

NEEDS ASSESSMENT SURVEY REPORT

Older Persons in Rural and Urban Moldova

December 2025 – February 2026

Conducted by CASMED

in partnership with the Network of Active Seniors of Moldova (RSAM)

Executive Summary

This report presents findings from a structured needs assessment survey conducted between December 2025 and February 2026 by CASMED, in collaboration with RSAM — the Network of Active Seniors of Moldova. A total of 633 older persons responded, representing multiple districts across Moldova, primarily from rural communities.

The survey was designed to capture the lived experiences of older adults across five core dimensions: healthcare access and quality, financial security, social inclusion and community participation, access to information, and quality of housing. An open-ended section gathered individual narratives and priority recommendations addressed to local and district authorities.

Key findings indicate that healthcare access — particularly to specialists and affordable medication — remains a critical concern. Financial precarity is widespread, with the majority of respondents reporting that their income is insufficient for a dignified standard of living. Loneliness and limited community mobility present significant social risks. At the same time, respondents demonstrate strong civic engagement, with a majority aware of and participating in RSAM activities.

This report is intended to inform CASMED's advocacy agenda, support engagement with local authorities, and contribute to evidence-based policy dialogue within the framework of the Madrid International Plan of Action on Ageing (MIPAA) and Moldova's national strategies on ageing.

1. Methodology

1.1 Survey Design and Administration

The questionnaire comprised seven thematic modules (A through G), covering demographic characteristics, healthcare, financial situation, social participation, access to information, open-ended qualitative questions, and a final priority-ranking section. Questions used both Likert-scale ratings (1–5) and multiple-choice formats, with open text fields for qualitative responses.

The survey was administered digitally, with responses collected via a structured online form. Field coordinators affiliated with RSAM district branches assisted older persons with limited digital literacy in completing the questionnaire.

1.2 Sample

633 valid responses were collected. The sample is predominantly female (71.4%) and aged between 26 and 97, with a mean age of 68.9 years. Respondents represent communities across 10 districts — Fălești (167), Glodeni (127), Drochia (93), Șoldănești (71), Edineț (66), Strășeni (27), Ungheni (24), Rîșcani (12), Dondușeni (10), and Ocnița (8) — with a further 28 responses from Sîngerei, Orhei, Chișinău, and other localities.

Characteristic	Value
Total respondents	633
Female	452 (71.4%)
Male	181 (28.6%)
Mean age	68.9 years
Age range	26–97 years
Primary income source: pension	~84%
Living alone	223 (35.2%)
Living with spouse/partner	302 (47.7%)

2. Healthcare Access and Quality

Healthcare emerged as one of the two most pressing concern areas in the survey. Respondents were asked to rate their satisfaction with three key dimensions on a scale of 1 (very dissatisfied) to 5 (very satisfied).

Satisfaction with family doctor: 3.55/5 (71%)

Access to medications (including compensated): 3.64/5 (73%)

Access to specialists / district hospital: 3.18/5 (64%)

Sense of safety at home (heating, water, repairs): 3.91/5 (78%)

Access to specialist care received the lowest rating (3.18/5), consistent with qualitative responses describing waiting periods of one month or more for specialist consultations, the absence of pharmacies in smaller villages, and irregular public transport schedules that prevent timely access to district-level services.

Only 72 respondents (11.4%) reported having received home-based care in the past year, while 385 (60.8%) had not — and 176 (27.8%) indicated they did not need it. This suggests a potentially unmet need for home-based social and health services among those living alone or with limited mobility.

2.1 Self-Assessed Health Status

Self-Assessed Health	Respondents	%
Average / so-so	384	60.7%
Poor	142	22.4%

Self-Assessed Health	Respondents	%
Good	74	11.7%
Very poor	29	4.6%
Very good	4	0.6%

Over 87% of respondents assessed their health as average or below. Only 12.3% described their health as good or very good. This signals a heavy health burden in the surveyed population and underscores the need for expanded preventive and curative services accessible at the community level.

3. Financial Security

Financial precarity is the most pervasive structural challenge identified in the survey. Pension income is the primary or sole source of income for the overwhelming majority of respondents (~84%), and the data consistently reflect that this income is inadequate.

3.1 Monthly Income Adequacy

Response	N	%
Insufficient but manage somehow	374	59.1%
Completely insufficient / very little	158	25.0%
Usually sufficient	62	9.8%
Yes, sufficient	39	6.2%

84.1% of respondents report that their monthly income is either completely insufficient or barely adequate. Only 16% consider their income sufficient. This is particularly alarming given that many respondents also reported forgoing essential items — food, medication, heating fuel, and clothing — due to lack of money.

3.2 Access to Medications and Basic Necessities

Item	Frequently	Occasionally	No
Difficulty purchasing medications (past 6 months)	167 (26.4%)	325 (51.3%)	141 (22.3%)
Went without necessities (past year)	243 (38.4%)	273 (43.1%)	117 (18.5%)

The combination of chronic difficulty affording medications (77.7% reporting this occasionally or frequently) and widespread material deprivation (81.5% reporting going without necessities at least occasionally) points to a systemic welfare gap. The data suggest that pension levels, combined with the rising cost of energy, food, and health-related expenses, leave a significant portion of older adults in persistent hardship.

Regarding willingness to engage in paid activity: 33.5% would like to engage in light work if suitable opportunities existed, and an additional 32.9% would consider it depending on effort required. This indicates an underutilized potential for active ageing programs that include economic participation components.

4. Social Inclusion, Participation, and Community Life

4.1 Loneliness and Social Contact

Loneliness is a significant concern, with a mean score of 2.66 on a 1–5 scale (where 1 = never lonely and 5 = always lonely). The distribution reveals a polarised picture:

Frequency of Loneliness	N	%
Never (1)	180	28.4%
Rarely (2)	106	16.7%
Sometimes (3)	166	26.2%
Often (4)	114	18.0%
Always (5)	67	10.6%

28.6% of respondents feel lonely often or always. Among those living alone (35.2% of the sample), this risk is considerably higher. Social isolation compounds the health and financial vulnerabilities documented in the preceding sections.

4.2 Awareness and Participation in RSAM

78.4% of respondents are aware of the existence of senior organisations in their district (including RSAM). Of these, 53.7% have participated in RSAM activities at least occasionally, and 21.5% participate regularly.

This is a notable finding: RSAM has achieved significant community reach, and the high engagement rate among those who are aware of the organisation suggests that where access and information are available, older persons are willing and eager to participate. Expanding outreach to non-members and more isolated communities would likely yield further gains.

4.3 Sense of Respect and Dignity

The mean score for feeling respected and valued by family and community was 3.88/5 — the highest of all rated dimensions in the survey. This suggests that, despite the material and health challenges they face, the majority of older persons maintain a sense of social value and dignity.

4.4 Community Mobility and Transport

Access to transport between localities (for visiting family, accessing services) was rated at a mean of 3.52/5 — moderate, but a recurring theme in qualitative responses. Several respondents cited irregular or absent public transport as a direct barrier to accessing health services, markets, and social activities.

5. Access to Information and Administrative Services

The ability to understand and access information about rights, services, and social benefits is a key determinant of active citizenship among older adults.

5.1 Understanding of Pensions, Benefits, and Public Services

Level of Understanding	N	%
Average / moderate	308	48.7%
Easy	145	22.9%
Difficult	85	13.4%
Very easy	54	8.5%
Very difficult	41	6.5%

Approximately 20% of respondents find it difficult or very difficult to understand information about their pension, social benefits, or public services. Television and mobile phone/internet are the primary sources of information. These findings highlight the need for simplified, accessible communication of rights and entitlements, particularly for respondents in rural areas with lower digital literacy.

6. Perceived Priorities: Personal and Systemic

The final section asked respondents to identify their single most pressing personal problem, and separately, the priority issue they believe local authorities should address first.

6.1 Most Pressing Personal Problem

Problem	N	%
Health (illness, lack of treatment)	233	36.8%
Money (low pension, material hardship)	163	25.7%
Living conditions (heating, housing, repairs)	68	10.7%
Transport (cannot reach needed services)	44	6.9%
Loneliness / lack of support	36	5.7%
Lack of assistance (social, domestic)	34	5.4%
Access to documents/information/authorities	19	3.0%
Other	36	5.7%

6.2 Priority for Local and District Authorities

Recommended Priority	N	%
Financial support / compensations	191	30.2%

Recommended Priority	N	%
Home-based social services	165	26.1%
Transport for older persons	84	13.3%
Health services for older adults	83	13.1%
Activities / clubs / social programmes	70	11.1%
Other	40	6.3%

There is a clear alignment between personal hardship and systemic expectations: those who face health and financial barriers naturally prioritise healthcare and financial support in their demands of authorities. The strong demand for home-based social services (26.1%) reflects the gap identified earlier between needs and provision.

7. Qualitative Findings: Voices from the Field

Beyond the numbers, respondents used their own words to describe what daily life looks like. Several themes emerged consistently across districts.

Money runs out before the month does. Pensioners with chronic conditions described having to choose between medication and heating — not occasionally, but regularly.

Getting to a doctor is itself an obstacle. In many villages, there is no pharmacy and no specialist. Travelling to the district centre means finding transport, spending money, and doing so while already unwell.

Public transport is unreliable or simply absent. For older adults without family nearby or a car, this is not an inconvenience — it is a barrier to healthcare, social contact, and basic administrative tasks.

Respondents want to be part of decisions that affect them. Several explicitly asked to be included in local consultations, not as beneficiaries but as citizens with experience and legitimate views.

RSAM matters to people. Many respondents expressed genuine appreciation for the network's activities and asked that it be given more resources and formal recognition.

Housing conditions remain a concern — heating, clean water, road access — particularly for those living alone in rural areas.

And perhaps most telling: several respondents simply asked to be treated with respect. To be received by the mayor. To have someone answer when they knock.

8. Conclusions and Recommendations

The data collected through this survey reflects a reality that older persons in Moldova navigate every day. Older persons in Moldova are not asking for charity — they are asking for functioning systems, fair pensions, and the right to be heard.

84% report their income is insufficient to cover basic needs. Access to specialist care and medications is the weakest point of the health system, particularly in villages without pharmacies or reliable transport. Only 11.4% received home-based social support in the past year, despite widespread need. Nearly 30% experience loneliness regularly.

At the same time, older persons are not passive recipients. Over half of respondents participate in RSAM activities — demonstrating that when opportunities exist, older adults show up, engage, and contribute. What is missing is not willingness, but access, infrastructure, and recognition.

When asked what authorities should prioritise, respondents were direct: financial support and compensation (30%), home-based social services (26%), transport (13%), health services (13%), and community activities (11%).

The evidence points to four areas requiring immediate attention: pension adequacy, expansion of home-based social services, rural healthcare access — including mobile services and pharmacy availability — and the establishment of formal participatory mechanisms that give older persons a voice in local decision-making.

AO CASMED and RSAM will use these findings as the basis for structured advocacy with local and national authorities, and will monitor progress against commitments made.