UNHCR The UN Refugee Agency

CCCM CENTER FOR COMPARATIVE MIGRATION STUDIES



SOCIO-ECONOMIC INSIGHTS SURVEY

ROMANIA

Final Report

December 2025

Refugees receiving assistance at RomExpo Integrated Service Hub, Bucharest.

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CONTRIBUTIONS

SEIS was conducted within the framework of:

Regional Refugee Response for the Ukraine Situation

Developed, implemented, and analysed by:

UNHCR The UN Refugee Agency

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List of acronyms

ANOFM | County agencies for employment

CRI | Cash and Core Relief Items

CSCM | Romanian Center for Comparative Migration Studies

FD | Family Doctor

GBV | Gender Based Violence

HH | Household

ISG | Indicators' Sub-Group

MCQ | Multiple Choice Question

MHPSS | Mental Health and Psychosocial Support

MSNA | Multi-Sector Needs Assessment

NEET | Youth who are not involved in Education, Employment, or Training

NGO Non-governmental organization

PSS | Psychosocial support

R | Programming language is an open-source scripting language for predictive analytics and data visualization

rCSI | Reduced Coping Strategy Index

RLO | Refugee-Led Organizations

RRP | Refugee Response Plan

SEIS | Socio-Economic Insights Survey

SPSS | Statistical Package for the Social Sciences

SRH | Reproductive Health Services

SMSD | Severe Material and Social Deprivation Rate

SPC | Social Protection Committee

TP | Temporary Protection

UNHCR | United Nations High Commissioner for Refugees

VMI | Venit Minim de Incluziune

Geographical Classifications and Comments

Municipality: is an administrative unit in Romania which corresponds to a locality of urban type with a special role in the economic, social-cultural, scientific, political and administrative life of the country, with important industrial and commercial structures and institutions in the field of education, protection of healthcare and culture.

Oblast: is an administrative unit in Ukraine, also known as a county.

Județ: is an administrative unit in Romania, also known as a county. This SEIS covers 25 counties or județe and the capital city of Bucharest.

Ukrainian Refugee (Household): is used to define all refugees (households) that migrated from Ukraine to Romania following the escalation of hostilities in Ukraine since February 2022, independent of their nationality.

Executive Summary

By December 2025, the number of temporary protection permits issued to refugees from Ukraine in Romania has increased to **199,538.**

Between September and November 2025, the United Nations High Commissioner for Refugees, working with the Romanian Center for Comparative Migration Studies (CSCM), undertook the Socio-Economic Insights Survey (SEIS) to identify the greatest needs of the refugee community in Romania. Previously known as the Multi-Sector Needs Assessment (MSNA), the SEIS is a joint effort to produce insights into the refugees' lives in Romania.

The data collected are meant to assist with the planning, implementing, and evaluating of refugee response activities. Specifically, information is utilized in the preparation of the 2026 Refugee Response Plan. This plan seeks to have a clear idea of the needs to be addressed in order to improve wellbeing on the refugees from Ukraine, residing in Romania.

There were **599 households** and a total of **1,667 people** in the survey sample. The following executive summary offers an analysis of some major findings. The refugee families in Romania are primarily urban dwellers, headed by women, and over half of the households include children in their composition. Although most refugees in Romania are covered by Temporary Protection status, which gives them opportunity to successfully integrate, there is a minority of people who face obstacles related to documentation and social inclusion.

Health services, including mental health, seem to be among the most prominent needs. As indicated, 49% of respondents stated that there is at least one family member suffering from a chronic disease, and 42% said that at least one family member went through psychological distress that affected their daily functioning.

Enrolment in the Romanian **education** system stands at 48%. However, there is a "dual-footing," where 57% of children continue to attend school through the Ukrainian distance learning program.

The labor market outlook is improving, evidenced by the fact that 60% of households have secured **employment** for at least one member. Despite this progress, the transition to formal work is still hampered by specific barriers: language proficiency and the non-recognition of foreign diplomas. As a result, a notable portion of this employment (27%) remains within the informal sector.

Almost half of the households declared worsening in their **income level** during last year and at least **73% of households reported using one coping mechanism** during the reporting period, highlighting widespread vulnerability. Severe Material and Social Deprivation (SMSD) is prevalent among 34% of households, a percentage is twice the average national rate of Romania (17%).

Most refugee families pay their own **rent**, yet many face significant financial strain. The frequency of informal housing further increases their risk, as the absence of written contracts leaves tenants without legal protection.

Introduction

Background

In reaction to the full-scale invasion of Ukraine in February 2022, Romania has recorded a sizable refugee flow from Ukraine. By the end of 2025, Romania had granted Temporary Protection (TP) status to approximately 195,000 refugees from Ukraine, according to national and UNHCR records.

The above underscores Romania's role as a country of transit and/or host in the European Union's refugee response system. Although there may be some fluctuations in the rate and composition of refugee arrivals in response to the security and economic conditions in Ukraine and other regions, the protracted nature of the conflict in Ukraine and the humanitarian situation are likely to sustain refugee movements in the future, especially in the next years.

Belarus, Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, and Slovakia are among the nations covered by the Refugee Response Plan; these countries collaborate to assist displaced communities in the face of continuous hardships. UN agencies, non-governmental organizations, and civil society with national government systems are among the various actors involved in RRP in Romania. Furthermore, the planning, execution, and evaluation of the humanitarian response depend on the availability of trustworthy data, ensuring that the response is evidence-based and flexible to the changing circumstances. With the assistance of local stakeholders and national authorities, United Nations High Commissioner for Refugees (UNHCR) and Centre for Comparative Migration Studies (CSCM) carried out the Socio-Economic Insights Survey (SEIS) 2025 in Romania. The assessment was conducted nationwide with refugees from Ukraine as a main target group, with sub-national stratification determined by each region (Județ) to ensure that the data collected accurately reflects the diverse needs and circumstances of refugees across different geographical areas.

Purpose and Scope

The SEIS 2025 is part of the longitude data collection process, including the SEIS 2024, as well as the previous Multi-Sector Needs Assessments (MSNAs) in 2023 and 2022, with the aim of data harmonization across RRP countries.

The overall goals of the Socio-Economic Insights Survey 2025 are to:

- Determine the age distribution, household composition, and protection status of the Ukrainian refugees living in Romania.
- Examine how Ukrainian refugees living in Romania are able to access the labour market while under Temporary Protection status, as well as fundamental services including healthcare, education, accommodation, cash, and social support, etc.
- Determine the legal, administrative, linguistic, and socioeconomic obstacles to integration and inclusion that limit access to national systems.

Preliminary findings on the SEIS were shared through multiple briefings with humanitarian partners in late 2025 to enable an iterative improvement in response planning, including targeted protection response mechanisms and livelihood response mechanisms.

Methodology

The methodology for the 2025 SEIS was designed to maintain continuity with the previous SEIS 2024 and MSNAs conducted in 2022 and 2023. This consistency was vital for enabling comparability and tracking trends over time. The assessment was carried out through a collaborative effort between UNHCR and CSCM with active support from the Inter-Sector Working Group.

Sample Size

A total of 599 household interviews were conducted between 4 September and 10 November 2025, covering 1,667 individuals across 25 Romanian counties, located throughout the country and the capital city, Bucharest. This wide geographical coverage aimed to provide detailed insights into the needs, challenges, and circumstances faced by refugees from Ukraine living in Romania, ensuring that the data collected accurately reflected the diversity of the refugee community across the country. The survey was designed with a 95% confidence interval and a 5% margin of error, meaning that if the survey were repeated multiple times, 95% of the results would fall within ±5% of the actual population value.

This sample was thoughtfully structured to provide a thorough understanding of the refugee population across Romania, ensuring a broad representation of different experiences and circumstances.

Sampling and representativeness

The sampling framework for this survey was based on the UNHCR Cash and Core Relief Items (CRI) Assistance lists, which included 11,740 households. To ensure a reliable sample among the households in these lists, a stratified random sampling method was employed. Target areas were identified through various data sources, such as Cash and CRI Assistance lists and the county agencies for employment (ANOFM). Additionally, the dataset was supplemented by 84 contacts, obtained from communication form, disseminated among refugees from Ukraine via different channels (partners, community leaders, social media, etc.). This approach guaranteed that the sample accurately reflected the Ukrainian refugee population across Romania, highlighting the diverse living conditions and needs present in different counties. Interviews took place across 25 counties and Bucharest, adhering to the

The research methodology of this report had been reviewed and approved by the Romanian National Institute of Statistics (insse.ro).

UNHCR geographical distribution. The distribution of refugees from Ukraine in Romania highlights a preference for larger cities and well-connected regions, while smaller or less urbanized counties see minimal refugee settlement.

Data Collection

The data collection for the 2025 SEIS was carried by CSCM enumerators. To ensure consistency and reliability in the data, enumerators were trained to use a standardized questionnaire. Most of the interviews, accounting for 75% of the total, were conducted face-to-face in the county where respondents reside. For counties with a smaller number of registered households, interviews were conducted online via video calls. Additionally, some interviews were conducted remotely for households facing specific circumstances, such as people with disabilities, single parents, or those with long working hours. To maintain high data quality, several Quality Assurance measures were implemented, including comprehensive 2-days training for enumerators, continuous communication with them during the survey process, and random control checks. These mechanisms were put in place to ensure the accuracy and integrity of the collected data.

Data Analysis

The data analysis process involved multiple stages, beginning with data cleaning. This was an essential process in ensuring the accuracy and reliability of the results. It involved systematically identifying and correcting errors, removing duplicate entries, and addressing missing or inconsistent data points. This step was crucial to eliminate any discrepancies and ensure that the dataset was clean, complete, and ready for analysis. In order to mitigate the potential bias arising from the lack of complete sampling frames of all refugees from Ukraine hosted in the country, post-stratification weighting was implemented. Household weights were calculated by comparing the distribution of respondents across four main strata, combining age and gender with the distribution of all adult beneficiaries of TP in the country for those same strata. The calculated household weight was then applied to every member of the household. The table below shows the data used and resulting weights. Experts from CSCM and UNHCR collaborated throughout the analysis to ensure accuracy and reliability. The data analysis was conducted in RStudio.

Table 1 | **SEIS Data and Resulting Weights**[1]

Strata	# Respondents in SEIS	% of Respondents in SEIS	# adult beneficiaries of TP	% of adults beneficiaries of TP	Weights
Female adults (18-34)	97	16%	26,960	19%	1.16
Female adults (34-64)	351	59%	39,215	27%	0.47
Female older persons (65+)	65	11%	6,575	5%	0.42
Male adults (18-34)	26	4%	36,515	25%	5.87
Male adults (35-64)	47	8%	31,260	22%	2.78
Male older persons (65+)	14	2%	2,920	2%	0.78
TOTAL	**600**	**100**	**143,445**	**100%**	

1 The discrepancy between the raw count (600) and the final sample (599) is attributed to the weighting process and the removal of outliers or incomplete entries during the validation phase.

Limitations

There were several limitations in the data collection process:

» Lack of comprehensive national data on population locations, and mobility.

This survey was carried out in an environment where no systematically generated and continually updated database or source of national-level data exists about aspects of the geographic location and mobility of Ukrainian refugees in Romania. The nature of refugee populations is dynamic and involves considerable mobility and shifting among locations inside or outside country, accommodation arrangements, etc. This has created some challenges in terms of establishing a fully robust framework for a sample group and also in providing complete representativeness in terms of geography and location. This is an aspect that is worthy of observation and note when interpreting and applying the generated data in considering strategic planning requirements.

» Due to the sensitive nature of protection and income-related topics, some degree of nonresponse was anticipated.

Although this may affect the precision of certain estimates, the data offer valuable insights into overarching patterns and trends.

» Male population is underrepresented (15% of respondents and 40% of males in HH composition).

Data has been weighted to address this limitation.

» Respondent bias

The findings are critical to possible issues of respondent bias, as indicators are based on personal perceptions or reported information. In this case, there are possible tendencies to report on sensitive issues or perceptions, which may be less reported or even overstated depending on individual attributes or understanding. These were taken with special attention when interpreting the findings, especially on individual aspects regarding sensitive topics.

» Results are only representative for the population covered in the datasets, which includes people receiving UNHCR assistance and refugees who voluntarily expressed their desire to participate in this study and may not fully reflect the experiences of all refugees in Romania. This limitation was partially mitigated by the voluntary engagement of survey participants through a communication form distributed through different communication channels.

The data collected through the SEIS have been anonymized and are available for further analysis for interested organizations through the UNHCR Microdata Library

» Access the data on UNHCR Microdata Library[2]

» See the Romania Socio-Economic Insights Survey (SEIS) 2025 - Final Results Presentation

2 UNHCR's Microdata Library is a public online library containing anonymous microdata of persons affected by forced displacement collected by UNHCR, its partners and other third parties.

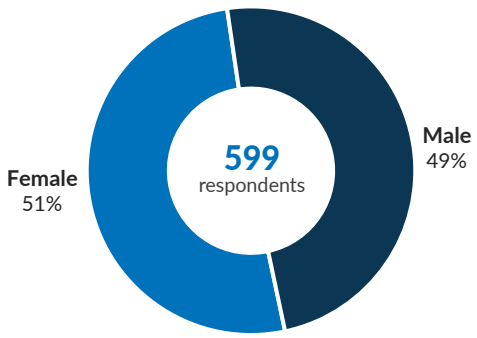
Demographic

Respondent profile

This chapter presents the demographic profile of the surveyed population. First part examines characteristics of household in individual level, including household structure, age and gender distribution, legal status, specific vulnerabilities, and places of origin in Ukraine and residence in Romania. The second section examines types of household composition, focusing on structural patterns, age and gender makeup, and vulnerability profiles among refugee households.

There were **599 households** surveyed in total, representing 1667 HH members. The average size of the household consists out of 2.7 members. Regarding gender, most of the participants were female - 51% of the total number of participants. The average age of respondents was 45 years, with the youngest respondent aged 18 and the oldest aged 89 years.

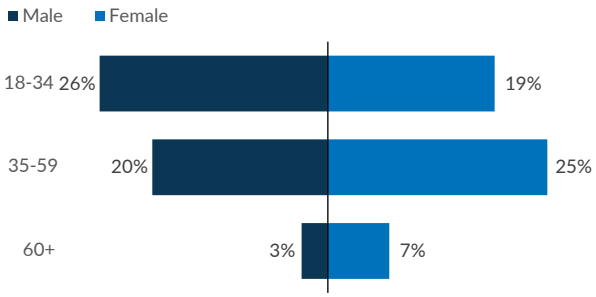
Figure 1 | **Gender Breakdown of Respondents**



In 2025, the age structure is dominated by working age adults which can be seen closely on the figure 2.

Figure 2 | **Distribution of Respondents by Age and Gender**

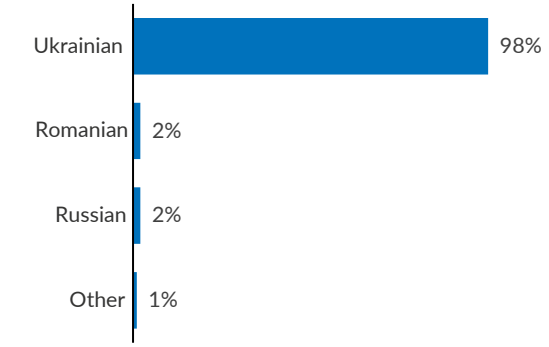
599 respondents



All 599 respondents declared having **Ukrainian citizenship.** Respondents also were asked to self-identify their ethnic background. Nearly all participants reported having a Ukrainian background (98%), with very small proportions identifying as Romanian (2%), Russian (2%), or other backgrounds (1%).

Figure 3 | **Distribution of Respondents by Ethnicity (self-identified) (MCQ)**

599 respondents

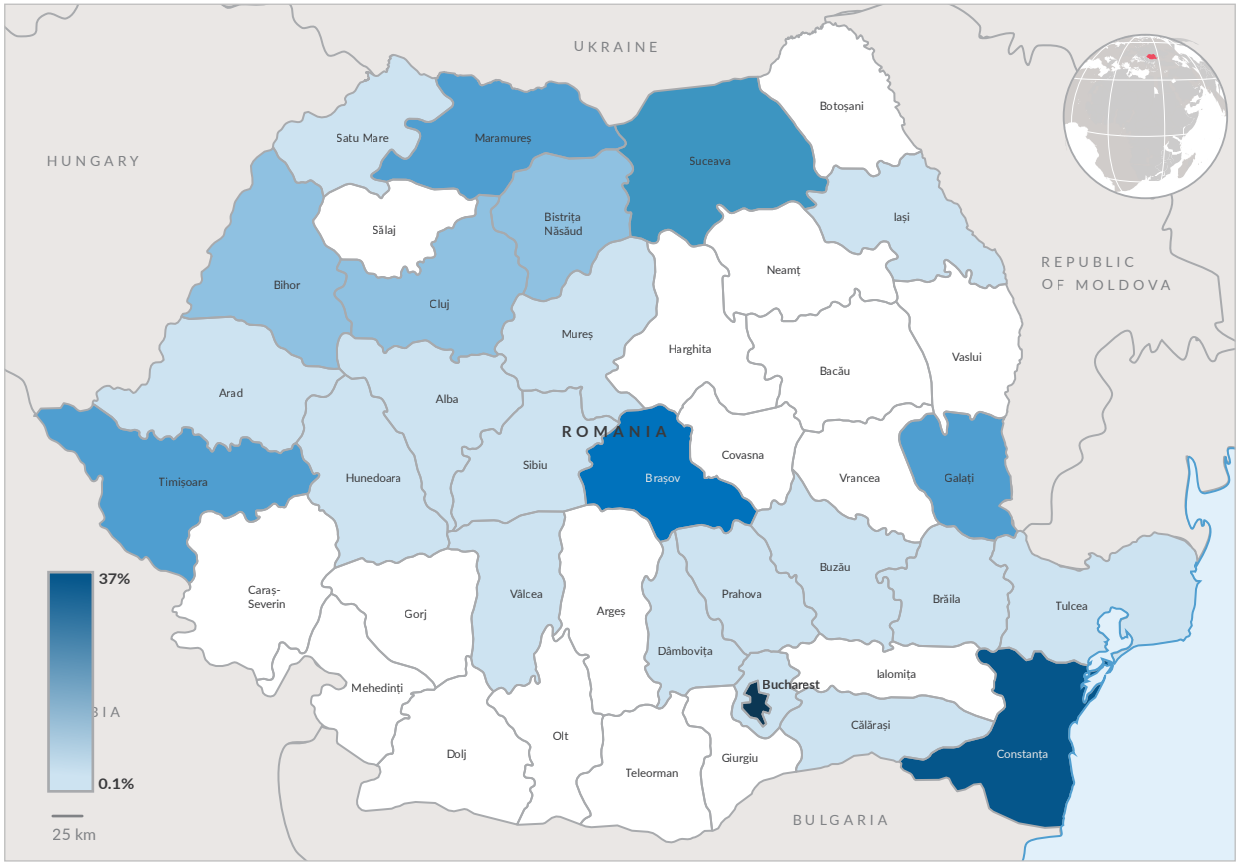


Around 95% of respondents reside in urban areas. A range of factors may have influenced this high concentration of people in urban areas, some of which include easy access to employment, healthcare assistance, education, or even access to refugee support facilities. Urban areas also provide greater anonymity for people, offering scope for diversified accommodation facilities.

Bucharest led with the highest number of participants, amounting to 37% of the total respondents (Map 1). This reflects the city's role as a densely populated urban center and a potential hub of survey engagement. A closer look at the distribution of the respondents across the country can be seen on the map 1.

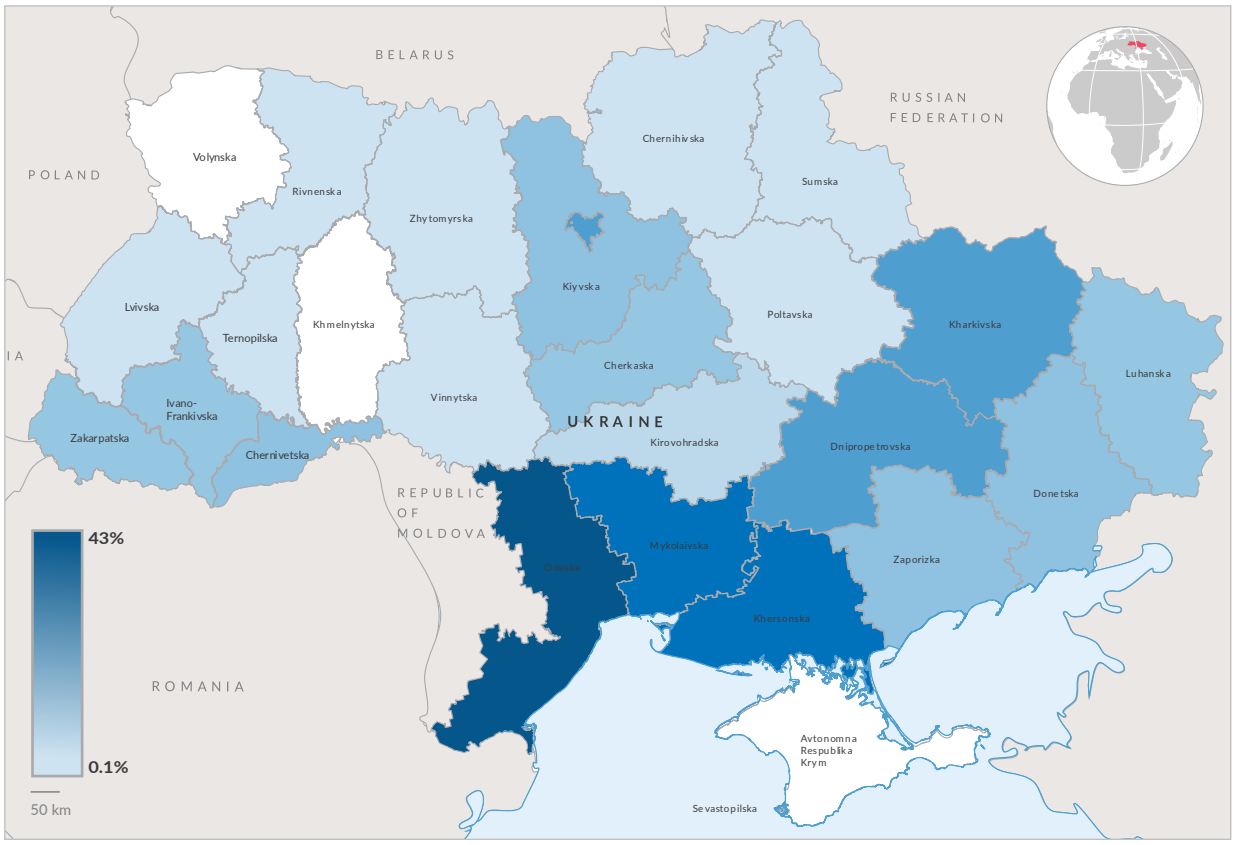
Regarding the place of residence in Ukraine (Map 2), the largest part of the households originated from Odeska (43%), Khersonska (9%), Mykolvska (8%), Kharkivska (5%) oblasts. Capital city of Kyiv was a home for 4% surveyed households.

Map 1 | **Distribution of HHs by Area of Residence in Romania**



Note: Each shaded region stands for the specific județ (county) in Romania where displaced HHs reside.

Map 2 | **Distribution of HHs by Oblast of Origin in Ukraine**



Note: Each shaded region stands for the specific oblast (province) in Ukraine where displaced HHs used to live.

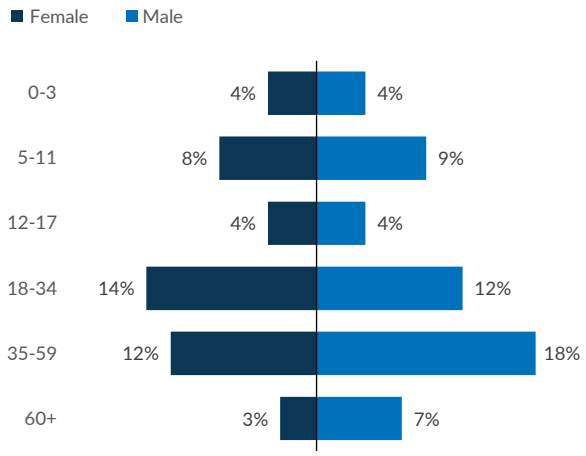
Household Profile

As it was mentioned above, most of the respondents live in a small household, of approximately 3 members (2.7). As the sample shows, women outnumber men, reflecting their centrality regarding caregiving responsibilities and household decision-making in conditions of displacement. This gender imbalance in a distribution reflects dynamics particular to the Ukrainian refugee crisis, when men of military age largely remain in Ukraine due to the legal conditions, while women, most of the time with dependants, are seeking refuge in the neighbouring countries.

Upon closer examination of the age and gender distribution among household members, children (from newborn to 11 years old) comprise 25% of the population, with a slightly higher number of girls than boys in this age category. The next age category of adolescents (12-17 years) makes up a smaller proportion of 8%. Adults aged from 18 to 59 years dominate among all categories (30% women and 26% men).

Figure 4 | **Population Pyramid for Household Members by Age and Gender**

1,667 respondents



This age group is the most economically active and typically assumes the role of head of the household. Refugees within the 60+ category are a relatively small group: 7% women and 3% men. Nevertheless, although this group constitutes a small proportion of the population, it is likely to experience multiple, intersecting vulnerabilities that require targeted analysis and intervention.

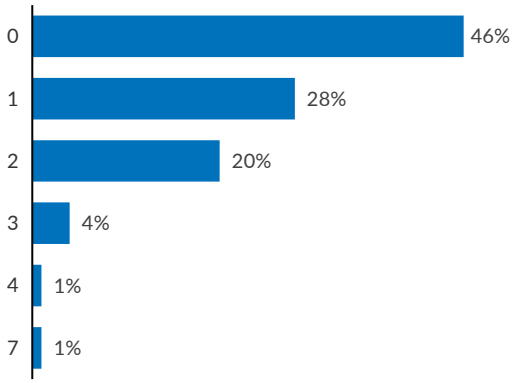
As per the sample, approximately 54% of households has children aged 0–17 in their composition. Among them, 28% have one child, around 20% have two children, and only small proportions have three or more children (each below 5%) (Figure 5).

A smaller proportion of households are composed of infants and women with specific health considerations. Specifically, 11% of households include children aged 0 to 5 months, 6% include breastfeeding women, and 2% include pregnant women.

Regarding household health profiles, 17% of families include a member with a disability, while 49% of families report at least one member with a chronic illness. Additionally, 10% of family members are 60 years of age or older. Even though 60% of households acknowledge having at least one employee, legal, linguistic, and logistical issues in host country make it difficult to find stable and equitable employment.

Figure 5 | **Distribution of HHs by Number of Children**

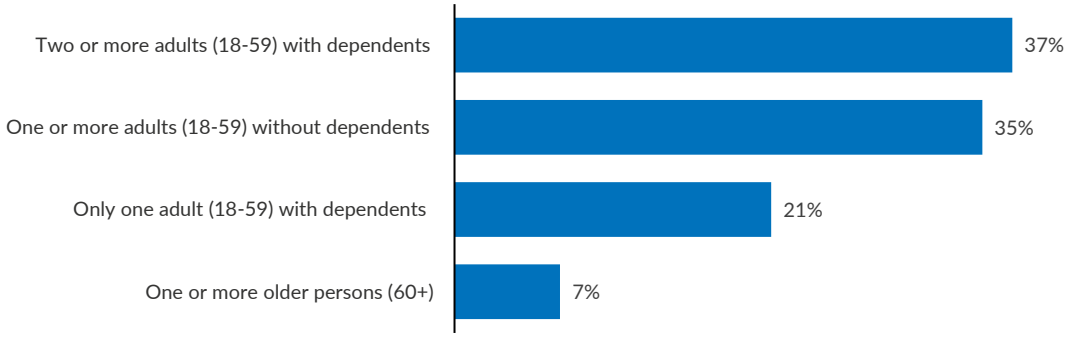
599 respondents



The first way of categorizing households **(Household Typology One)** is based on the age of the head of household and presence of the children or other dependents in the household composition. The majority of refugee households are led by of working age adults. The most common household type, making up 37% of the total, consists of two or more adults between 18 and 59 years old who have dependents. Following closely, 35% of households have one or more adults aged 18-59 who do not have dependents. A notable part of the households – 21% is made up of a single adult with dependents. This type of HH composition indicates an additional burden being placed on the caregiver, as all challenges and responsibilities fall solely to one person.

Figure 6 | **Household Typology One**

599 respondents



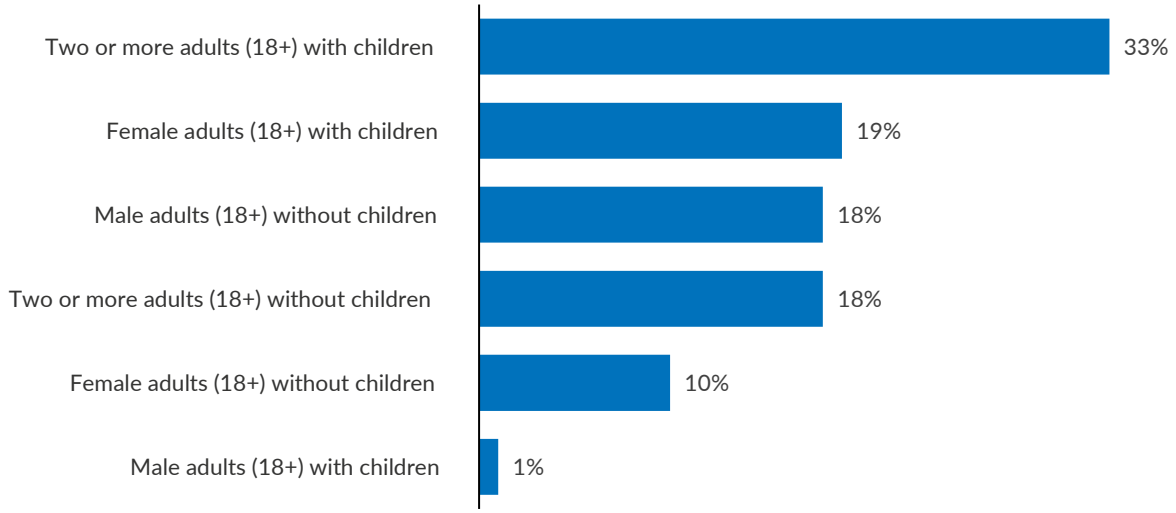
Households made up only of people aged 60 and older make up 7% of the total. This group may have higher health and care needs. It is uncommon for older adults to live with children, and these households represent a small fraction of the overall population. This classification underscores that while most households include working-age adults, a considerable number still have dependents or are headed by a single parent, emphasizing the necessity for tailored support for these households and those with more vulnerable structures.

Referring to the number of adults, gender, and the presence of children in the household, the **Household Typology Two** points out the significance of households with children in the refugee community from Ukraine in Romania. The first category, representing two or more adults and children, comprises the largest number (33%), signifying joint adult involvement in the household. A large portion of households (19%) consists of female householders with children, indicating the high occurrence of female-headed caregiving households, as well as the increased protection and vulnerability associated with single-parent households.

Share of male householders with children is remarkably low, as only 1% of the households are of this type. Childless households constitute a substantial percentage. Male adults without children and households with two or more adults with no children, both constitute 18%. Female-headed HHs without children constitute a lower percentage (10%). In this context, the typology above highlights the variety of the composition of the housing units, especially the existence of a significant proportion composed of families with children and female-headed households.

Figure 7 | **Household Typology Two**

599 respondents



Education

The education section emphasizes two important factors: children's participation in Romanian and Ukrainian educational institutions, future intentions regarding enrollment process, and bullying inside the educational system of the host country.

Education plays a vital role in the inclusion of refugees, supporting the reintegration of children into learning habits and the ability of their caregivers — a significant number being single parents — to obtain training, jobs, or livelihood options, and blend into the employment market. It likewise indicates the readiness and the ability of governments to adapt refugees, along with capacity of children to adjust to a new language and culture.

The education systems in Ukraine and Romania exhibit distinct structural differences, particularly at the secondary and tertiary levels. Alignment is complicated by differing grading scales, curriculum frameworks, and the lack of standardized pathways for the mutual recognition of specific course modules. This administrative complexity extends to the formal equivalence of diplomas and the certification of completed vocational credits.

Beyond these structural hurdles, the linguistic divide — transitioning from a Slavic language (Cyrillic script) to a Latin language (Latin script) — creates a high barrier for immediate integration into the local classroom. Consequently, these factors heavily influence the choices of displaced families in Romania when deciding between face-to-face Romanian schooling, online Ukrainian curriculum, or hybrid learning models.

As per the sample, 616 out of 1667 household members are children aged from 0 to 17 years old. The biggest share (44%) consists of children from 6 to 11 years. The next age group with 32% is the youngest group from newborns to the children of preschool age of 5 years. And adolescents and teenagers represent almost a quarter of the total share — 24%. For the purposes of this analysis, children and young people aged 4 to 18 years are included, as this age range corresponds to the compulsory education age in Romania.

In the school year 2024/2025, about half of all children (48%) were attending the national education Romanian system. An analysis of this indicator from the start of the full-scale invasion to the present reveals steady growth throughout 2022–2024, followed by a slight decline in 2025 relative to the 2023–2024 peak (Figure 8).

For children and young people not attending school or kindergarten in Romania's national education system, the most common reason was that they are still taking part in remote learning in Ukraine (Figure 9). This was reported by 64% of respondents. These reasons are followed by language barriers — 10% and attending informal education — 9%. Taking into considerations that this trend exists from the very beginning of the full-scale invasions, it is important to address correctly the language barriers in educational systems and importance of formalizing informal education options, while recognizing the continued dependence on the Ukrainian online education system throughout the transition period.

Figure 8 | **% of School Aged Children Reported Attending School in Host Country National System 2021-2025**

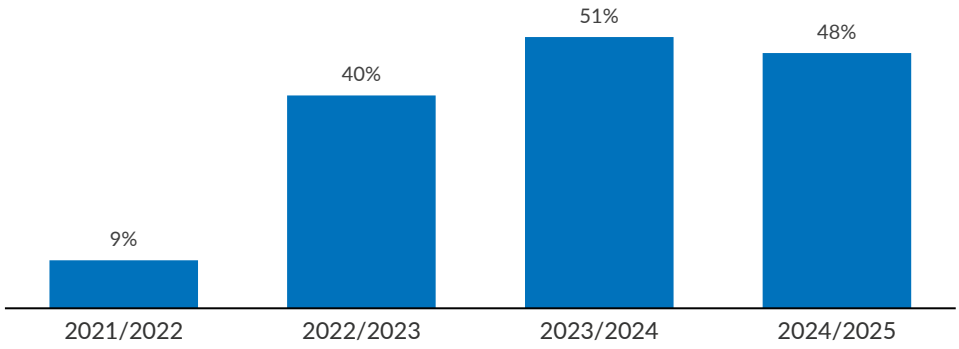


Figure 9 | **Top 3 Reasons Children are Not Attending Education in Current Host Country (MCQ)**

599 respondents

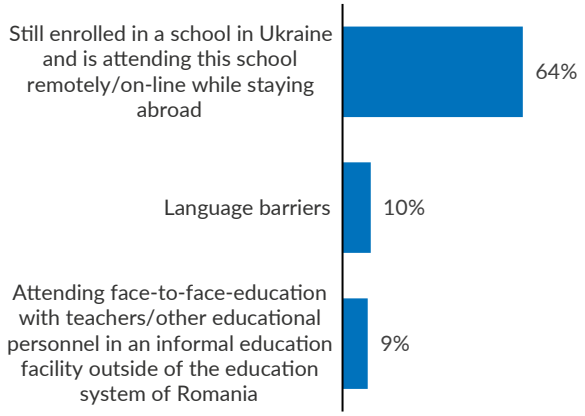


Figure 10 illustrates that, within the Romanian education system, children and young people aged 4–18 is predominantly enrolled in primary education (43%), followed by secondary education (24%). Early childhood and pre-primary education represent 16% and 9%, respectively. Only minimal proportions are enrolled in tertiary or technical, and vocational programmes. The low figures are explained by the age range included in this particular analysis.

Of the Ukrainian refugee children aged 4-18 who attended Romanian education system during 2024/2025, a total of 64% obtain a passing grade or certificate, signifying successful completion of assessment tests. A lower percentage - 10%, failed tests, while others did not take part in assessment tests - 14%.

Furthermore, a total of 7% did not attend school, while those preferring not to answer was 5%. Very small proportions (less than 1%) withdrew from assessment tests. The results presented in figure 11 show that most of the children who were enrolled were able to attain recognition, hence there is a need for skills and knowledge recognition of those, studying online or not being able to attend the tests.

Figure 10 | **Level of Education Children Attended in Current Host Country (MCQ)**

300 respondents

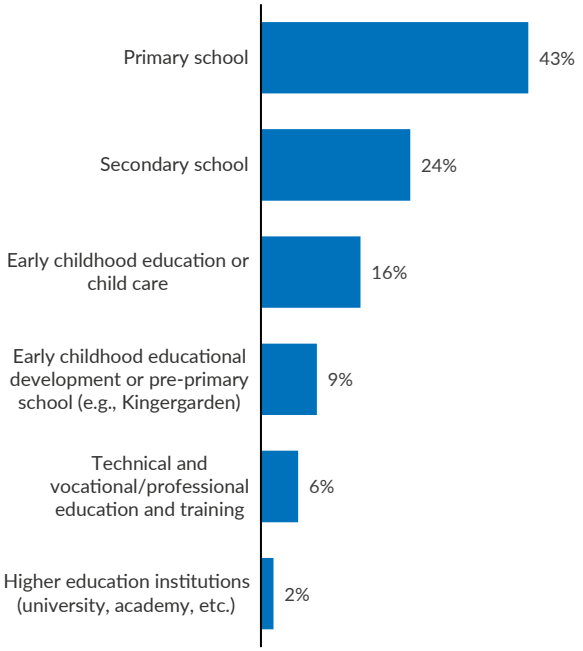
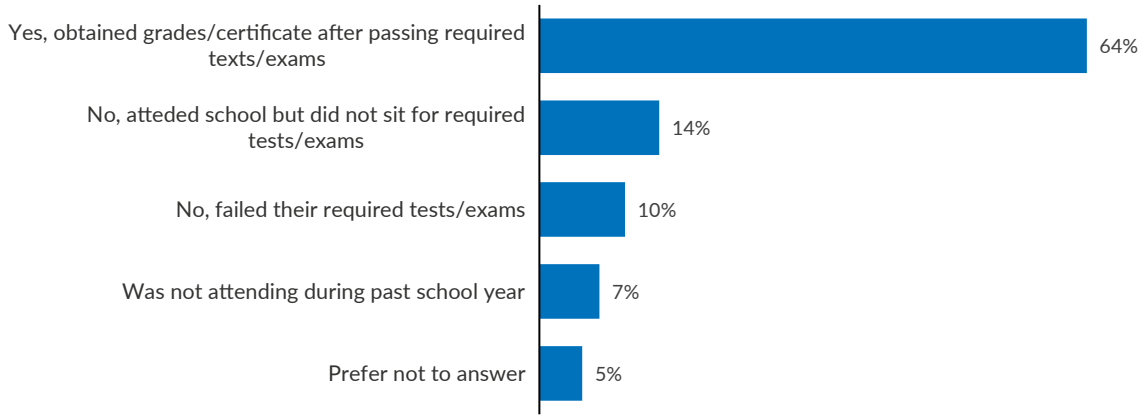


Figure 11 | **Ability to Obtain Grade Certificate in the Host Country in 2025**

300 respondents



Ukrainian Distance Learning

Available data for the 4-18-year-old category of children and adolescents show that remote or online learning was one of the major learning modalities during the 2024/2025 academic year. The percent of Ukrainian children learning through remote or online learning was about 57%, compared to 42% who did not learn in either way.

As it is shown in figure 13, most of those pupils, attending online or remote education (67%) intend to continue with Ukrainian online educational system.

A smaller number plan to end their remote curricula and switch to host country's educational system or are not convinced when it comes to their future educational plans.

Figure 12 | **% of School Aged Children Learning Remotely or Online in the 2024/2025 School Year**

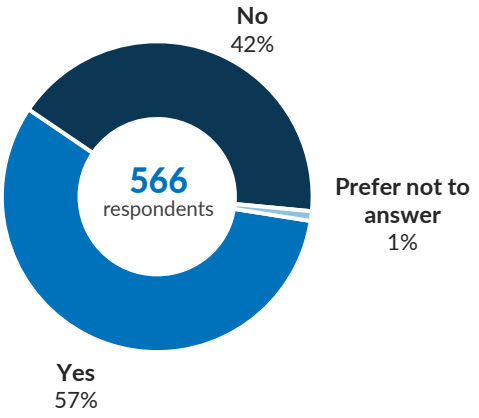
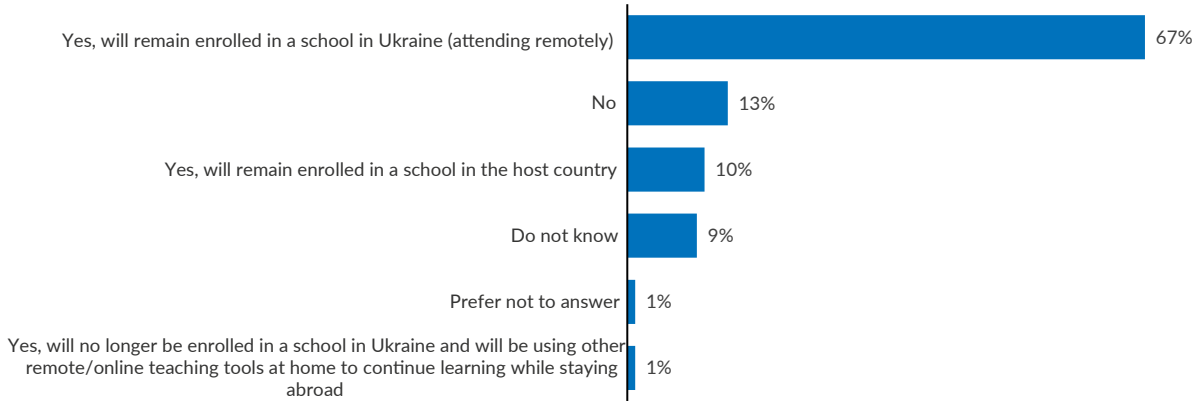


Figure 13 | **Intention to Continue Remote/Online Learning in School Year 2025/2026**

351 respondents



68% of those who were taking part in remote education allocate more than four hours to this process, while another 16% spent between three and four hours. Just 13% spent fewer than three hours a day. This pattern shows that, for most children, remote education was essentially a primary and mainstream educational provision, and certainly not an auxiliary or occasional one.

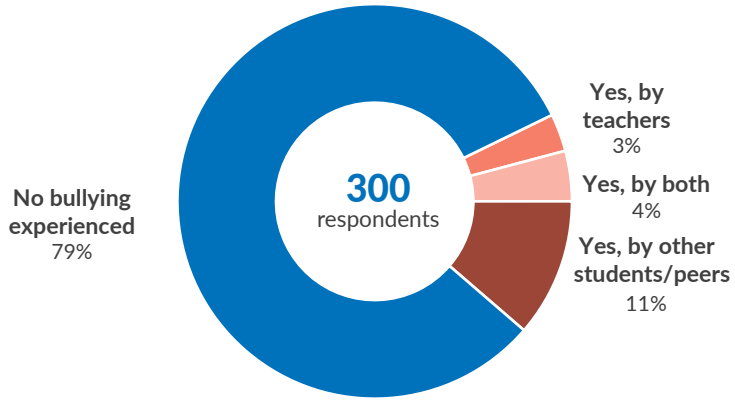
In conclusion, it becomes apparent from these findings that remote learning remains an extremely prominent and intensive mode of education for refugee children and that there is a high degree of continuity in this modality of education in the 2025/2026 academic year, mainly in Ukrainian online schools. The high intensity of remote learning not only points to use of online education infrastructure, but also to existing concerns regarding the quality and social integration in this type of learning, especially in younger children and those with special needs in Romania.

Bullying

Existing evidence suggests that bullying continues to be a major child protection issue in the Romanian educational system. As per a Save the Children report[3], 75% of children mentioned they saw bullying at school, and one in two children indicated they had faced it personally. These results align with information from the World Health Organization, which places Romania third in Europe for the prevalence of bullying among children. From a child-rights viewpoint, these statistics highlight systemic obstacles in guaranteeing children's entitlement to safety from violence, as outlined in the Convention on the Rights of the Child.

A key issue is the involvement of adults in educational environments. About 25% of teachers are said to not view behaviors like harassment, teasing, or humiliation as concerning, and adult intervention happens in merely 4% of reported aggression instances. The inconsistency in responses weakens protective settings and

Figure 14 | **% of Children Having Experiences of Bullying at School**



3 Euronews Romania. (2023, September 28). Bullyingul, un fenomen care poate distruge vieți. România este pe locul trei în Europa la acest capitol. https://www.euronews.ro/articole/bullyingul-un-fenomen-care-poate-distruge-vieti-romania-este-pe-locul-trei-in-eur

reveals deficiencies in safeguarding awareness, prevention, and accountability systems in schools (Euronews Romania, 2023). UNICEF frameworks highlight that schools have a responsibility to prevent violence, recognize risks, and react swiftly and effectively to situations impacting children's well-being.

Results from this report show low self-reported incidence of bullying, as **79% of participants indicated that their children had not faced bullying at school.** Nonetheless, 11% stated that their children experienced bullying from peers, whereas lesser percentages reported bullying by teachers (3%) or by both teachers and peers (4%). Even though most did not indicate direct exposure, the presence of bullying peers and teaching staff still poses a significant issue, especially considering UNICEF's strong stance on zero tolerance for violence against children in any environment.

These results indicate that bullying might be underreported or inconsistently acknowledged, highlighting the necessity for improved child-focused reporting systems, increased awareness, and enhanced training for educators and school personnel. Consistent with UNICEF's principles for safe and inclusive education, focused actions should emphasize prevention, constructive discipline, psychosocial assistance, and significant child involvement, guaranteeing that every child can learn in environments that uphold safety, inclusivity, and respect for their dignity and rights.

Protection

Protecting displaced populations involves addressing complex legal, administrative, and social challenges to ensure safety, dignity, and access to essential services. In the context of the Ukraine crisis, Romania has provided temporary protection to the majority of displaced households, granting legal status, access to housing, healthcare, and social support. However, protection goes beyond legal inclusion; it also encompasses safeguarding individuals from exploitation, discrimination, and social exclusion, while ensuring their ability to maintain family unity, access documentation, and participate safely in community life.

Legal Status and Documentation

As shown in the Figure 15, the majority of households surveyed have been granted temporary protection in Romania, reflecting a high level of legal inclusion. The remaining respondents include those with refugee status and awaiting a decision on their application.

Given that **temporary protection comes to an end in March 2027**, about quarter of the respondents expressed interest in changing their legal status (Figure 16). Among those considering a change, most intend to apply for an employment permit, or another type of permits. Few respondents cited family reasons, a study permit, or temporary protection.

Figure 15 | **Legal Status**

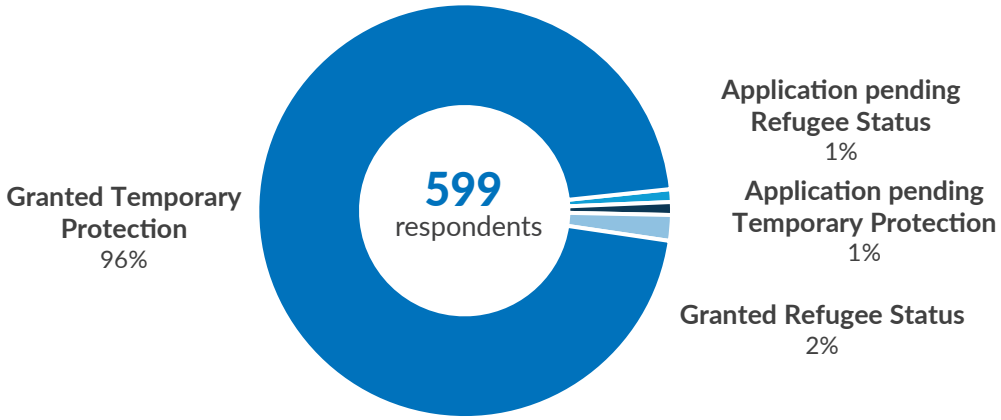
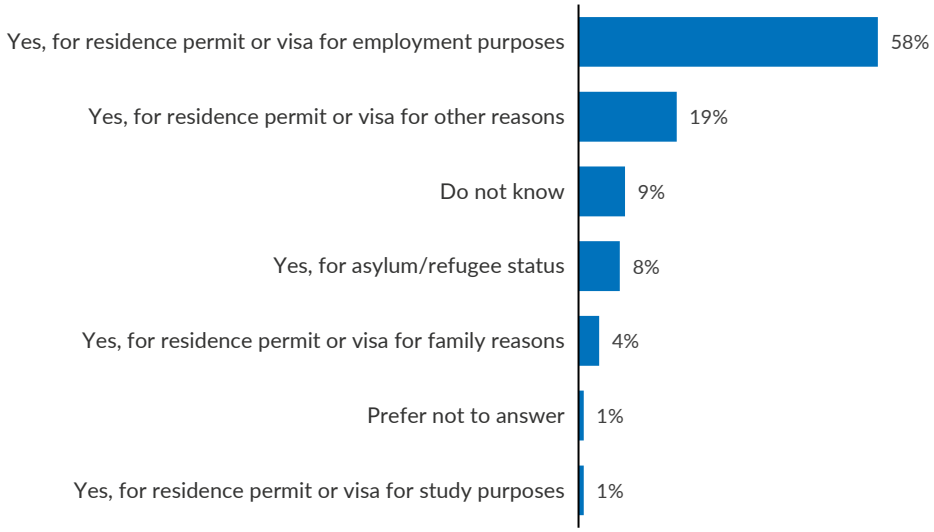


Figure 16 | **Type of Legal Status Respondents Intend to Apply For**

141 respondents



In 2025, as described in figure 17, most of respondents reported **no difficulties during the application or extension process** for temporary protection, a smaller number of experienced difficulties. The most common reasons (Figure 18) during the applicatin process were long queues, lack of language interpretation services and some respondents faced challenges due to the lack of required documents. Hence, due to the reduced number of respondents, the findings related to challenges may not be robust and should be treated as indicative.

Regarding identity documents (Figure 19), half of households did not need replacements or renewals since leaving Ukraine. Among those who had a need of replacement, international biometric passports and internal passports were most needed. Smaller proportions needed to replace ID cards, international non-biometric passports, residence permits, or recognition of statelessness documents.

Figure 17 | **% of Respondents Experiencing Difficulties during the Application/Extension process**

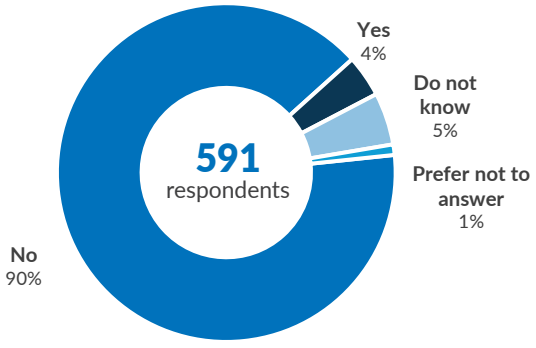


Figure 18 | **Main Difficulty Experienced During the Application/Extension Process**

17 respondents

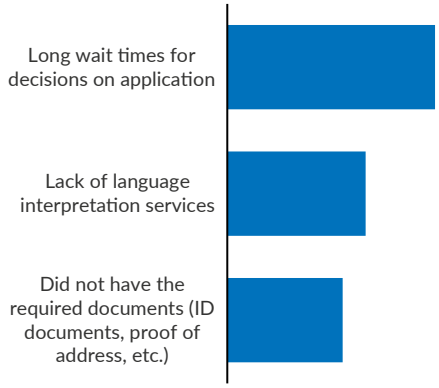
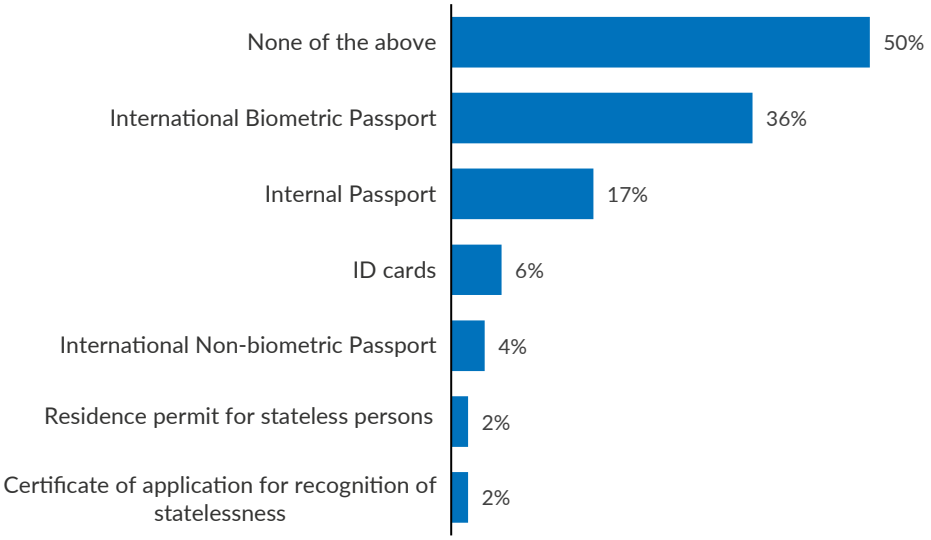


Figure 19 | **Type of Documents Needing Replacement (MCQ)**

599 respondents



As illustrated in figure 20, most respondents reported being able to obtain or renew identity documents in the host country. As it reflected in a figure 21 among those unable to do so, the main reasons were that the document is not issued in Romania, restrictions related to mobilization rules, and long processing times. Financial barriers, lack of knowledge of procedures, and limited online services were also reported.

Figure 20 | **% of Respondents Experiencing Difficulties to Replace/Renew Documents**

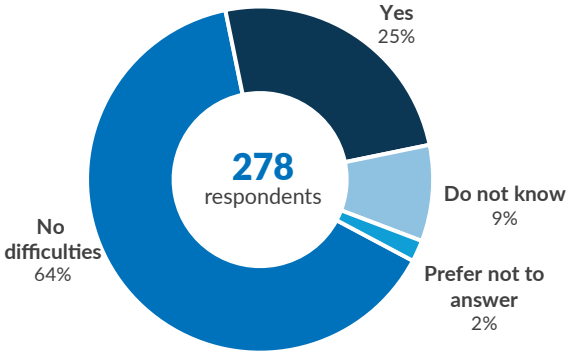
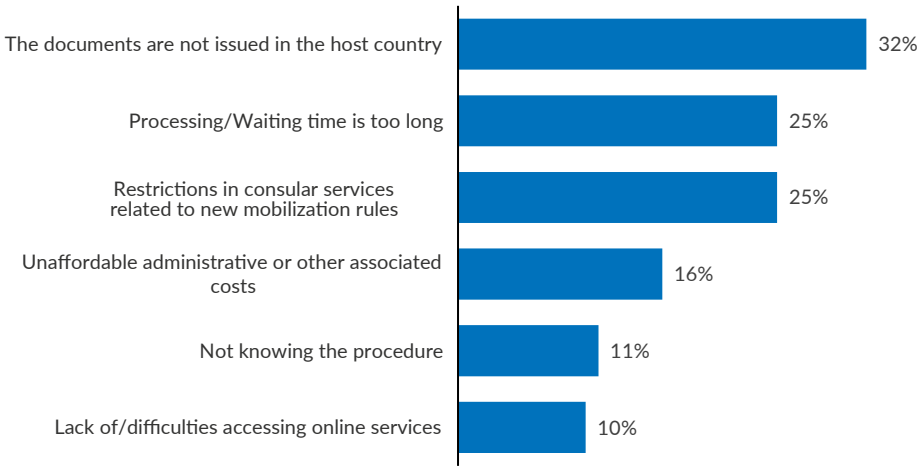


Figure 21 | **Reported Challenges Faced in Replacing/Renewing Identity Documents (MCQ)**

168 respondents



Civil Status Changes

The processes of recording changes in civil status with the relevant government offices for purposes of getting the necessary documentation might be difficult in some instances. Nevertheless, such documentation is necessary for accessing services such as education, medical facilities, social services, among other services.

As shown in the Figure 22, most respondents reported no changes in family composition or civil status since leaving Ukraine. A small number of reported births, while even fewer indicated deaths or divorces. Marriages were reported only rarely, and a small share of respondents preferred not to provide an answer.

Figure 22 | **Changes in Family Composition While Staying in Host Country (MCQ)**

599 respondents

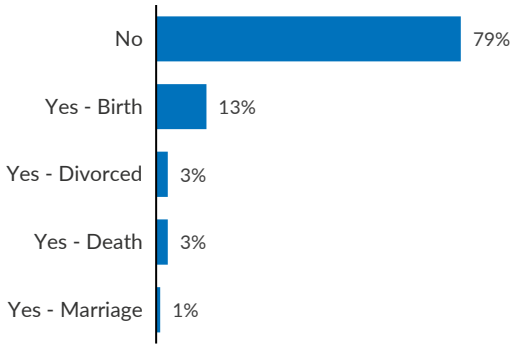
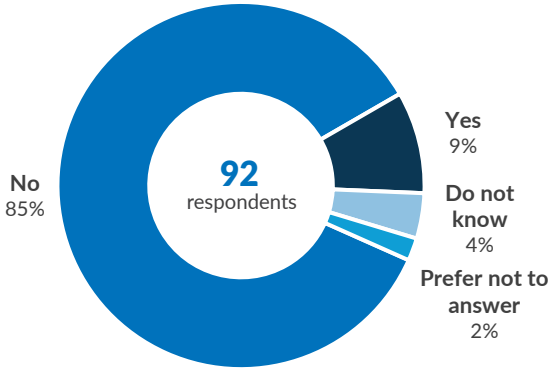


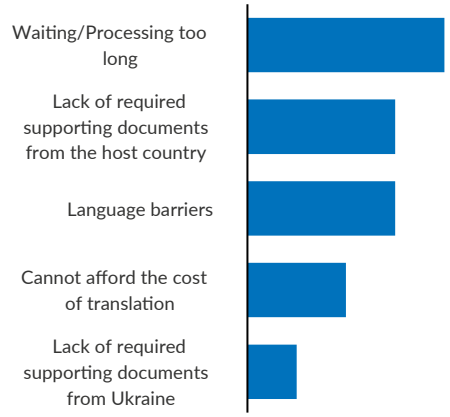
Figure 23 | **% of Respondents Experiencing Difficulties Registering Civil Status Changes in Host Country**



Among respondents who experienced changes in their family composition, most reported no difficulties in registering these events with civil authorities (Figure 23). However, a smaller group faced challenges, most commonly related to long waiting times, language barriers, and the lack of required supporting documents. Financial costs associated with translations or administrative procedures were mentioned less frequently.

Figure 24 | **Types of Challenges when Registering Changes with Authorities (MCQ)**

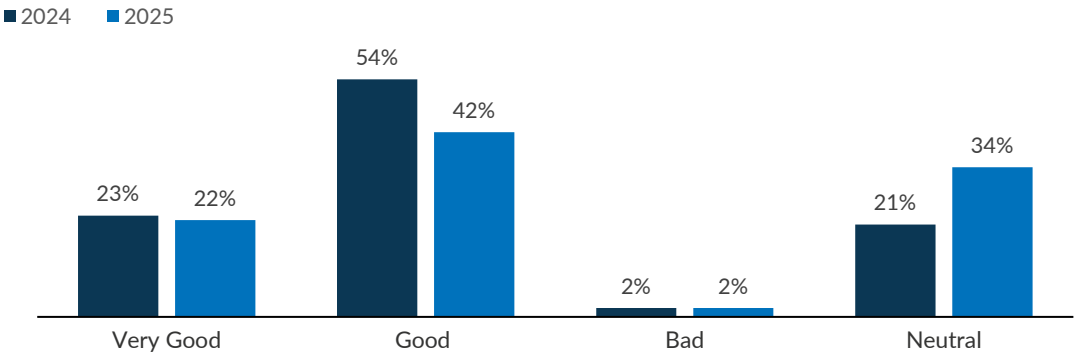
17 respondents



Social cohesion

As outlined in Figure 25, respondents generally reported positive relationships between host and refugee populations. Compared to 2024, the findings indicate a slight decline in positive assessments, as relations were more frequently described as good or very good in the previous year. Regarding changes over the past 12 months, most respondents reported no change in relations. However, a notable share perceived a deterioration, while only a small number of reported improvements.

Figure 25 | **Relationship with the Host Community (2024/2025)**



Across a three-year period, most respondents reported no experiences of hostile behavior from the local population in Romania. The proportion showing no such incidents remained relatively stable. Despite the generally positive situation, as illustrated in Figure 26 such cases did occur. Among the most widespread was verbal aggression as the most frequently cited form in all periods, rising notably from 77% in 2023 to 90% in 2025. Discriminatory behaviour appears as the second most common category. Reports of hostility through social media comments and news forum comments remain relatively low. Physical attacks are less common but still present, with incidents peaking in 2024 (15%) declining to 6% in 2025.

Figure 26 | **% of HHs Reporting Hostile Behavior or Attitudes from the Local Population (past 12 months) (2023-2025)**

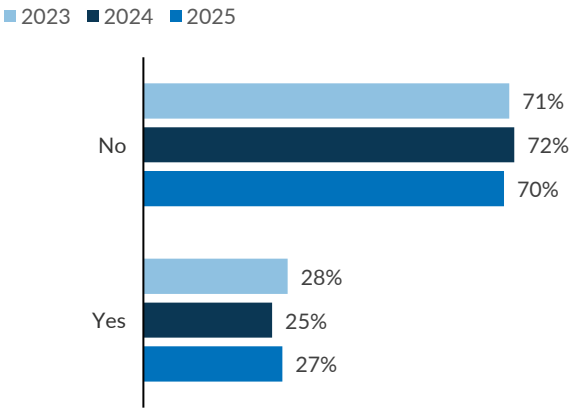
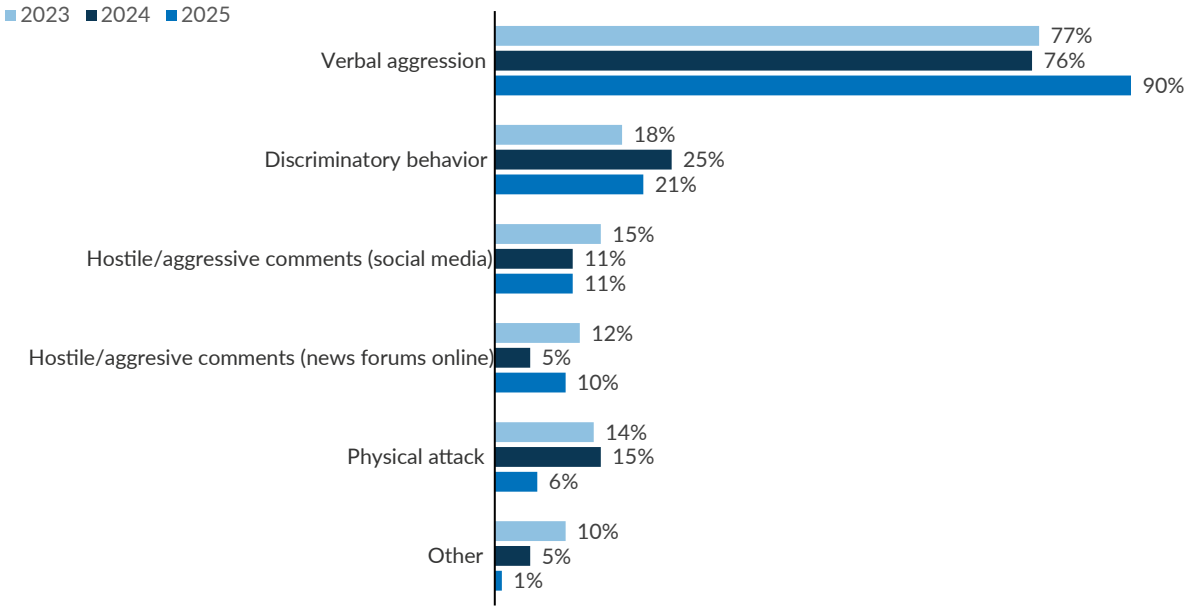


Figure 27 | **Type of Hostile Behavior (2023-2025) (MCQ)**

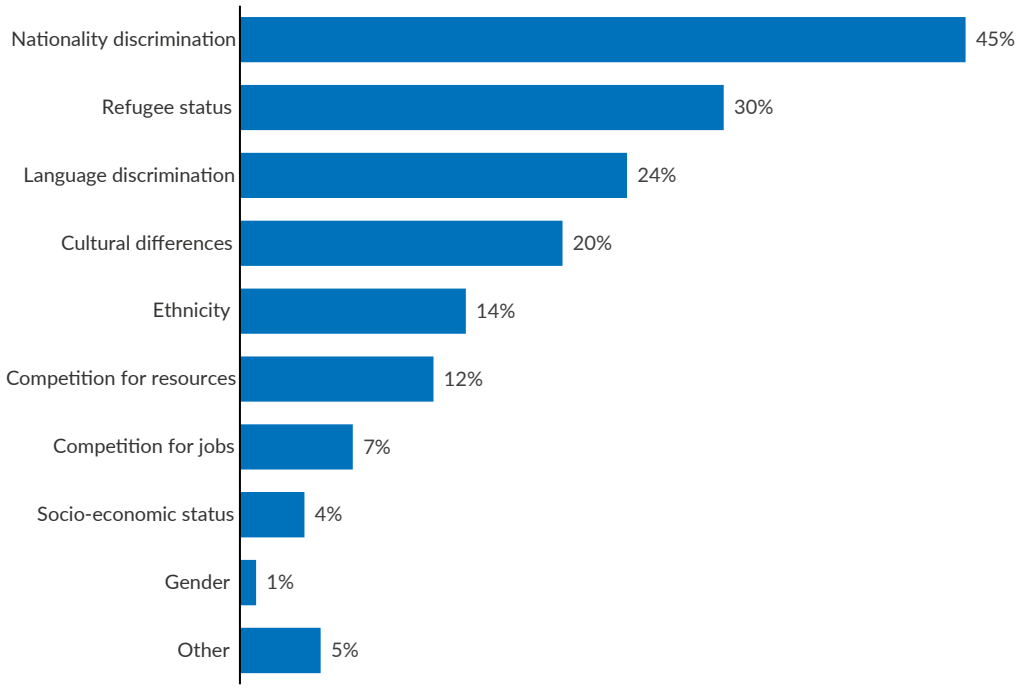


The data show (Figure 28) that the perception of hostile behaviour among refugees is largely traced back to identity and status rather than economic and gender-related categories. By far the most attributed reason for aggressive behaviour is related to **discrimination on the grounds of nationality**, and this indicates that national identity is basically the point around which the structure of exclusion and aggression is organized. The second-most frequently mentioned factor was **being a refugee**, which suggests that aggression is not only associated with national origin but also, more generally, with the social and legal construct of being a refugee. Next in line is language-based discrimination, which reinforces the importance of communicative barriers in causing social distance, misunderstandings, or discriminatory attitudes.

As outlined in Figure 28, beliefs about hostility being motivated by competition for resources and competition for jobs are less common. It emerges that in this group, economic threat narratives are real but not dominant. It is evident that hostility is more closely attuned to identity and belonging rather than being somehow related to the labour market or welfare. Very few people believed hostility was engendered by socioeconomic position or gender, which shows that both of these aspects are of little importance to people in understanding hostile behavior.

Figure 28 | **Assumed Reasons for Hostile Behavior (MCQ)**

165 respondents



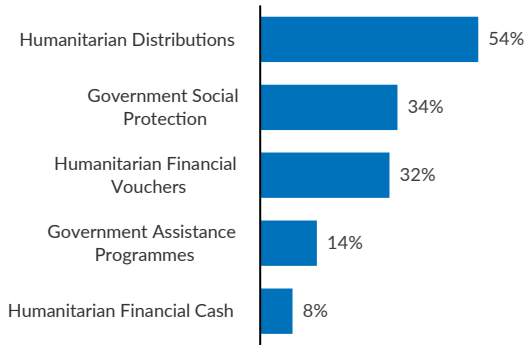
Accountability to Affected Populations

Accountability and transparency in aid delivery are basic in establishing whether humanitarian aid effectively addresses the needs of vulnerable groups. All questions related to aid delivery are meant to ascertain if the household received aid in the last three months, the extent to which they are satisfied with the aid received, and what may be the reason for dissatisfaction. The data is particularly important to determine if aid delivery is deficient in coverage or if it is delivered in an inappropriate form. In addition to that, it is vital to know if access to information on aid may pose a problem.

Moreover, there are questions about preferred communication methods used by households to access and search for information, and the results enable humanitarian practitioners to adjust the communication strategy accordingly. In addition to this, there is an evaluation about the conduct of the aid staff because the respondent is made to think about their interaction and report matters arising from improper conduct. Moreover, having a mechanism about safe and confidential feedback is critical in developing trust and improving accountability in sensitive areas like cases of abuse or exploitation.

Figure 29 | **Type of Aid Received During the Last 3 Months (MCQ)**

299 respondents



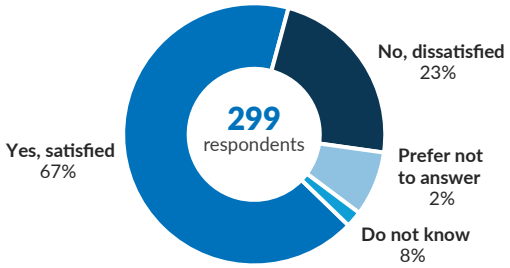
% of HHs received aid in the last 3 months

45%

In the last three months, prior to the data collection, almost half of respondents reported receiving some form of aid, while slightly more than half had not received any assistance. Among recipients, humanitarian distributions (food, non-food items, and material support) were the most common (Figure 29), followed by government social protection programs and humanitarian financial vouchers. Participation in government assistance programs and direct humanitarian cash assistance was reported by few respondents. These patterns indicate that while material support is widely accessed, financial and protection-oriented aid reaches smaller segments of the population, highlighting potential gaps.

Satisfaction with Aid

Figure 30 | **Satisfaction with Aid Received**



Primary reasons for dissatisfaction, as outlined in Figure 31 included insufficient aid and perceived irrelevance or lack of usefulness, with smaller proportions reporting delivery delays, lack of consultation, poor quality, accessibility challenges, or safety concerns. These results suggest that while most recipients are satisfied, improvements in the adequacy, relevance, and timeliness of aid, as well as greater recipient involvement, could enhance satisfaction and program effectiveness.

Figure 31 | **Reasons for Dissatisfaction with Aid (MCQ)**

70 respondents

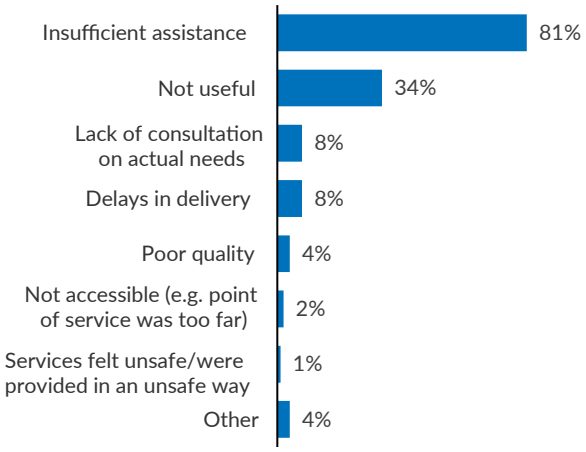
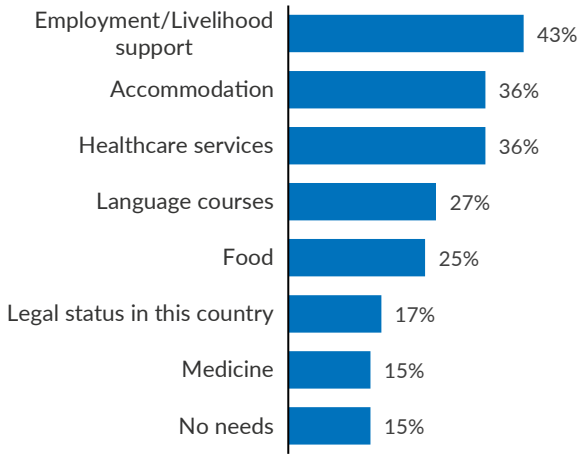


Figure 32 | **Household Needs**

599 respondents



Household Needs

Respondents identified multiple needs. As indicated in Figure 32, employment and livelihoods were the most frequently cited need, reflecting the importance of income and economic stability. Accommodation and healthcare services were equally prioritized by a significant number of respondents, highlighting concerns regarding shelter and medical access. Other commonly reported needs include language courses, food, legal status, and access to medicines. Additional needs ranged from winter clothing, children's education, and feeding support, to psychosocial support, adult education, and sanitation products, although these were reported by smaller proportions.

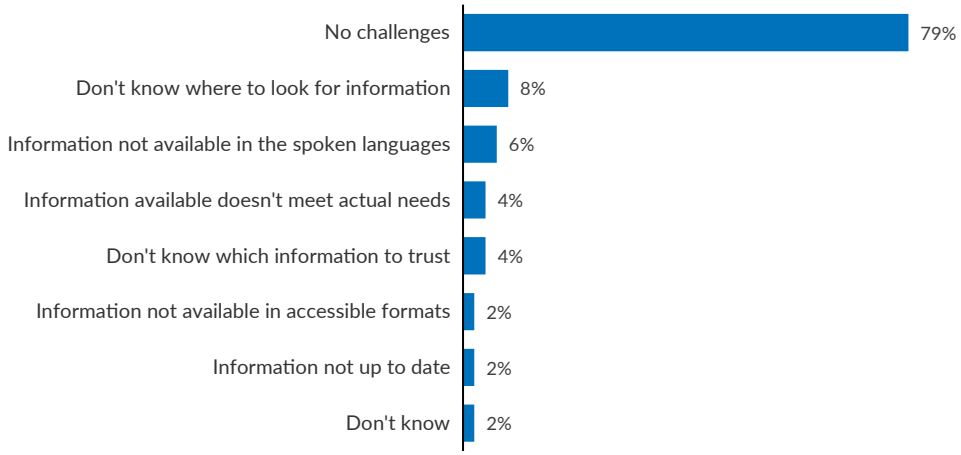
These findings underscore the need for holistic support that addresses both basic survival and integration needs for displaced households.

Access to Information

Most respondents reported no challenges in accessing the information they currently need (Figure 33). Nevertheless, several gaps remain, including uncertainty about where to seek information, language barriers, and lack of information in the desired format as well as uncertainty about the reliability of available information. Smaller proportions cited outdated information or accessibility issues.

Figure 33 | **Challenges Accessing Information (MCQ)**

599 respondents



As depicted in Figure 34, households showed a clear preference for digital and mobile communication platforms for receiving information with Telegram, WhatsApp, and phone helplines being the most frequently used channels. Social media platforms such as Facebook and Messenger were moderately preferred, while traditional channels - such as face-to-face interactions, email, and television—were used far less frequently.

Figure 34 | **Preferred Means of Receiving Information (MCQ)**

599 respondents

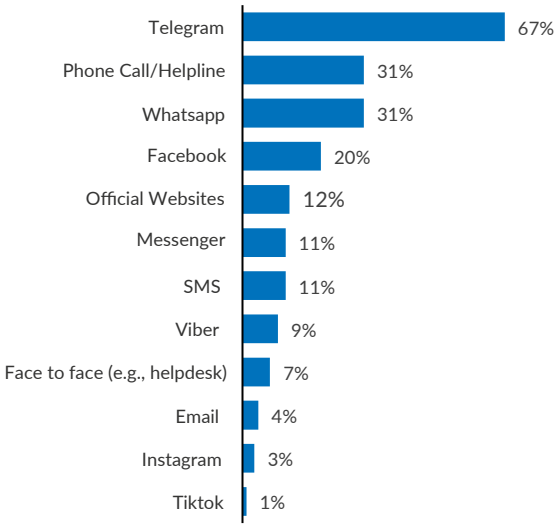
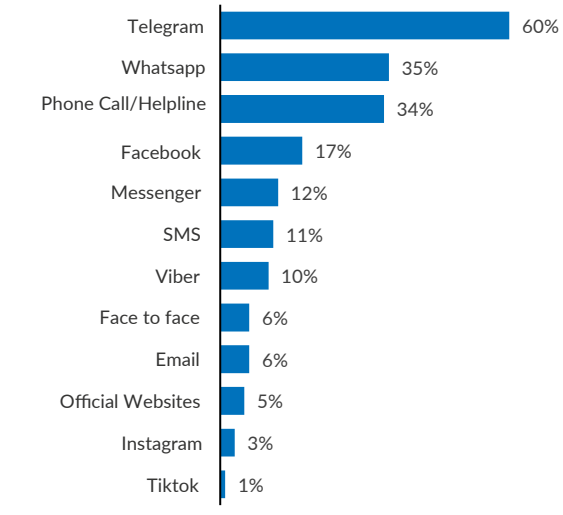


Figure 35 | **Preferred Means of Providing Feedback (MCQ)**

599 respondents



Feedback and Reporting Channels

When providing feedback on aid quality, quantity, and appropriateness, respondents again preferred digital channels (Figure 35). Telegram, WhatsApp, and phone helplines were the most used, while platforms such as Facebook, Messenger, and SMS were mentioned to a moderate extent. Traditional channels and face-to-face feedback mechanisms were used far less frequently.

Regarding access to safe and confidential reporting channels, as illustrated in Figure 36, most respondents reported having access to them, indicating strong confidence in existing mechanisms. However, a smaller share reported no access, while a few were unsure about the availability of such channels.

Among respondents who had used reporting mechanisms (Figure 37), the majority indicated that they received an appropriate response. Others reported that they had not used the channels, while smaller proportions stated that they did not receive a response or were unsure. A very limited number indicated that they were unaware that reporting was possible.

Figure 36 | **Access to Safe and Confidential Feedback Mechanisms**

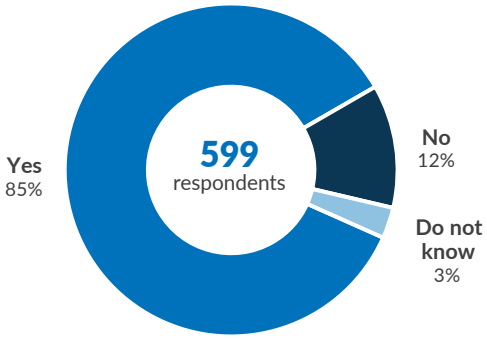


Figure 37 | **% of Respondents Reporting Appropiate Response through Feedback Channels**

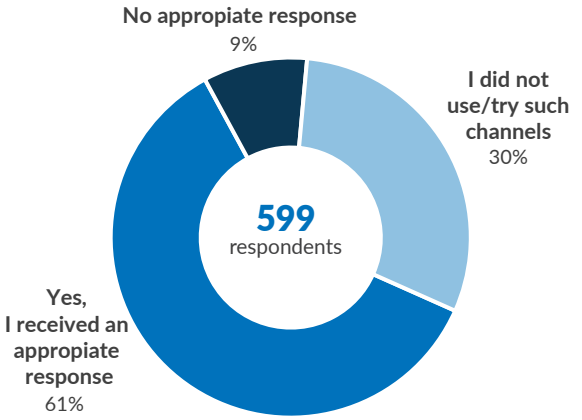
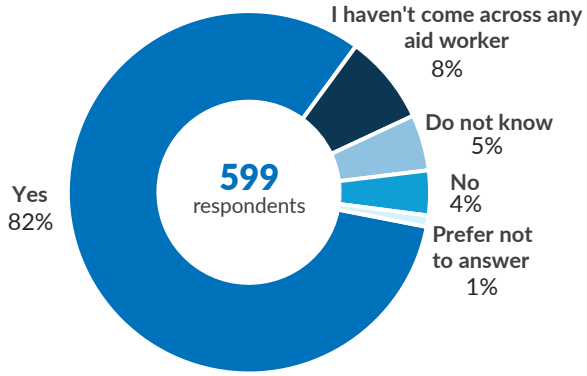


Figure 38 | **% of HHs Satisfied with Aid Worker Behavior in the Area**



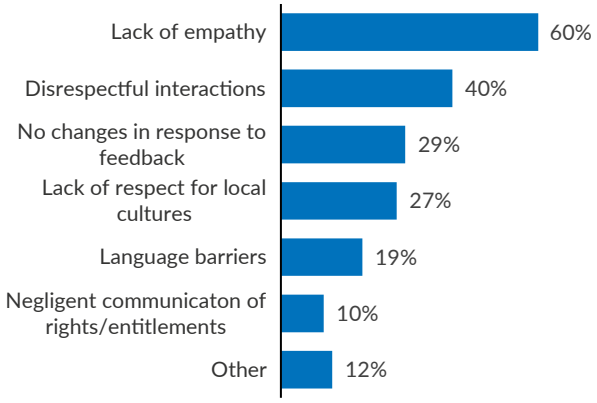
Satisfaction with aid worker behavior

The conduct of aid workers is a critical aspect of accountability and protection in humanitarian operations. Households were asked whether they and other household members were satisfied with the behavior of aid workers in their area (Figure 38). The vast majority of respondents reported being satisfied, reflecting high levels of trust and confidence in humanitarian personnel. A small proportion indicated that they had not encountered aid workers, suggesting limited interaction or accessibility in certain areas. A few respondents were unsure, while only a very small number explicitly reported dissatisfaction or preferred not to provide an answer.

These findings indicate that humanitarian staff are generally perceived positively, supporting effective community engagement. However, the minority expressing dissatisfaction or limited contact highlights the need for ongoing monitoring, continuous accountability training, and mechanisms for communities to safely report concerns. As illustrated in Figure 39 households dissatisfied with aid worker behavior, the main concerns were lack of empathy, disrespectful interactions, no changes in response to feedback, lack of respect for local cultures and language barriers.

Figure 39 | **Reasons for Dissatisfaction with Aid Worker (MCQ)**

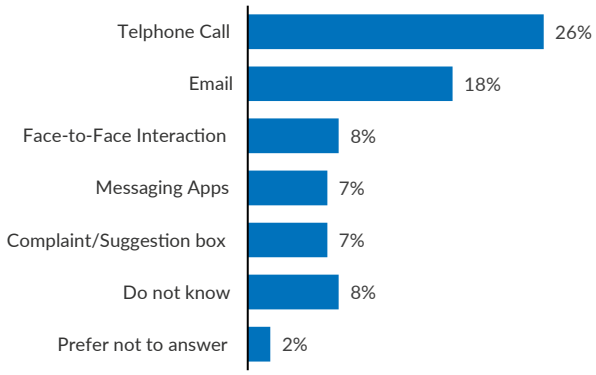
32 respondents



Households also reported their preferred channels for providing feedback on aid worker behavior and other sensitive issues (Figure 40). Online forms were the most preferred, suggesting a need for structured, accessible, and potentially anonymous reporting mechanisms. Social media platforms and telephone calls were also widely favored, highlighting the importance of digital and direct communication. Finally, mail, face-to-face interactions, formal complaints, and messaging apps were less frequently preferred but remain relevant for certain households.

Figure 40 | **Top 5 Preferred Channel of Providing Feedback About Aid Worker Behavior (MCQ)**

599 respondents



Disability

Targeted protection policies are still very important for people with disabilities. As per the sample, **17% of the households have at least one member with a level 3 or higher[4] disability,** meaning that the person has a lot of difficulty or cannot do for themselves one or more core functions, such as the ability to walk, see, hear, remember or concentrate, communicate, or care for oneself.

Looking at the individual percentage, 9% have one or more severe functional difficulties. Functional limitations categorized as level 3 generally require both specialized care and long-term support in the form of accessible medical care, rehabilitation programs, durable medical equipment, accessible housing and means of transportation, along with adequate access to financial and social services, etc. Additionally, this may also result in added care-giving requirements for the family and increased financial burdens on the family, which will necessitate the reliance on available support systems as well as the availability of accessible information.

4*Level 3 of disability is computed based on the respondents who answered "a lot of difficulty" and "cannot do at all" in the survey. The criteria for level 3 of disability was established by the Washington Group on Disability Statistics.

Figure 41 | **Difficulties Seeing**

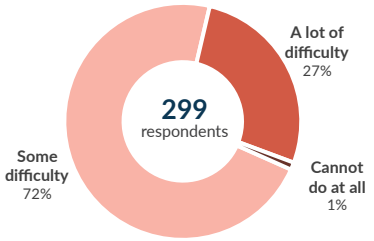


Figure 42 | **Difficulties Hearing**

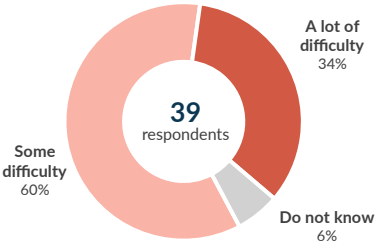


Figure 43 | **Difficulties Walking**

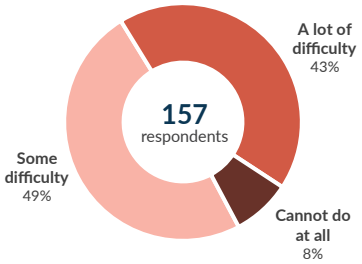


Figure 44 | **Difficulties Remembering**

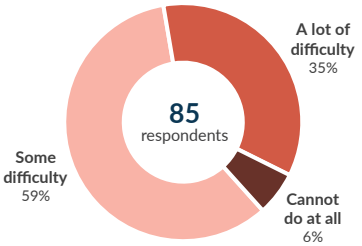


Figure 45 | **Difficulties Dressing**

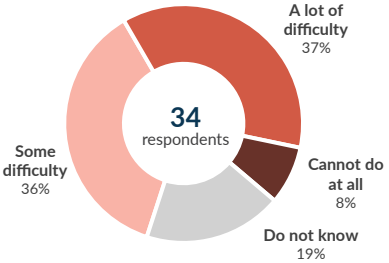
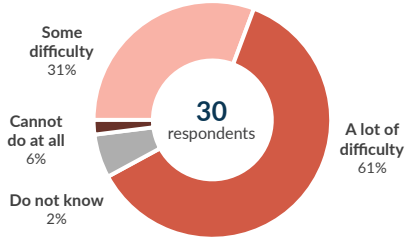


Figure 46 | **Difficulties Communicating**



Safety and security concerns

The survey explores the social climate and physical security of the displaced population to track progress in their local integration. Overall, the findings indicate a strong sense of personal security within Romanian host communities. When asked if they feel safe walking alone in their neighbourhoods after dark (Figure 47), the vast majority of respondents reported positive experiences: 30% feel very safe and 61% feel fairly safe. Only a small minority expressed feeling a bit unsafe (6%) or very unsafe (1%), with 2% remaining unsure.

While these safety indicators are encouraging, the research also monitors the quality of social interactions to identify any potential barriers to long-term inclusion. Although most interactions are positive, a small subset of respondents noted that occasional encounters with unwelcoming or hostile attitudes can impact the expansion of their social support networks and overall psychosocial well-being. Identifying these instances allows for a more nuanced understanding of the integration journey beyond basic physical safety.

Perceptions of safety and security reveal an improvement in 2025 compared with a previous year for both genders. The majority of women reported no safety concerns. Where risks were identified (Figure 48), robbery, verbal harassment, and threatened violence were most frequently cited. Other concerns included discrimination or persecution, physical harassment, sexual harassment, exploitation, and increased vulnerability to online violence. Less frequently cited risks included kidnapping, trafficking, economic violence, household violence, or deportation.

Figure 47 | **Reported levels of safety in area/neighbourhood after dark**

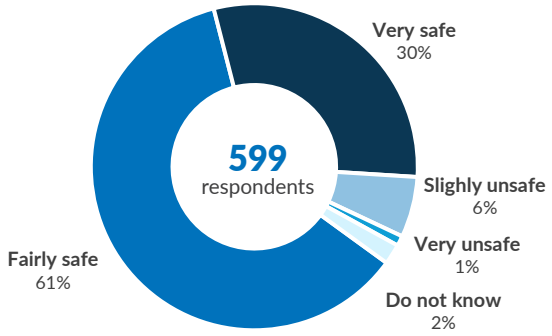


Figure 48 | **Top 3 Safety and Security Concerns for Women in Area of Residence (MCQ)**

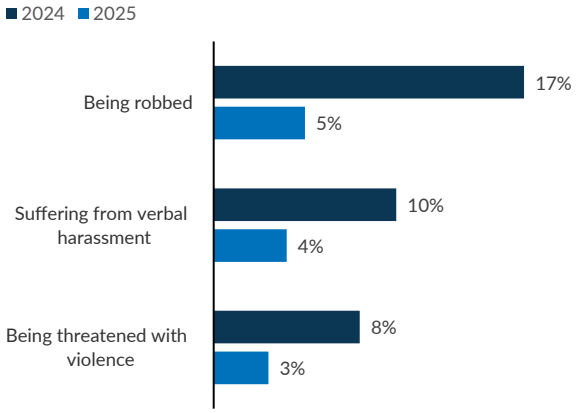
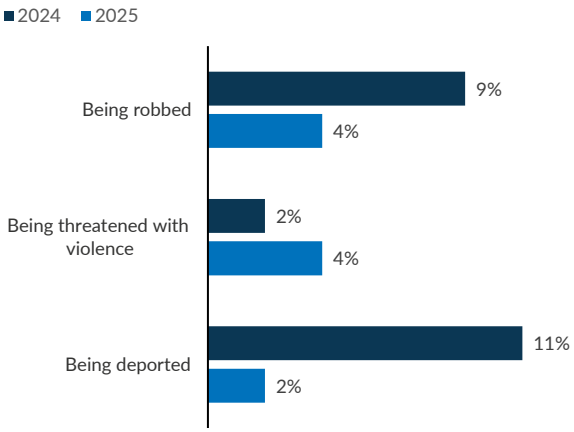


Figure 49 | **Top 3 Safety and Security Concerns for Men in Area of Residence (MCQ)**



Men were perceived to face similar, though slightly lower, levels of risk (Figure 49). Most respondents reported no concerns for men. The most frequently cited risks were robbery and threatened violence, followed by economic violence and deportation. Smaller proportions reported discrimination, verbal harassment, and vulnerability to online violence. Very few respondents cited other risks such as physical harassment, exploitation, kidnapping, or administrative issues.

Although most respondents feel safe, both women and men face specific risks that need ongoing monitoring and targeted community interventions to strengthen protection and ensure equitable access to services.

Gender Based Violence

Awareness of gender-based violence (GBV) services varies significantly depending on the type of service. Health-related GBV services were the most widely recognized by respondents, with 77% reporting awareness (Figure 50), followed closely by safety and security services at 75%.

Given that specialized clinical GBV medical services exist only sporadically across Romania and can be structurally difficult to access, this high level of reported awareness requires careful interpretation.

It likely indicates that respondents conceptually recognize general healthcare infrastructure (such as emergency rooms or local hospitals) as a primary and trusted pathway for seeking care following an incident of violence, rather than reflecting familiarity with specialized, dedicated GBV medical centers.

In contrast, awareness of specialized psychosocial support services, dedicated helplines, and legal services was notably lower. This reveals critical gaps in community knowledge regarding targeted multi-sectoral support. A significant portion of respondents reported completely lacking awareness or feeling unsure about where to access legal and psychological assistance, underscoring an urgent need for targeted information campaigns that clarify exactly where and how specialized, survivor-centered services can be physically accessed in the host country.

Beyond general awareness, the survey investigated the specific, practical barriers that survivors might face when attempting to access these services. As illustrated in Figure 51, the most frequently cited obstacle was **language and cultural differences**, followed closely by a fundamental **lack of awareness regarding available services.**

Societal and psychological hurdles also emerged as prominent challenges, with **stigma and shame**,

Figure 50 | **Awareness of GBV Services**

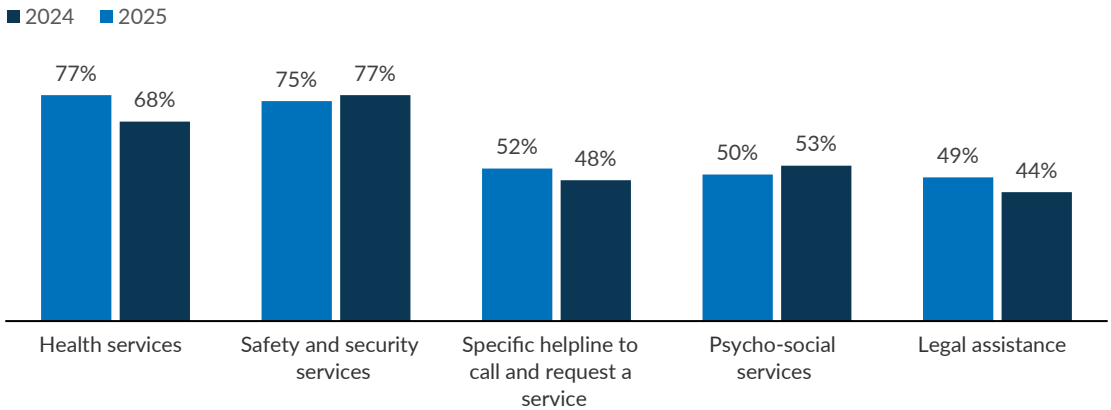
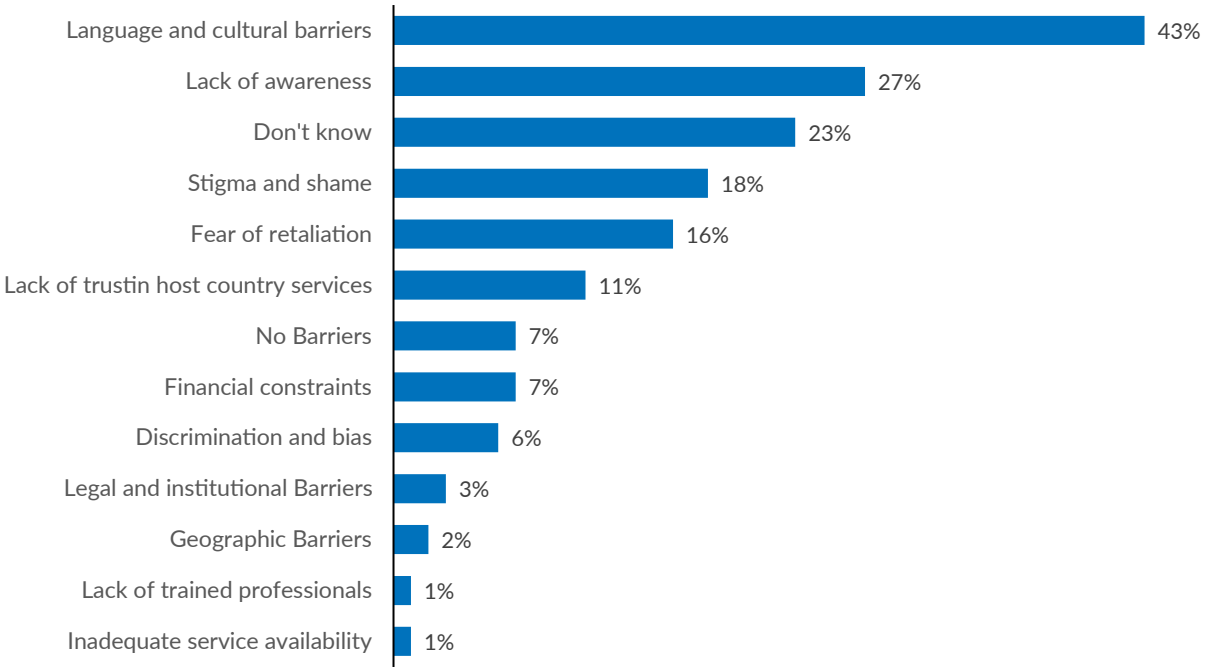


Figure 51 | **Main Barriers in Accessing GBV**

599 respondents



fear of retaliation, and **a lack of trust in host country authorities** reported as important factors hindering survivors from stepping forward. Financial constraints, active discrimination, geographic barriers, and the limited availability of trained, specialized professionals were also mentioned, though by smaller proportions of respondents.

Overall, these findings suggest a complex dual challenge: while conceptual awareness of basic health and security entry points is relatively high, severe operational gaps remain—particularly concerning legal and psychosocial support. The intersection of language barriers, cultural displacement, institutional mistrust, and acute fears of stigma or retaliation continues to create a restrictive environment, heavily hindering practical access to survivor-centered care.

Child protection

Children are among one of the most vulnerable groups in any society and require tailored, age- and gender-sensitive protection measures, often supported through multisectoral policies and coordinated response mechanisms. Understanding perceived risks and reporting pathways is essential to strengthening child protection systems within host communities.

As depicted in Figure 52, when asked about the most serious risks faced by boys under the age of 18 in their neighbourhood, the majority of respondents reported no specific protection concerns. However, some risks were identified, most notably psychological violence in the community and physical violence in the community. Smaller proportions reported increased vulnerability to online violence, other unspecified risks, and risks of trafficking. Very few respondents cited worsened mental health and psychosocial wellbeing, while less than one percent mentioned increased vulnerability to abuse or psychological violence within the home.

Figure 52 | **Top 3 Perceived Risks Faced by Boys under 18 in Host Neighborhood (2024/2025) (MCQ)**

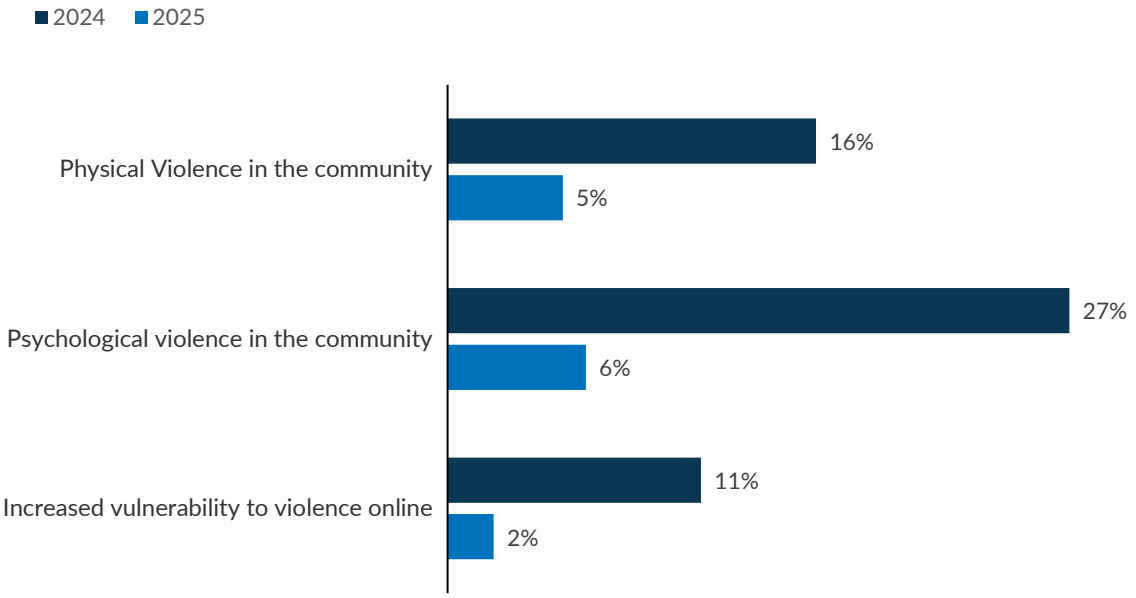
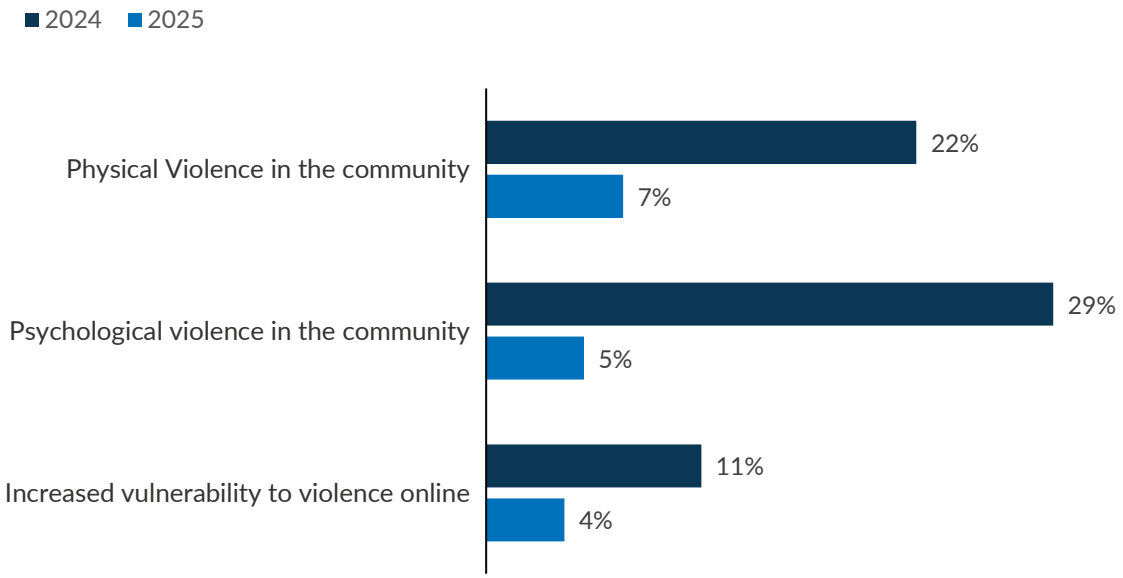


Figure 53 | **Top 3 Perceived Risks Faced by Girls Under 18 in Host Neighborhood (2024/2025) (MCQ)**

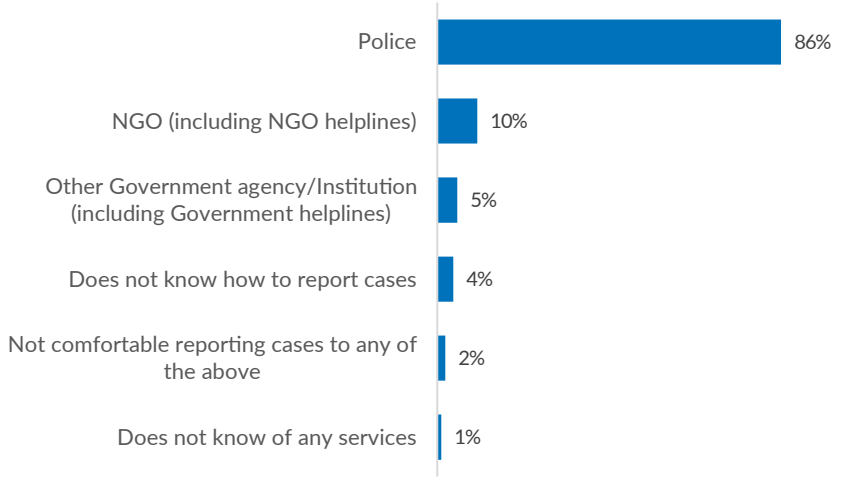


While majority of the responses in 2025 describes no concerns, community concerns regarding psychological violence dropped from 29% to 5%. Physical violence in the community decreased from 22% to 7%. The perceptions of increased online violence also dropped from 11% to 2% in 2025. The results obtained may indicate positive dynamics in terms of risks, or conversely, signal that the community has accepted the existing situation and changed its attitude towards it.

Regarding girls under the age of 18 (Figure 53), 65% of respondents reported no specific protection concerns, while 15% indicated that they do not know. Among the risks identified, the most frequently cited were physical violence in the community and psychological violence in the community. Increased vulnerability to online violence was also reported. Additional concerns included physical violence within the home, worsened mental health and psychosocial wellbeing, and sexual violence in the community.

Figure 54 | **Trusted Channels to Report Cases of Violence, Exploitation, or Neglect of Children in the Community (MCQ)**

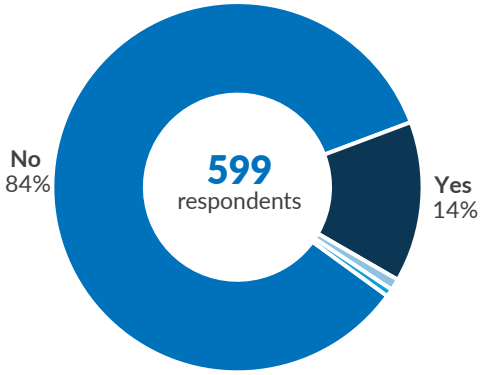
599 respondents



Smaller proportions identified risks related to family separation or placement in residential care, trafficking, increased vulnerability to abuse, and psychological violence within the home.

In terms of reporting mechanisms (Figure 54), most respondents stated that they would feel safe and comfortable contacting the police to report cases of violence, exploitation, or neglect involving children. Non-governmental organizations were the second most frequently cited option, followed by government authorities. Nevertheless, some barriers to reporting remain: many respondents are not aware of available reporting mechanisms, feel the lack of trust in services, and specified that no services are available.

Figure 55 | **Share of Households Who Have Looked After a Child Outside of the Nuclear Family**



In the past 12 months, 14% of households indicated that they had cared for a child who was not part of their nuclear family, even if only for a limited duration.

Returns to Ukraine

As illustrated in Figure 56, half of respondents reported returning to Ukraine more than once since 24 February 2022. Others were unable to return, had not considered returning, returned once, or preferred not to answer). For those unable to return, security concerns were the main barrier, followed by lack of funds, fear of losing legal status, occupation of territory, illness, lack of documentation, work commitments, and childcare responsibilities.

Figure 56 | **% of HHs who Visited Ukraine After 24 February 2022**

599 respondents

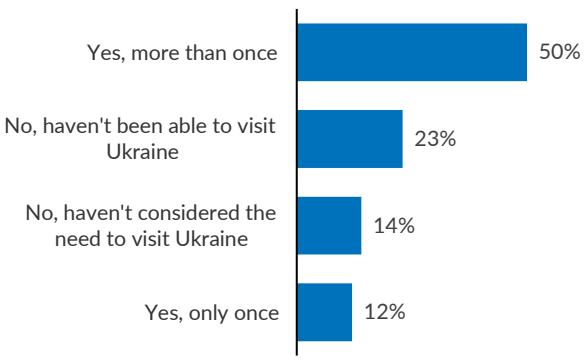
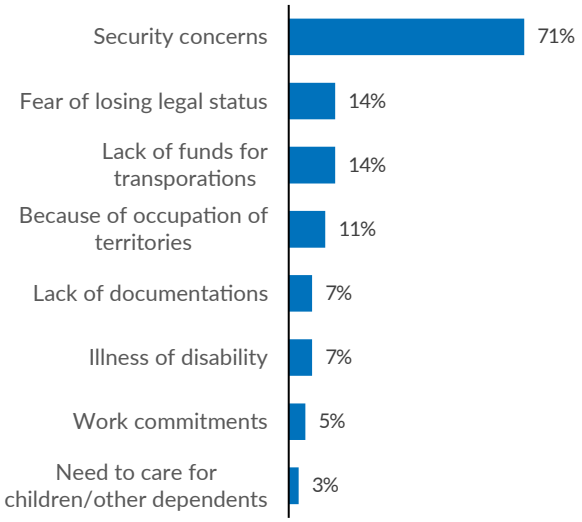


Figure 57 | **Reasons for Not Being Able to Return (MCQ)**

82 respondents



The main reasons for returns to Ukraine were to visit relatives, access healthcare, to renew or to obtain documents, to retrieve personal supplies and to fix a family matters (Figure 58). The length of time of the most recent visits of the respondents' households to Ukraine suggests that short visits are still common.

As presented in Figure 59, in 2025, 70% of returns lasted for less than two weeks, a slight decline from 73% in 2024. The proportion of stays lasting less than a month decreased marginally, from 18% to 16%. In contrast, the percentage of stays for one to two months has increased from 5% in 2024 to 9% this year.

Most respondents (95%) did not experience difficulties returning to the host country. Among the small proportion who did (4%), problems at border crossings were the main issue.

Figure 58 | **Reasons for Visting Ukraine (MCQ)**

453 respondents

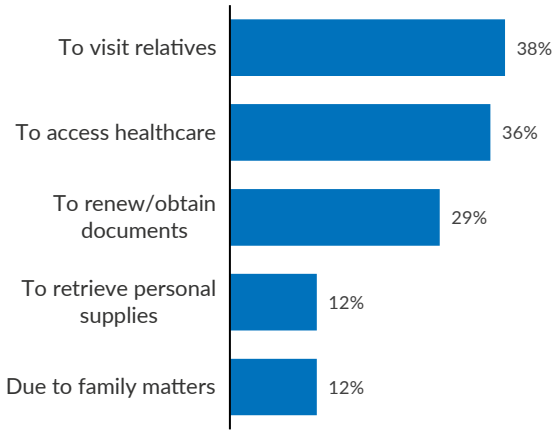


Figure 59 | **Average Duration of Stay During Last Visit**

453 respondents

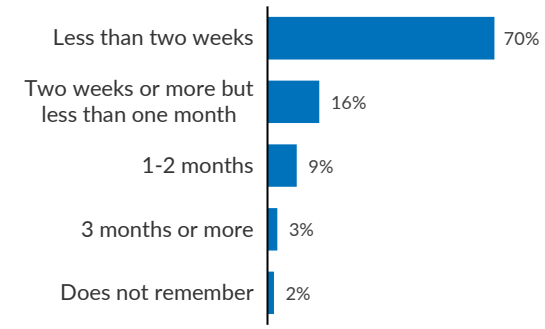
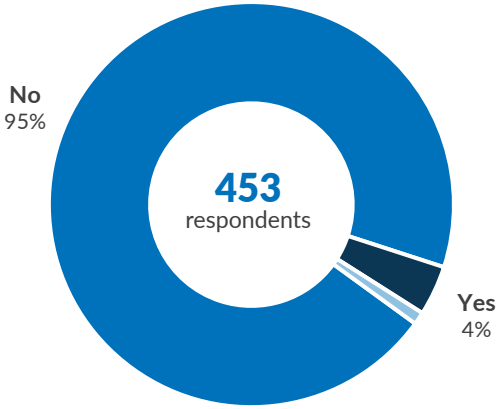


Figure 60 | **% of HHs Experiencing Difficulties Returning after Visiting Ukraine**

453 respondents



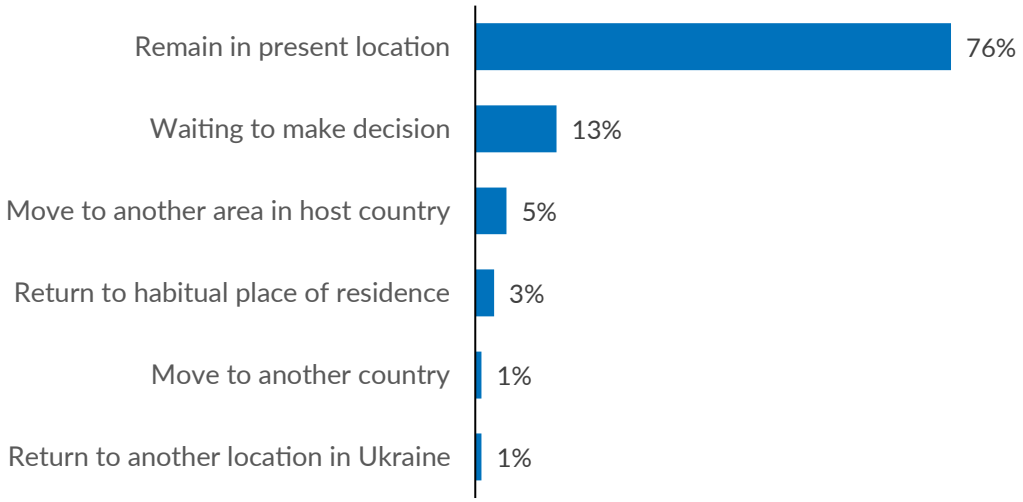
Future Intentions

Looking forward, the data suggest a strong focus on short-term settlement (Figure 61). A majority of households have a strong intention to stay within their present location over the coming 12 months. A minority of the respondents are unsure about their plans. This degree of ambivalence corresponds to the volatility of the situation and to the degree to which families are provisional in their strategies in response to unfolding security, legal, and economic dynamics in host country as well as in Ukraine. Planned mobility appears in relatively small percentages. Five percent of the households forecast moving within Romania, which indicates limited secondary movements, possibly related to housing, job opportunities, or access to services.

The intention to return to Ukraine remains low: only three percent plan to return to their habitual residence, and one percent to another place in Ukraine. Again, the small percentages show that ongoing insecurity and the lack of basic services in Ukraine seem to be a major reason people do not return. Crucially, it is important to interpret intention to stay or leave within the context of the continued instability within Ukraine, rather then rather than voluntarily choosing to remain in the host country.

Figure 61 | **% of HHs who Intend to Change Current Location Within next 12 months**

599 respondents



Socio-Economic Inclusion and Livelihood

In this chapter, the socio-economic characteristics of refugees from Ukraine residing in Romania are analysed. The discussion covers last level of education obtained, language proficiency, access to employment, income, financial services, and social assistance, with a focus on barriers to labour market inclusion, qualification recognition, and economic self-sufficiency. In addition, this chapter will address the coping strategies used to cover the refugees' needs, as well as the impact of Romania's temporary protection scheme.

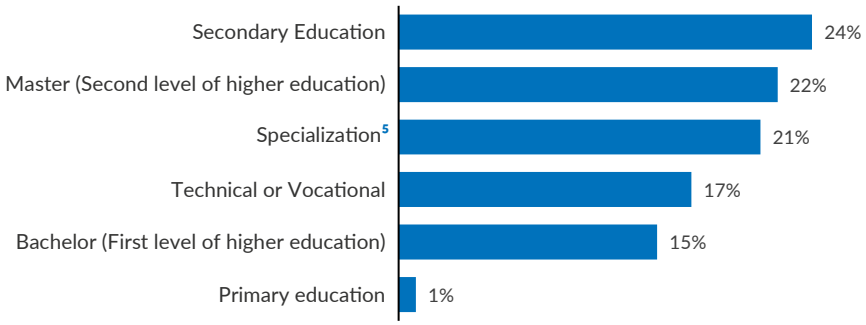
Livelihoods and inclusion

Among working age population, more than half (58%) have bachelor's degree or above. Figure 62 presents the educational profile of household members aged 16 and above. As this question captures information on both respondents and their family members, the total study population comprises 971 individuals of working age (16–65 years for men and 16–62 years for women).

As shown in Figure 63, most of the Ukrainian population, covered by the survey, reported limited or no knowledge of Romanian, with 64% indicating that they either do not understand the language or identify themselves as beginners.

Figure 62 | **Share of HH Members by Highest Education Level Achieved**

924 respondents



5 The last specialist programmes started in 2016. These days, students can only start bachelor's or master's programmes.

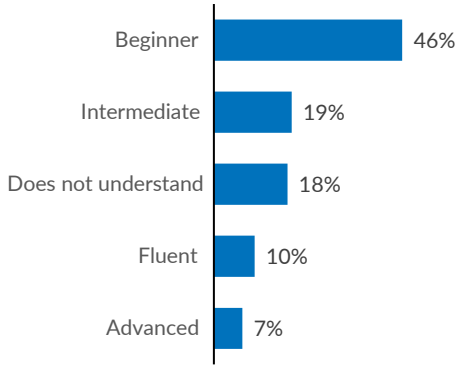
Duration: **4-6 years (240-360 ECTS)**, after secondary school. The most common duration was 5 years. A specialist programme in medicine lasted 6 years, some teacher training programmes 4 years.

1-1½ years (60-90 ECTS) after a bachelor's degree. Content: profession-oriented research-oriented or profession-oriented education. Sometimes students had to write a thesis, but they always finished the programme with state exams. The diploma always mentioned a professional qualification, for instance civil engineer or English teacher.

The distribution reveals considerable variation in Romanian language knowledge within the Ukrainian community, while underscoring that most individuals have only limited engagement with the local language.

Figure 63 | **Knowledge of Local Language**

599 respondents



Employment

The analysis presented in Figure 64 refers to 934 individuals of working age, presented within the sample. Of this population, 61% are within the labour force, meaning they are either employed or unemployed, but actively seeking work and available to start work within two weeks, in line with the ILO definition[6]. Among those who are within labour force, 51% are employed, while approximately 10% are unemployed and looking for work. The remaining 39% are outside the labour force, comprising children (16-17), retirees, or individuals not in need of or unable to work.

The employment situation of Ukrainian refugees in Romania shows a consistent upward trajectory (figure 66). Employment rates doubled between 2022 and 2023, reflecting progress in the early stages of economic integration. By 2025, more than half of surveyed working age population are employed, indicating successful integration.

Figure 64 | **Labor Force Participation[6]**

934 respondents

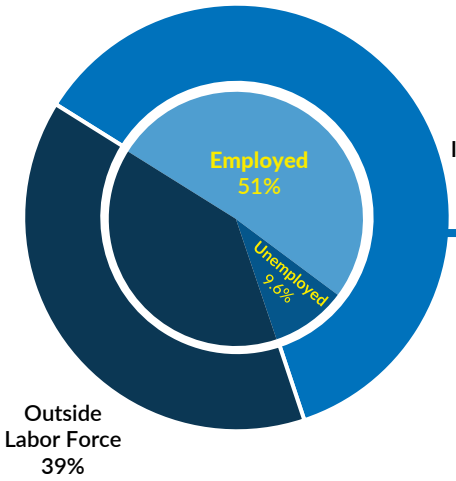
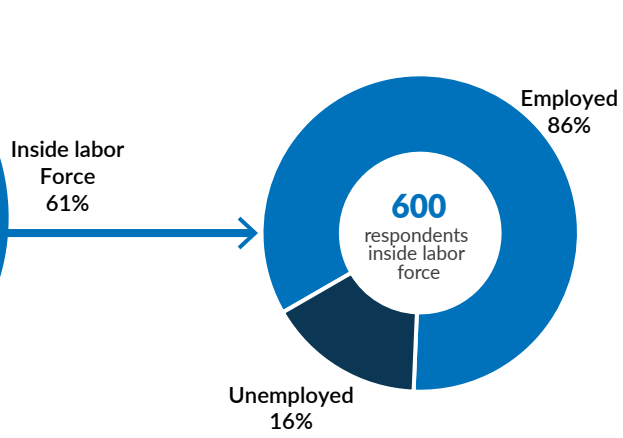
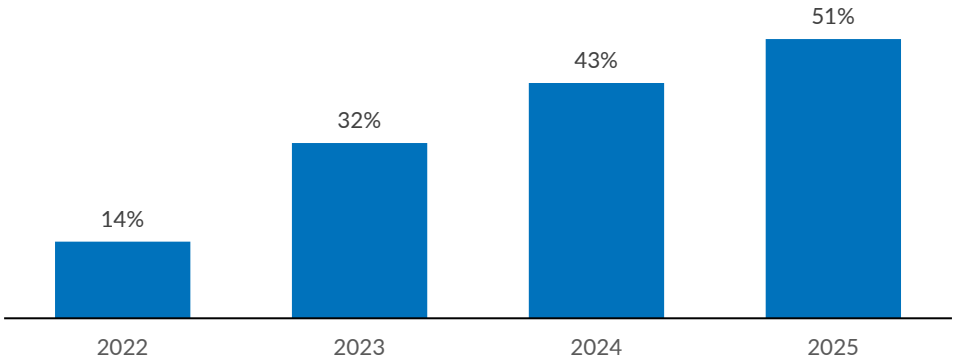


Figure 65 | **Employment Status of HHs Members Inside the Labour Force**



6 As per the ILO definition, inside labour force refers to all the people who work and/or are actively seeking a job, aged 16-62 for women and 16-65 for men.

Figure 66 | **Employment Dynamics (2022-2025)**

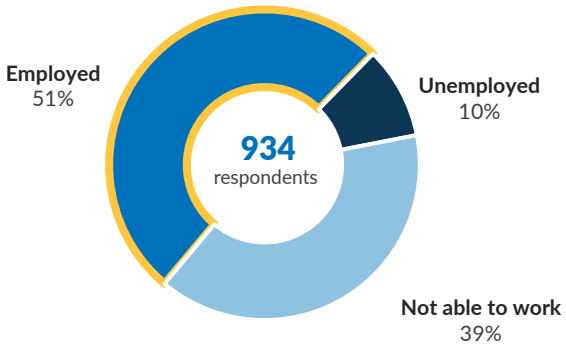


More than half of the working-age refugee population covered by the survey (51%) is involved in income-earning activities, including different aspects of economic participation. This includes participation in Romanian corporate or entrepreneurial activities, primary economic activities such as agriculture and fishing, and unpaid contributions to family enterprises. Employment status refers to people who carried out these activities within the last week, including people who were temporarily absent from their paid job. Unemployment group comprises those who did not work in the past week but are still actively attached to the labour force. To be considered in this category, a person must have actively sought a job or attempted to start a business in the past four weeks and also be ready to start work in the next two weeks if a job opportunity presents itself (Figure 67).

A large number of the population is not part of the workforce (figure 67). Such individuals are not considered to be unemployed but rather disconnected from work participation owing to various limitations. Unavailability refers to individuals who cannot commence work within a two-week period. This is often owing to caring responsibilities or health-related constraints. Passive status refers to individuals who have not searched for work or tried to create a business enterprise within the preceding four weeks.

Among Ukrainian refugees who are employed in Romania, the occupational profile reflects a concentration in a limited number of job categories, with a strong presence in both skilled and lower-skilled positions. Overall distribution of the occupation of employed respondents is presented in Figure 68.

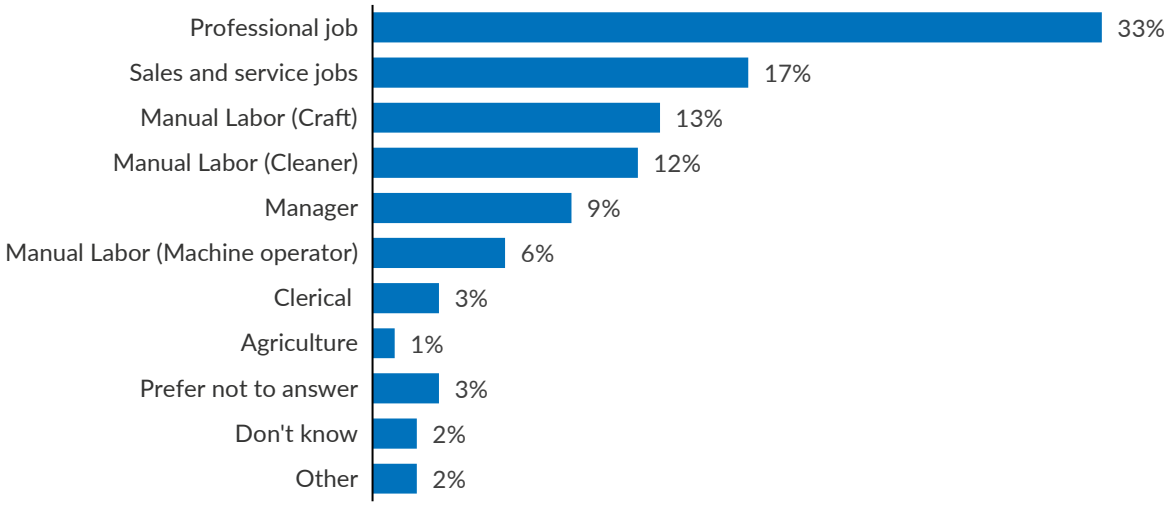
Figure 67 | **Employment Status**



When it comes to the payment type, answers were obtained from 455 individuals. Out of this number, 26% declared that they are being paid per hour, with an average payment 35 lei per hour, 70% said they are being paid monthly (Figure 69), with an average salary of 4000 lei, which is generally consistent with the national remuneration framework.

Figure 68 | **Occupation of Employed Respondents in Romania**

455 respondents



As shown in Figure 70, most respondents who are employed report having a written employment contract (69%). Nevertheless, more than one quarter (27%) are engaged in informal work arrangements. The relatively high share of informal employment places these individuals in a vulnerable position, as it is associated with greater job insecurity and limited access to social protections beyond basic healthcare, including unemployment benefits and other contributory social services.

Overall distribution of respondents' work modality is presented in Figure 71, The share of individuals working remotely for employers in Ukraine remains in line with 2024 levels, while the share of those working remotely for organizations based in other countries has increased from 3% in 2024 to 8% for the reporting period. This upward trend may indicate growing access to cross-border employment opportunities and digital forms of work, as well as refugees' efforts to maintain or secure income sources that are less dependent on local labour market integration and language proficiency in the host country.

Figure 69 | **Wage Period**

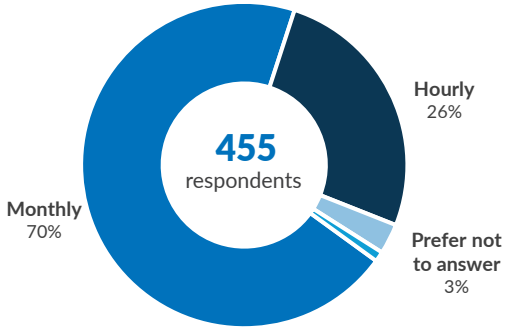
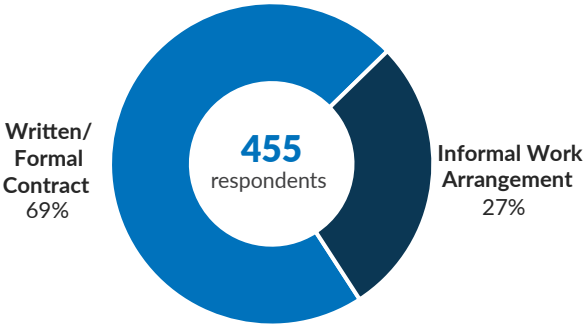


Figure 70 | **Type of Employment Contract**



The data regarding sector of employment vary largely, with a highest concentration around service-oriented activities. Overall, the sectoral distribution reflects a strong concentration in services and manual or support-oriented sectors, alongside relatively limited participation in regulated professions such as health and social care, where formal recognition of qualifications is required in Romania.

The cross-tabulation between the current field of employment (Figure 72) and respondents' prior work experience or training indicates that, upon arrival in the host country, many individuals are unable to secure employment aligned with their qualifications or professional background. This occurs despite the Temporary Protection scheme, which has facilitated access to the host-country labour market. Several factors may explain the mismatch between education or experience and current employment, including employers' reluctance to recognise foreign diplomas, limited proficiency in the local language, and structural mismatches between qualifications and sector-specific requirements.

Figure 71 | **Work Modality**

455 respondents

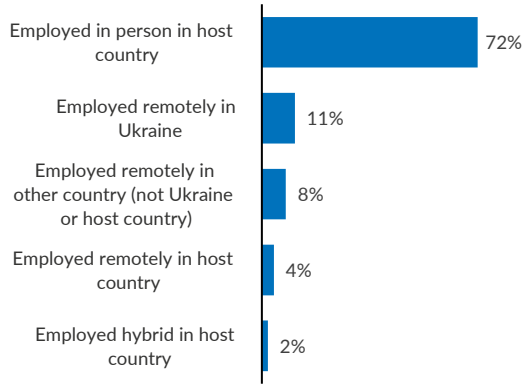


Figure 73 presents the main activities of individuals prior to leaving Ukraine (n = 972). Notably, unemployment prior to displacement appears to be negligible in this sample, as no individuals reported being unemployed or engaged in unpaid volunteering.

Figure 74 shows the percentage of household members by their main difficulty in finding work in the host country. Although Ukrainian refugees benefit from the right to work under Temporary Protection regime, the persistence of work-permit-related barriers suggests ongoing gaps in employer awareness and implementation.

Figure 72 | **Sector of Employment in Ukraine / Sector of Employment in Romania**

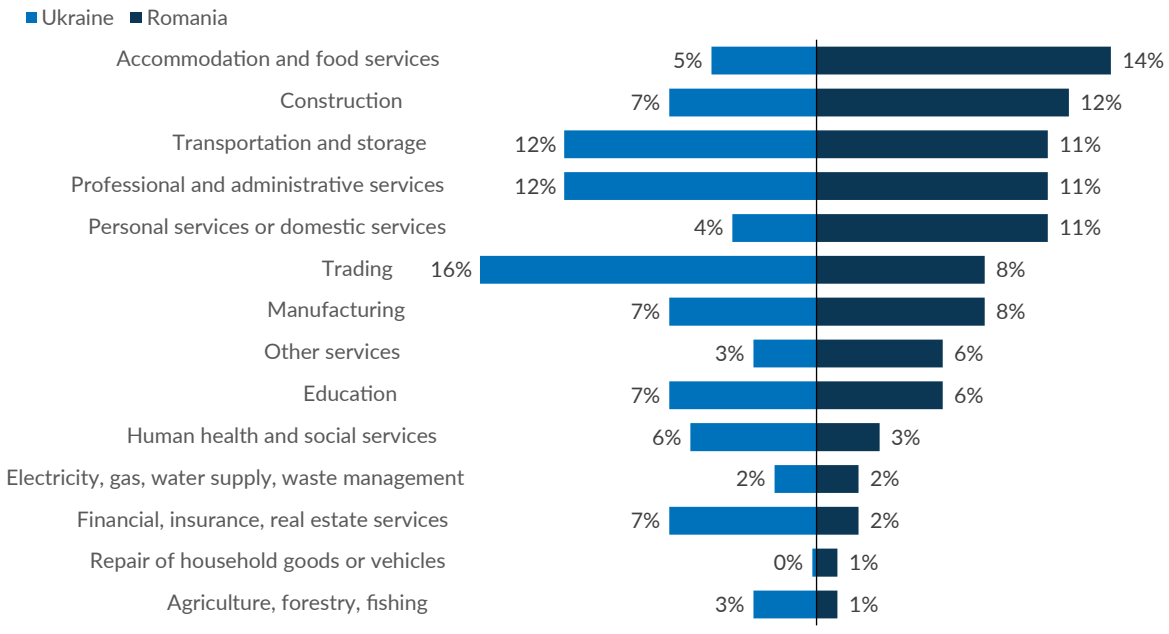


Figure 73 | **Main Activities of Respondents Prior to Leaving Ukraine**

924 respondents

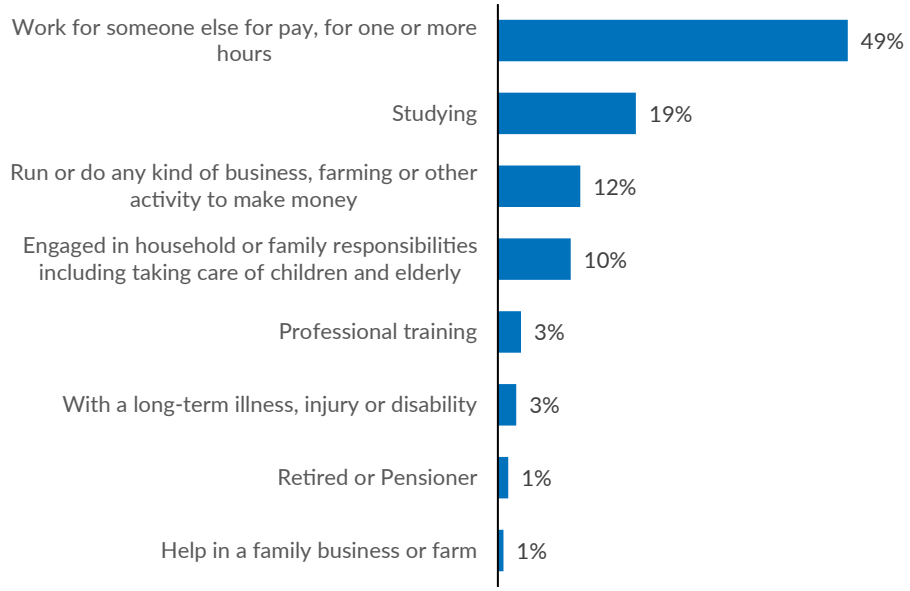
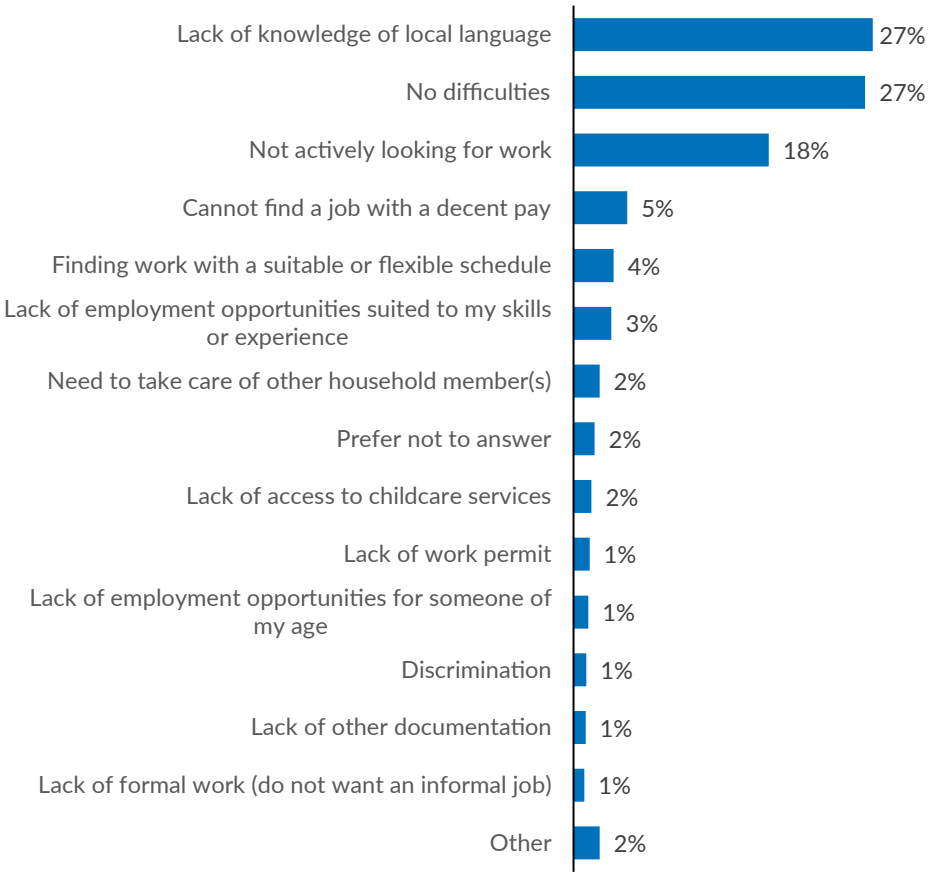


Figure 74 | **Main Barrier in Finding Work in the Host Country**

924 respondents



Economic Capacity

Most respondents, 90%, claimed to have a bank account in a formal financial institution in Romania. Of those who did not have a bank account, the main reason given for not having one was that they did not need one (49%). Other responses included refusal of banks because of their nationality or country of origin and rest of them are presented on a figure 76.

Among the 206 respondents who indicated that they receive some form of social assistance from the Romanian government, child-related benefits emerge as the most prevalent type of support. Nearly four out of five households (79%) reported receiving child support, underscoring the central role of family- and child-focused measures within the current social protection framework for refugees. Disability-related benefits were also reported by a substantial share of respondents (25%), reflecting the presence of households with specific health-related vulnerabilities that require additional financial support. In contrast, assistance targeting low-income households was less widespread, covering 11% of respondents, and thus reaching a comparatively limited segment of those experiencing economic hardship.

Overall, the distribution of social assistance highlights both the importance of targeted benefits for children and persons with disabilities, as well as potential gaps in income-based support for economically vulnerable refugee households.

Figure 75 | **% of HHs with Access to a Bank Account**

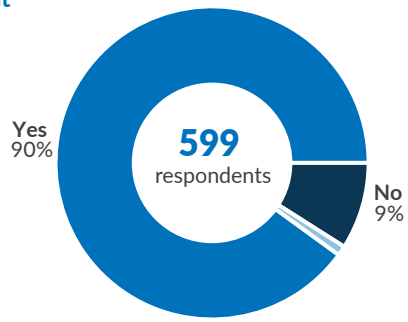


Figure 76 | **Reasons for Not Opening a Bank Account (MCQ)**

51 respondents

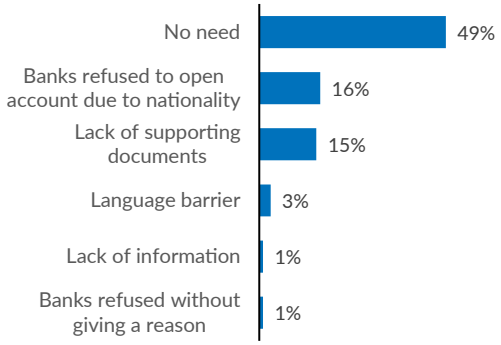


Figure 77 | **Type of Social Benefits from the Romanian Government (MCQ)**

206 respondents

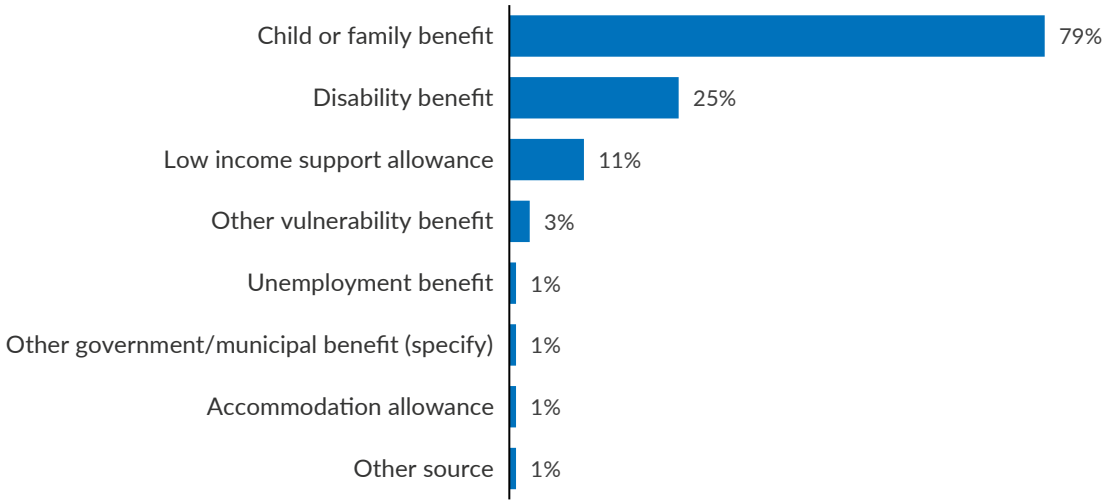
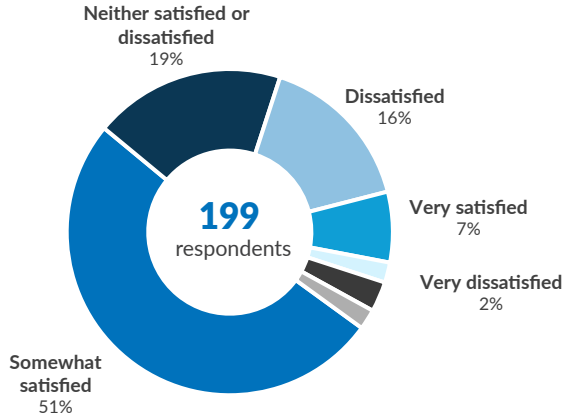


Figure 78 presents respondents' perceptions of the adequacy of social protection support in Romania among those covered by social protection floors or systems. Overall, the findings suggest a cautiously positive but mixed assessment of the level of assistance received.

Figure 78 | **Satisfaction with Social Benefits in Romania**



The findings indicate a mixed evolution of households' economic capacity compared to the previous year. Figure 80 below presents the reported changes in the income of the respondents.

The data presented in Figure 81 indicate that the economic situation of most households remains constrained.

Figure 79 illustrates the share of the surveyed population that continues to receive social protection support from the Ukrainian government (N=125). The data show that old-age pensions remain the most common form of assistance, reported by 62% of households.

Figure 79 | **Social Benefits from Ukraine (MCQ)**

125 respondents

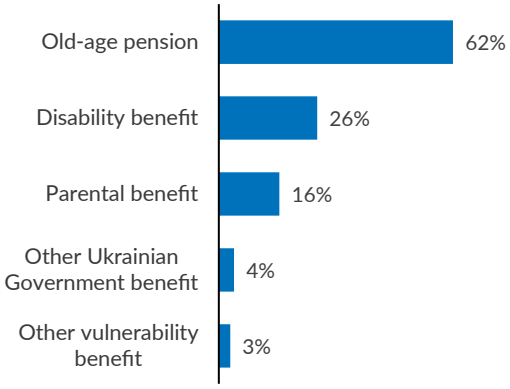


Figure 80 | **Income Changes in HHs in the Past 12 Months**

599 respondents

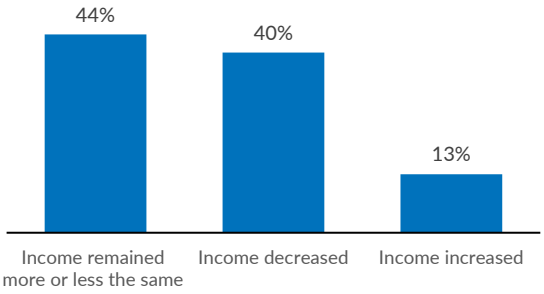
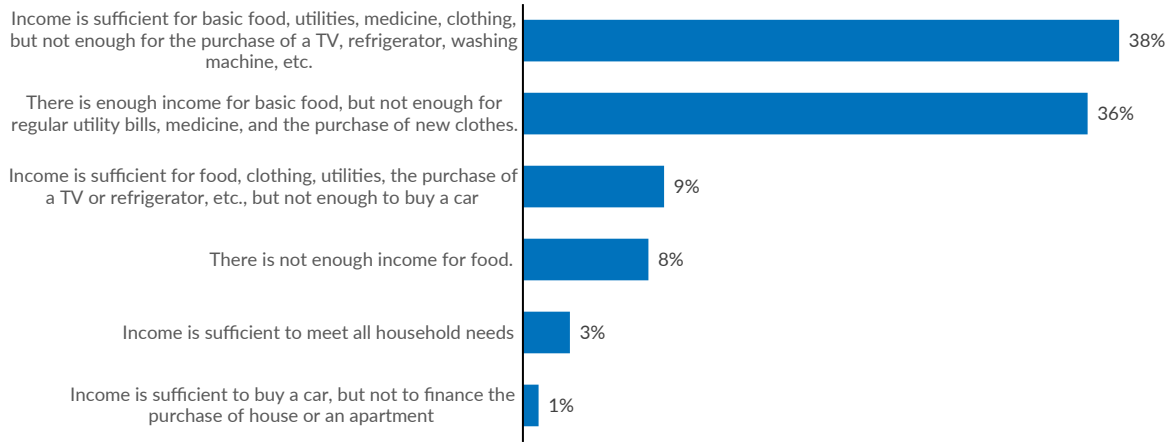


Figure 81 | **Assessment of HHs Income**

599 respondents



The distribution of household income sources over the previous 30 days, as shown in Figure 82 highlights the central role of employment while also underscoring continued reliance on social assistance.

Figure 82 | **Sources of Income (MCQ)**

599 respondents

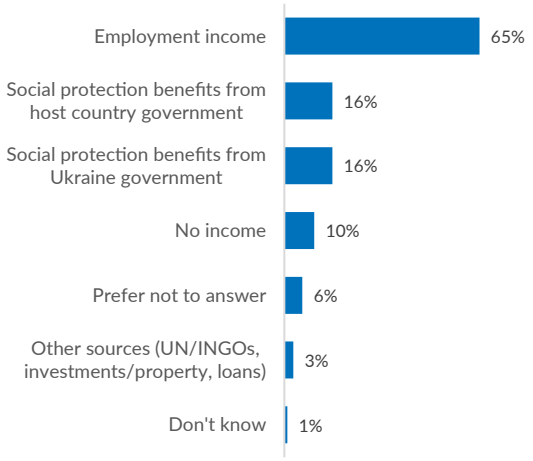
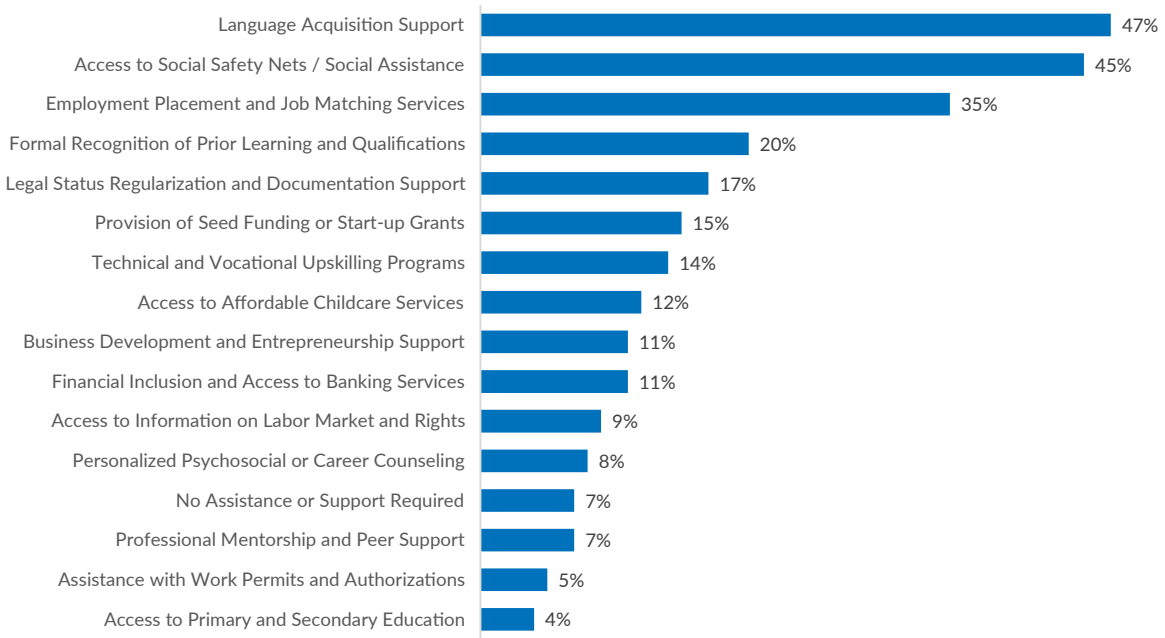


Figure 83 summarizes the services respondents consider to be most helpful for improving their financial situation and economic opportunities in Romania, with language acquisition and institutional support emerging as top priorities. Overall, the results highlight the need for integrated livelihood support combining language training, employment services, administrative assistance, and care-related support to promote sustainable economic inclusion.

Figure 83 | **Services Needed to Improve Financial Situation and Opportunities According to Respondents**

599 respondents



Household expenditure data indicate that spending in the last 30 days is heavily concentrated on essential needs, reflecting limited financial flexibility among surveyed households. Among households reporting food, accommodation, and health expenditures, the average total monthly household expenditure amounts to 5,367 Ron pointing to generally modest spending levels with some higher-cost outliers.

Accommodation represents the largest expenditure category, with an average monthly cost of 1,986, accounting for 37% of total household expenditure. This confirms housing as the primary financial burden for refugee households and highlights ongoing pressure related to rent and housing-related costs.

Food expenditures constitute the second-largest share, with households spending an average of 1,664 per month, representing 31% of total expenditures. The high proportion of income allocated to food suggests constrained purchasing power and limited scope for savings, particularly in the context of rising living costs.

Utility bills account for an average of 483 per month, corresponding to 9% of total expenditure, while health-related expenditures—including medicines, health products, and services—amount to an average of 376 per month, or 7% of total spending. Notably, the median health expenditure is relatively low, indicating that many households limit or forgo healthcare spending, while a smaller share incurs high costs, consistent with earlier findings on crisis coping strategies involving reduced health expenditures.

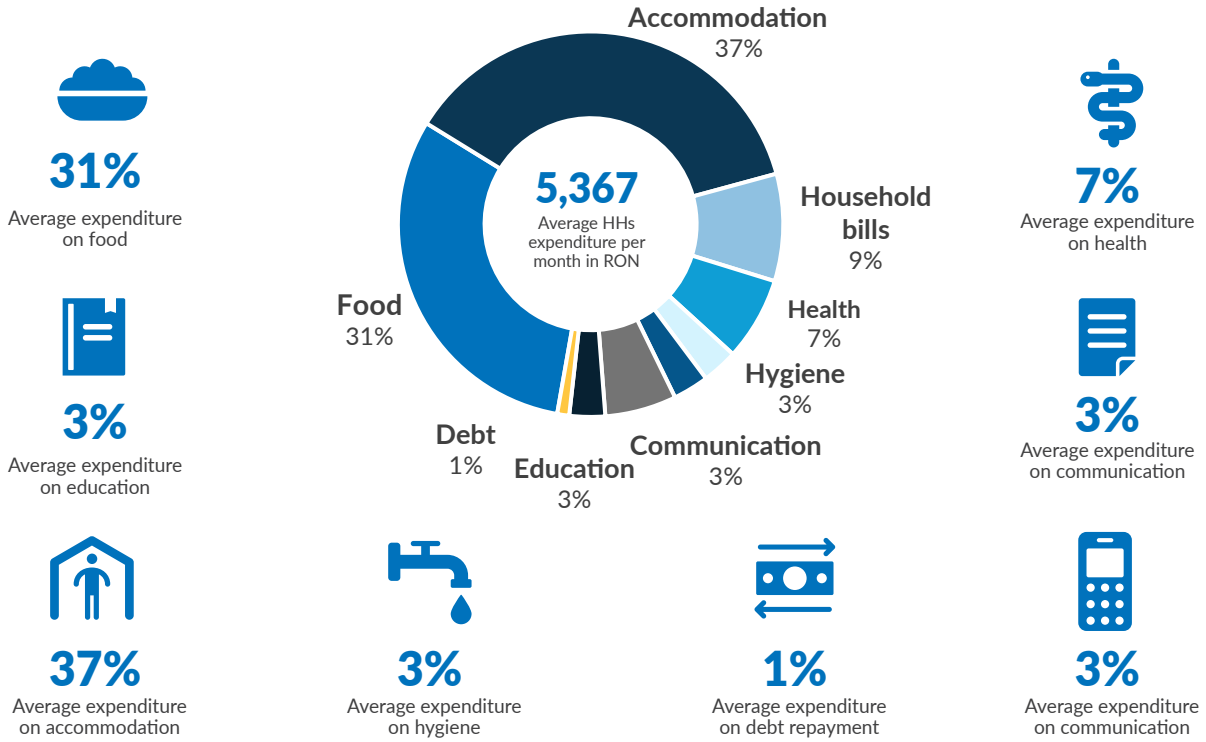
Averaging 161 RON (3% of total spending), education investment is inconsistent. The zero median suggests many families cannot afford regular educational costs, raising concerns for future workforce development.

Hygiene and communication spending are similarly modest, each also averaging 161 RON (3% of total expenditure).

Debt repayments remain limited at the aggregate level, with an average monthly expenditure of 54, corresponding to 1% of total household spending, though the presence of higher maximum values suggests that debt servicing poses a significant burden for some households. Finally, other expenditures, a residual category capturing miscellaneous costs, average 322 Ron per month and account for 6% of total expenditure, indicating additional financial pressures not fully captured by core expenditure categories.

Overall, the expenditure profile underscores the extent to which household budgets are dominated by fixed and essential costs—particularly housing and food—leaving limited room for savings, investment, or shock absorption. This spending pattern is consistent with the observed reliance on coping strategies and highlights the continued vulnerability of refugee households to economic stress and income instability.

Figure 84 | **Expenditure Share of HHs**



Vulnerability Indexes

This section examines the coping strategies employed by respondents to manage challenges related to food insecurity and the fulfilment of basic needs, including education, health, and housing. These strategies fall into two categories: reduced coping strategies, which focus on short-term adjustments to food access, and livelihood coping strategies, which involve longer-term measures to maintain household well-being. Reduced coping strategies highlight the difficulties refugees face when their income is insufficient to secure adequate food, ranging from milder measures, such as eating less preferred foods, to more severe actions – like skipping meals. In contrast, livelihood coping strategies reflect attempts to manage financial stress and asset depletion in order to meet future needs. Together, these strategies offer insight into both the resilience and ongoing challenges refugees experience in uncertain circumstances.

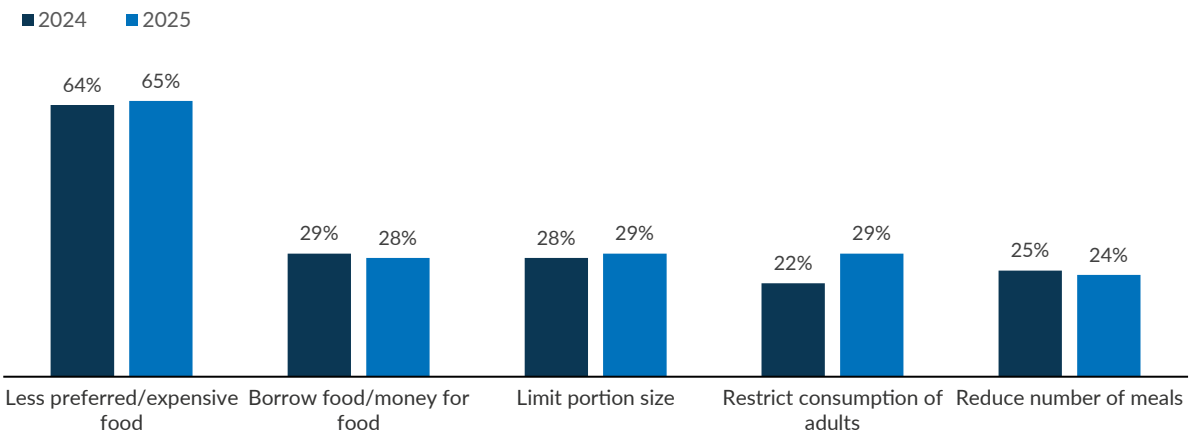
Overall, the rCSI results for 2025 at 9.15 point to moderate levels of food insecurity among surveyed households, highlighting continued pressure on their ability to cover their food needs while balancing other essential expenditures.

When it comes to coping strategy, the most common - consuming less preferred or less expensive foods, has shown a marginal increase from 64% in 2024 to 65% in 2025 and food/money borrowing and cutting the number of meals has shown a marginal decrease. Compared to the previous year, overall food insecurity has remained stable. Households continue to employ similar coping strategies. Reducing portions sizes remained prevalent, and there has been an increase in adults restricting their own food intake (from 22 to 29%). These trends suggest that, despite some alleviation of food insecurity, many households continue to experience pressure, with adults reducing their consumption to support nutrition to other family members.

The Reduced Coping Strategy Index (rCSI) is a key indicator used to assess the severity of food insecurity by capturing the frequency and intensity of coping behaviors adopted by households when food access is insufficient. Higher rCSI scores indicate more frequent or more severe coping behaviors, reflecting greater food insecurity. The rCSI categorizes food insecurity into three levels:

Low	Moderate	Severe
0-3	4-9	10+

Figure 85 | **Households Adopting Food Coping Strategies | 2024 – 2025**



Beyond food-related coping strategies, livelihood coping mechanisms provide insight into households' medium- and longer-term capacity to manage shocks and sustain their livelihoods. In 2025, **livelihood coping mechanisms were reported by 437 households**, and the indicator is derived from a set of questions capturing experiences related to livelihood stress and asset depletion in response to food shortages. These mechanisms are grouped into three categories, ordered from least to most severe: stress, crisis, and emergency coping mechanisms.

Figure 86 presents the share of households using stress coping mechanisms. These include spending savings, purchasing food on credit or borrowing food, selling household goods or non-productive assets, and migrating to another region due to high living costs.

Crisis coping mechanisms involve more serious trade-offs that can undermine future well-being, such as reducing essential health or education expenditures, selling productive assets or means of transport, or withdrawing children or youth from education. The most frequently reported crisis strategy in 2025 is reducing essential health expenditure, cited by 33% of households. This is followed by reducing essential education expenditure (13%), selling productive assets or means of transport (6%), and withdrawing school-aged children or youth from education (1%). The widespread reduction in health spending is particularly concerning given the documented prevalence of chronic health conditions among household members.

Emergency coping mechanisms represent the most severe and damaging responses households adopt when they face extreme food insecurity or financial distress (Figure 88). These strategies typically emerge only after all safer and less harmful options have been exhausted. The results show that 10% of households resorted to this strategy, which is higher than last year's figures (7%). Use of degrading sources of income, illegal

Figure 86 | **Stress Coping Mechanism**

373 respondents

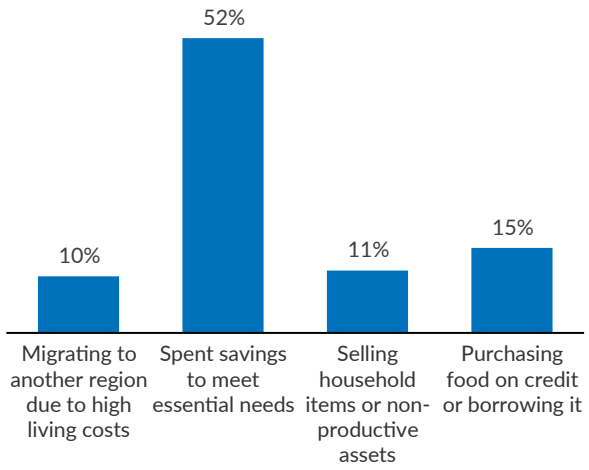


Figure 87 | **Crisis Coping Mechanism**

226 respondents

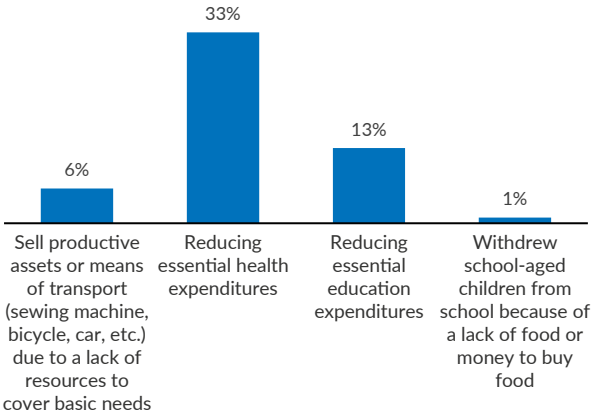
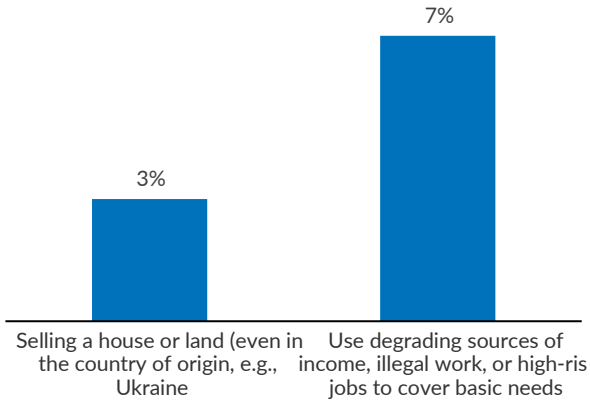


Figure 88 | **Emergency Coping Mechanism**

58 respondents



work, or high-risk jobs to cover basic need is the main strategy in this category, accounting for 7%. Selling a property (house or land) accounting 3% within the category.

Compared to previous years, the use of coping mechanisms in 2025 indicates a continued reliance on stress and crisis mechanisms. The share of households reporting no coping strategies (27%) is significantly higher than 14% in 2024 and 15% in 2023. The significant rise in stress coping mechanisms (from 39% to 62%) likely reflects the cumulative impact of the 2024–2025 funding crisis in 2025.

Severe material deprivation rate

Defining Severe Material and Social Deprivation (SMSD)

The Severe Material and Social Deprivation (SMSD) rate serves as a critical indicator for monitoring multidimensional poverty and social exclusion. Developed within the framework of the European Union Statistics on Income and Living Conditions (EU-SILC) and endorsed by the Indicators' Sub-Group (ISG) of the Social Protection Committee (SPC), this metric quantifies the proportion of the population experiencing an enforced lack of essential goods, services, and social participation.

The SMSD rate identifies individuals residing in households lacking at least 7 out of 13 defined deprivation items. This methodology provides a nuanced view of living standards by balancing household-level necessities with individual-level requirements.

Table 2 | **Deprivation Items by Domain**

The 13-item index is categorized into household and individual dimensions to reflect both collective living conditions and personal well-being.

Household-Level Items	Individual-Level Items
Capacity to face unexpected financial expenses	Ability to maintain an internet connection
Capacity to afford one week of annual holiday away from home	Ability to replace worn-out clothing with new items
Absence of payment arrears (mortgage, rent, utilities, or loans	Ownership of two pairs of properly fitting shoes (including all-weather footwear)
Ability to afford a protein-rich meal (meat, fish, or vegetarian equivalent) every second day	Ability to spend a small amount of money on personal needs weekly
Ability to keep the home adequately warm	Regular participation in leisure activities
Access to a car or van for personal use	Ability to gather with friends or family for a meal or drink at least monthly
Ability to replace worn-out furniture	—

Across the EU, the overall proportion of households living under conditions of material deprivation was 6.4%. Romania, on the other hand, has an overall rate of 17% households living in conditions of material deprivation; thus, the rate of material deprivation in Romania is much greater than that of the EU[6]. Among the sample about 34% of respondents experienced severe material and social deprivation during the past year, highlighting that refugees are at a greatly increased level of risk for experiencing material deprivation when compared to host populations, especially in terms of their economic security, their availability to obtain essential goods and services, and their dependence on constrained social supports.

In addition, the more pronounced level of deprivation experienced by refugees can also be seen through the limited ability of refugee households to meet their financial obligations. Only 4% of the sample of refugees indicated that they were unable to repay any loans, while 28% reporting that they could not cover their rent and 22% reporting that they could not cover their utilities.

These findings indicate that among refugee households, financial hardship is primarily focused on housing, coupled with the costs associated with providing goods and services essential to their daily survival.

Overall, the findings underscore the persistent and interconnected economic and livelihood challenges faced by Ukrainian refugees in Romania. While many respondents remain active in the labour market, access to stable and adequate employment continues to be constrained by structural barriers, notably limited Romanian language proficiency, difficulties with skills and diploma recognition, and restricted access to suitable job opportunities. Financial vulnerability remains widespread, with many households reporting limited or depleted savings, leaving them highly exposed to economic shocks. Financial vulnerability remains widespread, with many households reporting limited or depleted savings, leaving them highly exposed to economic shocks. These constraints are reflected in the continued reliance on food and livelihood coping strategies, with a substantial share of households resorting to stress and crisis coping mechanisms, including reductions in essential health and education expenditures. Although emergency coping strategies remain relatively limited, their persistence signals pockets of acute vulnerability. At the same time, progress in labour market integration and access to institutional support remains uneven, with only a minority of households benefiting from Romanian social assistance or tailored employment services. Addressing these vulnerabilities requires an integrated response that combines improved access to social protection, language training, skills recognition and employment support, alongside sustained advocacy to ensure policy coherence and effective implementation. Strengthening these measures is essential to enhance household resilience and support the long-term economic inclusion of Ukrainian refugees in Romania.

% of HHs unable to pay loans
4%

% of HHs unable to pay rent
28%

% of HHs unable to pay utilities
22%

6 Eurostat (2024).Living conditions in Europe - material deprivation and economic strain. Statistics Explained. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Living_conditions_in_Europe_-_material_deprivation_and_economic_strain

Figure 89 | **Severe Deprivation**

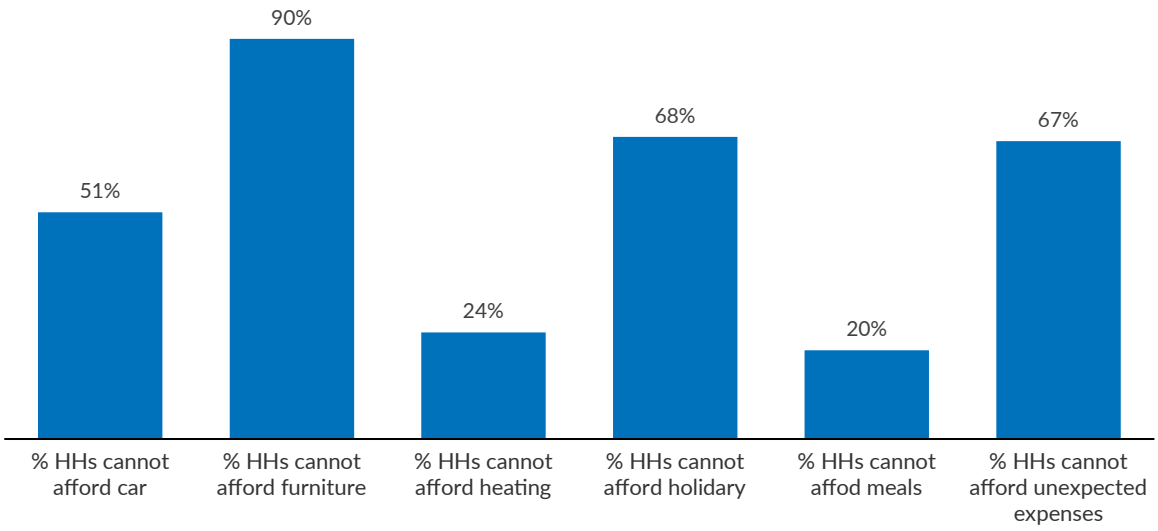
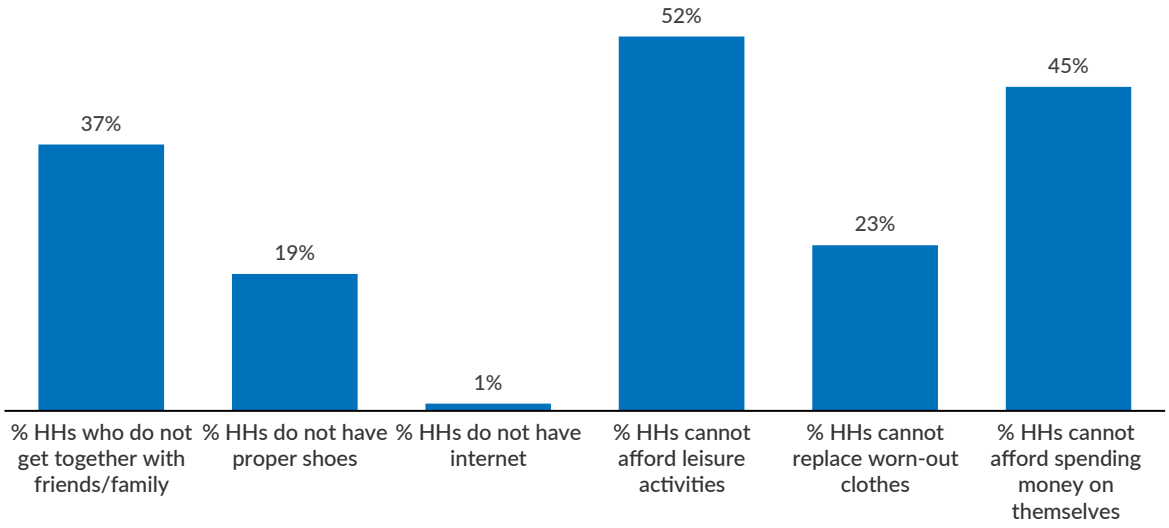


Figure 90 | **Material Deprivation**



Health

The particular attention in this chapter is dedicated to access to medical services as one of the central criteria of socio-economic inclusion and health among displaced individuals. This section particularly focuses on physical and mental health, along with a special attention given the access to sexual and reproductive health (SRH) services.

In Romania, the legal framework under the Temporary Protection directive provides refugees with full access to national medical services free of charge, effectively aligning their healthcare rights with those of Romanian citizens without requiring employment or national insurance contributions. In practice, however, the ease, practical accessibility, and affordability of utilizing these services vary based on local infrastructure, language capabilities, and administrative factors. The survey seeks to understand how these structural dynamics influence the real-world healthcare journeys of displaced individuals, bridging the gap between legal entitlement and actual care.

Health insurance

Health insurance serves as the primary gateway to navigating healthcare in Romania. In this survey, "insurance" encompasses enrolment in both the Romanian state health insurance system and private insurance schemes. For refugees, securing coverage is less an issue of legal entitlement or financial contribution - given that state healthcare is legally free under Temporary Protection - and more a reflection of system literacy, successful registration navigation, or the acquisition of supplementary private coverage.

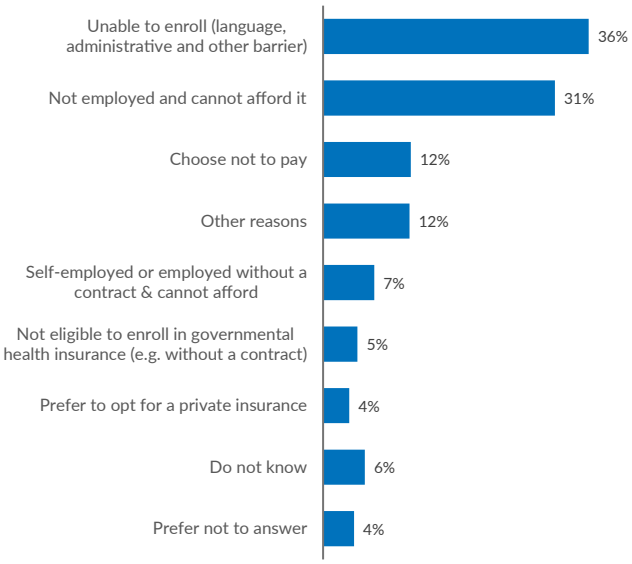
Therefore, the proportion of refugees with health insurance serves as a key measure of how smoothly the community is being integrated into the country's daily healthcare frameworks.

The data indicates that a significant majority of households (73%) have successfully ensured that all eligible members are covered by health insurance (either state or private). This high rate of enrolment suggests that the legal framework provided by Temporary Protection is largely functioning effectively as an entry point.

However, the remaining 27% of households without complete coverage point to persistent administrative bottlenecks, documentation hurdles, or information gaps regarding how to formally register within the local system, rather than an inability to afford public insurance. Figure 91 displays the results of the findings regarding access to the health insurance.

Figure 91 | **Reasons for Not Being Eligible for Insurance (MCQ)**

117 respondents



Access

While legal registration rates are high, possessing insurance does not automatically guarantee seamless access to practical medical care. The need for ongoing and coordinated care for individuals with chronic conditions is equally significant. According to the results, almost half (49%) of all respondents reported that at least one member of their household has chronic health conditions. Almost every third household members (29%) reported experiencing chronic medical conditions, which means that they require ongoing surveillance and medication, as well as the utilization of specialized healthcare services at the individual level.

Many individuals with disabilities were also reported among surveyed populations. Nine percent of individuals identified as living with a disability, and 17% of households indicated that they included at least one member with a disability. The results suggest that the intersection of chronic illness and disability creates a unique set of vulnerabilities due to limited access to healthcare resources, difficulties in getting around, and increased reliance on support systems for both health and social services.

In the reference period (last month, or since arrival if in the country less than 30 days), most households reported that there were no needs related to health issues that required access to medical care. To be specific, 67% of households reported that none of their members had a problem with health that required care. Figure 94 presents the observed patterns in terms of existing health issues among surveyed population.

When it comes to the access to the health services, 65% of the individuals in need of health care were able to access the necessary services. However, 29% of the individuals indicate that they were unable to gain the necessary care. There were those who selected "prefer not to answer," which were 3%, and "do not know," which were 2%.

Figure 92 | **HHs with Individuals with Chronic Illness**

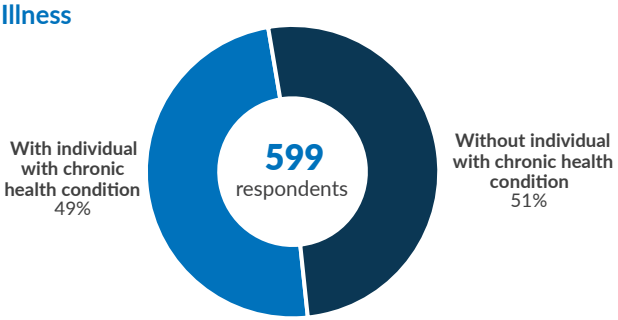


Figure 93 | **% of Individuals with Chronic Illnesses**

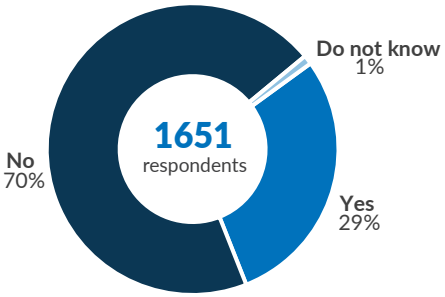


Figure 94 | **% of Individuals in Need of Healthcare Services**

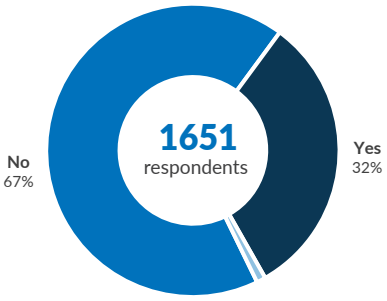
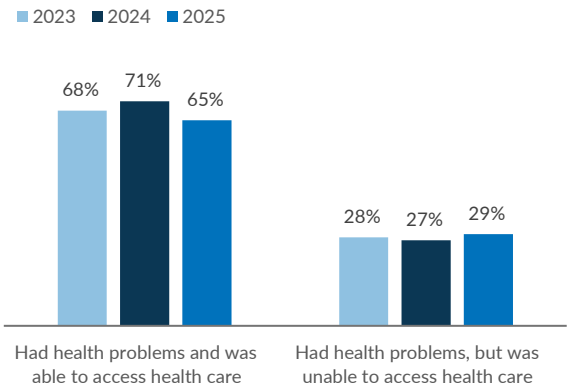


Figure 95 | **Access to Health Services in 2023-2025**



To understand why the system breaks down despite high insurance enrollment, the survey evaluated perceived barriers. The data reveals that systemic and logistical hurdles outweigh pure legal exclusion: **language constraints (33%)** and **difficulties in scheduling appointments (32%)** emerged as the primary limitations.

These barriers explain the seemingly contradictory finding that **20% of respondents could not afford medication or hospital care** within a legally free public system. When language barriers and long waiting times make public primary care inaccessible, refugees are frequently pushed into the private medical sector, resulting in unexpected out-of-pocket costs for consultations, diagnostic tests, and uncovered medications (Figure 96).

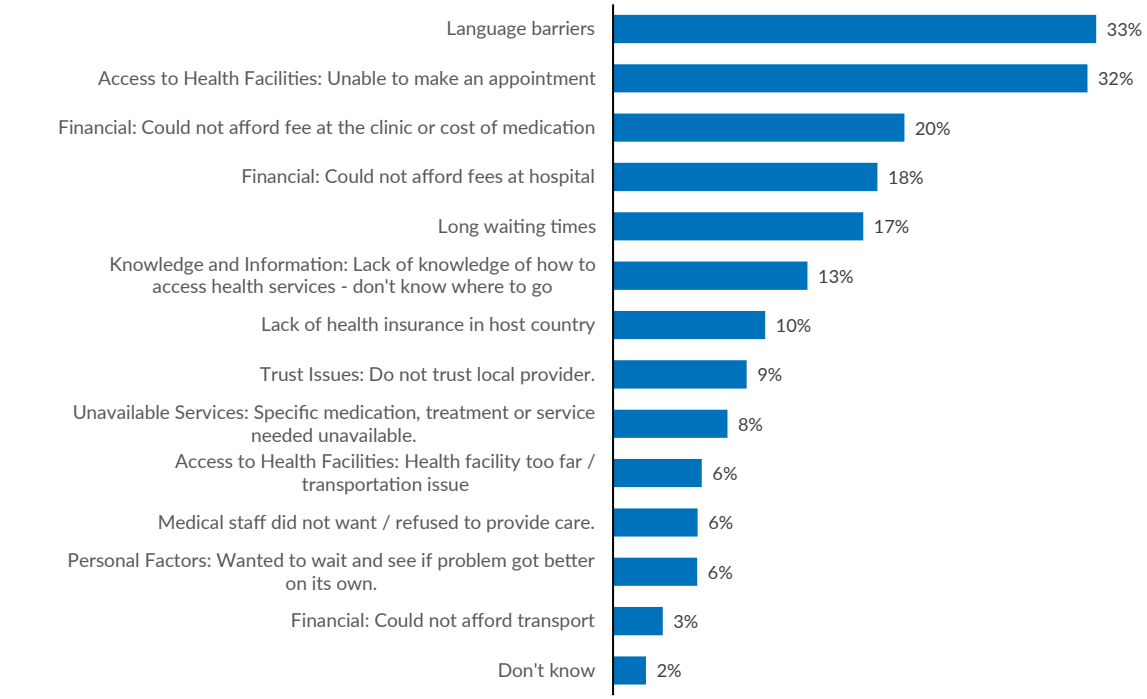
Data spanning the past three years shows a sustained, rigid pattern with very little variation in healthcare access for those in need. This "hard ceiling" suggests that the main obstructions are no longer short-term logistical adjustments, but rather deep-rooted structural impediments, particularly language gaps and systemic capacity issues that mirror the challenges faced by the local Romanian population.

Perhaps most tellingly, **36% of respondents reported traveling back to Ukraine to receive medical care.** While a preference for familiar doctors and existing medical history plays a role, this "return for care" pattern is heavily reinforced by the practical barriers encountered in the host country. When faced with a complex administrative landscape, language barriers, prolonged waiting time for appointments in Romania, a significant portion of the population chooses to navigate a familiar system in their home country, deciding that the logistical challenges and risks of traveling to a conflict zone are outweighed by the certainty of accessible, linguistically continuous healthcare.

In summary, this evidence proves that despite the fact that there was a significant number of those in need who managed to gain access to care, almost one-third failed in gaining such access, and this is mainly attributed to language-related, administrative, financial, and structural issues.

Figure 96 | **% of Individuals by Self-Reporting Barriers to Accessing Health Care in the Last 30 days (MCQ)**

174 respondents



Sexual and Reproductive Health (SRH)

While Romania has expanded emergency protection and access to some public services, the interaction of refugee women with the health system takes place in a context of forced displacement, legal administrative transition, linguistic difference, and socioeconomic precarity. SRH needs in such contexts are often heightened, not only because of routine reproductive care requirements, but also due to stress-related health impacts, disrupted continuity of care, and-in some cases - increased vulnerability to gender-based violence.

Data reveal that most refugee women (90%) from Ukraine did not report any recent barriers to SRH services. However, a distinct subgroup of 9% reported clear difficulties or uncertainty regarding access. Within this vulnerable stratum, the self-reported reasons for compromised access include financial strains (such as high fees for specialized private services or uncovered treatments), language barriers, long waiting times, and difficulties navigating the specialized healthcare system. A precise breakdown of these specific barriers is detailed in Figure 97.

Figure 97 | **Barriers to Accessing SRH Services (MCQ)**

35 respondents

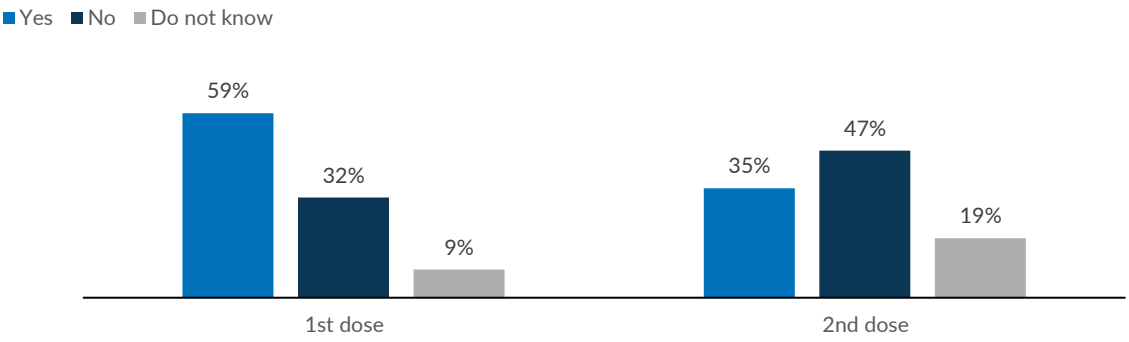


Child Health and Nutrition

Displacement poses several unique issues when it comes to pediatrics, especially when considering long-term services such as vaccinations and feeding programs. The results of the survey indicate a change in priorities from gaining entry to health care systems to continuous utilization.

It is within this specific scenario that measles immunity and infant-feeding practices are crucial in determining how well refugee children are receiving preventive care in general. Based on the findings, most children aged 9 months to 5 years had received at least one dose of the measles vaccine; this indicates that they have been in some way accessed and integrated into immunization systems in Ukraine or the healthcare system in Romania. Among children who started the measles vaccine, the second dose in appears to be significantly weaker, as either children have not received the dose, or their caregivers are unsure of its administration.

Figure 98 | **Children Aged 9 Months to 5 Years who Received 1st and 2nd dose of Measles Vaccination**

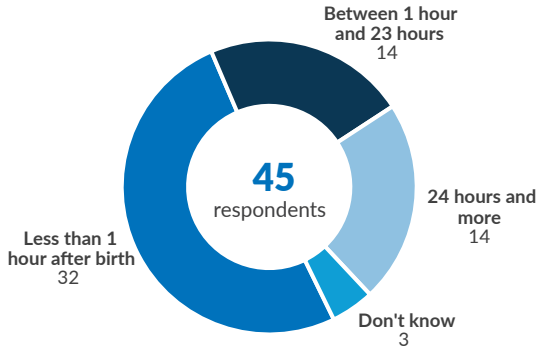


Nonetheless, the coexistence of a significant number of children who were not vaccinated, along with caregivers who were unsure about the vaccination status of the children under their care, presents disparities in the vaccination status of children. For public health, this would indicate a shift in focus from primary access to engagement with the system over time as the challenge.

From the small number of individuals who responded, almost fifty percent breastfed their children within an hour after the birth. This is indicate that most of the mothers were practicing healthy nutrition despite the stressful conditions created by their displacement. There is a high frequency of introduction of infant formula and water in the initial days which could be associated with the stresses of displacement including maternal stress, insufficiency of milk and availability of donor formula. Although there was a small sample size in nutrition, further research into this area is needed.

Regardless of the low number of answers obtained and the necessity to treat these results as indicative, it is unquestionable that support for infant and young child feeding practices, along with psychosocial support for mothers, and clear guidance on safe and appropriate supplementation, remain exceptionally essential for ensuring the nutritional needs are met among Ukrainian refugee infants within Romania.

Figure 99 | **Children breastfed after birth**



Mental Health and Psychosocial Support (MHPSS)

The mental health and wellbeing of the displaced Ukrainian population are influenced by a combination of past experiences and the ongoing realities of life in a new environment. This section examines how individuals are navigating their current circumstances, including their sense of security and social connection. By looking at the general prevalence of distress alongside the awareness of available support, we can better understand how the protection and health systems are meeting the community's emotional and psychological needs.

Survey findings show that a high percentage of respondents reported symptoms (27%) such as anxiety, agitation, anger, or depressive symptoms, that in the past month were severe enough to impair daily functioning; almost a half of household states that they have at least one member with MHPSS issues (42%). This could be interpreted to reflect a high mental health burden among the population. Moreover, only a portion of those suffering showed the readiness to seek help.

The persons who received support most frequently turns to the blue dots, healthcare, online, community centers, and religious settings. The results show that informal support networks, especially the help obtained from the family and friends, are the most commonly accessed type of psychosocial support (Figure 102). This is also in close correlation with the barriers identified while accessing formal psychological and psychosocial services. Though most participants reported that they have not had any barriers accessing the services (76%), the most prominent barriers that emerged as such were language barriers (11%) and financial limitations (6%). It might be some explanations why informal services have been preferred over the formal services.

Among service users, most reported partial rather than full recovery. This pattern suggests that available services are perceived as beneficial, but that needs are often ongoing and may require sustained or stepped-care approaches (Figure 101).

Figure 100 | **% of individuals in need of MHPSS**

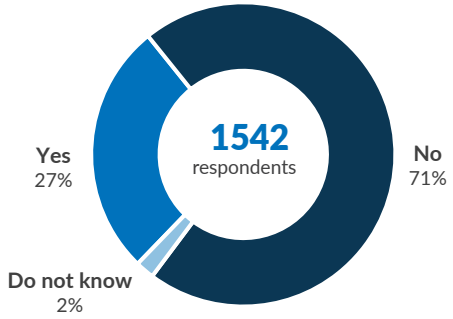


Figure 101 | **% of Wellbeing Improvement After Receiving MHPSS**

179 respondents

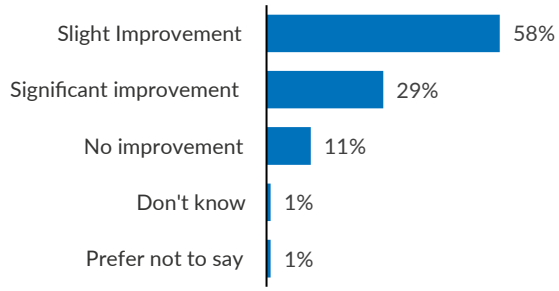
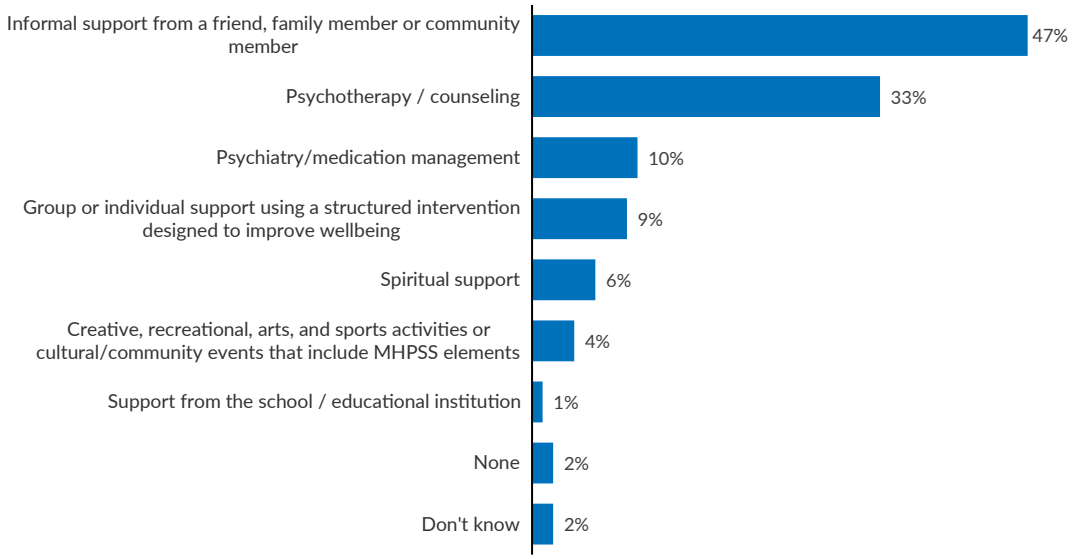


Figure 102 | **Mental Health and Psychosocial Services Received by Individuals (MCQ)**

183 respondents



Shelter/ Accommodation

The biggest segment of surveyed households lives in privately managed and self-controlled accommodation. As per the sample, 84% of HHs live in their separate apartment or house (Figure 103).

As far as payment terms, the vast majority of households independently covered full payment by the household (85%), with the remainder receiving free, subsidized, or a combination of the two via hosting, government assistance, and employment subsidies (Figure 104). The above situation mirrors the lack of financial support programs aimed at assisting in the payment of basic household needs. The increased over last four years employment rates do not seem to alleviate the plight of most households in meeting basic needs like housing, especially among vulnerable groups of people including single-income families and those headed by persons over the age of 60 without stable and sufficient source of income.

A majority of households reported that they had a written rental or housing agreement, which afforded them formal security and clarity about their terms of residence. About 25% rely on a verbal agreement, while a small proportion did not have any formal arrangement, and a similar share was unsure about their status (figure 105).

Figure 103 | **Distribution of HHs by Type of Accommodation**

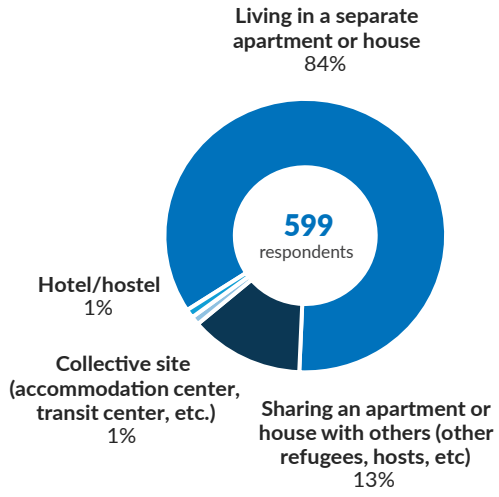


Figure 104 | **Distribution of HHs by Type of Accommodation Payment Arrangement**

599 respondents

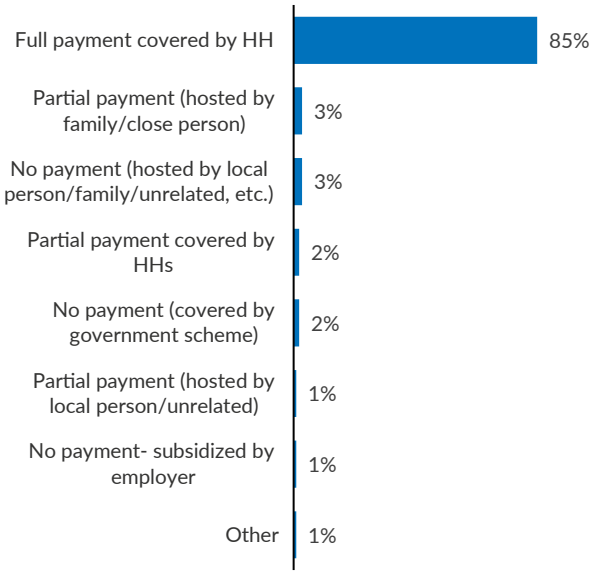
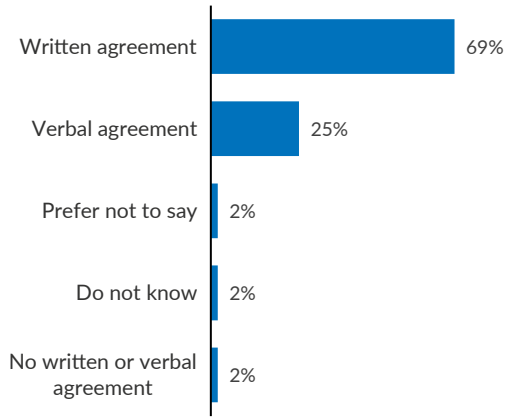


Figure 105 | **Distribution of HHs by Type of Contract for Accommodation**

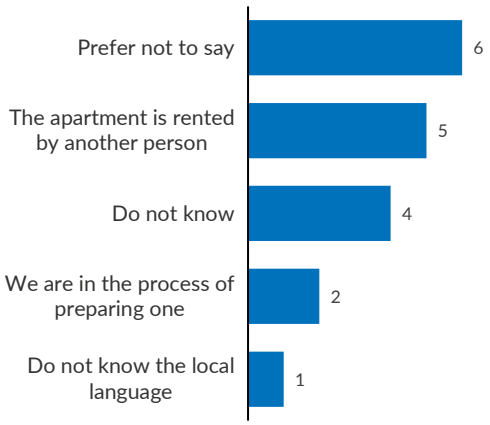
599 respondents



Understanding the absence of written contracts can be challenging for displaced populations, and the results from the 14 respondents who addressed this are strictly indicative. The primary reason cited for lacking a contract was that the accommodation was "rented by another party," suggesting informal arrangements or secondary tenancies. Other factors included pending paperwork, language barriers, and regulatory uncertainty. While most households have formalized housing, these patterns highlight a subset of the population in less secure situations, which may complicate their access to legal protections or support programs.

Figure 106 | **Reasons for Not Having a Contract**

18 respondents



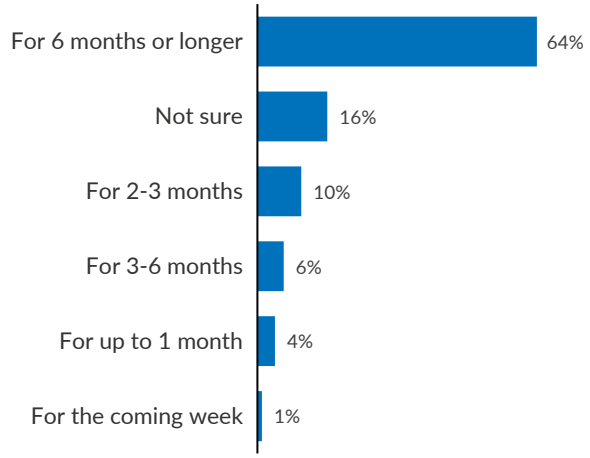
Security of Tenure

The greatest number of households have a sense of stability in their accommodation, with a total of 64% stating a possible stay of six months or more. Including the groups who reported a possible stay of either 2-3 months (10%) or 3-6 months (6%), the total number of households who reported feeling a sense of stability in the short to medium term is around 80%. A smaller proportion (16%) had doubts about how long they could stay, while very few feel a pressure to leave in a month or in one week. These families very likely have conditional or informal arrangements.

Among the very small HHs reporting pressure to leave (1%), the most important reasons provided would be the rising cost of living, landlord/neighbouring conflict, unavailability of landlord, end of hosting arrangement, and lack of appropriate housing to cope with winters. These factors have more indicative character, but overall they reflect the general trend among families forced to relocate due to various factors.

Figure 107 | **% of HH by Perceived Safe Period to Remain in Current Accommodation**

599 respondents



The vast majority of households (82%) reported not finding any significant problems in their prevailing living conditions, indicating that the majority of households have appropriately adequate living conditions in terms of safety and functionality. Closer look on reported issues with current accommodation can be find on the figure 108.

These results suggest that, although most households have adequate living conditions, some small, but nonetheless important, proportions of them have fallen short in functionality and comfort standards, which, even if not widespread, could impact their daily and personal routines and overall household stability and integrity.

Ukrainian refugee families demonstrate a high level of awareness of various support groups and services around their area of living. Most commonly recognized services include government social services for families (27%), community centers (24%), and hotlines operated by the government or NGOs (23%). More precisely these services can be observed from the figure 109.

Despite of households awarenesses of the availability of benefits, certain practical obstacles, such as transportation expenses related to accessing services, eligibility criteria, or charges associated with select services, can act as hurdles in their use. Thus, it generates a scenario where awareness does not necessarily equate to use, especially for the households with high level of vulnerability. Taken together, these findings indicate that efforts to enhance the visibility and accessibility of support structures are necessary.

Figure 108 | **Issues with accommodation (MCQ)**

599 respondents

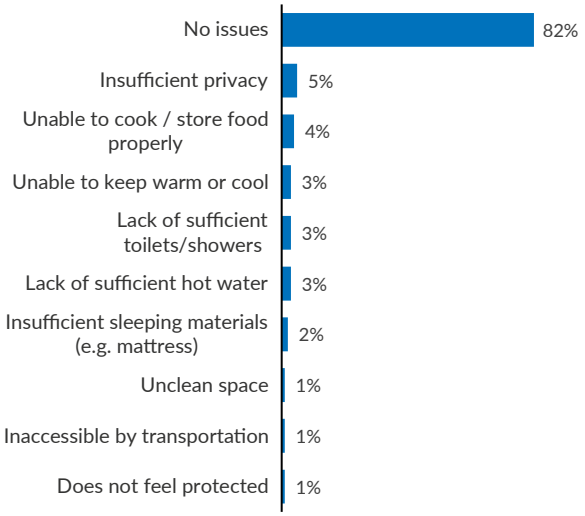
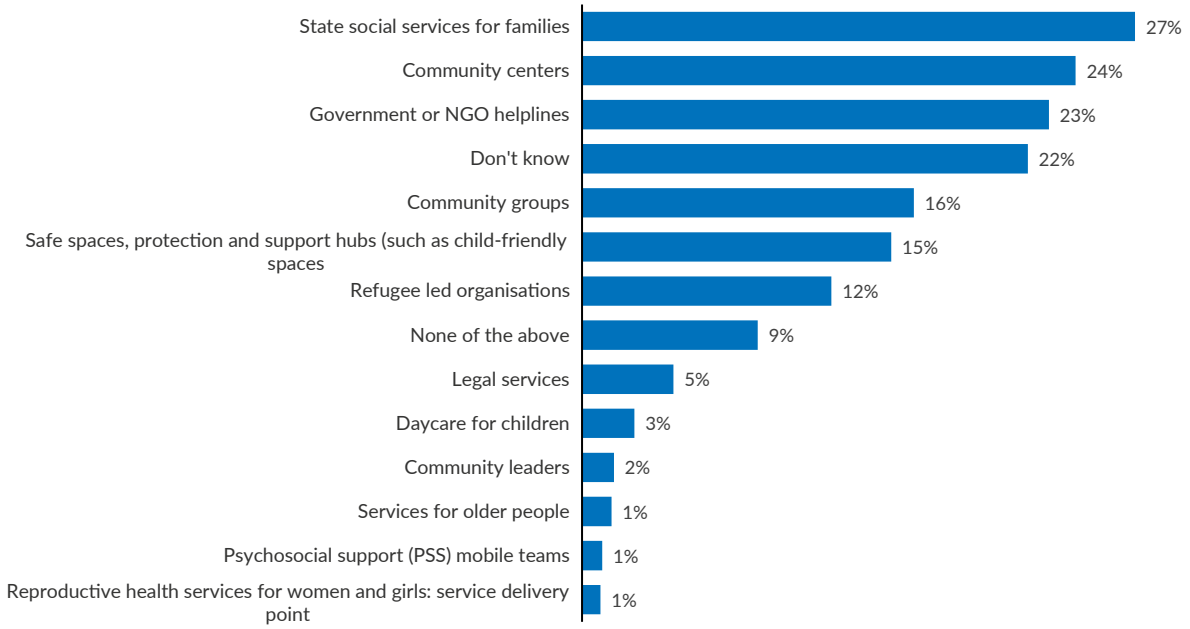


Figure 109 | **Awareness of support networks near place of residency (MCQ)**

599 respondents



Conclusions

Overview and Methodology

The Socio-Economic Insight Survey is a strategic tool for measuring the emerging needs of the refugees in Romania since the onset of full-scale invasion in Ukraine. The survey collects indicators such as demographics, protection, socioeconomic integration, and basic services to identify gaps in the system that need to be addressed through humanitarian actions.

Demographics and Settlement Trends

The sampled refugee population is characterized by a heavy concentration in urban centres (95%), primarily Bucharest (37%) and Constanta (19%).

The demographic picture is still dominated by family life (54% of families with kids); a third of households is headed by females. This makes it crucial to continue offering comprehensive childcare and gender-specific programs.

The high presence of vulnerabilities is linked to the number of medical cases – 49% of households have a member with a chronic illness and 17% have persons with disabilities.

Education

The education sector is currently in a state of transition but has yet to stabilize into a cohesive integration model. Despite increased enrolment in Romanian schools, approximately half of the eligible children remain exclusively in the Ukrainian remote learning system. This reliance on online education is increasingly viewed as a primary solution rather than a transitional measure, often driven by language barriers and administrative complexities regarding the recognition of prior learning. To avoid any educational segregation, the policy intervention should go beyond ensuring the access to education and work towards the inclusion of children by creating unified curriculums, intense language training, and regulatory measures for hybrid forms of studying.

The other issue that requires extra attention is bullying. Although while most of the parents answered that their kids were never been bullied at the learning institution, this very fact of having peer and teacher-based bullying cases indicated the necessity of making the learning environment safe for the well-being of children and youth.

Protection and Social Cohesion

A strategic shift is observed as households move from "emergency survival" toward "settlement," evidenced by an increasing interest in transitioning from Temporary Protection to employment-based legal statuses. Documentation remains the primary obstacle. Inabilities to renew identity documents or navigate local

bureaucracies risk creating a "documentation trap" that could jeopardize access to essential services upon the expiration of temporary protection directive.

While safety perceptions are high, early indicators of social strain are emerging. Identity-based friction - linked to nationality and language - surpasses economic competition as the primary driver of tension. Reported declines in Gender-Based Violence and child protection risks should be viewed with caution, as they may reflect normalization or a lack of trust in reporting mechanisms. Strengthening awareness of specialized services remains a high priority.

Socio-Economic Inclusion and Livelihoods

Refugees possess high human capital yet face persistent structural barriers that constrain their self-reliance.

Workforce participation has shown impressive growth, reaching 51%. As we move forward, the focus shifts to improving the quality of this employment. While refugees bring a wealth of tertiary education and professional experience, they remain largely concentrated in entry-level service roles. Addressing this mismatch will ensure that their current employment better reflects their actual skill levels and qualifications

Language constrains keep playing a main role in terms of integration into the labour market. Limited Romanian proficiency (reported by two-thirds of respondents) is the greatest barrier to formal employment and professional mobility.

Households remain financially precarious, with expenditures heavily concentrated on fixed costs like housing and food. The reliance on stress-level coping strategies, such as reducing health expenditures, indicates that economic integration is functional but far from sustainable.

Health

Whereas the degree of legal inclusion is high, given the Temporary Protection status, access to services is constrained by bureaucratic and linguistic factors.

Results show that Romania has been able to implement a relatively successful policy regarding the formal inclusion of the displaced people into the national healthcare service. The high percentage of health insurance coverage among refugee households proves the success of Temporary Protection in providing access to statutory health benefits. Nevertheless, formal inclusion does not guarantee effective access to services. Approximately one-third of the people who needed medical treatment could not receive it, which reveals the existence of important barriers in terms of practical access.

Language barriers and bureaucratic problems are the main constraints in the process of healthcare access. This pattern seems to be consistent throughout time, proving that it does not reflect temporary impediments but rather intrinsic elements of the healthcare system.

Vulnerabilities regarding health are still relevant to a considerable extent among displaced persons. The high rates of chronic disease and disability imply that a number of families will have to receive regular medical assistance, treatment, and medication. Accessing care might have serious implications for these families, especially if they face issues related to financial stress, mobility problems, and dependency on family members as care providers.

Healthcare remains a primary factor in circular migration, with 36% of respondents citing medical care as their reason for returning to Ukraine. These findings suggest that the local healthcare system is not yet a fully viable alternative for a significant portion of the displaced population, highlighting a gap between available legal rights and practical accessibility.

Accommodation

Most of the households live in private accommodation. This transition suggests a successful step towards residential independence. However, the issue of housing is still one of the major sources of economic pressure. The existence of informal renting arrangements among a quarter of the households is associated with the risk of secondary displacement, which should be kept under observation.

As far as perceived tenure security goes, households usually have positive perceptions about staying at the place where they currently reside for several additional months. This, in turn, contributes to their sense of stability and social inclusion. Still, some households have doubts regarding this issue, mainly owing to increasing cost of living, changes in landlord conditions, or informal tenancy. Even though the percentage of such cases is relatively small, they should not be overlooked because of the possibility of secondary displacement.

It has also been observed that awareness regarding the support services for both housing and community assistance is fairly high. At the same time, practical limitations like cost of travel, restrictions on eligibility for the assistance program, and availability of such assistance continue to hamper the ability of certain households from benefiting from these services.

Overall, 2025 SEIS data confirms that the refugee response in Romania has shifted into a decisive medium-to-long-term integration phase, requiring a strategic transition from status-based assistance to integrated, needs-based support. As households express a sustained intent to remain in Romania while maintaining essential transnational ties, it is important to prioritize systemic advocacy to streamline the recognition of professional qualifications and facilitate more stable legal pathways.

To ensure self-reliance, it is critical to scale up vocational Romanian language programs tailored to professional environments, while simultaneously enhancing targeted financial and infrastructural support for highly vulnerable households, particularly those managing disabilities or chronic illnesses. Furthermore, proactive social cohesion initiatives must be implemented to address emerging identity-based tensions, fostering community stability and long-term socio-economic inclusion.

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Socio-Economic Insights Survey

ROMANIA

Final Report

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