

MOLDOVA

Area-Based Assessment

Chisinau and Stefan Voda

January 2023



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European Union
Humanitarian Aid

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List of Acronyms

AAP:	Accountability to Affected People
ABA:	Area-based Assessment
CSO:	Civil Society Organisation
ECHO:	European Commission Humanitarian Aid
EU:	European Union
FGD:	Focus Group Discussion
GBV:	Gender-based Violence
HH:	Household
IDNP:	State identification number
II:	Individual Interview
INGO:	International Non-governmental Organisation
KII:	Key Informant Interview
LGBTQ+:	Lesbian, Gay, Bisexual, Transgender, Queer, and Others
MDL:	Moldovan Leu
MHPSS:	Mental Health and Psychosocial Support
MSNA:	Multi-sector Needs Assessment
NFI:	Non-food Items
NGO:	Non-governmental Organisation
ODK:	Open Data Kit
PSS:	Psychosocial Support
RAC:	Refugee Accommodation Centres
SDR:	Secondary Data Review
UAH:	Ukrainian Hryvnia
UN:	United Nations
UNFPA:	United Nations Population Fund
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations Children's Fund
WASH:	Water, Sanitation, and Hygiene

Key Definitions

Refugees: persons or groups of persons with a place of habitual residence within Ukraine who have left Ukraine since the escalation of hostilities which began on 24 February 2022. In this assessment, refugees only include refugees living outside of Refugee Accommodation Centres (RACs).

Host population: Moldovan population who live in areas where refugees live including those who share their own accommodation with refugees and the general population who live where refugees reside.

Household (HH): all individuals living together in a housing unit which includes both Moldovan individuals and refugee individuals who travelled to Moldova since the escalation of hostilities on 24 February 2022.

Family: a group of individuals who are related and acquaintances who habitually live together. The refugee family refers to all individuals who travelled together from Ukraine to Moldova and lived together.

Internal actor: an organisation, group, or institution, with a permanent presence in Moldova, which aims to respond to the crisis-related needs of the refugee and host population.

External actor: an organisation, group, or institution, which does not have a permanent presence in Moldova, and aims to respond to the crisis-related needs of the population.

Geographical Classifications

Raion: Level 2 territorial-administrative unit. There are 37 raions in Moldova, including the Transnistrian and Gagauzia regions.

Village/city (terms are used interchangeably): Level 1 territorial-administrative unit. There are approximately 900 units in Moldova.

Sector: Subdivisions of Chisinau city. In total there are five sectors in the city, Botanica, Buiucani, Centru, Cioacana and Rascani.

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INTRODUCTION

The escalation of hostilities since February 2022 has engendered mass displacement of people internally and across international borders.¹ As of 10 January 2023, a total of 7.9 million refugees have fled from Ukraine to neighbouring countries, of whom 667,913 arrived in the Republic of Moldova.^{2,3} According to the Government of Moldova's latest figures, 102,016 refugees remained in the country as of 12 January 2023.⁴

Since the establishment of the refugee response in Moldova, assessment efforts primarily focused on multi-sectoral needs and humanitarian situation monitoring.⁵ While some of these assessments provided a comprehensive overview of refugees' needs to support immediate response planning, there is a significant information gap in understanding, at a more granular level, the recovery priorities and basic service provision gaps for refugees. Moreover, the needs and protection concerns of particularly vulnerable groups such as people with disabilities, older people, families with children, Roma and Lesbian, Gay, Bisexual, Transgender, Queer, and Others (LGBTQ+) refugees remain underexplored. Furthermore, findings from the REACH MSNA highlighted the high reliance of refugees on humanitarian assistance and the low level of school enrolment, healthcare access, and engagement in employment.⁶ However, there is a lack of understanding of why these occur, and what barriers refugees might face in accessing these services. As the escalation of hostilities which started in February 2022 progressively turns into a protracted crisis, the aforementioned information is necessary to understand the challenges of integration in Moldova and ensure holistic and durable solutions at the local level.⁷ With winter fast approaching, humanitarian actors working in Moldova also emphasised the dearth of information about household vulnerabilities and envisaged coping strategies in face of the cold season.⁸

REACH responded to the identified information needs with two area-based assessments (ABAs). As there are considerable rural-urban disparities in basic service provision in Moldova, the assessments focused on two areas with high refugee concentration, one urban, Chisinau, and one rural, Stefan Voda.⁹ Existing research predominantly focused on the refugee population residing in RACs, while the knowledge about the general conditions supporting Ukrainian refugees living in host communities, their access to basic services and livelihoods, as well as the social cohesion between host communities and refugees remains limited. Therefore, the assessment focused on the refugee population living outside of RACs and the host population, comprising both Moldovan households who host refugees as well as the wider host population, in the two assessed areas.

The ABAs intend to provide a situation overview of refugees outside of RACs and host communities in the assessed areas to inform refugee response actors of their priority and unmet needs as well as enable them to tailor their current response to the local context. To achieve this, the assessment aimed to:

- Identify displacement dynamics, household priority and winter needs, including protection concerns of key refugee and host community at-risk groups;
- Assess the impact of refugee arrival on the local economy and access to basic services for the host population, as well as social cohesion between the refugee and host communities;
- Investigate barriers to access to basic services and barriers to integration, including employment for the refugee population;

¹ United Nations, [Ukraine Crisis: Protecting civilians 'Priority Number One': Guterres releases \\$20M for humanitarian support](#)

² UNHCR, [Operational Data Portal – Ukraine Refugee Situation](#).

³ UNHCR, [Refugee Coordination Forum, Daily Trends Dashboard - Republic of Moldova](#)

⁴ UNHCR, [Refugee Coordination Forum, Daily Trends Dashboard - Republic of Moldova](#)

⁵ Reliefweb, [Moldova Humanitarian Situation](#)

⁶ REACH, UNHCR, UNICEF, ECHO, [Multi-Sector Needs Assessment Moldova, September 2022](#)

⁷ The Wall Street Journal, [Russia's Tactical Shift in Ukraine Raises Prospect of Protracted War](#)

⁸ Ukraine Situation - Moldova: Cash Working Group Meeting (28 Jul 2022)

⁹ National Bureau of Statistics Republic of Moldova, Statistica Teritoriala 2021

- Map and provide information on local and external actors engaged in the crisis response and basic service provision in the assessed areas.

This report presents the assessment findings, organised into the following sections: the first chapter outlines the methodology of the research, including challenges and limitations, followed by the area profiles of Chisinau and Stefan Voda. Each profile contains assessment findings pertaining to:

1. Demographics of the assessed refugee and host population;
2. Accommodation conditions of refugees;
3. Displacement dynamics;
4. Relationship between hosts and refugees;
5. Impact of refugee arrival on the local economy and service provision;
6. Priority and winterisation needs;
7. Sector-specific needs and access to basic services¹⁰ and livelihoods;
8. Accountability to the affected people;
9. Stakeholder mapping.

¹⁰ With a focus on water, sanitation, and hygiene (WASH), education, health, and protection.

METHODOLOGY

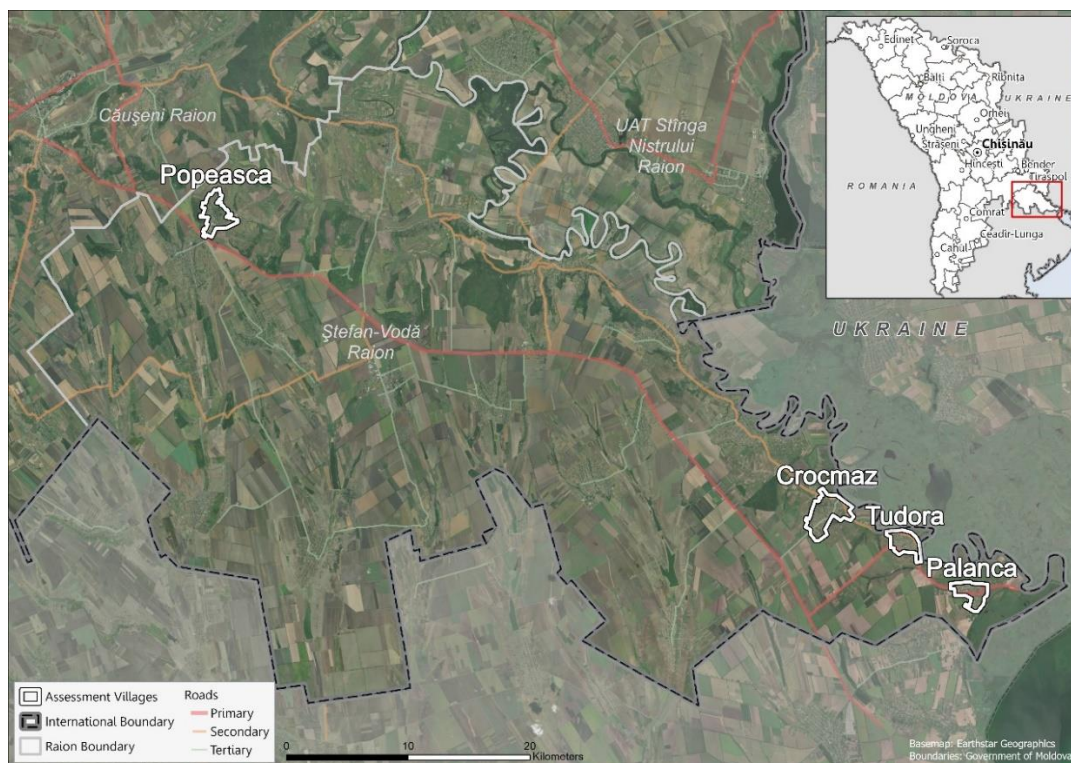
Assessed Areas

The assessment focused on two key areas in Moldova, one urban and one rural, in order to capture potential variations in the realities and living conditions of refugees and host community members, as well as in service provision between urban and rural areas. For the urban area, Chisinau was selected as it hosts the highest number of refugees in Moldova. As for the rural area, Stefan Voda was chosen due to its proximity to the border and its key relevance to the ongoing efforts by the government and humanitarian actors to develop a multi-sector contingency plan to respond to an eventual increase of refugee flows from southern Ukraine. All administrative sectors in Chisinau were assessed, namely, Centru, Buiucani, Rascani, Botanica and Ciocana. In Stefan Voda raion, four villages hosting the greatest concentration of refugees were selected, specifically, Palanca, Tudora, Crocmaz and Popeasca.

Map 1: Map of assessed sectors in Chisinau



Map 2: Map of assessed villages in Stefan Voda



Data Collection Methods and Sampling Strategy

The ABAs were implemented through a mixed-methods approach consisting of both quantitative and qualitative research methods. To ensure the informativeness and relevance of the findings to response actors, the research design stage involved consultations with sector leads who provided feedback and inputs regarding the scope of the assessments and indicators to be included. The quantitative component included surveys with heads or adult members of refugee and host households in the assessed areas. The qualitative component consisted of secondary data review, key informant interviews (KIIs) with service providers, humanitarian actors, and local authorities, as well as focus group discussions (FGDs) and individual interviews (IIs) with refugees and members of the host population. Primary data collection was conducted between 30 August and 7 October 2022. The objectives of the qualitative research were to triangulate the findings derived from the quantitative data collection and to delve deeper into topics covered or unexplored in the household surveys.

Secondary data review (SDR)

Before the start of the primary data collection, a secondary data review was conducted to inform the design of the research and, at a later stage, to triangulate and enrich primary data findings.

Structured surveys with heads or adult members of refugee and host population households

Household surveys were administered using an Open Data Kit (ODK) form on KoBo Toolbox on mobile devices and conducted through face-to-face interviews with heads or adult members of refugee and host population households in Chisinau and Stefan Voda. In Chisinau, a total of 172 surveys were conducted with heads or adult members of the host population households and 174 surveys with heads or adult members of refugee households. These surveys covered 445 host population household members and 494 refugee population household members, respectively. In Stefan Voda, a total of 181 surveys were conducted with heads or adult members of the host population households and 76 surveys with heads or adult members of refugee households. These surveys covered 476 host population household members and 343 refugee population household members.

Table 1: Gender distribution of respondents

Area	Refugees		Host Population	
	F	M	F	M
Chisinau	82%	18%	61%	39%
Stefan Voda	71%	29%	56%	44%

In both assessed areas, a two-stage cluster sampling approach was employed to draw the host population samples, allowing for representative findings at the household and village/city sector levels with a 95% confidence level and an 8% margin of error. The sampling frame was generated on the basis of the 2018 population census carried out by the National Bureau of Statistics Republic of Moldova¹¹. As the exact size of the refugee population living outside of RACs at the administrative level is unknown, a purposive sampling approach was used to survey the refugee population in both Chisinau and Stefan Voda. Tables 2 and 3 depict the sampling frame for the refugee and host populations in Chisinau and Stefan Voda.

A one-day training on the data collection tools, methodology, psychological first aid and referrals was conducted, followed by a one-day pilot session, to ensure the collection of high-quality data.

Table 2: Sampling frame for the refugee and host populations in Chisinau

Chisinau Sector	Population		Minimum Sampling Frame + 10% Buffer		Achieved Sample	
	Host Population HH	Refugee HH	Host Population HH	Refugee HH	Host Population HH	Refugee HH
Botanica	60,929	6808	44	44	44	46
Buiucani	39,321	4394	28	28	30	28
Centru	34,357	3839	25	25	28	27
Rascani	52,214	5835	38	37	39	37
Ciocana	41,393	4625	30	30	31	30

Table 3: Sampling frame for the refugee and host populations in Stefan Voda

Chisinau Sector	Population		Minimum Sampling Frame + 10% Buffer		Achieved Sample	
	Host Population HH	Refugee HH	Host Population HH	Refugee HH	Host Population HH	Refugee HH
Palanca	721	41	32	26	37	29
Tudora	760	35	34	22	37	24
Crocmaaz	1072	21	48	13	56	17
Popeasca	970	21	44	13	51	6

Focus group discussions and individual interviews with refugees and the host population

Semi-structured face-to-face discussions and individual interviews were conducted with refugees and members of the host community to give insight into the relationship dynamics between refugees and the host population, needs and barriers to access services, protection concerns faced by both population groups, and the impact of the arrival of refugees on the local economy and access to services. The aim was to conduct only FGDs with the target population, however, in some locations, it was not possible to find enough participants to form a large enough group for the FGD to be efficacious. In these instances,

¹¹ National Bureau of Statistics Republic of Moldova, [Chisinau in cifre 2018](#).

each FGD was replaced by three IIs with the concerned target group, using the same tool. As such, in Chisinau, two FGDs and six IIs were conducted with each target group, respectively. FGDs and IIs were held in the following Chisinau sectors: Botanica, Centru, Rascani, and Ciocana. Due to time constraints and bottlenecks faced during qualitative data collection, the Buiucani sector was omitted because it has a similar population size as Ciocana but is geographically and logistically more difficult to access. In Stefan Voda, two FGDs were conducted with refugees and one FGD and three IIs with host population members in Palanca and Popeasca. Given that Palanca is the largest village near the border and Popeasca is the farthest from the border, these two villages were chosen out of the four because the contrast between the refugee needs and support provided in these two locations was likely to be particularly significant. Tables 4 and 5 highlight the total number of interviews and discussions per target group in each location.

Table 4: Number of FGDs and IIs conducted per target group in Chisinau

Sector	Refugees	Host Population
Botanica	3 II	3 II
Centru	1 FGD	1 FGD
Rascani	1 FGD	3 II
Ciocana	3 II	1 FGD

Table 5: Number of FGDs and IIs conducted per target group in Stefan Voda

Village	Refugees	Host Population
Palanca	3 II	1 FGD
Popeasca	1 FGD	1 FGD

Key informant interviews with local authorities, service providers, international non-governmental organisations (INGOs)/ civil society organisations (CSOs) and businesses

A total of 14 KIIs in Chisinau between 1 September and 7 October 2022 and 16 KIIs with subject-matter experts were conducted in Stefan Voda between 12 September and 6 October 2022. Tables 6 and 7 highlight the number of interviews conducted per respondent profile in each assessed area. All interviews were conducted in person and covered topics such as inter-communal relationships, refugee needs, access to services, protection concerns, and the impact of refugee arrival on the local economy and access to basic services.

Table 6: Number of KIIs conducted per respondent's profile in Chisinau

Profile	Total Interviews
Local Authority	2
Education	3
Health	3
INGO/CSO	3
Business	3

Table 7: Number of KIIs conducted per respondent profile in Stefan Voda

Profile	Total Interviews
Local Authority	4
Education	3
Health	3
INGO/CSO	3
Business	3

Stakeholder mapping

A secondary data review was used to produce a stakeholder mapping identifying the local authorities as well as external and internal actors involved in the Moldova refugee response. Additional actors were identified through the KIIs with service providers, INGOs/CSOs, and local authorities.

Quantitative Data Analysis

Once collected, the quantitative data was anonymised and cleaned in accordance with REACH's [Data Cleaning Minimum Standard](#) and the [Management of Personally Identifiable Information](#). Following the data cleaning process, the data were analysed in line with the data analysis plan created during the research design phase. The data were analysed using the R programming language and Excel. The host population household survey data analysis was conducted in compliance with REACH's [Minimum Standards Checklist for Quantitative Data Analysis](#).

Qualitative Data Analysis

All qualitative data were processed in accordance with REACH's [Management of Personally Identifiable Information](#). Analysis of FGDs, IIs and KIIs has been conducted through the construction of data saturation and analysis grids in order to identify patterns across the FGDs, IIs and KIIs. The analysis was conducted in accordance with REACH's [Minimum Standards Checklist for Semi-Structured \(Qualitative\) Data Processing and Analysis](#).

Challenges and Limitations

A probabilistic sampling strategy was adopted for the host population household surveys. As such, findings for the host population should be treated as representative at the household and area levels at a 95% level of confidence and an 8% margin of error. Conversely, due to the absence of accurate refugee population figures, findings should only be considered indicative and should not be generalised for the refugee population across both assessed areas. Furthermore, given the nature of qualitative data collection, the information collected through KIIs, IIs, and FGDs is indicative only and is not generalisable to the entire population of refugees and the host population.

In both Chisinau and Stefan Voda, difficulties were faced in finding a sufficient number of participants for FGDs, thus, when a group could not be formed, the group discussion was replaced by three IIs with the same target group population. The target group size for each FGD was six to eight, which could not always be met. In lieu, groups consisted of three to six participants which may have limited the diversity of the experiences and perspectives shared. The challenges and bottlenecks faced during the implementation of qualitative data collection, not all sectors and villages were possible to cover.

Furthermore, to ensure gender representation, the target was for each refugee focus group to be composed of 60% adult women and 40% adult men. This was done to reflect the gender distribution of refugees as indicated by the Refugee Coordination Forum at the time of research design and an equal

gender balance for host focus groups. However, this was not possible to achieve due to difficulties in finding male participants, which resulted in a higher number of female participants for the refugee focus groups and the Stefan Voda host focus groups.¹²

Surveyed households were often reluctant to disclose information about their expenditures or were unable to provide close estimates of the expenses. Thus, associated findings might not be fully reflective of the actual expenses of surveyed respondents from the host community.

Key at-risk groups, for instance, people with disabilities, Roma and LGBTQ+ households were not particularly targeted in this research. Instead, their priority needs and encountered challenges were explored through questions raised to the household respondents, KIs, FGD participants, and II respondents. Therefore, related findings might not fully reflect the realities of these groups.

Lastly, as respondents were asked about their perceptions besides questions pertaining to their household and its members, findings are presented by the number of respondents instead of households.

¹² UNHCR, [Refugee Coordination Forum, Daily Trends Dashboard - Republic of Moldova](#)

CHISINAU PROFILE

Key Findings

Accommodation

61%

of surveyed refugee families in Chisinau were reportedly **living in rented private accommodation.**

36%

of surveyed refugee families in Chisinau were found to be **hosted by family members, friends, or a Moldovan family.**

63%

of hosted refugee families reported **sharing the accommodation with their hosts.**

Displacement Dynamics and integration intentions

45%

of refugee HH respondents reported **intending to remain in the same location** over the 6 months following data collection.

37%

of refugee HH respondents **had no plans to integrate into the community.**

Host community perspectives on refugee presence and support

40%

of host HH respondents **stated that there were too many refugees in Moldova.**

72%

of host HH respondents **thought Moldova should focus on helping the Moldovan population** instead of refugees.

Refugee priority and service needs

Top three most reported household priority needs by refugee HH respondents¹³

1	Health	56%
2	Food	55%
3	Economic assistance	52%

77%

of refugee families **were reported to have service needs**

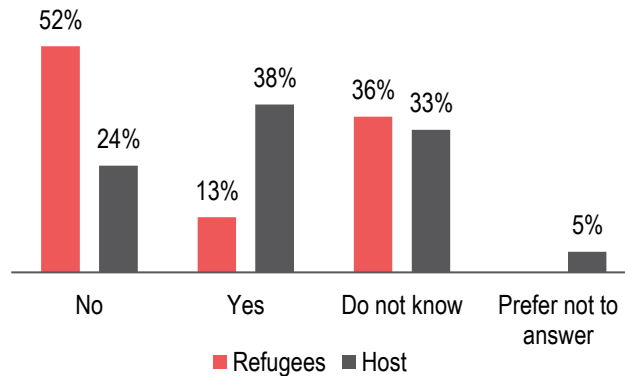
Among refugee HH respondents reporting service needs, the **top three mentioned needs** were **financial assistance for other needs e.g., unemployment, disability allowance, pension (43%), general medical care (40%), and pharmacies (25%).¹⁴**

¹³ Respondents could select up to three answers.

¹⁴ Respondents could select multiple answers.

Winterisation

Proportion of host and refugee households having or foreseeing to have sufficient funds to afford heating¹⁵ in the winter as reported by refugee and host household participants¹⁶



Qualitative findings indicate that **there were no available safety nets for refugees to meet their heating needs. More aid from the government** was reportedly needed.

Education

25%

of **school/kindergarten-aged children** (n=85) in the surveyed refugee households in Chisinau were reportedly **not enrolled in education facilities**.¹⁷

Healthcare

17%

of refugee families reportedly had **at least one family member experiencing mental health conditions**.

Livelihoods

52%




of refugee HH respondents **reported relying on savings as their main source of income** in the three months preceding data collection.

Protection

89%

of refugee HH respondents **reported not applying for asylum**

Refugee response gaps¹⁸

 General	<ul style="list-style-type: none"> • Support for the vulnerable Moldovan population • Information campaigns, awareness raising and extracurricular cultural activities (child protection, integration)
 Education	<ul style="list-style-type: none"> • Books
 INGOs/CSOs	<ul style="list-style-type: none"> • Funding opportunities

¹⁵ Specifically, to purchase the needed fuel and/or pay the heating bills.

¹⁶ For the 2022/2023 winter season, includes state support if received.

¹⁷ Including both Ukrainian (online) and Moldovan schools/kindergartens.

¹⁸ As reported by KIs.

Findings

1. Spatial and socio-demographic environment

This sub-section presents the assessment findings related to the surveyed refugee and host population household demographics, refugee accommodation, displacement dynamics, social cohesion between refugee and host community, as well as the impact of refugee arrival on the local economy and basic service access in Chisinau.

Demographics

Surveyed refugee household demographics

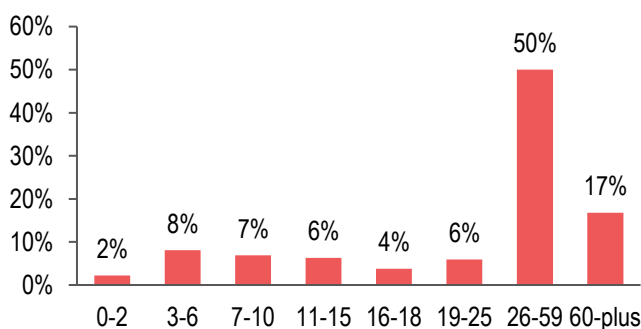
Of the 174 refugee households surveyed, the average reported household size was 2.8 members. This number was found to be slightly higher for the refugee families who were accommodated by Moldovan families, with an average household consisting of 3 members. Among the surveyed refugee households in Chisinau, a quarter was found to be female-headed. Females constituted the largest group (67%) in the surveyed households, with only 33% male members. The assessment found that around half (51%) of the interviewed refugee households had children. On average, there were 1.5 minors per household.

Table 8: Surveyed refugee household characteristics as reported by refugee household respondents

Average # of HH members	% of female-headed HHs	% of HH with children	Average # of minors
2.8	25%	51%	1.5

Among the refugee household members, over half (56%) were reported to be between 19 and 59 years old. The second largest age group was children aged 0-18, comprising 33% of the households. The latter group was followed by individuals over the age of 60, representing 17% of the households.

Figure 1: Reported age distribution for refugee household members



Surveyed host population household demographics

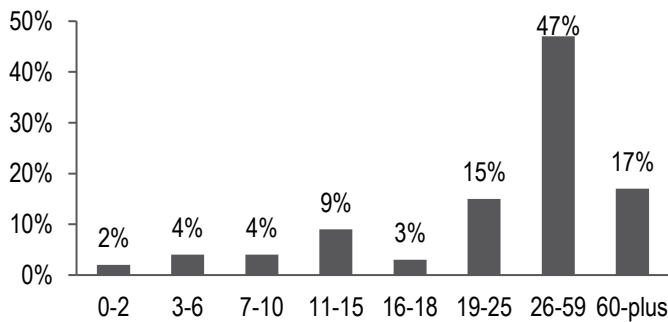
Among the total of 172 surveyed households in Chisinau, the average reported host population household size was 2.5. Similar to the refugee households, a quarter of host households were headed by women. The household-level gender groups were found to be more balanced in the host households compared to the refugee households; with 52% being female and 48% being male members. The data reveals that slightly more than half (54%) of the host households had at least a child among their members with an average of 1.3 minors per household.

Table 9: Surveyed host household characteristics as reported by host household respondents

Average # of HH members	% of female-headed HHs	% of HH with children	Average # of minors
2.5	25%	54%	1.3

The host households comprised the largest part (62%) of younger adult members aged between 19-59, while ages 0-18 (21%) made up the second largest age group. Similar to the refugee households, individuals aged 60 or older represented 17% of the household members.

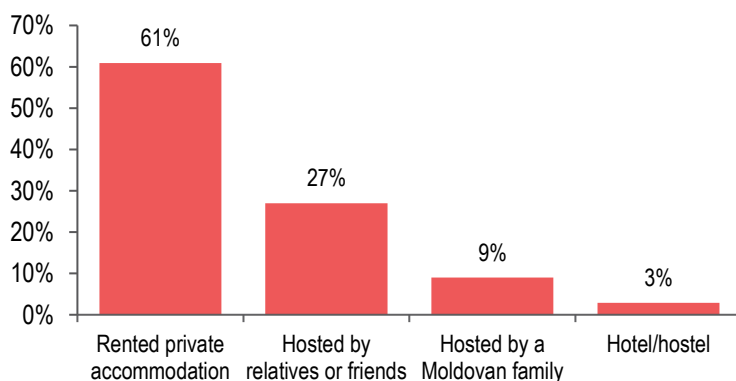
Figure 2: Reported age distribution for host household members



Accommodation

More than half (61%) of surveyed refugee families in Chisinau were found to live in rented private accommodation, while 36% were hosted. These findings align with the recent multi-sector needs assessment findings.¹⁹ Among those hosted, the **majority (31%) stated that they were accommodated by relatives or friends** and only 5% were reportedly hosted by a Moldovan family. Findings from the host population survey found even lower hosting figures, with only 3% of host household respondents mentioning that they were accommodating refugees.

Figure 3: Accommodation type of surveyed refugee families in Chisinau as reported by refugee household respondents



One local authority KI and one INGO/CSO KI brought up several challenges faced by Roma refugees in terms of accommodation. They highlighted that Roma refugees were often discriminated against. One INGO/CSO KI reported that they were refused accommodation in RACs due to their misbehaviour and misconduct. Roma refugees also face discrimination and rejection when trying to access private accommodation, according to an Oxfam study.²⁰ One local authority KI noted that they

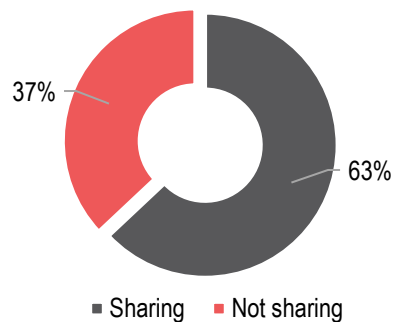
¹⁹ REACH, UNHCR, UNICEF, ECHO, [Multi-Sector Needs Assessment Moldova, September 2022](#)

²⁰ Oxfam, [Seeking Safety: Roma Refugees in Moldova – Challenges and humanitarian needs](#)

found accommodating Roma refugees particularly challenging because they reportedly tend to have large families, making it hard to place them all together in one place.

The majority of the refugee families (63%) who were either hosted by family members, friends or a Moldovan family reported sharing the accommodation with their hosts. Similarly, apart from the host household respondent who rented accommodation to refugees, the remaining host families resided in the accommodation with the refugee family.

Figure 4: Percentage of refugee families sharing accommodation with their host family as reported by refugee household respondents²¹



Recurring cash assistance was provided to Moldovan families who hosted refugees at the time of data collection, with Moldovan families receiving MDL 3.900 (EUR 205) or MDL 4.800 (EUR 252) depending on the number of refugees they hosted with the condition that the refugees lived at least one week in their home.^{22,23} **Only 40% of surveyed refugee families' hosts received support for accommodating refugees,** with United Nations (UN) agencies (71%), INGOs (29%) and the government (8%) being the most frequently reported assistance providers.²⁴ In addition to the financial assistance, according to two host community IIs, some hosting families also received aid in the form of food and shelter assistance. Despite the support provided, FGDs and more than half of the II respondents highlighted that **additional assistance was reportedly needed by host families to continue hosting refugees,** notably in the face of the increased costs in the winter season. The assistance was reportedly needed in the form of financial assistance, support with utility bills, and food.

Displacement Dynamics

As of 12 January 2022, Moldova hosted 102,016 refugees, which represented one of the highest numbers of refugees per capita among European countries.²⁵ The assessment tried to unpack the push and pull factors influencing the choice of refugees to settle in Moldova and according to refugee household respondents in Chisinau the main reasons were the geographical proximity of the country to Ukraine (44%) allowing for easy movement between the two countries, the presence of family or friends in Moldova (31%), the insecurity in Ukraine (27%), the proximity of the refugees' homes in Ukraine (14%), and the commonality of the spoken language (10%).²⁶

The assessment further investigated the reasons for choosing a specific area to settle in Moldova. Nearly half (42%) of refugee household respondents highlighted that the availability of permanent accommodation in Chisinau influenced their decision to settle in the city. While 37% stated that the

²¹ Represents a subset of the total refugee households surveyed, n=60.

²² UNHCR, [Cash assistance for Moldovan households hosting refugees](#)

²³ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

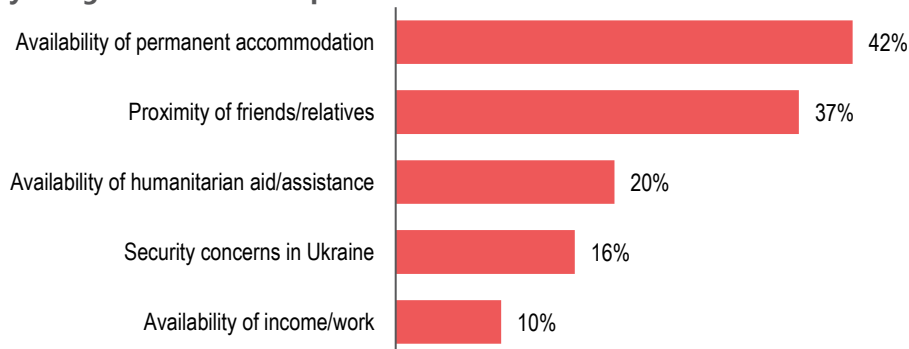
²⁴ Respondents could select multiple answers.

²⁵ UNHCR, [Refugee Coordination Forum, Daily Trends Dashboard - Republic of Moldova](#)

²⁶ Respondents could select multiple answers.

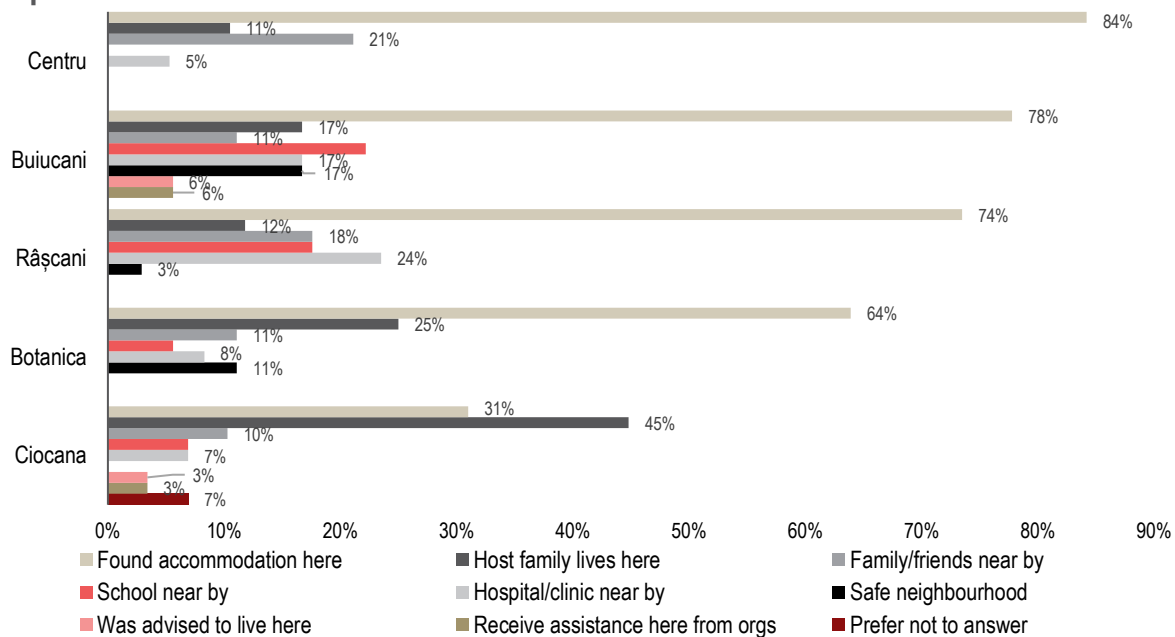
presence of friends and relatives was an important consideration, as well as the availability of humanitarian assistance (20%).

Figure 5: Top five factors that influenced refugees’ choice to settle/stay in Chisinau as reported by refugee household respondents ^{27,28}



Looking at refugees’ decision to settle in specific Chisinau sectors, the findings showed that apart from the Ciocana sector, **finding accommodation was the most reported reason for refugees to favour a specific sector**. In Ciocana, the host family location was reported as the main reason for their sector choice. Having family or friends nearby was similarly a large influence in refugee household respondents’ sector choice, mostly mentioned in Rascani, Ciocana, Centru and Botanica. The proximity of schools was among the top three reasons reported by refugee households living in Rascani, Centru and Buiucani.

Figure 6: Reasons for staying in a specific sector of Chisinau as reported by refugee household respondents ^{29,30}



While an estimated 71,405 refugees were living outside of RACs in Chisinau, little was known about their specific location within the city.^{31,32} Thus, the assessment aimed to fill this information gap by asking FGD participants, II respondents, and local authority KIs to locate on a map, to the best of their

²⁷ Represents a subset of the total refugee households surveyed, n=166.

²⁸ Respondents could select multiple answers.

²⁹ Respondents could select multiple answers.

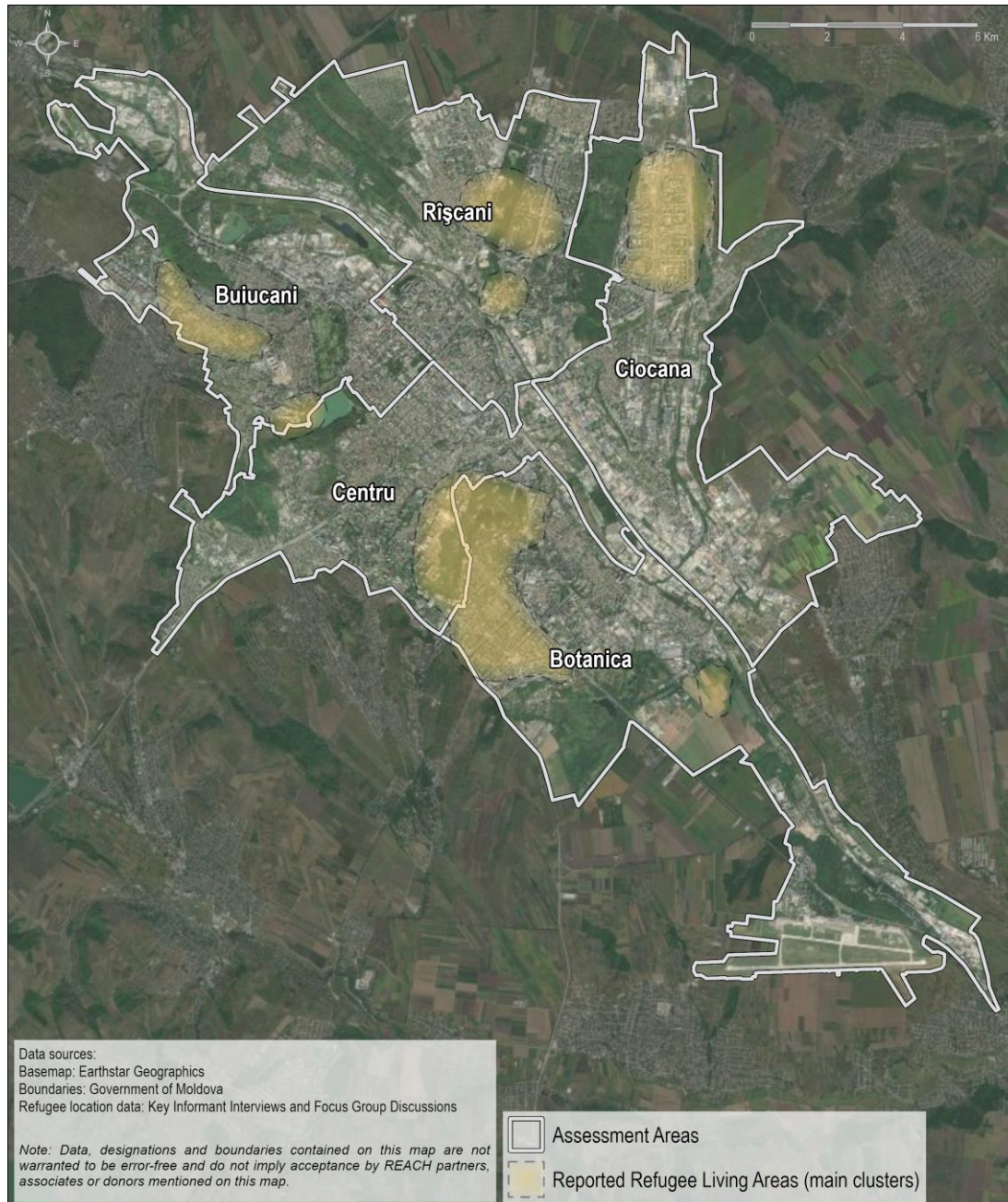
³⁰ Represents a subset of the total refugee households surveyed, n=136.

³¹ REACH, [Moldova: Refugee Accommodation Centre \(RAC\) Weekly Needs Monitoring](#)

³² REACH, Area Monitoring Factsheet

knowledge, where refugees outside of RACs lived. The map below highlights the clusters of refugee concentration identified by respondents. Knowing the areas where refugees live could be potentially used to better target them with essential service provision, as well as the distribution of humanitarian assistance.

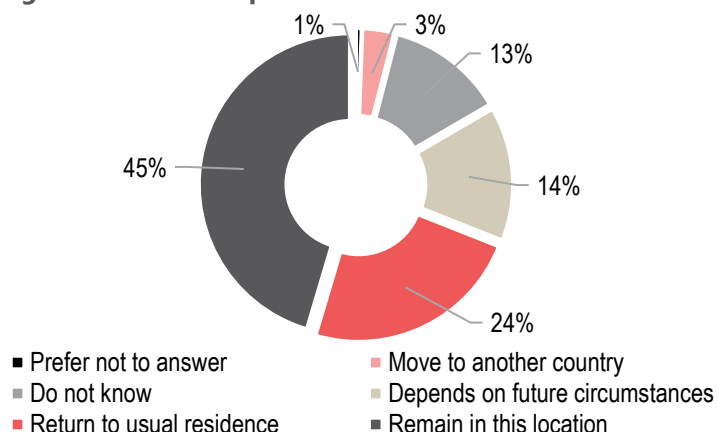
Map 3: Map of area clusters where refugees outside of RACs reportedly lived in Chisinau as reported by host and refugee FGDs, II respondents and local authority KIs



In terms of short-term movement intentions, **more than a quarter (27%) of refugee household respondents were reportedly unsure of their movement plans**, stating that it would depend on the circumstances, or mentioning that they did not know what their plans are, while **24% shared their plan to return to their usual place of residence**.³³ Less than half (45%) of refugee household respondents reported intending to remain in the same location.

³³ Short term is defined as a 6-month period after data collection.

Figure 7: Refugee movement plans over the six months following data collection as reported by refugee household respondents



With a high proportion of refugee household respondents reporting their intention to not stay in Chisinau, as well as the high level of uncertainty regarding the length of their stay, these possibly impacted their decision not to integrate into the community with **more than a third of surveyed refugee household respondents (37%) in Chisinau reporting not having any plans to integrate**. An equal proportion of refugee household respondents (37%) indicated that they plan to look for employment, followed by 13% planning to register with a general practitioner and 10% enrolling children in school in Moldova.

Table 10: Most frequently reported integration plans of refugee household respondents in Chisinau who intend to remain in Moldova³⁴

37%		No plans
37%		Look for employment
13%		Register with a general practitioner
10%		Enrol children in school in Moldova

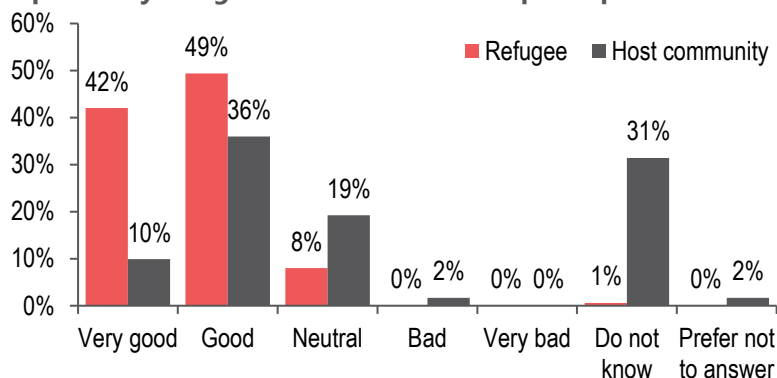
Social cohesion

Refugee and host population relationship

Refugee and host community members were asked questions regarding the relationship between refugees and host community members. Nearly all refugee household respondents (91%) described the relationship as "good" or "very good", while less than half (46%) of host household respondents had similar perceptions of the relationship. A high number of the host respondents (31%) were unable to describe the quality of the relationship between the host community and refugees. Findings from the host and refugee IIs and FGDs differed, with a higher proportion of host participants reporting that the relationship was overall "good" or "very good", with no significant issues reportedly hindering social cohesion between both populations. One INGO/CSO KI reported that LGBTQ+ refugees face discrimination by the host community.

³⁴ Respondents could select multiple answers.

Figure 8: Perceived quality of the relationship between the refugees and host community as reported by refugee and host household participants



Evolving refugee and host population relationship

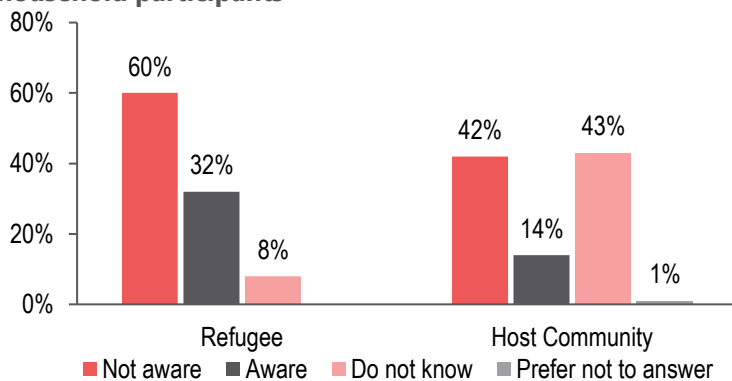
One refugee FGD, 88% of refugee household respondents and several refugee II respondents highlighted that the relationship did not change between refugees and hosts since they first arrived in Moldova. Among those who observed a change, improvement in the relationship was reported by 9% of refugees surveyed in Chisinau and worsening relationship by only 1% of refugees surveyed.

Less than half (40%) of surveyed host household respondents in Chisinau, half of host II respondents and both FGDs highlighted that the relationship had not changed since the refugee arrival. **A large share (42%) of host household respondents did not know** whether the relationship changed. Improvement in the relationship was reported by 12% of host household respondents as well as in FGD and IIs. A deteriorating relationship was also reported by 5% of host household respondents and two II respondents, these two respondents stated that the host community had been providing less support and were not as empathetic as they formerly were.

Refugees' integration

More than half of refugee household respondents (60%) were found to be unaware of integration activities, which was also the case for **42% of host respondents**. In the qualitative data, **the majority of refugee II respondents and one FGD participant stated they were aware of initiatives** and actions were taken to facilitate refugees' integration into the community.

Figure 9: Awareness of formal or informal integration activities as reported by refugee and host household participants

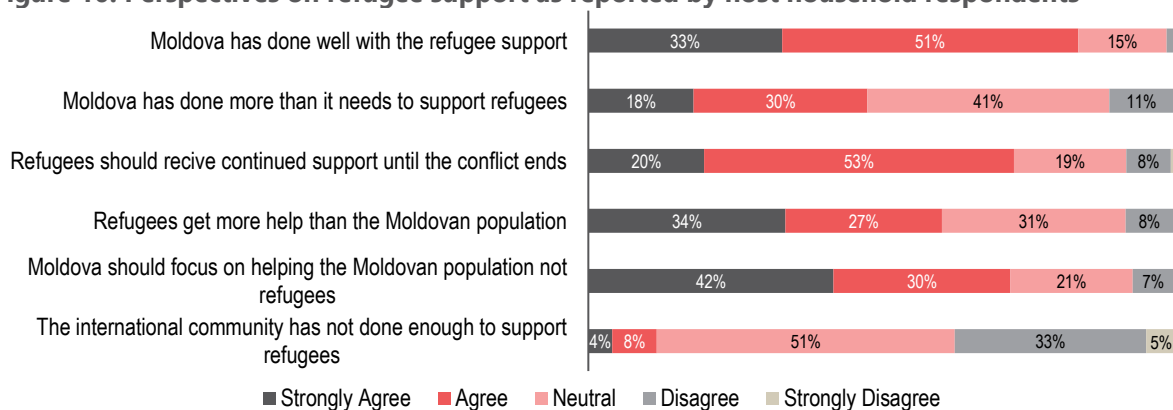


Among those who were aware of integration activities, more than **half of refugee household respondents (64%) reported that they or a member of their household participated** in them. **Participation was much lower among the host population**, only 29% reported they or a member of

their household participating. Common reasons for not participating included the family not being interested and the time or location being unsuitable.³⁵ **Refugee and host FGDs and II respondents highlighted mixed results when it comes to the effectiveness of these integration activities**, with refugees perceiving them as more effective than the host population. **There was a mixed perception among the refugee and host household respondents and FGD and II participants, on whether there was a need for additional activities** to improve the relationship between refugees and the host population.

Since the escalation of hostilities which began on 24 February 2022, the Moldovan population showed a warm welcome to refugees.³⁶ The assessment found this largely to be unchanged as, at the time of the data collection, nearly all (93%) host household respondents reported that refugees were welcomed in Moldova and 86% of host household respondents reported feeling “somewhat sympathetic” or “very sympathetic” towards the Ukrainian refugees. Nonetheless, 40% of host household respondents felt there are too many refugees in Moldova and 36% were reportedly neutral about refugee numbers. **In terms of national and international refugee support, the host perspectives were generally positive**, but a significant proportion of host household respondents **expressed that Moldova should focus on helping the Moldovan and considered that refugees get more help than the Moldovan population**. This was mirrored in interviews with two local authority KIs, who highlighted that intercommunal tensions existed because refugees were perceived as competing with local vulnerable groups for aid provision. As winter approaches and more members of the Moldovan population become increasingly vulnerable in the current economic context, these sentiments might intensify and could hamper social cohesion.

Figure 10: Perspectives on refugee support as reported by host household respondents



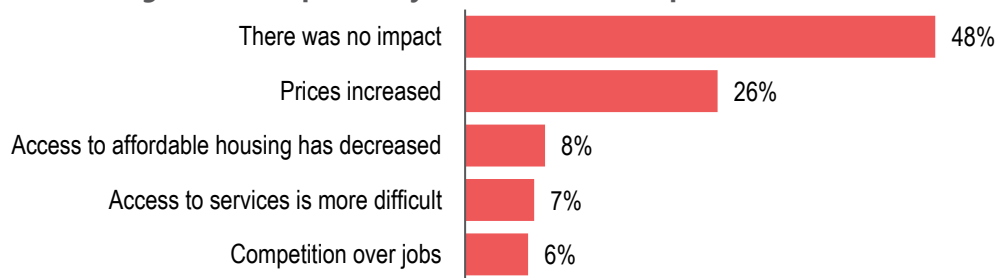
Impact of Refugee Arrival

Approximately half of the host household respondents, FGDs and all II respondents highlighted the impact of refugee arrival on the local economy. Among the host household respondents who reported on its impact, the most frequently mentioned effects included an increase in prices (26%) and a decline in the availability of affordable housing (8%). It is worth noting that several FGDs and II respondents highlighted that the inflation in real estate prices was an indirect repercussion of refugee arrivals, stating that the increase in the housing demand resulted in landlords raising their rental costs.

³⁵ Respondents could select multiple answers.

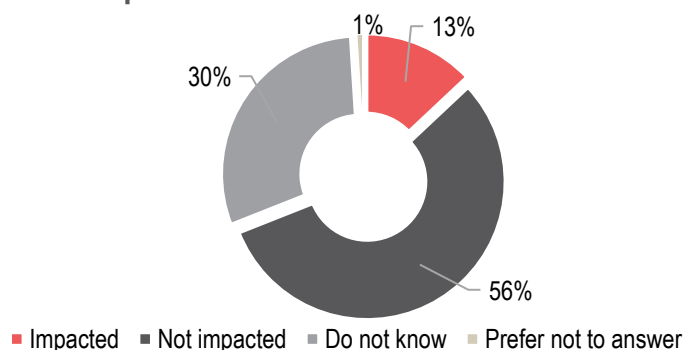
³⁶ UNHCR, [Ukrainian refugees find warm welcome in neighbouring Moldova](#)

Figure 11: Top five most reported perceived impact of refugee arrival on the local economy and the area in general as reported by host household respondents^{37,38}



When asked about the **impact of refugee arrival on access to basic services, more than half (56%) of host household respondents reported no impact, while 30% reported that they do not know** if there was any impact on access to services. Among those who reported an impact, **13 host household respondents and one host II respondent from Botanica reported that access to healthcare became more difficult.**³⁹ As the II respondent explained, the resulting difficulties were mostly linked to the increased demand for healthcare services, resulting in longer waiting times and/or queues. Social services were also among the harder-to-access services, according to 11 host household respondents. Both local authority KIs echoed that the workload was too heavy, and they were reportedly overwhelmed, particularly the City Halls, Councils and social assistance. Banking services were also impacted resulting in longer waiting times and/or queues, as highlighted by a host II respondent and by one FGD.

Figure 12: Perceived impact of refugee arrival on access to basic services as reported by host household respondents



While the host population might not have perceived any impact on the education services, **two education sector KIs highlighted that they were affected by the refugee crisis**, as the increased number of children enrolling in schools required the creation of additional classes and groups. It was acknowledged that, as the number of children increased, they could not all be admitted. The greatest need raised by two education sector KIs was an urgent necessity for books. One education KI reported a need for more teachers, which might not be a repercussion of the increase in the number of children since according to the Ministry of Education and Research the education sector in Moldova, and specifically Chisinau, was in a large deficit of didactic staff.⁴⁰

³⁷ Respondents could select multiple answers.

³⁸ An additional 16% of host household respondents reportedly did not know whether there was an impact of refugee arrival on the local economy and the area in general.

³⁹ As the subset for this indicator is below 30 households, figures are reported as numbers.

⁴⁰ AGORA, [Republicii Moldova nu-i ajuns două mii de cadre didactice, deficitul fiind cu 10% mai mare decât în 2021](#)

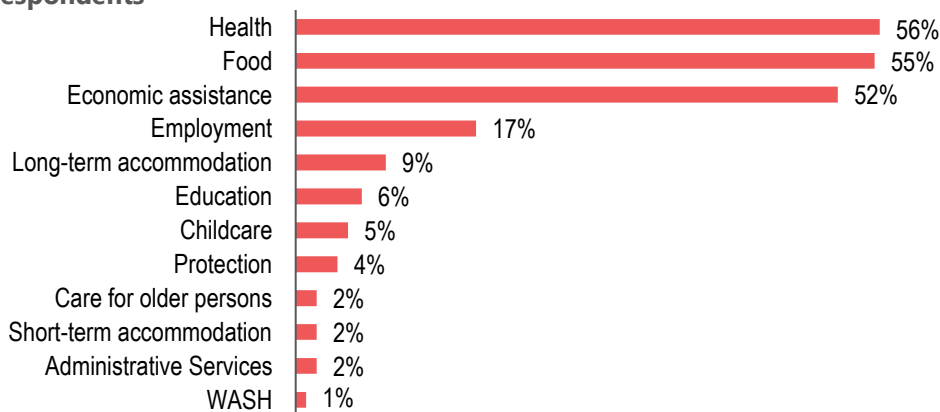
2. Needs and Access to Basic Services

This sub-section gives an overview of the priority needs of refugees living in Moldova, the winter-related needs, and challenges faced by both host community members and refugee families, WASH needs, basic service access for refugees, including education, health and employment, and finally protection concerns and accountability to affected people (AAP).

Priority Needs

Refugee household respondents were asked to list their top three priority needs. **Only 5% of surveyed refugee household respondents in Chisinau reported having no needs.** Of the remaining respondents, more than half cited **health (56%), food (55%) and economic assistance (52%) as their most important needs.** These priority needs were echoed in the refugee IIs and FGDs. Refugee households were also reportedly in need of healthcare, specifically dental care, medication, general medical care, and mental health and psychosocial support (MHPSS). Financial aid was reportedly particularly needed in winter for refugees to be able to afford the heating bills.

Figure 13: Refugee household's top three priority needs as reported by refugee household respondents⁴¹



There were only slight differences between priority needs when it comes to female-headed households and households with children.^{42,43} For female-headed households, the most frequently reported top three priority needs were health (58%), economic assistance (57%), food (54%) and employment (19%). Refugee households with children cited similar needs, health (58%), economic assistance (56%), and food (53%), with an additional 12% mentioning education.

Nearly a quarter (**23%**) of surveyed refugee household respondents in Chisinau reported having no service needs. Among those reporting needs, the **top three service** needs mentioned were **financial assistance for other needs e.g., unemployment, disability allowance, pension (43%), general medical care (40%), and pharmacies (25%)**. The female-headed household service needs were similar with only a slightly higher share of households reporting needing general medical care (46%), followed by financial assistance (33%), and pharmaceutical services (27%). When looking at households with children, the priority needs similarly included general medical care (43%), financial assistance for other needs (40%), and pharmacies (27%).

Nearly a quarter of refugee household respondents (**20%**) reported not knowing where and how to access basic services in general e.g., healthcare, education, and legal advice. Access to protection

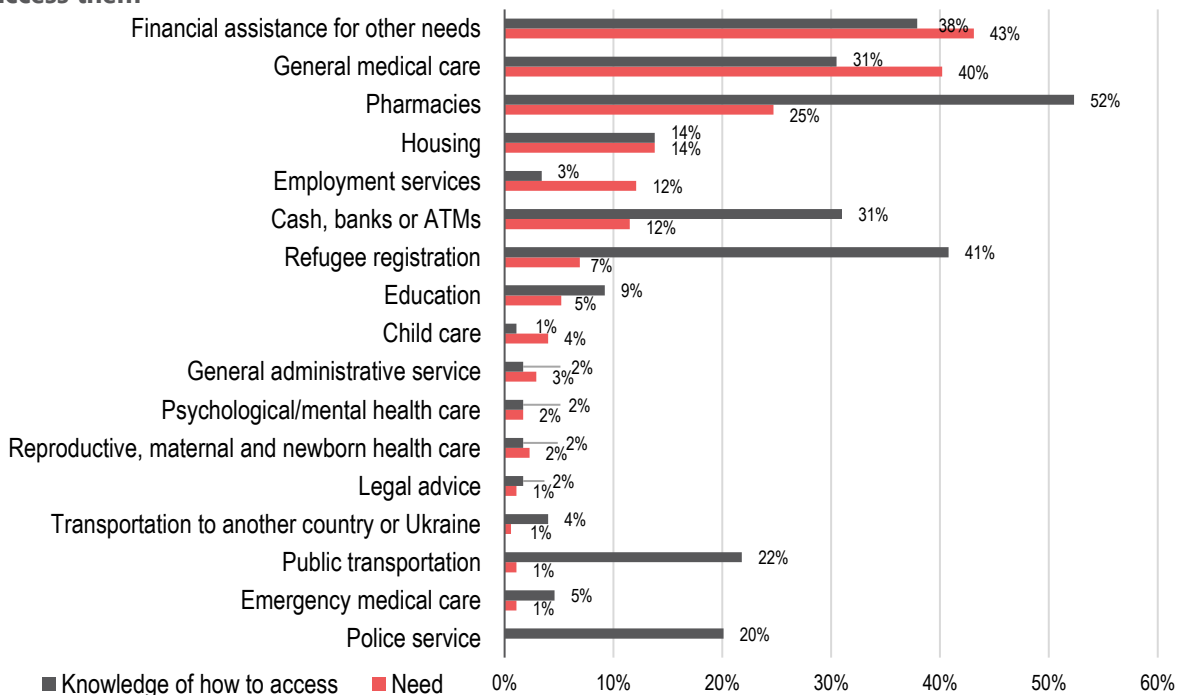
⁴¹ Respondents could select multiple answers.

⁴² A female-headed household is defined as a household in which an adult female is the sole or main income earner and decision-maker.

⁴³ A household with children is defined as a household that has at least one household member under the age of 18.

services was found to be the least known by refugees, with none of the household respondents reporting knowing how to access child protection, GBV and MHPSS services. Similarly, refugee household respondents did not seem to know how to access child care, even though around 50% of surveyed households in Chisinau have at least one child. Likewise, knowledge about access to reproductive, maternal and new-born healthcare was found to be limited (1.7%).

Figure 14: Refugee household’s reported service needs and knowledge of where and how to access them⁴⁴



Winterisation Needs

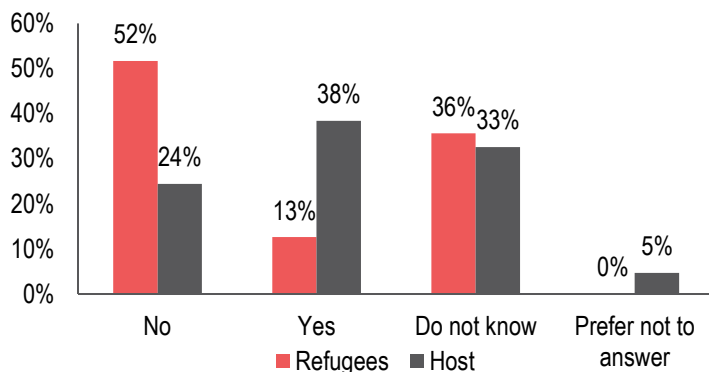
As the winter season was approaching, which habitually adds an extra layer of difficulties for refugee and host community households, the ABA aimed to shed light on households’ winter preparedness, the challenges they expect to face, as well as the safety nets available to meet the winter needs. The assessment found that in terms of heating, **gas and centralised heating systems were reported to be used by the majority of refugee and host households living in Chisinau.**⁴⁵ In rare cases wood (5%), electricity (2%) and coal (1%) were used by host households and 5% of refugee households reported using electricity and 1% wood.

A large share of refugee and host households reportedly did not have or were uncertain if they will have enough funds to purchase the needed fuel and/or pay the heating bills in the 2022/2023 winter season. This uncertainty around the ability to afford utilities and heating during winter was reported to be one of the main worries for refugees and the host community, according to the majority of refugee and host FGDs and II respondents.

⁴⁴ Respondents could select multiple answers.

⁴⁵ Respondents could select multiple answers.

Figure 15: Proportion of host and refugee households having or foreseeing to have sufficient funds to purchase the needed fuel and/or pay the heating bills as reported by refugee and host household participants⁴⁶



According to the government of Moldova, during the 2022/2023 winter season, five billion MDL (EUR 263 million) will be dedicated to compensations for vulnerable families to help with their gas and electricity payments during the cold season.^{47,48} One local authority KI reported that **the criteria for the eligibility of vulnerable individuals for compensation should be re-examined in the current context**, explaining that practically everyone could become vulnerable in the 2022/2023 winter season.

When asking the refugee and host household respondents about their awareness of the aforementioned state support, **44% of host household respondents reported being aware of the state support, while only 10% of refugee households knew about the assistance**. Among those who were aware of the state support, a high proportion of refugee and host household respondents were not aware if they were entitled to the support.

Figure 16: Surveyed refugee households in Chisinau entitled to state support for the 2022/2023 winter season as reported by refugee household respondents (n=18)

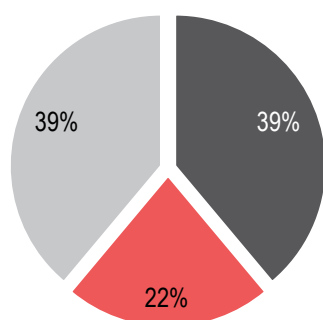
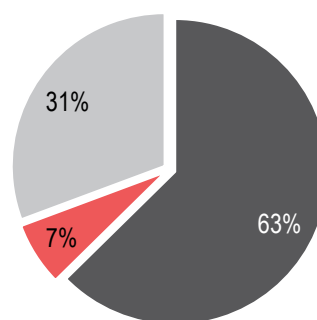


Figure 17: Host households in Chisinau entitled to state support for the 2022/2023 winter season as reported by host household respondents (n=75)



■ Yes ■ No ■ Do not know

Overall, **there were no available safety nets for refugees to meet their heating needs**, according to a third of II respondents and both FGD participants. **The host FGD participants and II respondents cited two forms of safety nets**, consisting of support received from the government or NGOs/UN agencies and money saved. Considering the limited availability of safety nets, both refugee and host FGD and II respondents highlighted **the need for more aid from the government**. The need for assistance in the form of the provision of firewood was highlighted in the host FGD and by II respondents in Rascani.

⁴⁶ For the 2022/2023 winter season, includes state support if received.

⁴⁷ Moldpres, [Moldovan government to provide compensations worth five billion lei during cold season](#)

⁴⁸ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

In terms of reported house/apartment winterisation and repair needs, 10% of refugee household respondents and 15% of host household respondents reported that their heating system needed repair. Fourteen per cent of refugee household respondents and 21% of host household respondents reported that their house insulation needs repair.

Table 11: Reported house/apartment winterisation and repair needs as reported by refugee and host household participants

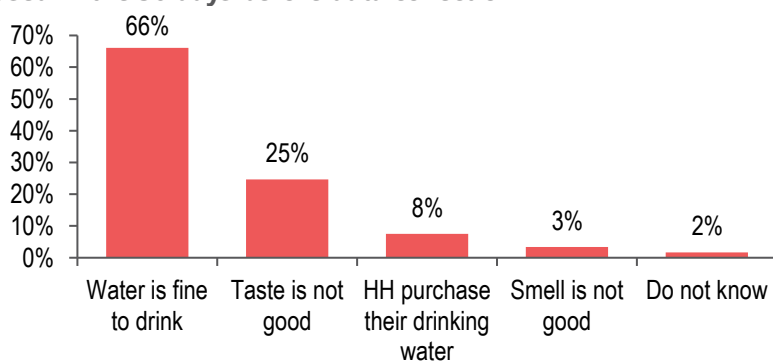
	Refugee households			Host households		
	Yes	No	Do not know	Yes	No	Do not know
Heating system needs repair	10%	53%	37%	15%	70%	15%
House/apartment was insulated	20%	26%	54%	51%	29%	20%
Insulation needs repair	14%	37%	49%	21%	60%	18%

WASH

The assessment aimed to explore whether households face any difficulties in accessing a sufficient amount of water, assess the satisfaction with the quality of drinking water, as well as to determine the level of access to sanitation facilities.

Nearly all refugee households (99%) have access to sanitation facilities and a sufficient amount of safe water for drinking and domestic needs. Refugee households seemed to be less satisfied with the quality of drinking water, with only 66% reporting that the water was fine to drink. In the face of the 2022/2023 winter season, both refugee and host household respondents were asked if their house/apartment has sufficient hot water for shower and laundry facilities. **Eighty-three per cent of refugee household respondents reported having enough hot water**, 12% were unsure and 5% reportedly did not have enough. A slightly higher proportion of **host households (89%) reported having enough hot water** for the upcoming winter season, 6% were uncertain, and 4% said they do not have enough of it.

Figure 18: Reported quality of the drinking water from the main source refugee households used in the 30 days before data collection⁴⁹



Livelihoods

Refugee livelihoods

The assessment found that **the majority of refugee household respondents continued to rely on long-term unsustainable sources of income in the three months before data collection**, such as savings (52%) and humanitarian cash assistance (67%), which was in line with the findings from May

⁴⁹ Respondents could select multiple answers.

2022 Moldova MSNA.^{50,51} Only 23% reported having a formal income-generating activity, employment, or business, as a source of income in the three months before data collection, and 2% reported informal, seasonal employment as a source of income.

The situation was similar when it comes to female-headed refugee households, as they reportedly relied on humanitarian cash support from NGOs (46%) and the government (23%) or savings (42%) in the three months before data collection. Only 19% reported employment as a source of income. **When it comes to refugee households with children**, an even higher proportion of families relied on savings (55%), followed by NGO/UN agency cash support (43%), and government cash support (31%) as their source of income in the three months before data collection.

Figure 19: Main sources of income that surveyed refugee families in Chisinau relied on in the three months before data collection as reported by refugee household respondents⁵²



Nearly half (42%) of refugee families' monthly income before the escalation of hostilities in Ukraine was reportedly between UAH 6.500 (EUR 204) and UAH 12.000 (EUR 377).⁵³ Twenty per cent had less than UAH 6500 (EUR 204) as a monthly income. Most female-headed families and families with children similarly reported having up to UAH12.000 (EUR 377) per month as an income.

Table 12: Refugee family's monthly income before the escalation of hostilities which began in February 2022 as reported by refugee household respondents, by family type⁵⁴

Monthly income before the escalation of hostilities which began in February 2022	Monthly income before the escalation of hostilities which began in February 2022		
	All families	Female-headed families	Families with children
Less than UAH 6.500 (EUR 204)	20%	22%	10%
Between UAH 6.500 (EUR 204) and UAH 12.000 (EUR 377)	42%	54%	66%
Between UAH 12.001 (EUR 377) and UAH 21.000 (EUR 660)	0%	0%	0%
Between UAH 21.001 (EUR 660) and UAH 57.000 (EUR 1791)	13%	4%	11%
Between UAH 57.001 (EUR 1791) and UAH 102.000 (EUR 3206)	1%	1%	1%
More than UAH 102.000 (EUR 3206)	0%	0%	0%

At the time of data collection, one-third of surveyed refugee households in Chisinau lived on less than MDL 3.400 (EUR 179) per month, as reported by the refugee household respondents.⁵⁵

⁵⁰ REACH, UNHCR, UNICEF, ECHO, [Multi-Sector Needs Assessment Moldova, September 2022](#)

⁵¹ Respondents could select multiple answers.

⁵² Respondents could select multiple answers.

⁵³ Monthly rate average for UAH to EUR (January 2022) 1 EUR = 31.82 UAH

⁵⁴ An additional 22% of refugee household respondents did not disclose their family's monthly income before the crisis.

⁵⁵ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

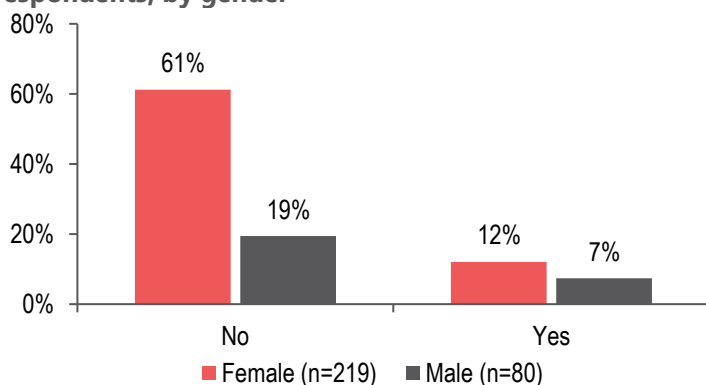
Equally, a third reported having between MDL 3.400 (EUR 179) and MDL 11.000 (EUR 578) as a monthly income. These figures do not seem to vary for female-headed households, however, a larger share of families with children (45%) reported having between MDL 3.400 (EUR 179) and MDL 11.000 (EUR 578) income and 22% reported having less than MDL 3.400 (EUR 179).

Table 13: Refugee family’s monthly income at the time of data collection as reported by refugee household respondents, by family type^{56,57}

Monthly income at the time of data collection			
	All families	Female-headed families	Families with children
Less than MDL 3.400 (EUR 179)	30%	37%	22%
Between MDL 3.400 (EUR 179) and MDL 6.800 (EUR 357)	32%	32%	45%
Between MDL 6.801 (EUR 357) and MDL 11.000 (EUR 578)	14%	13%	14%
Between MDL 11.001 (EUR 578) and MDL 29.800 (EUR 1.565)	5%	3%	7%
Between MDL 29.801 (EUR 1.565) and MDL 53.200 (EUR 2.794)	1%	1%	1%
More than MDL 53.200 (EUR 2.794)	0%	0%	0%

Only 19% of the adult refugee family members from the surveyed refugee households in Chisinau were reportedly employed at the time of data collection (12% female, 7% male). All but one refugee II respondent from Botanica reported that they were unemployed. This was also the case for some participants in the Centru FGD. **The economic activities performed by those employed were found to be diverse.** Among those refugee family members who were employed (n=58), roughly a quarter (24%) were taking part in informal irregular labour, such as seasonal work. For the remaining portion, 12% were employed in the hospitality sector, 10% in wholesale/retail/trade, 9% in transport and 7% in construction. Three II respondents in Botanica and Ciocana highlighted that women tend to work in specific economic sectors, including the trade and beauty industry.

Figure 20: Share of adult refugee family members employed as reported by refugee household respondents, by gender



Even though employment levels were found to be low, **more than a quarter (27%) of refugee family members were looking for work and this figure was even higher (30%) for families with children.** Several barriers were highlighted by both refugee FGD and II respondents and KIs that hindered the ability of refugees to find work. **Not having someone to care for their child while working was reportedly one of the main reasons for refugees not to seek employment,** as reported by 31% of refugee members of households with children and by 25% of those from female-headed households.

⁵⁶ An additional 15% of refugee household respondents did not disclose their family’s monthly income at the time of data collection.

⁵⁷ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

This challenge was echoed by refugee II respondents, as well as one INGO/CSO KI and one local authority KI.

Table 14: Refugee family adult member's top five reported reasons for not being employed as reported by refugee household respondents, by family type

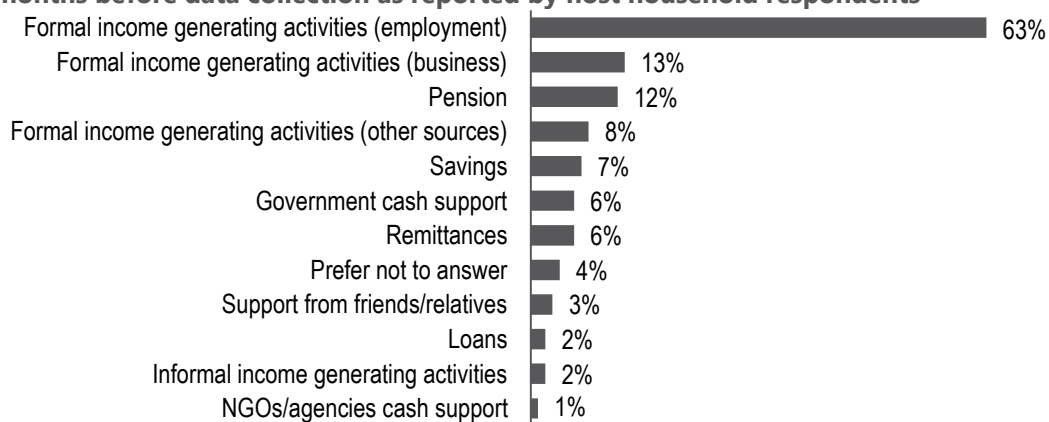
	All households	Female-headed households	Households with children
Looking for work	25%	26%	30%
Retired	23%	24%	14%
Caring for children	16%	25%	31%
Not able to work	10%	8%	4%
Moving to another country or return to Ukraine	9%	6%	7%

According to refugee FGD and II participants and KIs, **several barriers hindered refugees' access to employment**. The main obstacles mentioned included, a lack of job opportunities, a lack of skills, refugees facing language barriers, as well as a lack of programmes dedicated to facilitating the employment of refugees. While citizens of Ukraine were granted the right to work in Moldova without obtaining the right to temporary residence for the purpose of labour activity, three business and two education KIs highlighted that the lack of the necessary legal documents hindered their ability to hire refugees.⁵⁸ It was also mentioned by two business KIs that the documentation process needed to become faster and simpler. According to some II respondents and the Rascani FGD, Roma individuals and persons with disabilities faced particular difficulties in accessing employment. As the escalation of hostilities continues, the need for sustainable actions to support refugees' integration into the labour market becomes particularly crucial. Thus, **there is a need to create an enabling environment for refugees to find employment in Chisinau** and ensure less reliance on unsustainable income sources, such as savings and humanitarian assistance.

Host population livelihoods

The majority of host families relied on formal income-generating activities or pensions in the three months before data collection. More than half of host household respondents (63%) reported employment as a source of income, 13% reported self-employment as a source of income, 12% pension and 8% other sources of formal income-generating activities in the three months prior to data collection.

Figure 21: Main sources of income that surveyed host families in Chisinau relied on in the three months before data collection as reported by host household respondents⁵⁹



⁵⁸ Agentia Nationala pentru Ocuparea Fortei de Munca, [Во время чрезвычайного положения граждане Украины могут работать в Республике Молдова](#)

⁵⁹ Respondents could select multiple answers.

When comparing assessed Moldovan households' reported monthly incomes before refugee arrival and at the time of data collection, there was a decrease in average salary between these two time periods, however, this might not be a direct impact of the refugee arrival. While overall the mean income for all families seems to be slightly decreasing, 15 host household respondents reported an increase in their family income and seven a decrease between the two periods.

Table 15: Moldovan family's monthly income before refugee arrival and at the time of data collection as reported by host household respondents, by family type (by household respondents who answered)

Before refugee arrival ⁶⁰			Time of data collection ⁶¹		
Family Type	Mean	Range	Family Type	Mean	Range
All families (n=75)	MDL 12.903 (EUR 644)	MDL 1.000 (EUR 50) - MDL 50.000 (EUR 2.496)	All families (n=88)	MDL 12.109 (EUR 636)	MDL 1.000 (EUR 53) – MDL 50.000 (EUR 2.626)
Female-headed families (n=19)	MDL 10.068 (EUR 503)	MDL 1.600 (EUR 80) - MDL 50.000 (EUR 2.496)	Female-headed families (n=27)	MDL 8322 (EUR 437)	MDL 1.000 (EUR 53) – MDL 30.000 (EUR 1.576)
Families with children (n=31)	MDL 17.103 (EUR 854)	MDL 7.000 (EUR 349) - MDL 50.000 (EUR 2.496)	Families with children (n=33)	MDL 15.703 (EUR 825)	MDL 1.000 (EUR 53) - MDL 40.000 (EUR 2.101)

Overall, the **Moldovan family's top three expenses 30 days before data collection were reported to be food (64%), rent (43%) and fuel (33%)**. On average, families spent an average of MDL 4.002 (EUR 210) on food, MDL 2.706 (EUR 142) on rent and MDL 2.037 (EUR 107) on fuel.⁶² Utilities and education-related expenses were also reported to be among their top spending, each representing 22% of the household expenses.

Table 16: Moldovan family's proportion of monthly expenses and their corresponding averages 30 days before data collection as reported by host household respondents (by household respondents who answered)⁶³

	Reported expenses	%	Average monthly amount
1	Food	64%	MDL 4.002 (EUR 210)
2	Rent	43%	MDL 2.706 (EUR 142)
3	Fuel	33%	MDL 2.037 (EUR 107)
4	Utilities	22%	MDL 1.360 (EUR 71)
5	Education	22%	MDL 1.359 (EUR 71)
6	Other	16%	MDL 909 (EUR 48)
7	Healthcare	14%	MDL 885 (EUR 46)
8	Non-food household items	11%	MDL 716 (EUR 38)
9	Transportation	10%	MDL 644 (EUR 34)
10	Water	5%	MDL 318 (EUR 17)

⁶⁰ Monthly rate average for MDL to EUR (January 2022) 1 EUR = 20.03 MDL

⁶¹ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

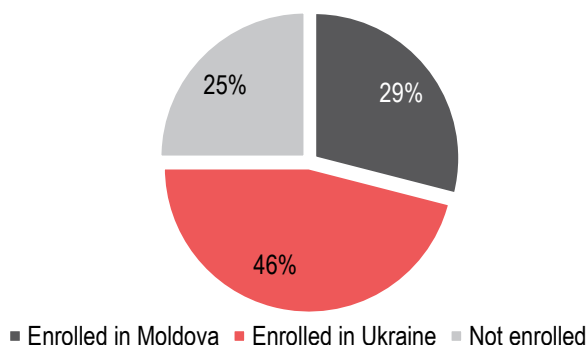
⁶² Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

⁶³ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

Education

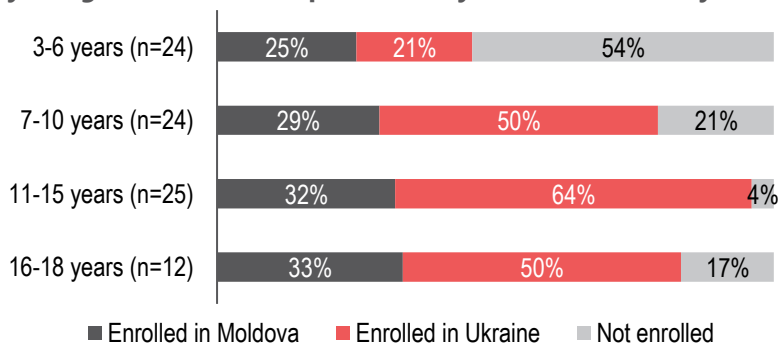
Even though Moldova offered opportunities for refugee children to continue their education, the assessment found that **a quarter of school-aged refugee children in Chisinau were not enrolled in school** at the time of the data collection and **there was no reported intention to enrol them** for the school year 2022/2023.⁶⁴ Out of the total of 85 refugee children, more children were found to be enrolled in an online school in Ukraine (46%) than in Moldova, with only 29% of children being enrolled in schools in Moldova.

Figure 22: School/kindergarten enrolment of refugee children (3-18 years) in Chisinau as reported by refugee household respondents, by enrolment country⁶⁵



Despite a quarter of children reportedly not being enrolled, **the need for education services was not often mentioned**. Only 5% of refugee household respondents raised the need for these services. When asked if refugee household respondents knew where and how to access education, only 9% said that they did. As highlighted in Figure 23, **a much higher proportion of kindergarten-aged children (n=24) were reportedly not enrolled in education facilities compared to school-aged children. Middle school-aged children (n=25) were found to have the highest enrolment rates**, 96% were reported to be enrolled with two-thirds of them being enrolled in online schools in Ukraine.

Figure 23: School/kindergarten enrolment of refugee children (3-18 years) in Chisinau as reported by refugee household respondents, by enrolment country and age group



The assessment aimed to identify the barriers refugee families might have faced when trying to enrol their children in school in Moldova. Most surveyed refugee household respondents in Chisinau explained that **the decision not to enrol 95% of the children was voluntary** rather than a result of particular challenges faced when enrolling the child. FGD participants and II respondents highlighted several barriers, the most reported was the limited enrolment capacity, reported in all Chisinau sectors except for Centru, followed by the requirement for a residency permit/documentation to be able to enrol the child.

⁶⁴ Ministerul Educației și Cercetării, [Ministerul Educației și Cercetării oferă posibilitate pentru toti copiii din familiile refugiate din Ucraina de a participa la procesul educational al Republicii Moldova](#)

⁶⁵ Represents a subset of the total refugee children, n=85.

Figure 24: Reported barriers to applying to enrol children in school/kindergarten in Moldova as reported by refugee household respondents in Chisinau^{66,67}



Refugee household respondents whose children were not enrolled in online schools in Ukraine were asked whether they faced any barriers when they tried to enrol the refugee children. **Twenty children were out of school because their caregivers did not try to enrol them, and one refugee child reportedly faced no barriers.**⁶⁸ The latter was echoed by all but one II respondent and both FGDs.

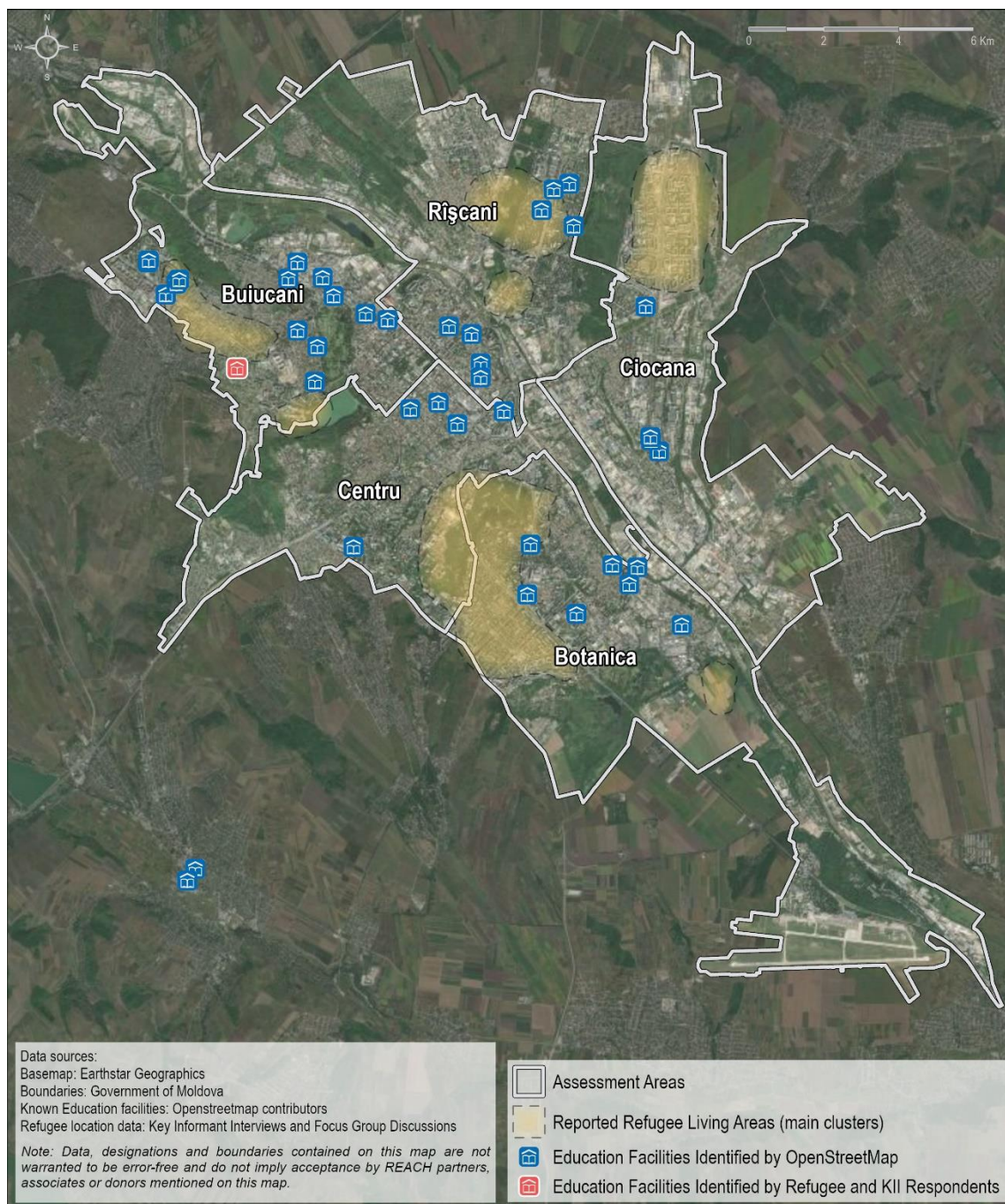
In terms of education facilities used by refugee children in Chisinau, FGD participants, II respondents and KIs were asked to identify facilities that they accessed or that they were aware of refugees accessing in general. The below map highlights the education facilities that were reportedly used by refugee children in red. In cases when respondents marked a point on the map that did not correspond to an exact education facility identified by the OpenStreetMap, the nearest education facility within 200 meters was highlighted. The yellow clusters highlight where refugees outside of RAC live according to the FGD participants, II respondents and KIs. Participants highlighted only one education facility that was reportedly used by refugee children near the area cluster where refugees lived in Buiucani.

⁶⁶ Represents a subset of the total refugee children who are not enrolled in a school/kindergarten in Moldova, n=60.

⁶⁷ Respondents could select multiple answers.

⁶⁸ As the subset for this indicator is below 30 households, figures are reported as numbers.

Map 4: Map of available education facilities



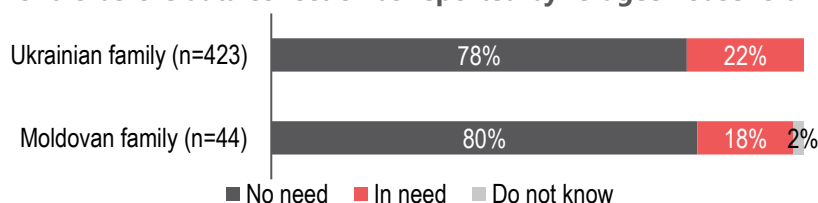
Healthcare

Overall, healthcare was found to be the most important need among refugee household respondents (56%).⁶⁹ When asked about which healthcare service they need, general medical care was most reported (40%), followed by reproductive, maternal and new-born healthcare (2%), psychological and mental healthcare (2%) and emergency medical care (1%).⁷⁰ The majority (78%) of refugee household members did not need healthcare access during the three months before data collection. Out of the total 467 refugee household members, 22% of Ukrainian family members and 18% of Moldovan family members needed healthcare in the three months before data collection.

⁶⁹ Respondents could select multiple answers.

⁷⁰ Respondents could select multiple answers.

Figure 25: Share of refugee household members in need of access to healthcare in the three months before data collection as reported by refugee household respondents⁷¹



Among those who needed healthcare, nearly a third of refugee household members (30%) reportedly could not access the services they needed. When looking at age disaggregation, findings revealed that a higher proportion (89%) of children aged 3-18 could access healthcare services, while only 50% of children aged 0-2 had access. Similarly, a lower portion (62%) of older members aged 60+, reportedly could access the care they needed.

Figure 26: Reported access to healthcare of refugee household members who reportedly needed it⁷²

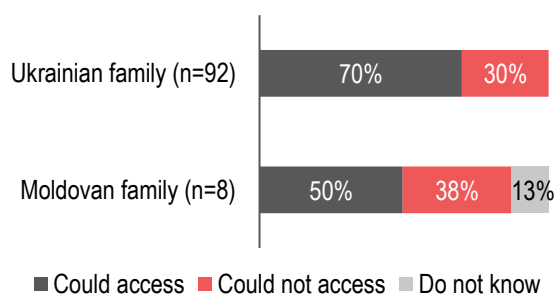
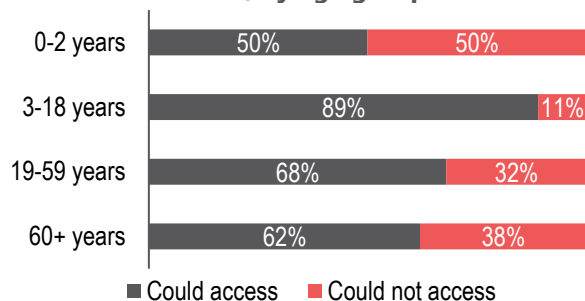


Figure 27: Reported access to healthcare of refugee household members who reportedly needed it, by age group⁷³



According to refugee household respondents, 73% of household members needed preventive consultations or check-ups, 13% for consultations or drugs for chronic illness, 10% for consultations or drugs for acute communicable diseases, and 3% for mental health and psychological support services.⁷⁴

Several obstacles were raised to access these services, with the cost of healthcare being the most frequently highlighted by refugee FGDs and refugee household respondents. The unavailability of specific healthcare services was also reported by refugee household respondents. Two healthcare KIs raised that Roma refugees faced discrimination which created a barrier to accessing the needed care.

Table 17: Barriers to healthcare among those refugee household members who needed it by healthcare need as reported by refugee household respondents^{75,76}

Preventative consultation / check-up	»»»	Could not afford the cost of consultation (n=12), could not afford the cost of treatment (n=11), specific medicines and treatment unavailable (n=2)
Consultation or drugs for acute communicable diseases	»»»	Long waiting time for the service (n=1), language barriers (n=1), discrimination based on ethnicity (n=1), specific healthcare service needed unavailable (n=1)
Medicine prescription	»»»	Did not receive correct medications (n=3)

⁷¹ Represents a subset of the total refugee household members, including only members about whom respondents had information on, n=475.

⁷² Represents a subset of the total refugee household members who needed access to healthcare three months prior to data collection, n=100.

⁷³ Represents a subset of the total refugee household members who needed access to healthcare three months prior to data collection, n=100.

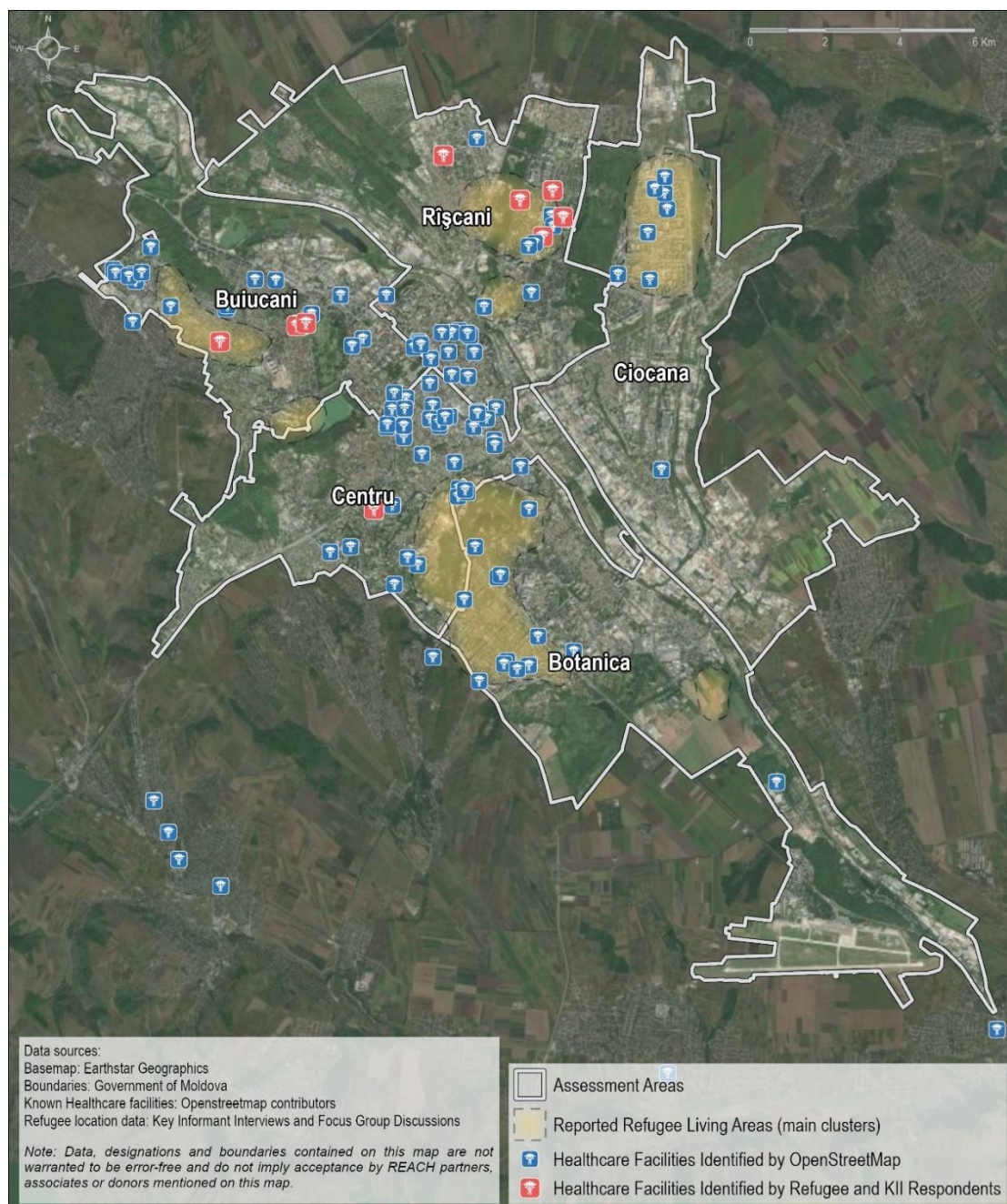
⁷⁴ Respondents could select multiple answers.

⁷⁵ Respondents could select multiple answers.

⁷⁶ As the subset for this indicator is below 30 households, figures are reported as numbers.

In terms of health facilities used by refugees in Chisinau, FGD participants, II respondents and KIs were asked to identify facilities they accessed or were aware of refugees accessing. The below map highlights the health facilities that were reportedly used by refugees with red. In cases when respondents marked a point on the map that did not correspond to an exact health facility identified by the OpenStreetMap the nearest health facility within 200 meters was highlighted. The yellow clusters highlight where refugees outside of RAC live according to the same FGD participants, II respondents and KIs. As Rascani and Buiucani sector maps reveal, **most healthcare facilities accessed were near the area clusters where refugees lived.**

Map 5: Map of available health facilities

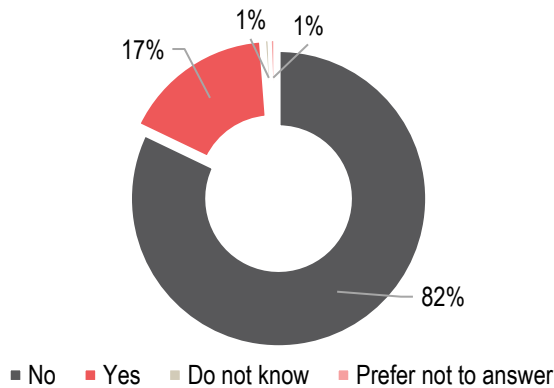


Mental Health

While only 2% of surveyed refugee household respondents in Chisinau raised the need for mental health services and 2% said that they know where and how to access them, the assessment found that **17% of**

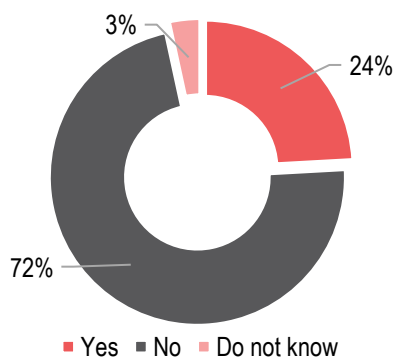
refugee families reportedly had at least one family member experiencing mental health conditions, such as anxiety or depression. On average, there were two family members with mental health issues within the families who reported it.

Figure 28: Share of refugee families having at least a family member experiencing mental health conditions as reported by refugee household respondents



When asked whether the family members who experienced mental health conditions required **mental health and psychosocial support, nearly a quarter (24%) were reported to be in need and 3% were unsure.** Half of those in need (n=7) were able to access the support they needed.⁷⁷ The most frequent **reason for refugee household members not being able to access mental health and psychological services** was people waiting to see if the problem gets better on its own (n=5).

Figure 29: Share of refugee family members who experienced mental health conditions reportedly in need of mental health or psychosocial support as reported by refugee household respondents⁷⁸



Protection

Protection status of refugees

After the escalation of hostilities in Ukraine on 24 February 2022, Moldova established a state of emergency which allowed people fleeing from Ukraine to stay legally on the territory of the country without needing to apply for asylum.⁷⁹ In Moldova, asylum is a legal institution through which the government provides protection to asylum-seekers, granting them the status of refugee, humanitarian protection, temporary protection, or political asylum.⁸⁰ Individuals who are granted refugee status based on their asylum application will be granted free access to social security services, primary and secondary

⁷⁷ As the subset for this indicator is below 30 households, figures are reported as numbers.

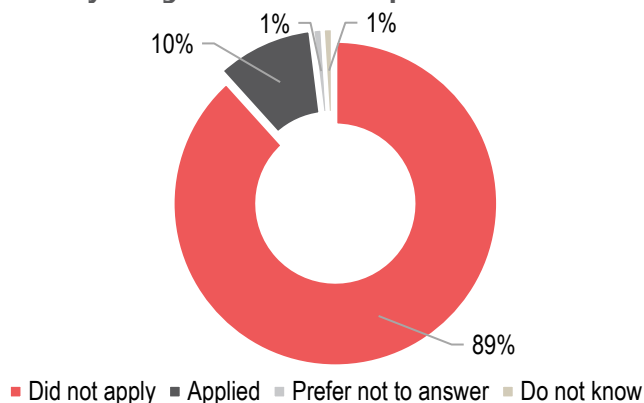
⁷⁸ Represents a subset of the total refugee family members with difficulty in their daily functioning, n=58.

⁷⁹ Dopomoga.gov.md, [Ответы на часто задаваемые вопросы](#)

⁸⁰ Ministry of Internal Affairs Bureau for Migration and Asylum, [General information](#)

education, medical insurance, state language courses, and labour market-related services.⁸¹ The ABA sought to identify the number of asylum applications amongst the refugee population residing in the assessed areas and found that **only 10% of refugee families in Chisinau applied for asylum.** Frequently reported reasons for not applying for asylum included planning to return to Ukraine (79%), planning to move to another country (5%), or not knowing how to apply (3%).⁸²

Figure 30: Proportion of refugee families in Chisinau who applied for asylum in Moldova as reported by refugee household respondents



Protection concerns faced by refugees and host community members

To understand the protection environment of refugee and host community members, household respondents, FGD participants and II respondents were asked questions about safety and security in their location of residence. It appears that **refugees generally felt safe in the areas where they reside**, reported by two-thirds of II respondents in Ciocana and Botanica and both FGD participants. **For the host population, the sense of safety appears to differ from one person to the other** and was not necessarily related to the location of residence. An overall feeling of safety in the area of residence was reported in Centru, Ciocana, Botanica and Rascani.

Several safety and security threats were reported by refugee and host FGDs and II respondents. **Theft/robbery** was the most reported threat, highlighted by the refugee and host FGDs and II participants in Rascani, Centru, and Botanica. **Extortion** was the second most reported security threat by refugees, with an II respondent in Botanica and an FGD participant in Centru stating that there were incidents where license plates were stolen from Ukrainians' cars and then offered back to them for money. The host FGDs and II participants in Rascani and Botanica highlighted incidents of **verbal harassment, assault, and sexual harassment. However, it was rarely reported that refugee families experienced what they felt was discriminatory treatment** since arriving in Moldova, with only six refugee household respondents reporting it.⁸³

Protection concerns faced by refugee and host community at-risk groups

Refugee and host community household respondents, FGD participants and II respondents were asked whether refugee and host community key at-risk groups faced any particular safety and security concerns in the areas where they lived. The key reported concerns included Roma individuals facing discrimination/persecution and verbal harassment, women facing verbal/sexual harassment/violence and being threatened with violence, people with disabilities facing verbal harassment, boys under the age of 18 facing violence within their homes and girls under the age of 18 were reportedly at risk of







⁸¹ UNHCR, [How to apply for asylum](#)

⁸² An additional 11% of refugee household respondents did not disclose the reason for not applying.

⁸³ As the subset for this indicator is below 30 households, figures are reported as numbers.

sexual abuse/violence. A KI from the humanitarian sector mentioned that LGBTQ+ people faced security problems because of their orientation and were discriminated against.

Table 18: Top three protection concerns of refugee and host community at-risk groups as reported by refugee and host household respondents

Roma ethnicity		Discrimination (9% host HH respondents, 4% refugee HH respondents), being injured (4% host HH respondents, 1% refugee HH respondents), verbal harassment (5% host HH respondents) ⁸⁴
Older people		Being robbed (7% host HH respondents, 1% refugee HH respondents), economic violence (5% host HH respondents, 1% refugee HH respondents), being injured (2% host HH respondents, 1% refugee HH respondents) ⁸⁵
People with disability		Verbal harassment (7% host HH respondents, 1% refugee HH respondents), economic violence (4% host HH respondents, 1% refugee HH respondents), discrimination (4% host HH respondents, 1% refugee HH respondents) ⁸⁶
Women		Sexual harassment/violence (5% host HH respondents), being threatened with violence (5% host HH respondents), physical harassment/violence (not sexual) (4% host HH respondents, 1% refugee HH respondents) ⁸⁷
Boys under the age of 18		Violence within the home (12% host HH respondents, 3% refugee HH respondents), child labour (11% host HH respondents, 3% refugee HH respondents), family separation (8% host HH respondents, 1% refugee HH respondents) ⁸⁸
Girls under the age of 18		Risk of sexual abuse/violence (15% host HH respondents, 2% refugee HH respondents), violence within the home (12% host HH respondents, 3% refugee HH respondents), risk of trafficking (6% host HH respondents, 2% refugee HH respondents), family separation (6% host HH respondents, 2% refugee HH respondents) ⁸⁹

Protection channels

The assessment sought to understand whether refugees and host respondents were aware of different protection channels when in need. Generally, **in case of a crime or if faced with a security incident, refugees and hosts would reportedly call or go to the police**, according to FGD and II respondents. The host FGD and II respondents additionally highlighted sharing the experience on social media/the internet or calling the hotline or using complaint channels. That said, two host II respondents in Rascani and Botanica added that some people shy away from reporting such incidents due to the fear of approaching the authorities. Nearly all KIs (n=10) mentioned police as the first point of contact for safety and security concerns, and that they were accessible.

Police were also reportedly the first point of contact for more than 90% of refugee and host household respondents in case of women or girls experiencing any form of violence or reporting cases of violence, exploitation or neglect of children.⁹⁰ In the case of women/girls experiencing violence, the second most frequently reported channel was NGO hotlines (29% refugee household respondents, 12% host

⁸⁴ An additional 28% of host household respondents and 34% of refugee household respondents reportedly did not know whether Roma individuals faced any protection concerns.

⁸⁵ An additional 31% of host household respondents and 41% of refugee household respondents reportedly did not know whether older people faced any protection concerns.

⁸⁶ An additional 26% of host household respondents and 45% of refugee household respondents reportedly did not know whether people with disabilities faced any protection concerns.

⁸⁷ An additional 26% of host household respondents and 27% of refugee household respondents reportedly did not know whether women faced any protection concerns.

⁸⁸ An additional 29% of host household respondents and 42% of refugee household respondents reportedly did not know whether boys under the age of 18 faced any protection concerns.

⁸⁹ An additional 29% of host household respondents and 45% of refugee household respondents reportedly did not know whether girls under the age of 18 faced any protection concerns.

⁹⁰ Respondents could select multiple answers.

household respondents), followed by the government hotline (8% refugee household respondents, 16% host household respondents). When in need to report cases of neglect of children, using a hotline was reported by nearly a quarter of the respondents (20% of refugee household respondents and 23% of host household respondents). **However, there were mixed perceptions of the trustworthiness of the police.** While several refugees considered the police trustworthy, hosts highlighted their lack of trust in the police, with around two-thirds of II respondents from Botanica and Rascani, as well as two FGD participants, reporting a complete absence of trust in the police.

Three education sector KIs and one health sector KI mentioned that there was no lack of protection-related services.

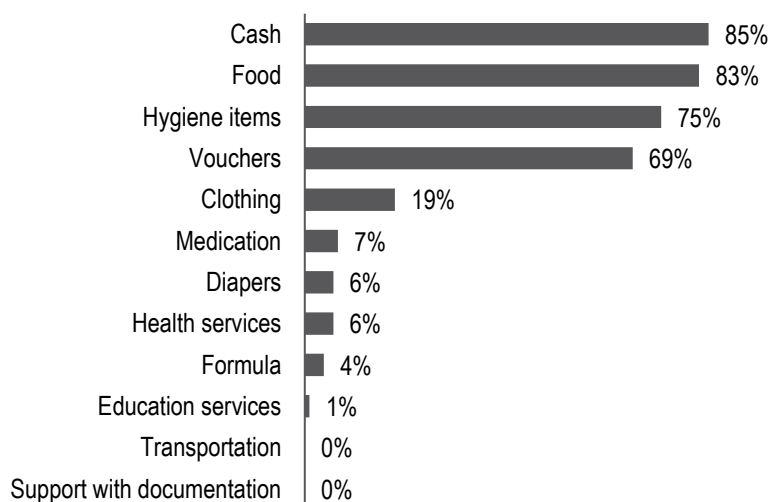
AAP

Humanitarian assistance received by refugee and host households

The vast majority (92%) of refugee household respondents reported receiving humanitarian assistance since arriving in Moldova. Less than half (40%) of Moldovan families who accommodated refugees were reportedly receiving assistance according to the refugee household respondents.⁹¹ Findings were similar in the host household surveys; out of the five households that accommodated refugee families, only one received humanitarian assistance. According to both host FGDs and three host II respondents, hosting households received financial assistance and two host II respondents reported some Moldovan hosting families receiving food and shelter assistance for accommodating refugees.

The most commonly reported forms of aid received by refugee families who accessed assistance were cash (85%), food (83%), hygiene items (75%) and vouchers (69%).⁹² None of the refugee household respondents reported that their family received support with documentation and transportation. Only 1% reported receiving education assistance, which may indicate a gap in the provision of humanitarian assistance considering that needs were raised by the education KIs.

Figure 31: Type of humanitarian assistance received by refugee families as reported by refugee household respondents⁹³



⁹¹ Represents a subset of Moldovan families who were accommodating refugee families, n=60.

⁹² Represents a subset of refugee household respondents who reportedly received humanitarian assistance, n=160.

⁹³ Respondents could select multiple answers.

The most reported aid providers for refugee households who received assistance were UN agencies (76%), local NGOs (33%) and INGOs (29%). Similarly, the most frequently reported assistance providers for Moldovan families who accommodated refugees were UN agencies (71%) and INGOs (29%). Local NGOs and local authority KIs were seemingly less involved in humanitarian assistance provision to host families, with only 4% of host families reportedly receiving assistance from each of them. According to all INGO/CSO KIs, the refugees in the city received sufficient humanitarian assistance in response to the refugee crisis.

Figure 32: Providers of humanitarian assistance to refugee families as reported by refugee household respondents who mentioned receiving aid ⁹⁴

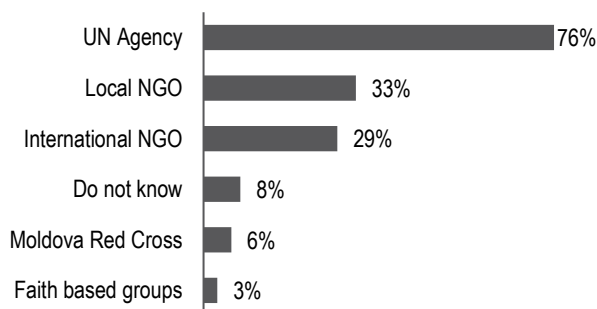
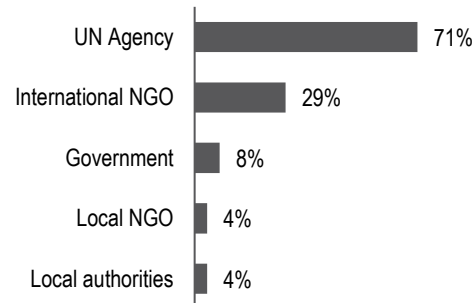


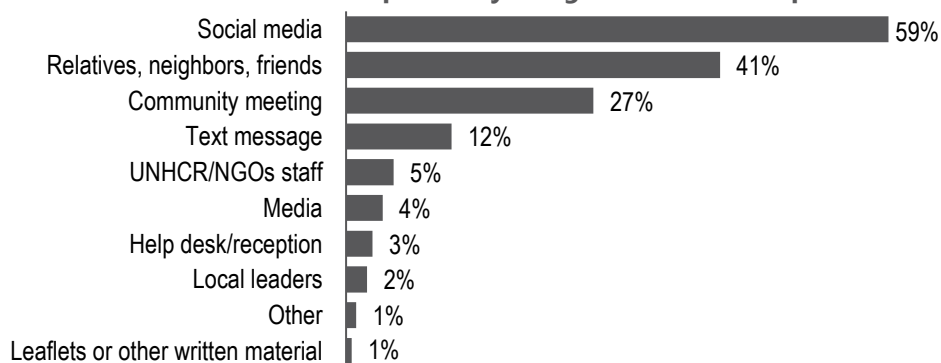
Figure 33: Providers of humanitarian assistance to host Moldovan families as reported by hosted refugee household respondents who mentioned receiving aid ⁹⁵



Information on humanitarian assistance

The majority of refugee households (89%) reported having enough information about humanitarian services. The most frequently reported sources of information used by refugee household respondents included social media (59%), relatives, neighbours, or friends (41%) and community meetings (27%).⁹⁶

Figure 34: Reported refugee household respondents' main sources of information about humanitarian aid/services as reported by refugee household respondents ⁹⁷



The refugee households who reported not having enough information on humanitarian assistance highlighted that the **main barriers they face to accessing the needed information were the lack of information (53%) and technology access (42%).**⁹⁸ The households' reported **top priority information needs were how to access healthcare services (53%), how to get more financial support (47%), how to register for aid (37%) and news about both Ukraine and events happening**

⁹⁴ Respondents could select multiple answers.

⁹⁵ Respondents could select multiple answers.

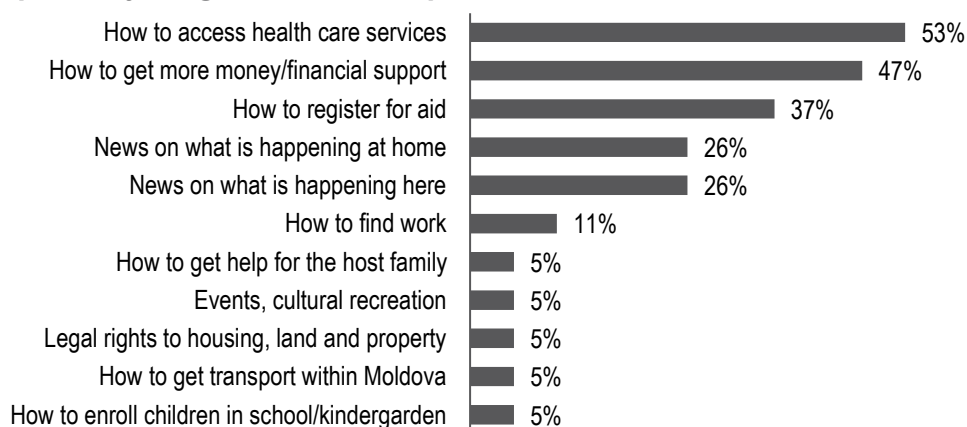
⁹⁶ Respondents could select multiple answers.

⁹⁷ Respondents could select multiple answers.

⁹⁸ Respondents could select multiple answers.

in Moldova (26% and 26%). The preferred channels to receive this information were Viber (47%), text messages (47%), phone calls (16%), WhatsApp (16%) or Telegram (11%).⁹⁹

Figure 35: Top three reported information needs of refugee families from aid providers as reported by refugee household respondents^{100,101}



3. Refugee Response Collaboration, Coordination and Gaps

This sub-section provides an overview of the refugee humanitarian and governmental response in Chisinau. Interviews with KI response actors focused on unpacking the collaboration modalities between the different actors, as well as existing coordination mechanisms and potential gaps in the response. The aim was to identify if improvements or additional collaboration and coordination channels or activities might be needed from the perspective of the response actors.

Refugee Response Collaboration and Coordination

There was reportedly a high level of engagement from different actors in the refugee response in Chisinau. One local authority KI reported that 95 partners from the intersectoral group, all municipal institutions and directorates were engaged in the crisis response and basic service provision for refugees.¹⁰² The health service provider KIs and INGO/CSO KIs reported wide collaborations between various humanitarian actors in their respective sectors. The education sector KIs most often reported collaboration with the Directorate General of Education and Youth.

Despite these vast collaborations, **several gaps and improvements in the collaborations were raised** by KIs. Considering that the education sector primarily collaborated with the Directorate General of Education and Youth, seemingly, there was a lack of coordination and collaboration between education service providers and the wider humanitarian community. One non-profit health service provider KI reported a lack of collaboration with the government, while one public health service provider KI acknowledged that there was no clear system of collaboration with humanitarian actors, and instead, collaboration occurred on a needs basis, in an *“intuitive way”*. While there was a coordination mechanism in place via humanitarian coordination forums, one local authority KI did raise the need for the humanitarian actors to create closer and more open cooperation with the local administration to prevent the perception that they work in silos.¹⁰³

⁹⁹ Respondents could select multiple answers.

¹⁰⁰ Represents a subset of refugee families who did not have enough information, n=19.

¹⁰¹ Respondents could select multiple answers.




¹⁰² UNHCR, [Sectoral Working Groups](#)

¹⁰³ UNHCR, [Regional Inter-Agency Operational Update](#) - Ukraine Refugee Situation - 1 to 30 September 2022

Refugee Response Gaps

Various refugee response gaps were highlighted by the KIs. A local authority KI raised the need for additional collaboration with actors focused on **child protection in the form of information campaigns, awareness raising, and extracurricular cultural activities to facilitate refugee children's integration**. Another local authority KI reported the need to support vulnerable Moldovan families as reportedly some organisations only focus on voucher distribution to refugees which created tensions within society. **The biggest gap in the education sector was in terms of the availability of books**, according to all education sector KIs. **Funding opportunities were the most frequently raised gap by INGO/CSOs, as reported by two KIs.**

Table 19: Overview of refugee response gaps as reported by KIs

 General	<ul style="list-style-type: none"> • Support for the vulnerable Moldovan population • Information campaigns, awareness raising and extracurricular cultural activities (child protection, integration)
 Education	<ul style="list-style-type: none"> • Books
 INGOs/CSOs	<ul style="list-style-type: none"> • Funding opportunities

4. Stakeholder Mapping

This sub-section presents the various actors involved in the refugee response in Chisinau and basic service provision, by actor type and sector, as well as the various links between the actors in terms of collaboration.

Refugee response actors and basic service providers

The assessment sought to understand the engagement of various humanitarian actors in the different refugee response sectors and basic service provision. As Table 20 highlights, there was nearly full coverage in terms of the presence of actors in the sectors. Multiple KIs from local authorities and INGOs/CSOs did confirm that **no additional actors were needed in the response as everyone was already fully involved in the refugee response.**

Table 20: Actors engaged in the refugee response and basic service provision, by actor type and sector^{104,105,106}

Sector	Government	UN Agency	Local NGO/CSO	INGO	Public Service Provider	Private Service Provider
Accommodation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social cohesion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WASH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
Livelihoods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Protection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
AAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Collaboration and coordination links between actors

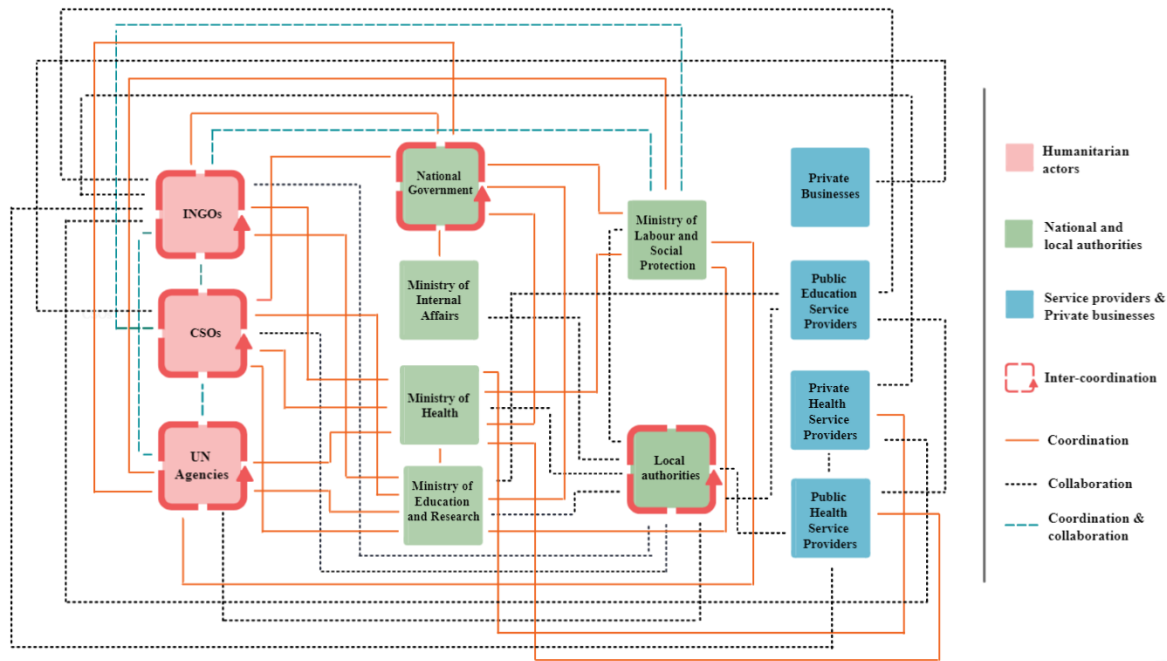
The below figure depicts the collaboration and coordination links between actors in Chisinau. The graph highlights a high level of collaboration and coordination among UN Agencies, INGOs, CSOs, local authorities and the National Government. This was achieved at least partially through the inter-sectoral coordination group platform. Among the actors, the public and private service providers were found to have the least collaboration and coordination links with other actors.

¹⁰⁴ Actor engagement is defined as any activity carried out in the listed sectors. The AAP sector includes the humanitarian service provision to refugees and Moldovan hosting families.

¹⁰⁵ Actors and their activities were identified using secondary data review and KIIs; thus, the information might not reflect the complete refugee response coverage on the ground.

¹⁰⁶ Activities carried out online (e.g., MHPSS) were considered accessible in Chisinau.

Figure 36: Collaboration and coordination links between actors^{107,108}



Note: The best way to read the diagram is to start from the boxes and from there follow the lines to see the links and types of interaction between actors.

Conclusion

The Chisinau area-based assessment aimed to provide a situation overview of refugees living outside of RACs, as well as the host population in the city. By uncovering their priority needs and challenges faced in basic service access, this ABA aims to provide humanitarian actors involved in the refugee response with essential information to further tailor their response to the local needs of the population.

Overall, findings showed a high reliance of refugees on unsustainable sources of livelihood and high levels of uncertainty in the life of refugees in terms of movement intentions. A large proportion of refugee families reported that their 6-month movement intentions were to return to Ukraine or that they did not have concrete plans. These short-term plans potentially affected the refugees' registration for asylum in Moldova, which was found to be very low among refugees surveyed in Chisinau. The assessment found a continued high reliance of refugees on unsustainable income sources, such as savings and humanitarian support, and low rates of employment. As the escalation of hostilities which began in February 2022 becomes protracted and refugees are unable to return home, access to employment becomes increasingly important. This was reflected in the finding that a significant proportion of families reportedly planned to look for work or were in the process of looking for work. However, several barriers were identified that hinder refugees' access to employment and suggest that more efforts should be devoted to creating an enabling environment for refugees to be able to find employment and integrate into the labour market.

The relationship between refugees and the host community was found to be overall good, with few instances of tension reported. The relationship was generally perceived as stable since the refugees arrived in Chisinau. Integration activities were reportedly carried out in the city, with mixed awareness and participation from both the refugees and host community members. However, findings showed

¹⁰⁷ The information provided in the diagram was primarily extracted from the discussions with KIs and might not fully reflect the complete interactions between actors and their nature.

¹⁰⁸ The National Agency for Social Protection (ANAS) operates under the Ministry of Labour and Social Protection.

divergent opinions about their effectiveness and whether additional integration events were needed. In terms of the host population's opinion on refugee support, there was an overall positive stance on how well Moldova supported the refugees and whether this support should continue until the conflict ends. Nevertheless, findings showed a growing feeling that the host population should be equally supported, and refugees were perceived as competitors to the local vulnerable groups. This was also reported by Moldovan families who accommodate refugees, as less than half of them reportedly received support.

The assessment found mixed perceptions about whether the arrival of refugees impacted the local economy. Increased prices were the most frequently reported, however, often they were attributed to the escalation of hostilities since February 2022 in Ukraine rather than to the refugee arrival. The assessment found some level of impact on access to education, although this was not often observed by the host community but rather reported by the sector KIs. The increased demand reportedly did put some pressure on the education service delivery and several sector needs were raised by education KIs. It was unclear whether these needs arose as a repercussion of the increase in the number of children. Local authority KIs also stressed the impact they felt as a consequence of the influx of refugees, they reportedly felt overwhelmed with their workload, particularly the City Halls, Councils, and social assistance.

Findings revealed that the most urgent needs of refugees were health, food, and financial assistance, with low levels of knowledge on how to access basic services such as healthcare, and education, among others. Moldovan families who were accommodating refugees reportedly need additional assistance in order to continue hosting refugees, notably in the face of the increased costs in the winter season. In terms of preparedness for winter, uncertainty about the ability to afford utilities and heating during winter was reported to be one of the main worries for both refugees and the host population, with reportedly minimal safety nets available and an urgent need for government support.

The ABA found that a high number of school-aged children were not enrolled in either the Moldovan or the Ukrainian education system, even though no widely reported barriers were raised by refugee household respondents. Most household respondents reported not trying to enrol their children in school or kindergarten. Both the Moldovan and Ukrainian online schools were reportedly accessible.

While most members of the surveyed Ukrainian families in Chisinau were not reportedly in need of healthcare in the three months prior to data collection, among those who were, nearly a third could not access the services they needed. Healthcare was the most frequently mentioned priority need. The cost of consultation and treatment were the most frequently raised barriers to access healthcare services, also impacting access to mental health support. While free healthcare was reported by refugees across all Chisinau sectors, access to free healthcare was not found to be systemic or applicable to all medical services.

Findings showed that both refugees and the host population felt safe in the area where they lived. Based on their origin, few refugees reported experiencing discrimination. However, the data highlighted several safety and security threats that people reportedly faced in their area of residence, including theft/robbery, extortion, verbal harassment, assault, and sexual harassment. The assessment found that certain population groups also face particular protection threats. Among the most reported threats included, Roma individuals facing discrimination/persecution, women facing sexual harassment and violence, people with disabilities being exposed to verbal harassment, older people being robbed, children facing violence within the home with girls additionally facing sexual abuse/violence.

Findings highlighted a high level of engagement from different actors in the refugee response in Chisinau, with some active coordination mechanisms in place to deliver the response. Nonetheless, there was reportedly a need for humanitarian actors to have closer and more open cooperation with the local administration. Findings showed a lack of coordination and collaboration between education service providers and the wider humanitarian community. While the public health sector KI stated that forms of

collaboration and coordination exist, they stressed the need for a clearer system of collaboration with humanitarian actors. In contrast, the majority of INGO/CSO KIs reported a wider collaboration with humanitarian actors. Finally, several refugee response gaps were raised by KIs that could be filled by humanitarian actors. General gaps include a lack of support for the vulnerable Moldovan population and a lack of refugee children protection and integration activities. The education sector was reportedly in need of books and the INGO/CSO sector highlighted gaps in the form of funding opportunities.

STEFAN VODA PROFILE

Key Findings

Accommodation

13%

of surveyed refugee families were reportedly **living in rented private accommodation.**

86%

of surveyed refugee families were found to be **hosted by family members, friends, or a Moldovan family.**

86%

of hosted refugee families reported **sharing the accommodation with their hosts.**

Displacement Dynamics and integration intentions

67%

of refugee HH respondents reported **intending to remain in the same location** over the 6 months following data collection.

57%

of refugee HH respondents **expressed no intention to integrate into the community.**

Host community perspectives on refugee presence and support

47%

of host HH respondents **stated that there were too many refugees in Moldova.**

62%

of host HH respondents **thought Moldova should focus on helping the Moldovan population** instead of refugees.

Refugee priority and service needs

Top three most reported household priority needs by refugee HH respondents¹⁰⁹

- | | | |
|---|---------------------|------------|
| 1 | Economic assistance | 78% |
| 2 | Food | 58% |
| 3 | Health | 50% |

88%

of refugee families **were found to have service needs.**

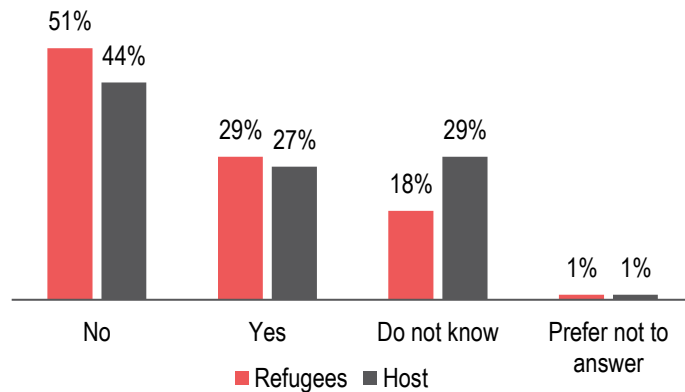
Those who reported having service needs mostly mentioned **financial support for other needs e.g., unemployment, disability allowance, pension (50%), general medical care (33%), and refugee or temporary protection registration (28%).¹¹⁰**

¹⁰⁹ Respondents could select up to three answers.

¹¹⁰ Respondents could select multiple answers.

Winterisation

Proportion of host and refugee households having or foreseeing to have sufficient funds to meet their heating needs¹¹¹ as reported by refugee and host household participants¹¹²



Qualitative findings indicate that **accommodating refugees resulted in increased heating costs for hosting Moldovan families**. Without the provision of assistance to Moldovan families, **the capacity to host and support refugees would reportedly decrease**.

Education

21%

of **school/kindergarten-aged children (n=80) in the surveyed refugee households** were reportedly **not enrolled in education facilities**.¹¹³

Protection

72%

of refugee HH respondents **reported not having applied for asylum**.

Livelihoods

76%

of **the adult refugee family members (n=152)** were reportedly **unemployed** at the time of data collection.

Accountability to affected people

22%

of refugee HH respondents **were reportedly in need of information about humanitarian services**.

Refugee response gaps¹¹⁴

 Education	<ul style="list-style-type: none"> Financial support 	 INGOs/CSOs	<ul style="list-style-type: none"> Database with information on vulnerable Roma individuals
 Health	<ul style="list-style-type: none"> Medicines Doctors, including mobile doctors dedicated to Roma refugees 		<ul style="list-style-type: none"> Medical devices e.g., for blood pressure, blood sugar

¹¹¹ Specifically, to purchase the needed fuel and/or pay the heating bills.

¹¹² For the 2022/2023 winter season, includes state support if received.

¹¹³ Including both Ukrainian (online) and Moldovan schools/kindergartens.

¹¹⁴ As reported by KIs.

Findings

1. Spatial and socio-demographic environment

This sub-section discusses the surveyed refugee and host population household demographics, refugee displacement dynamics, accommodation, the relationship between refugee and host community, and the impact of refugee arrival on the local economy and basic service access in the four assessed areas Stefan Voda.

Demographics

Surveyed refugee household demographics

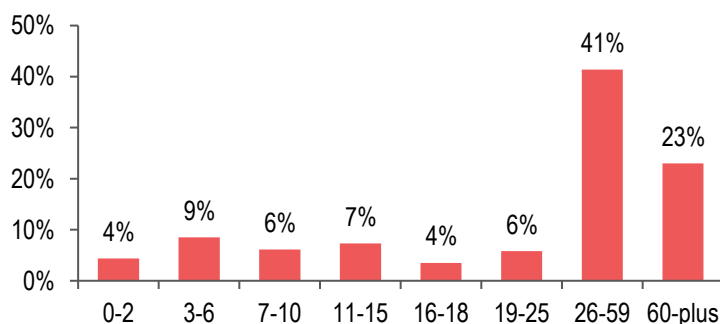
The average reported household size of surveyed refugee households in Stefan Voda was 4.5 members. The household size of refugee families who were accommodated by Moldovan families was found to be similar, consisting of 4.4 members. Less than a quarter (18%) of refugee households were headed by women. Around half (51%) of the refugee households reportedly had children, with an average of 1.9 minors per household. When it comes to the gender distribution within the refugee households, females constituted the largest group (58%), with only 42% male members.

Table 21: Surveyed refugee household characteristics as reported by refugee household respondents

Average # of HH members	% of female-headed HHs	% of HH with children	Average # of minors
4.5	18%	51%	1.9

Nearly half (47%) of refugee household members were reported to be between 19 and 59 years old. The second largest age group was children aged 0-18, comprising 30% of the households. The latter group was followed by individuals over the age of 60, representing 23% of the households.

Figure 37: Reported age distribution for refugee household members



Surveyed host population household demographics

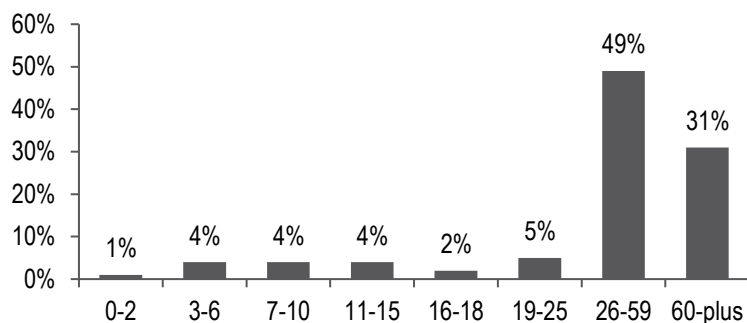
In Stefan Voda, the average surveyed host household size was 2.6 members. Slightly less than half (41%) of the host households reportedly had children, with an average of 1.5 minors per household. Less than a quarter (19%) of refugee households were found to be female-headed. The household-level gender group size was nearly equal; with 52% being female and 48% being male members.

Table 22: Surveyed host household characteristics as reported by host household respondents

Average # of HH members	% of female-headed HHs	% of HH with children	Average # of minors
2.6	19%	41%	1.5

Younger adults aged between 19-59 constituted the largest group (54%) of the surveyed host households in Stefan Voda. Adults aged 60 or older made up the second largest (31%) age group in the host households. Only 15% of the household members were found to be aged 0-18.

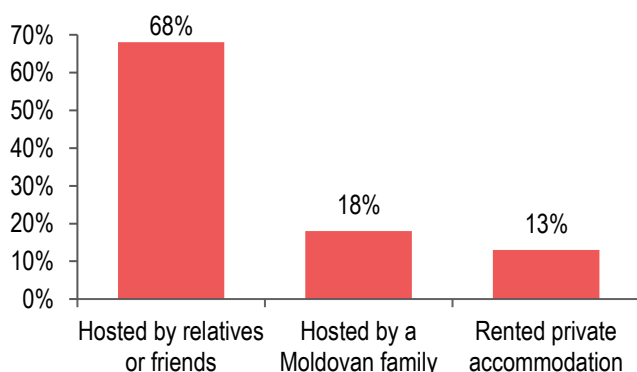
Figure 38: Reported age distribution for host household members



Accommodation

Most surveyed refugee families in Stefan Voda were reportedly living in hosted accommodation, with a large proportion (68%) of hosted refugee families living with family or friends. Findings from the host household survey showed much lower hosting figures, with only 5% of host household respondents mentioning that they were accommodating refugees. **One INGO/CSO KI reported that Roma refugees faced difficulties in accessing private accommodation** and being accommodated in RACs. The KI highlighted that access difficulties were primarily due to a lack of spaces in RACs to accommodate large Roma families and reportedly the unwillingness of the Roma and other refugees to live together.

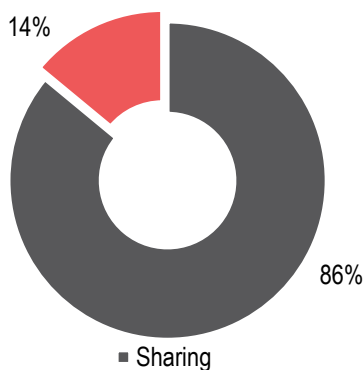
Figure 39: Accommodation types of surveyed refugee families in Stefan Voda as reported by refugee household respondents



A large proportion of the refugee families (86%) who were either hosted by family, friends or a Moldovan family **reported sharing the accommodation with their hosts**. All host household respondents who were reportedly accommodating refugees stated that they lived in the same accommodation as the refugee family that they were hosting. **Eighty-two per cent of surveyed refugee families' hosts reportedly received support for accommodating them**. The most frequently reported aid providers to Moldovan hosting families included UN agencies (63%), INGOs (28%) and local

authorities (22%), according to the refugee household respondents.¹¹⁵ Despite the assistance received, one host FGD, one refugee FGD, and one host II respondent highlighted that **the winter was likely to impact the ability to host refugees** due to the additional costs associated with the winter season.

Figure 40: Percentage of refugee families sharing accommodation with hosts as reported by refugee household respondents¹¹⁶

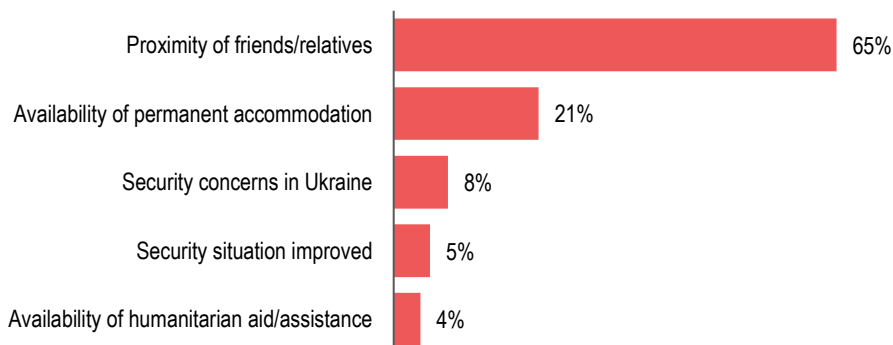


Displacement Dynamics

When looking at the push and pull factors influencing the choice of refugees to settle in Moldova, the main factors reported by surveyed refugee household respondents in Stefan Voda included the presence of family or friends in Moldova (58%), the geographical proximity of the country to Ukraine (22%) allowing easy movement between the two countries, the insecurity concerns in the country of origin (10%), the advice received from the Ukrainian authorities to choose Moldova (8%), and the commonality of the spoken language (5%).¹¹⁷

The proximity of friends and relatives was reported to be the most important factor behind the households’ decision to stay in Stefan Voda. Twenty-one per cent of refugee household respondents reported that the availability of permanent accommodation influenced their decision to settle in Stefan Voda.

Figure 41: Factors that influenced refugees’ choice to settle/stay in Stefan Voda as reported by refugee household respondents¹¹⁸



Overall, **there were no considerable variations in the reasons behind refugee families choosing a specific village within the Stefan Voda raion.** The location of the host family was the most important factor in favouring a particular village, followed by the availability of accommodation and the presence

¹¹⁵ Respondents could select multiple answers.

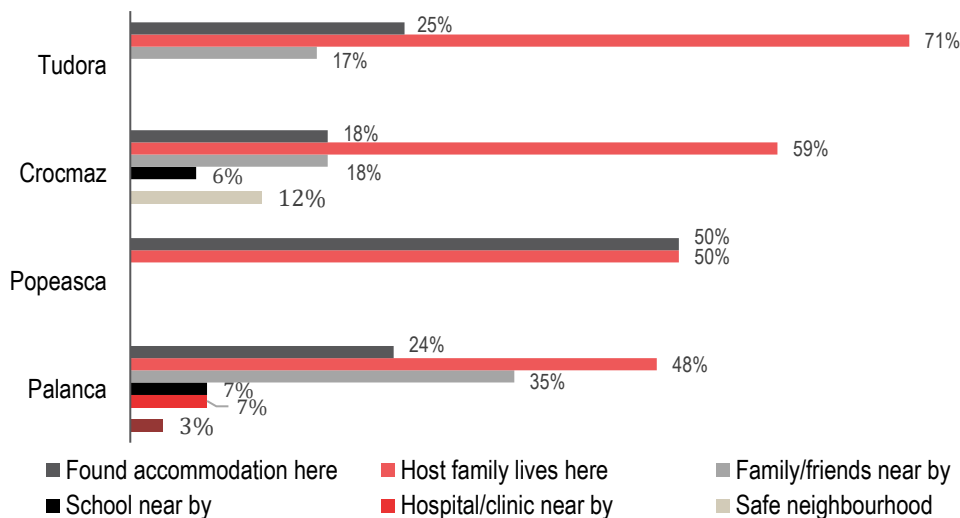
¹¹⁶ Represents a subset of the total refugee households surveyed, n=66.

¹¹⁷ Respondents could select multiple answers.

¹¹⁸ Respondents could select multiple answers.

of family and friends. For those considering to settle in Palanca and Crocmaz, the proximity of schools and hospitals was reportedly an important factor considered to some extent.

Figure 42: Reasons for staying in a specific village in Stefan Voda as reported by refugee household respondents ¹¹⁹



An estimated 332 refugees were living outside of RACs in the four assessed villages in Stefan Voda, however, less information was available on their specific location within the four assessed villages.¹²⁰ To respond to this information gap, FGD participants, II respondents, and local authority KIs were asked to locate on a map, to the best of their knowledge, where refugees outside of RACs lived. The maps below highlight the clusters of refugee concentration identified by respondents, apart from Crocmaz, where no particular areas were identified.

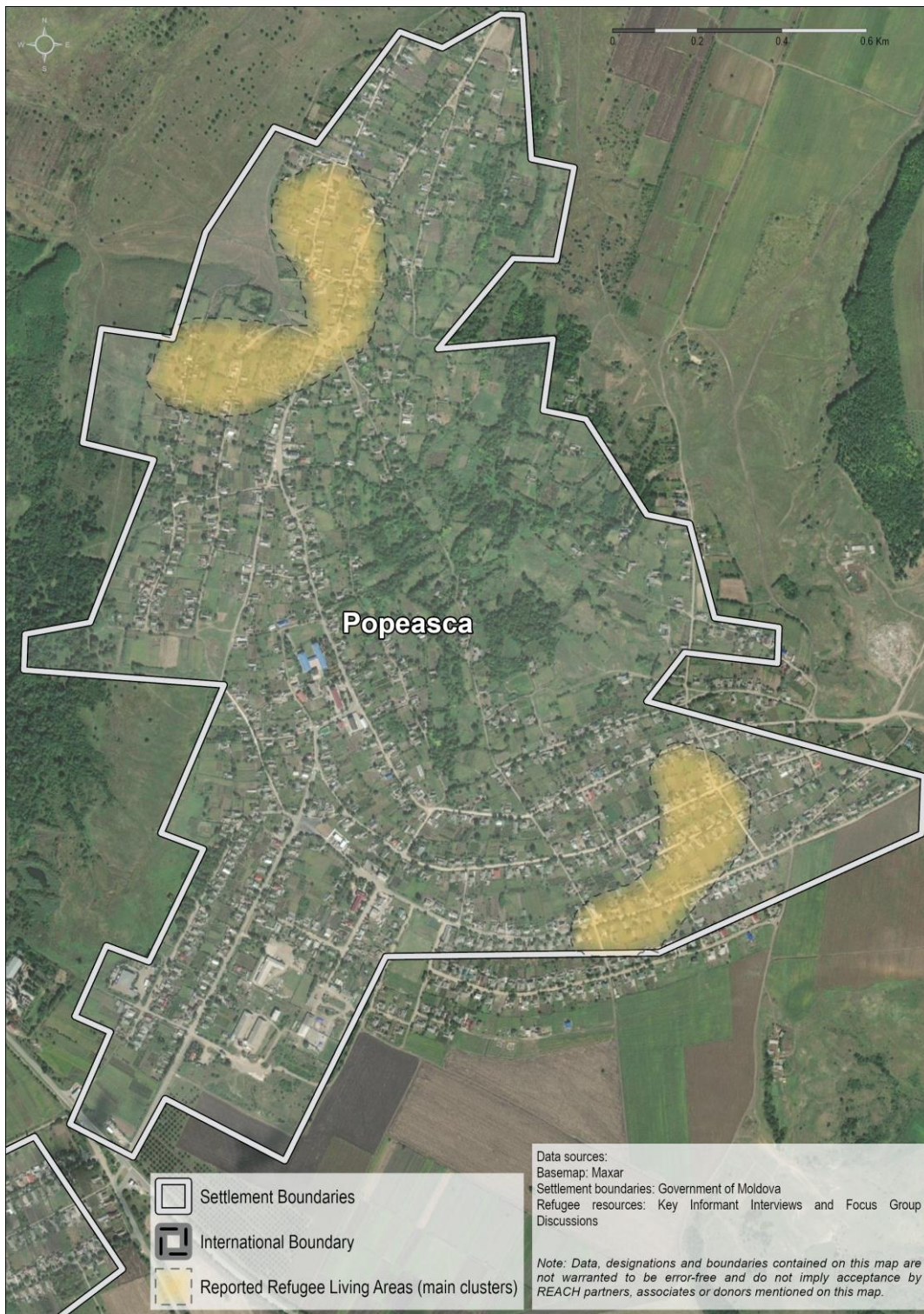
Map 6: Map of area clusters where refugees outside of RACs reportedly lived in Palanca and Tudora as reported by host and refugee FGDs, II respondents and local authority KIs



¹¹⁹ Respondents could select multiple answers.

¹²⁰ REACH, Area Monitor Factsheet

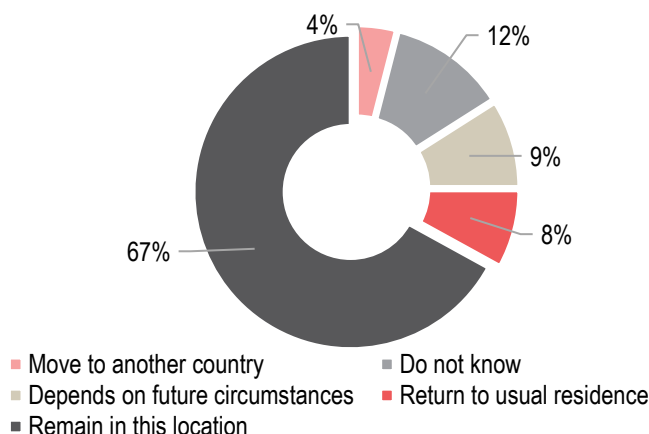
Map 7: Map of area clusters where refugees outside of RACs reportedly lived in Popeasca as reported by host and refugee FGDs, II respondents and local authority KIs



When asked about the refugee families' short-term movement plans, **a large proportion of households reported planning to remain in Stefan Voda.**¹²¹ In total, 67% of refugee household respondents reported that they plan to remain in their current location for the six months following data collection and nearly a quarter (21%) were uncertain about their plans.

¹²¹ Short term is defined as a 6-month period after data collection.

Figure 43: Refugee movement plans over the six months following data collection as reported by refugee household respondents



While many refugee household respondents shared that they were planning to remain in their location of residents at the time of data collection, a large proportion **(57%) of refugee families in Stefan Voda reportedly had no plans to integrate into Moldova**. Some families reported that they planned to register with a general practitioner (33%), look for employment (20%), and/or enrol their children in school in Moldova (16%).

Table 23: Most frequently reported integration plans of refugee household respondents in Stefan Voda who intend to remain in Moldova¹²²

57%		No plans
33%		Register with a general practitioner
20%		Look for employment
16%		Enrol children to school in Moldova

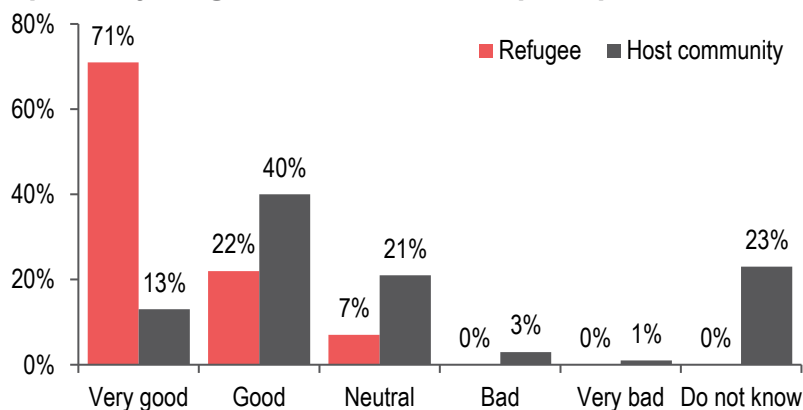
Social Cohesion

Refugee and host population relationship

Nearly all refugee household respondents **(93%) described the relationship as "good" or "very good", while about half (53%) of host household respondents had similar perceptions of the relationship**. A high number of the host household respondents (23%) were not able to describe the quality of the relationship between the host community members and refugees. **Findings from the host and refugee IIs and FGDs and local authority KIs overall showed a positive perception of the quality of the relationship** between the host community members and refugees. A more negative attitude towards the Roma community was highlighted by one host FGD, two INGO/CSO KIs and one business KI. The business KI explained that the latter was not specifically affecting Roma refugees because the relationship between the Roma and the Moldovan community was always bad.

¹²² Respondents could select multiple answers.

Figure 44: Perceived quality of the relationship between the refugees and host community as reported by refugee and host household participants



In both Palanca and Popeasca, according to the refugee and host FGDs and host II respondents, **there was no significant variation in intercommunal relationships between age groups.** The Popeasca refugee host FGD highlighted that refugee children face more difficulties integrating and that these difficulties may be attributable to the language barrier. One education KI reported that refugee families were reportedly afraid that their children would not be accepted by local children.

Evolving refugee and host population relationship

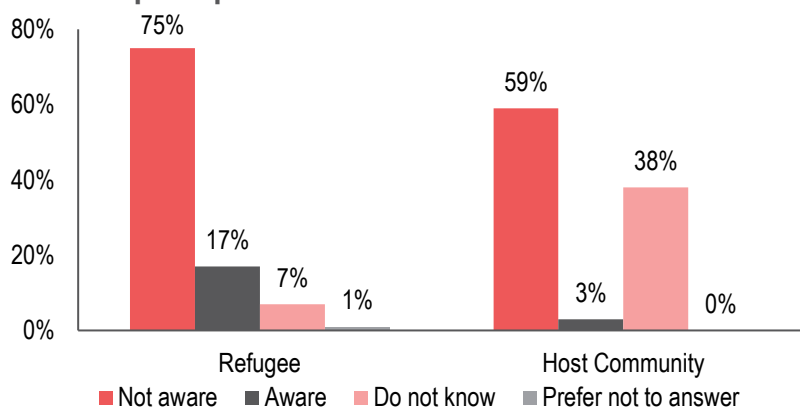
Around half (**53%**) of refugee household respondents reported that the relationship has improved since the first time they arrived, while others did not notice any change. The refugee FGD highlighted that attitude towards refugees had overall remained positive. Approximately **half of host household respondents stated that the relationship remained the same, and 12% that it has improved.** Six per cent of household respondents did perceive that the relationship worsened. The Popeasca FGD and all but one II respondent from Palanca highlighted that the relationship between both communities had improved over time.

Refugees' integration

Only 17% of refugee household respondents and 3% of host household respondents were aware of integration activities. In terms of participation in these integration activities, out of the 13 refugee household respondents who reported being aware of such events, 11 reportedly participated.¹²³ When it comes to the host household respondents, out of the 5 who reported being aware, only 2 participated. Common reasons for not participating included the family not being interested and the time or location being unsuitable. The refugee and host FGDs highlighted **mixed results when it comes to the effectiveness of these integration activities. There was similarly a mixed perception among the refugee and host household respondents and FGD and II participants and KIs on whether there was a need for additional activities to improve the relationship between refugees and the host population.** Two INGO/CSO KIs highlighted the **need for more awareness and sensitisation on the Roma community because there were cases of discrimination.** One INGO/CSO KI stated, "*people need to be educated about the Roma people [in order] to not label them*".

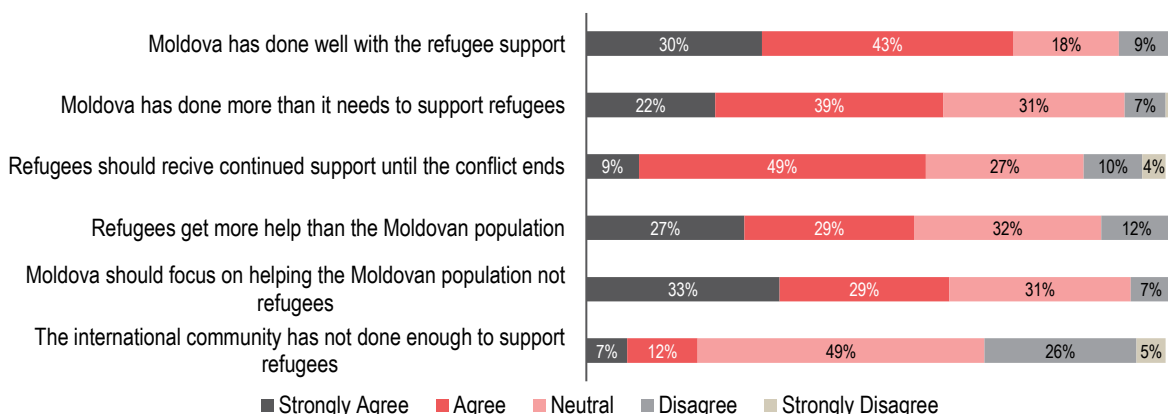
¹²³ As the subset for this indicator is below 30 households, figures are reported as numbers.

Figure 45: Awareness of formal or informal integration activities as reported by refugee and host household participants



Overall, findings showed that **the Moldovan population was welcoming towards refugees in the four assessed villages in Stefan Voda**. The large majority (79%) of host household respondents reported feeling “somewhat sympathetic” or “very sympathetic” towards the Ukrainian refugee and 85% of host household respondents reported refugees were welcomed in Moldova. However, 47% of host household respondents felt there are too many refugees in Moldova and 37% were reportedly neutral about refugee numbers. **In terms of national and international refugee support, the host perspectives were generally positive.** A significant share of host household respondents reported that **Moldova should focus on helping the Moldovan population** and considered **that refugees get more help than the Moldovan population**. This feeling was echoed in an interview with one INGO/CSO KI, who highlighted that less support was given to Moldovans and many citizens were angry which might worsen the intercommunal relationship.

Figure 46: Perspectives on refugee support as reported by host household respondents

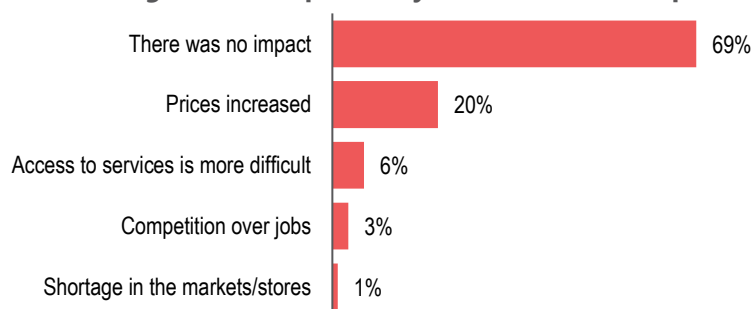


Impact of Refugee Arrival

Sixty-nine per cent of host household respondents did not feel an impact on the local economy or the area in general. Among the host household respondents who reported an impact, the most frequently mentioned effects included an increase in prices (20%) and difficulties accessing services (6%). **There were no frequently reported impacts of refugee arrival on access to basic services.** Approximately ten host household respondents and one host FGD participants reported that access to healthcare and social services became more difficult.¹²⁴ The FGD highlighted there were not enough healthcare workers to meet the needs of both refugees and host communities.

¹²⁴ As the subset for this indicator is below 30 households, figures are reported as numbers.

Figure 47: Top five most reported perceived impact of refugee arrival on the local economy and the area in general as reported by host household respondents ¹²⁵



The education and health sector KIs did face some difficulties in responding to refugees' needs.

One education KI reported that schools need more teachers, which was known to affect the Moldovan education sector overall and might not be attributed to the increase of refugee children in schools/kindergartens in Stefan Voda.¹²⁶ According to the Government of Moldova and the United Nations Population Fund (UNFPA), healthcare was free to access for Ukrainians under 18 years old and sexual and reproductive healthcare services were provided free for all Ukrainian refugees.^{127,128} One health sector KI raised that with these policies in place, the health service providers could not provide services to refugees who could not afford the cost of the services. The health sector KIs also reported insufficient medicines and a lack of available specialists which hindered their capacity to respond to refugees' healthcare needs. Moldova overall faced a deficit of specialists according to the National Public Health Agency of Moldova.¹²⁹

2. Needs and Access to Basic Services

This sub-section presents an overview of the priority and WASH needs of refugees living in the four assessed villages in Stefan Voda, the refugee and host community winter-related challenges, education, health and employment access for refugees, protection issues, and AAP.

Priority Needs

The top three priority needs reported by refugee household respondents included health, food and financial assistance. The needs varied by the village as Figure 48 illustrates. Both refugee FGDs echoed these priority needs, as financial assistance was reported in both as a top priority. Access to education was raised as a need by 11% of refugee household respondents, as well as in the Palanca FGD. The need for heating fuel, mainly firewood and coal, were also highlighted in both refugee FGDs. Assistance in obtaining documents, for instance, the state identification number (IDNP) and speeding up the documentation process were highlighted in both refugee FGDs as priority needs. Winter-related NFIs, such as clothes and warm shoes were one of the most frequently requested items according to a health sector KI and one INGO/CSO KI. The latter was also highlighted in one refugee FGD. Two INGO/CSO KIs reported that other frequently requested services were accommodation.

¹²⁵ Respondents could select multiple answers.

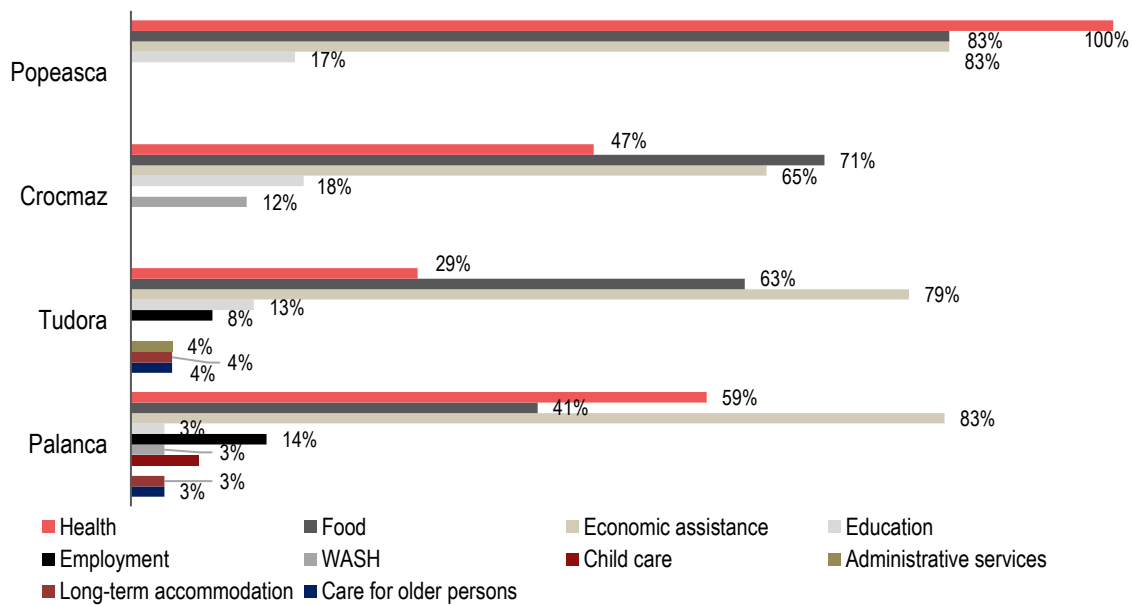
¹²⁶ AGORA, [Republicii Moldova nu-i ajuns două mii de cadre didactice, deficitul fiind cu 10% mai mare decât în 2021](#)

¹²⁷ UNFPA, [Free reproductive health services for Ukrainian refugees in the Republic of Moldova](#)

¹²⁸ Guvernul Republicii Moldova, [Cancelaria de Stat. Commission for Emergency Situations of the Republic of Moldova ORDER No. 23 of May 30, 2022](#)

¹²⁹ Radio Moldova, [Sistemul medical a încheiat anul 2022 cu un deficit de aproximativ 1000 de specialiști](#)

Figure 48: Refugee household’s top three priority needs as reported by refugee household respondents, by village ¹³⁰



For female-headed households, the most frequently reported top three priority needs were food (86%), financial assistance (50%), and health (50%). Twenty-one per cent also reported a need for education. Refugee households with children cited similar needs, financial assistance (74%), food (56%) and health (49) being the most highly reported. Education was reported by 18% of families with children.

In terms of service needs, 15% of surveyed refugee household respondents in Stefan Voda reported having no service needs. Among those reporting needs, the top needs reported were **financial assistance for other needs e.g., unemployment, disability allowance, pension (50%), general medical care (33%), refugee or temporary protection registration (28%), and pharmaceutical services (25%)**. The female-headed household service needs were similar, with 50% reporting financial assistance for other needs as a top priority, general medical care (29%), refugee or temporary protection registration (29%) and access to education (29%). When looking at households with children, similarly the priority needs included financial assistance for other needs (54%), general medical care (33%), refugee or temporary protection registration (23%) and education (18%).

Less than a quarter of refugee household respondents (**15%**) **reported not knowing where and how to access basic services in general e.g., healthcare, education, and legal advice**. Knowledge about access to transportation to other countries or Ukraine and access to legal advice was found to be limited, with only 1% and 3% reporting knowing how to access them, respectively. None of the household respondents reported knowing how to access protection services, MHPSS services and child care.

¹³⁰ Respondents could select multiple answers.

Table 24: Refugee household's service needs as reported by refugee household respondents, by village¹³¹

	Palanca	Tudora	Crocmaș	Popeasca
Financial assistance for other needs	69%	33%	41%	50%
General medical care	55%	17%	18%	33%
Refugee registration	24%	25%	41%	17%
Pharmacies	45%	13%	6%	33%
Education	7%	8%	12%	17%
Cash, banks, or ATMs	21%	0%	12%	0%
Housing	10%	8%	0%	0%
General administrative service	0%	0%	0%	17%
Employment services	3%	13%	0%	0%
Public transportation (local)	3%	4%	6%	0%
Child care	0%	4%	6%	0%
Legal advice	0%	4%	0%	0%
Emergency medical care	3%	0%	0%	0%

Winterisation Needs

In terms of heating, **nearly all surveyed refugees (97%) and host households (96%)** in Stefan Voda **were reportedly using wood to heat their homes.**¹³² Coal was reportedly used by 17% of refugee household respondents and 28% of host household respondents and gas by 13% of refugee household respondents and 19% of host household respondents. When asked whether households had enough fuel to meet their heating needs throughout the whole winter season, only 9% of refugee household respondents and 33% of host household respondents reported that they had enough fuel for the whole winter season. **In terms of heating fuel availability in the markets, conflicting opinions were reported** by host and refugee FGDs and II respondents and local authority KIs. Two local authority KIs highlighted there was not enough wood for them to distribute to support vulnerable households.

Table 25: Reported fuel availability to heat the home throughout the whole winter season as reported by refugee and host household respondents (by % of household respondents who answered)

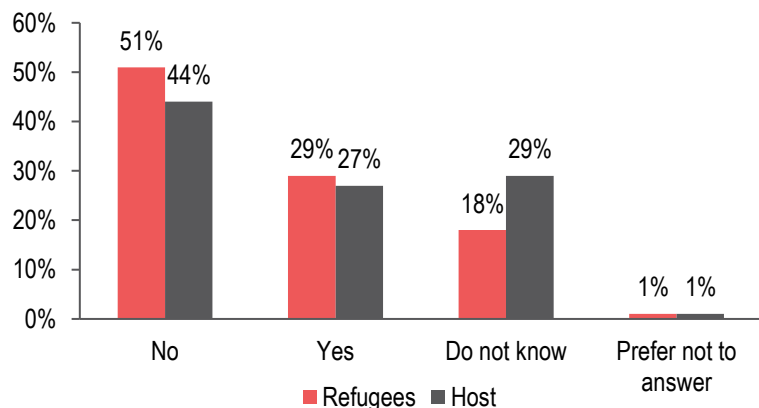
	Available for the whole season	Available for half of the season	Available for 1 month	No fuel availability
Refugee	9%	28%	25%	36%
Host community	33%	29%	14%	18%

A significant proportion of refugee and host households reportedly did not have or were uncertain if they will have enough funds to purchase the needed fuel and/or pay the heating bills in the 2022/2023 winter season. The uncertainty around refugees and host community members' ability to afford heating was echoed by three local authority KIs.

¹³¹ Respondents could select multiple answers.

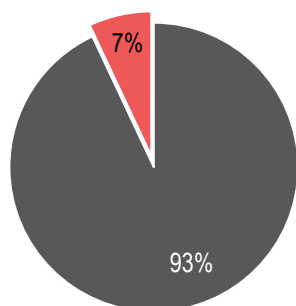
¹³² Respondents could select multiple answers.

Figure 49: Proportion of host and refugee households having or foreseeing to have sufficient funds to purchase the needed fuel and/or pay the heating bills as reported by refugee and host household participants¹³³



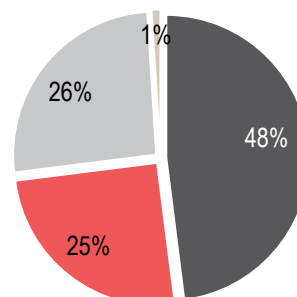
When the refugee and host household respondents in Stefan Voda were asked about their awareness of the state support for the winter season, **51% of host household respondents and 18% of refugee household respondents reported being aware of the support.** Among those who were aware of the state support, nearly all (93%) surveyed refugee household respondents reported being entitled to receive support, while only around half of host household respondents reported the same.

Figure 50: Surveyed refugee households in Stefan Voda entitled to state support for the 2022/2023 winter season as reported by refugee household respondents (n=14)



■ Yes ■ No ■ Do not know ■ Prefer not to answer

Figure 51: Host households in Stefan Voda entitled to state support for the 2022/2023 winter season as reported by host household respondents (n=93)



No safety nets were reportedly available for refugee households to meet their heating needs, according to the refugee FGDs. The host FGD, two II respondents and one local authority KI highlighted **the support received from the government as the most available safety net for the host community.** Less frequently reported available safety nets for the host community was the stock of firewood from previous years, as reported by one local authority KI and one host II respondent. Considering the limited availability of safety nets, both refugee and host FGD and one host II respondent highlighted the **need for more support from the government.**

In terms of reported house/apartment winterisation and repair needs, nearly a quarter (21%) of refugee household respondents and 29% of host household respondents reported that their heating system needed repair. Nearly half (45%) of refugee household respondents and 38% of host household respondents stated that their house insulation needed repair.

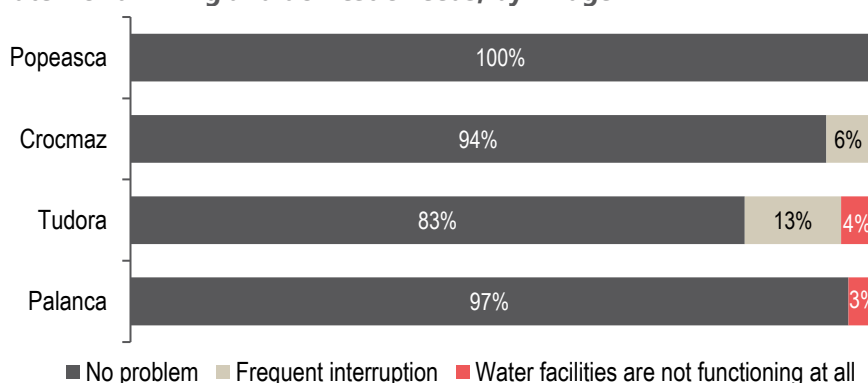
¹³³ For the 2022/2023 winter season, includes state support if received.

Table 26: Reported house/apartment winterisation and repair needs as reported by refugee and host household participants

	Refugee households			Host households		
	Yes	No	Do not know	Yes	No	Do not know
Heating system needs repair	21%	70%	9%	29%	70%	1%
House/apartment is insulated	22%	68%	9%	33%	66%	1%
Insulation needs repair	45%	46%	9%	38%	61%	1%

WASH

Access to a sufficient amount of safe water for drinking and domestic needs varied between the villages in Stefan Voda, according to the refugee household respondents. Popeasca was found to be the only village with no access issues. **The majority of refugee household respondents were satisfied with the quality of drinking water**, with 75% reporting that the water was fine to drink. The remaining household respondents raised various issues with the quality of water. Namely, 17% reported that water had an unpleasant taste, 13% stated the water smelled bad, and 3% reported a discolouring of the water. In terms of sufficient hot water for shower and laundry facilities for the 2022/2023 winter season, only 62% of refugee household respondents and 74% of host household respondents reported having enough hot water for the winter season.

Figure 52: Refugee households reported having difficulties accessing a sufficient amount of safe water for drinking and domestic needs, by village

The majority of refugee household respondents (80%) reported not facing any particular access difficulties to sanitation facilities. Amongst refugee household respondents who did face difficulties with sanitation facilities, the most frequently mentioned issue was a lack of sanitation facilities (12%), with the highest numbers reported in Tudora, followed by Crocmaş and Palanca. Five per cent reported that the distance to the sanitation facilities posed an issue, mainly reported in Popeasca and less frequently in Tudora.

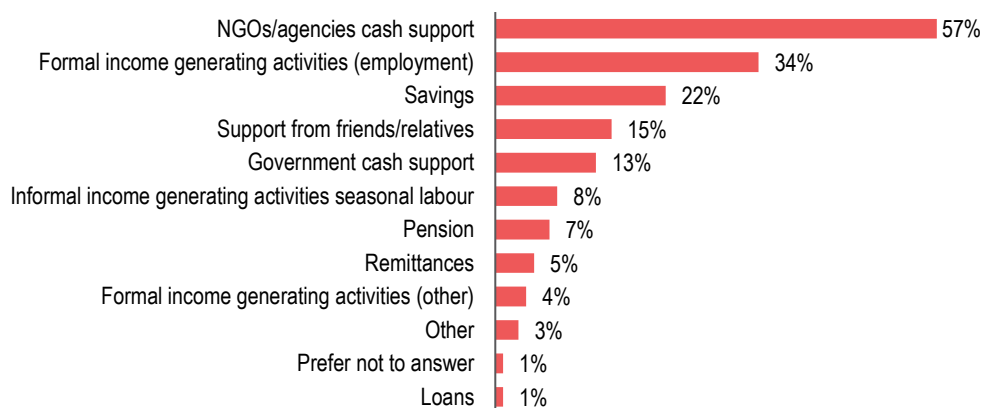
Livelihoods

Refugee livelihoods

When asked about their livelihoods, **the majority of refugee household respondents reported at least partially relying on unsustainable sources of income** in the three months before data collection, such as NGO and UN agencies' cash support (57%), savings (22%), support from relatives and friends (15%) and government cash support (13%). More sustainable income sources were also mentioned, with

employment being the most frequently reported (34%). Female-headed refugee households were equally relying on unsustainable income sources in the three months before data collection, with 57% reporting support from NGOs as an income source, 29% reporting savings and 21% employment. When it comes to refugee households with children, income sources reported included NGO/agency cash support (46%), income-generating activities (36%) and savings (21%).

Figure 53: Main sources of income that surveyed refugee families in Stefan Voda relied on in the three months before data collection as reported by refugee household respondents ¹³⁴



The largest proportion (65%) of surveyed refugee families' monthly income before the escalation of hostilities in Ukraine was reportedly up to UAH 12.000 (EUR 377).¹³⁵ Figures were similar when it comes to refugee families with children, 69% reported that their salaries were up to UAH 12.000 (EUR 377). This figure was even higher among female-headed families, with 72% reporting this income limit.

Table 27: Refugee family's monthly income before the escalation of hostilities which began in February 2022 as reported by refugee household respondents, by family type ^{136,137}

	Monthly income before the crises		
	All families	Female-headed families	Families with children
Less than UAH 6.500 (EUR 204)	28%	29%	18%
Between UAH 6.500 (EUR 204) and UAH 12.000 (EUR 377)	37%	43%	51%
Between UAH 12.001 (EUR 377) and UAH 21.000 (EUR 660)	0%	21%	15%
Between UAH 21.001 (EUR 660) and UAH 57.000 (EUR 1791)	13%	0%	0%
Between UAH 57.001 (EUR 1791) and UAH 102.000 (EUR 3206)	5%	0%	0%
More than UAH 102.000 (EUR 3206)	2%	0%	0%

Approximately **a third of surveyed refugee households in Stefan Voda lived on less than MDL 3.400 (EUR 179) per month at the time of data collection**, as reported by the household respondents.¹³⁸ About a third reported having between MDL 3.401 (EUR 179) and MDL 6.800 (EUR 357) as a monthly income. These figures somewhat varied for the refugee families with children and female-headed refugee families, with more female-headed families (86%) reporting their monthly income to be up to MDL 6.800 (EUR 357) and fewer families with children (61%) reporting the same.

¹³⁴ Respondents could select multiple answers.

¹³⁵ Monthly rate average for UAH to EUR (January 2022) 1 EUR = 31.82 UAH

¹³⁶ An additional 15% of refugee household respondents did not disclose their family's monthly income before the crisis.

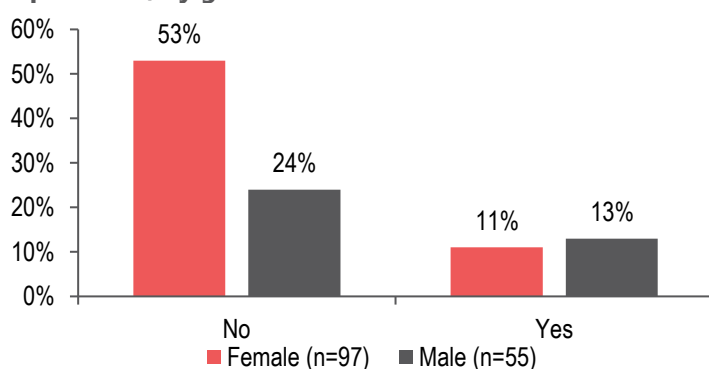
¹³⁷ Monthly rate average for UAH to EUR (January 2022) 1 EUR = 31.82 UAH

¹³⁸ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

Table 28: Refugee family's monthly income at the time of data collection as reported by refugee household respondents, by family type^{139,140}

Monthly income at the time of data collection			
	All families	Female-headed families	Families with children
Less than MDL 3.400 (EUR 179)	37%	43%	28%
Between MDL 3.400 (EUR 179) and MDL 6.800 (EUR 357)	33%	43%	33%
Between MDL 6.801 (EUR 357) and MDL 11.000 (EUR 578)	15%	7%	18%
Between MDL 11.001 (EUR 578) and MDL 29.800 (EUR 1.565)	7%	0%	8%
Between MDL 29.801 (EUR 1.565) and MDL 53.200 (EUR 2.794)	0%	0%	0%
More than MDL 53.200 (EUR 2.794)	0%	0%	0%

Levels of employment were found to be low among the surveyed refugee households in Stefan Voda, **with only 24% of the adult refugee family members reportedly being employed** at the time of data collection (11% female, 13% male). Among those refugee family members who were employed (n=66), the most frequently reported economic activities included, working in agriculture, fishing, hunting or forestry (21%), construction work (16%) and taking part in informal irregular labour, such as seasonal work (15%). **In both refugee FGDs, agriculture was highlighted as the most accessible employment sector.** The sector's seasonal aspect was also highlighted, with participants reporting that work was less available during the winter season.

Figure 54: Share of adult refugee family members employed as reported in refugee household respondents, by gender

More than a quarter (**26%**) of refugee family members were reportedly looking for work and this figure was even higher (34%) for refugee families with children. When it comes to the barriers that refugees might have faced when seeking employment, **not having someone to care for their child was often reported** (33% of refugee members of households with children, 35% of refugee members of female-headed households). KIs from all sectors, as well as the refugee FGDs highlighted the language as a barrier to accessing employment. The lack of necessary documents, as well as the complicated documentation process, hindered refugees' employment, according to INGO/CSO, business and health sector KIs and refugee FGD participants. The same sector KIs highlighted that refugees lack the necessary skills to be hired in their respective sectors. Employment opportunities in the villages of Stefan Voda were reportedly limited, apart from the seasonal agriculture sector work, according to two local authority KIs and refugee FGDs. The low motivation to find employment among refugees was also raised as a barrier by several KIs and both refugee FGDs, with one local authority KI explaining that the low salaries

¹³⁹ An additional 9% of refugee household respondents did not disclose their family's monthly income at the time of data collection.

¹⁴⁰ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

might be behind the lack of willingness to work. To facilitate refugee employment one business KI and one INGO/CSO KI mentioned a need for specific programmes to facilitate refugee employment and another business KI reported that more information about employment opportunities was needed by refugees.

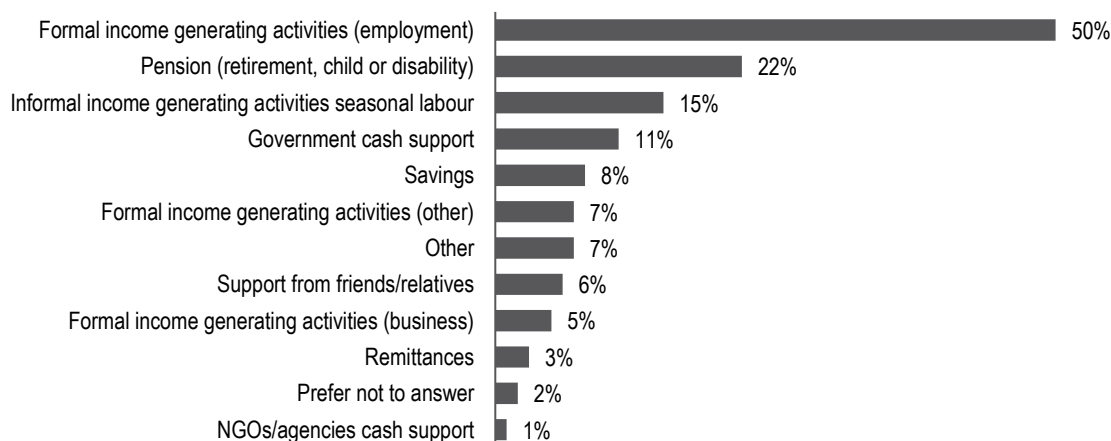
Table 29: Refugee family adult member’s top five reported reasons for not being employed as reported by refugee household respondents, by family type

	All families	Female-headed families	Families with children
Retired	39%	46%	16%
Looking for work	26%	12%	34%
Caring for children	15%	35%	33%
Not able to work	8%	0%	5%
There are not enough jobs	2%	0%	2%
On maternity leave	0%	4%	2%
Lack of safe jobs for women	2%	0%	2%
Available jobs are too far away	1%	0%	2%

Host population livelihoods

Half of host household respondents reported employment as a source of income, 22% reported pension and 15% informal income-generating activities in the three months prior to data collection. Only 11% shared that they relied on government support and 8% on their savings.

Figure 55: Main sources of income that surveyed host families in Stefan Voda relied on in the three months before data collection as reported by host household respondents ¹⁴¹



When looking at the assessed Moldovan households reported **monthly incomes before refugee arrival and at the time of data collection, there was a slight decrease in average salary.**

¹⁴¹ Respondents could select multiple answers.

Table 30: Moldovan family's monthly income before refugee arrival and at the time of data collection as reported by host household respondents, by family type (by household respondents who answered)

Before refugee arrival ¹⁴²			Time of data collection ¹⁴³		
Family Type	Mean	Range	Family Type	Mean	Range
All families (n=101)	MDL 6.448 (EUR 322)	MDL 1.000 (EUR 50)- MDL 25.000 (EUR 1.248)	All families (n=99)	MDL 6.437 (EUR 338)	MDL 1.000 (EUR 53)- MDL 22.000 (EUR 1.155)
Female-headed families (n=21)	MDL 3.381 (EUR 169)	MDL 1.600 (EUR 80)- MDL 12.000 (EUR 599)	Female-headed families (n=20)	MDL 3.384 (EUR 178)	MDL 1.600 (EUR 84)- MDL 12.000 (EUR 630)
Families with children (n=23)	MDL 9.043 (EUR 451)	MDL 2.000 (EUR 100)- MDL 25.000 (EUR 1.248)	Families with Children (n=22)	MDL 8.845 (EUR 465)	MDL 1.600 (EUR 84)- MDL 22.000 (EUR 1.155)

Food (58%), utilities (29%) and healthcare (24%) were reportedly the top three expenses of the assessed Moldovan families 30 days before data collection. On average, families spent MDL 2.365 (EUR 124) on food, MDL 1.170 (EUR 61) on utilities and MDL 992 (EUR 52) on healthcare. Fuel and education-related expenses were also commonly reported, each representing 19% of the household expenses.

Table 31: Moldovan family's proportion of monthly expenses and their corresponding averages 30 days before data collection as reported by host household respondents (by household respondents who answered)¹⁴⁴

Reported expenses	%	Average monthly amount
1 Food	58%	MDL 2.365 (EUR 124)
2 Utilities	29%	MDL 1.170 (EUR 61)
3 Healthcare	24%	MDL 992 (EUR 52)
4 Fuel	19%	MDL 770 (EUR 40)
5 Education	19%	MDL 760 (EUR 40)
6 Transportation	13%	MDL 514 (EUR 27)
7 Non-food household items	11%	MDL 439 (EUR 23)
8 Other	9%	MDL 367 (EUR 19)
9 Water	5%	MDL 189 (EUR 10)

Education

School and kindergarten availability in the four assessed villages in Stefan Voda varied. Kindergartens were available in all four villages, gymnasiums in three villages apart from Crocmaz and high school level education was only available in Crocmaz.¹⁴⁵ When it comes to educational facilities with Russian instruction language, according to the Government of Moldova, in the four assessed villages only one kindergarten was available in Palanca and gymnasiums were available in other cities and localities in the raion.¹⁴⁶

¹⁴² Monthly rate average for MDL to EUR (January 2022) 1 EUR = 20.03 MDL

¹⁴³ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

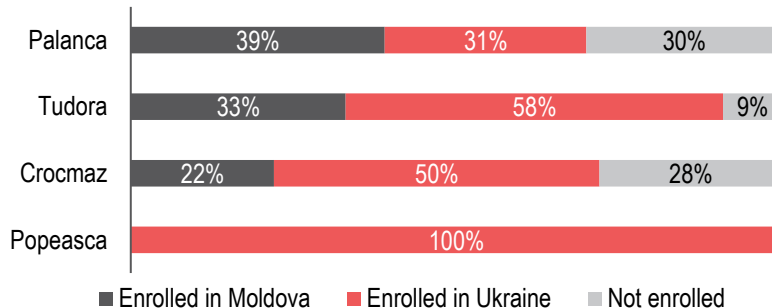
¹⁴⁴ Monthly rate average for MDL to EUR (September 2022) 1 EUR = 19.04 MDL

¹⁴⁵ Banca Mondiala, FISM, Lumos Foundation Moldova, [Harta serviciilor educationale din raionul Stefan Vodă](#)

¹⁴⁶ Dopomoga.gov.md, [Lista institutiilor de învățământ general identificate pentru încadrarea copiilor din familiile refugiate din Ucraina](#)

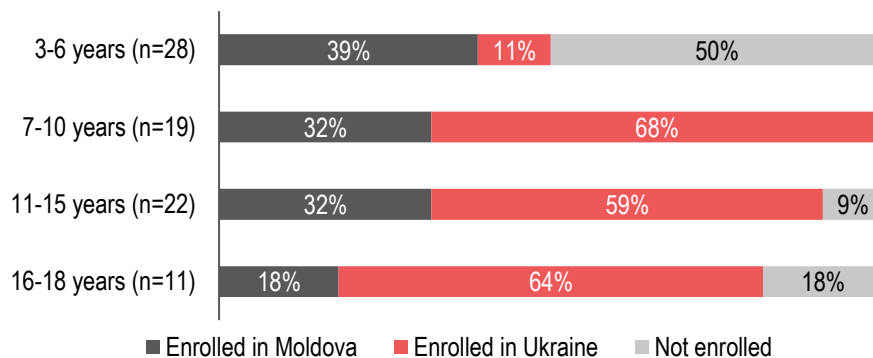
Out of the total of 80 refugee children in Stefan Voda, **more children were reported to be enrolled in online schools in Ukraine (45%) than in Moldova**. Only 33% of children were enrolled in schools in Moldova at the time of the data collection.

Figure 56: School/kindergarten enrolment of refugee children (3-18 years) in Stefan Voda as reported by refugee household respondents, by enrolment country and village¹⁴⁷



A much higher proportion of children aged 7-15 (n=41) were reportedly not enrolled in schools compared to kindergarten (n=28) and high school-aged children (n=11). A larger proportion of kindergarten-aged children were found to be enrolled in Moldova than the remaining age groups.

Figure 57: School/kindergarten enrolment of refugee children (3-18 years) in Stefan Voda as reported by refugee household respondents, by enrolment country and age group



Most surveyed refugee household respondents in Stefan Voda explained that **the decision not to enrol children in Moldovan schools/kindergartens was voluntary rather than a result of particular challenges faced** when enrolling the child. The remaining refugee household respondents who reported having children in the household who were out of school, as well as the Palanca FGD participants and education sector KIs, reported **several barriers for children to access education**. The lack of available spaces and refused enrolment were reported as barriers by refugee household respondents. The lack of transportation to schools was also raised by refugee household respondents and echoed by one education sector KI. The KI highlighted that consequently, refugee children attended nearby schools even if they did not understand the language of instruction. One refugee FGD and an education KI highlighted that the lack of required documents for enrolment was also a barrier for children to continue their education.

¹⁴⁷ Represents a subset of the total refugee children, n=80.

Table 32: Reported barriers to applying to enrol children in school/kindergarten in Moldova as reported in refugee household surveys in Stefan Voda, by percentage of children and village ¹⁴⁸,

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	Palanca	Crocmaş	Tudora	Popeasca
Did not apply	86%	71%	100%	100%
Lack of available spaces	5%	0%	0%	0%
No barriers	0%	7%	0%	0%
Refused enrolment	0%	7%	0%	0%
Distance to school too far/lack of transportation	0%	7%	0%	0%
Lack of available spaces in the preferred language	0%	7%	0%	0%

When asked whether children who were not enrolled in online schools in Ukraine faced any barriers, sixteen children were reportedly out of school because their caregivers did not try to enrol them, and one refugee child reportedly faced no barriers, according to refugee household respondents.¹⁵⁰ The latter was echoed by the Palanca FGD participants, they reported that online schools in Ukraine were accessible, especially after the COVID-19 pandemic when schools switched to online teaching.

The FGD participants, II respondents and KIs were asked to identify facilities that they accessed or that they were aware of refugees accessing in general in the four assessed villages in Stefan Voda. The below map features the education facilities that were reportedly used by refugee children in red. In cases when respondents marked a point on the map that did not correspond to an exact education facility identified by the OpenStreetMap, the nearest education facility within 200 meters was highlighted. The yellow clusters highlight where refugees outside of RAC live according to the FGD participants, II respondents and KIs. Participants only highlighted education facilities in Tudora and Palanca as being accessed by refugee children.

Map 8: Map of available education facilities in Palanca and Tudora



¹⁴⁸ Represents a subset of the total refugee children who are not enrolled in a school/kindergarten in Moldova, n=54.

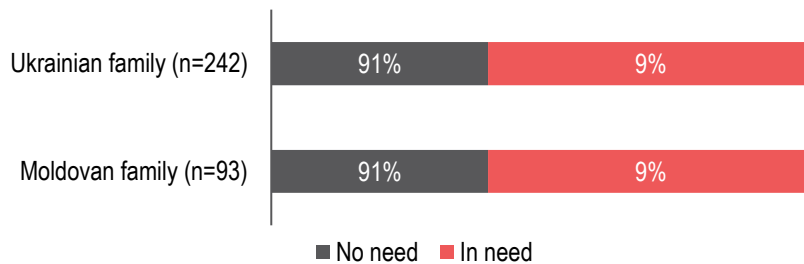
¹⁴⁹ Respondents could select multiple answers.

¹⁵⁰ As the subset for this indicator is below 30 households, figures are reported as numbers.

Healthcare

Healthcare was found to be among the top three most important needs among refugee households in all four assessed villages in Stefan Voda.¹⁵¹ At the individual household member level, the assessment found that the majority (90%) of refugee household members did not need healthcare access during the three months before data collection. Out of the total of 335 refugee household members, 7% of Ukrainian family members and 2% of Moldovan family members needed healthcare during the three months before data collection.

Figure 58: Share of refugee household members in need of access to healthcare in the three months before data collection as reported by refugee household respondents¹⁵²



Among those who needed healthcare (n=31), Tudora had the highest proportion of refugee household members without access, followed by Crocmaz and Palanca. According to refugee household respondents, members who reportedly could not access the healthcare they needed (n=11), **the majority (n=6) were seeking preventive consultations or check-ups.**^{153,154,155}

Table 33: Share of refugee household members with access to healthcare when they were in need as reported by refugee household respondents, by village (by % of household respondents who answered)¹⁵⁶

	Palanca (n=17)	Crocmaz (n=7)	Tudora (n=6)	Popeasca (n=1)
Could access	53%	57%	50%	100%
Could not access	29%	43%	50%	0%
Do not know	12%	0%	%	0%

When looking at age disaggregation, findings revealed that a higher proportion (89%) of children aged 0-18 could access healthcare services, while only 36% of adults aged 19-59 had access and 55% of older people aged 60 and above.

¹⁵¹ Respondents could select multiple answers.

¹⁵² Represents a subset of the total refugee household members including only members about whom respondents had information on, n=335.

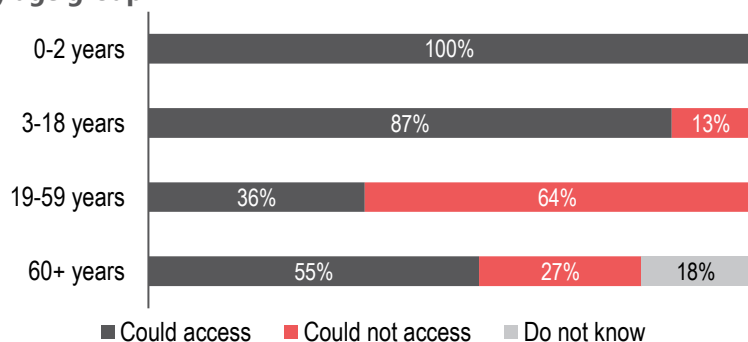
¹⁵³ As the subset for this indicator is below 30 households, figures are reported as numbers.

¹⁵⁴ Respondents could select multiple answers.

¹⁵⁵ An additional 18% of refugee family member's healthcare need was not disclosed by the refugee household respondents.

¹⁵⁶ Represents a subset of the total refugee household members who were in need of healthcare, n=31.

Figure 59: Reported access to healthcare of refugee household members who reportedly needed it, by age group¹⁵⁷



While two health sector KIs reported that healthcare was accessible and refugees did not face any barriers, both refugee FGDs and refugee household respondents highlighted some barriers faced to access healthcare. One refugee FGD and two refugee household respondents highlighted that **the unaffordable cost of healthcare was a barrier for refugees. The lack of permanent doctors was also highlighted as a barrier to accessing healthcare**, according to the Palanca refugee FGD. One health sector KI confirmed that a doctor was working on rotation between several villages and was not always accessible.

Table 34: Barriers to healthcare among those refugee household members who needed it by healthcare need as reported by refugee household respondents^{158,159,160}

Preventative consultation / check-up	»»»	Specific medicines and treatment unavailable (n=2), could not afford the cost of treatment (n=2), could not afford transportation to health facility (n=1), disability prevents access to health facility (n=1)
Consultation or drugs for acute communicable diseases	»»»	Fear or distrust of health workers, examination, or treatment (n=1), specific healthcare service needed unavailable (n=1), could not afford the cost of treatment (n=1)
Medicine prescription	»»»	Did not receive correct medications (n=3)
Consultation or drugs for chronic communicable diseases	»»»	Health facility was too far away (n=1)
Dental services	»»»	Specific healthcare service needed unavailable (n=1)

The FGD participants, II respondents and KIs were asked to identify healthcare facilities they accessed or were aware of refugees accessing in the four assessed villages in Stefan Voda. The below map features the health facilities that were reportedly used by refugees with red. In cases when respondents marked a point on the map that did not correspond to an exact health facility identified by the OpenStreetMap the nearest health facility within 200 meters was highlighted. The yellow clusters highlight where refugees outside of RAC live according to the same FGD participants, II respondents and KIs. Participants only marked health facilities in Crocmaz, Tudora and Palanca as being used by refugees.

¹⁵⁷ Represents a subset of the total refugee household members who needed access to healthcare three months before data collection, n=31.

¹⁵⁸ Respondents could select multiple answers.

¹⁵⁹ As the subset for this indicator is below 30 households, figures are reported as numbers.

¹⁶⁰ An additional 7 refugee family member's healthcare barrier was not disclosed by the refugee household respondents and 10 refugee family member's healthcare barrier was not known.

Map 9: Map of available health facilities in Crocmaz, Tudora and Palanca



Mental Health

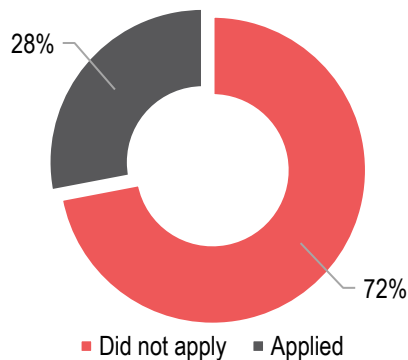
Only 1% of surveyed refugee household respondents in Stefan Voda raised the need for mental health services and no household respondent reported knowing how to access the service. A similarly **low level (1%) of refugee household respondents reported having at least one family member experiencing mental health conditions, such as anxiety or depression.** On average there was one family member with mental health issues within the families who reported it. All household respondents reported that the family members who experienced mental health conditions did not require mental health and psychosocial support.

Protection

Protection status of refugees

The assessment found that in the four assessed villages in Stefan Voda, **28% of surveyed refugee families applied for asylum.** Frequently reported reasons for not applying included planning to return to Ukraine (76%), not knowing how to apply (9%) or planning to move to another country (6%).

Figure 60: Proportion of refugee families who applied for asylum in Stefan Voda as reported by refugee household respondents



Protection concerns faced by refugees and host community members

Refugees and the host community members reportedly generally felt safe in the areas where they resided, according to both refugee FGD participants, one host FGD participants, two host II respondents and local authority, health sector and INGO/CSO KIs. Two host II respondents reported not feeling safe, with one sharing the fear that the Ukraine war might spread to Moldova. The latter worry affecting refugees was echoed by two INGO/CSO KIs. The same refugee FGD also highlighted the fear of offenders such as thieves, which was also reported by one INGO/CSO KI. There were **no reports of refugee families experiencing what they felt was discriminatory treatment** since arriving in Moldova.

Protection concerns faced by refugee and host community at-risk groups







When asked whether key at-risk groups faced any particular safety and security concerns in the areas where they lived 5% of host household respondents and one INGO/CSO KI reported that **Roma individuals faced discrimination/persecution**.¹⁶¹ Eight KIs stated that children did not face security and safety threats in the areas they were living. According to host and refugee household respondents, **boys did face certain threats with violence within the home** (4% host household respondents, 1% refugee household respondents) **and child labour** (3% host household respondents) were the most commonly reported.¹⁶² According to the same sources, **girls were at risk of sexual abuse/violence** (3% host household respondents, 1% refugee household respondents). Protection concerns **of older people were only raised by host household respondents, the most frequently (4%) mentioned concern was being robbed**.¹⁶³ Most KIs raised they were not aware of any protection concerns faced by LGBTQ+ people, however, one INGO/CSO KI reported that they did face threats and therefore they were being transported from the borders to Chisinau as soon as possible.

¹⁶¹ An additional 14% of refugee household respondents and 20% of host household respondents reportedly did not know whether Roma individuals faced any protection concerns.

¹⁶² An additional 15% of refugee household respondents and 18% of host household respondents reportedly did not know whether children faced any protection concerns.

¹⁶³ An additional 13% of refugee household respondents and 17% of host household respondents reportedly did not know whether older people faced any protection concerns.

Table 35: Top three protection concerns of refugee and host community at-risk groups as reported by refugee and host household respondents

Roma ethnicity		Discrimination (5% host HH respondents), being injured (2% host HH respondents, 1% refugee HH respondents), being robbed (3% host HH respondents)
Older people		Being robbed (4% host HH respondents), being injured (2% host HH respondents), being threatened with violence (1% host HH respondents), suffering from verbal harassment (1% host HH respondents)
People with disability		Being robbed (2% host HH respondents), being threatened with violence (2% host HH respondents), discrimination (1% host HH respondents), being injured (1% host HH respondents), suffering from sexual harassment or violence (1% host HH respondents) ¹⁶⁴
Women		Being robbed (2% host HH respondents), being threatened with violence (2% host HH respondents), suffering from verbal harassment (2% host HH respondents), being injured (2% host HH respondents)
Boys under the age 18		Violence within home (4% host HH respondents, 1% refugee HH respondents), child labour (3% host HH respondents), family separation (2% host HH respondents), consumption of alcohol (2% host HH respondents)
Girls under the age 18		Risk of sexual abuse/violence (3% host HH respondents, 1% refugee HH respondents), family separation (2% host HH respondents), psychological distress or trauma (2% host HH respondents)

Protection channels

In case of a crime or if faced with a security incident, **refugees and host community members would reportedly call or go to the police**, according to one refugee FGD participants, all host FGD participants and II respondents, and nearly all interviewed KIs (n=13). Nine KIs and all host FGD participants and II respondents reported that the police services were accessible. In terms of the trustworthiness of the police, except for one host II respondent, the host community members reported having trust in the police and being satisfied with their services. KIs were divided when it comes to the trustworthiness of police services.

Police were also reportedly the first point of contact for all refugee household respondents and nearly all host household respondents (98%) in case of women or girls experiencing any form of violence or reporting cases of violence, exploitation or neglect of children.¹⁶⁵ In the case of women/girls experiencing violence, the second most frequently reported channel was NGO hotlines (26% refugee household respondents, 25% host household respondents), followed by reporting it to their family (1% refugee household respondents, 7% host household respondents). When in need to report cases of neglect of children, using hotlines was reported by nearly a quarter of refugee household respondents and a quarter of host household respondents.

AAP

Humanitarian assistance received by refugee and host households

Nearly all (93%) refugee household respondents reported receiving humanitarian assistance since arriving in Moldova. **Eighty-two per cent of those Moldovan families who were reportedly accommodating refugees received humanitarian assistance** for hosting refugees.¹⁶⁶ Findings were similar in the host household surveys, 9 out of the 8 hosting Moldovan families received assistance. The

¹⁶⁴ An additional 13% of refugee household respondents and 19% of host household respondents reportedly did not know whether people with disabilities faced any protection concerns.

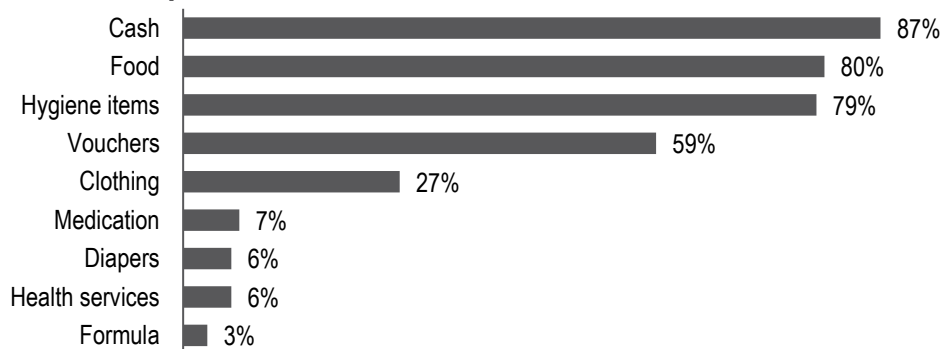
¹⁶⁵ Respondents could select multiple answers.

¹⁶⁶ Represents a subset of Moldovan families who were accommodating refugee families, n=66.

host FGD and all host II respondents highlighted that the host families received financial assistance for accommodating refugees. Two host II respondents reported that Moldovan families received food assistance for hosting.

Cash (87%), food (80%), hygiene items (79%) and vouchers (59%) were the most commonly reported forms of aid received by refugee families who received support.¹⁶⁷ The least frequently reported assistance included support with documentation, transportation, and education services, none of the refugee household respondents reported that their family received this type of assistance. Only 6% reported receiving health services and 7% medication which might indicate a gap in the provision of humanitarian assistance considering that needs related to these services and items were raised by refugees.

Figure 61: Type of humanitarian assistance received by refugee families as reported by refugee household respondents¹⁶⁸



UN agencies (59%), Moldova Red Cross (38%) and INGOs (34%) were the most commonly reported aid providers of refugee households. The most frequently reported assistance providers for Moldovan families who accommodated refugees were UN agencies (63%), INGOs (28%) and local NGOs (22%).

Figure 62: Providers of humanitarian assistance to refugee families as reported by refugee household respondents who mentioned receiving aid¹⁶⁹

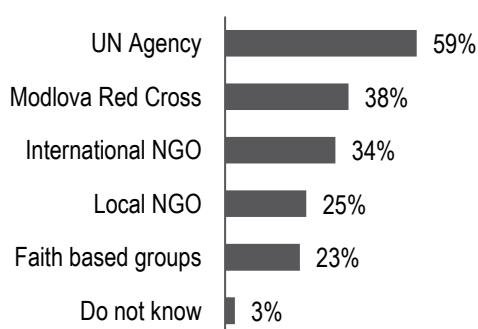
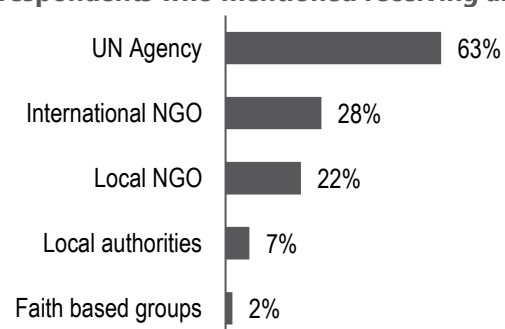


Figure 63: Providers of humanitarian assistance to host Moldovan families as reported by hosted refugee household respondents who mentioned receiving aid¹⁷⁰



Information on humanitarian assistance

Seventy-eight per cent of refugee household respondents reported having enough information about humanitarian services. Nearly a quarter (22%) of refugee household respondents were

¹⁶⁷ Represents a subset of refugee household respondents who reportedly received humanitarian assistance, n=71.

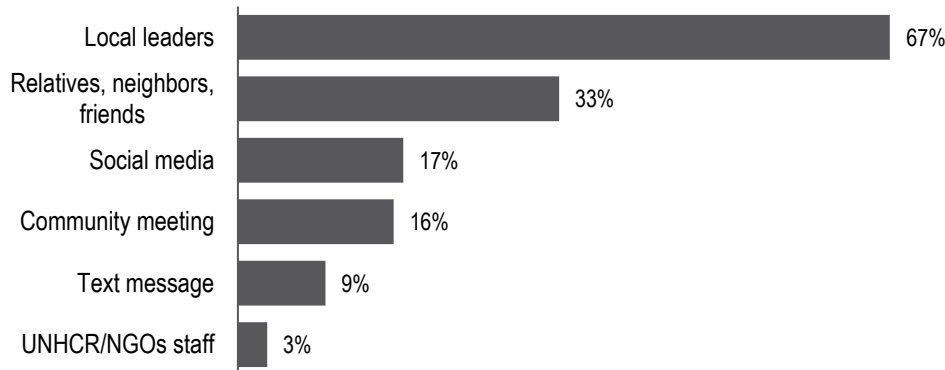
¹⁶⁸ Respondents could select multiple answers.

¹⁶⁹ Respondents could select multiple answers.

¹⁷⁰ Respondents could select multiple answers.

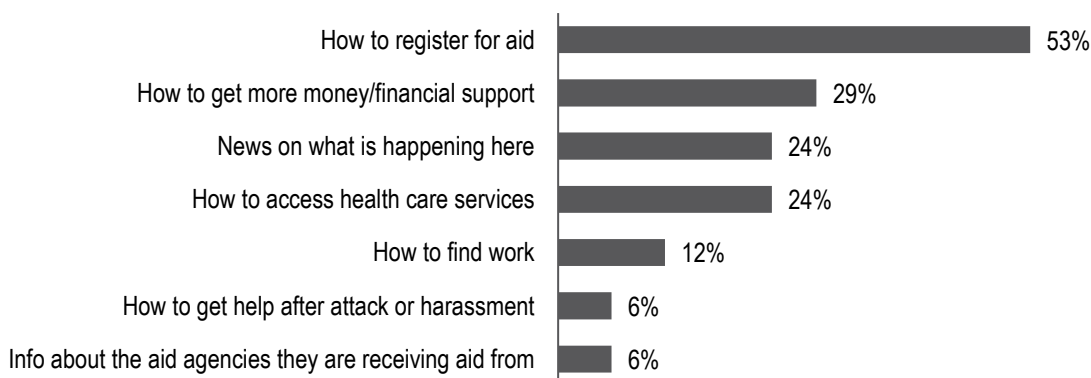
reportedly still in need of information about humanitarian services. The most frequently reported sources of information used by refugee household respondents included local leaders (67%), relatives, neighbours, or friends (33%), social media (17%), and community meetings (16%).¹⁷¹

Figure 64: Reported refugee household respondents’ main sources of information about humanitarian aid/services as reported by refugee household respondents¹⁷²



The refugee households who reported not having enough information on humanitarian assistance, highlighted that the **main barriers they faced to accessing the needed information were the lack of information (41%), technology access (29%), and misinformation (18%)**. The households’ reported **top priority needs were how to register for aid (53%), how to receive more financial support (29%), news about events happening in Moldova (24%), and how to access healthcare services (24%)**. The preferred channels to receive this information were phone calls (77%), text messages (41%), Viber (41%), Facebook (6%), radio (6%) or Telegram (6%).¹⁷³

Figure 65: Top three reported information needs of refugee families from aid providers as reported by refugee household respondents^{174,175}



3. Refugee Response Collaboration, Coordination and Gaps

This sub-section provides an overview of the refugee humanitarian and governmental response in Stefan Voda based on the discussions with KI response actors. It presents the existing coordination and collaboration between actors, as well as reported gaps in the response.

¹⁷¹ Respondents could select multiple answers.

¹⁷² Respondents could select multiple answers.

¹⁷³ Respondents could select multiple answers.

¹⁷⁴ Represents a subset of refugee families who did not have enough information, n=17.

¹⁷⁵ Respondents could select multiple answers.

Refugee Response Collaboration and Coordination




The KIs reported a wide range of collaborations between the national and local government, basic service providers, and humanitarian actors in Stefan Voda. **Collaborations with INGOs were most frequently reported** by the local authority, health service provider, education service provider and INGO/CSO KIs. This was followed by UN Agencies, with the local authority, health service provider and INGO/CSO KIs reportedly collaborating with them. The local authority KIs and education and health service providers also highlighted their collaboration with relevant ministries. The least frequently reported collaborations were with NGOs/CSOs, only the local authorities and INGO/CS KIs reported working with them.

In terms of improvement in coordination, only one social assistant KI reported meeting regularly with an INGO to coordinate the refugee response, which might indicate that **more coordination was needed between local authorities and humanitarian actors**. One local authority KI raised this issue and emphasised the need for a more coordinated response between aid and local government actors by organising regular meetings.

Refugee Response Gaps

KIs reported a few refugee response gaps that humanitarian actors could potentially fill. One education sector KI and one local authority KI reported the **need for financial support for schools/kindergartens** to be able to set up extra classes for Ukrainian children and to fund the school feeding programmes. According to two health sector KIs, **the biggest gap in the health sector was the lack of medicines**, mostly antiviral drugs and medicine for first aid. The Roma refugee response faced several gaps, with one INGO/CSO KI raising the **need for mobile physicians who could visit Roma refugees** and a high demand for **blood pressure and blood sugar level measuring devices**. Reportedly, there was a lack of information on Roma individuals and difficulty locating Roma individuals in need, with one INGO/CSO KI reporting that humanitarian actors could fill this gap by creating a **database with information on Roma individuals**.

Table 36: Overview of refugee response gaps as reported by KIs

 Education	<ul style="list-style-type: none"> • Financial support
 Health	<ul style="list-style-type: none"> • Medicines • Doctors, including mobile doctors dedicated to Roma refugees • Medical devices e.g., for blood pressure, blood sugar
 INGOs/CSOs	<ul style="list-style-type: none"> • Database with information on vulnerable Roma individuals

4. Stakeholder Mapping

This sub-section gives an overview of available services and the different actors involved in the refugee response in Stefan Voda. The collaboration and coordination links between the actors are also outlined.

Refugee response actors and basic service providers

The ABA aimed to identify the various humanitarian actors working in the refugee response in Stefan Voda and their engagement in the various sectors. Findings indicate that there was nearly full coverage of sectors of intervention by actors engaged, with the private service providers being the least involved. As Table 37 highlights, actors were intervening in all sectors.

Table 37: Actors engaged in the refugee response and basic service provision, by actor type and sector^{176,177}

Sector	Government	UN Agency	Local NGO/CSO	INGO	Public Service Provider	Private Service Provider
Accommodation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social cohesion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
Food	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WASH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
Livelihoods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
Mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Protection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
AAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—	<input checked="" type="checkbox"/>

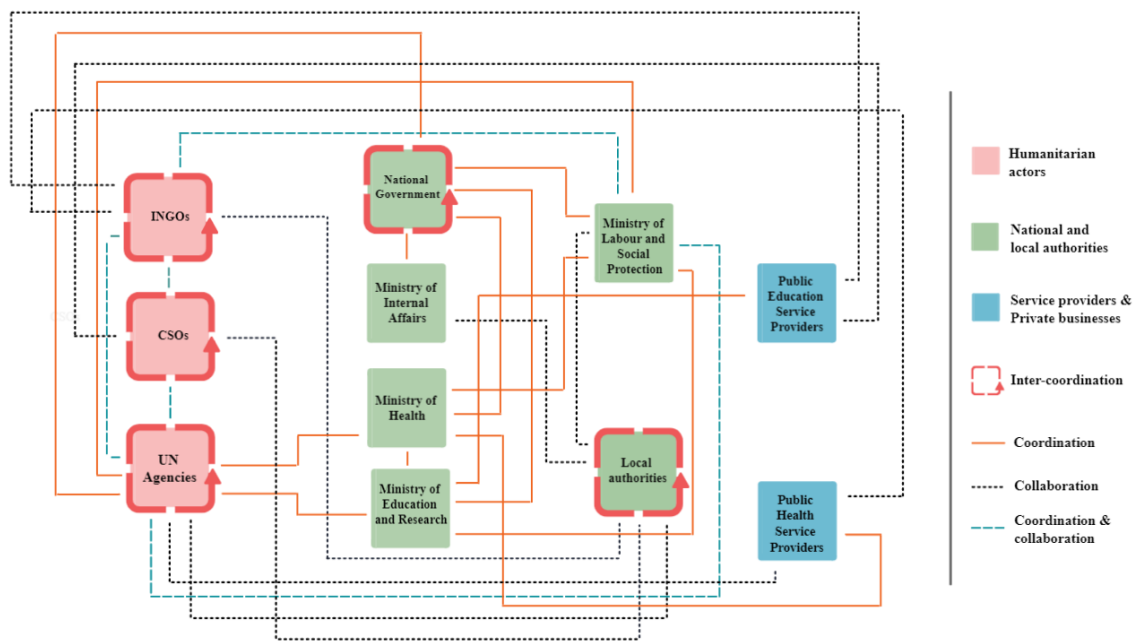
Collaboration and coordination links between actors

Figure 66 illustrates the various links between the humanitarian actors working in Stefan Voda. The graph highlights a wide range of collaborations and coordination among UN Agencies, INGOs, CSOs, local authorities, public service providers and ministries. Seemingly, the public service providers had the least coordination links with other humanitarian actors.

¹⁷⁶ Actors and their activities were identified using secondary data review and KIIs; thus, the information might not reflect the complete refugee response coverage on the ground.

¹⁷⁷ Activities carried out online (e.g., MHPSS) were considered accessible in Stefan Voda.

Figure 66: Collaboration and coordination links between actors^{178,179}



Note: The best way to read the diagram is to start from the boxes and from there follow the lines to see the links and types of interaction between actors.

Conclusion

The Stefan Voda area-based assessment was developed to understand refugees' priority needs and barriers faced in basic service access, as well as to understand the impact of the refugee arrival on the assessed areas and the social cohesion between the two population groups. Findings from this assessment are intended to inform and help humanitarian actors working in the refugee response in Stefan Voda to further tailor their response to the local needs of the population.

Findings revealed that a larger proportion of refugee families were planning to remain in Stefan Voda in the short-term, while other refugee families were uncertain about their movement plans. Even with a larger share of refugee families reportedly planning to stay in Moldova, both the number of asylum registrations, as well as families reporting having plans to integrate in Moldova were found to be low. In terms of refugee livelihoods, the majority of refugee household respondents reported fully or partially relying on unsustainable sources of income and nearly half reported a form of income-generating activity as one of their income sources. Employment levels were overall found to be low, with several reported barriers hindering refugees' access to employment. With the high level of uncertainty surrounding refugees' return to their homes, more efforts are needed to facilitate refugees' access to employment opportunities and sustainable sources of income.

The inter-communal relationship between refugees and the host community was mostly described by household respondents and KIs as good. A large proportion of refugee household respondents reported the relationship improved since they first arrived, while other refugee respondents and most of the host community members described no change in the relationship. There was low awareness of integration activities in the four assessed villages among both refugee respondents and the host community, and opinions varied on whether additional integration events were needed. The host population had an

¹⁷⁸ The information provided in the diagram was primarily extracted from the discussions with KIs and might not fully reflect the complete interactions between actors and their nature.

¹⁷⁹ The National Agency for Social Protection (ANAS) operates under the Ministry of Labour and Social Protection.

overall positive stance on the refugee presence in Moldova, on how well Moldova supported the refugees and whether this support should continue until the conflict ends. A considerable share of surveyed host household respondents in Stefan Voda reported refugees get more support than the local population and that Moldova should focus on helping its population. As the winter season was approaching, which habitually adds an extra layer of difficulties for the host community households, these sentiments might worsen and jeopardise the relationship between the two groups.

An impact on the local economy due to the refugee arrival was not widely felt, with increased prices being the most frequently reported impact. In terms of impact on access to basic services, few host community members reported that access to healthcare became more difficult due to the refugee arrival. The healthcare sector was found to face difficulties in responding to all refugees' needs, namely a lack of specialists and the inability to provide free healthcare for all refugees because of governmental limitations. Several host household respondents reported that social services became more difficult to access due to refugee arrival, while there were no widely reported impacts on the education sector.

The refugee families' most pressing needs included health, food, and financial assistance, with some level of variation between the four assessed villages. Findings showed a low availability of wood stocks for both refugees and the host community members, hindering their preparedness for the winter season. There was a high level of uncertainty about whether refugees and the host community members could afford heating throughout the winter season. Additionally, winter was reportedly likely to impact the ability to host refugees. In light of the low level of households' preparedness for the winter season and uncertainty surrounding the ability to afford heating, the winter season could further exacerbate the vulnerability of refugees and the host population.

With a lack of education facilities using Russian as one of the instruction languages in the four assessed villages, the ABA found that more children were reported to be enrolled in online schools in Ukraine than in schools in Moldova. Most household respondents reportedly did not face a particular barrier to school enrolment but rather decided not to enrol their children in school/kindergarten. Nonetheless, a lack of transportation to schools, lack of required documents and lack of spaces in schools/kindergartens were also reported as barriers in some cases hindering children to access education.

During the three months before data collection, the majority of refugee household members reported not needing to access healthcare, while healthcare was found to be among the top three most important needs reported by refugee household respondents. This could be due to the cost of consultation and treatment hampering access to healthcare since among those refugees who needed healthcare, the cost of services was the most frequently mentioned barrier.

The refugee respondents and the host community members reportedly felt safe in the four assessed villages and none of the refugee families reported experiencing what they felt was discriminatory treatment since arriving in Moldova. Several protection concerns were raised that affected the refugee and host community at-risk groups. The most frequently mentioned concerns included, Roma individuals being subject to discrimination/persecution, boys facing violence at home and the risk of child labour, girls being vulnerable to sexual abuse/violence, and older people being vulnerable to robberies.

Findings highlighted a wide range of collaborations between the national and local government, basic service providers, and humanitarian actors in Stefan Voda. Collaborations with INGOs were most frequently reported, in contrast, collaborations with NGOs/CSOs were reported the least. There was an apparent need for more coordination between local authorities and humanitarian actors. The assessment found several refugee response gaps that could be filled by humanitarian actors. Schools/kindergartens were reportedly in need of financial support and the health sector needed medicines. Mobile medical doctors and medical devices were necessary to meet the healthcare needs of the Roma people. There was also a need for a database to facilitate finding Roma individuals in need of support.