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Regional Refugee Response
for the Ukraine Situation

Moldova

MULTI-SECTOR NEEDS ASSESSMENT (MSNA)

Key Findings presentation

November 2023

REACH Informing
more effective
humanitarian action



UNHCR
The UN Refugee Agency

unicef

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OBJECTIVES & METHODOLOGY

To inform the **Ukraine Situation Regional Refugee Response Plan (RRP) 2024**, **UNICEF and UNHCR Moldova programming** along with the **programmes of humanitarian and development actors** active in the response in Moldova, by providing up-to-date multi-sectoral data about the needs and coping capacities of refugee households displaced from Ukraine to Moldova.

Specific Objectives

1. Gain understanding of the **household composition** of refugees, including key demographics.
2. Identify **priority needs** of refugee households.
3. Understand **coping capacity and vulnerability/resilience** considering the protracted displacement, including socio-economic inclusion.
4. Identify **household profiles with the most critical needs** to inform programming.

These preliminary results cover the following topics:

1. DEMOGRAPHICS
2. PROTECTION AND AAP
3. EDUCATION
4. SOCIAL ECONOMIC INCLUSION AND LIVELIHOOD
5. FOOD SECURITY
6. HEALTH
7. ACCOMMODATION



COMPLETED SURVEYS

890 HH

Face-to-face household(HH)-level surveys with self-reported head of HH or another adult member knowledgeable about their HH conditions. The survey included individual-level sections to collect information about each member of the household.



POPULATION OF INTEREST

Refugee households (HHs) displaced from Ukraine to Moldova following the escalation of hostilities in February 2022 (including third-country nationals), regardless of the type of accommodation in which they resided (private housing, hosted by Moldovan families or relatives, accredited or non-accredited collective centres).



DATA COLLECTION BY

REACH Initiative



DATA COLLECTION

From 14/8 to 10/9



PRELIMINARY ANALYSIS BY

REACH Initiative

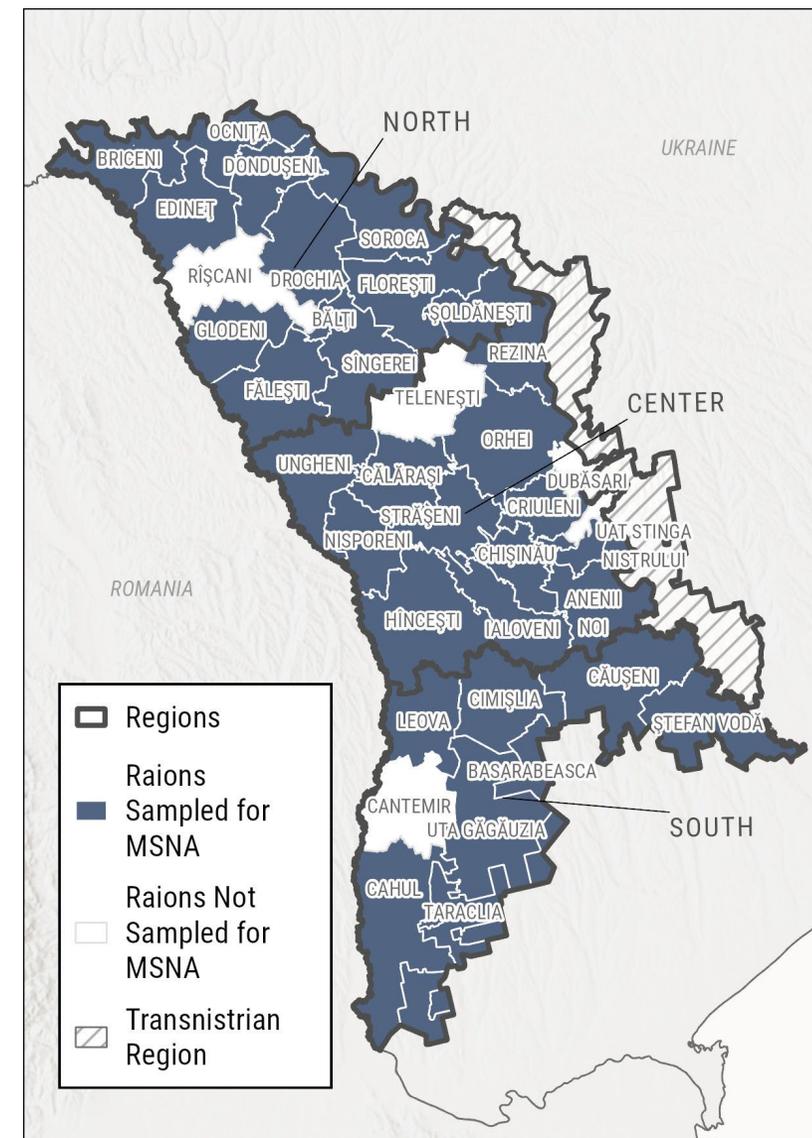
METHODOLOGY

POPULATION OF INTEREST	Refugee households (HHs) displaced from Ukraine to Moldova following the escalation of hostilities in February 2022 (including third-country nationals), regardless of the type of accommodation in which they resided.
GEOGRAPHIC COVERAGE	National coverage, excluding the Transnistrian region*.
DESIGN	Household surveys with individual-level sections.
DATA COLLECTION	From 14/8 to 10/9 by enumerators from REACH Initiative.
SAMPLE SIZE	890 HHs; covering 2130 HH members.

Non-probability purposive sampling approach, constructed based on cross-referenced population figures from the UNHCR Cash Programme beneficiary list, the REACH area monitoring exercise and the list of the Moldovan population published in 2019. **The settlements with less than 15 refugee HHs were excluded from the sampling frame.**

HH surveys were distributed based on **regional stratification, rural and urban quotas, and proportionality to the estimated distribution of the refugee population.**

Findings are weighted.



* Based on the referenced population figures, all settlements in Rîșcani, Telenești, and Cantemir contained less than 15 refugee HHs. Hence, data was not collected in these raions.

LIMITATIONS:

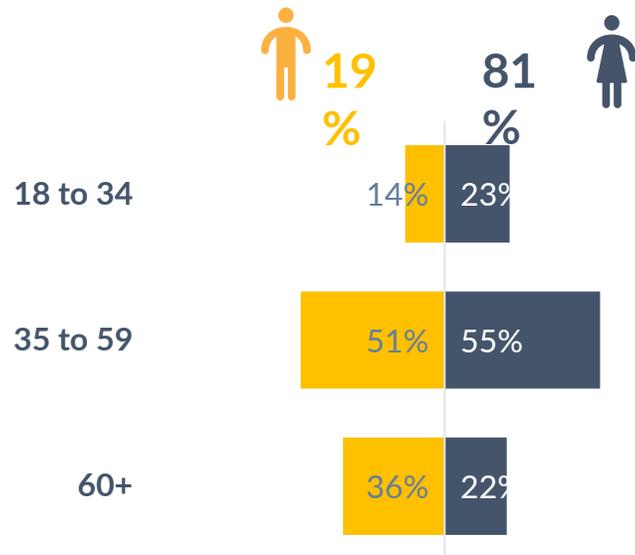
- **Representativeness:** Due to the unavailability of comprehensive refugee population figures and the adopted sampling framework, **findings are not statistically representative of the refugee entire population and should be considered indicative only;**
- **Selection Bias:** Although efforts were made to introduce a degree of randomization (interviewing every third person encountered), enumerators frequently visited places where refugees typically gather (such as aid distribution centres, schools, public parks, etc.) to identify potential respondents. Moreover, at times, they sought aid from local authorities to reach respondents. This approach could have introduced a selection bias;
- **Kobo tool:** Due to a Kobo tool construction error, questions pertaining to MHPSS were inadvertently omitted for individuals under the age of 18. In response to this issue and recognising the identified information gaps concerning this subject, the qualitative component of the MSNA will delve into the mental and emotional well-being of adolescent refugees;
- **Sensitivity:** Certain sensitive topics (income, mental health, protection, GBV, etc.) may have been underreported by the respondents;
- **Respondent fatigue:** As a result of the relatively long survey, some respondents hurried through the questions, potentially leading to misinterpretations of questions, inaccurate responses, or errors in data input through the Kobo tool.

DEMOGRAPHICS

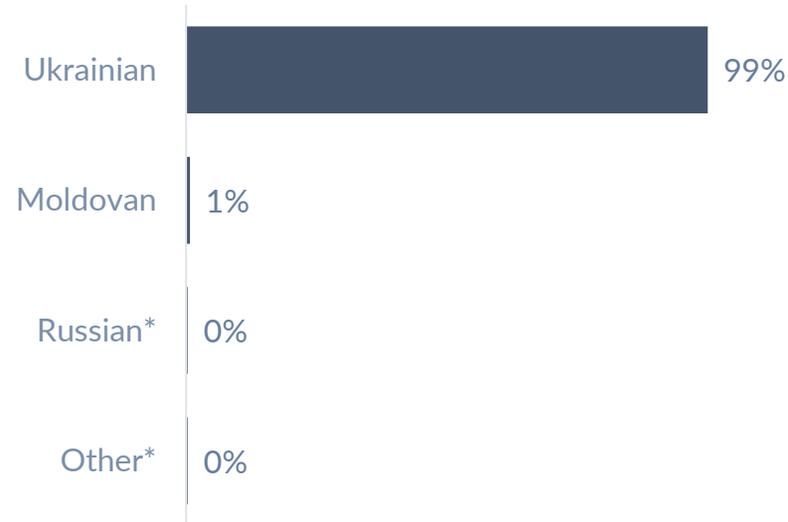
DEMOGRAPHICS

RESPONDENTS

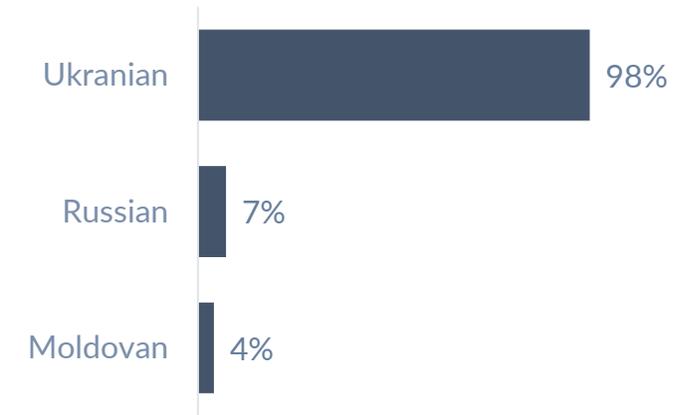
% of respondents by gender & age



% of respondents by citizenship (MCQ)



Top 3 HH self-identified ethnic background (MCQ)



* 0.3% of respondents answered "Russian" and "Other".

Around **81%** of respondents were **women**, **19%** were **men**. The largest age group is 35-59 years (54%), followed by 60+ (24%) and 18-34 (22%).

Almost all respondents have Ukrainian citizenship and **self-identified** as of **Ukrainian background**.

HOUSEHOLD PROFILES

% of HHs with at least one child (<18)

54%



% of HHs with children with two or more adults (18-59)

37%



% of HHs with children with only one adult (18-59)

60%



% of HHs with at least one older person (60+)

32%



DEMOGRAPHICS

HOUSEHOLD AND POPULATION CHARACTERISTICS



Average HH size
2.36

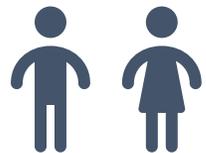
HH with children
54%

% of HHs with a chronically ill member

33%

% of HHs with a Pregnant or Breastfeeding Women

4%



% of children
33%

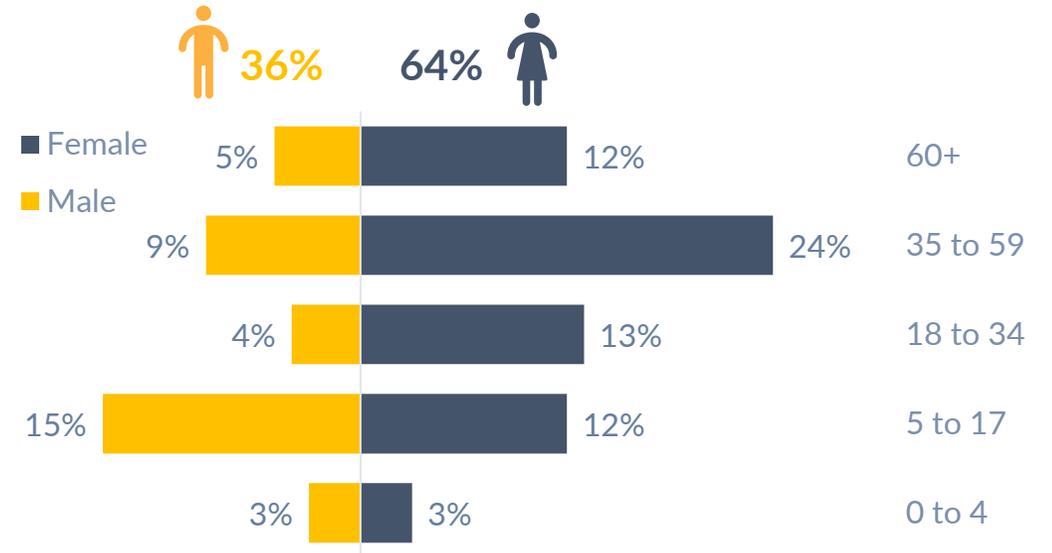


% of older refugees
17%



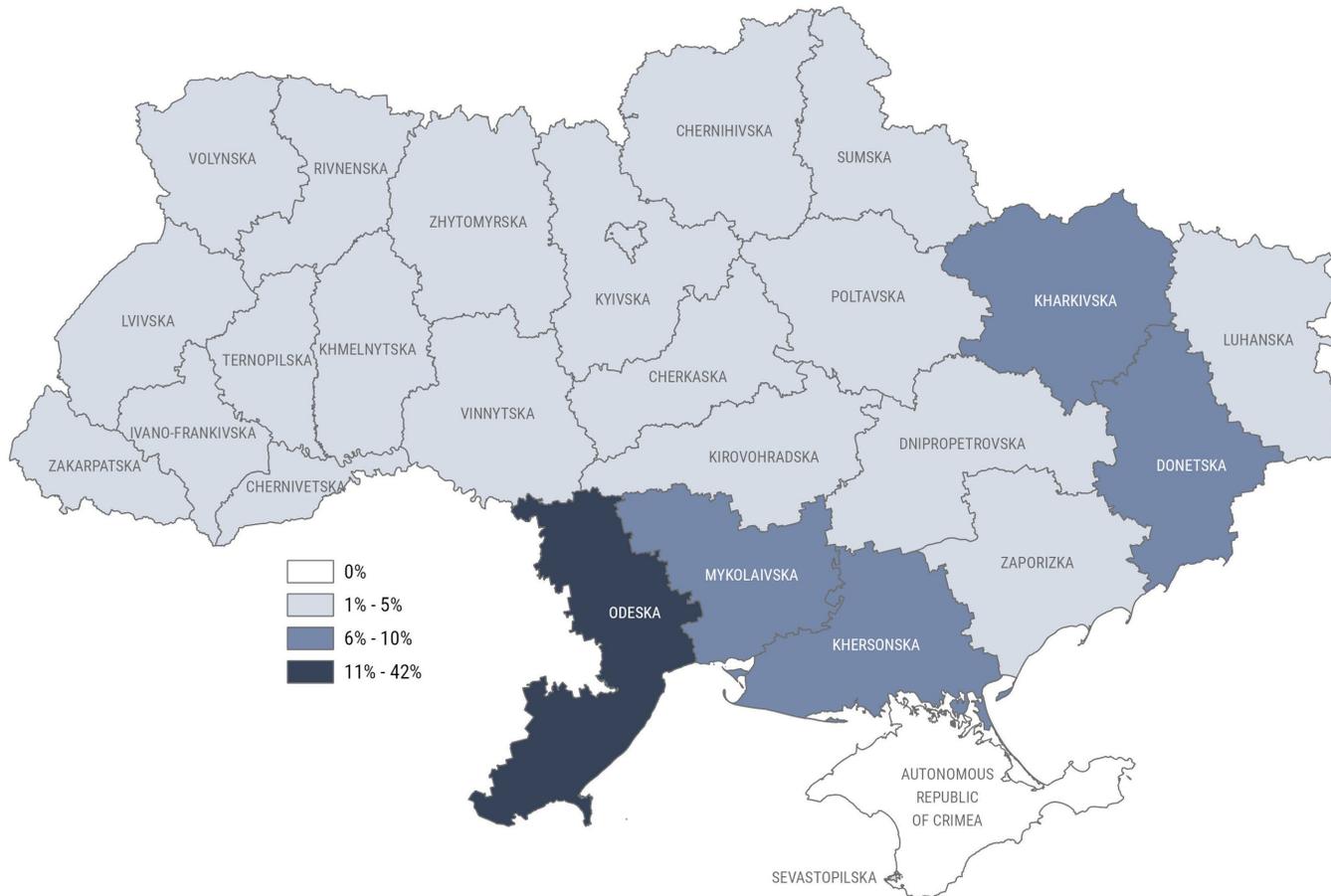
% of HH members (aged 5 or older) with at least one level 3 in WGSS
6%

Household Members by age group and gender



DISTRIBUTION OF UKRAINIAN REFUGEE ORIGINS BY OBLAST

% of HHs by Oblast of origin



Each shaded region represents the specific Oblast from which these households have been displaced.

The majority of the surveyed HHs originate from **Odeska Oblast (45%)**, followed by:

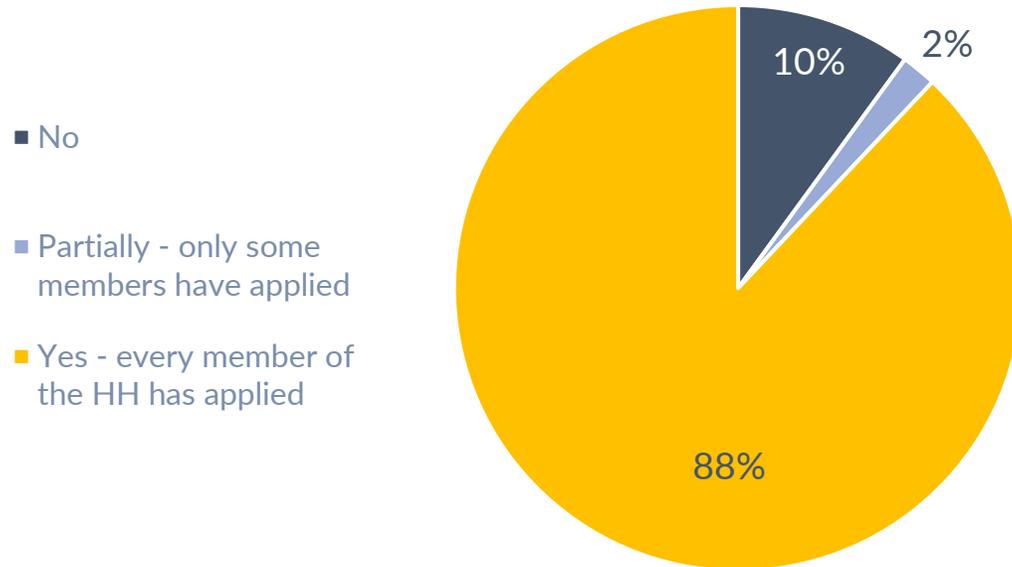
- **Mykolaivska Oblast (9%),**
- **Khersonska Oblast (9%),**
- **Kharkivska Oblast (9%),** and
- **Donetska Oblast (8%).**



PROTECTION

PROTECTION STATUS

% of HHs with at least one member who had applied for temporary protection



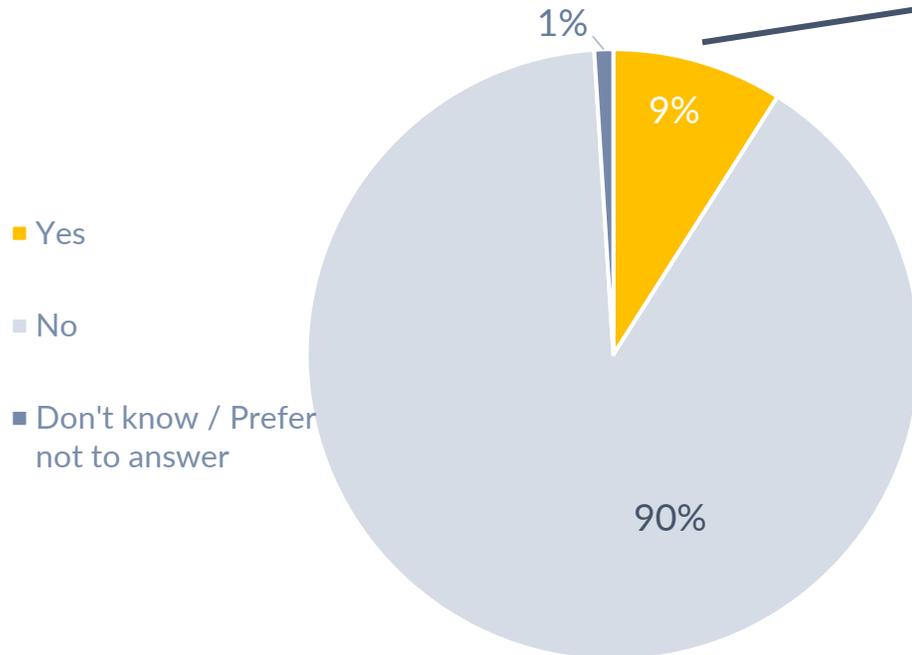
% of HHs with either no member or only some members having applied for TP, by reason for not applying (n=112)



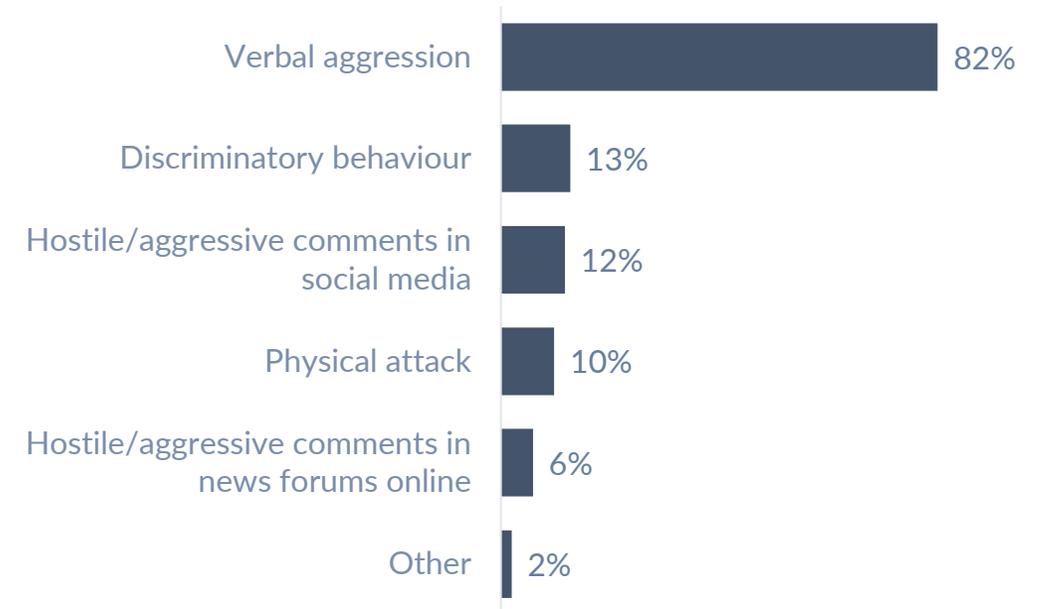
88% of HHs reported that every member has applied to TP. Of the HHs where no member or not all members had applied for TP, approximately half (**51%**) expressed **no intention to apply**.

Most HHs where at least one member had applied for TP reported that they did not encounter any difficulties during the application process (**95%**). However, among the remaining share of HHs (**n=45**), the reported challenges mainly revolved around issues with **online enrollment (n=13)**, the **lack of proof of residence in Moldova (n=13)**, and **long queues with extended waiting times (n=10)**.

% of HHs reporting having experienced hostile behaviour or attitudes from citizens of Moldova since arrival



% of HHs by types of hostile behaviours reported (among HHs who experienced such behaviour since arrival) (n=83) (MCQ)

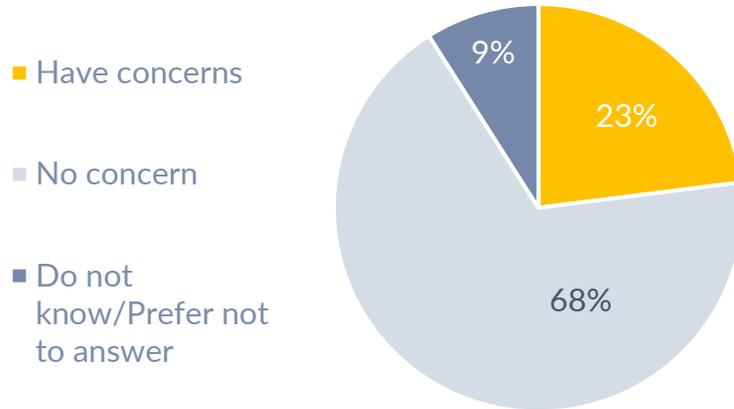


The primary assumed **underlying factors** for hostile behaviours (n=82) perceived by HHs who reported encountering such behaviour were related to their **nationality (n=37)**, **cultural differences (n=25)**, and **refugee status (n=22)**. These incidents were also linked to competition for resources (such as housing, food, or market access), language-based discrimination, and issues related to ethnicity.

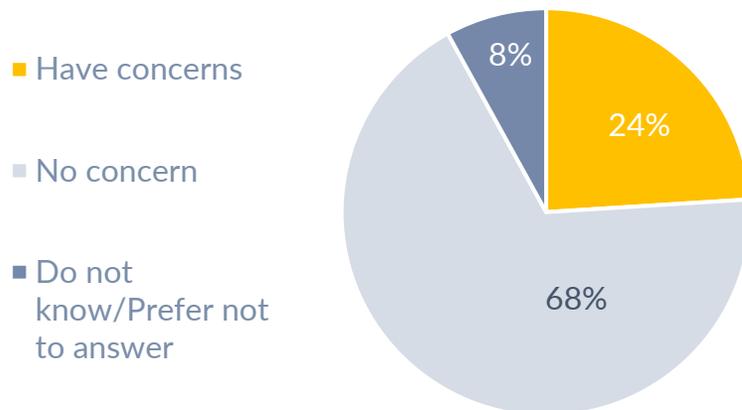
PROTECTION

CHILD PROTECTION

of HHs with at least one boy (=331) by perception of main risks faced by boys



% of HHs with at least one girl (=278) by perception of main risks faced by girls



Top 3 most serious risks faced by boys under the age of 18, as reported by HHs with at least one boy (n=331) *



* Respondents could select up to 3 responses

Top 3 most serious risks faced by girls under the age of 18, as reported by HHs with at least one girl (n=278) *



* Respondents could select up to 3 responses

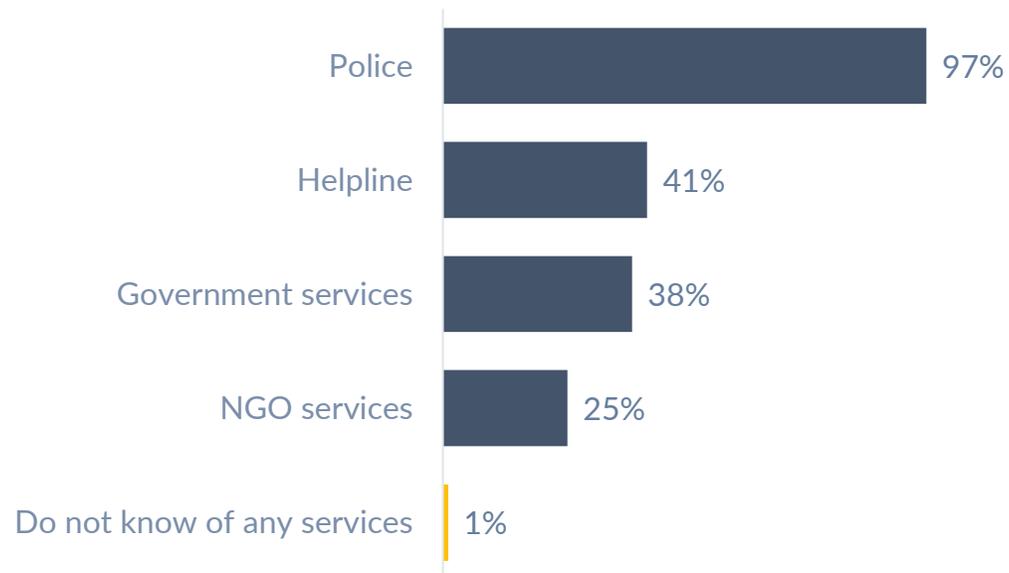
HHs with at least one boy (<18) were inquired about the protection risks boys faced **in their neighbourhood**. Likewise, HHs with at least one girl (<18) were asked about the risks faced by girls. Most HHs reported that there were **no discernible protection** concerns for boys and girls. (68% and 68%, respectively).

The 3 most commonly mentioned risks are also the same for both groups – **psychological and physical violence in the community**, as well as **increased vulnerability to violence online**.

PROTECTION

CHILD PROTECTION

% of HHs being aware of services to report violence against



Most respondents were able to mention at least one service where they can report violence against children. **1%** said that they **do not know of any services**. **97%** mentioned the **police**, **41%** know of a **helpline**, **38%** reported that they know of **government services**, and **25%** know of **NGO services**.

PROTECTION

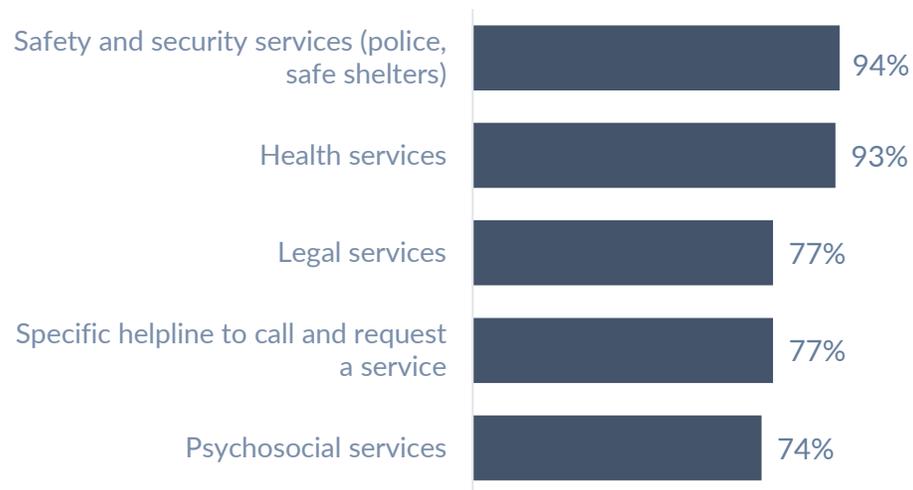
GBV



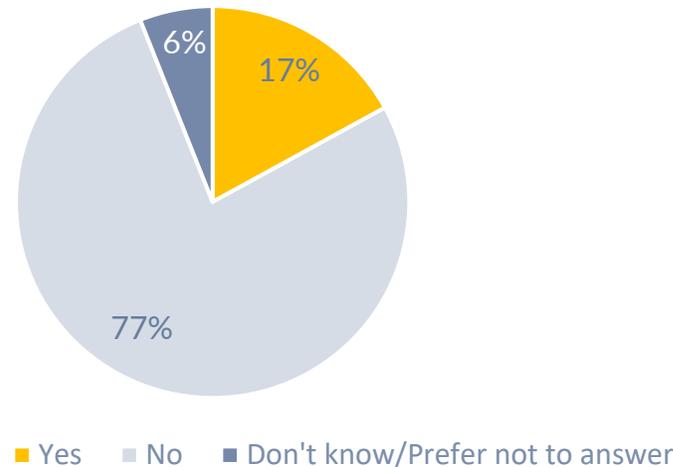
Regional Refugee Response
for the Ukraine Situation

Moldova

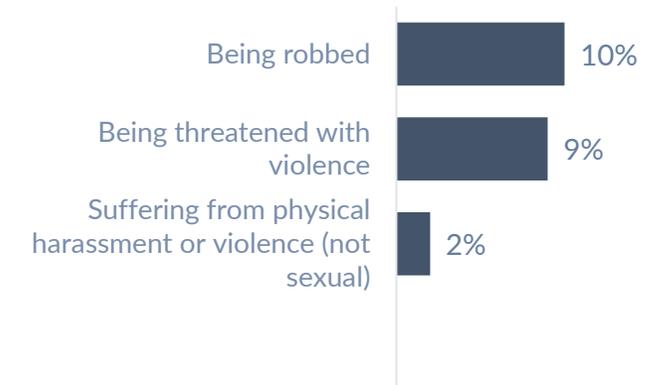
% of respondents by type of GBV services for women available in their area that they are aware of (MCQ)



% of HHs with safety and security concerns reported for women (n=824 HHs with at least one female HH member)



% of HHs by top 3 safety and security concerns for women (n=824 HHs with at least one female HH member)**

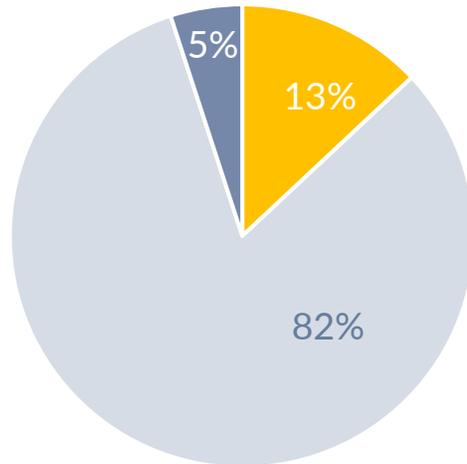


** Respondents could select up to 3 responses

17% of HHs report concerns regarding the safety and security of women. The top three risks reported were **getting robbed (10%)**, **being threatened with violence (9%)**, and **suffering from physical harassment or violence (not sexual) (2%)**.

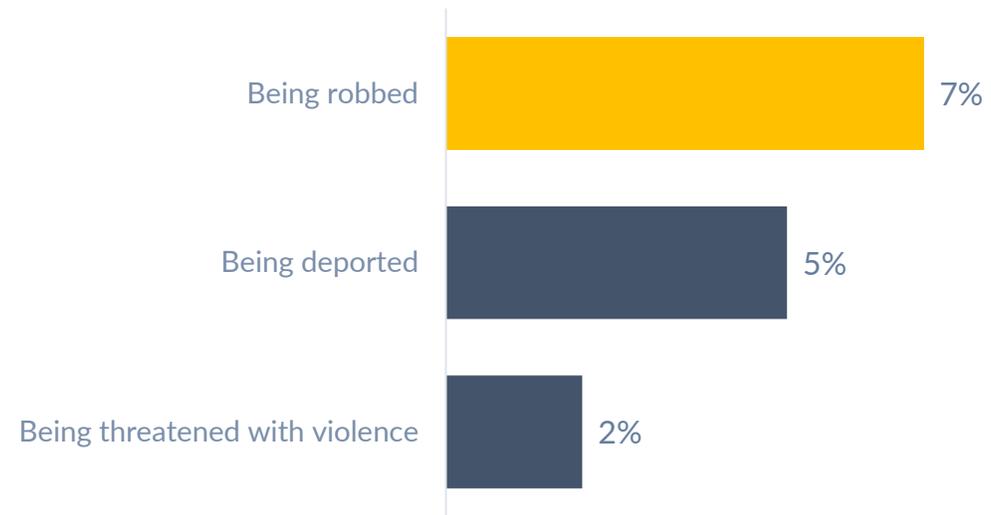
When it comes to awareness of GBV services, respondents were most aware of **safety and security services (94%)** as well as **health services (93%)**. More than half of respondents knew of a **helpline (77%)**, how to request **legal assistance (77%)**, or of **psycho-social services (74%)**.

% of HHs with safety and security concerns reported for men (n=366 HHs with at least one men)



■ Yes ■ No ■ Don't know/Prefer not to say

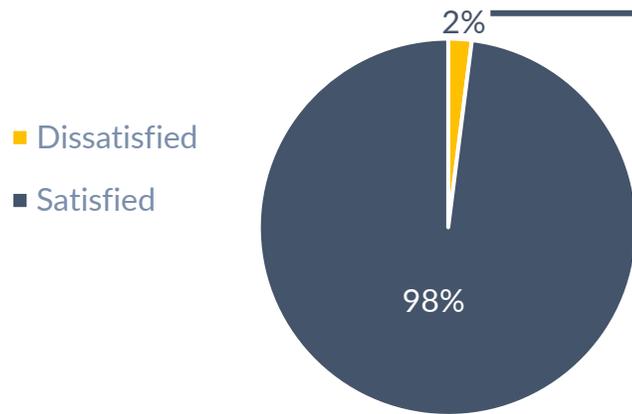
% of HHs by top 3 safety and security concerns for men (n=366 HHs with at least one men)*



* Respondents could select up to 3 responses

The proportion of HHs with at least one men reporting safety and security concerns for men was slightly smaller than for women (13% and 17%, respectively). The three main concerns for men were **being robbed (7%)**, **being deported (5%)**, **being threatened with violence (2%)**.

% of HHs reporting being satisfied with the aid they received in the 3 months prior to data collection (among those HHs who received aid, n=848)

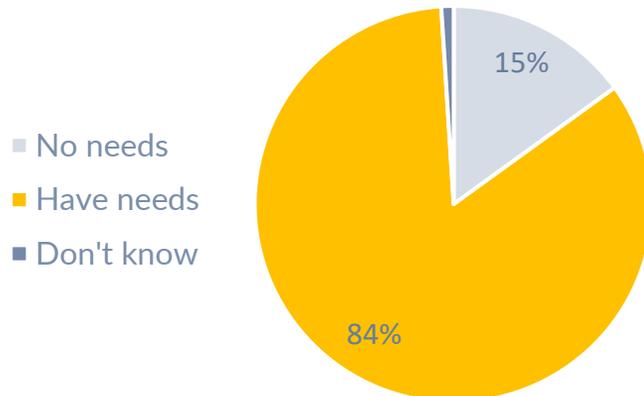


Reasons for dissatisfaction with aid received (n=21) (MCQ)

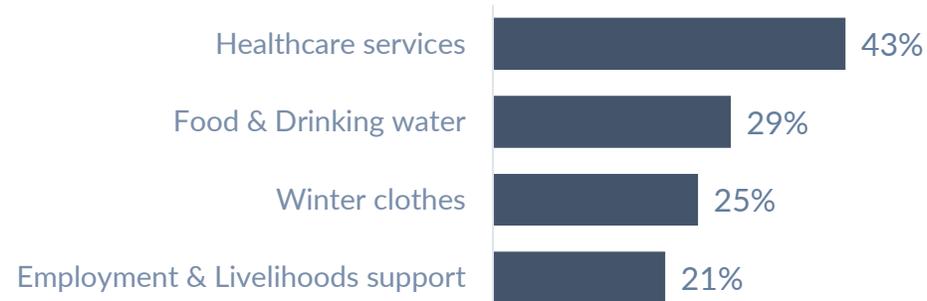


97% of HHs reported having received aid in Moldova in the 3 months prior to data collection.

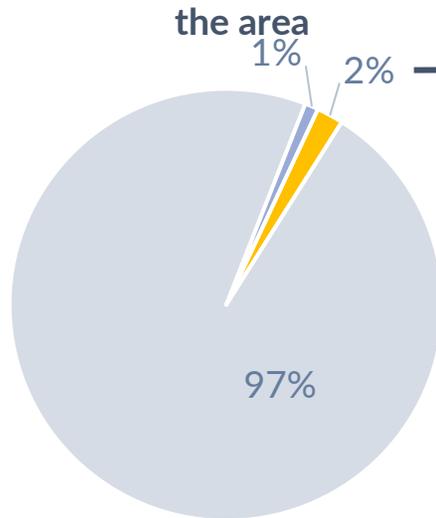
% of HHs who reported at least one current priority need



Top 3 most commonly reported priority needs by % of HHs (MCQ)



% of HHs by the respondent and HH members being satisfied with aid workers' behaviour in the area



■ Dissatisfied ■ Satisfied ■ Don't know/Prefer not to answer

Number of HHs by reason for dissatisfaction with the behavior of aid workers (among those dissatisfied, n=24) (MCQ)



The large majority of HHs, **97%** are **satisfied with aid workers**. Among those who are dissatisfied (n=24), the main reported reasons are that they were not consulted on what they need (n=11), that nothing changes when the give feedback or make complaints (n=6), and that aid workers behave disrespectfully toward members of their community (n=5).

The **majority of HHs (68%)** expressed a **willingness to report inappropriate behaviour** by an aid worker if they experienced or witnessed such actions. Among the **17%** of HHs indicating their **reluctance to report** inappropriate behaviour by an aid worker (n=161), **slightly less than half (44%)** did not know the reason or preferred not to disclose it. For the remaining respondents, the primary reason was a **lack of trust that reporting would make a difference (21%)**.

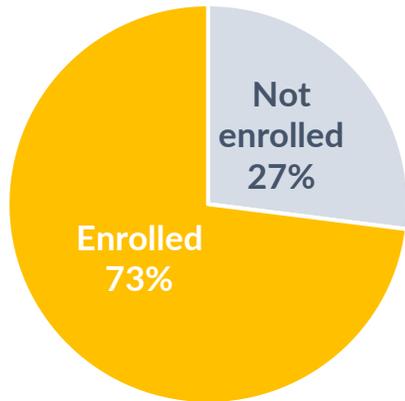


EDUCATION

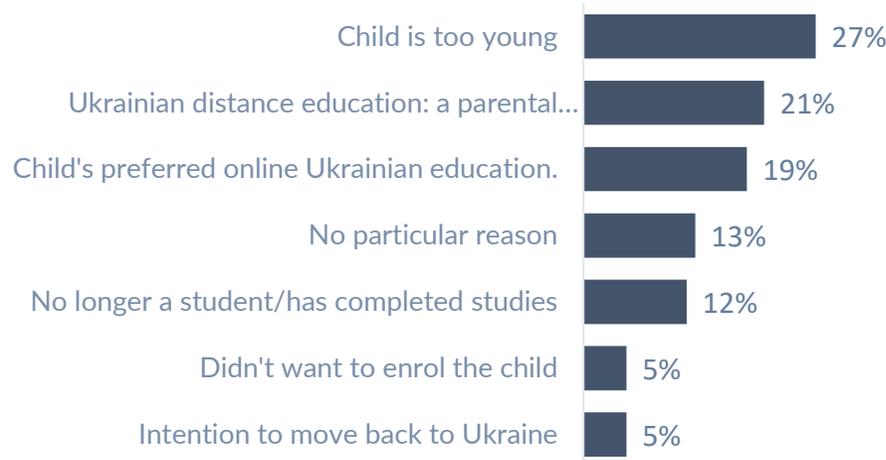
EDUCATION

REPORTED ATTENDANCE / ENROLLMENT

% of HH members (3-24 y.o.) enrolled in either Moldovan or Ukrainian curriculums during school year 2022/2023 (n=794)



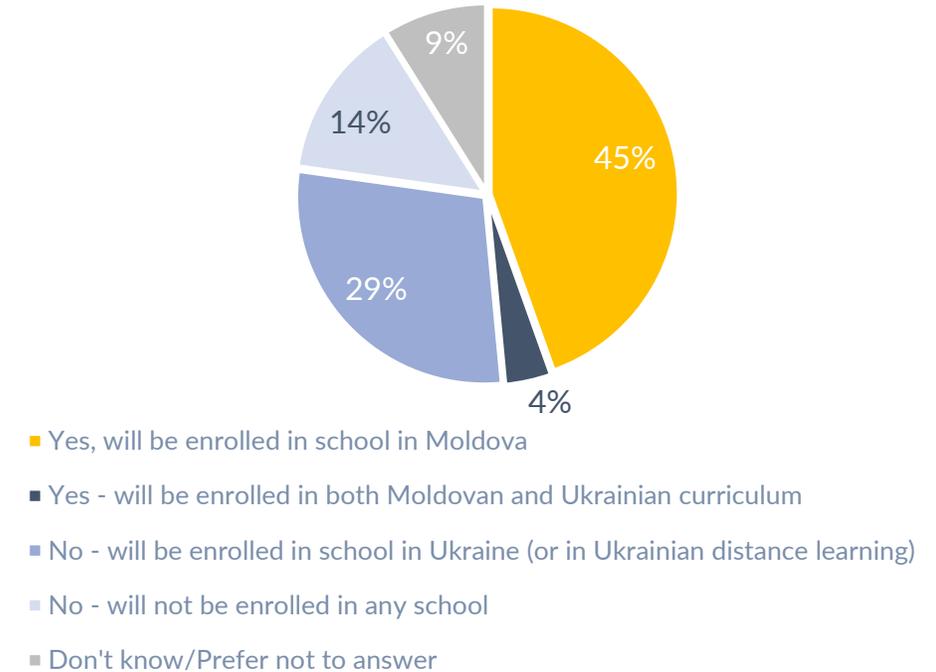
% of school-aged HH members (3-24 y.o.)* by reasons for not being enrolled in school in Moldova in school year 2022/2023 (n=233)**



* Among those who were not enrolled in Moldova

** Respondents could select up to 5 responses

% of school-aged HH members (3-24 y.o.) intended to be enrolled in formal education in Moldova during school year 2023/2024*



* among those not having completed their studies, n=769

During the school year 2022/2023, the majority of school-aged HH members who were reportedly enrolled in formal education were engaged in Ukraine distance learning (54%), while 45% were enrolled in schools in Moldova. Among those enrolled in Moldovan schools, the largest groups were in **pre-school** (2-6 years old), **gymnasium** (5-9 years old), or **primary grades** (1-4).

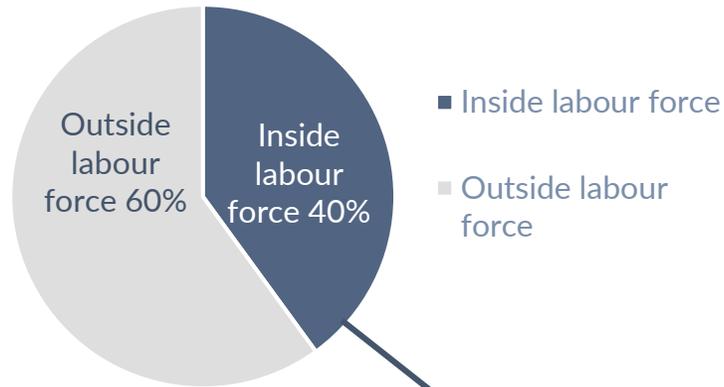


Socio-Economic Inclusion and Livelihoods

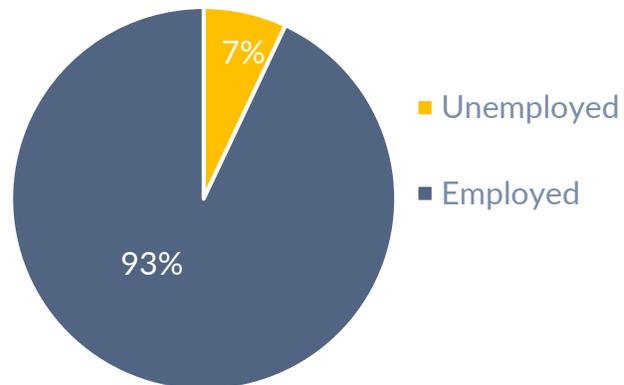
SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS

LIVELIHOODS AND INCLUSION

Labour Force Participation (out of working age population 16 to 64)



Employment status of those inside the labour force (16 to 64 y.o.)



The definitions below are based on the core ILO Labor Force Survey (LFS) questions.

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

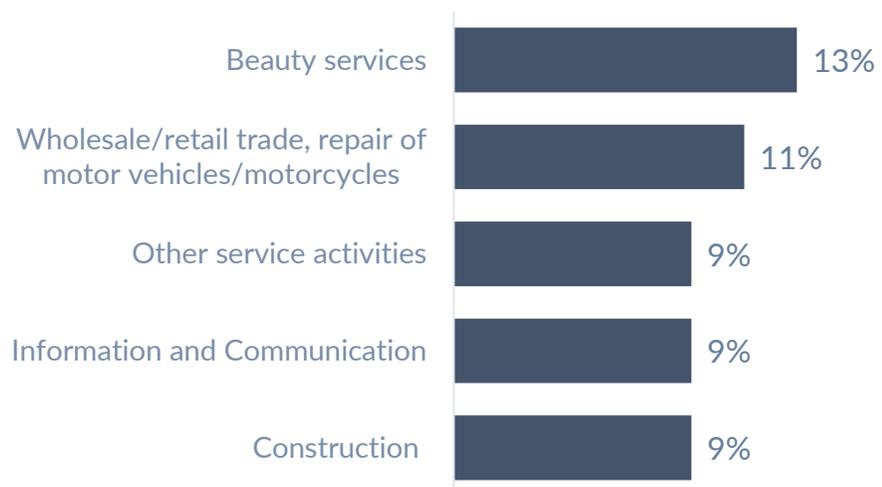
Unemployment: # of working-age who were not employed during the past week (as per the definition above), who looked for a paid job or tried to start a business in the past 4 weeks, and who are available to start working within the next 2 weeks if ever a job or business opportunity becomes available.

Outside labour force: # working-age individuals (who were not employed during the past week, and who either cannot start working within the next 2 weeks if a job or business opportunity becomes available or did not look for a paid job or did not try to start a business in the past 4 weeks.

Inside labour force: Employed and Unemployed

LIVELIHOODS AND INCLUSION

Top of most reported employment sectors of (self-) employed HH members (>15 y.o.) (n=458)



% of HH members (>17 & <65 y.o.) by main difficulty finding work in Moldova (n=1157) (MCQ)

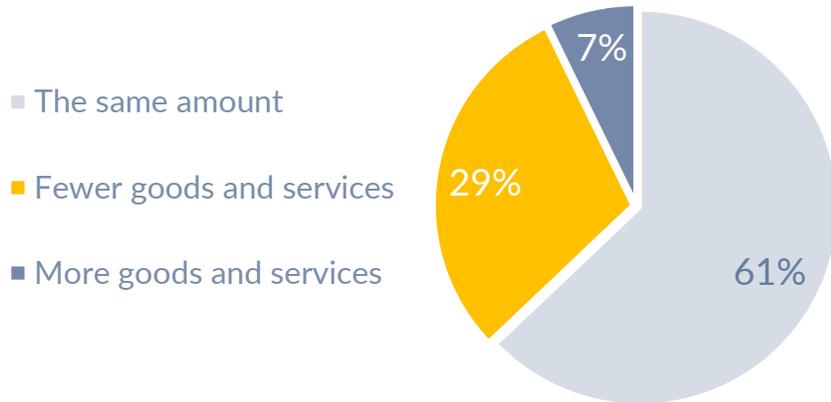


The most commonly reported activities of unemployed HH members at the time of data collection (>15 y.o., n=994) were **engaging in HH or family responsibilities**, including taking care of children and older persons (**50%**), **being retired or a pensioner (29%)**, or **studying (11%)**.

SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS

LIVELIHOODS AND INCLUSION

% of HHs reporting a change in purchasing power compared to the same time the year before*



**among HHs with at least one head of household having stayed in Moldova for more than 6 months before data collection, n=805*

% of HHs by main reported reasons for negative change in purchasing power compared to the same time the year before data collection (n=229) (MCQ)



% of HHs having an account at a bank/financial institution in Moldova

55%

% of HHs having any household productive assets in Moldova

100%

% of HHs covered by social protection floors/systems in Moldova

57%

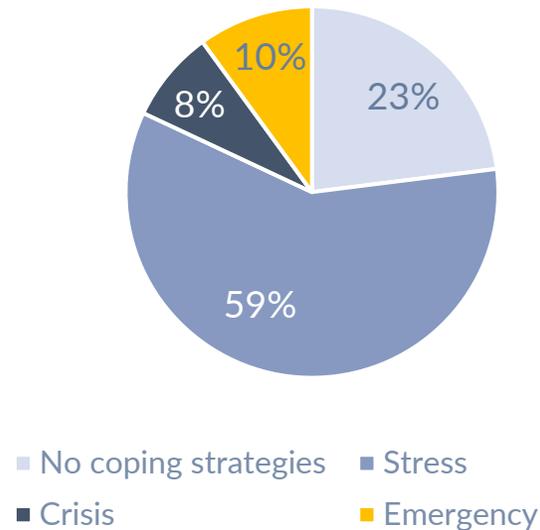
% of HHs covered by social protection floors/systems from Ukrainian government

25%

SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS

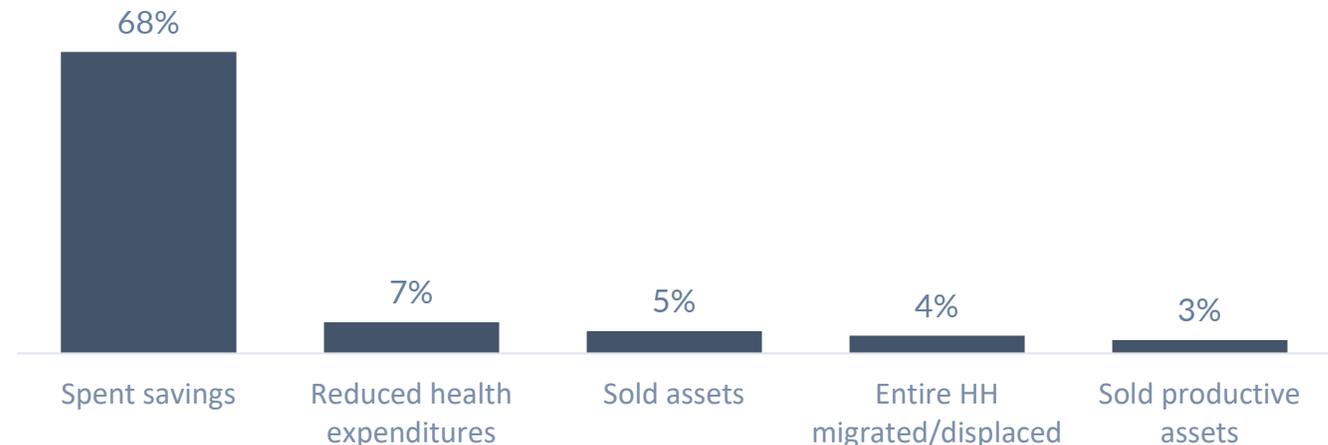
LIVELIHOOD COPING STRATEGIES

% of HHs by LCSI* category



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

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



** The question on the reduction of essential education expenditures was asked only to HHs with at least one child (6-17 y.o.) (n=413)

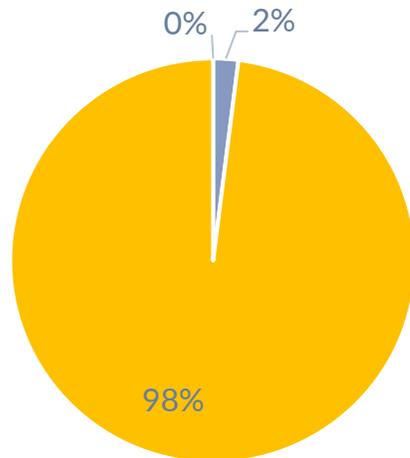
More than **two-thirds of HHs (77%)** employed some level of negative coping strategies (stress or more severe). The most used coping strategies by households in the 30 days prior to data collection was spending savings (68%).

***Livelihood coping strategy index (LCSI)**: is measured to understand longer-term HH coping capacities. It is used to classify HHs into four groups: HHs using emergency, crisis, stress, or no adopted strategies to cope with livelihood gaps in the 30 days prior to data collection. The use of emergency, crisis, or stress-level LCS typically reduces HHs' overall resilience and assets, in turn increasing the likelihood of unmet basic needs

FOOD SECURITY

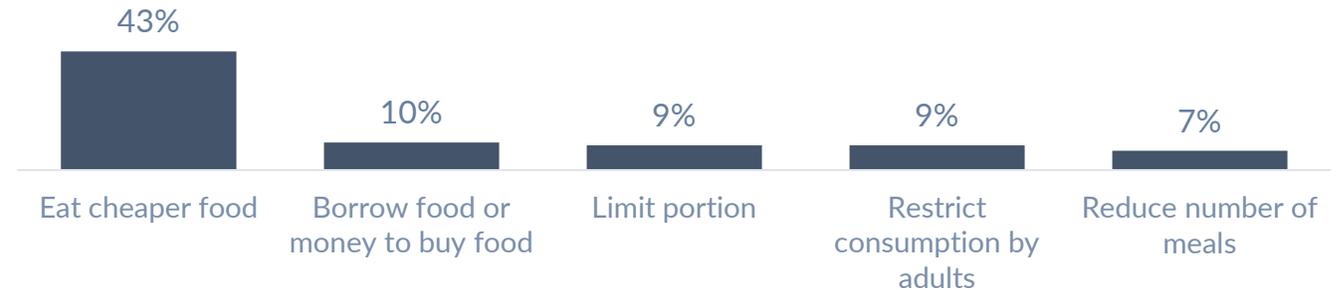
FOOD CONSUMPTION AND COPING STRATEGIES

% of HHs per FCS



■ Poor ■ Borderline ■ Acceptable

% of HHs by use of consumption-based coping strategies in the 7 days prior to data collection* (rCSI)



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

Food Consumption Score (FCS): used to measure dietary diversity, food frequency, and the relative nutritional importance of food groups based on a seven-day recall period of food consumed at HH level.

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

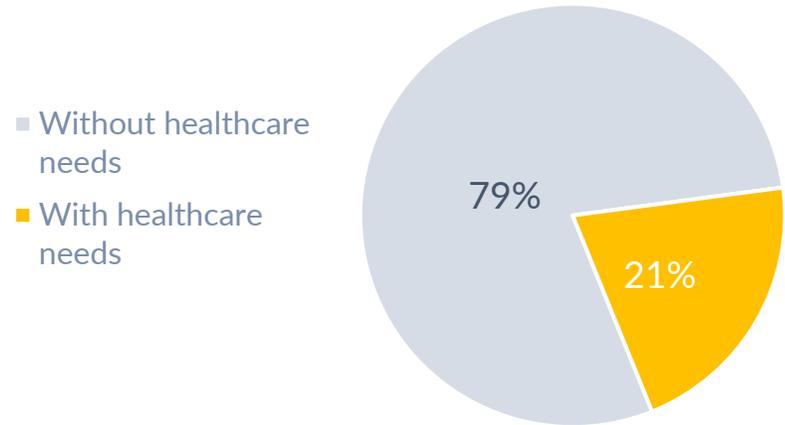
Overall, the **FCS results do not point to notable food security concerns** among HHs across all regions and urban/rural areas.

The national rCSI average was found to be **2.96**, with the highest values observed in rural areas (**4.91**) and in the North (**3.66**). **49% of HHs didn't use any strategies in the 7 days prior to data collection.**

HEALTH

HEALTH ACCESS

% of HH members who had a health problem and needed to access healthcare in the 30 days prior to data collection (n=2130)



% of HH members having been able to access the needed healthcare (among those who needed it, n= 433)



% of chronically ill
HH members
17%

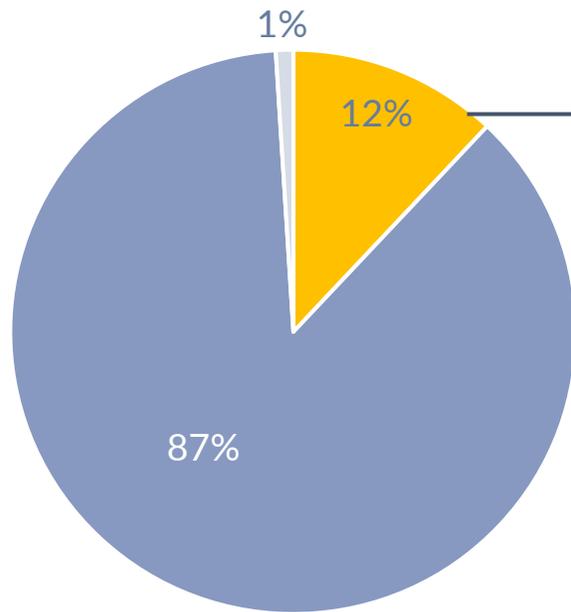
Among the small share of HH members that had not been able to access the needed healthcare services (n=38), the main reasons were surrounding:

- Lack of knowledge and information of how to access health services,
- Unavailability of specific medication, treatment or service needed,
- Unaffordability of hospital fees, and no functional health facilities nearby or no means of transport to get there.

HEALTH

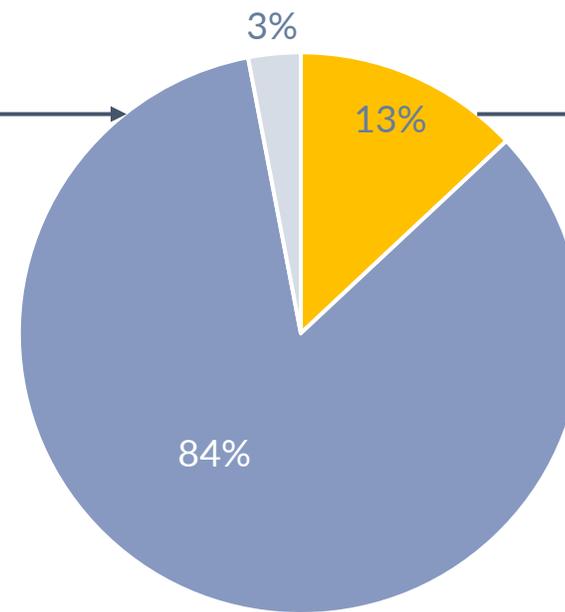
MHPSS

% of HH members (>=18y.o.) reportedly experiencing mental health or psychosocial issues* (n=1404)



■ Yes ■ No ■ Don't know/Prefer not to answer

% of HH members (>=18y.o.) who reportedly needed mental health or psychosocial support** (n=175)



■ Yes ■ No ■ Don't know

Among the **13%** (n=23) who needed support, **12 HH members** tried to seek support and **10 received support**. Among the 2 who tried to seek support and were unable to access it, the reported reason was that they did not know where to go.

* Feeling so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning.

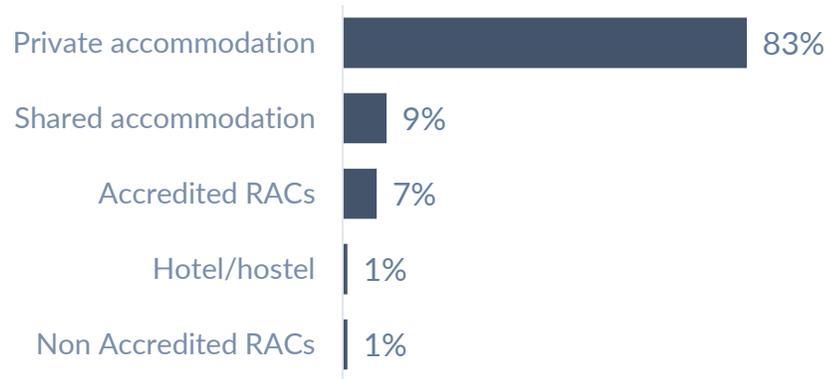
** Among those experiencing mental health or psychosocial problems, n=175

ACCOMMODATION

SHELTER / ACCOMMODATION

SECURITY OF TENURE, LIVING CONDITIONS

% of HHs by type of accommodation



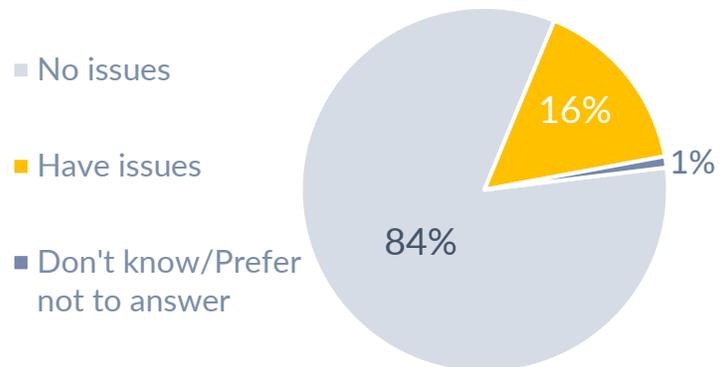
** Results do not add up to 100% due to rounding issues

% of HH under pressure to leave their accommodation:
0,3%

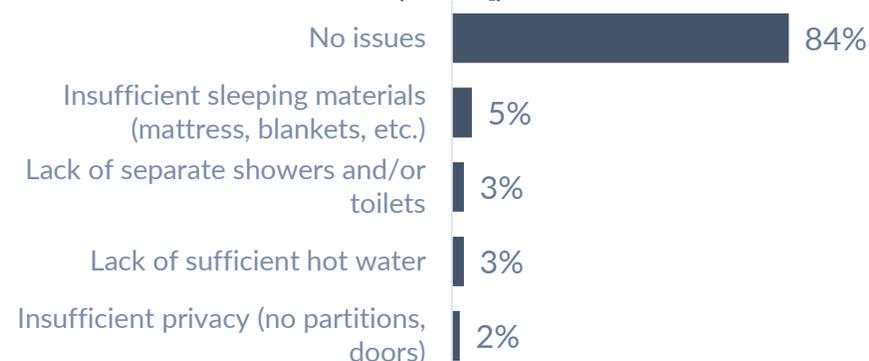
Regarding the living conditions of HHs, the most common arrangement was **private accommodation (83%)**, followed by **9% shared accommodation, 7% accredited RACs**, 1% live in a Hotel/hostel 1% live in a non-accredited RACs.

Only **0.3%** of HHs reported facing **pressure to leave** their accommodation.

% of HHs with living conditions issues in current accommodation (n=888) (MCQ)



Top 5 most reported living condition issues in the accommodation (n=888) (MCQ)



16% of HHs reported issues with their current living conditions at the time of data collection. The most commonly reported problems were **insufficient sleeping materials, lack of separate showers or toilets, lack of sufficient hot water, and Insufficient privacy.**

For inquiries



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