents by gender & age
(n=622)



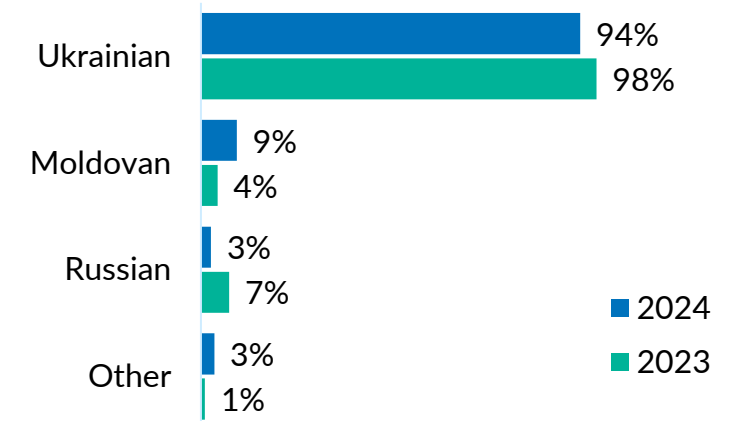
Note: Some results do not add up to 100% due to rounding.

% of respondents by citizenship
(n=622 in 2024, n=890 in 2023)



Note: 2023 figures were sourced from the REACH 2023 MSNA.
Respondents could select multiple responses.

% of HHs by ethnic background (self-identified)
(n=622 in 2024, n=890 in 2023)



Note: 2023 figures were sourced from the REACH 2023 MSNA.
Respondents could select multiple responses.

Approximately **85%** of respondents were **women**, and **15%** were **men**. The largest age group was **35-59 (48% of respondents)**.

Nearly all respondents (**98%**) held **Ukrainian citizenship**, while **2%** held **Moldovan citizenship** and **1%** held **Russian citizenship**. **94%** of HHs self-identified as being of **Ukrainian background**, **9%** as **Moldovan**, and **3%** as **Russian**.

DEMOGRAPHICS

HOUSEHOLD AND POPULATION CHARACTERISTICS



Average HH size
1.9

% of HHs with a
chronically ill member
48%

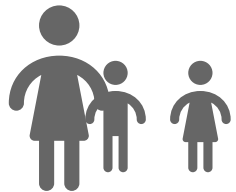
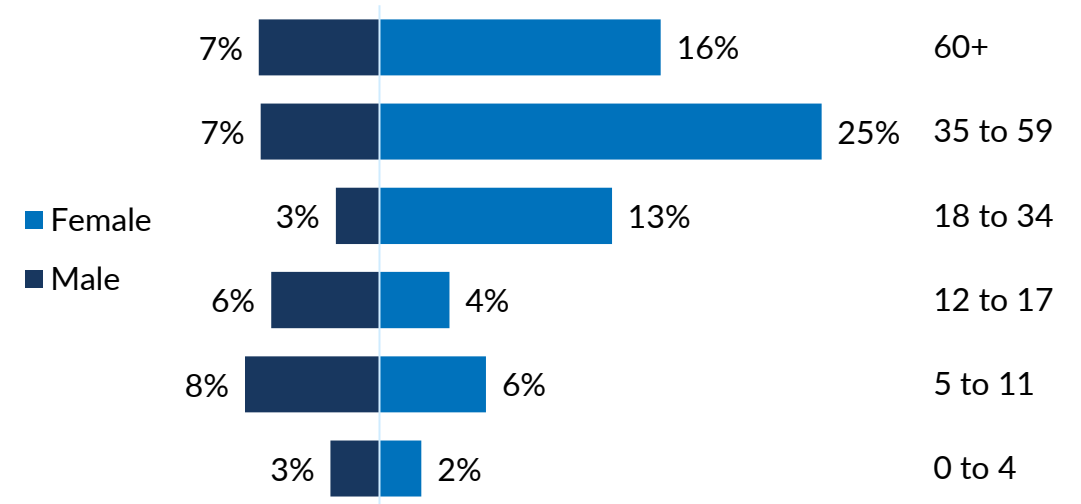
Note: Respondents were asked if they had a chronic illness such as diabetes, hypertension, or asthma.

HHs with children
24%

% of HHs with a pregnant
or breastfeeding woman
5%

In 2024, average HH size decreased from 2.4 in 2023. The percentage of HHs with children also decreased from 54%.

HH members by age group and gender (n=1204)



Single-adult HHs
with dependents
25%



% of HHs with
infants
4%



% of older refugees
(60+ years)
23%



% of individuals with disability
level 3 and above
10%

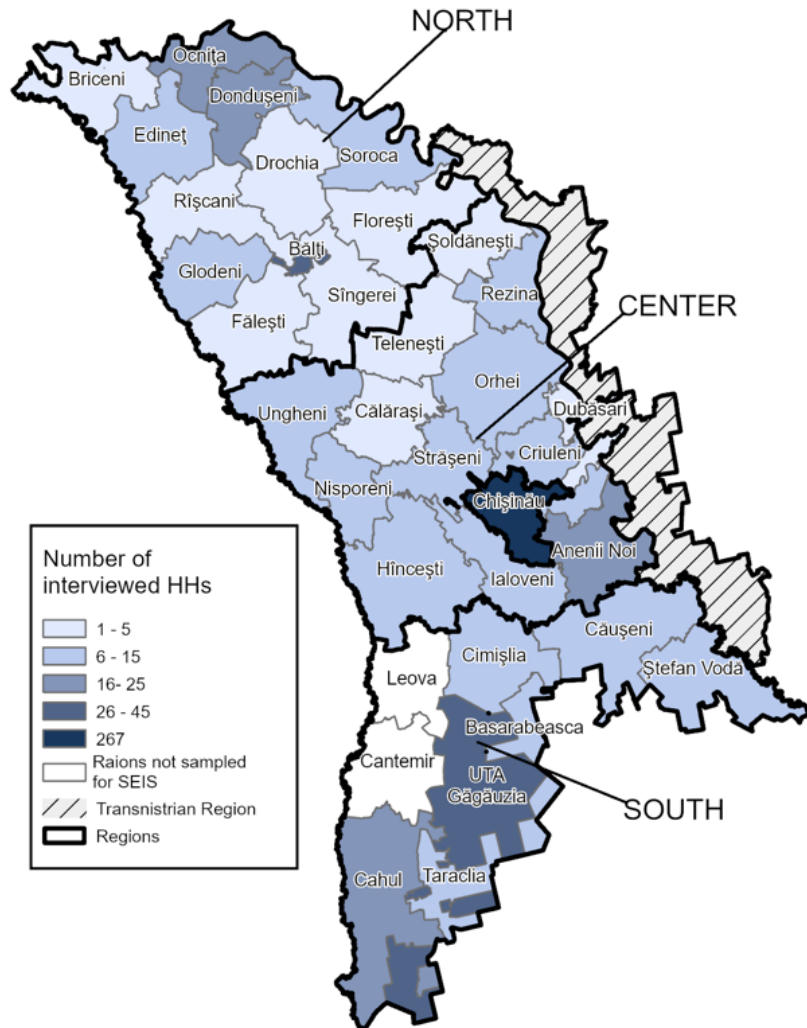
Note: Dependents include children aged 0-17 and older individuals aged 60+.

Note: Washington Group disability levels 3 and 4 indicate individuals facing 'a lot of difficulty' or 'cannot do it at all' regarding performing daily activities in areas such as seeing, hearing, walking, cognition, self-care, or communication.

DEMOGRAPHICS

AREA OF RESIDENCE

% of HHs interviewed by raion of residence



Interviews were conducted nationwide, excluding Transnistria, and stratified by **four regions**: Centre, Chisinau*, North, and South.

Within the shaded raions, interviews were conducted with respondents who lived across **105 settlements**. The highest concentration of interviews took place in **Chisinau (42%)**, where the majority of refugees live.

* Chisinau is not an official region in Moldova, but was extracted from the Centre region to better account for the distribution of refugees within the national territory.

UKRAINIAN REFUGEES ORIGINS BY OBLAST

- **Mykolaivska Oblast (10%)**
- **Khersonska Oblast (9%)**
- **Kharkivska Oblast (7%)**
- **Kyiv Oblast (6%)**
- **Donetska Oblast (5%)**



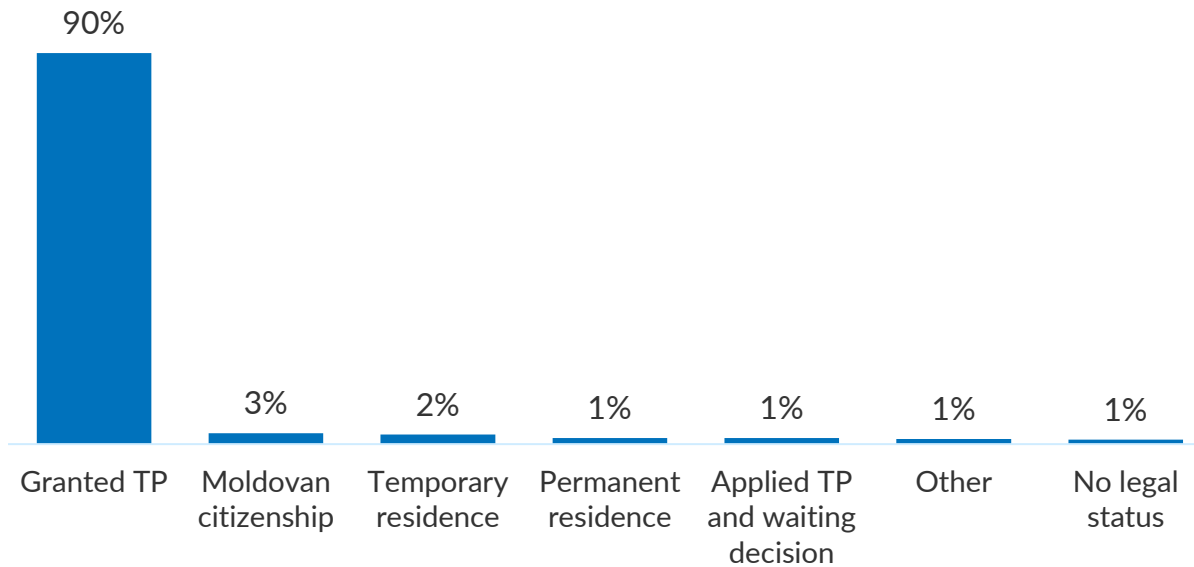
MOLDOVA

PROTECTION

PROTECTION

CIVIL STATUS

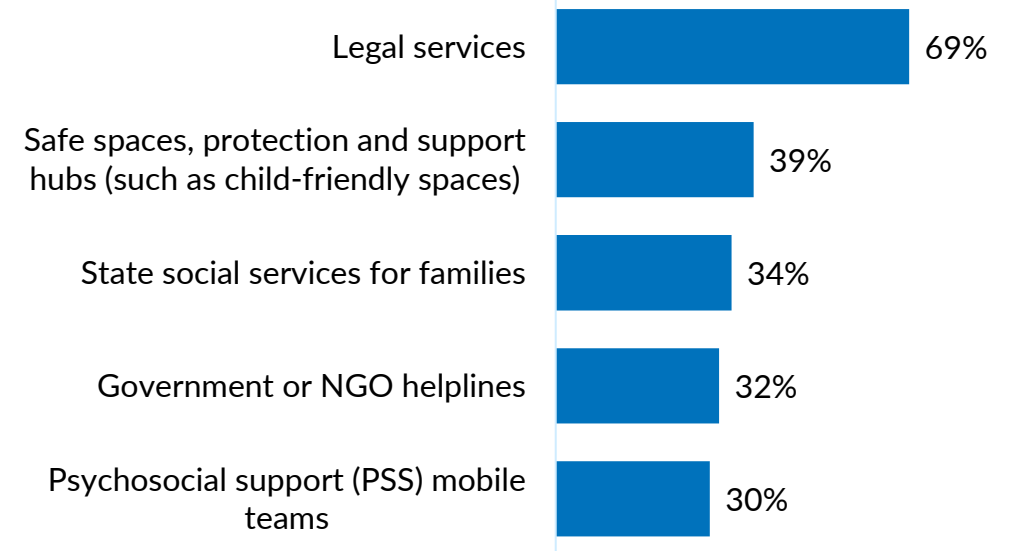
What is your current legal status in the country?
(n=622)



In 2024, **90% of respondents** reported that they had been granted Temporary Protection (TP) status and **1%** had applied for TP and were waiting for a decision.

Among those who were granted TP or had applied for TP status (n=574), **99% of respondents** said they did not experience difficulties during the TP or asylum application/extension process.

% of respondents reporting awareness of
protection services in the area of residence
(top5) (n=622)



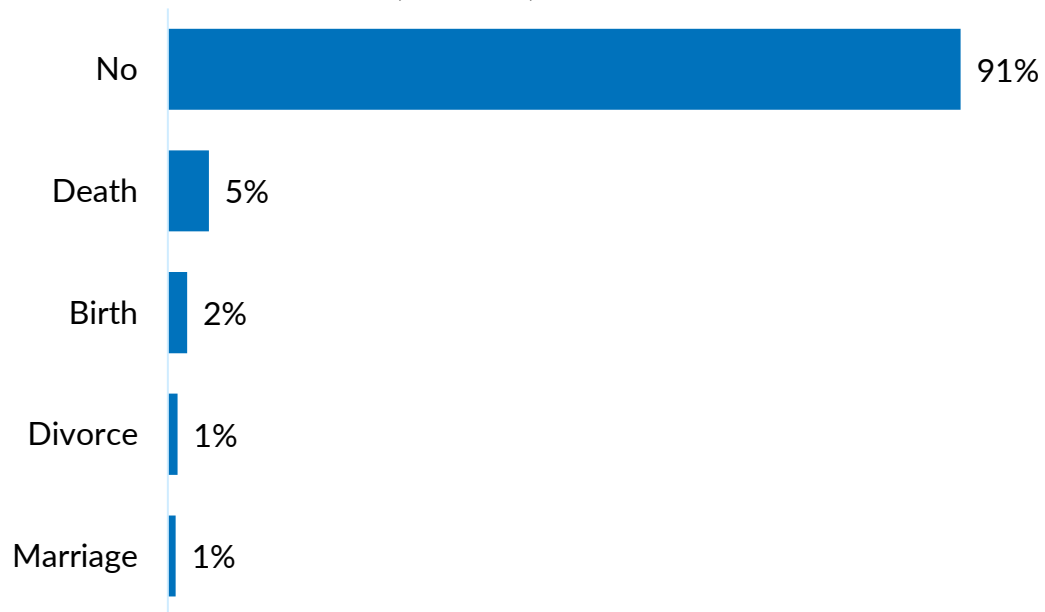
Note: Respondents could select multiple responses.

Most respondents (**86%**) were aware of protection services available in their area of residence. **5%** of respondents were unaware of these services, and **9%** answered 'don't know'.

PROTECTION

CIVIL STATUS

% of HHs reporting changes to their family
composition/civil status since departure from Ukraine
(n=622)



In 2024, **91% of HHs reported no changes** to their family composition or civil status since departure from Ukraine. Among those who did report changes (n=58), these included **death (5%), birth (2%), divorce (1%), and marriage (1%)**.

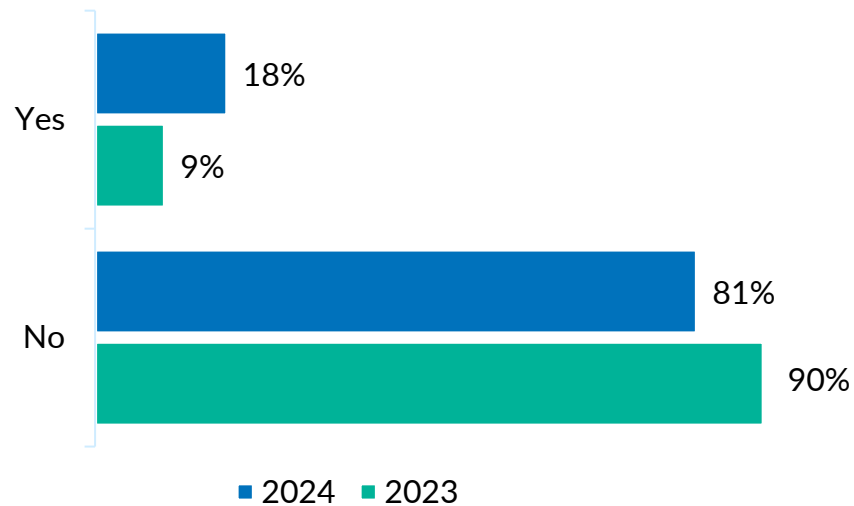
No HHs reported any challenges in reporting these changes to the Moldovan authorities.

Note: Respondents could select multiple responses.

PROTECTION

SOCIAL COHESION

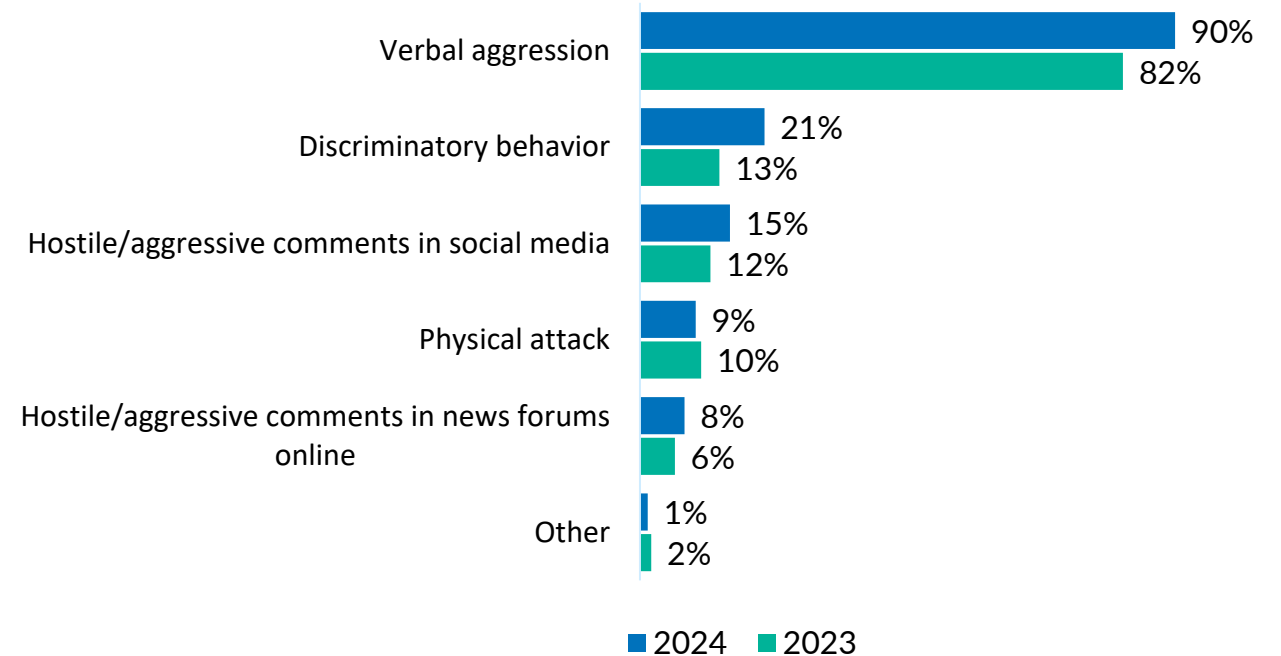
% of HHs reporting hostile behavior or attitudes from the local population (n=622 in 2024, n=890 in 2023)



Note: 2023 figures were sourced from the REACH 2023 MSNA.

In 2024, **18% of HHs** reported having members who experienced hostile behavior or attitudes since arriving in Moldova, a slight increase from 9% in 2023. Among those who experienced hostile behavior (n=91), reports of **verbal aggression (90%)** and **discriminatory behavior (21%)** rose slightly.

Type of hostile behavior reported (out of the 18% reporting tensions, n=91 in 2024, n=83 in 2023)



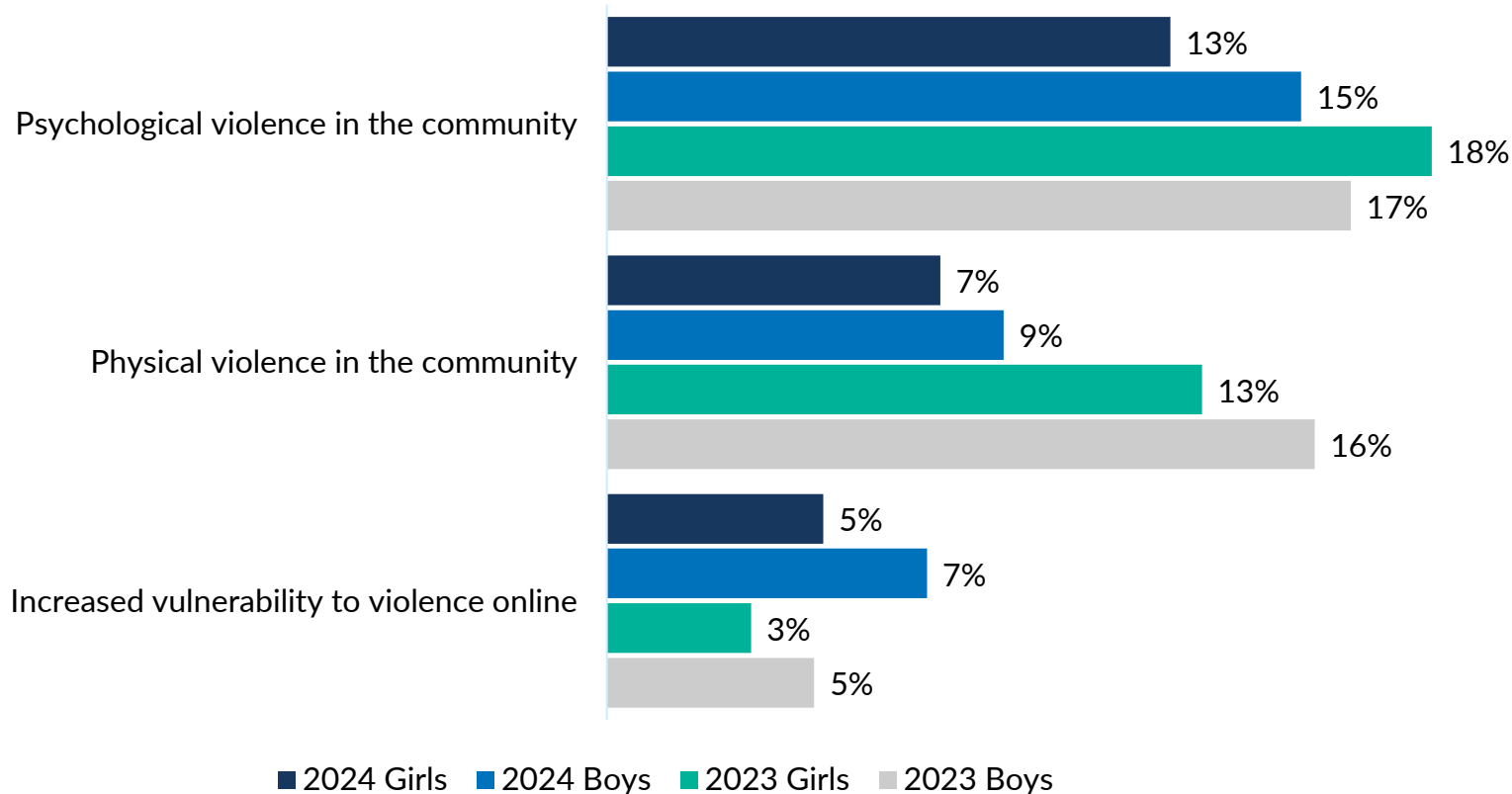
Note: 2023 figures were sourced from the REACH 2023 MSNA. Respondents could select multiple responses.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

PROTECTION

CHILD PROTECTION

% of HHs reporting the three most serious risks faced by boys and girls under the age of 18



Among HHs with at least one boy (n=178) or at least one girl (n=138), the 3 most commonly reported risks in 2024 remained the same as in 2023 for both boys and girls: **psychological violence in the community**, **physical violence in the community**, and increased vulnerability to **violence online**.

The percentages of HHs reporting these risks varied only slightly between 2023 and 2024.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

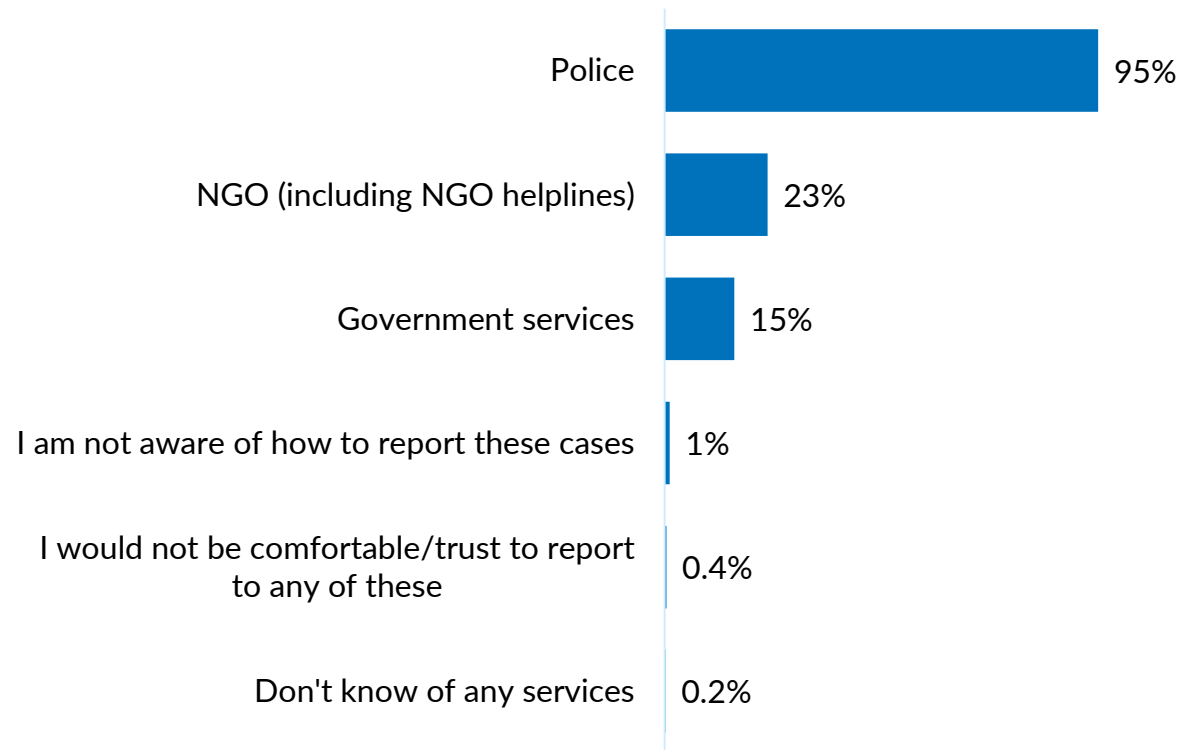
Note: 2023 figures were sourced from the REACH 2023 MSNA.

Data for boys and girls under 18: Boys (n=178 in 2024, n=331 in 2023); Girls (n=138 in 2024, n=278 in 2023). Respondents could select 3 responses.

PROTECTION

CHILD PROTECTION

% of HHs being aware of services to report violence
against children (n=622)



Note: Respondents could select multiple responses.

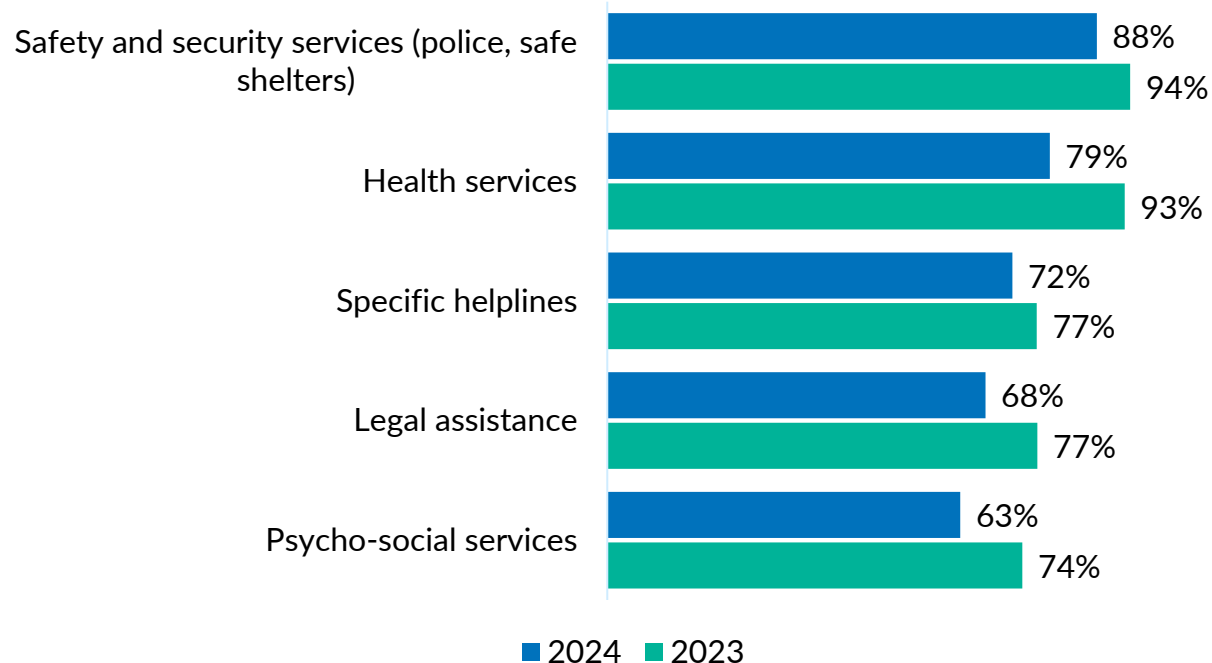
Nearly all surveyed respondents reported being aware of services to report cases of violence, exploitation, or neglect against children. The **majority of respondents (95%)** reported they would feel safe and comfortable reporting these cases to the police.

Only **0.2% of respondents** said they did not know of any reporting channels, while **0.4% of respondents** said they would not be comfortable using any of these reporting channels.

PROTECTION

GBV

% of respondents who know how to access GBV services
(n=622 in 2024, n= 890 in 2023)



Note: 2023 figures were sourced from the REACH 2023 MSNA.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

% of respondents who identified main barriers for
accessing GBV services (top 5) (n=622)



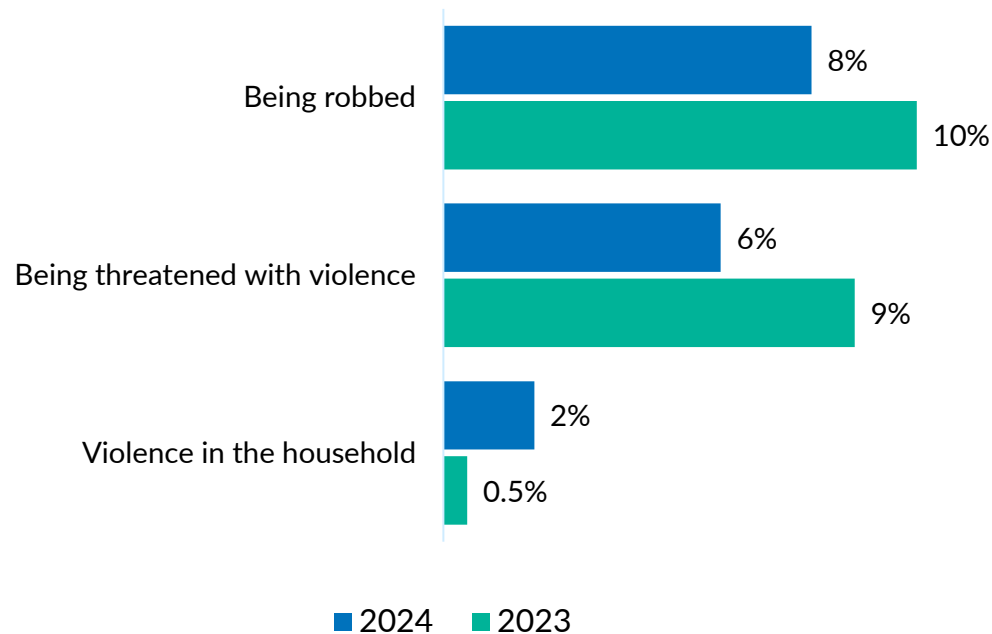
Note: Respondents could select multiple responses.

In 2024, most respondents (89%) were aware of existing GBV services available in their area in the aftermath of a GBV incident, while 11% of respondents reported being unaware of existing GBV services.

PROTECTION

GBV

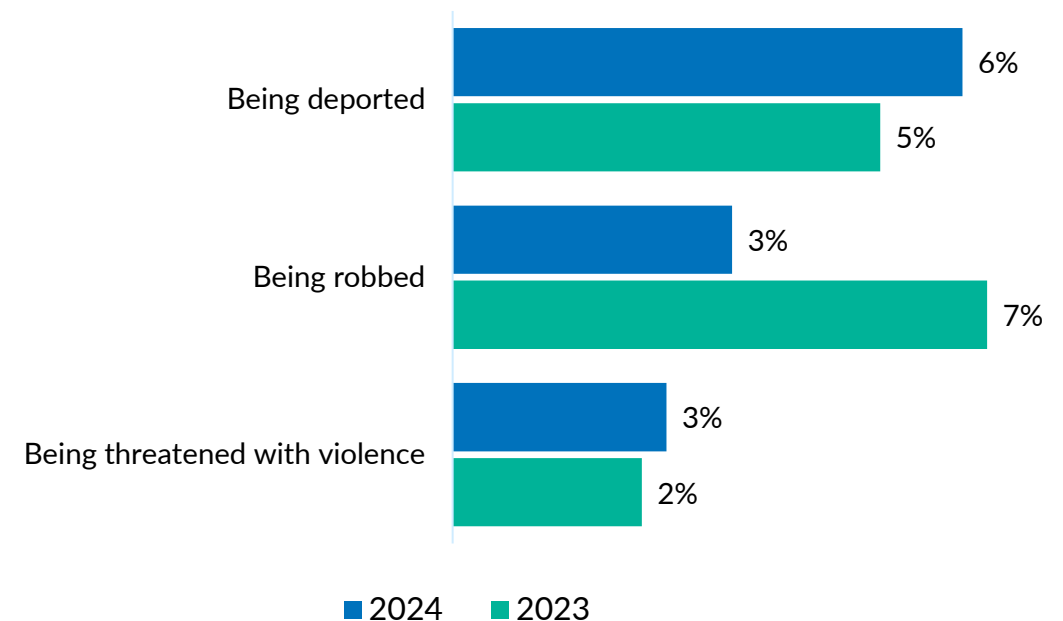
Top 3 safety or security concerns for women reported in the area of residence (n=554 in 2024, n=824 in 2023)



Note: 2023 figures were sourced from the REACH 2023 MSNA. Respondents were asked to select their top 3 responses.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

Top 3 safety or security concerns for men reported in the area of residence (n=189 in 2024, n=366 in 2023)



Note: 2023 figures were sourced from the REACH 2023 MSNA. Respondents were asked to select their top 3 responses.

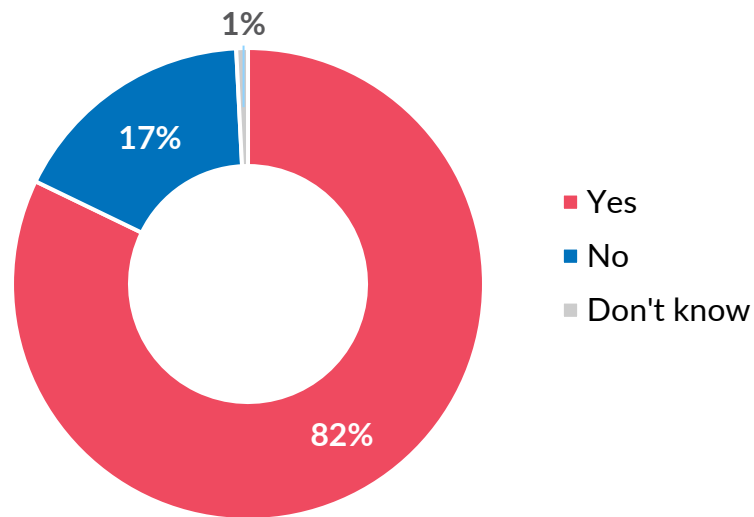
In 2024, among HHs with at least one woman (n=554), 77% of respondents reported no safety and security concerns for women in their area of residence. Among HHs with at least one man (n=189), 79% reported no concerns.

For both women and men, the top 3 concerns were reported at similar rates to those in 2023.

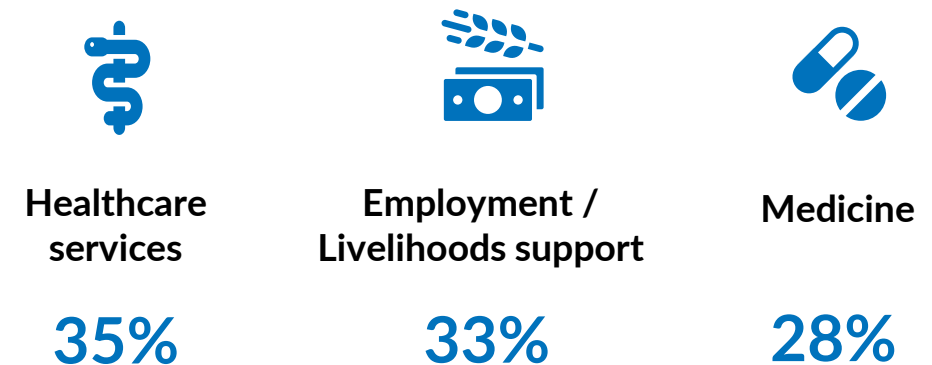
PROTECTION

AAP – PRIORITY NEEDS

% of HHs with reported priority needs (n=622)



% of HHs by reported top three priority needs (n=622)



Note: Respondents could select multiple responses

Similar to 2023, HHs reported **healthcare services** as a top priority need.

In addition to the top three priority needs mentioned, **21%** of HHs also identified **cloth/winter clothes** as a priority need, followed by **food (19%)**, **accommodation (17%)**, **sanitation and hygiene products (16%)**, and **language courses (11%)**.

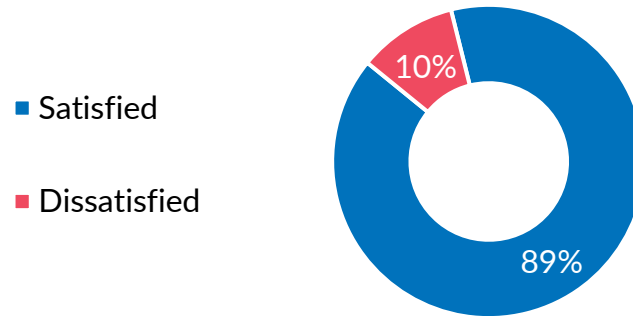
PROTECTION

AAP – SATISFACTION AID RECEIVED

% of respondents
that received aid in
the 3 months prior
to data collection
(n=622)

94%

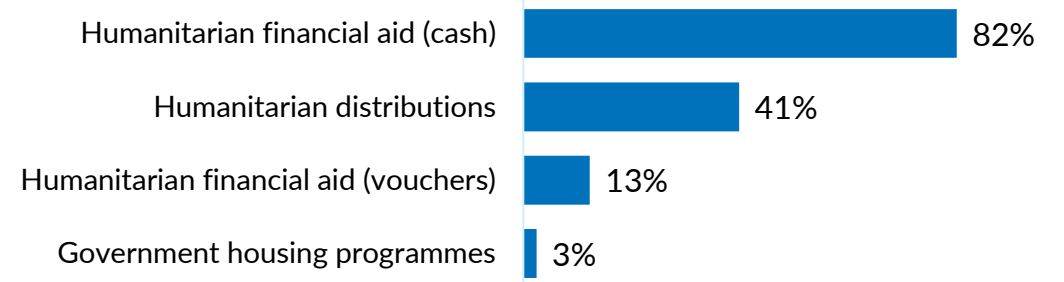
% of respondents dissatisfied with the aid they
received in the 3 months prior to data
collection (n=583)



Note: Don't know and prefer not to answer accounted for 0.3% and 0.1% of responses, respectively. Some results do not round to 100% due to rounding.

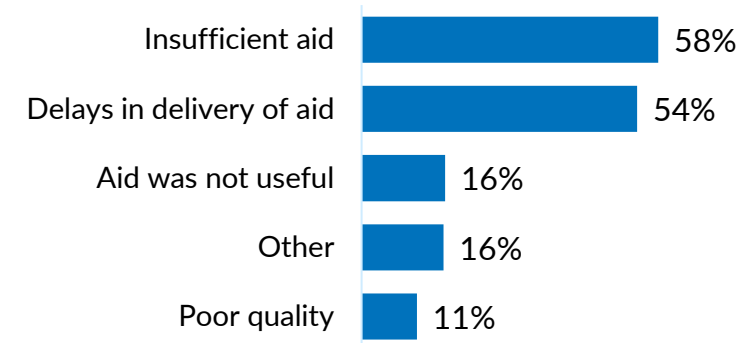
Most respondents (89%) were **satisfied with the aid they received** in the 3 months prior to data collection. Among those who received aid and were dissatisfied (n=47), dissatisfaction was most reported with humanitarian financial aid (cash) (82%) and humanitarian distributions (41%), and the **top reason for dissatisfaction** was **insufficient aid** (58%).

% of respondents by type of aid they were dissatisfied with
(top 5) (out of the 10% reporting dissatisfaction, n=47)



Note: Respondents could select multiple responses.

% of respondents by reason for dissatisfaction with aid
received (top 5) (out of the 10% reporting dissatisfaction, n=47)

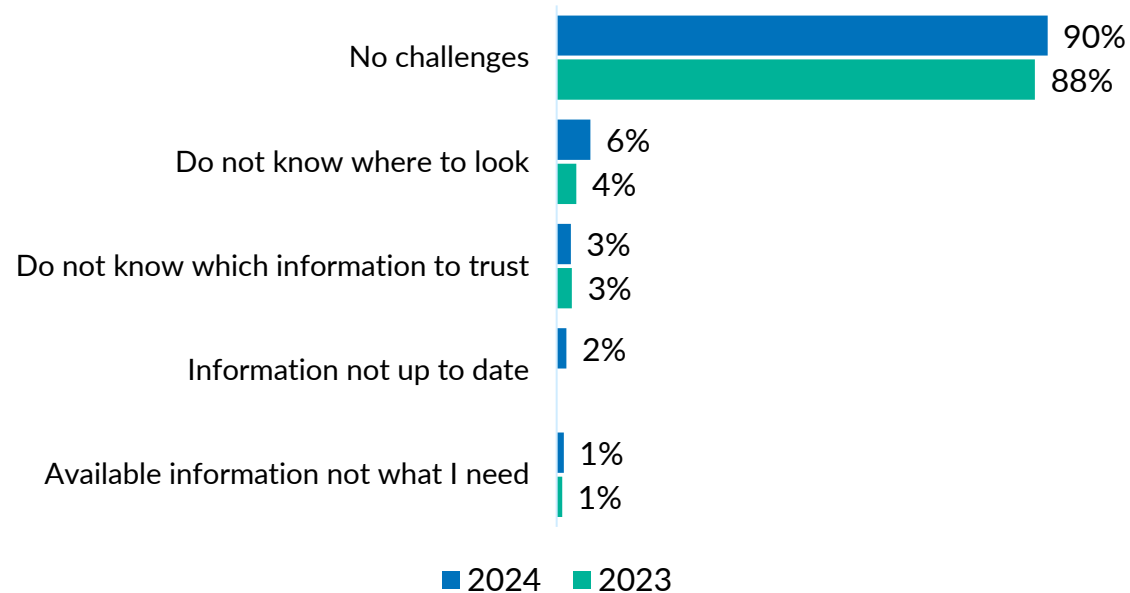


Note: Respondents could select multiple responses.

PROTECTION

AAP – INFORMATION NEEDS

% of HHs by challenges faced in accessing information (top 5) (n=622 in 2024, n=887 in 2023)

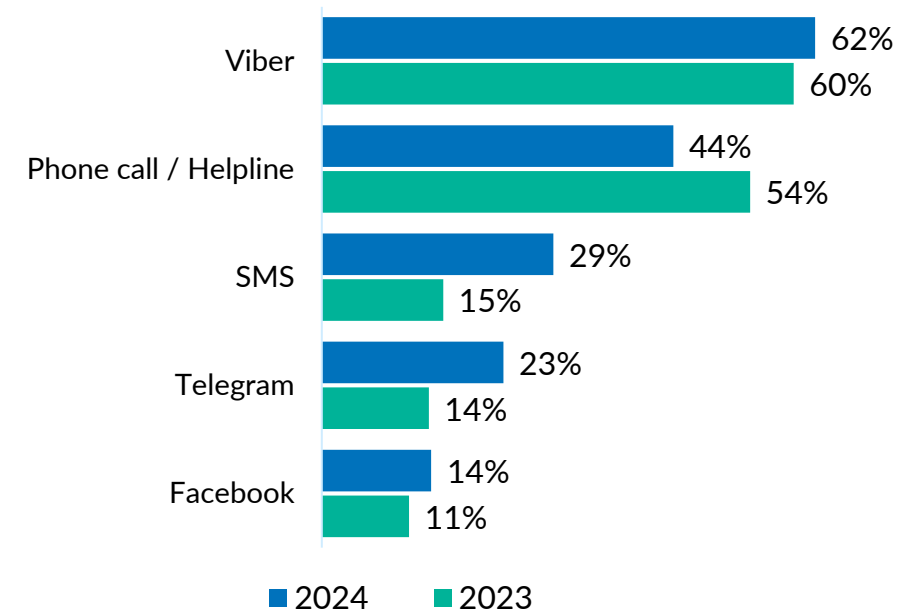


Note: Respondents could select multiple responses. 'Information not up to date' was not an option in the 2023 MSNA survey, and therefore a comparison could not be made with this answer choice.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

Similar to 2023, the **majority of HHs (90%)** in 2024 reported **no challenges in accessing information**. Viber continued to be HHs' preferred channel of receiving information.

% of HHs by preferred means/channels of receiving information (top 5) (n=622 in 2024, n=890 in 2023)



Note: 2023 figures were sourced from the REACH 2023 MSNA. Respondents could select multiple responses.

PROTECTION

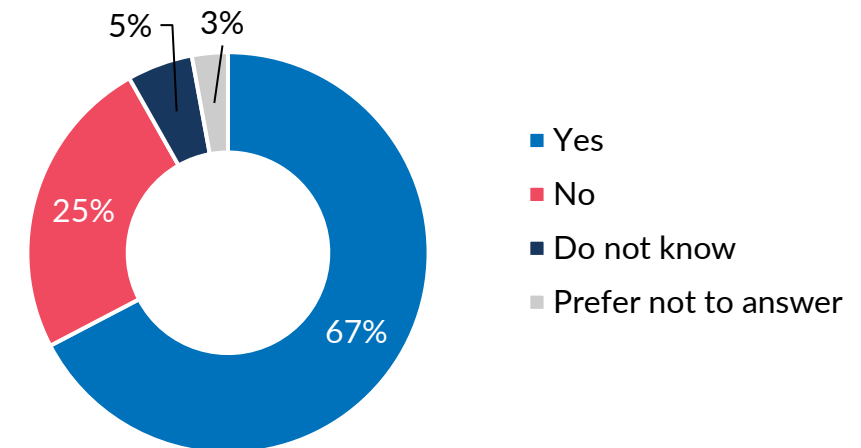
PSEA – SATISFACTION OF AID WORKERS BEHAVIOUR

% of HHs satisfied with aid workers' behaviour in the area (n=622)



Note: In 2024, 5% of respondents did not come across any aid workers.

% of respondents who know where to report inappropriate behaviour from an aid worker (n=622)



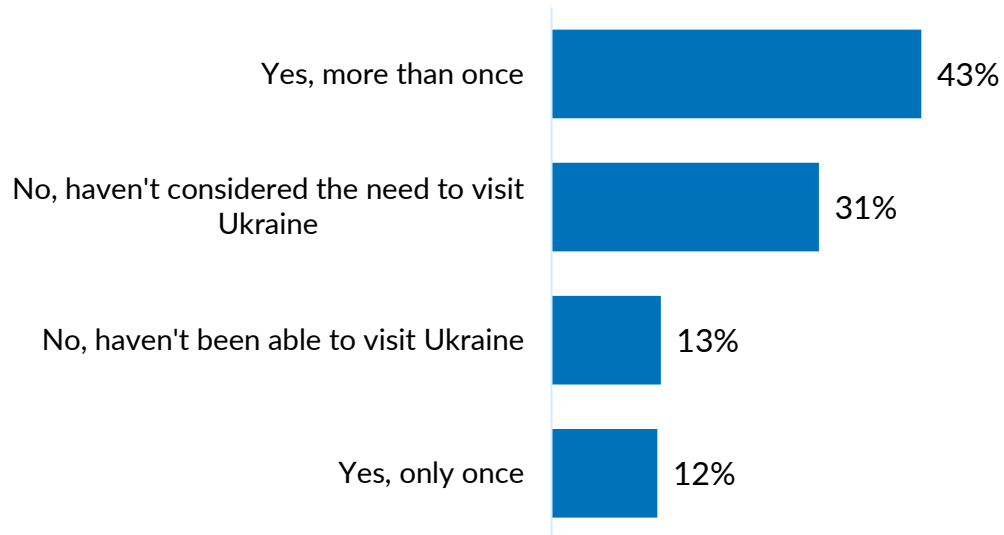
In 2024, the **majority of HHs (91%)** reported being **satisfied with aid workers' behaviour**. Among the small number of those who were dissatisfied (n=17), reasons included **lack of empathy and understanding for their situation (10 HHs)**, **disrespectful interactions (5 HHs)**, and a **lack of respect for local cultures (4 HHs)**.

25% of respondents reported not knowing where to report inappropriate behavior from an aid worker, while **5%** answered this question with 'do not know'.

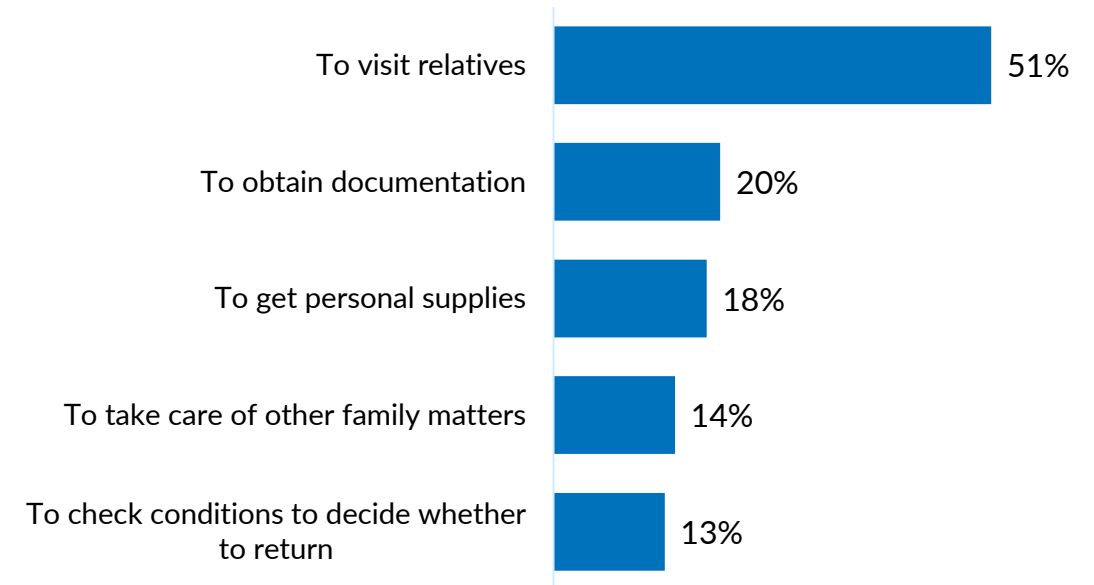
PROTECTION

RETURNS

% of HHs where 1 or more HH members have been back to visit Ukraine after 24 Feb 2022 (n=622)



% of HHs by reason for visiting Ukraine (out of the 55% of HHs that visited) (n=323)



Note: Respondents could select multiple responses.

In 2024, 55% of surveyed HHs visited Ukraine. Among HHs that were unable to visit Ukraine (n=87), the main reasons cited included **security concerns (85%)**, **occupation of territory (13%)**, **needing to care for children or other dependents (6%)**, **lack of funds (6%)**, and **lack of documentation (4%)**.

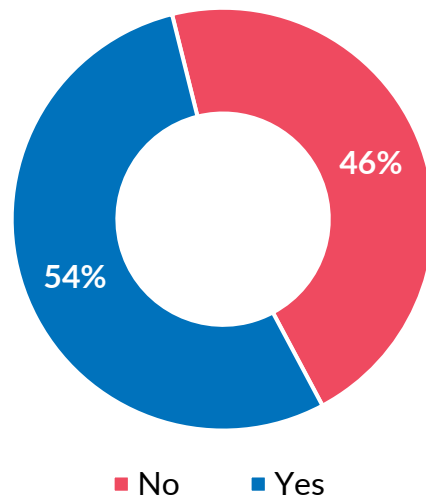


EDUCATION

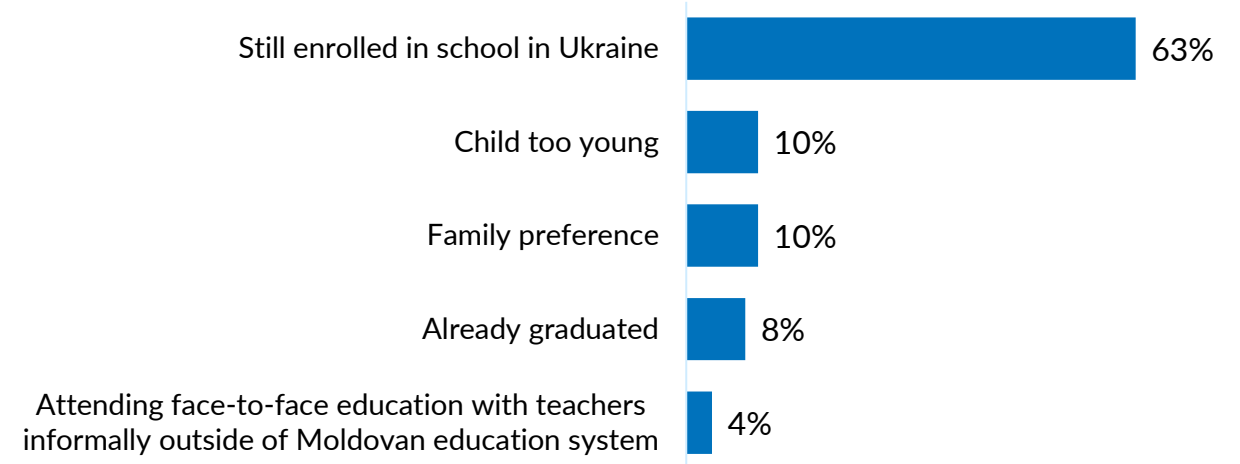
EDUCATION

ATTENDANCE /ENROLMENT FOR 2023/2024 SCHOOL YEAR

% of school-aged children reported to be attending 2023/2024 school year in Moldova (n=342)



Primary barriers for enrolling children in school part of the national education system in Moldova (top 5) (n=165)



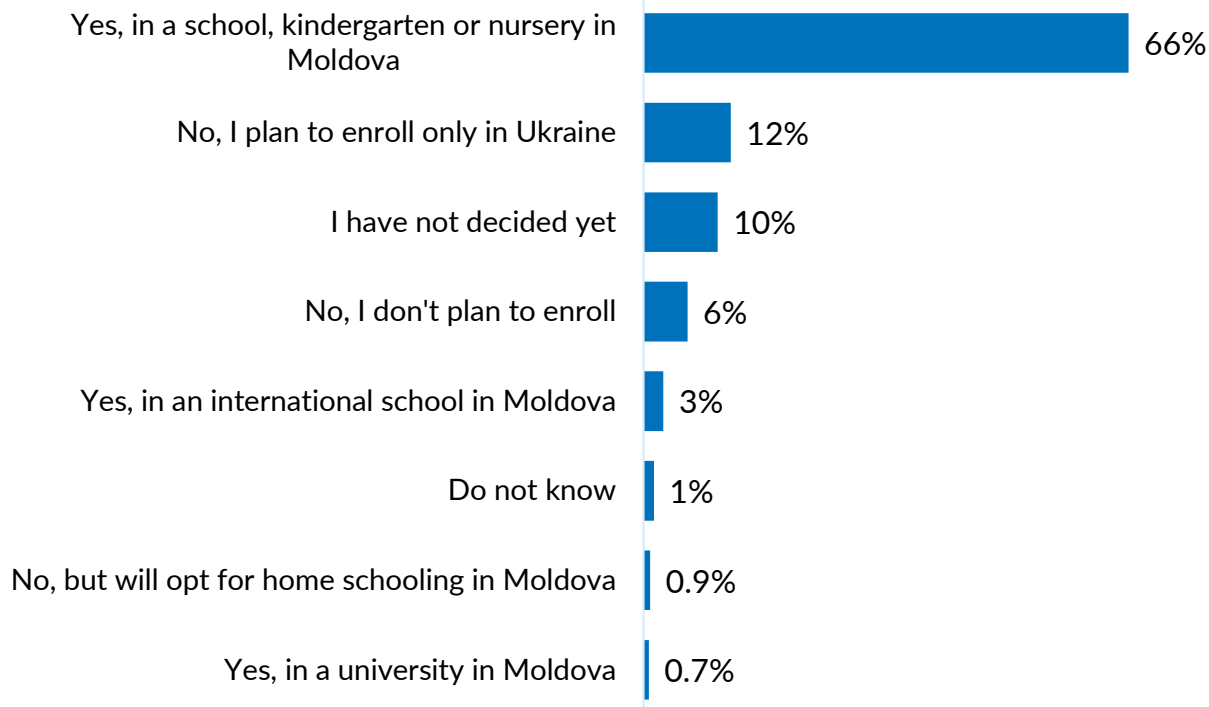
Note: Respondents could select multiple responses.

In 2024, **54%** of school-aged children/young people (aged 3 to 24 years) were **reported to be attending a school part of the Moldovan education system in the school year 2023/24**. Of those who were not enrolled (n=165), the primary barrier to enrollment was cited to be **still enrolled in school in Ukraine (63%)**.

EDUCATION

INTENT TO ENROLL CHILDREN IN MOLDOVAN SCHOOL FOR 2024/2025 SCHOOL YEAR

% of children intended to be enrolled in a school part of
the national education system in Moldova for next year
(2024/2025) (n=342)



% of children intended to be
enrolled in a school part of the
national education system in
Moldova for 2024/2025:

70%

The most commonly cited reason for children (aged 3 to 18) not intending to enroll in a Moldovan education institution was the **intention to enroll only in Ukraine (12%)**.

Among children/young people (aged 3-18) learning remotely or online during the 2023/2024 school year (n=120), **19% will not continue distance learning for 2024/2025**, while **'do not know'** accounted for **20%** of responses.

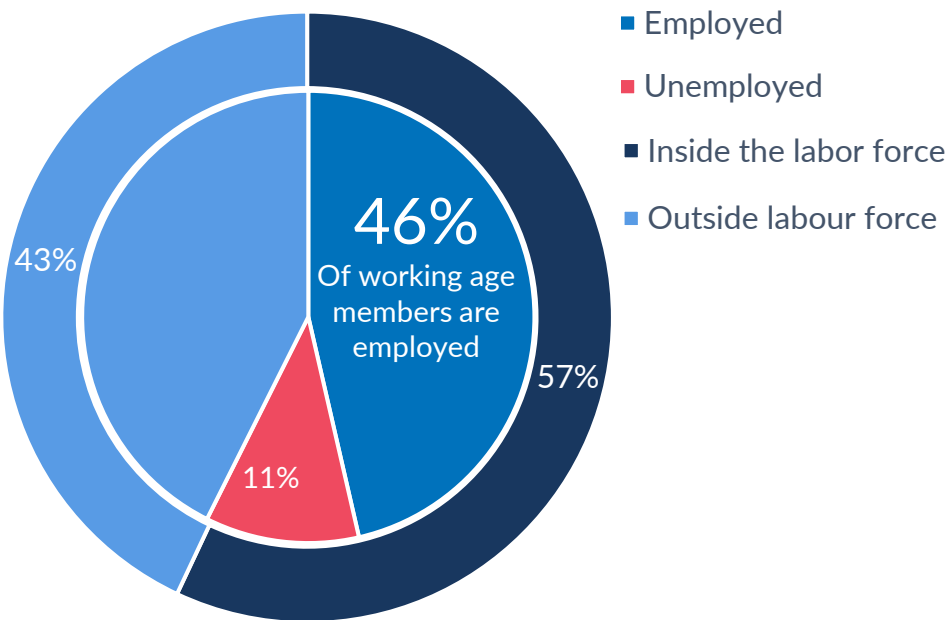


MOLDOVA

SOCIO-ECONOMIC INCLUSION & LIVELIHOOD

LIVELIHOOD AND INCLUSION

Labor Force Participation
(out of working age population 15 to 64)



Employment: Employment includes individuals of working age who have engaged in income-generating activities in the week before data collection. This encompasses formal employment, self-employment, agricultural/fishing work, diverse income generation, temporary absence from paid roles, and unpaid contributions to family businesses.

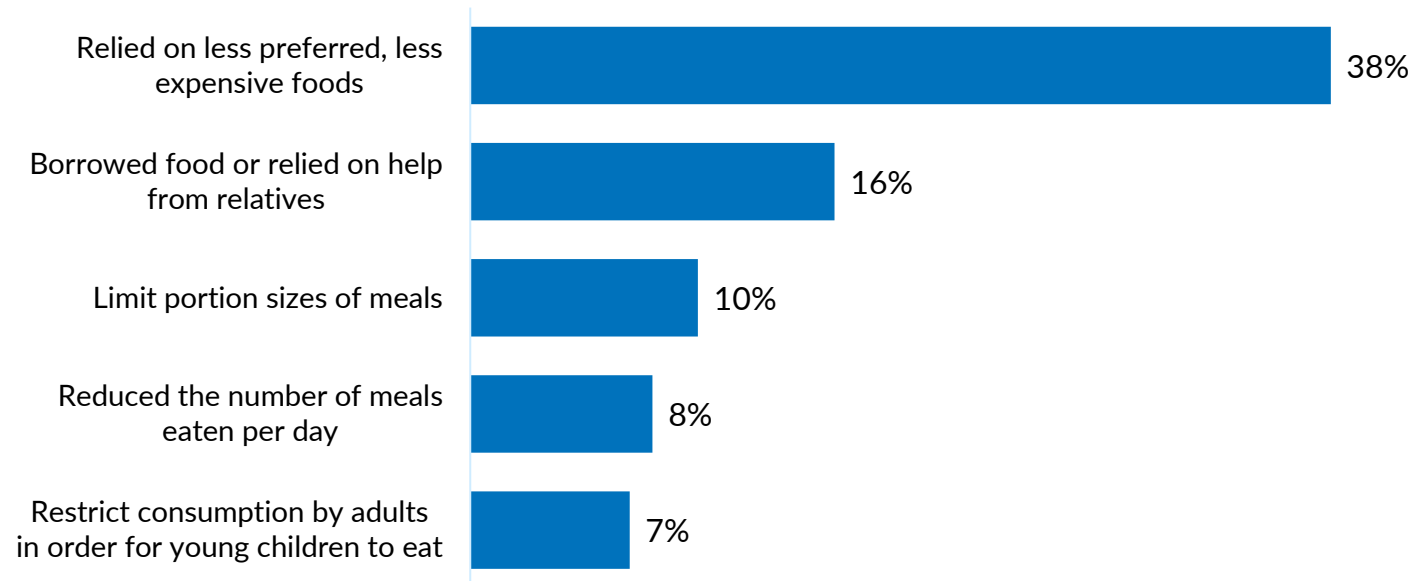
Unemployment: # of working-age individuals who were not employed during week before data collection, who looked for a paid job or tried to start a business in the 4 weeks before data collection, and who are available to start working within the 2 weeks following data collection if a job or business opportunity becomes available.

Outside labor force: # of working-age individuals who were not employed during the week before data collection, and who either cannot start working within the 2 weeks following data collection 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 4 weeks before data collection.

Inside labor force: Employed and Unemployed

FOOD COPING STRATEGY – REDUCED COPING STRATEGY INDEX (RCSI)

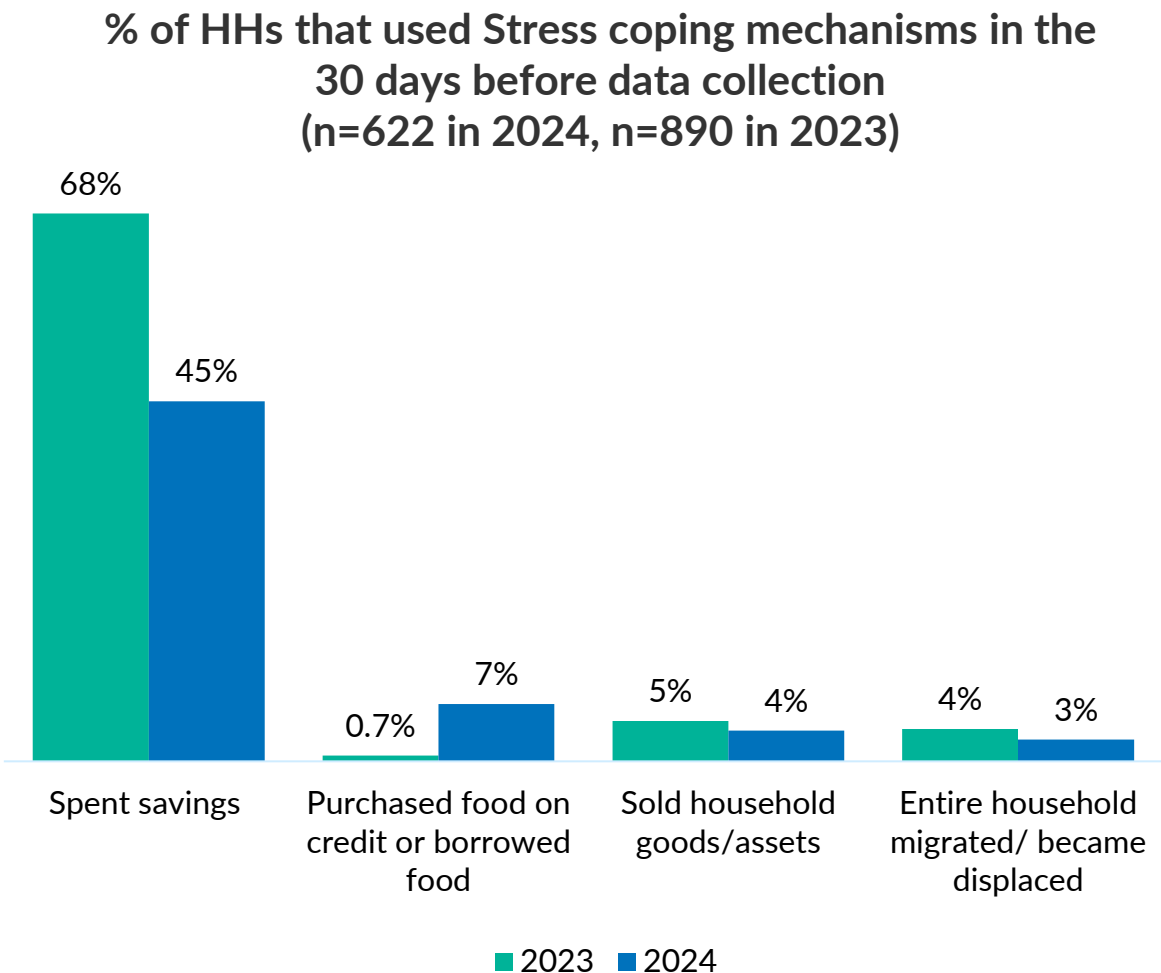
% of HHs who relied on coping mechanisms at least once in the 7 days before data collection (n=622)



Note: Respondents could select multiple responses.

In 2024, the average **reduced Coping Strategy Index (rCSI)** score among HHs in Moldova was **3.30**, indicating minimal reliance on coping strategies and low levels of food insecurity. This was similar to the 2023 average rCSI score of 2.96, indicating relative stability.

LIVELIHOOD COPING STRATEGY INDEX - STRESS COPING MECHANISM



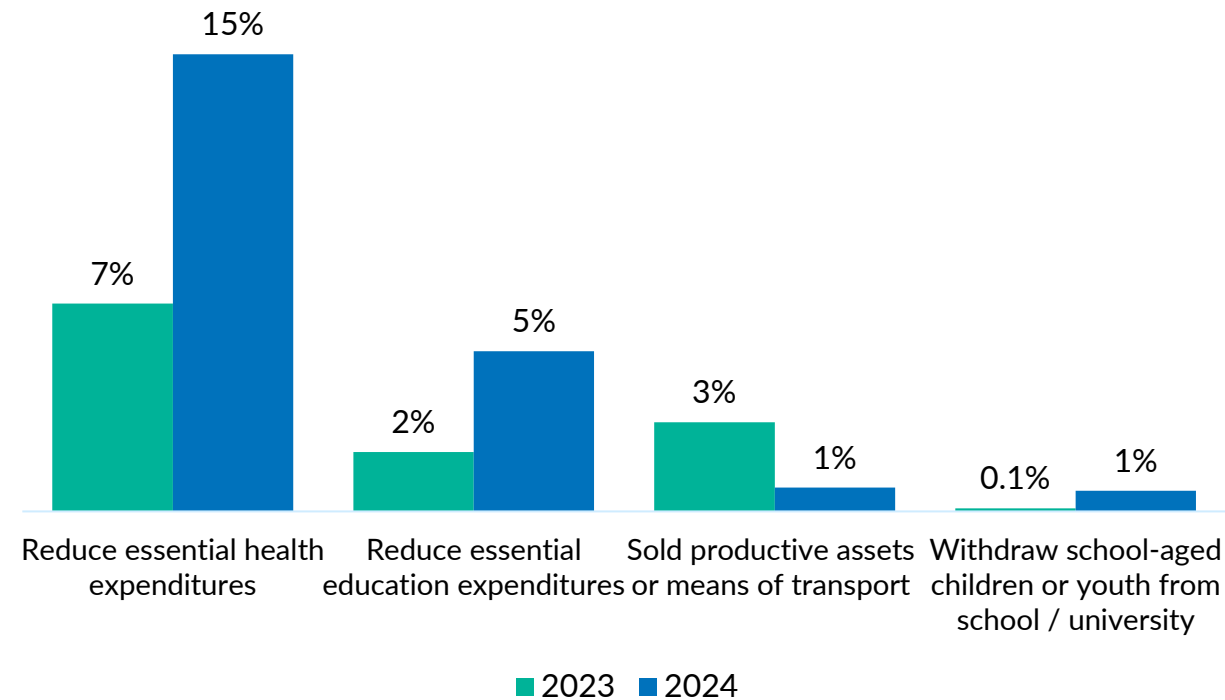
In 2024, the percentage of HHs that reportedly employed stress coping mechanisms was **50%**. This was largely driven by **45% of HHs spending savings** due to a lack of resources to cover basic needs, although this represents a **decrease in severity from 68% in 2023**.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

Note: 2023 figures were sourced from the REACH 2023 MSNA.

LIVELIHOOD COPING STRATEGY INDEX – CRISIS COPING MECHANISM

% of HHs that used Crisis coping mechanisms in the 30 days before data collection (n=622 in 2024, n=890 in 2023)



In 2024, the proportion of HHs employing crisis coping mechanisms in the 30 days before data collection was **20%**.

The most commonly employed crisis coping mechanism was **reducing essential health expenditures**, reported by **15% of HHs**, up from **7% in 2023**.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

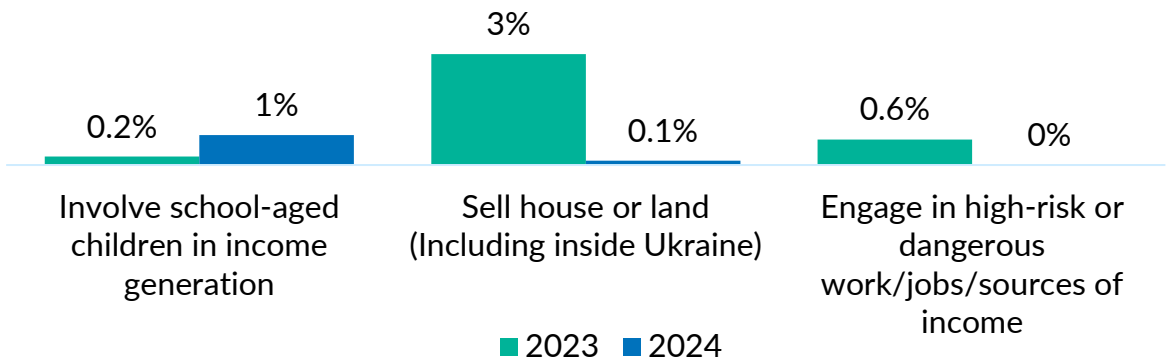
Note: 2023 figures were sourced from the REACH 2023 MSNA.

LIVELIHOOD COPING STRATEGY INDEX - EMERGENCY COPING MECHANISM

% of HHs that used Emergency coping mechanisms
in the 30 days before data collection (n=622 in
2024, n=890 in 2023)

In 2024, 1% of HHs in Moldova employed
emergency coping mechanisms in the 30 days
before data collection.

No HHs reported engaging in high risk or
dangerous work due to a lack of resources to
cover basic needs.

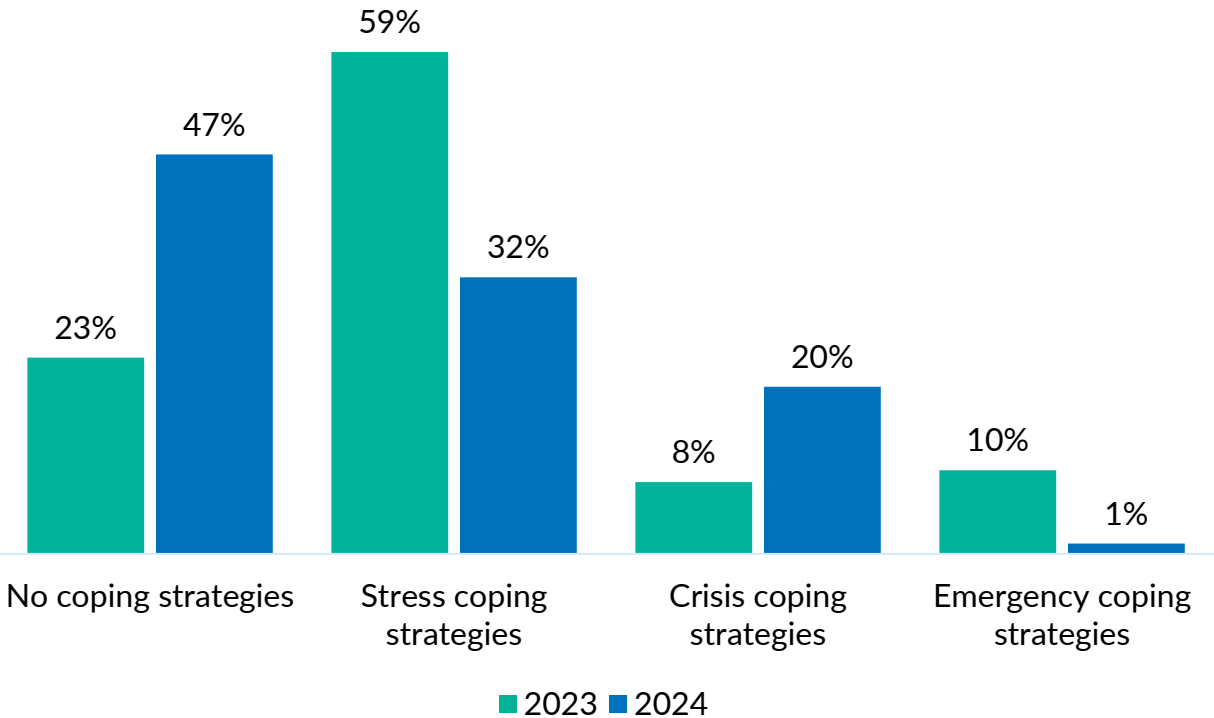


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Note: 2023 figures were sourced from the REACH 2023 MSNA.

LIVELIHOOD COPING STRATEGY – MAX COPING STRATEGY

% of HHs by maximum coping strategy employed
in the 30 days before data collection
(n=622 in 2024, n=890 in 2023)



In 2024, **53% of HHs employed coping strategies**, a decrease from **77% in 2023**.

The use of **stress coping strategies** and **emergency coping strategies** decreased in Moldova from 2023 to 2024.

However, the percentage of HHs employing **crisis coping strategies** rose from **8% in 2023 to 20% in 2024**.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

Note: 2023 figures were sourced from the 2023 MSNA. The % reported by level of strategy included HHs who used it in the 30 days prior data collection and those who couldn't use it because it has already been used.

In 2024, the percentage of HHs that reported adopting **no coping strategies** was **47%**. For comparison purposes with the 2023 MSNA, the field also includes those that reported "don't know" responses.

LIVELIHOOD AND INCLUSION – SOCIAL PROTECTION IN MOLDOVA

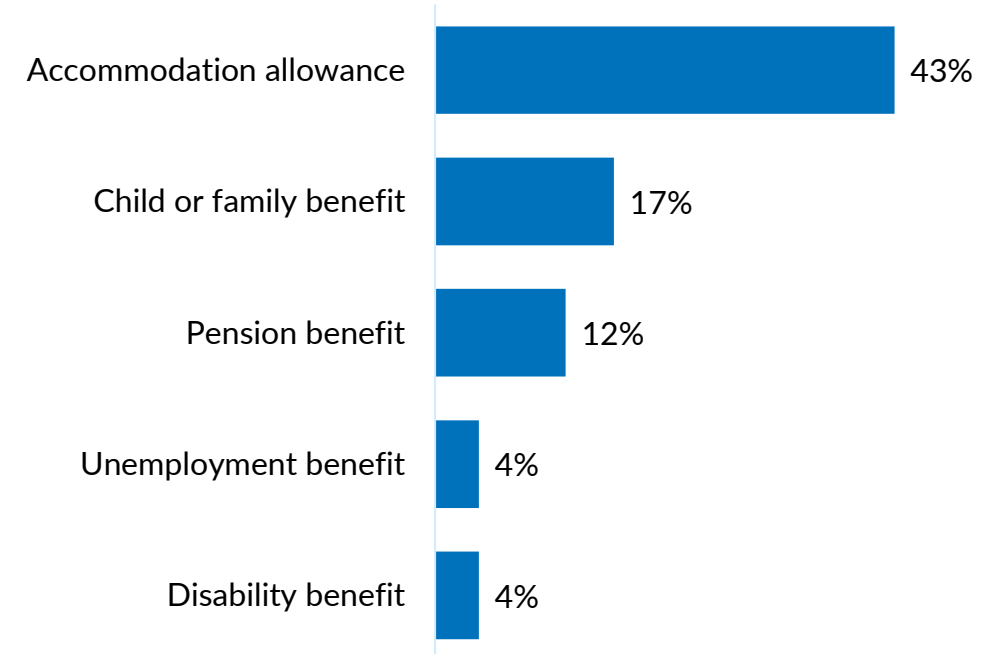
% of HHs reported to be covered by
social protection systems:

4%

In 2024, only **4% of HHs** in Moldova were covered by social protection systems, compared to **9% of HHs** in 2023.

Among HHs that received social protection benefits from the Moldovan government (n=34), most reported to have received an **accommodation allowance (43%)** in the 30 days before data collection.

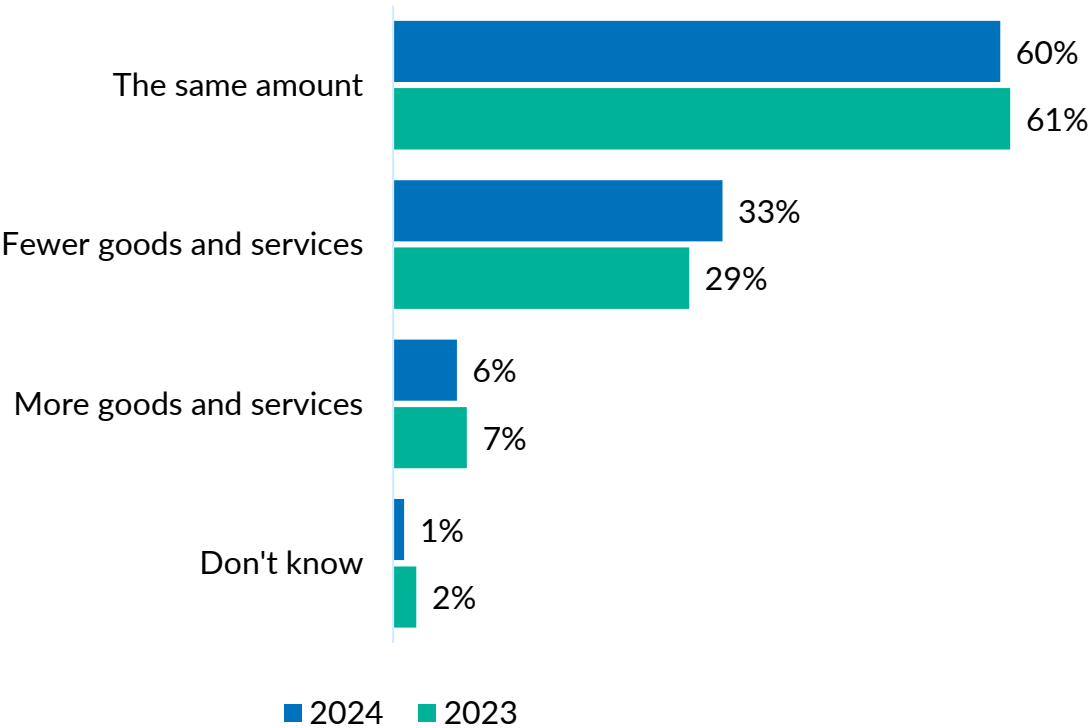
% of HHs covered by types of social protection systems (out of 4% of HHs covered under social protection systems, n=34)



Note: Respondents could select multiple responses.

LIVELIHOOD AND INCLUSION

% of HHs who can afford more, the same or fewer goods compared to first months in Moldova (n=622 in 2024, n=805 in 2023)



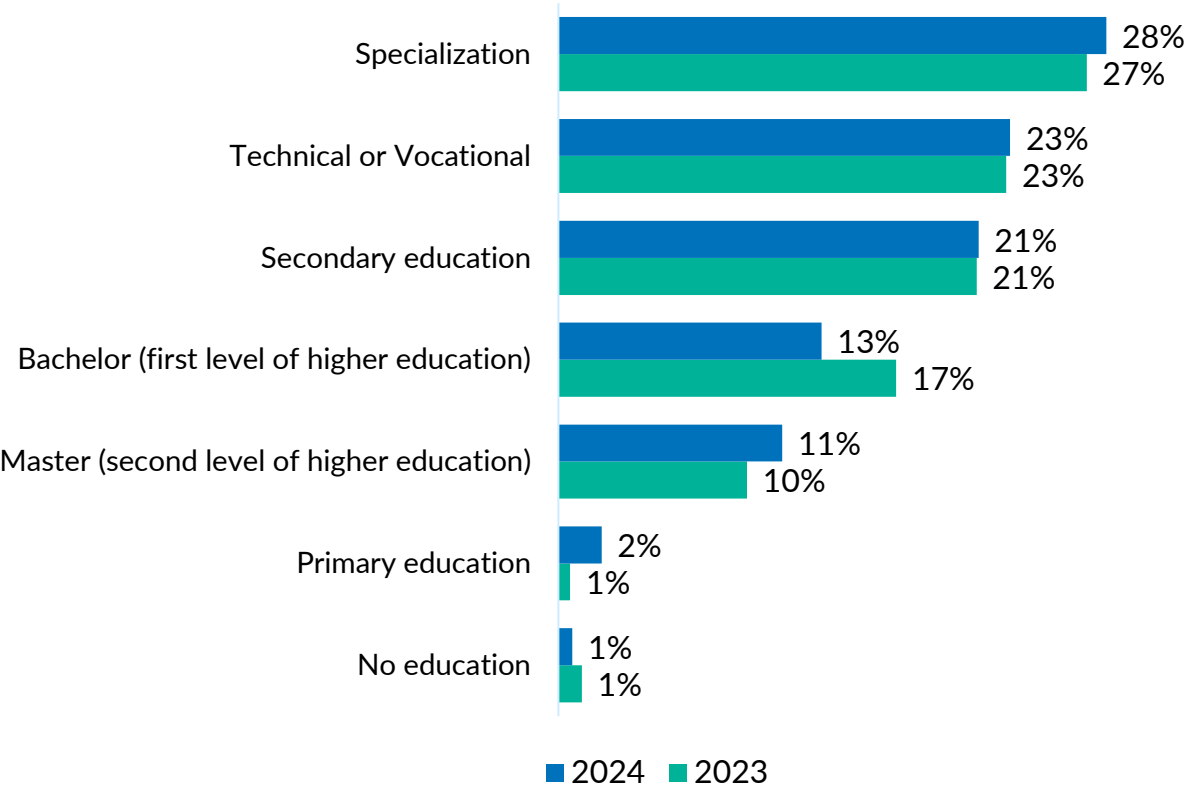
Note: 2023 figures were sourced from the REACH 2023 MSNA.

The distribution of HHs reporting increased, unchanged, or decreased ability to afford goods and services compared to their first months in Moldova seems to be similar in 2023 and 2024.

However, the 2023 MSNA assessed changes in purchasing power over a different recall period, comparing it to the same time in the previous year. Additionally, in 2023, this question was asked to HHs with at least one head of HH present in Moldova for 6 months prior to data collection. These differences in recall periods and respondent subsets may limit direct comparability between the two years.

LIVELIHOOD AND INCLUSION – EDUCATION LEVEL

% of individuals by highest education level achieved
(n=667 in 2024, n=1404 in 2023)



The distribution of individuals (aged 15 to 64) by highest education level achieved remained largely similar between 2023 and 2024.

Over one fourth of individuals (**28%**) reported that their highest level of education was a **Specialization**, representing the largest share of responses.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

Note: 2023 figures were sourced from the REACH 2023 MSNA. Some results do not add up to 100% due to rounding.



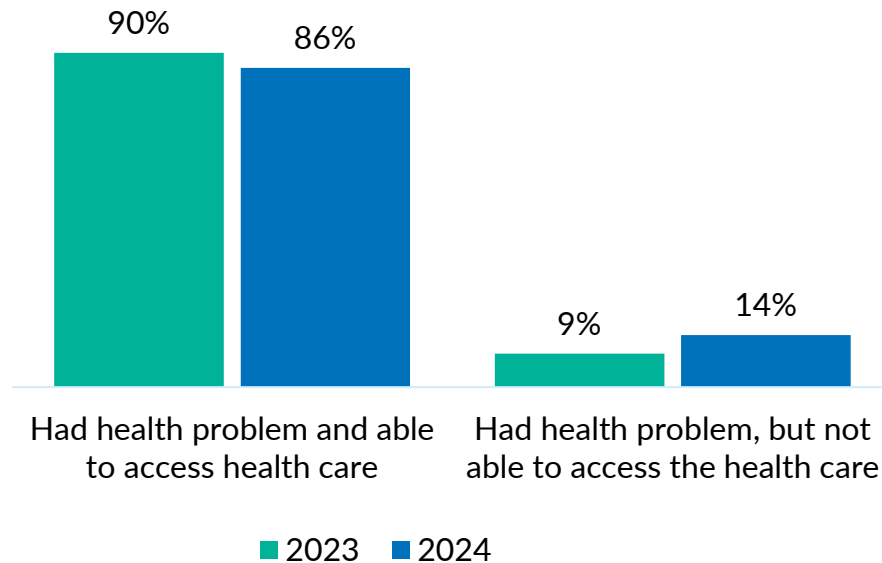
MOLDOVA

HEALTH

HEALTH

ACCESS

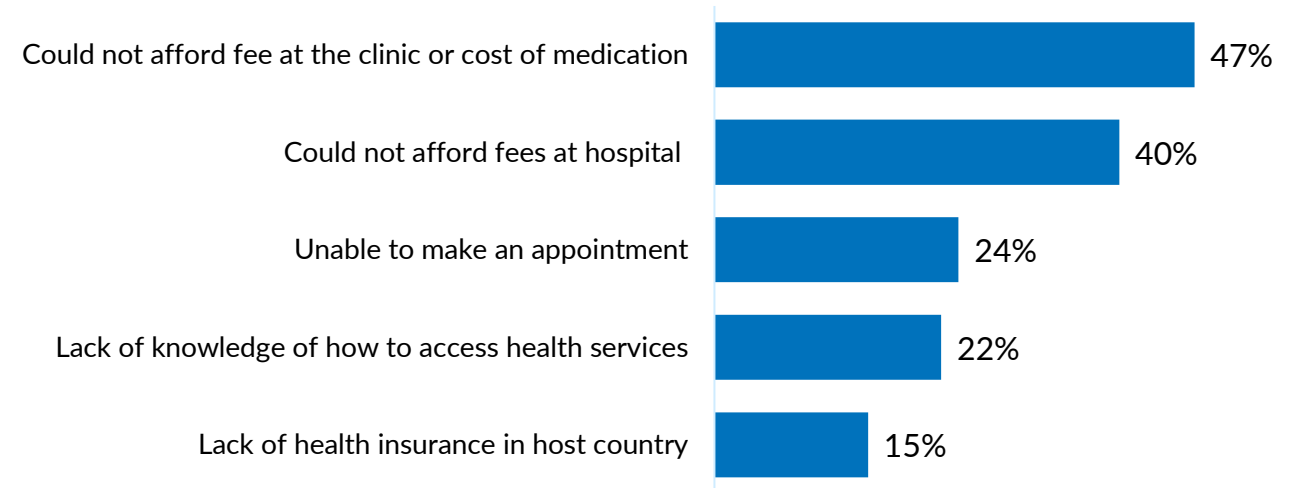
% of individuals that reported having access to health services when having a health need in the 30 days prior to data collection (n=419 in 2024, n=433 in 2023)



Note: 2023 figures were sourced from the REACH 2023 MSNA.

DISCLAIMER: Variations in results between 2023 and 2024 may stem from changes in the assessment methodology, respondent identification strategy, and questionnaires, which could limit the comparability of the data.

% of individuals by self-reported barriers to accessing health care in the 30 days prior to data collection (out of 14% that reported not being able to access health care when having a health need, n=46)*



Note: Respondents could select multiple responses.

Among individuals who needed to access health services (n=419), the percentage of individuals who were able to obtain the needed services remained similar between 2023 and 2024. Although individuals with TP status can access free health services in Moldova, **financial barriers** were the most commonly self-reported reason for not being able to access care. These barriers included **inability to afford clinic fees or medication costs**, and **inability to afford hospital fees**.

HEALTH

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

% of individuals who **experienced MHPSS issues** in the 4 weeks prior to data collection (n=1144):

18%

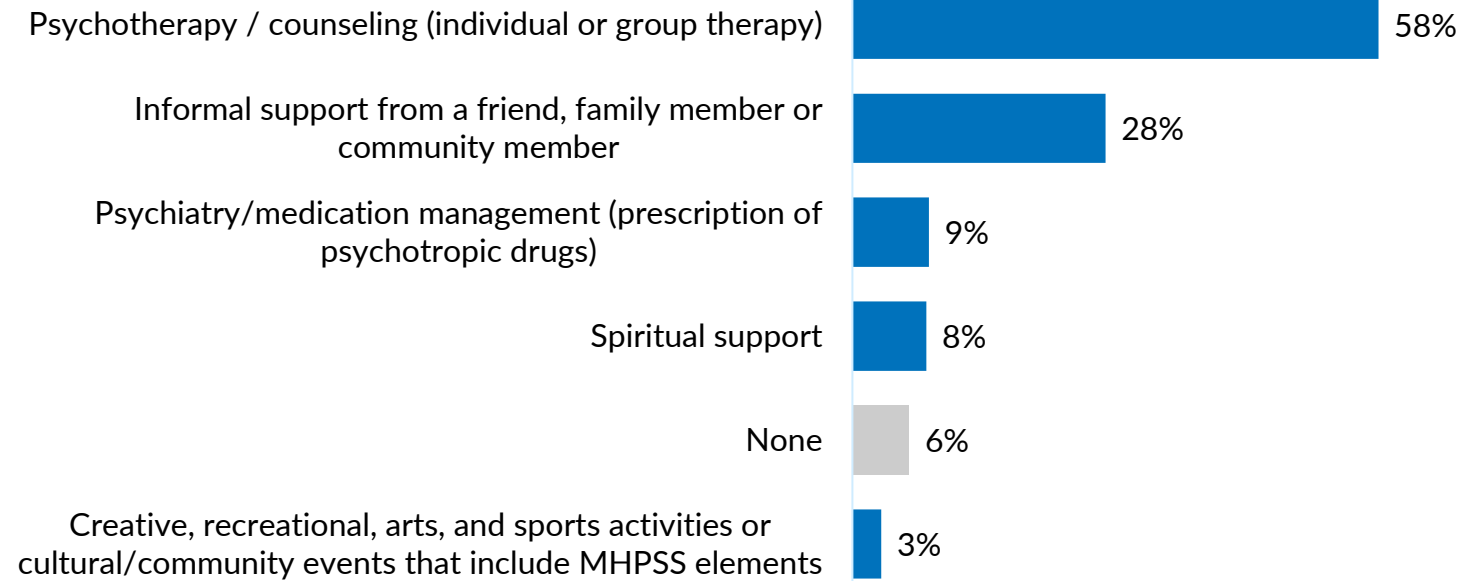
% of individuals who **tried to access MHPSS services** in the 4 weeks prior to data collection (n=167):

35%

% of individuals who **received MHPSS services** in the 4 weeks prior to data collection (n=57):

94%

% of individuals who received each type of MHPSS service (top 5) in the 4 weeks prior to data collection (out of individuals who tried to access MHPSS services and received them, n=57)*



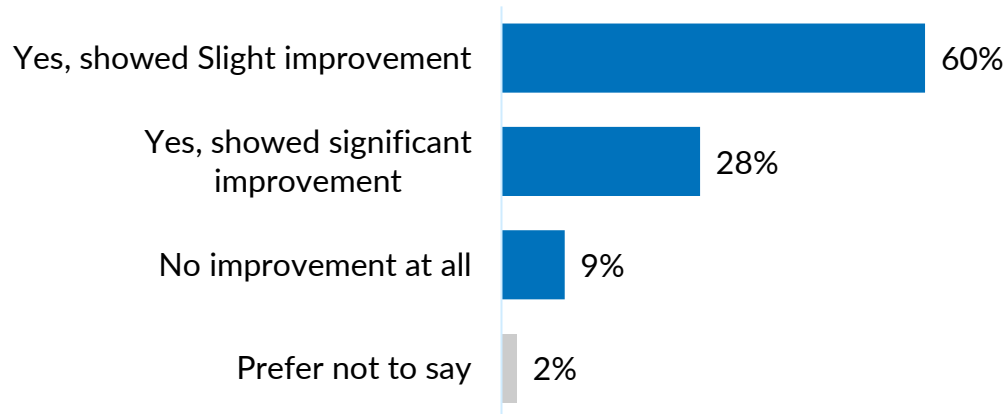
Note: Respondents could select up to 3 responses.

In 2024, **35% of individuals** aged 5 or older who experienced MHPSS issues sought services in the 4 weeks before data collection, a **slight decrease** from 47% in 2023.

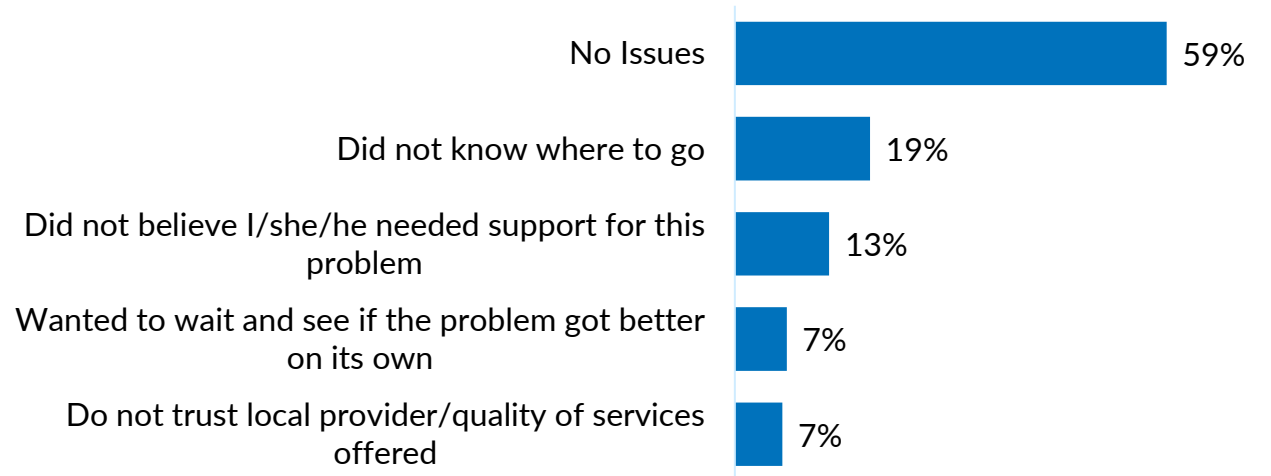
HEALTH

MHPSS

% of individuals who received MHPSS services and reported improvement in wellbeing in the 4 weeks prior to data collection (n=55)



% of individuals with reported barriers to accessing MHPSS services (top 5) (out of those who tried to access support, n=56)



Note: Respondents could select multiple responses.

In 2024, among individuals (aged 5 and above) that received MHPSS services (n=55), most reported showing either **slight improvement (60%)** or **significant improvement (28%)**. Among individuals (aged 5 and above) who tried to access MHPSS services, more than half reported **no issues (59%)**.

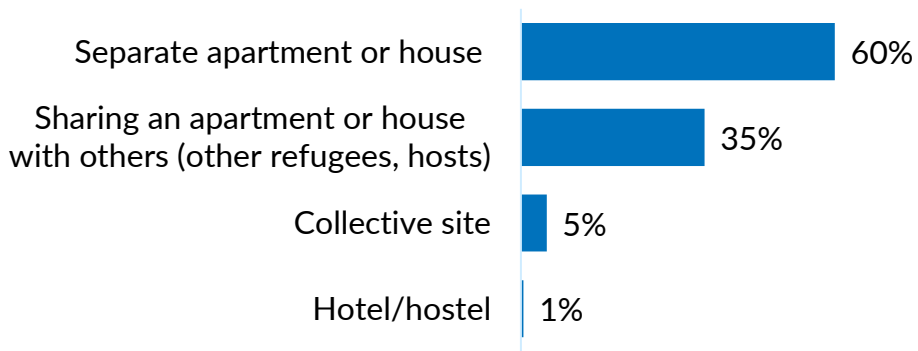
MOLDOVA

ACCOMMODATION

SHELTER/ACCOMMODATION

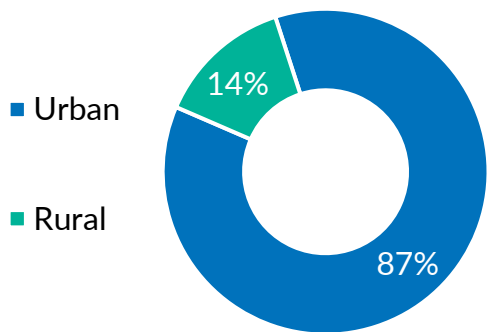
SECURITY OF TENURE, LIVING CONDITIONS

% of HHs by accommodation arrangement
(n=622)

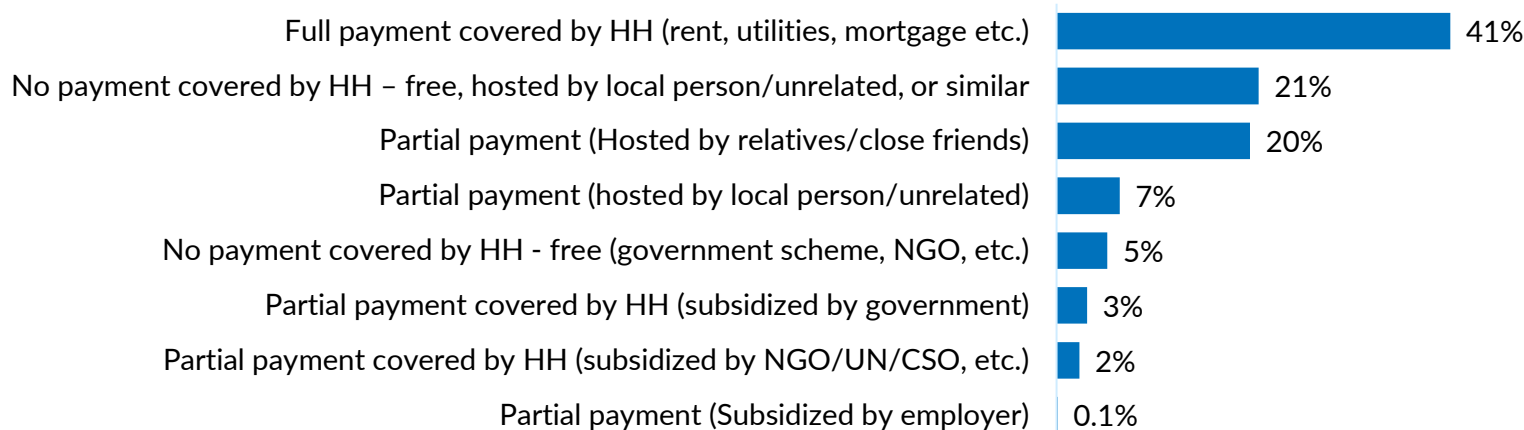


Note: Some results do not add up to 100% due to rounding.

% of HHs living in rural areas
and urban areas (n=622)



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



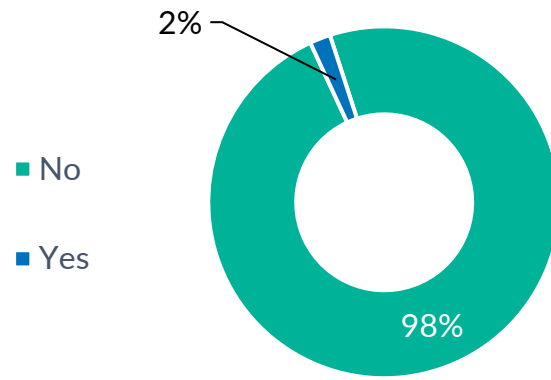
In 2024, **most HHs (60%)** lived in separate apartments or houses. Additionally, **no HHs** were reported to live in overcrowding conditions.

Regarding accommodation costs, **41% of HHs fully covered** their expenses. **33% partially covered** them with support from employers, government, NGOs, or through hosting arrangements with relatives, friends, or host community members. The remaining **26%** did not pay for their accommodation.

SHELTER/ACCOMMODATION

SECURITY OF TENURE, LIVING CONDITIONS

% of HHs under pressure to leave
(among HHs that perceived they could
stay <6 months) (n=60)



In 2024, among HHs that perceived they could stay in their current accommodation for less than 6 months, only **2% of HHs** reported facing pressure to leave their accommodation.

Among HHs that reported to be able to pay for their accommodation (n=430), **76%** could pay their rent on time in the 3 months prior to data collection.

% of HHs paying rent without financial distress in the 3 months prior to data collection (among HHs that reported to be able to pay for their accommodation) (n=430)

