HelpAge Moldova

ASSESSMENT ON THE NEEDS AND ACCESS TO SERVICES FOR OLDER REFUGEES FROM UKRAINE, LOCATED ON THE TERRITORY OF MOLDOVA

July 2024

EXECUTIVE SUMMARY.

Since February 2022, over a million Ukrainian refugees have arrived in the Republic of Moldova seeking assistance that has been provided by the Government of Moldova and the International Humanitarian Community, strongly supported by local Moldovan organisations. Of these refugees, 120,472 remain in Moldova[1], of which approximately 17% are 60 years and above and some 6% are known to have some type of disability. HelpAge Moldova is concerned that the older refugee population is at risk of becoming marginalised with their specific needs being lost as aid providers do not always recognise older refugees as a specific vulnerable group preferring to see them as part of a household rather than a group with specific individual needs. The purpose of this study is to explore the extent to which the needs of older refugees are recognised and being met by the Moldovan authorities, as well as local and international organisations responding to the humanitarian crisis.

The key findings from this study are that access to quality primary and specialised health care and financial challenges are the areas of greatest concern for older refugees, with housing and the access to affordable housing for those living independently also being raised often as a concern. Physical access to health facilities, the cost of health care and medicines and in some cases lack of information on the primary health care provision under the Temporary Protection (TP) status all worry older refugees, a high proportion of whom have chronic health conditions that require ongoing medical support. Whilst the provision entitlements of primary health care under TP status are clear, it appears that the application of these provisions is inconsistent with some older refugees having to pay for primary care services despite having TP status. Dwindling savings, diminishing exchange rates and challenges accessing Ukrainian pensions from Moldova, coupled with difficulties accessing work for those that wish to do so and rising costs of food and housing make older refugees feel very vulnerable at a time when the Government of Moldova is closing Refugee Accommodation Centres and expecting more refugee families and individuals to live independently with timebound housing support.

[1]Country - Republic of Moldova (unhcr.org) data from 02 June.

It is therefore recommended that the integration process is made more transparent, with clearer information about closures of the refugee accommodation centres planned and at the same time the 6-month housing (cash for rent) support is reviewed and potentially extended to at least 12 months to make it easier for those older refugees, eligible to receive this benefit as they look for work, to have time to find suitable employment. Cash provision to all refugees needs to be continued, if possible, to enable families to make their own decisions concerning expenditure moving forwards. Alongside this it is recommended that primary health care provision is kept under review to ensure that all refugees can access quality primary health care, including practical steps like ensuring that health facilities are physically accessible to the many older refugees that find it hard to climb stairs or walk distances. Information provided to those delivering primary health care, on health care provision entitlements under TP needs to be updated regularly to ensure that refugees attending health facilities can access the primary care services they are entitled to.

To ensure that the needs of older refugees, and at the same time their Moldovan counterparts are recognised and met, there is a need to better disaggregation of data to identify needs and then equal treatment of older refugees with their Moldovan counterparts in terms of services provided. Whilst few agencies specifically target older refugees, a better understanding of their needs can lead to a more holistic approach to the support offered by the humanitarian community. Ensuring that the needs of older refugees, both practical and social are widely recognised, will enable the Government of Moldova supported by the humanitarian community to meet these needs to improve the overall wellbeing of older refugees in Moldova.

And finally, HelpAge Moldova would like to thank all those willing to be interviewed and speak frankly on their situations to help raise awareness of the needs of older refugees currently residing in the Republic of Moldova.

INTRODUCTION AND METHODOLOGY

The purpose of the study was to review existing data and literature on the situation and needs of older refugees from Ukraine currently residing in Moldova and consider the findings alongside new information collected through focus group discussions and key informant interviews to address the following objectives:

- Identify the level of knowledge of the rights of older refugees in Moldova
- Identify the specific challenges, needs and barriers faced by older refugees when accessing the various support and services (social and medical) available to older refugees in Moldova
- Gain insights into the intentions and aspirations of older refugees regarding their integration and inclusion into local communities in Moldova
- Promote active participation and engagement of older refugees in shaping the response to their needs and priorities'
- Understand the quantity and quality of the humanitarian response towards older refugees by the different humanitarian actors
- Provide information that is evidence based, credible and useful, enabling the incorporation of lessons learned into the future decision-making processes of HelpAge Moldova and all organisations involved in humanitarian response.

The work was conducted during May and June 2024 and consisted of a literature review of all available recent data (for full list of documents reviewed see Annex A) alongside 8 Key Informant Interviews (KII) with members of the international community and the Moldovan authorities responsible for support to refugees and 6 Focus Group Discussions (FGDs) with older men and women refugees, all of whom were aged 60 or above. We also conducted 5 KIIs with individuals who host refugees who are not family members and were therefore unknown to them before the crisis began, to gather their perspective. (For full list of KII and FGDs questionnaires see Annex B and list of KIIs see Annex C)

While the sample size was small, we were able to have separate focus groups for men and women in both urban and rural situations to ensure we were collecting as wide a range of views as possible within the limitations of the overall study. The focus groups were made up of a total of 27 women and 16 men from a mix of Refugee Accommodation Centres (RAC) residents and older refugees living outside of the RACs, either in their own family situations or with host families.

Information from the FGDs and KII's with hosts was collected in a combination of Russian and English and translated by members of the HelpAge Moldova team for the purpose of this report. Information gathered through the KIIs and FGDs was then cross checked against the data from the 2023 REACH, Multi Sectoral Needs Assessment (MSNA)[2] and the 2023 UNHCR Participatory Assessment[3] to verify and identify any significant differences.

The following findings are divided into two sections. There are some overall observations and then specific findings per sector as noted by the various sources of information.

[2]**REACH – MDA-MSNA2023. Tabular Analysis.** April 2024
[3]**Participatory Assessment Report 2023. Republic of Moldova.** UNHCR. February 2024

Tatiana (53), Odesa (Ukraine)

„I heard about this sport, but I didn't know what Nordic walking was until now. After today's workout, I think it is suitable for keeping fit, especially for older people. All body is involved, from the legs to the hands.”.

Tatiana (53) took refuge with her relatives in Sîngerei (Republic of Moldova) in March last year. She was born and grow up in this small city but lived in Odesa (Ukraine) for the last 30 years. She left home after graduating from school. The women had an ordinary life like many other people: family, child, and job.

The refugee arrived at Singerei alone, because her husband and son remain at Odesa. It was a long trip and took more than 36 hours, and long waiting at the border (usually, it took 5-6 hours with all the checks). Her husband insisted to leaves after the first shells fell close to the flat. Tatiana was withstood and didn't want to leave her family, but in the end, she gave up. "I feel safe here, we are supported morally, physically and financially, everyone is helping us, II feel like I'm at home.", the refugee told us.

On the day we met Tatiana, she, together with other refugees and the volunteers of the Safe Community Space from Sîngerei, supported by a professional trainer, learned and practice the Scandinavian walk. The activity was carried out within the project " Urgent support and protection for at-risk older women and men in Ukraine and Moldova ", implemented by HelpAge International in Moldova, with the financial support of World Vision Ukraine Response.

„I heard about this sport, but I didn't know what Nordic walking was until now. After today's workout, I think it is suitable for keeping fit, especially for older people. All body is involved, from the legs to the hands.”, the woman says to us. During the trial training, Tatiana was always at the head of the group. The woman is used to walking. She has a dog and regularly goes for walks.

During the activity, the refugees from Ukraine managed to create a group and planned to practice this sport daily. They were also provided with the necessary equipment, walking sticks. In this way, the Scandinavian walk consolidated the refugees and, they now have the opportunity to meet regularly. In this region, the refugees are staying in local families and do not have many opportunities to interact and communicate with each other. They manage to do it during the activities organized within the Safe Community Space in Sîngerei. Here, supported by volunteers, they communicate and socialize with other refugees and locals. In older woman's opinion, the refugees are not forgotten, they feel useful and part of the local community.

Tatiana's biggest dream is to come back home to her family.
She talks with them daily and sometimes visits them.

KEY FINDINGS - OVERALL OBSERVATIONS

Throughout the discussions and in the literature review process there are several common concerns that provide the backdrop for the support of older refugees and their families in the Republic of Moldova. It is worth noting that while this report addresses the needs of older refugees in Moldova, it is also likely that some of the concerns raised are also relevant to older members of the Moldovan host population.

The war in Ukraine has now entered its third year and it feels that the optimism that some sort of resolution would occur soon has receded. With the length of the conflict, many in the refugee population have made their own decisions about their future. As one of our KI interviewees stated, "many older refugees and people with disabilities have decided to stay in Moldova while younger refugees were going further to other EU countries." Those that remain, continue to require assistance from the Government of Moldova, the various local authorities, local organisations and the international humanitarian assistance community. At the same time, the potential resources available for refugees are decreasing, with the attention of the world turning elsewhere and therefore priorities will need to be identified and a greater targeting of support will be required in the coming months. In 2023, the UNHCR Refugee Response Plan received only 57% of the funds pledged[4] and this trend is likely to continue into 2024 as crises in other parts of the world take the attention away from the situation in Ukraine.

Legal status of refugees in Moldova:

Underpinning much of the provision for refugees is their ability to secure 'Temporary Protection' (TP) which enables them to remain in Moldova and access essential services. The Government of Moldova has put in place a scheme which allows refugees to apply for TP and once this has been granted then they gain access to certain provisions including free basic primary health care and housing assistance. Whilst the TP process was initially for one year it was extended in Feb/March 2024, and this has provided greater reassurance for refugees. During the application, renewal and extension processes however, there were concerns raised by some about how information was shared, and for others there were difficulties accessing forms and getting them filled in properly and additional assistance was required from many of the local hosts to support older refugees to get their forms filled in and submitted in a timely manner. During the lead up to the formal decision that TP would be extended, many refugees used social media to keep informed on proposed changes, including the 45-day rule for travel back to Moldova. This use of social media to share information, led to a plethora of rumours and "fake news" which worried some refugees as they struggled to understand what was going on and determine which sources to trust. Whilst this process has now been resolved for this year, many raised the question as to what might happen next year – and will a further extension be possible and if so, what process will be used for this and perhaps whether it could be less complicated, to make it easier for older refugees, particularly those that are not used to technology and filling in online forms etc.

[4] **Refugee Response Plan. 2023 Year End Report.**
Republic of Moldova. Regional Refugee Response for the Ukraine Situation.

The challenge of integration:

The Government of Moldova has stated that they wish to work towards the integration of Ukrainian refugees into the Moldovan population as they recognise the longer term nature of the conflict, and the likelihood that those refugees currently in Moldova are unlikely to return to Ukraine, in the near future, if at all as for many their homes and villages are destroyed and family members are scatted widely across Europe and beyond. As part of this integration process, the government is reducing the number of RACs available to refugees, on the assumption that many refugees can find their own accommodation in the host community or move in with family or friends. This decision is undoubtedly also influenced by the cost of maintaining the previous number of RACs in the country and the expected reduction in financial support available from the international community. While older refugees understand this, they continue to have concerns about the integration process, and what support to refugees might consist of in the future.

Despite the obvious proximity of Moldova to Ukraine there are language barriers which impact several aspects of life for refugees in Moldova. Many families are choosing to have their children attend school online from Ukraine rather than enrolling their children into Moldovan schools due to Moldovan education taking place in Romanian. This contributes to the unwillingness or inability of many older refugees to access work, as children accessing online education from home will require supervision and therefore an adult will need to be present in the home and this role is often taken on by older members of the family.

The ability of refugees to work, should they wish to, has also been impacted by the language skills of the refugees themselves and the need for upskilling in some cases and recognition of prior experience and qualifications. As the 2023 Moldova Response Plan report highlights "Employment remains a major challenge for refugees. As of 31 December 2023, 1,283 people are officially employed according to the National Employment Agency. Employment barriers include structural issues like limited childcare, language barriers, and wage discrepancies. There is also a mismatch between refugees' job preferences and profiles, and the local labour market"[5]. Access to employment should also come with access to medical insurance although it is unclear whether all refugees are provided with this when they work which can make them feel different to their Moldovan colleagues. Having said this, many older refugees are choosing not to work with 85.5% of 60+ year olds stating that they are retired or pensioners[6], and a further 11% of 60+ year olds being engaged in caring for either children or the elderly and therefore not working for an income[7].

One area highlighted where older refugees are treated differently compared to their Moldovan counterparts is the area of public transport. Free transport is available for older Moldovans within the municipality of Chisinau, which if extended to older refugees could make a big impact for older refugees accessing health care or attending groups to help reduce isolation. Many would like the same provision to be given to them as older refugees living within the municipality of Chisinau, but it is unclear whether funding for this is, or could, be made available.

Overall, there is a sense that if integration is to be successful then older refugees will need to be treated in the same way as older Moldovans with the same benefits and support. However, there are concerns as to whether the Government of Moldova while committed to the process, has the budget available for integration to be achieved successfully.

[5] 2023 Moldova Refugee Response Plan End of Year Report. Republic of Moldova. Regional Refugee Response for the Ukraine Situation. UNHCR.
[6] **REACH – MDA-MSNA2023. Tabular Analysis.** April 2024
[7] Ibid

A lack of information on the needs of older refugees.

Detailed information on the needs of older refugees is not always available as needs assessments are most often concerned with the needs of households or other perceived vulnerable groups like children, pregnant and lactating women and people with disabilities. The recent MSNA did disaggregate data, at the request of HelpAge Moldova and this is appreciated but for much of the information available, older people are seen as one homogenous group whereas the needs of older refugees will also be different with age with the >75's year olds having different needs to the 60–74-year-olds. While the numbers are small, as we see in the MSNA, which makes drawing conclusions challenging, more detailed information is required to be collected if the needs of older refugees are to be met effectively.

DETAILED FINDINGS BY SECTOR.

Health

When asked most specifically what challenges older refugees face in Moldova, their number one concern is access to quality primary health care. This is backed up by the MSNA where when asked to prioritise needs, for households with at least one person over 60, (% of HH per reported top priority needs, by HH with/without older HH members [60+]),54.3% said that they needed health care services and a further 26.8% said they required medicines. In households comprised only of older refugees (% of HH per reported top priority needs, by HH with older HH members (60+) only) this rises to 61.4% prioritising health care and 30.7% prioritising medicines. In households of older refugees 50.9% report that at least one household member is chronically ill requiring regular health care support.

Health (access to and medicines) can therefore be seen to be the most important concern for older refugees. In the REACH MSNA, when asked, 45.6% of older refugees had accessed health care in the previous 30 days and when disaggregating further, this increases to 60.4% of >80-year-olds and 48.3% of 70 – 79-year-olds.

When asked further in the FGDs, what these concerns look like they raised issues of long waiting times and the challenge of understanding what they can access free and what needs to be paid for as refugees with TP status. Under TP, some basic medicines are available free to refugees but there appears to be an inconsistency with some participants stating they had been able to access medicines free whilst others have had to pay for their medicines. Some women also raised the issue of having to pay for medical examinations even though they already had a diagnosis from a doctor in Ukraine. This finding was also noted in the report from the Avocatul Poporului Ombudsman, "The problem of lack of medical documentation certifying the existence of chronic diseases leads to the need for medical re-examinations (for payment)"[8] For some, there were concerns about chronic conditions whilst recognising that urgent care is available whilst for others it is more about accessing specialist services. In the MSNA, 21.9% of older women and 24% of older men say they are unable to access specialist services – and of these 26.6% of older refugees say they are struggling to access physiotherapy care and 57.5% say eyecare is hard to access.

From our focus group discussions there appears to be a disparity between urban and rural provision of health care with more available in urban settings, a problem faced by Moldovan citizens as well. This finding is borne out by a 2023 World Bank Report which concludes "coverage by health professionals and access to care are unevenly distributed in the country, with rural areas lagging. This situation is compounded by the migration and aging of medical professionals, which threatens equitable access to high-quality care across the country."[9] This will be particularly pertinent if refugees find themselves having to relocate to more rural areas as RACs close given that rent costs in urban areas are higher than those in rural areas which may lead refugees to choose to live in more rural areas where rents are more affordable. From our FGD's we also heard that in one rural area, basic medicines that should be available for all refugees under the TP scheme were only being made available to the local population, suggesting a lack of information to health providers about TP and eligibility for health services.

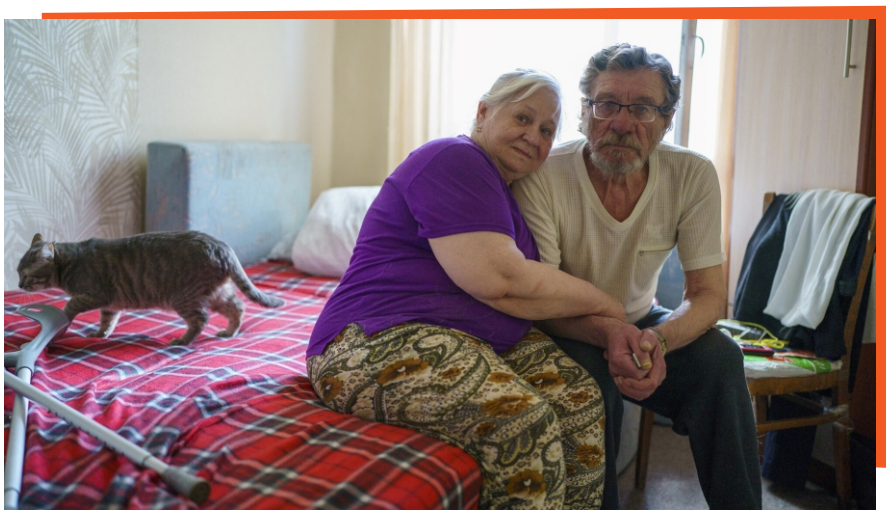
[8] **Accessibility of essential health services for refugees on the territory of the Republic of Moldova.** Office of the Peoples Advocate. Avocatul Poporului Ombudsman. Svetlana Doltu. October 2023
[9] **World Bank Group. 2023.** The Primary Health Care System of Moldova: A Primary Health Care Performance Initiative Assessment. (c) World Bank Group.

For older refugees and indeed the local Moldovan population too, physically getting to and into health facilities can also be a challenge with the cost of transport to travel to the health facility draining already limited resources and then health facilities not always being accessible to those with limited mobility. Again, this is backed up by the MSNA which reports that 67.6% of women 60+ and 49.3% of refugee men 60+ report difficulty walking or climbing stairs.[10] This will also have a potential additional impact on housing provision which will be discussed in a later section of this report.

For some older refugees, they would welcome home visits from health professionals as their mobility is limited but home visits are rarely available for refugees or the local Moldovan population due to a lack of resources. While older refugees acknowledged the provision of some assistive devices it appears that provision is inconsistent and reliant on international NGOs for much of the support. Another concern is that hygiene kits provided through the aid system are tailored more towards younger members of the family with the provision of menstrual support, alongside diapers for babies etc rather than materials for incontinence and other health concerns suffered by older refugees and this was highlighted by several of our female respondents in the FGDs.

From the FGDs with the older refugees there appears to be a real mix of health provision with some respondents citing excellent care, and comprehensive support when needed, whilst others shared their concerns about accessing primary health services, and the costs involved from their own experiences. The women asked appeared to have more concerns with accessing primary health care than the men, noting they felt more discriminated against and that some health professionals were rude, and that they "often felt they faced stigma, discrimination and corruption." One participant suggested that paying a small fee could speed up the process, but others said they had not experienced this.

From the KIIs with the health professional, examples were cited of partnerships with local organisations working to strengthen primary health services for refugees, including older refugees and that under the TP process the primary health care provided to refugees has been widened but that not all these provisions are encouraged "because doctors are overloaded." It also appears that in some cases, the information regarding what is covered under TP status, laid out in the Ministry of Health Order No 222[11] is not adequately shared with health professionals leading to discrepancies between health provisions in different health facilities. At the same time, it appears that not all older refugees are aware of all that they are entitled to under their TP status.



[10] **REACH – MDA-MSNA2023. Tabular Analysis.** April 2024
[11] **Ministry of Health Order March 1, 2024. No 222.**
Regarding the changes in the Order Ministry of Health No 143 of February 25
„regarding the medical services granted to beneficiaries temporary protection"

Shelter and housing

The second largest concern facing older refugees in Moldova is housing and, for those living in RACs, this is linked to the decision to close a number of the RACs and the uncertainty that this is causing for those whose own resources are limited and fear having to find their own accommodation. As reported by HelpAge Moldova in May 2024, "In May, the 60+ age group became the second largest group of refugees in RACs, after the group of adults 18-59 years old."[12] Data from the HelpAge report shows that 18.04% of residents, 368 from a total of 2039, in the RACs in May 2024 were 60 years or above and this proportion is expected to rise as consolidation of the RACs continues in the coming months.

Current Government policy is that residents are provided with 2 months' notice of any closure, but this may not feel like long to find new accommodation that is suitable for the needs of those having to vacate their place in a RAC. At the time of writing this report it is unclear exactly how many RACs are to close and which these will be, and this may make it challenging to plan for the relocations of residents, or to understand the needs of those remaining in the RAC's. Government policy is that the RACs should accommodate the most vulnerable and as our KII from the Ministry of Labour and Social Protection stated, "No one is left behind", but to date it has not been confirmed as to how this vulnerability is measured.

[12] **Provision of Hot Meals in Refugee Accommodation Centres. (RACs). May Report to World Food Programme.** HelpAge International UK. Submitted 10/06/2024.

Another concern is how RACs are assessed for accessibility and their general conditions as some currently are unsuitable for older refugees or refugees with disabilities who have mobility issues, requiring those living there to be able to climb stairs to access the accommodation. As already mentioned over half of older refugees have limited mobility and find stairs challenging and it is unclear whether final decisions about which RACs close and which remain open will take this into account. HelpAge Moldova is already aware of RACs that have limited access, using buildings on several floors without lifts and where some older refugees find themselves unable to leave the building due to their limited mobility. An additional concern raised by the KII from the Ministry of Labour and Social Protection is the need for temporary accommodation for refugees with mental disabilities, including older refugees, who require specialist care. The Social Policy Directorate has received several requests for this type of accommodation but has not yet been able to identify potential donors to support this, so no timeframe is currently available for this provision.

Housing costs are increasing with urban rents too high for many refugees, with one refugee stating that half their pension was being used to pay for housing. HelpAge Moldova has also found that some hosts are not charging rent to refugees that they are hosting as a way of helping out, and often just asking the refugees to pay their bills but it is not known how sustainable this is for the hosts themselves and whether this might change as these arrangements become more long term and costs continue to rise.

For those residents in the centres that are going to be closed, as well as those already living in the host community, there is an option of receiving cash for rent. The main criteria for accessing the cash for rent programme, however, is the sustainability and employability of the beneficiaries. Refugees receive 6 months of rent allowance, but it is unclear what happens when the 6 months comes to an end and whether this support will be extended or if the refugee population will need to find funds from elsewhere to cover rents in the future. By the nature of its criteria, cash for rent also excludes older refugees and people with disabilities who are unable to be integrated into the labour market either due to their condition or their other responsibilities.

Livelihoods and financial stability

A key finding of this study are the financial concerns raised as refugees struggle to make ends meet against a backdrop of rising costs and a reduction in humanitarian assistance. Much of the assistance provided to the refugee community has been in the form of cash and this is appreciated as it enables the refugees to make their own decisions on expenditure and promotes dignity and independence.

Almost all older refugees 85.5% of > 60's say they are retired or pensioners.[13] Many older refugees receive pensions from Ukraine but for some it has been a challenge to access their pensions whilst for others the amount is seen as small (between 50 and 80 euros per month) and recent exchange rate changes has meant that financial resources are increasingly stretched. With costs rising, pensions will increasingly fail to provide all basic needs and older refugees will find themselves more reliant on external assistance at a time when it is clear that this will be reducing as the international community starts to reduce its programmes, as funds decrease.

While some refugees have savings[14], with 70.3% of households reporting that they have spent some of their savings, these will be limited and negative coping strategies, such as spending less on food or medicines may emerge if it is not possible to replenish their resources without work or some external support which can have an impact on the overall health and welfare of refugees including older refugees. Some of our FGD respondents also mentioned that they still have bills to pay in Ukraine for housing and other things which will impact their overall budgeting and spending.

As already mentioned most older refugees are choosing not to work, with only 5.8% of 60–69-year-olds reporting working for a wage[15], either due to ill health, other demands on their time, like childcare or caring for other family members, or language challenges which make them unwilling or unable to join the workforce. Without wages coming in, older refugees and their families are reliant on their savings or pensions to pay for all the needs of the older members of the family. There are also ongoing discussions concerning the recognition of previously determined disability pension provisions, which were defined in Ukraine but are not recognised in Moldova. It is unclear what the result of these discussions may be or the timeframe for any decision made, but with resources limited this may have an impact on financial security for some older refugees moving forwards as older refugees, used to receiving disability pensions because they are unable to work due to a disability will not receive this provision in Moldova.

Some respondents in the FGDs stated that "we are like a blackmark" when discussing employment feeling that they didn't meet the criteria of the employer due to their language skills, age or health status. For individuals within Moldova that want to set up their own businesses, the law on entrepreneurship, specifically the 'patenta', does not extend to TP beneficiaries. As a result, refugees, including older refugees, must comply with more complicated and bureaucratic processes, not only in terms of business registration but also in adhering to tax obligations, impeding their economic inclusion and self-reliance."[16] None of this will encourage refugees to take action to support themselves financially.

Having noted the challenges of achieving employment for many refugees there are also examples where refugees have been successful in gaining employment, both short term and longer term. While this will obviously reduce the reliance of refugee households' families on the income provided by pensions from Ukraine of the older refugees, these appear to be a small number of exceptions when older refugees are considered.

[13] **REACH – MDA-MSNA2023.** Tabular Analysis. April 2024
[14] [15] Ibid
[16] **Legal Aid in Moldova** – Briefing Note. Protection Working Group. Refugee Coordination Forum, Moldova. May 2024. Regional Refugee Response for the Ukraine Situation.

Food security and nutrition

Food security and nutrition appears to provide no real concerns for older refugees other than the more fundamental challenge with rising costs of all commodities. The RACs provide food for all inhabitants although there are some limitations on the food available for those with special diets and therefore older refugees, many who have medical conditions that require some special diets find themselves having to buy additional foods to supplement the food available in the RACs. Some who were asked also admitted that they shared their food with those living outside the RACs, with the MSNA[17] also confirming that some 18% of those families with an older person in the household, when asked, admit to borrowing money for food.

Those living outside the RACs did not see food or diets providing any particular issues as the foods available are similar to those available in Ukraine and no one mentioned the need for particular dental support to enable older refugees to eat comfortably, although its high cost is noted.

Protection.

The obvious protection concern that all refugees note is their legal status within Moldova and the provision under the TP process which has enabled them to feel comfortable and recognised. As mentioned above, while the registration process has been complicated for some, in particular for those who are not digitally literate, overall, the fact that there is a process, and refugees feel they can attain a legal status is important for them and the overwhelming sense is of a need for this to continued.

When asked about other protection needs and whether the older refugees have ever felt unsafe in the Republic of Moldova, the overwhelming response was that there have not been any significant protection concerns since arrival of the refugees in Moldova. At the beginning of the crisis there were reports that a few of the children had been shouted at and told to go home, and one respondent in the FGD mentioned the need for a child to change school due to bullying, but there is a sense throughout the discussions that the refugees have been made welcome and the response to their situation has been very positive. No protection concerns were raised by either the interviewees in the FGDs or the KIIs.

Balancing this is the strong system of response mechanisms that have been put in place by HelpAge Moldova and other organisations to encourage the refugees to raise concerns in a safe way. The Social Listening Report[18] monitors social media and reports regularly on what is being discussed on the various social media platforms and this helps highlight concerns and will enable refugees to feel listened to.

Overall, from our FGDs the sense of well-being and as one respondent stated, "there are no negative emotions about staying in Moldova, a beautiful country, they are well received."

[17] **REACH – MDA-MSNA2023.** Tabular Analysis. April 2024
[18] **Quarterly Social Listening Project.** January to March 2024. Laolalta and Moldova for Peace, Moldova. Infounit.

Information and communication

Over two years the refugee population has developed strong methods of communication, sharing information on various digital platforms. While this is noted by all those talked to there is the potential for older refugees who lack the digital skills, and indeed in some cases the financial ability to have a phone, to be excluded.

Many older refugees noted that the TP process was digital, and this led to many concerns, people not receiving emails, struggling to fill in forms etc. and worrying that they were missing information or receiving wrong information. From the REACH MSNA, 61.6% of households with older person stated that they prefer a phone call as a means of communication. For younger refugees, SMS and Viber are other popular methods for receiving information but this can marginalise those whose digital skills are not so advanced, or language skills limited.

Within the humanitarian community, accountability and complaints mechanisms have been put in place and appreciated but again they largely rely on digital capability which can limit access for older refugees.

Whilst there is no doubt that digital platforms will be the method of choice for information sharing, it is hoped that it might be possible to use other opportunities as they present themselves to share information in other ways to ensure that older refugees whose digital skills may be more limited do not miss out and become marginalised.

Even though digital methods of filing complaints are inconvenient for older refugees in most cases, nevertheless, according to the experience of HelpAge Moldova, the boxes for complaints and suggestions located in each Refugee Accommodation Centre remain the most unpopular and unused method of filing a complaint!

Psychosocial support (PSS)

When the KII interviewees were asked what they feel at the top 3 needs for older refugees the need for psychosocial support was recognised by almost all as one of the top 3 needs. Many older refugees are isolated, especially those that live outside the RACs. Their communities have been destroyed, families broken up with many younger members moving away to other countries and for some they have the additional worry of families and friends remaining in Ukraine and the uncertainty surrounding their wellbeing. While some older refugees may be with their own families, work and education can mean that older refugees may find themselves alone for long periods of the day and if their mobility is limited, or they have limited financial resources for travel, they may find it challenging to access PSS activities. This finding is backed up by the MSNA with some 16.6% of > 60's reporting feeling stress, agitation[19] etc. compared with 11.8% of the total refugee population.

Where the need for psychosocial support is recognised, and help sought, there is an overwhelming sense that the support is available, with 86.6% of older people who sought access to psychotherapy[20] being able to access it although it appears that it is much more likely that women will reach out for support.

Whilst the KII all highlighted the need for PSS support, it was less recognised by the refugees themselves as part of their FGDs, perhaps reflecting a sense that if it is not bad enough to require a medical intervention it is not really a problem. There is therefore perhaps a lost opportunity for some preventive support which can reduce the risk that the refugees will need to seek further clinical assistance in the future. It may also be that some of the social activities provided that are effectively providing psychosocial support informally are not recognised as such by the refugees themselves. When asked their feelings about activities that enhance their social support, they all said they enjoyed them if they attend them – and this is perhaps an area that could be built on.

At the same time, in the focus group with men, they noted that even if different NGOs organize psycho-social support activities, they do not participate because they are "emotionally strong", but women often participate in such activities.

[19] **REACH – MDA-MSNA2023.** Tabular Analysis. April 2024
[20] Ibid

EXECUTIVE SUMMARY.

As the war in Ukraine has entered its third year there remains uncertainty for older refugees who currently live in Moldova. It is likely that those that plan to move to other countries have already done so and those that can return to Ukraine have also taken that step. Therefore, it can be assumed that those that remain are likely to do so at least until the war ends, if not longer depending on reconstruction needs and they can make the journey back home for good. For these, aid is vital as they work to survive and 53% state that they expect their needs for the next 6 months to be provided by the humanitarian community[21], despite planned changes and potential scale down of support.

It is impossible to consider the needs of refugees in Moldova in isolation from the host population as many of the challenges faced by older refugees are undoubtedly the same as their Moldovan counterparts and therefore the following recommendations are made accepting that many of these are as relevant for older persons in Moldova as they are the older refugees who live amongst them.

To this end the following recommendations are made:

RECOMMENDATIONS

For the Government of Moldova:

- Due to its temporary nature, Temporary Protection (TP) alone will not suffice to facilitate the integration of Ukrainians into Moldovan society. To achieve meaningful integration, a comprehensive strategy must be implemented, which includes granting resident status or an equivalent to those seeking to integrate, with the necessary refugee protection safeguards in place. This status would confer upon refugees the same rights and benefits as local citizens. Concurrently, TP should remain active for those refugees who are not interested in integrating
- Clearly communicate to refugees, in particular older refugees, what health care services are provided to those with temporary protection process and make sure all providers understand this to ensure that mixed messaging does not occur. Use all opportunities to share information to build confidence in the service.
- Improve communication and digital skills for older refugees to build confidence and skills within the older refugee population through the provision of courses and access to computers and other devices to make digital platforms more accessible.
- If the RACs that remain are to house the most vulnerable there is a need for clarity on the criteria for that vulnerability and also the RACs need to be adapted to ensure that those living in them have full accessibility etc. A full assessment of each RAC needs to take place to ensure that they are fit for purpose to meet the needs of the most vulnerable within the refugee population including older refugees.

[21] Ibid

For the Humanitarian organisations:

- Better disaggregation of data on the needs of all refugees but particularly older refugees to that the understanding of the needs of this population group is enhanced and support can be better targeted. Disaggregation needs to include breaking down older refugees into 60 – 69, 70-79 and >80 as the needs of these 3 groups is different and needs to be recognised. While the number of >80's is small it is significant and deserves to be recognised as a group with its own needs met.
- Better integration of services – and using opportunities for information sharing for those who are not tech savvy to reduce the risk that wrong information is shared with refugees through informal networks. Particularly the PSS which is needed, should be encouraged and used as an opportunity for other activities including information sharing but also activities to reduce isolation, increase mobility, build new skills, provide health care / self-care advice etc and some pleasure activities which can all contribute to improving the mental wellbeing of older refugees.
- Reexamine the criteria for the cash for rent support and consider lengthening it – if not fully at least partially so that refugees can afford housing that is suitable for them and will enable them to access other additional services that they require. Consider also to extend the criteria and include some vulnerable refugees.
- Cash distributions for vulnerable refugees, including older refugees, should continue, if possible, as these provide the best way for individuals and families to make their own choices on expenditure and will help promote independence and a greater sense of control and normality for the refugees themselves.
- Assistive products for older refugees should be more widely offered as part of the recognition of the needs of specific older refugees. This is not just about prosthesis and other aids for those who have a disability but hygiene kits, feeding aids etc and this will be possible if better disaggregation of data takes place.

Overall older refugees report a warm welcome from the people of Moldova, and this is now being translated into greater steps to integrate them into the Moldovan population. However, for many, while they appreciate the efforts made on their behalf, they remain uncertain about their futures and concerned that they may become forgotten as the world's attention moves elsewhere and humanitarian funding in Moldova decreases.

There is a sense that the needs of older refugees are invisible, or at least only partially understood due to a lack of detailed information on their needs but throughout this process it is clear that they are an extremely vulnerable population, with considerable health issues, psychosocial needs and overall feel very unsure of the future. It is therefore very important that more is done to understand this population group and to give them the visibility they deserve.

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ANNEX B – Interview Questions

Key Informant Interviews – HUMANITARIAN COMMUNITY AND GOVERNMENT OF MOLDOVA

Introduction and questionnaire guidance

Hello, how are you? Let me introduce myself: I am _____ from HelpAge Moldova. We are conducting research into the needs and access to services of older refugees from Ukraine, located in the territory of Moldova. This research comprises of 3 parts:

- *Undertaking a review of available data from recent MSNA's and other assessments carried out during the last year,*
- *A number of focus group discussions with older persons from the Ukrainian refugee population.*
- *Key informant interviews with key stakeholders and NGO representatives.*

Your participation is wholly voluntary, and you can choose to end the interview at any time or not answer a particular question. All information provided is treated confidentially and if we want to use a quote from you in our final report, your Name will not be mentioned, but only the name of the organization you represent. The information we gather will help us in developing our programmes further and also be used in our advocacy work on behalf of older persons here in Moldova.

We are interested in the different points of view and your feedback is very valuable to us. There are no right or wrong answers as everyone´s views are important. There is no need to prepare in advance and please feel free to stop us at any time to clarify or add further comments.

Before we proceed can you please confirm that

- *You are happy to participate?*
- *Do you have any questions before we start the discussion?*
- *Are you happy for your organisation to be mentioned in the report as an interviewee?*
- *Do you allow an audio recording of this discussion so that we don't lose any of your comments? After we have completed our notes the recording will be deleted.*

The questions are semi-structured and are intended to guide our discussion. The interview will take roughly 30 min.

Guidance for interviewer:

Not all the questions will be relevant to a specific KII, if so please move to the next question, ***whenever possible obtain examples.***

Briefly who are you and what do you do? What are your responsibilities, if any, towards the Ukrainian refugee population? Do you have any specific programmes for older persons? If so what? Are these standalone programmes of part of a wider programme targeting households or some other population group, perhaps by location or origin?

What do you see as the needs of older persons within the Ukrainian refugee population? If you had to prioritise what would be the top 3 most important needs you would identify? If we consider the older persons from 75+ do these needs change?

What activities do you do (if any) to alleviate these needs? If none, why not?
Eg. Clear mandate for other population group, lack of resources, lack of understanding of needs etc.

What opportunities, if any do you see to integrate meeting the needs of older persons into your activities? Is there any potential for intergenerational working?
E.g getting older persons and children together for activities.

What do you see as the barriers to supporting older persons within the Ukrainian refugee population?
Lack of understanding of needs, lack of funding, lack of access etc.

What are your plans for working with older people? If you plan to focus your work on older people, etc., How can we work together in this process?

How could we all better influence others on the needs of older persons within the Ukrainian refugee population? What opportunities for advocacy could we/should we use, etc? Who should our key targets be? Should we focus on certain sectors, population groups, issues or concerns?

Any questions for us?

Thank you for your time.

Key Informant Interviews – REFUGEE HOSTS.

Introduction and questionnaire guidance

Hello, how are you? Let me introduce myself: I am _____ from HelpAge Moldova. We are conducting research into the needs and access to services of older refugees from Ukraine, located in the territory of Moldova. This research comprises of 3 parts:

- *Undertaking a review of available data from recent MSNA's and other assessments carried out during the last year,*
- *A number of focus group discussions with older persons from the Ukrainian refugee population.*
- *Key informant interviews with key stakeholders and NGO representatives.*

Your participation is wholly voluntary, and you can choose to end the interview at any time or not answer a particular question. All information provided is treated confidentially and if we want to use a quote from you in our final report, your name will not be mentioned. The information we gather will help us in developing our programmes further and also be used in our advocacy work on behalf of older persons here in Moldova.

We are interested in the different points of view and your feedback is very valuable to us. There are no right or wrong answers as everyone´s views are important. There is no need to prepare in advance and please feel free to stop us at any time to clarify or add further comments.

Before we proceed can you please confirm that

- *You are happy to participate?*
- *Do you have any questions before we start the discussion?*
- *Are you happy for your name and a general location (e.g.urban/rural) to be mentioned in the report as an interviewee?*
- *Do you allow an audio recording of this discussion so that we don't lose any of your comments? After we have completed our notes the recording will be deleted.*

The questions are semi-structured and are intended to guide our discussion. The interview will take roughly 30 min.

Guidance for interviewer:

Not all the questions will be relevant to a specific KII, if so please move to the next question, ***whenever possible obtain examples****.*

Q1: Briefly tell us about the family that you have hosted here in Moldova? How many people have you hosted, and their ages. How long have they been living with you? Are they relatives or just friends? How did this family come to be living with you? Did you contact them and invite them or did they contact you to ask if they could stay?

Q2: What do you see as the biggest needs of older persons within the Ukrainian refugee population? If you had to prioritise what would be the top 3 most important needs **you** would identify from your experience of hosting a family with at least one older person within it? If we consider the older persons from 75+ do these needs change? *If they need to be prompted then this might be financial support, access to education for the children of the family, access to free or cheaper healthcare, better information about what is available for them etc…*

Q3: As we are particularly interested in the needs of older people – what particular support do you know about that has been offered/provided for older people? Do you think its sufficient? Is there something more that could be provided for older people here in Moldova to make their lives more comfortable?

Q4: Is there any particular support that you have found yourself giving the family, particularly the older members of the refugee family – help filling in forms, accessing information due to language challenges, providing transport to appointments that you feel local government or other organisations should/could be providing?

Q5: What do you see as the barriers older persons face when trying to access support within the Ukrainian refugee population? *Lack of understanding of needs, lack of funding, language etc.*

Q6: What more could/should be done to support you as a host family to help you support the family living with you?

Q7: If you had one message for agencies like Help Age Moldova and other organisations including the UN and Government about the needs of older people within the refugee population here in Moldova – what would it be?

Any questions for us?

Thank you for your time.

Moldova 2024 Focus Group Discussion questionnaire:
Focus areas: Needs of older refugees.

A standard Focus Group Discussion (FGD) typically accommodates up to ten participants. It is advisable to have a group size ranging from six to eight individuals to ensure effective participation in the assessment. With more sensitive groups, which may comprise smaller numbers, conducting semi-structured discussions is recommended.

For the Needs Assessment of 2024, FGDs will be held with the following groups:

- Older adults aged 60+
- Men and women

It is important to note that separate discussions should be held with men and women, as well possibly having one or two mixed groups.

Guidelines for Using the Questionnaire:

The purpose of this exercise is to gain a deeper understanding of the needs of older refugees from Ukraine located on the territory of Moldova.

The questionnaire provided below should serve as a guide for discussions. Depending on the dynamics of the discussion, group composition, and participants' experiences, certain topics may be explored in greater detail than others in the final report.

1. Facilitation:

Make sure that the participants are comfortable and feel at ease, that everyone has a place to sit. The preferable sitting arrangement is in a circle.

Express gratitude for the participants' time. Explain that this discussion, conducted HelpAge Moldova aims to explore the needs of Older Ukrainian refugees, 60+ years and better understand these needs and how older persons are coping with life in Moldova.

Participation is voluntary, and inputs will remain anonymous. Mention that the discussion will take around one and a half hours. The group discussion focuses on collective input, not individual cases. The exercise focuses on gathering feedback, but please make sure participants understand that we might not be able to implement every suggestion provided by participants.

Focus on the issues, solutions, and priorities raised by participants. Utilize open-ended questions and actively listen to the participants' insights. For specific groups, certain topics may hold greater relevance than others. Not all questions need to be asked in every FGD. For instance, individuals with disabilities might offer more insights on access to medical care and social services. In addition, it is important to ensure that every person has the space to contribute to the discussion with the time needed (i.e.: person with intellectual disability may need more time to elaborate the answer to the question.

2. Note-taking:

The note-taking exercise holds immense significance as it lays the groundwork for the HelpAge Moldova Needs assessment report. This report will play a pivotal role in shaping the ongoing priorities for programming and also be used to advocate on behalf of older persons with other organisations and bodies including the Government of Moldova. It is vital that the notes are both comprehensive and depersonalized, while also capturing participant quotes that authentically reflect the topics explored during FGDs.

I. Opening the Discussion:

Begin with the below script followed by the introductory questions/activity:

"*We would like to thank you for your time to participate in this focus group discussion.*

HELP AGE Moldova are hosting this conversation, conducting consultations with older refugee women and men to gain in-depth understanding of their situation and to consider recommendations to central and local authorities, international organizations and NGOs about steps that should be taken to ensure that individuals are able to exercise their rights and are able to find [durable] solutions, be it staying in Moldova over the medium- to long-term, returning home, or seeking relocation to a third country. This discussion is of extreme importance for making your voice heard by stakeholders and decision-makers. Alongside this we are also holding some interviews with assistance providers, local authorities, International and local NGOs to gain their perspective on the needs of older refugees here in Moldova.

Participation in this discussion is entirely voluntary, and we will keep inputs anonymous when we share our notes and prepare the final report. Participation likewise will not entitle you to any additional assistance but may contribute to program development in the future and will also be used to advocate for you needs within the wider humanitarian community.

We are particularly interested in differences between the needs of the young older persons and the more mature older persons, say 75+ so when possible please share your thoughts on both groups!"

GENERAL WELLBEING

- How welcome do you feel, here in Moldova? Have you found any challenges being accepted? What steps have you taken to address these?
- In your understanding – is there any difference between those living in urban and those living in rural Moldova? What in particular have you found?
- Have you received assistance in the last 6 months? If so from whom? What types of assistance have you received? CASH, Food, health care, other assistance? What challenges, if any, have you faced accessing assistance?
- Give us some examples of the support you have received so far? – Has it met your needs, fully/partially?
- If you have received financial assistance in the past 6 months – what has it been spent on? *Essential items like food and medicines, or something else – travel, gifts, social activities where to meet other Ukrainians or Moldovans etc?*
- Where else do you go for support? Relatives, back to Ukraine, informal community support?

More specifically:
HEALTH

- Have you or your family members sought medical assistance in Moldova?
- Describe your experience with medical services (government, NGOs, private).
- Have you had experiences of being refused medical assistance and services. Is so why?
- Are there unmet medical needs?
  - If yes, what type of medical needs are unmet?
  - Why are they unmet?
  - How can barriers be overcome?
- If you have been offered Hygiene products, have you been offered products that might be needed by older persons– incontinence pads, towels, Long-Handled Brushes, mild body wash, soaps, and shampoos etc.? By whom (NGO, UNHCR, government?
- If you have mobility issues or visual challenges – in your experience has this affected your ability to access health care. Are you aware of special provision in health care facilities for those with mobility issues or visual impairments?
- How easy is it to get transport to a health care facility? Is it expensive, or is the cost reasonable?
- How easy is it to get medicines when you have been sick. Do you think the price of medicines is reasonable? Are instructions available on how to take the medicines in a language you understand?
- If you are suffering from a long term/chronic illness e.g TB, diabetes, how available is health care for chronic conditions?
- Are specialist services available? *Eye care, ear care, physiotherapy, psychiatric services etc? Do you have access to them in terms of budget and reasonable waiting time?*
- How long on average do you have to wait to be seen once you arrive at a health facility?
- Are home visits available for elderly and disabled people who cannot get to a health facility?
- Have you found yourself or your household reducing the amount of money you spend on or the services you require on health care?
- Have you needed to report to International organisations or national institutions issues with Health care – either access or quality of the provision? Do you feel your grievances were listened to and taken seriously?
- Do you think that with the new provisions within the TP access to secondary health care has improved, and your needs are now considered?
- Do you feel that Moldovans have an easier access to HC compared to you?

FOOD SECURITY and NUTRITION

- As older people, are your food needs being met? What particular foods do you like to eat? Are these foods available here in Moldova – at a price you can afford?
- Can you access particular foods you might need if you have a medical condition – Diabetes, coeliac disease?
- Do you have access to dental care to enable you to eat well and comfortably?
- What about food preparation? Do you have enough equipment and a clean space to prepare food safely?
- Are you living close to a food store to be able to easily buy food?
- Are food prices comparable to what you are used to? Do you have sufficient funds to be able to pay for the food you need for you and your family? Do you find yourself looking for cheaper alternatives?
- Have you had to buy food on credit or borrow food for your household?
- Have you had to sell household items to be able to meet your basic needs? *E.g., Radio, TV, furniture*
- Have you had to withdraw children in your household from school due to a lack of food or money to buy food?
- Have you found yourselves reducing the amount of money you spend on food?
- Have you or your household needed to miss meals due to a lack of food? Have adults missed meals to enable children to eat? Have you needed to reduce portion sizes?

LIVELIHOODS and financial support

- What is your household primary income source?
- Have you tried to find employment or income opportunities in Moldova? If so – how successful have you been?
- Would you like to work, would you consider training?
- If you want to work – are there particular barriers that you feel discourage older people from working?
- Are there any initiatives or support services that you believe could help refugees, particularly older refugees, to have better access to existing job opportunities?
- Are there social or cultural factors that affect your ability to engage in certain types of work? If so, how could these be addressed?
- Have you participated in any vocational training or skill development programs in the Republic of Moldova? How effective were they? Do you think those are relevant and could help refugees to get better jobs?
- Have you preserved your employment/business in Ukraine/your country of origin (including on-line remote employment)? Is so why did you opt for that and how do you manage? What are your future plans in this regard?
- Have you or anyone in your household had to take on degrading work or illegal work or high risk jobs due to financial pressures?

- Are the some disabilities that might become a barrier to you working?
- Has your household had to sell productive assets, to enable you to meet basic needs? *Sewing machine, bicycle for example?*
- *Are you taking care of children or other family members? Would you be able/interested in doing so?*
- Do you have access to a pension as part or all of your income? How do you access it? Through a bank here in Moldova, by returning regularly to Ukraine to collect it. BY having a family member collect it and deliver it to you?
- Are you still able to access any savings you may have had? Have you been using your savings for daily living? Do you have plans for what to do when/if these run out?

PROTECTION/safeguarding

- How safe do you feel here in the Republic of Moldova?
- What do you see as the biggest threat to your safety? - threats from unwelcoming community members, normal street crime, poor street lighting making travel difficult?
- Have you any concerns on how the way humanitarian aid has been fairly distributed/based on needs rather than other factors (safeguarding)?
- Do you have any support (financial, etc.) from your family/relatives/friends at home or from the community where you live?

SHELTER/HOUSING

- Where do you currently live?
- Are you satisfied with your housing conditions?
- Are you worried that the RAC is going to close and you have to move out to another centre/community?
- If you previously lived in a RAC, why did you move out?
- Is your accommodation accessible?
- Do you share your private accommodation with another family? Are the bedrooms overcrowded?
- Did you need to change from one house to another during this year? How often? And why?
  - If renting, are you able to pay the rent every month? If no, what are the constraints to pay the rent? Do you have any proof of the rental arrangements with the landowner? did you sign a contract?
- Did you face any challenges in securing housing?
- Do you plan to change your living situation in Moldova? Why?
- Have you had to change your living situation due to a lack of resources?
- Have you had to sell land or your home due to a lack of resources? (including in Ukraine)?

- Are you able to access warm clothing in the winter for you and your family?
- For those that have mobility challenges, how easy is it to find shelter that is suitable – without steps, well lit etc.?

PSYCHOSOCIAL SUPPORT

- Have you received mental health or psychosocial support and found it helpful?
- Are there barriers you have found to accessing mental health or psychosocial support?
- Have you made any efforts to reduce isolation by organizing groups of older people to get together for company?
- Are there others (NGO, local organisations) providing groups where older people can meet and have company and friendship?
- How do you hear about these opportunities?
- Do these incorporate activities to decrease mobility issues – walking , gentle exercise, tai Chi? Etc
- Do you need home care services? Do you know other OP in need of those services?

INFORMATION AND COMMUNICATION

- What information access obstacles have you encountered?
- Which sources of information do you trust? *And where do you gather information from. (i.e: Facebook, Viber and Telegram Group)?*
- What information do you lack?
- How do you prefer to receive information? *Phone, SMS, Facebook, Viber etc*
- Are you aware of where to voice concerns or complaints? Do you feel comfortable using the existing complaints channels? If not, why? Do you think these channels are effective? If not, why?

OTHER

- What other needs, if any, do you see that older people are struggling with? Is this different for the 60 – 70-year-olds and the 71+ year olds?
- Who do you think would be the best people to provide this support? *Government, International NGO's, Local NGO's, local community groups?*

CLOSING QUESTIONS - LOOKING FORWARDS

- What do you think will be the most pressing needs over the next 6 months? *Health Care, Employment assistance, assistance with education for family members, housing assistance, social cohesion activities with local community etc.?*
- What additional support do you think you will be looking for over the next 6 months/ 1 year?
- If you, or a member of your family have a disability, what do you think will be the biggest need over the next 6 months?
- What advice would you give us as we work to meet the needs of older people within the refugee population?

Any questions for us?

Many thanks for your time.

ANNEX C. List of KEY INFORMANTS by organisation.

- Ministry of Labour and Social Protection – Government of Moldova.
- Family Doctor Centre
- RAC Centre Manager
- United Nations High Commission for Refugees
- United Nations Women
- WeWorld
- Keystone
- Intersos

5 x Local hosts of older Ukrainian refugees

Focus Group Discussions:

2 x RAC 36 – Chisinau, 104 Doina Street (one men and one women)

2 x Community Safe Space, Cahul (one men and one women)

2 x Singerei Community. (one men and one women)