Multi-Sector Needs Assessment (MSNA) Moldova - 2023

Key Findings presentation

October 2023

REACH Informing more effective humanitarian action

UNHCR The UN Refugee Agency

unicef

Regional Refugee Response for the Ukraine Situation

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01

Objectives and Methodology

Assessment Objectives

The MSNA aims 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 **the priority needs** of refugee households pertaining to protection, health, education, accommodation, livelihood and socio-economic inclusion, food security, and WASH
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.

Population Coverage and Data Collection

COMPLETED SURVEYS

890

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.

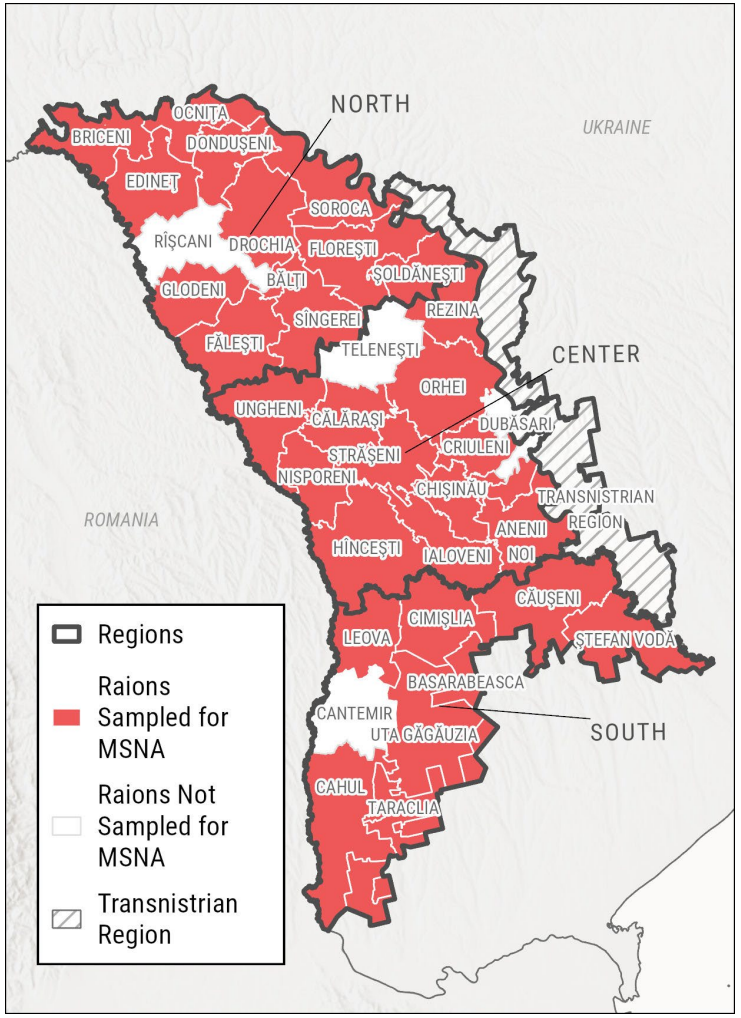
DATA COLLECTION

From **14 August** to **10 September 2023**

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).

Geographical coverage and Sampling



- National coverage, excluding the Transnistrian region*.
- Three-level hierarchical administrative framework: regions (North, Centre, South, Chisinau), raions (35 raions), and settlements (around 900 settlements).
- 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 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.

** Based on the referenced population figures, all settlements in Rîșcani, Teleneşti, and Cantemir contained less that 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 randomisation (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.
- **Cleaning:** Modifications during the cleaning process sometimes resulted in discrepancies or missing values, impacting the completeness of the dataset for specific subsets. Therefore, in certain cases, the total number of responses obtained may not match the subsets being considered. When relevant, the sizes of specific are provided.
- **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.

02

Demographics

Demographics: HH Composition

2.36 Average HH size

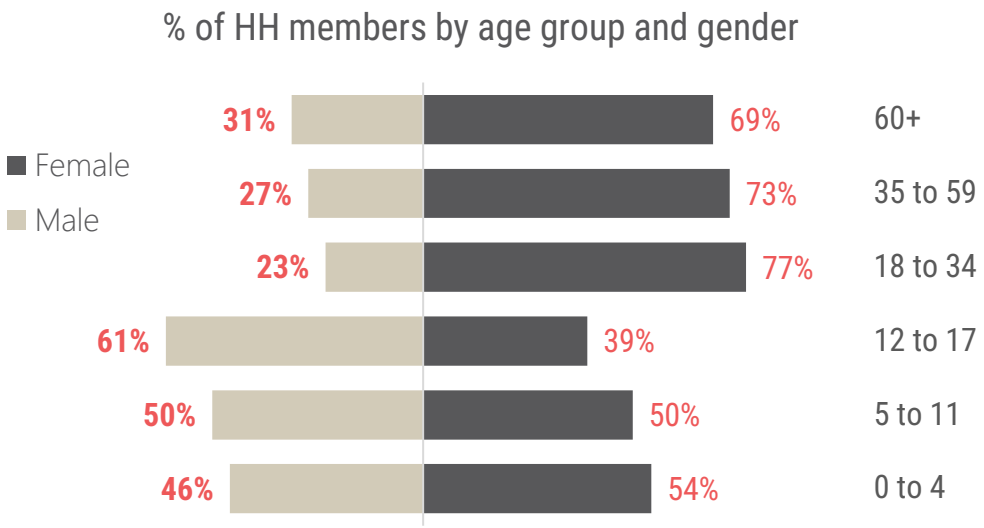
2130 HH members

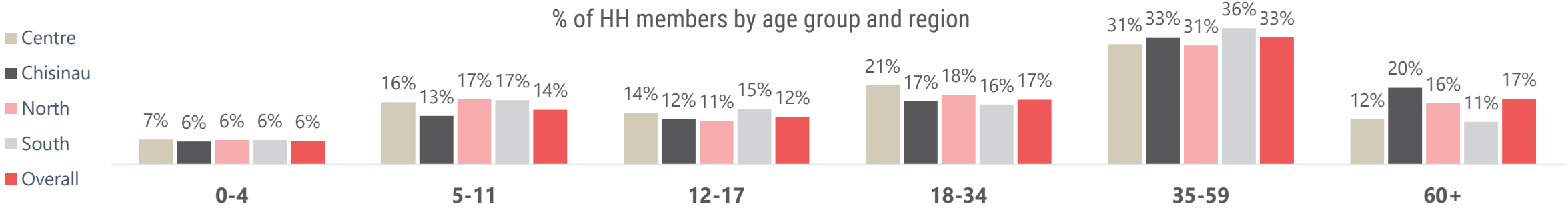
64% **36%**

54% of HHs have children (under 18 of age)

17% of HHs have older persons (60+)

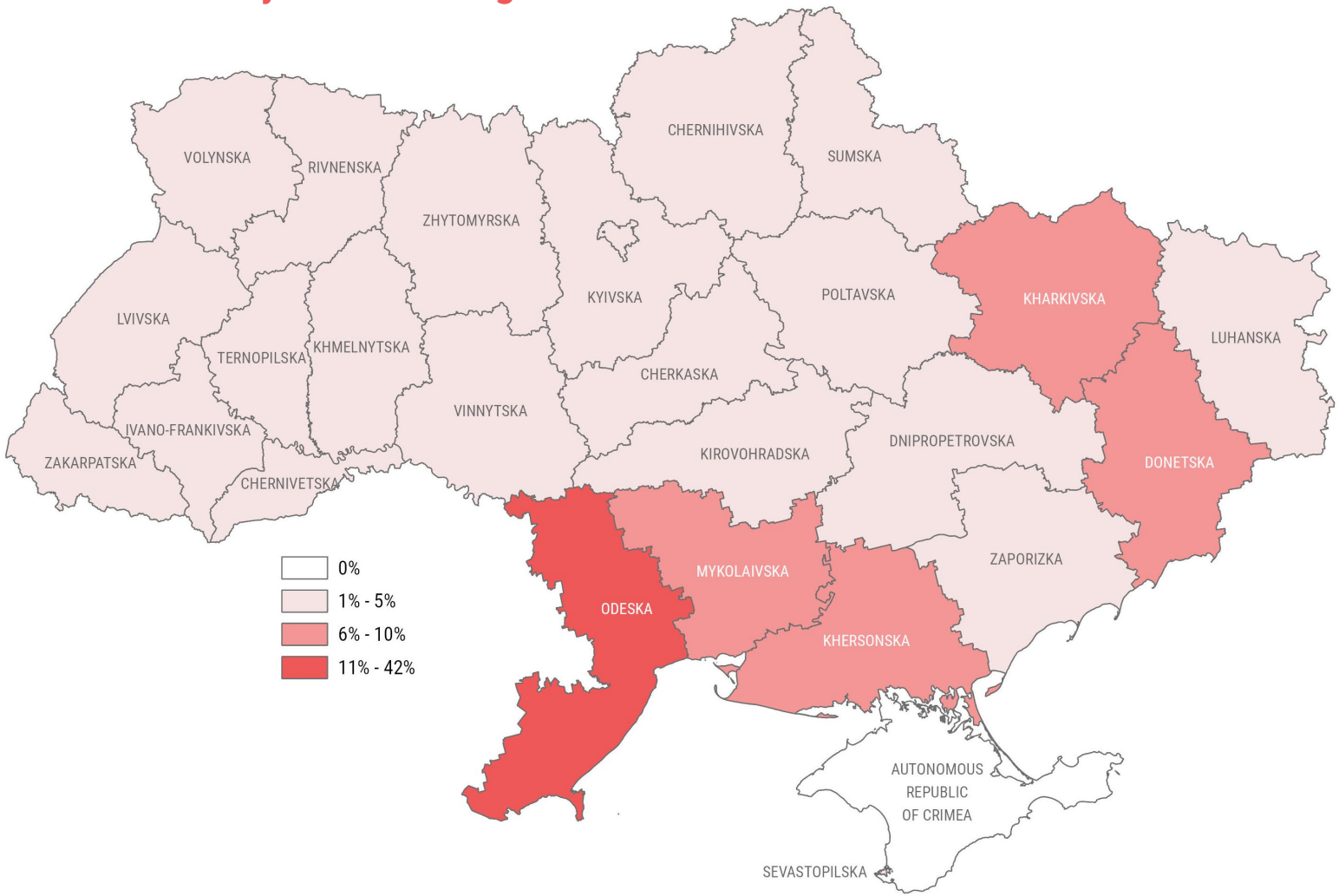
4.1% of HHs have Pregnant or Breastfeeding Women





Demographics: Oblast of Origin and Ethnicity

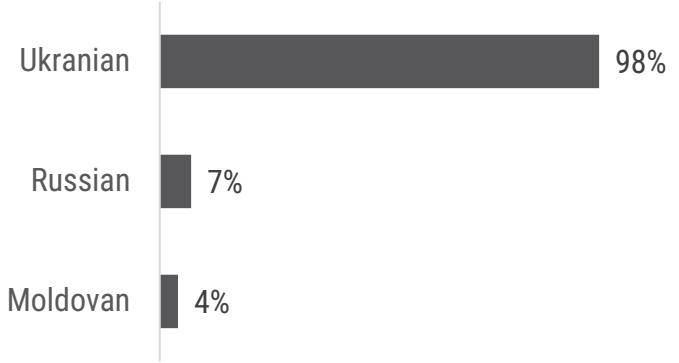
% of HHs by Oblast of origin



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

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

Top 3 HH ethnic backgrounds (self-identified)*



03

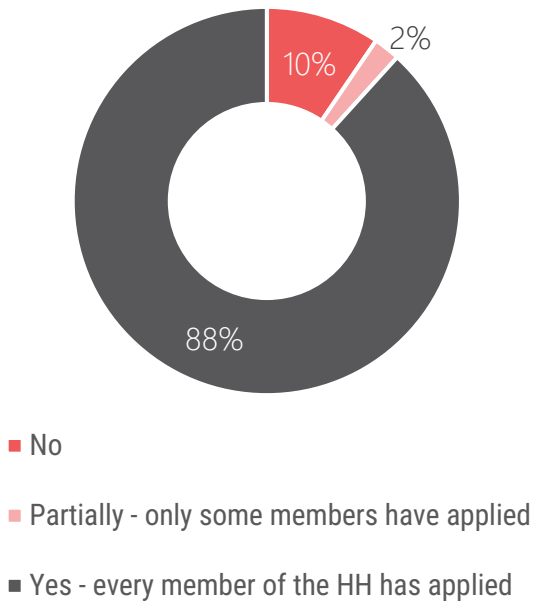
Key sectoral Findings

Protection

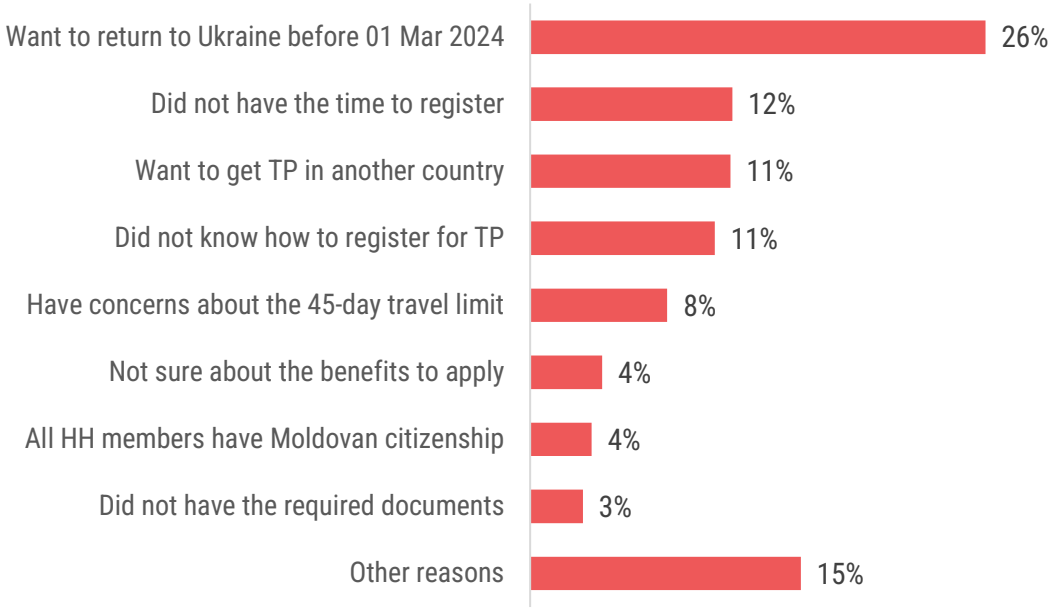
Protection

Temporary Protection (TP)

% 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)*



** Respondents could select multiple responses*

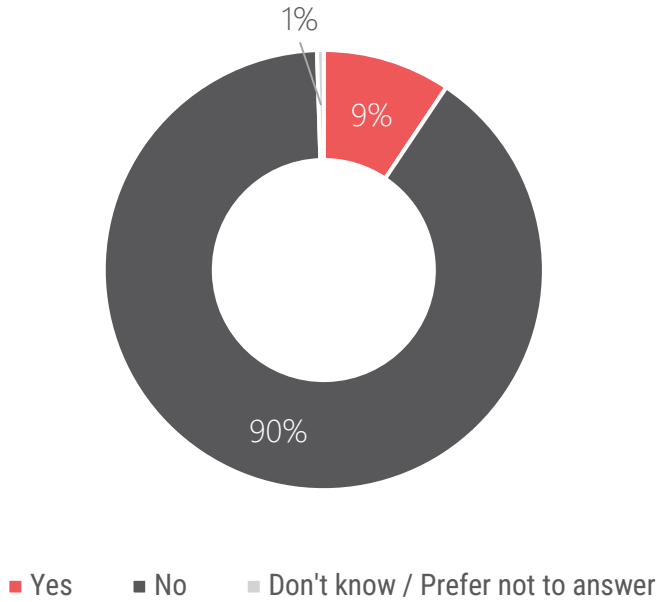
Of the HHs where no member or not all members had applied for TP, approximately half (51%) expressed **no intention to apply.**

The vast majority of HHs where at least one member had not 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**, the **lack of proof of residence in Moldova**, and **long queues with extended waiting times**.

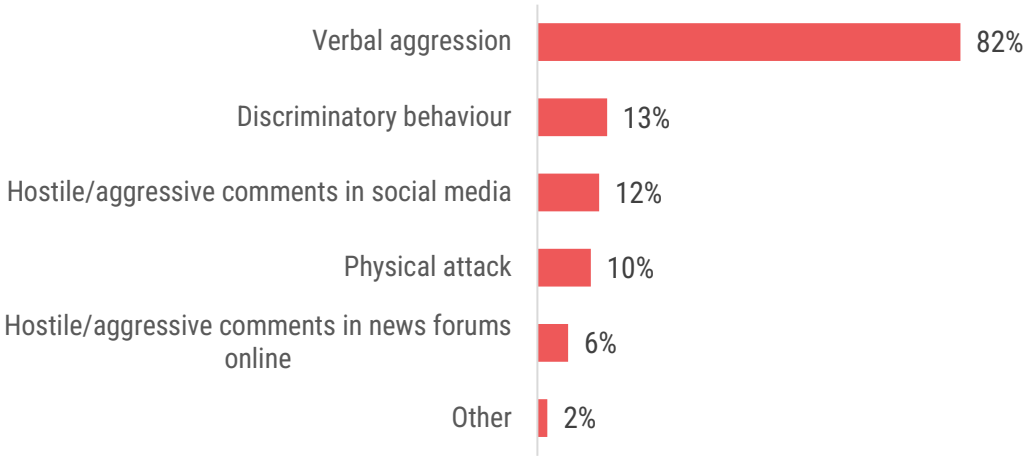
Protection

Social Cohesion

% 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)*



** Respondents could select multiple responses*

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

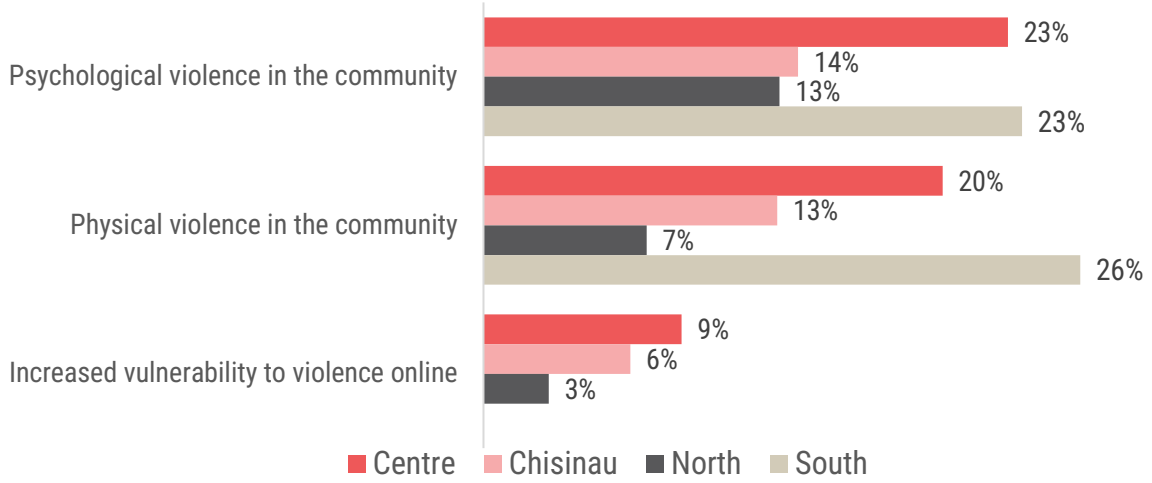
Protection

Child Protection

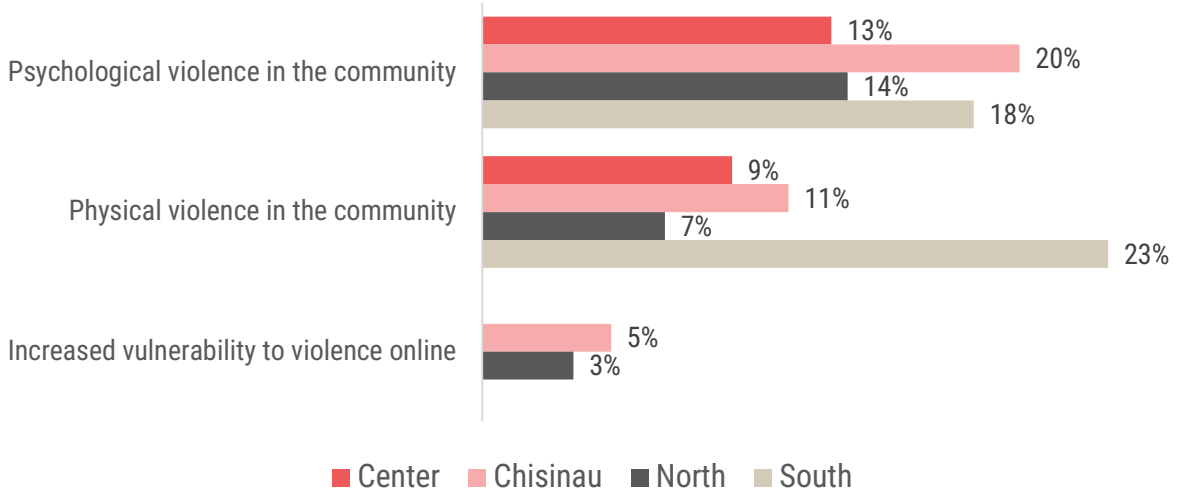
HHs with at least one boy (<18) were inquired about the protection risks boys faced in their residence area. Likewise, HHs with at least one girl (<18) were asked about the risks faced by girls. Most HHs reported that there were **no discernible protection concerns** for boys and girls. (67% and 68%, respectively).

Nearly all surveyed HHs reported being aware of services to report cases of violence against children in the community, with the following services being the most frequently mentioned: **Police** (97%), **Helpline** (41%), **Government services** (38%), **NGO services** (25%).

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



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

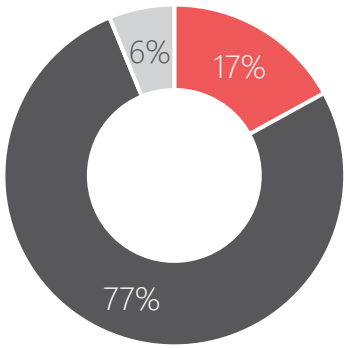


** Respondents could select up to 3 responses*

Protection

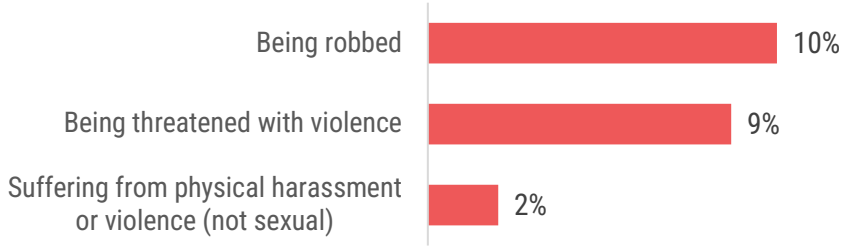
Gender-Based Violence (GBV)

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



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

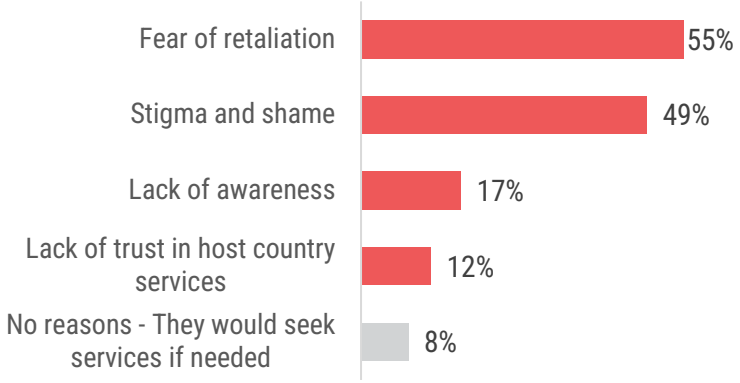
% of HHs by top 3 safety and security concerns for women (n=824 HHs with at least one female HH member)**



*** Respondents could select up to 3 responses*

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

% of HHs by main perceived reasons why women would not seek services if they were victims of violence*



** Respondents could select multiple responses*

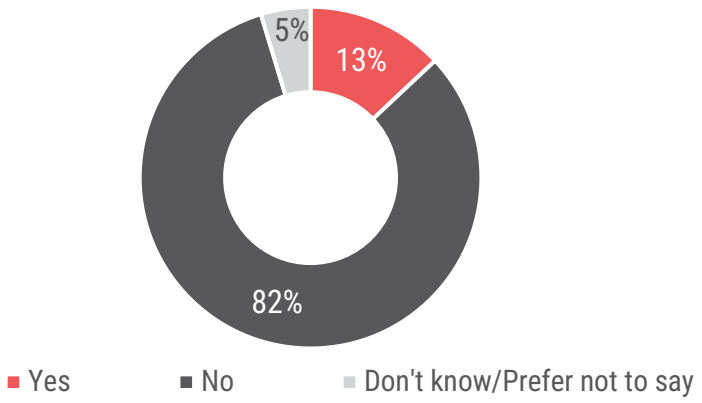
Notably, **HHs in the Centre and South** regions were more likely to mention concerns related to **women being robbed**, with 15% of HHs in both regions reporting such concerns. Additionally, HHs in the South were more inclined to report concerns about **women being threatened with violence**, with 15% expressing these concerns.

Regarding the availability of existing GBV services in their area, respondents in the Centre were found to be the most unaware of such services across all types. No notable variations were observed between urban and rural areas

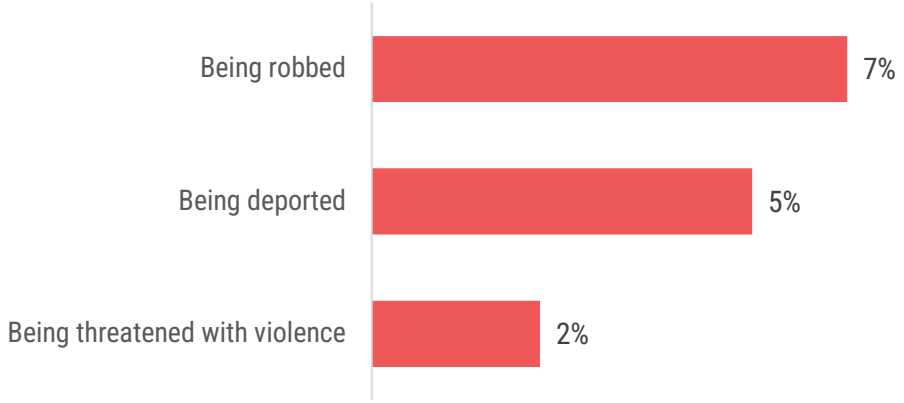
Protection

Gender-Based Violence (GBV)

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



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



** Respondents could select up to 3 responses*

The proportion of HHs with at least one male HH member reporting safety and security concerns for men was slightly smaller than for women (13% and 17%, respectively).

Notably, HHs in the South were more likely to report concerns about deportation for men (10%), detention (5%), or being threatened with violence (5%), than in other regions. No major differences were observed between HHs in urban and rural areas.

Accountability to Affected Populations (AAP)

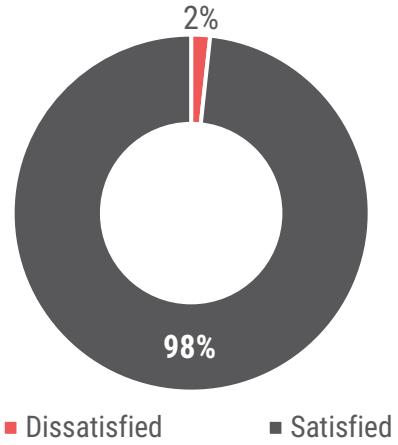
Satisfaction with aid received

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

Among those who reportedly received aid, the most commonly mentioned types of aid received were:

- Humanitarian distributions (NFIs, Clothing, Hygiene products, etc.) (78%),
- Humanitarian financial aid (cash or vouchers: unconditional) (77%),
- Humanitarian distributions (Food) (62%),
- Humanitarian financial aid (Cash or vouchers: conditional) (25%).

% 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)



Top three priority needs by % of HHs

Healthcare services
43%

Food & Drinking water
29%

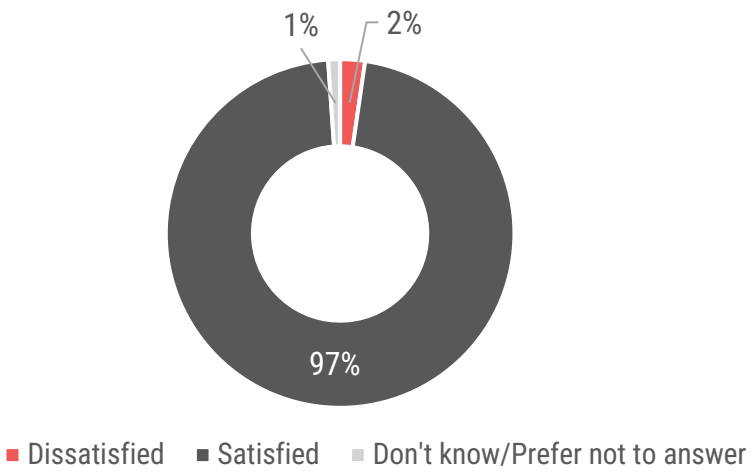
Winter clothes
25%

Accountability to Affected Populations (AAP)

Key Findings

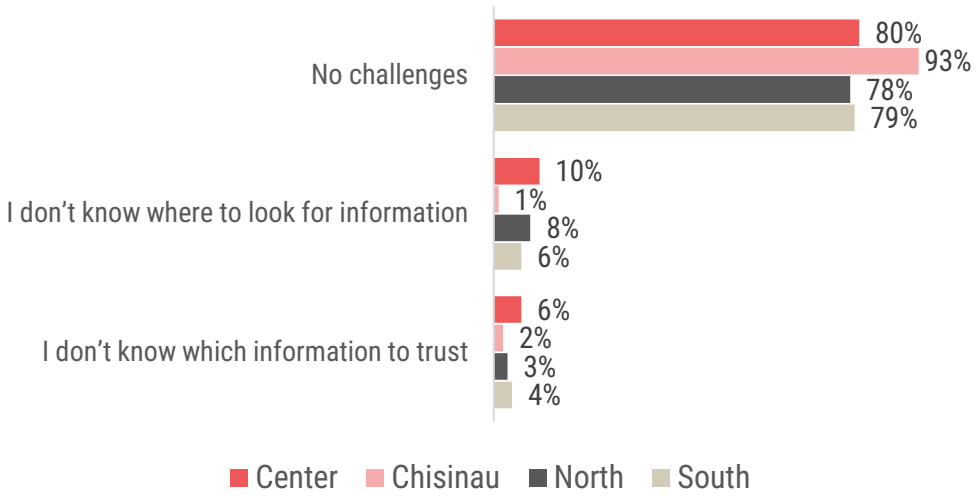
Satisfaction with aid workers

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



Access to information

Top 3 most reported challenges faced in accessing needed information*, **



** including information on rights and entitlements and access to services*
*** Respondents could select up to 3 responses*

Findings indicate that the most preferred means of receiving information are:

- Viber (60%)
- Green line/Phone call (54%)
- SMS (15%)

Feedback/complaint mechanisms on aid providers behaviour

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, 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%)**.

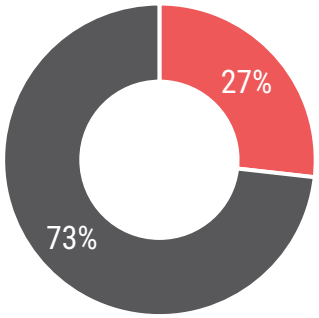
HHs showed a preference for telephone calls and social media as the primary channels for providing feedback or lodging complaints about aid providers' behaviour and addressing other sensitive issues (reported by **57%** and **52%** of HHs, respectively).

Education

Education

2022/2023 school attendance

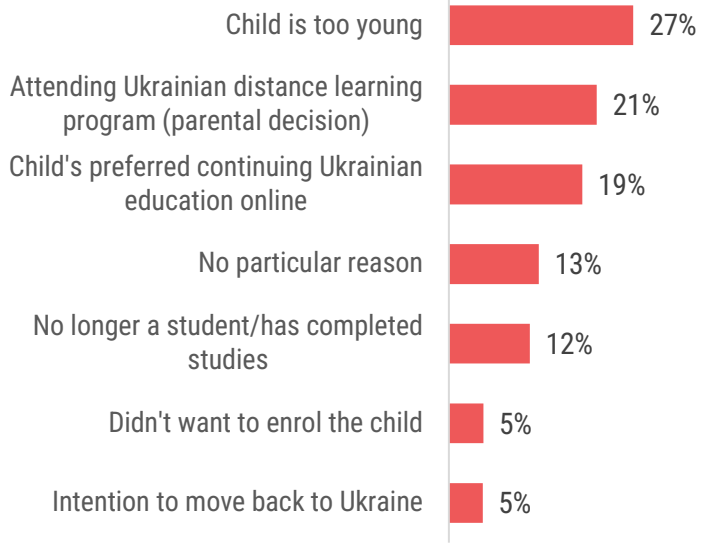
% of school-aged HH members (3-24y.o.) enrolled in formal education during school year 2022/2023 (n=794)



97%

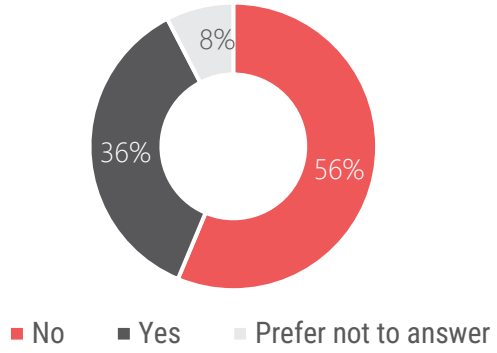
of children (3-24 y.o.) enrolled in school reported to be attending school regularly

% 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 children (2-6 y.o.) reported to have attended early childhood education in Moldova in school year 2022/2023 (n=198)

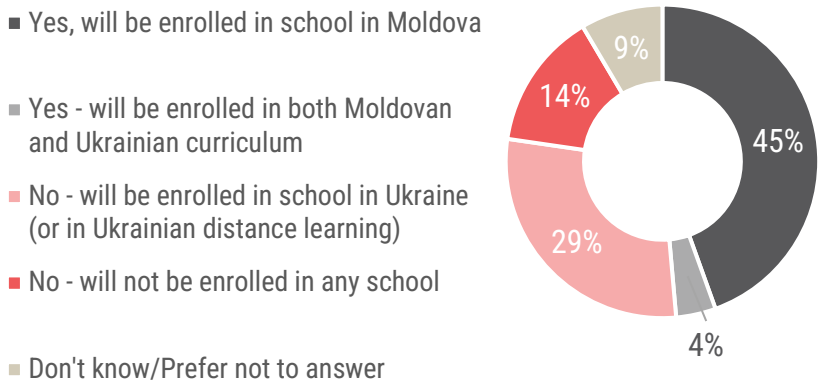


During the school year 2022/2023, the majority of school-aged HH members who were reportedly enrolled in formal education were engaged in Ukraine distance learning (54%), while 45% were enrolled in schools in Moldova. Among theose enrolled in Moldovan schools, the largest groups were in **pre-school** (2-6 years old), **gymnasium** (5-9 years old), or **primary grades** (1-4). Interestingly, there seems to be a **lower enrollment** of refugee children in Moldovan schools in **Chisinau**, and this trend is also observed in **urban areas**.

Education

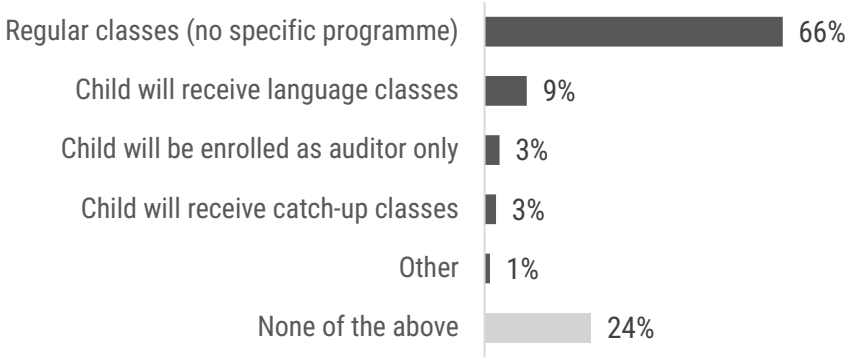
2023/2024 school year

% 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*

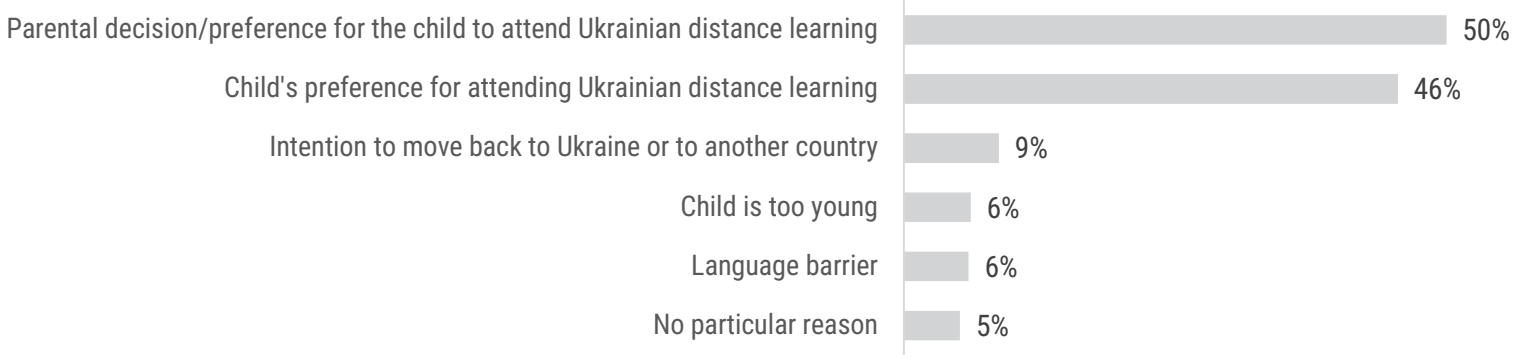
% of school-aged HH members (3-24 y.o.)* intended to be attending education programmes in Moldova in the school year 2023/2024 ,by type of programme**



** among those not having completed their studies, n=631 – subsets don't match due to cleaning*
*** Respondents could select multiple responses*

Notably, 8% of HHs in the Centre cited the lack of schools within a reasonable distance as the reason for non-enrolment in Moldovan schools in the school year 2023/2024.

% of school-aged HH members (3-24 y.o.)* by reasons for not intending to enrol the child in school in Moldova in school year 2023/2024**



**among those who will reportedly be enrolled in school in Ukraine (or in Ukrainian distance learning) or will not be enrolled, n=647*

*** Respondents could select multiple responses*

Socio-Economic Inclusion and Livelihoods

Socio-Economic Inclusion and Livelihoods

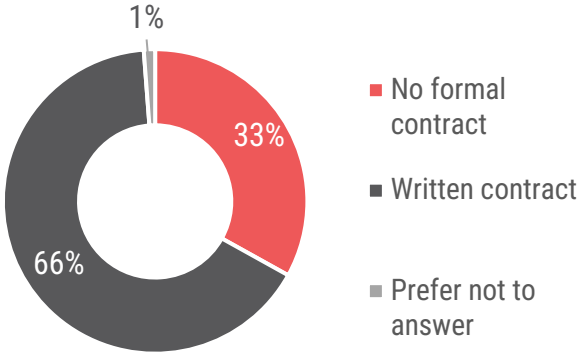
Employment

% of HH members (>15 & <65 y.o.) by employment status (n=503*), by region

	Unemployed**	(Self-)Employed
Centre	11%	89%
Chisinau	5%	96%
North	12%	88%
South	11%	89%
Overall	8%	93%

**Results do not add up to 100% due to rounding issues*
***Among those reportedly (self-) employed; or seeking employment at the time of data collection and able to work if offered a job*

% of employed HH members (>15y.o.) with a formal written employment contract (n=453)



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

** Respondents could select multiple responses*

Top 3 most reported employment sectors of (self-)employed HH members (>15 y.o.) (n=458)

- Beauty services (13%) - All females
- Wholesale/retail trade, repair of motor vehicles/motorcycles (11%) - Mixed
- Other service activities (9%) - Mixed

Notably, the share of **unemployed HH members** was relatively **high in rural** (17%) compared to urban areas (7%).

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

Income and socio-economic needs

% of HHs by main sources of income in the 30 days prior to data collection (or since arrival if arrived less than 30 days prior to data collection)*

** Respondents could select multiple responses*

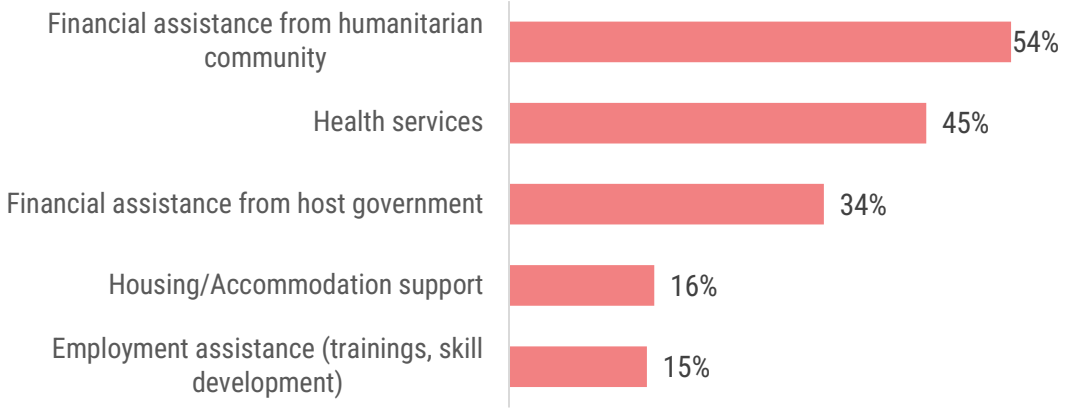
HHs in the Centre and South were more likely to report having no income sources (5% and 4%, respectively). Additionally, HHs in the Centre (14%) and South (11%) also showed a greater reliance on social protection benefits from the Moldovan government as their primary income source, in contrast with the other regions.

The highest share of HHs reporting employment as their primary income source was found in the North (42%).

Top 5 main reported areas of support required for socio-economic inclusion (to improve economic opportunities in Moldova)

** Respondents could select up to 3 responses*

% of HHs by types of socio-economic needs anticipated in the 6 months after data collection*

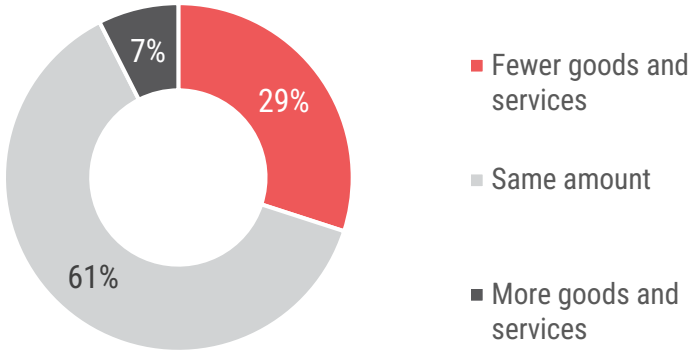


** Respondents could select multiple responses*

Socio-Economic Inclusion and Livelihoods

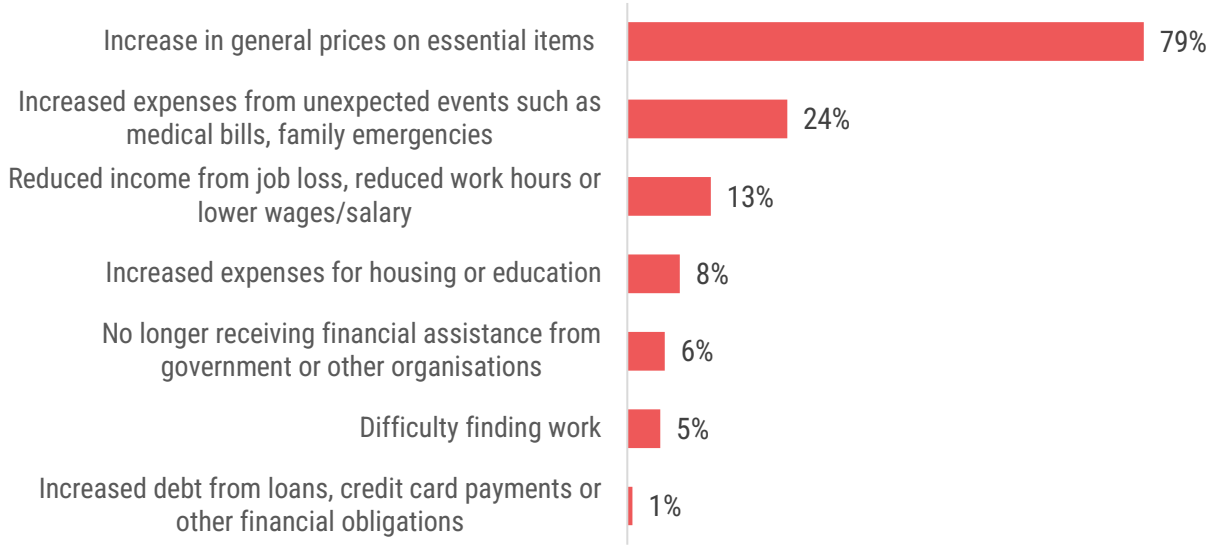
Economic Resilience

% 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)*



** Respondents could select multiple responses*

% 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%

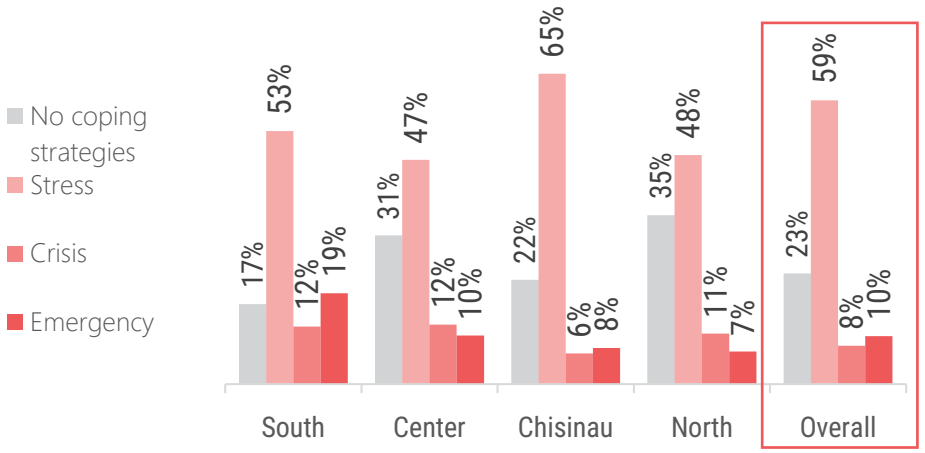
Socio-Economic Inclusion and Livelihoods

Livelihood Coping Strategies

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.

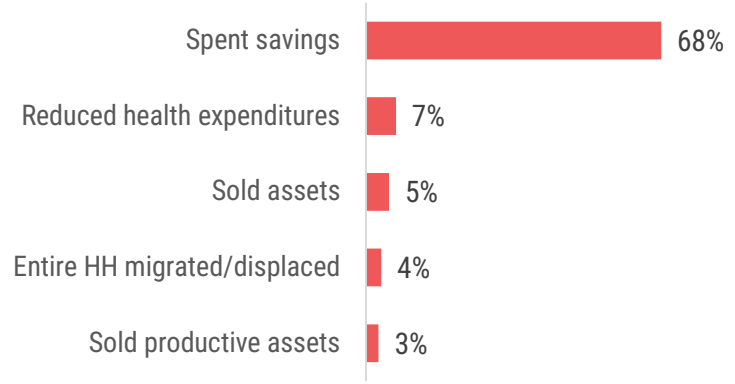
The use of emergency, crisis, or stress-level LCS typically reduces HHs' overall resilience and assets, in turn increasing the likelihood of unmet basic needs

% of HHs by LCSI category, by region*



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

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



** 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)*

*** Respondents could select multiple responses*

More than **two-thirds of HHs (77%)** employed some level of negative coping strategies (stress or more severe). The **prevalence of adoption of livelihood coping strategies at levels of stress or above was notably higher in the South (83%)**. HHs in this region were also more likely to have used emergency-level coping strategies in the 30 days prior to data collection (**19%**, compared to **10%** at the national level).

While the proportion of HHs employing negative livelihood coping strategies was the same among urban and rural areas, **HHs in rural areas were more likely to resort to emergency-level coping strategies** than in urban areas (**24%** and **8%**, respectively).

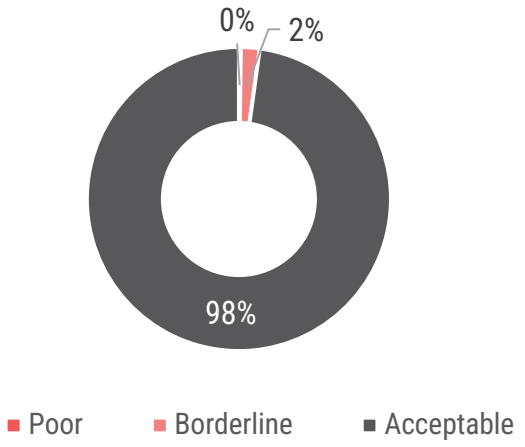
Food Security

Food Security

Food consumption and coping strategies

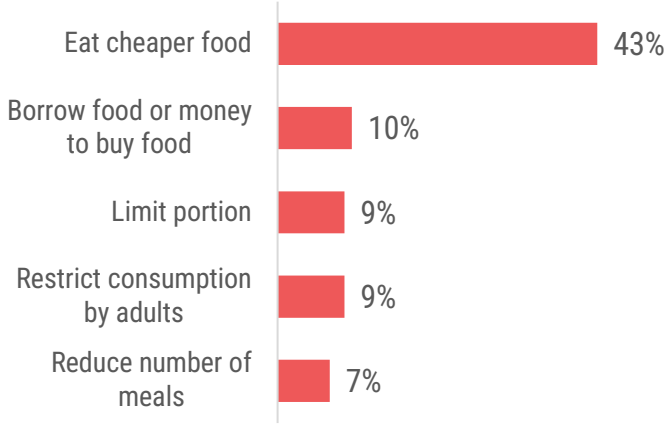
Food Consumption Score (FCS): used to measure dietary diversity, food frequency, and the relative nutritional importance of food groups based on a seven-day recall period of food consumed at HH level.

% of HHs per FCS



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.

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



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

% of HHs with the closest food store/market/supermarket located within a 30-min walking distance from their residence

99%

% of HHs with food amenities in accommodation (to prepare/cook own food)

98%

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).

HHs in the South were more likely to report non-availability of a food store/market/supermarket close to residence (within less than a 30-min walking distance): 7% of HHs in the South, compared to 1% nationally.

A similar trend was observed in rural areas (7% compared to 1% in rural areas).

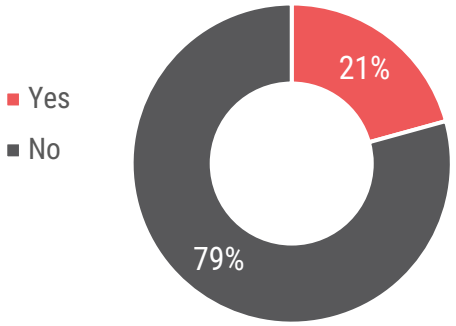
Health

Health

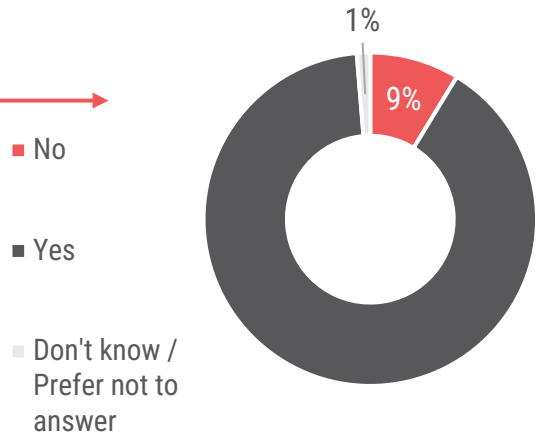
Access to healthcare

Key Findings

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



% of HH members having been able to access the needed healthcare

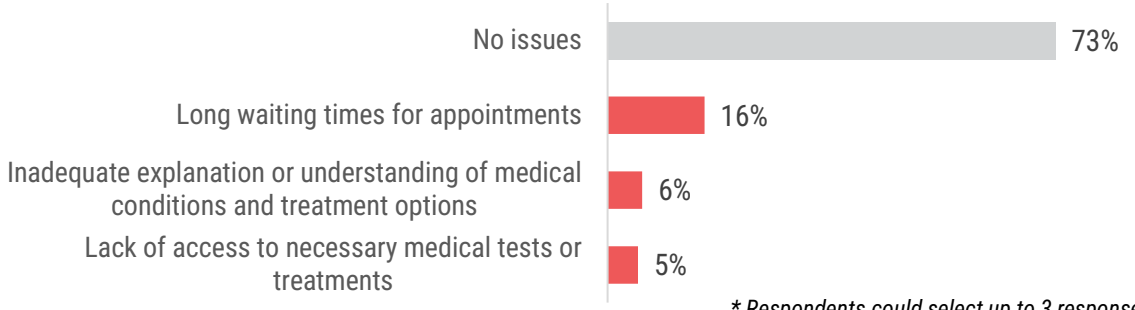


No notable variations between regions when it comes to access to the healthcare needed in the 30 days prior to data collection were recorded.

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**.

Top 4 most reported HH grievances on the quality of healthcare (among those who accessed it in the 30 days prior to data collection (n=389)*



** Respondents could select up to 3 responses*

% of HHs with female members (10-55 y.o.) reporting barriers to accessing sexual and reproductive health (n=663)	% of HHs not aware of entitlement to emergency care in Moldova	% of HHs not aware of entitlement to public healthcare services in Moldova
2%	13%	16%

Health

Disability

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

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

Difficulties pertaining to the above functions were ranked as follows:

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

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

% of HH members (>=5 y.o.) experiencing any difficulty with the following at the time of data collection:

Difficulty	Centre (n=403)	Chisinau (n=748)	North (450)	South (395)	Urban (1673)	Rural (323)	Overall (1996)
Seeing	15%	20%	16%	18%	19%	18%	19%
Hearing	3%	5%	4%	3%	4%	3%	4%
Remembering/ concentrating	8%	5%	6%	4%	5%	7%	5%
Selfcare	3%	3%	2%	5%	3%	6%	3%
Walking	2%	1%	2%	1%	1%	2%	1%
Communicating	1%	0%	0%	2%	0%	3%	1%

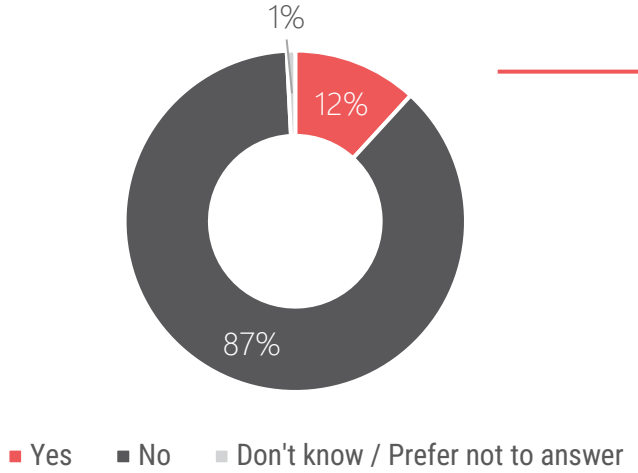
% of HH members (>=5 y.o.) potentially having a disability – Difficulty level 3 or 4

6%

Health

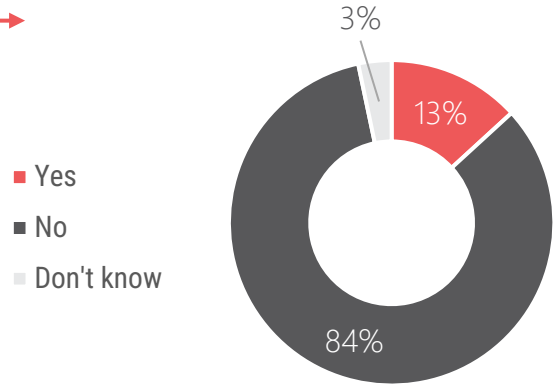
Mental Health and Psychosocial Suppport (MHPSS)

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



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

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



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

% of HH members (>=18y.o.) who sought MHPSS among those who needed it (n=23)

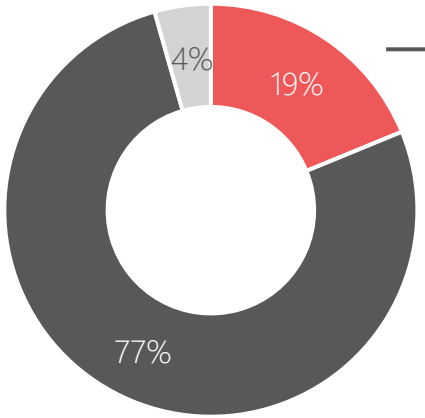
47%

Health

Vaccination

Measles vaccination

% of children (9mo – 5y.o.) having received measles-containing vaccination (n=178)



% of children (9mo – 5y.o.) having received a second dose of measles vaccination (among those children who received measles-containing vaccination, n=133)

56%

No Yes Don't know / Prefer not to answer

Polio vaccination

% of children (<7 years old, n=229) by number of doses received*

15%	0 doses
27%	1 dose
19%	2 doses
14%	3 doses
10%	4 doses

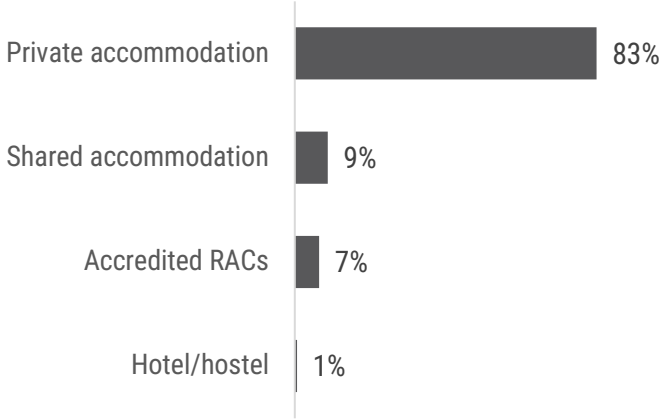
** The remaining proportions pertain to HHs reporting not knowing or preferring not to answer*

Shelter / Accommodation

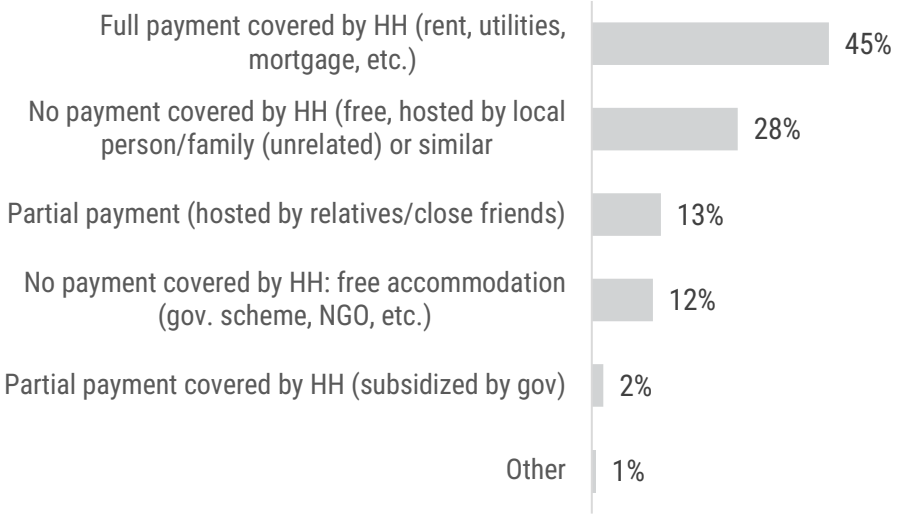
Shelter / Accommodation

Accommodation arrangement

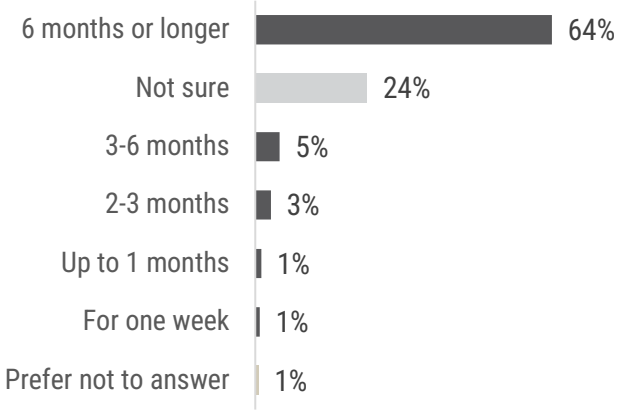
% of HHs by type of accommodation



% of HHs by accommodation arrangement (n=889)



% of HHs by projected duration of stay in their accommodation based on HH's financial situation*



**Projections at the time of data collection, among HHs fully or partially paying for accommodation, n=487)*

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

HHs in the Centre (20%) and South 17%) were more likely to report living in shared accommodations (room in an apartment, hosted, sharing with other refugees, etc.), compared to the other regions.

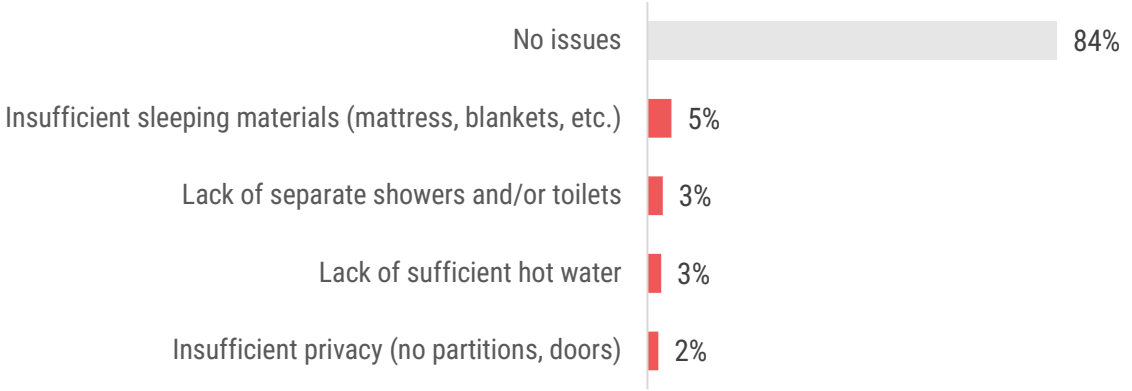
For most HH living in rented accommodation, the majority (85%) reported being able to pay their rent on time in the 3 months prior to data collection. During the same period, only 8% of households reported experiencing difficulties paying one time, 3% faced difficulties twice, and 1% reported consistently paying the rent late every month.

No concerns were recorded with regard to the risk of eviction, with only 0.3% of HH perceiving pressure to leave their accommodation.

Shelter / Accommodation

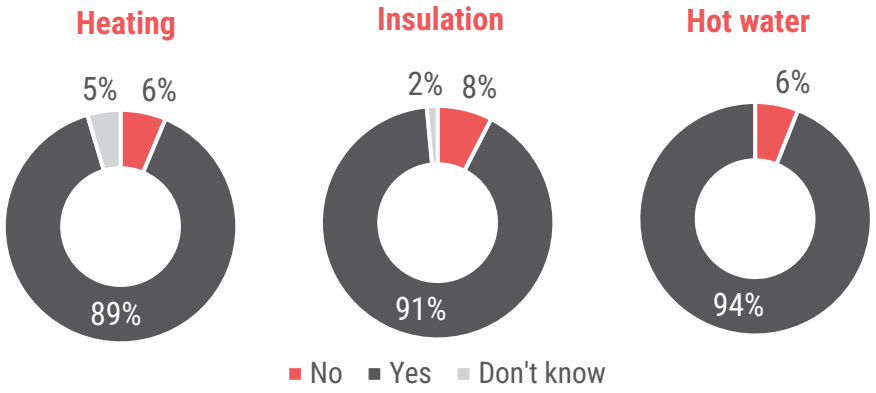
Accommodation conditions

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



** Respondents could select multiple responses*

% of HHs with sufficient accommodation winter readiness when it comes to:



The assessment found that **the highest proportion of HHs experiencing living conditions issues was in the South** (23%). Additionally, HHs in **rural areas were more likely to report such issues** (25%), compared to HHs in urban areas (14%).

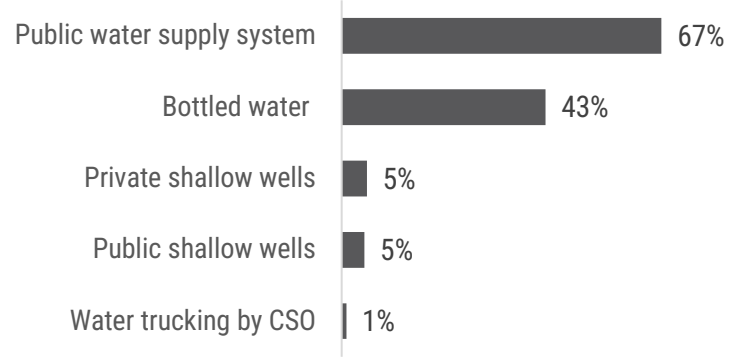
Issues with the **inaccessibility of the accommodation using local transportation** were mainly reported in the **North**. Moreover, Concerns regarding **the lack of separate showers and/or toilets** were most reported in the **Centre**. Finally, **insufficient sleeping items** (mattresses, blankets, etc.) were most frequently mentioned in the **South**.

WASH

WASH

Water

Top 5 most reported HH main sources of drinking water (n=889)*



** Respondents could select up to 3 responses*

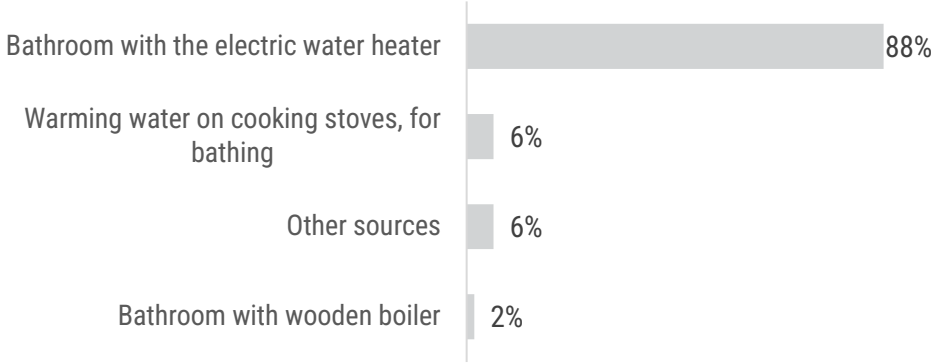
HHs in the **North were most likely to report reliance on public shallow wells for drinking water (16%)**.

Furthermore, HHs in the **South and North** were found to rely the most on pit latrines (**17%** and **15%**, respectively) as the main type of sanitation facility used compared to other regions.

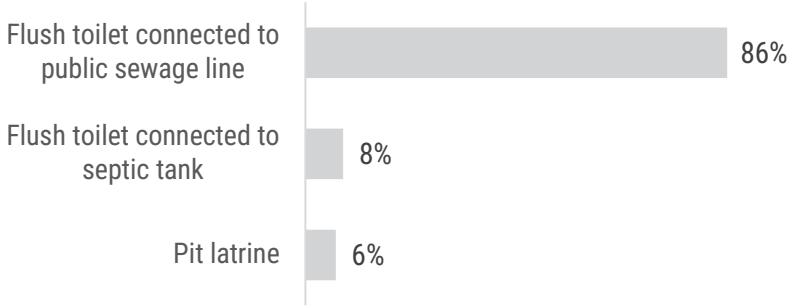
Using cooking stoves to warm water for bathing was mostly reported in the **North and South** (**13%** and **10%**, respectively).

Sanitation

% of HHs by type of water heating system for bathing facility mainly used in accommodation (n=887)



Top 3 most reported sanitation facilities used in accommodation (n=890)



Hygiene

Sources of access to hygiene materials (soap, toilet paper, diapers, sanitary pads)

- **49%** Received from CSO/Government
- **14%** Purchased at the market/store
- **37%** Both

% of HHs somewhat or very satisfied with hygiene materials received from CSOs or government entities (n=739)

99%

Thank you for your attention

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