

Socio-Economic Insights Survey (SEIS) - 2024

Inclusion – Key findings presentation

November 2024

REACH Informing
more effective
humanitarian action



UNHCR
The UN Refugee Agency



Regional Refugee Response
For the Ukraine Situation



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A light gray world map is centered in the background, overlaid with a complex, low-poly geometric pattern of thin gray lines. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The geometric pattern consists of numerous interconnected triangles and polygons of varying sizes, creating a mesh-like effect across the entire slide.

01

Objectives and Methodology

Assessment Objectives

The SEIS aims to inform the **Ukraine Situation Regional Refugee Response Plan (RRP) 2025-2026**, and/or inform various stakeholders and programs of humanitarian and development actors active in the response in Moldova, by providing up-to-date multi-sectoral data about the needs and coping capacities of refugee households displaced from Ukraine in the country following the escalation of the conflict in February 2022.

The SEIS follows the **regional approach** established by UNHCR's Regional Bureau for Europe (RBE), using a harmonized questionnaire to **enable** comparisons across countries participating in the Regional RRP.

Specific Objectives

1

Gain an understanding of the **household composition** of refugees, including key demographics.

2

Identify the **priority needs** of refugee households pertaining to protection, health, including Mental Health and Psychosocial Support (MHPSS), education, accommodation, livelihood and socio-economic inclusion, and social cohesion.

3

Understand the **coping capacity and vulnerability/resilience** of refugees considering the protracted displacement, including socio-economic inclusion.

4

Understand **refugees' challenges in accessing information and their preferred channels** to receive information and provide feedback to aid providers about the quality, quantity and appropriateness of aid.

5

Identify **household profiles with the most critical needs** to inform programming.

6

Identify the **movement intentions** of refugee households.

Population Coverage and Data Collection



COMPLETED SURVEYS

622

Face-to-face **household (HH)-level surveys** with self-reported head of HH or another adult member knowledgeable about their HH conditions. The survey included individual-level sections to collect information about each member of the HH, covering a total of **1,204 HH members** from the assessed HHs.



DATA COLLECTION

From 3 June to 12 July 2024

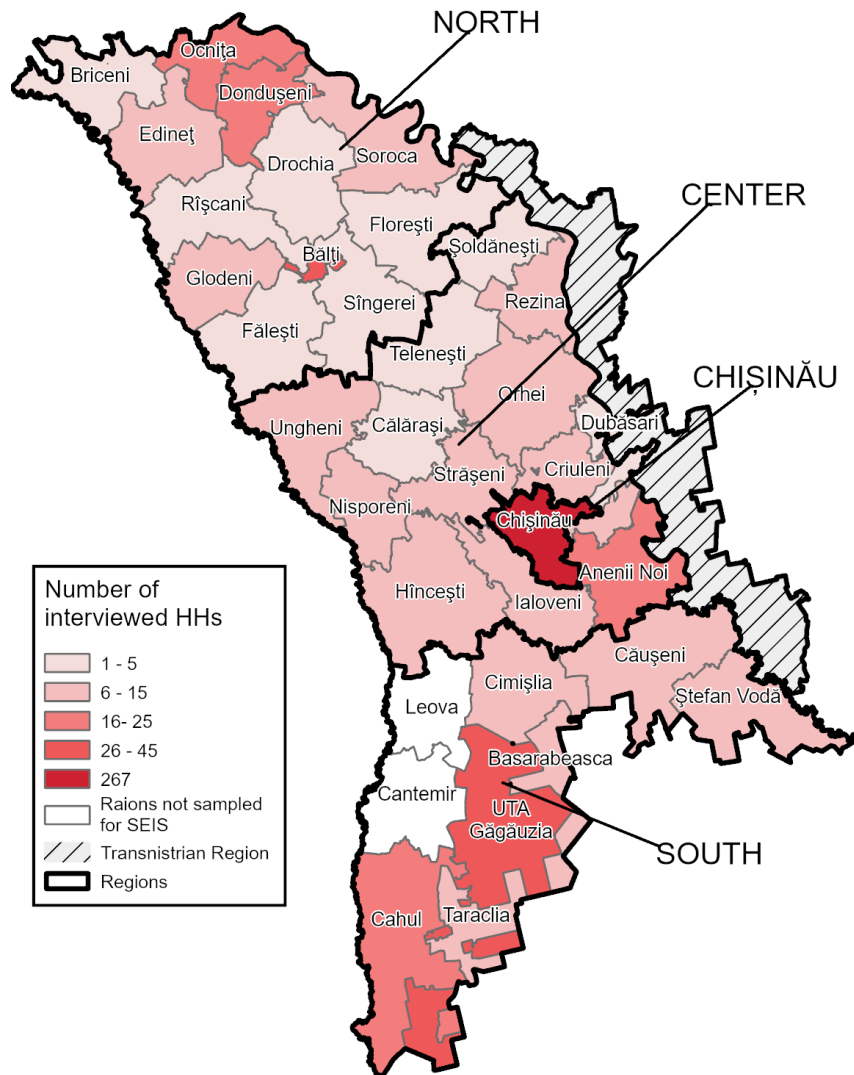


POPULATION OF INTEREST

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

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).

Geographical coverage and Sampling



- **National coverage**, excluding the Transnistrian region.
- **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.
- **Sampling frame at settlement level** (admin 2).
- HH surveys were distributed based on **regional stratification** (North, Centre, South, Chisinau*).
- Primary data was collected through **in-person quantitative HH-level surveys**.
- **Regional weights** were applied to national-level findings to adjust 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 other regions.

*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.

**Area monitoring was an exercise conducted by REACH through the collection of information on refugees residing outside of Refugee Accommodation Centers (RACs) in various settlements, as reported by local authorities.

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:** Although efforts were made to introduce a degree of randomization (interviewing every third person in a line at distribution points) and to diversify the sample (identifying respondents through social media and snowball sampling in settlements with 200 or more refugee HHs), **enumerators frequently visited places where refugees typically gather** (such as aid distribution centres, schools, public parks, etc.) to identify potential respondents, which may have introduced selection bias.
- **Data Verification Issues:** Data discrepancies and missing values were checked with enumerators and addressed accordingly, though in some cases, these fields could not be verified. Consequently, there may be **some inconsistencies or missing data** remaining in the dataset.
- **Sensitive Topics:** Respondents may have **underreported** sensitive topics such as protection topics, safety, or security risks.
- **Underreporting / Overreporting:** Additionally, respondents may have underreported their income sources or overreported their expenses due to the false expectation that aid could be linked to the **outcomes** of these surveys.

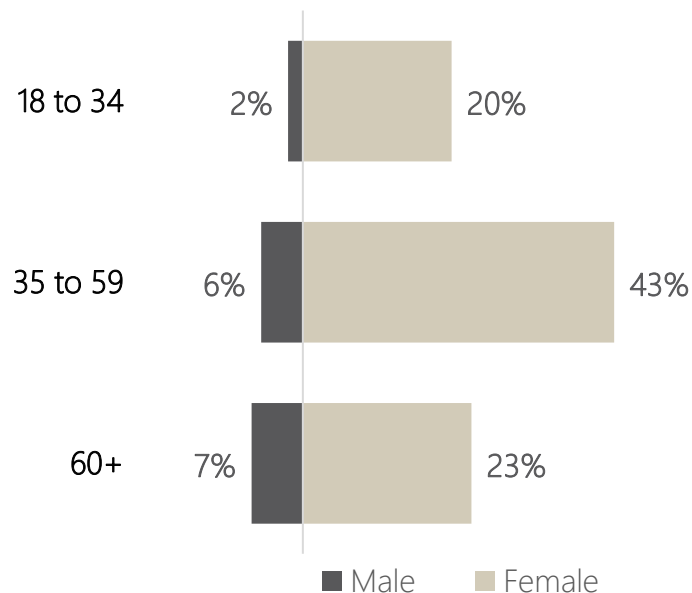
A faint world map is centered in the background, rendered in a light gray tone. Overlaid on the map is a complex, low-poly wireframe pattern consisting of numerous interconnected triangles, creating a mesh-like effect across the entire image. The number '02' is positioned in the upper-middle section of the image, above the main title.

02

Demographics

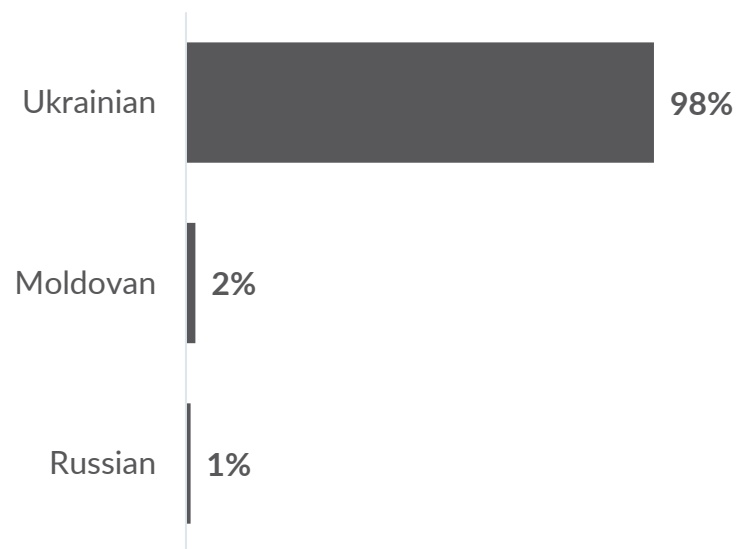
Demographics: Respondents

% of respondents by gender & age* (n=622)



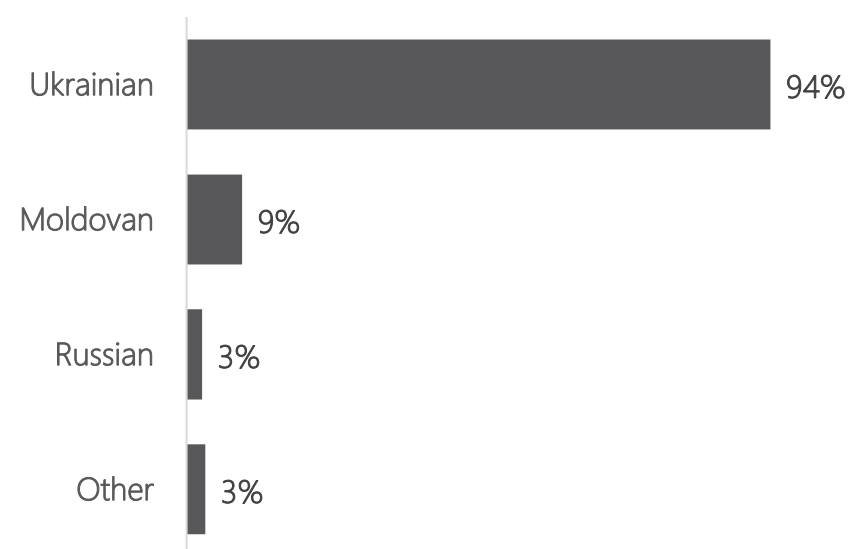
* Some results do not add up to 100% due to rounding.

% of respondents by citizenship* (n=622)



* Respondents could select multiple responses

% of HHs by ethnic group or background* (n=622)



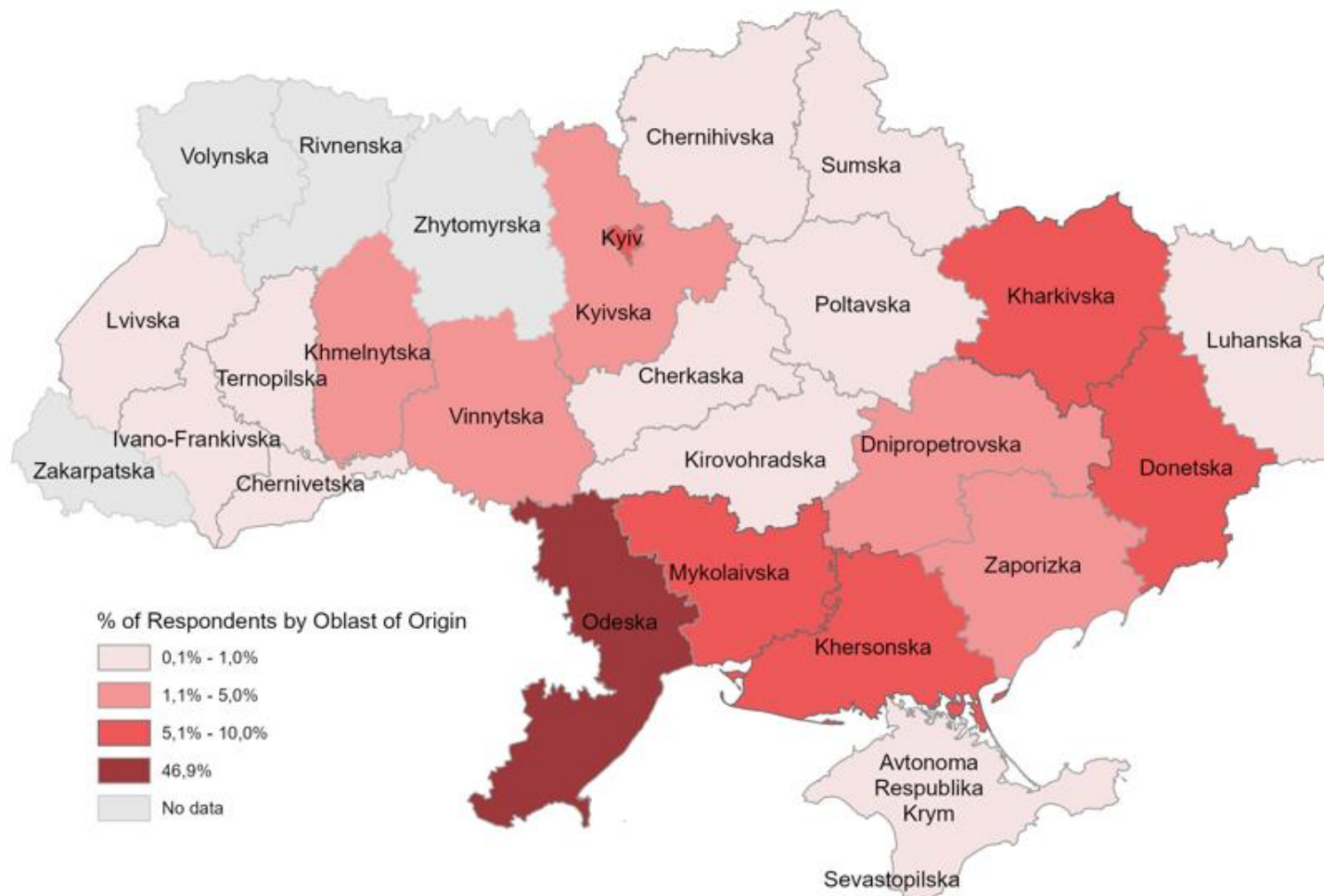
* Respondents could select multiple responses

The large majority of respondents (85%) were **women**, while **men** made up only 15% of the sample. This gender imbalance could be attributed to women being more present at distribution sites, which may have influenced the sample. In terms of age, almost half of the respondents (48%) were **between 35-59 years old**, reflecting a predominant working-age population.

Nearly all respondents (98%) were **Ukrainian citizens**, with a small minority holding **Moldovan (2%)** and **Russian (1%)** citizenship. Additionally, most HHs (94%) identified as being of **Ukrainian ethnic background**, while smaller proportions also identified as **Moldovan (9%)** and **Russian (3%)**.

Demographics: Oblast of Origin in Ukraine

% of HHs by Oblast of origin in Ukraine



A large segment of the surveyed HHs originate from the **Odeska Oblast (47%)**. The following most reported Oblasts of origin were:

- Mykolaivska Oblast (10%),
- Khersonska Oblast (9%),
- Kharkivska Oblast (7%),
- Kyiv (6%), and
- Donetsk Oblast (5%).

Demographics: HH Composition



1.94 HH members
Average HH size



24% of HHs have children
(under the age of 18)



1,204 HH members



47% of HHs have older
persons (60+ years)

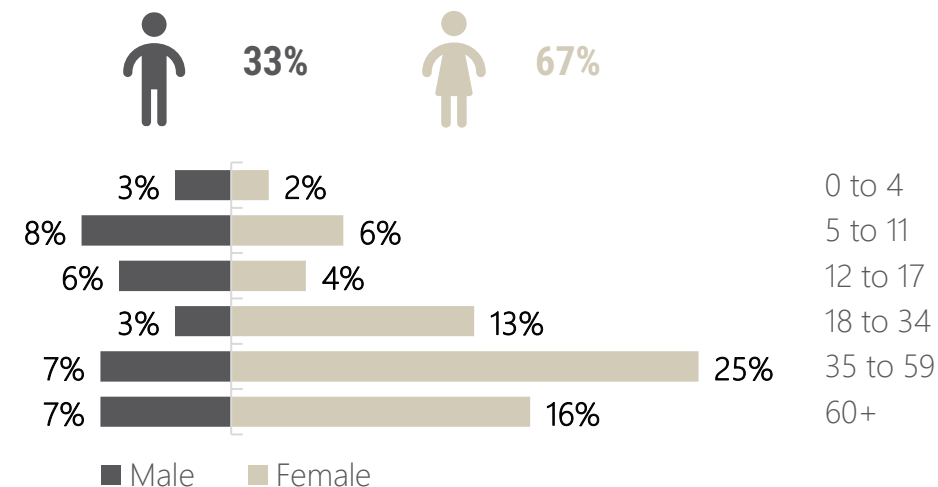


10% of HH members with
disability (at least level 3
in WGSS)

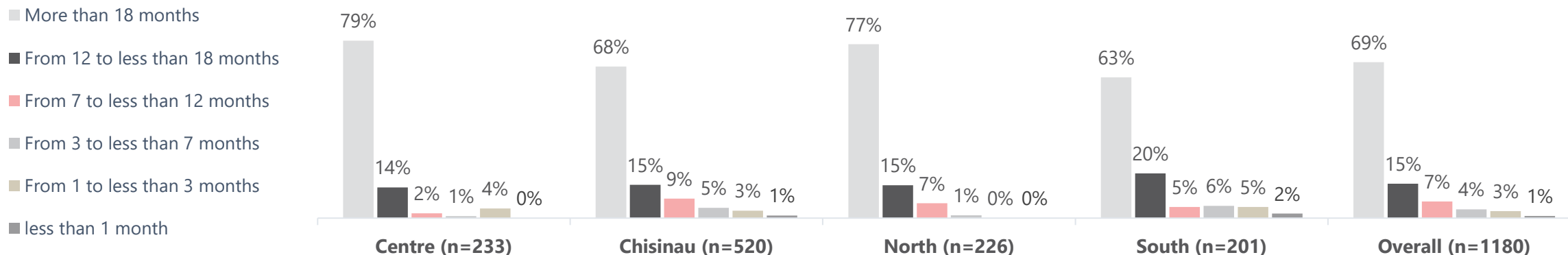


5% of HHs have pregnant or
breastfeeding women

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



% of HH members by estimated length of residence in Moldova (in months), by region*



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

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03

Main Findings



Education

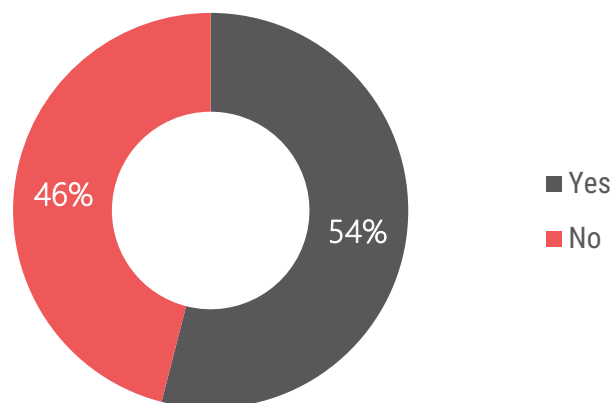
Education: 2023-2024 School Attendance

Key Findings

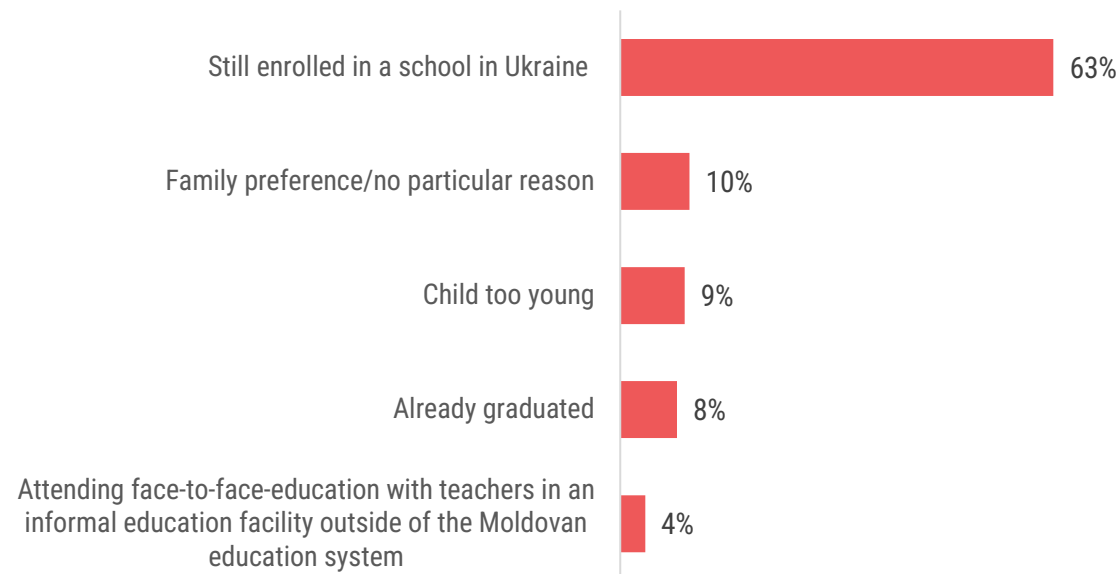


372 school-aged children and young adults aged 3 to 24
342 school-aged children aged 3 to 18

% of school-aged children and young adults reported to be attending a school that is part of the national education system in Moldova in 2023/2024 (n=372)



Top 5 primary barriers for enrolling school-aged children and young adults in a school/kindergarten/nursery part of the national education system in Moldova in 2023/2024* (n=165)



* Respondents could select multiple responses.

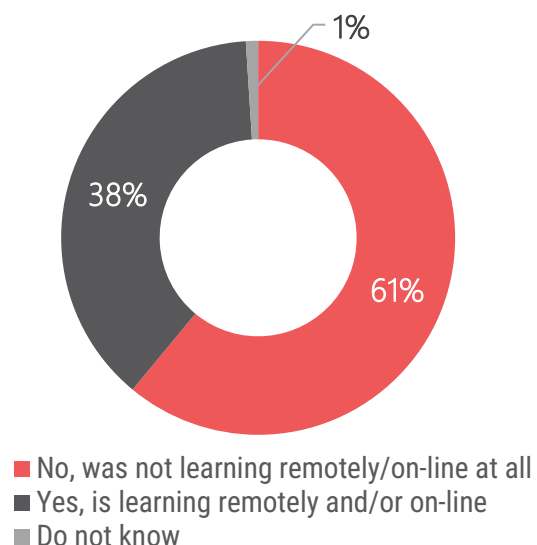
In the school year 2023-2024, 54% of school-aged children and young adults were reported to be attending a school part of the Moldovan education system. Out of those who were not enrolled (n=165), the primary barrier to enrolment was cited to be still enrolled in school in Ukraine (63%).

Among those attending an educational institution in Moldova, 39% were reported to be in secondary school, 28% in primary education, and 28% attending early childhood education or pre-primary school. School-aged children and young adults in the Centre (n=85) were more likely to be attending educational institutions part of the Moldovan education system (60%).

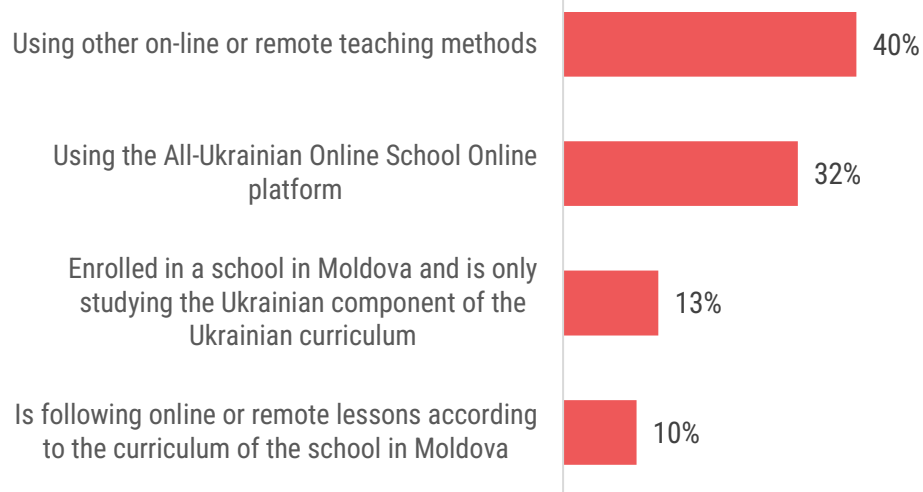
Education: 2023-2024 School Attendance

Key Findings

% of school-aged children learning remotely or online in the school year 2023-2024 (n=342)

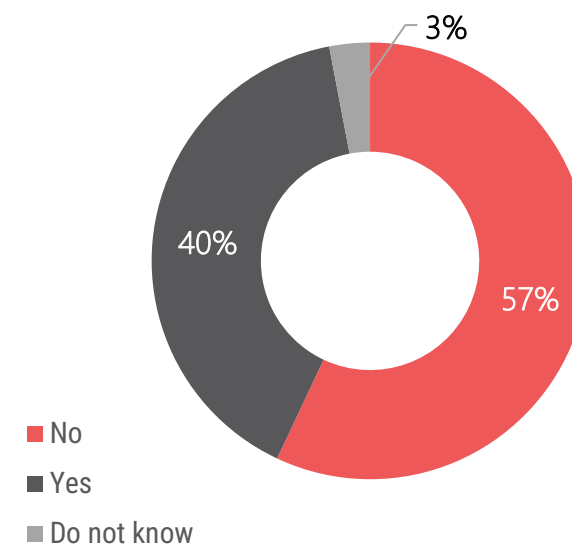


Top 4 types of on-line learning during school year 2023-2024 of school-aged children* (n=125)



*among those learning remotely or on-line

% of school-aged children formally enrolled in a school in Ukraine in school year 2023-2024 while living abroad (n=342)



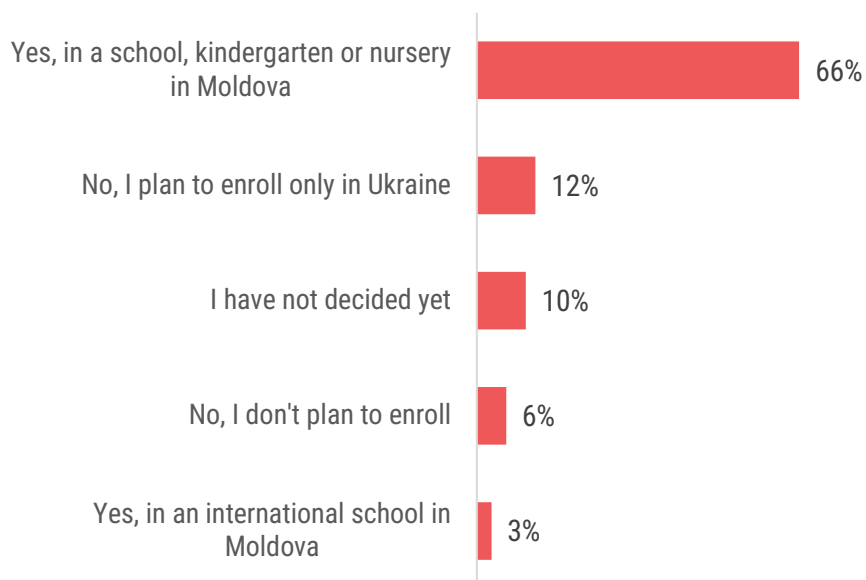
Less than half of school-aged children (40%) were reported to be still enrolled in a school in Ukraine during the 2023-2024 school year. School-aged children residing in the North (n=77) were reported to be formally enrolled in an educational institution in Ukraine at a rate of 48%, while school-aged children in the South (n=74) were enrolled at a rate of 24%.

Most school-aged children (85%), among those learning remotely or online (n=121), were under the supervision of a Ukrainian teacher at a school in Ukraine during the school year 2023-2024, and 12% were in face-to-face contact with a Ukrainian teacher in Moldova to assist them online or remotely.

Education: 2024-2025 School Year

Key Findings

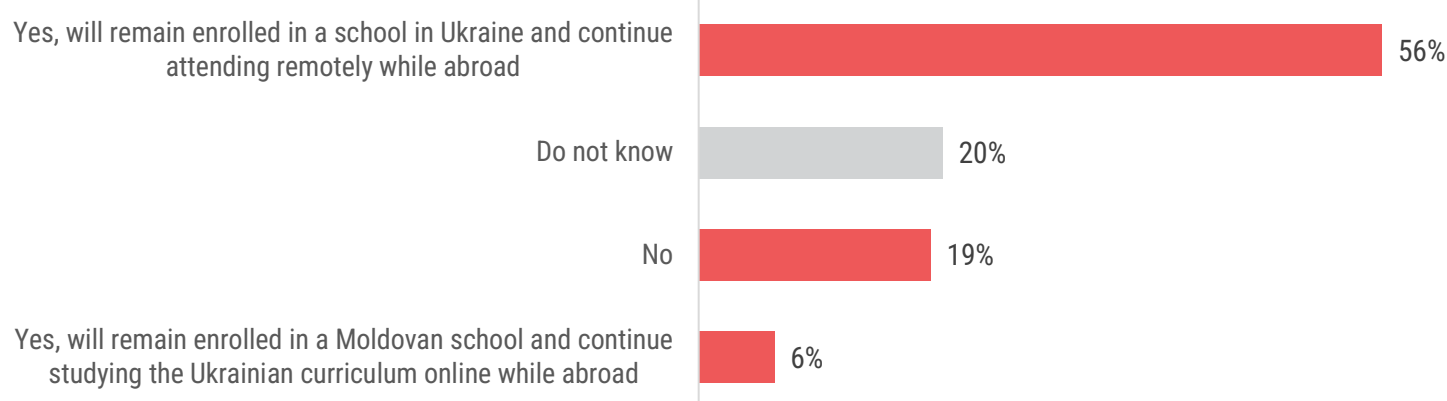
% of school-aged children intended to be enrolled in a school part of the national education system in Moldova for next school year 2024/2025 (n=342)



33%

of children (aged 12 to 17) are able to communicate effectively in Romanian

% of school-aged children intended to continue distance learning for next school year 2024/2025 (among those learning remotely or on-line) (n=120)



More than half of school-aged children (66%) were reported to intend to enroll in a school, kindergarten, or nursery in Moldova for the 2024-2025 school year, and 3% were reported to intend to enroll in an international school in Moldova.

Among school-aged children learning remotely or online in 2023-2024 (n=120), 20% were still unsure if they will continue learning remotely in the next school year, however, 56% were cited to remain enrolled in a school in Ukraine and continue attending this school remotely/online, indicating this could be a continuing barrier to enrolling children in Moldovan schools.



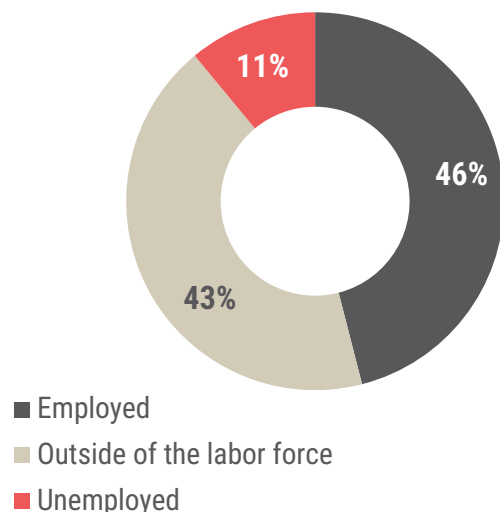
Socio-Economic Inclusion and Livelihoods

Socio-Economic Inclusion and Livelihoods

Key Findings

Employment

% of HH members (aged 15 to 64) by employment status (n=636)

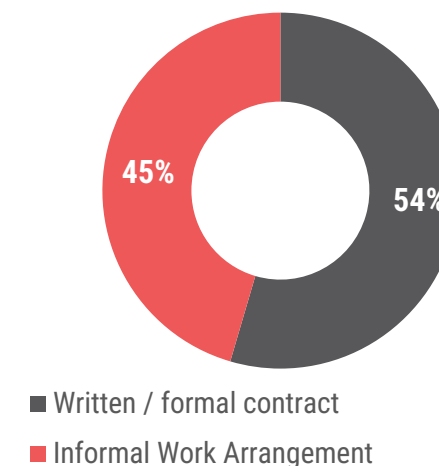


% of HH members (aged 15 to 64) by top 5 difficulties encountered in finding work in Moldova* (n=667)



* Respondents could select multiple responses

% of employed HH members (aged 15 to 64) with or without a formal employment contract (n=292)



Top sectors of current employment (among employed HH members aged 15 to 64) (n=291):

- 20% - Other services activities
- 14% - Information and communication
- 12% - Wholesale and retail trade; repair of motor vehicles and motorcycles
- 11% - Construction
- 7% - Accommodation and food service activities

Almost half of HH members (aged 15 to 64) (n=636) were reported to be **employed (46%)**. Some differences regarding **employment rates** were observed **across regions**, with **50%** of HH members in the **Centre** (n=136), **47%** in **Chisinau** (n=299), **33%** in **North** (n=98), and **57%** in the **South** (n=103) **being employed**. The **North** had the highest rate of those **outside the labor force (62%)**, while **Chisinau** had the **highest unemployment rate (13%)**.

The **most commonly reported activities of unemployed HH members** (aged 15 to 64, n=353) at the time of data collection were **engaging in HH or family responsibilities**, including taking care of children and elderly (**57%**), **studying (16%)**, or **seeking a job (11%)**.

Socio-Economic Inclusion and Livelihoods

Key Findings

Income

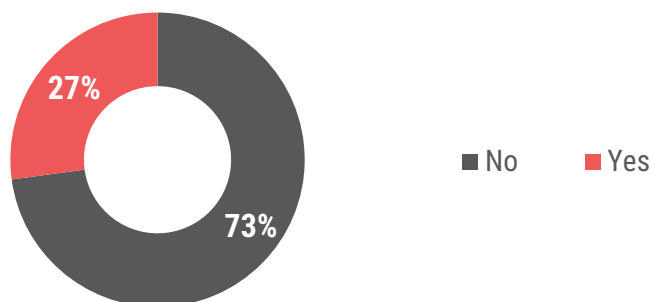
% of HHs by reported income sources** (top 5)* (n=621)



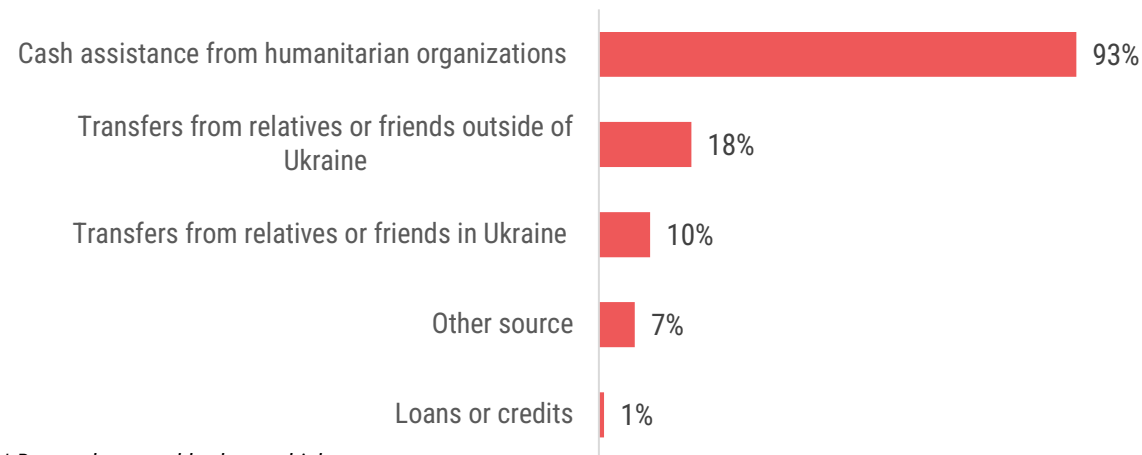
*Respondents could select multiple responses

**in the 30 days prior to data collection (or since arrival if less than 30 days since arrival)

% of HHs financially supported by a family member in Ukraine (n=622)



% of HHs receiving other forms of income in the 30 days prior to data collection, by type of income source* (n=495)



* Respondents could select multiple responses

Only **5%** of HHs reported having no income source in the 30 days prior to data collection.

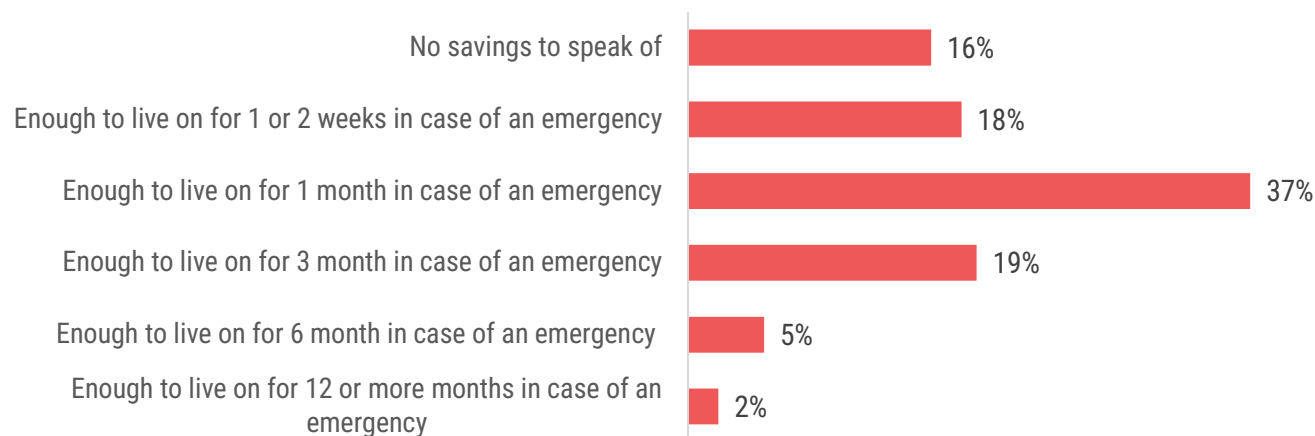
A small proportion of respondents (**5%**) assessed their overall household income as insufficient for food. Meanwhile, **42%** reported that their income was enough to cover basic food needs, while **45%** indicated that their income was sufficient for basic food, utilities, medicine, and clothing.

Socio-Economic Inclusion and Livelihoods

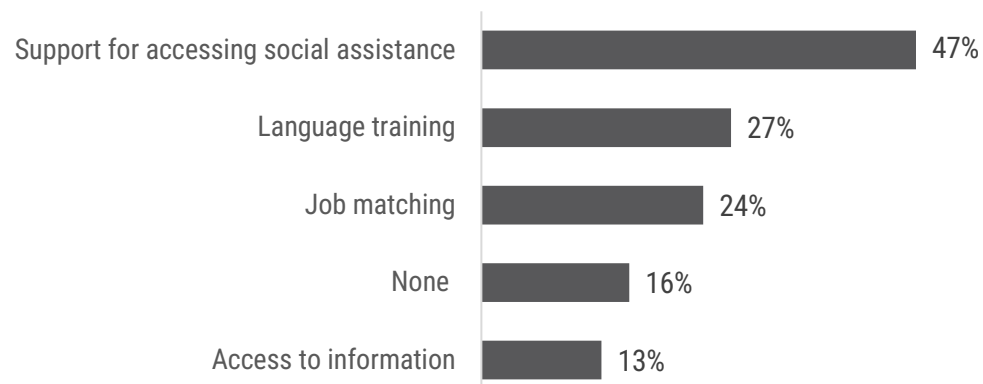
Key Findings

Economic capacity and socio-economic needs

% of respondents by the amount of savings their HH possesses (n=622)

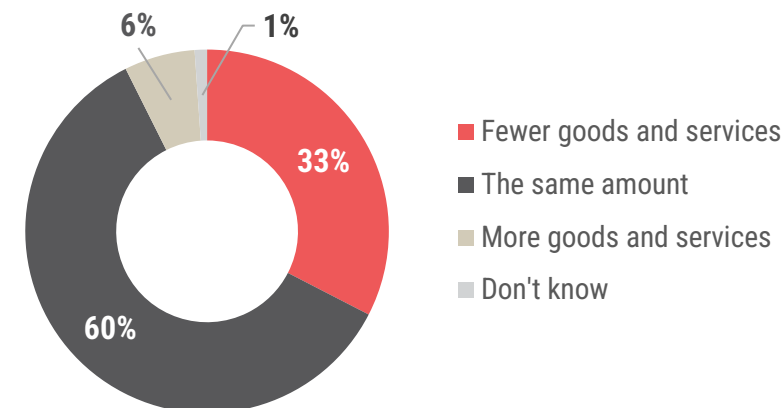


% of respondents by reported type of services needed to help improve their socio-economic inclusion in Moldova* (n=621)



* Respondents could select multiple responses

% of respondents reporting increased, unchanged, or decreased ability to afford goods and services compared to their first months in Moldova (n=622)



35%

Of respondents reported having a bank account or an account at a formal financial institution in Moldova, either individually or jointly. Respondents in rural areas were less likely to report having a bank account compared to those in urban areas (22% and 37%, respectively).

Socio-Economic Inclusion and Livelihoods

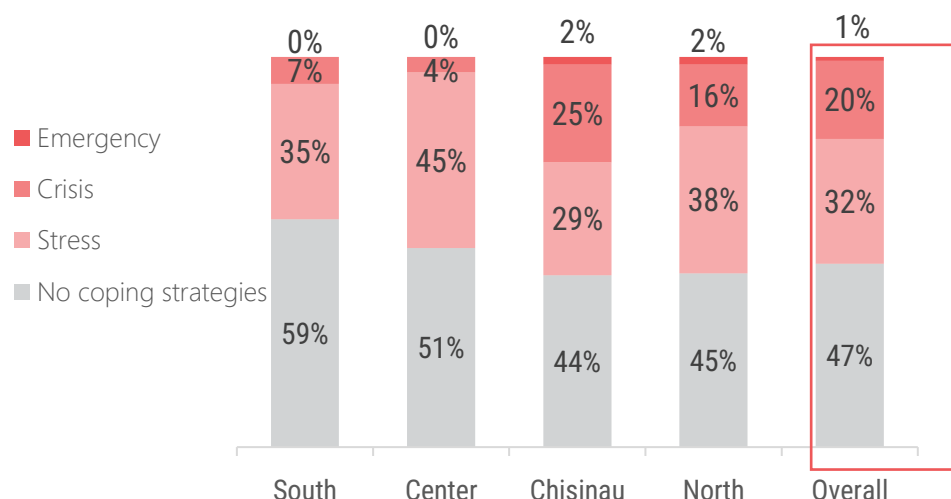
Key Findings

Livelihood Coping Strategies

Livelihood coping strategy index (LCSI): is measured to understand longer-term HH coping capacities. It is used to classify HHs into four groups: HHs using emergency, crisis, stress, or no adopted strategies to cope with livelihood gaps in the 30 days prior to data collection.

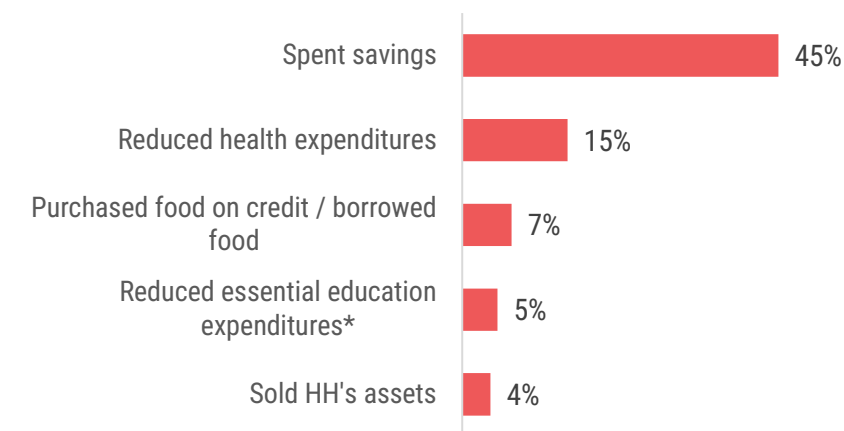
The use of emergency, crisis, or stress-level LCS typically reduces HHs' overall resilience and assets, in turn increasing the likelihood of unmet basic needs

LCSI: % of HHs by maximum coping strategy employed in the 30 days prior to data collection, by region*



* Some results do not add up to 100% due to rounding issues

Top 5 most reported negative livelihood coping strategies adopted due to a lack of resources to cover basic needs*



* Respondents could select multiple responses

Almost half of HHs did not adopt any coping strategies (47%). However, 32% of HHs were implementing stress coping strategies, which mainly included spending savings (45%), purchasing food on credit or borrowing food (7%) and selling HH's assets (4%) due to a lack of resources to cover basic needs such as food, shelter, health, and education. No major difference was observed between rural and urban areas.

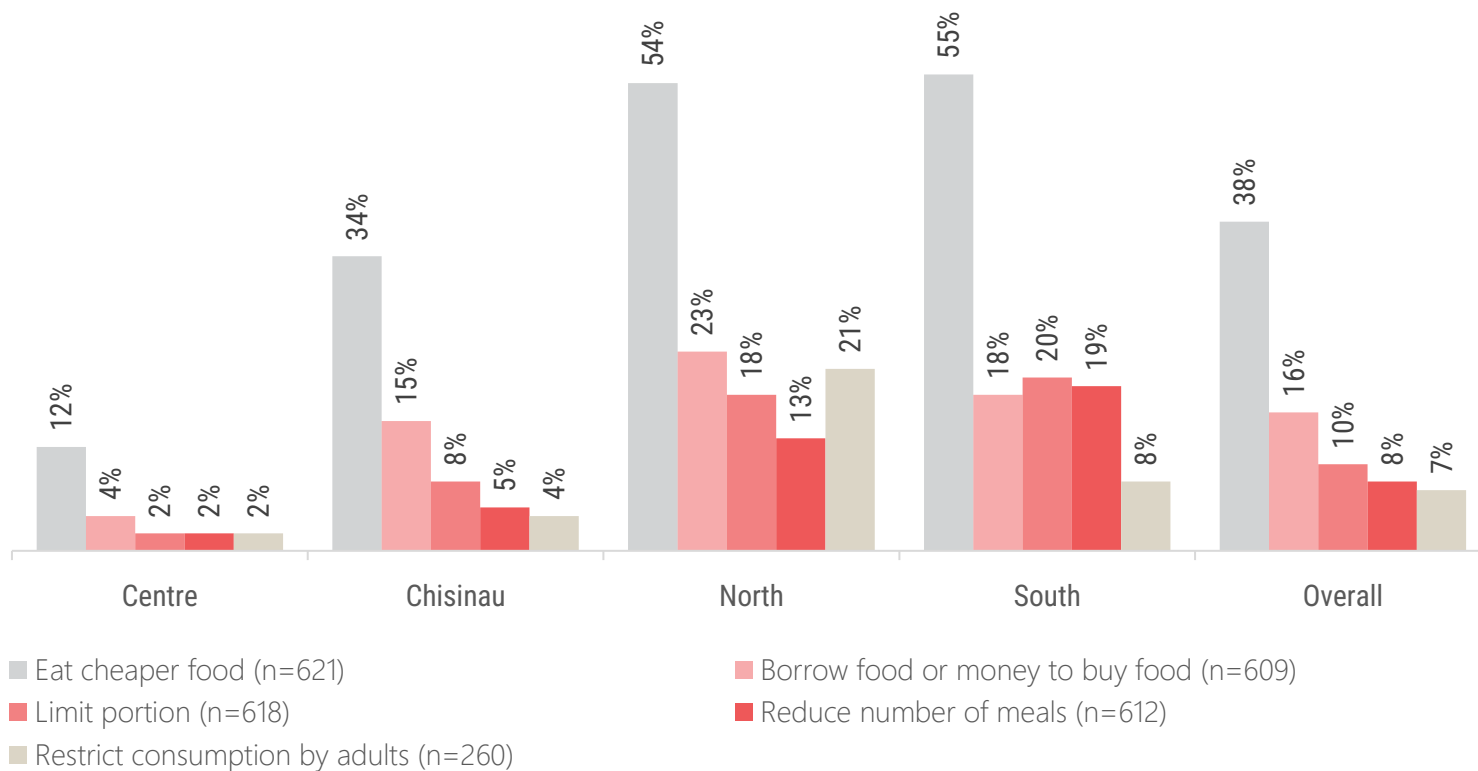
Some HHs (20%) were implementing crisis coping strategies, which mainly included reducing essential health expenditures (15%) and reducing expenditures on education (5%) in the 30 days before data collection.

Only 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.

Socio-Economic Inclusion and Livelihoods

Food coping strategies

rCSI: % of HHs by use of consumption-based coping strategies in the last 7 days prior to data collection, by region*



* HH who used the strategy for at least one day, to cope with a lack of food or money to buy it

Key Findings

Reduced Coping Strategy Index (rCSI): used to measure the behavior of HHs over a seven-day recall period when they did not have enough food or money to purchase food.

The national rCSI average was 3.3, indicating minimal reliance on coping strategies and low levels of food insecurity. The average rCSI was higher in rural areas (6.64) compared to urban areas (2.81), and in the North (6.65) compared to other regions.

The most frequently reported coping strategy in the 7 days before data collection was consuming cheaper or less preferred food, reported by 38% of HHs. This coping strategy was higher in rural areas (49%) than in urban areas (36%). Regionally, HHs in the South and North were more likely to report using this coping strategy (54% and 55%, respectively), while only 12% of HHs in the Centre reported doing so.



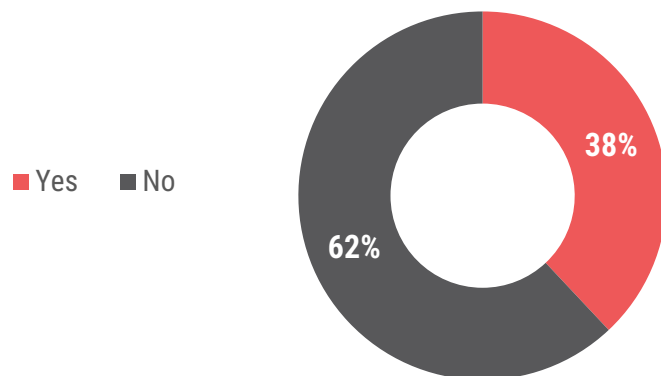
Health

Health

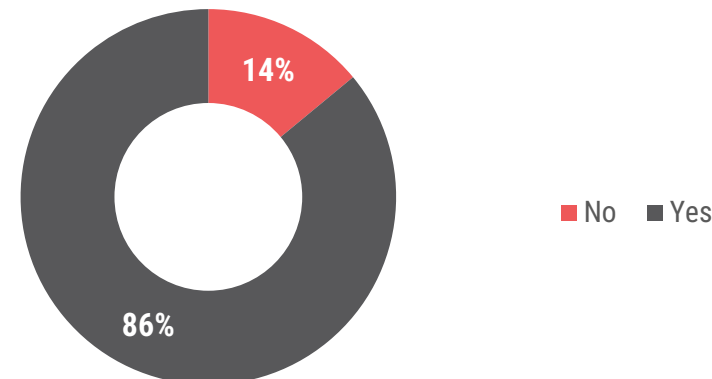
Access to healthcare

Key Findings

% of HH members who had a health problem and needed to access healthcare in the 30 days prior to data collection (n=1204)



% of HH members who received access to health services 30 days prior to data collection (among HH members who needed health care services) (n=419)



34%

of HH members reportedly had a chronic illness (e.g., diabetes, hypertension, asthma) (n=1204)

HHs generally reported being able to access healthcare services in Moldova. Among HH members who had a health problem and needed to access healthcare in the 30 days before data collection (n=419), the majority (86%) were able to do so. Those with disabilities (n=64) were slightly less likely to report access, with 78% able to obtain care compared to 87% of those without disabilities (n=328).

Notably, children aged 0 to 4 years (n=60) and older adults aged 60 and above (n=280) were reported to have health problems and needed access to healthcare in the 30 days prior to data collection, at rates of 51% and 57%, respectively. These proportions were higher compared to other age groups.

Among the small share of HH members that had were not able to access the needed healthcare (n=46), the main reasons were:

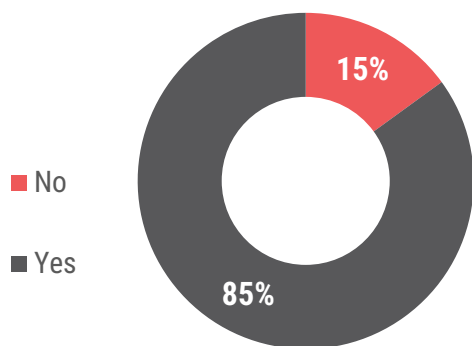
- Could not afford fee at the clinic or cost of medication (50%)
- Could not afford fees at hospital (39%)
- Unable to make an appointment (22%)

6%

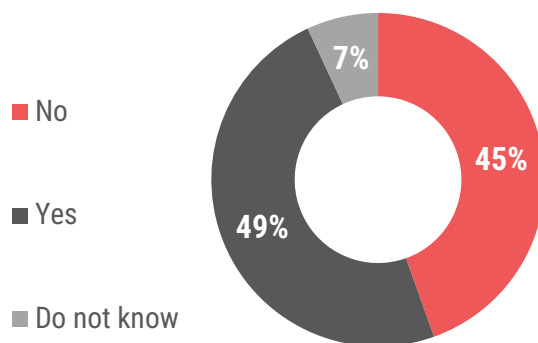
of female HH members (aged 10 to 55 y.o.) faced barriers in accessing sexual and reproductive health services (n=498)

Health Vaccination

% of children (9 months to 5 years) who have received at least one measles vaccination (n=85)



% of children (9 months to 5 years) who have received a second dose of measles vaccination (n=74)



Among children aged 9 months to 5 years old (n=85), **15% did not receive at least one measles vaccination.**

Therefore, **72%** of **girls** aged 9 months to 5 years old (n=38) and **95%** of **boys** of the same age group (n=47) **received at least one measles vaccination** as it was reported by the respondents.

Among children aged 9 months to 5 years old (n=74), **45% did not receive a second dose of measles vaccination.**

For the **second dose of measles vaccination**, **49%** of **girls** aged 9 months to 5 years old (n=30) and **36%** of **boys** of the same age group (n=44) **received it.**

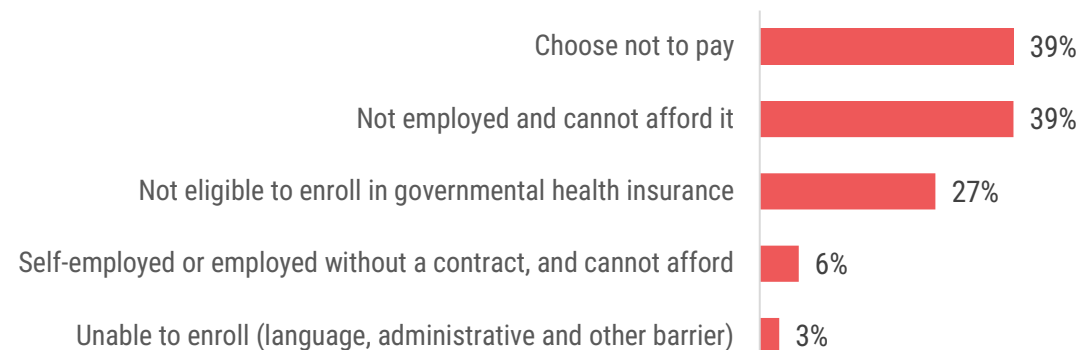
Key Findings

Health Insurance

25%

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

% of HHs by reasons for not having health insurance (among HHs where not all eligible members of the HH hold health insurance) (n=450)



* Respondents could select multiple responses

Regional discrepancies

The most **selected reason for not having health insurance** in the **Centre** (n=90) was due to **not being employed (59%)**. In the **South** (n=71) and **North** (n=93), **69%** and **50%** of respondents **chose not to pay** for health insurance, and the most respondents from **Chisinau** (n=196) were **not eligible to enroll in governmental health insurance (36%)** compared to other regions.

Health

Disability and chronic illness

Key Findings

The **Washington Group (WG) Questions** are targeted questions on individual functioning intended to provide an indication of the likelihood of the person having a disability. The WG short set (WGSS) of 6 questions was used for the assessment, covering:

- Vision
- Hearing
- Mobility
- Communication
- Cognition
- Self-care

Difficulties pertaining to the above functions were ranked as follows:

1. No issues
2. Some difficulty
3. A lot of difficulty
4. Cannot do it at all

Individuals with reported difficulty levels of 3 and 4 were considered potentially having disabilities

10%

of HH members (aged 5 and above) potentially **having a disability – Difficulty level 3 or 4 (WGSS)**
(n=1144)

Difficulty	Centre (n=229)	Chisinau (n=502)	North (n=216)	South (n=197)	Urban (n=885)	Rural (n=259)	Overall (n=1144)
Seeing	8%	5%	5%	5%	5%	7%	5%
Walking	3%	6%	4%	3%	6%	2%	5%
Hearing	1%	1%	3%	0%	1%	1%	1%
Self-care	0%	1%	2%	1%	2%	0%	1%
Remembering	0%	1%	1%	1%	1%	1%	1%
Communicating	0%	1%	1%	0%	1%	0%	1%

Health

Key Findings

Mental Health and Psychosocial Support (MHPSS)

18%

of HH members (aged 5 years and older) reportedly **experienced MHPSS problems** (in the four weeks prior to data collection) (n=1144)

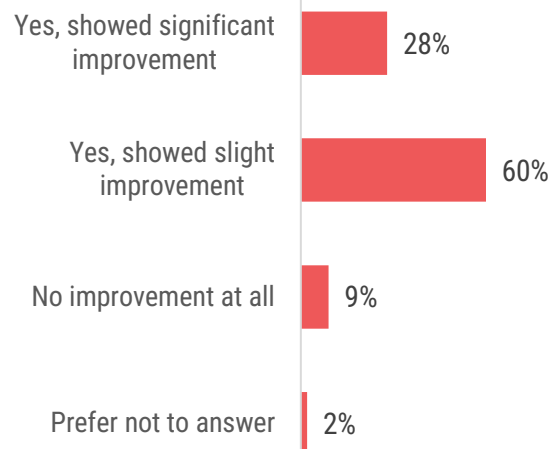
35%

of HH members (aged 5 years and older) **who tried to access MHPSS support services** (among those who experienced MHPSS problems in the four weeks prior to data collection) (n=167)

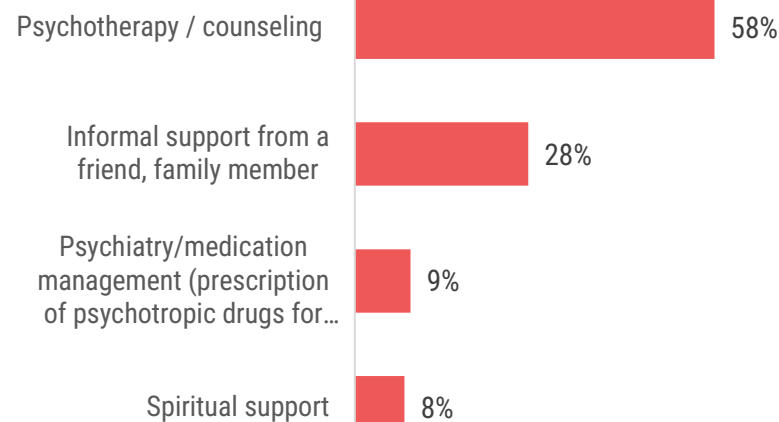
94%

of HH members (aged 5 years and older) **who received MHPSS services** (among those who tried to access services) (n=57)

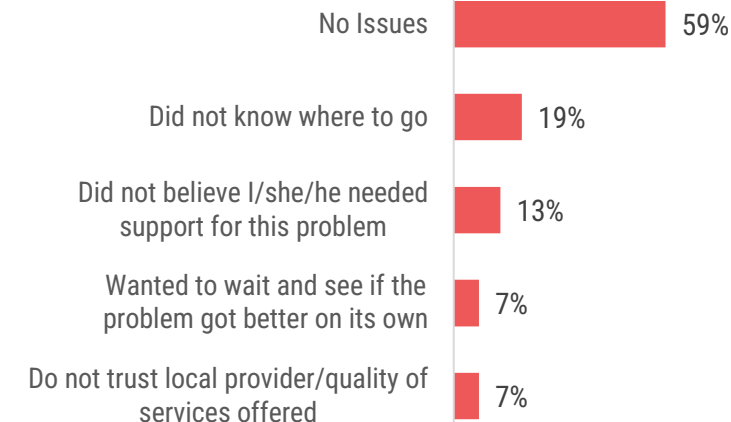
% of HH members (aged 5 years and older) who received MHPSS services and experienced improvement in wellbeing (n=55)



Top 4 reported types of MHPSS service HH members received, among those who tried to access services (n=57):



Top 5 reported challenges faced in accessing MHPSS services by HH members (aged 5 years and older) (n=56)





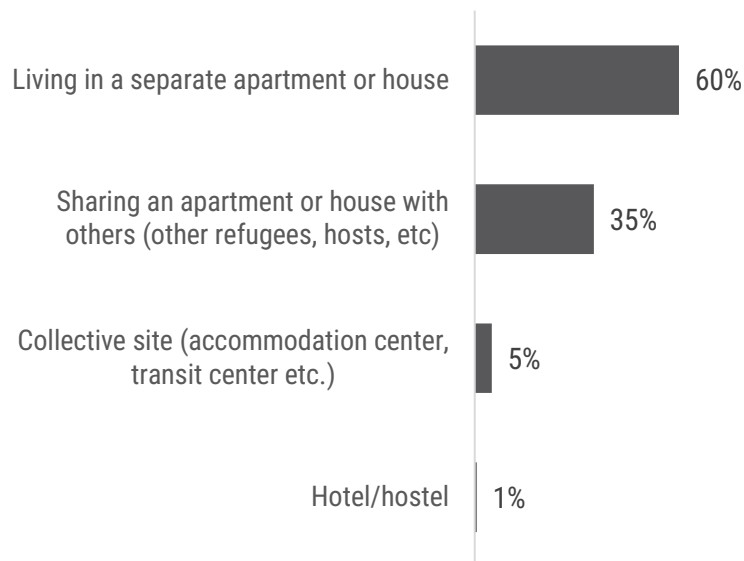
Shelter / Accommodation

Shelter / Accommodation

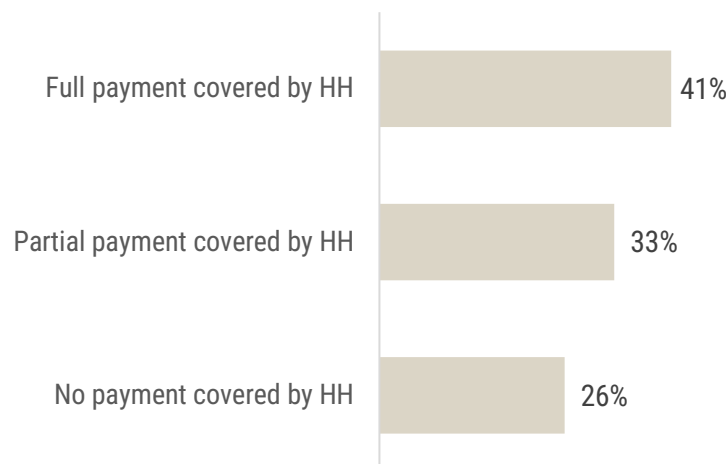
Accommodation arrangement

Key Findings

% of HHs by type of accommodation HH is residing in (n=622)



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



19%

of HHs reported they **were able to pay rent without financial distress** in the 3 months prior to data collection (among those who have a partial or full payment arrangement for accommodation) (n=430)

More than half of HHs (60%) were reportedly living in a separate apartment or house.

HHs residing in the North (n=120) and the South (n=119) were more likely to report living in shared apartments or houses with others (43% and 56%), respectively. Only HHs residing in the Centre (n=116) and in Chisinau (n=267) reported living in collective sites, 10% and 6%, respectively.

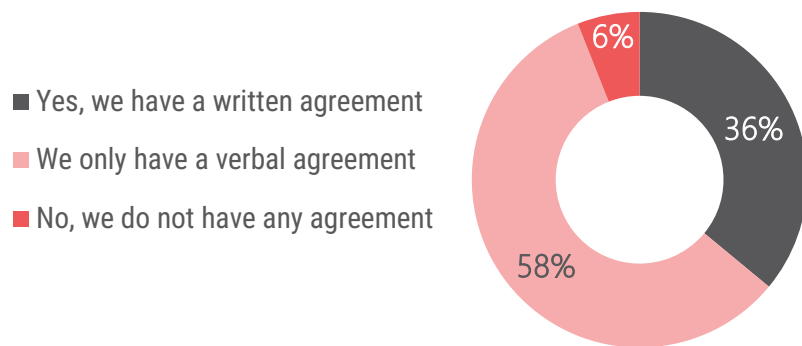
A large proportion of HHs (76%), among those having a partial or full payment arrangement for accommodation (n=430), reported not having any financial distress paying rent in the 3 months prior to data collection. HHs in Chisinau (n=208) and the South (n=81) encountered more financial distress compared to other regions (22% and 24%). There was no major difference observed between rural and urban areas.

Shelter / Accommodation

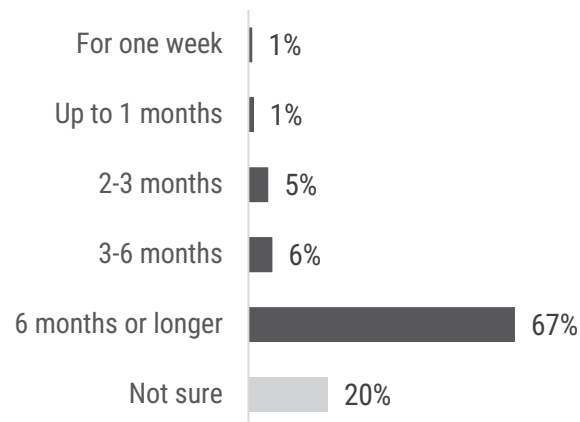
Security of tenure

Key Findings

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



% of HHs by perceived length they can stay in current accommodation (n=622)



2%

of HHs reported being **under pressure to leave their accommodation** (among those who reported that they could stay in their accommodation for less than 6 months) (n=60)

Only **36%** of HHs had a written agreement to prove their occupancy arrangement and **6%** held no agreement at all, which could be a potential vulnerability. HHs in rural settlements (n=136) were more likely to have a verbal agreement (**81%**), while HHs in urban areas (n=486) were more likely to have a written agreement (**40%**).

Reasons reported for not having written documentation to prove occupancy arrangement for accommodation among those who do not have written documentation (n=41) are that the apartment is rented by another person (**69%**), while **15%** of the respondents do not know, **11%** chose other reasons, **3%** said that their landlord refused to provide rental contract and **2%** preferred not to answer.

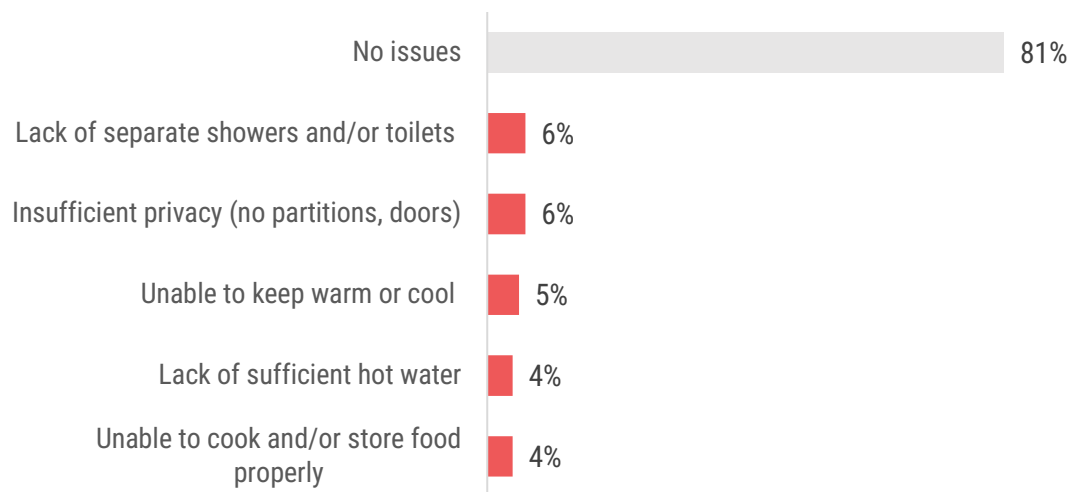
The majority of HHs (**98%**) reported they were not under pressure to leave their accommodation (n=60). Most HHs reported that they could stay in their accommodation for **6 months or longer** (**67%**), as most HHs (**74%**) reported living in long-term accommodation.

Shelter / Accommodation

Key Findings

Accommodation conditions

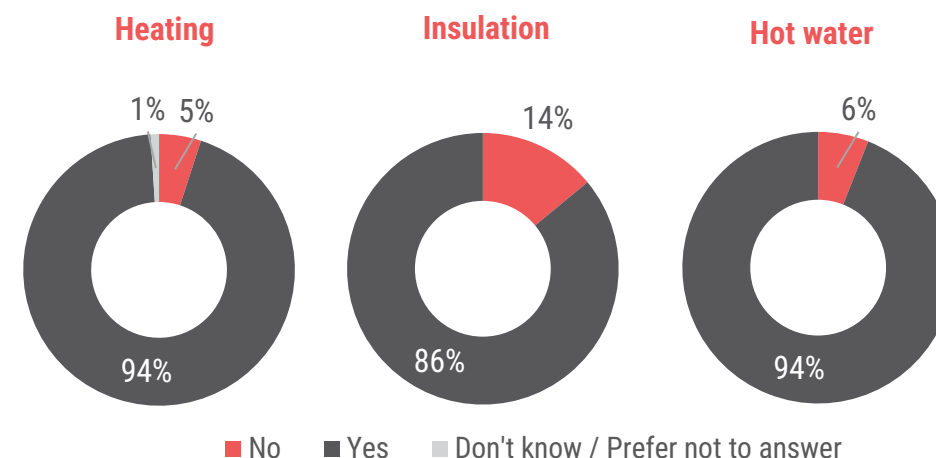
% of HHs by top 5 types of living condition issues in current accommodation* (n=622)



* Respondents could select multiple responses

Many HHs (81%) reported they did not face any issues regarding living conditions in their current accommodation. There was no major difference observed between rural and urban areas.

% of HHs with sufficient accommodation winter readiness, (among those that perceived they could stay in their accommodation for 3 months or longer) (n=450)



Rural areas (n=93) reported a higher insufficiency of hot water for colder months, affecting 28% of HHs, compared to 3% of HHs residing in urban areas (n=357). Across both types of areas, 5% of HHs in this situation were living in a separate apartment or house (n=270), while another 10% of HHs in a similar situation were sharing an apartment or house with others (n=169).

Some HHs (39%) in the South (n=91) were more likely to report having insufficient insulation in their accommodation compared to 5% of HHs in the Centre (n=67), 12% in the North (n=96), and 10% in Chisinau (n=196).

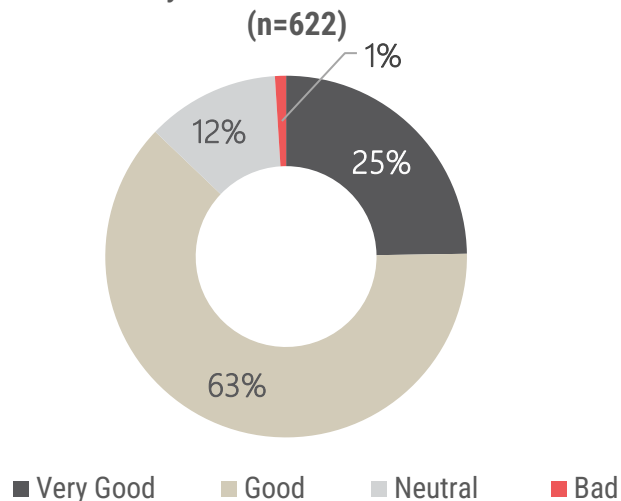


Social Cohesion

Social Cohesion

Key Findings

% of respondents by perceived relationship between the refugee and the host community in their location of residence (n=622)

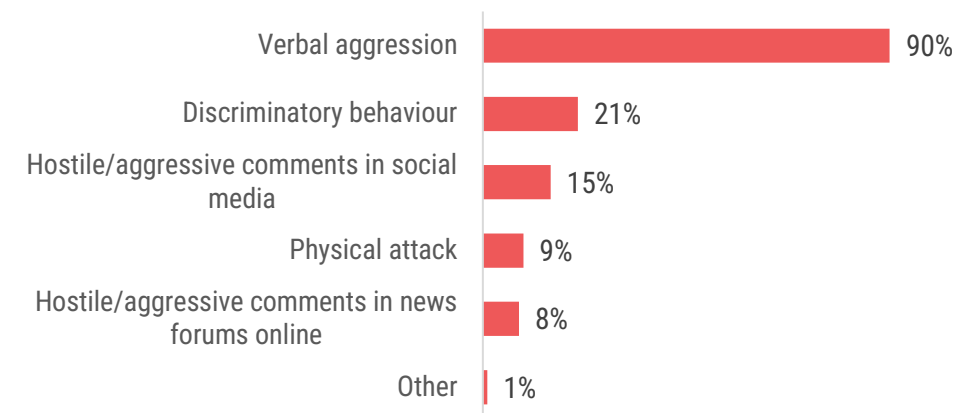


18%

of HHs with members reportedly having **experienced hostile behaviour or attitudes** from the host community since arrival in Moldova (n=622)

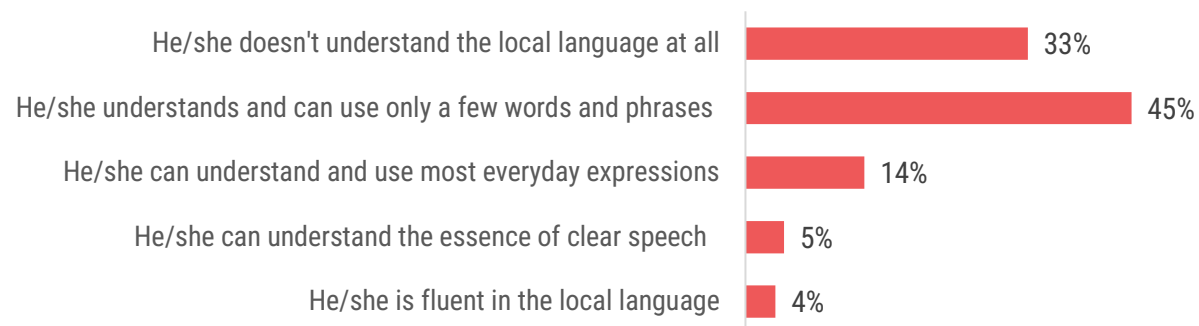
The majority of respondents (82%) reported that the **relationship between the refugee and host communities** since first arriving at their location of residence **has not changed**. Some respondents (12%) reported that the relationship **has improved** and only 5% reported that it **has become worse**.

% of HHs by type of hostile behaviours or attitudes experienced (among HHs who experienced them since arrival in Moldova)* (n=91)



* Respondents could select multiple responses

% of HH members (aged 12 to 64) by knowledge of Romanian language (n=751)



Top 3 perceived reasons for hostile behaviors or attitudes among HHs who experienced them (n=89):

- Refugee status (81%)
- Nationality Discrimination (51%)
- Language Discrimination (33%)

* Respondents could select multiple responses

Thank you for your attention



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