



Area-Based Assessment (ABA)

Chisinau and Stefan Voda, Moldova

Key Findings

February 2023



Contents

01 Objectives

02 Assessed Areas

03 Methodology

04 Key Findings

I. Chisinau

II. Stefan Voda

A light gray world map is centered in the background, overlaid with a complex, light gray geometric pattern of interconnected lines forming various polygonal shapes. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The text '01' is positioned in the upper-middle part of the map, over Europe.

01

Objectives



General Objective

To inform a more holistic and sustainable area-based response by humanitarian actors and local authorities about the needs and access to services of the refugee population and their hosts, as well as to examine the relationship between the refugees and the hosts in Chisinau and Stefan Voda with high numbers of refugees in Moldova.



Specific Objectives

1. Identify displacement dynamics, household priority and winter needs, including protection concerns of key at-risk groups.
2. Identify barriers to access to basic services and barriers to integration, including employment for the refugee population.
3. Assess the impact of refugee arrival on the local economy and access to basic services for the host community, as well as social cohesion between the refugee and host communities.
4. Identify and provide information on local and external actors engaged in the crisis response and basic service provision in the assessed areas.

A light gray world map is centered in the background, overlaid on a subtle geometric pattern of thin gray lines forming a network of triangles. A large, bold red number '02' is positioned in the upper-middle section of the map, over Europe and Asia.

02

Assessed Areas

Assessed Areas

- Areas with the highest number of refugees were selected.
- One urban and one rural area, as there are considerable rural-urban disparities in basic service provision in Moldova.

Urban Area - Chisinau

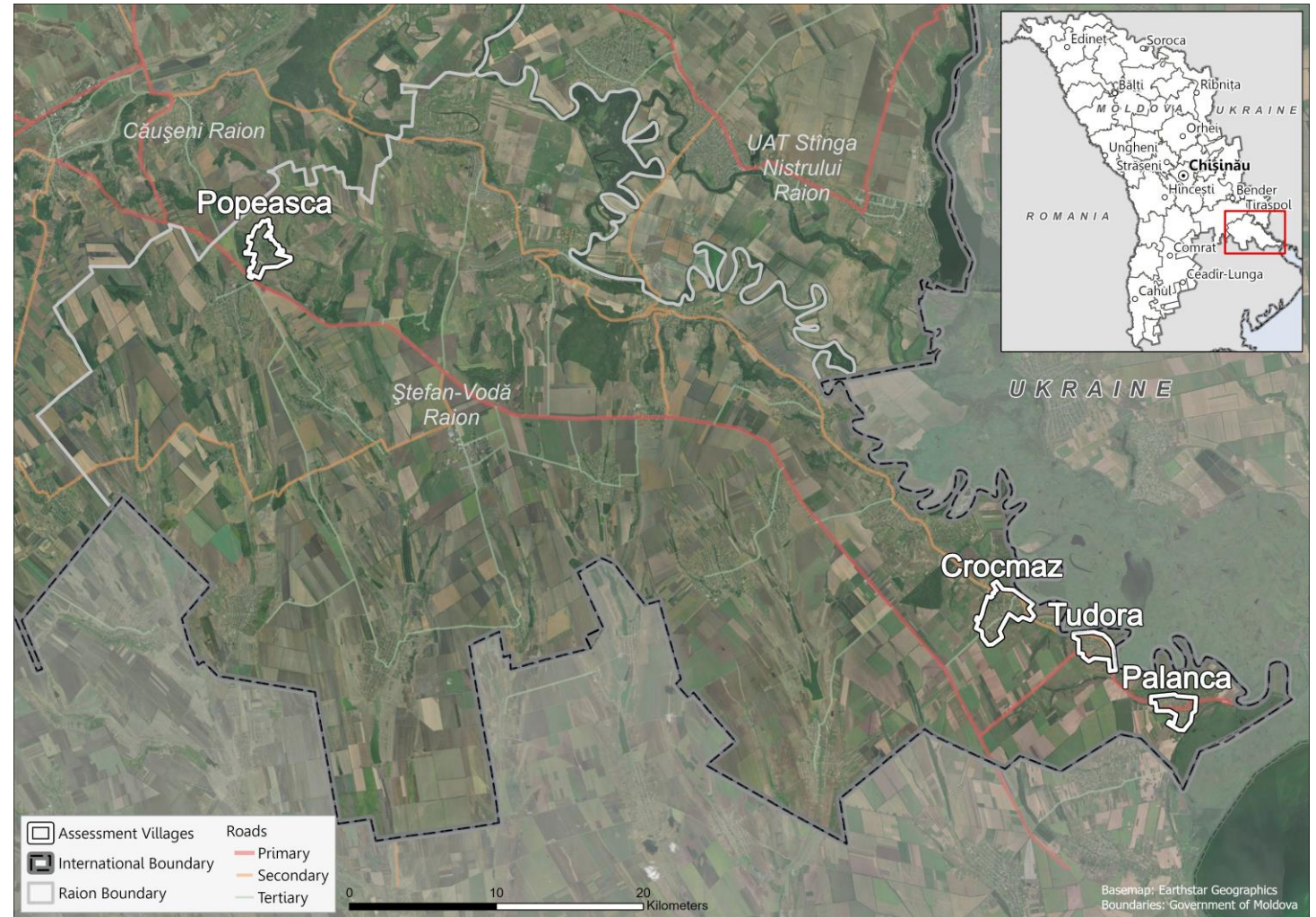
- Five sectors were assessed: Centru, Buiucani, Ciocana, Rascani, and Botanica



Assessed Areas

Rural Area – Stefan Voda

- Four villages were assessed: Popeasca, Crocmaz, Tudora, and Palanca
- Stefan Voda raion was chosen due to its proximity to the border and its key relevance in an eventual increase of refugee flows from southern Ukraine.



A light gray world map is centered in the background, overlaid with a network of thin gray lines forming a triangular mesh. The number '03' is printed in a bold, red, sans-serif font, positioned in the upper-middle section of the map, specifically over the European continent.

03

Methodology

Methodology

- The ABA used a **mixed-methods approach**.
- Data collection took place between **August 30 and October 7, 2022**.

Primary Data Collection

1. Surveys with heads/adult members of refugee/host households (HH)

- Survey sampling:
 - Host population HH: two-stage cluster sampling ⇒ *Findings are representative at the HH level.*
 - Refugee HH: purposive ⇒ *Findings for the refugee population are indicative only.*

Area	Refugee HH	Host population HH
Chisinau	174	172
Stefan Voda	76	181

Methodology

2. Focus group discussions (FGD) and individual interviews (II) with refugees and host population members

Area	Refugee HH	Host population HH
Chisinau	2 FGD, 6 II	2 FGD, 6 II
Stefan Voda	2 FGD	1 FGD, 3 II

3. Key informant interviews (KII) with local authorities, service providers, NGOs and businesses

Area	Local authorities	Health	Education	Business	NGO
Chisinau	2	3	3	3	3
Stefan Voda	4	3	3	3	3

4. **Stakeholder mapping:** identified local and external actors engaged in the crisis response and basic service provision in the assessed areas.

Challenges and Limitations

- A probabilistic sampling strategy was adopted for the host population household surveys, allowing for representative findings at 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 generalized for the refugee population across both assessed areas.
- Difficulties were faced in finding enough participants for FGDs, thus, when a group could not be formed, the group discussion was replaced by three individual interviews with the same target group population. The target participant numbers for each FGD were eight individuals, however, this could not be met. Consequently, groups consisted of three to six participants which limited the richness of information and perspectives shared.
- As respondents were asked about their individual perceptions besides questions pertaining to the household and its members, findings are presented by the number of respondents instead of households.
- Household respondents were asked about what they perceived were the priority needs and challenges faced by key at-risk groups, e.g., people with disabilities, Roma individuals and LGBTQ+. Therefore, related findings might not fully reflect the realities faced by these groups.



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 that lives in areas where refugees live including those who share their own accommodation with refugees and the general population that lives 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 began 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.

A light gray world map is centered in the background, overlaid with a faint, light gray geometric pattern of interconnected lines forming a mesh of triangles. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The number '04' is positioned in the upper center, over the European continent.

04

Key Findings

A light gray world map is centered in the background, overlaid with a network of thin gray lines forming a triangular mesh. The number '4.1' is printed in a bold, red, sans-serif font, positioned over the European continent.

4.1

Key Findings - Chisinau

Demographics

- The reported average size of HH was 2.8 members for refugees and 2.5 members for the host population. The average size of the hosted family was 3 as reported by refugee HH participants.
- 45% of surveyed refugee HHs and 25% of surveyed host HHs were female-headed.
- 51% of surveyed refugee HHs had children, with an average of 1.5 minors per HH. 54% of surveyed host HHs had children, with an average of 1.3 minors per HH.

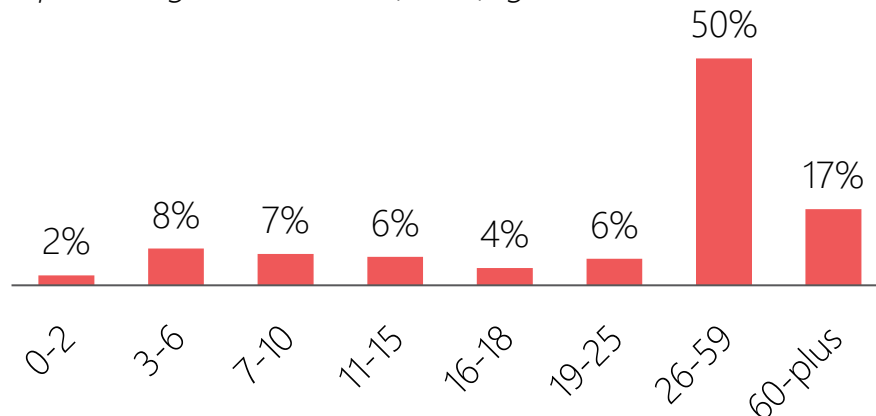
Refugee HH Members



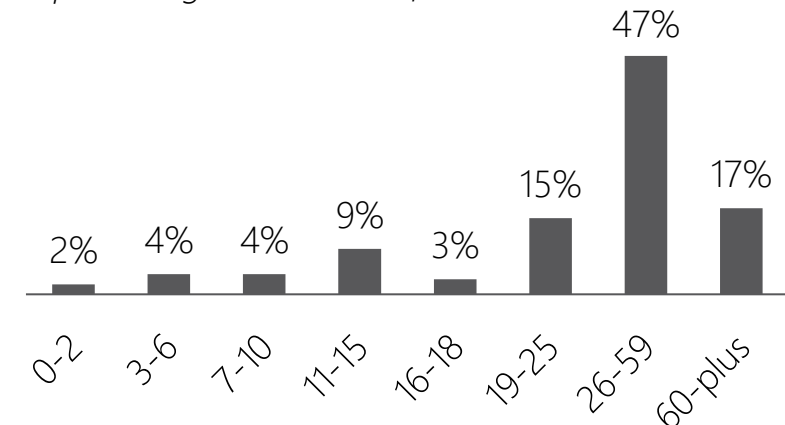
Host Population HH Members



Reported age distribution for refugee HH members*



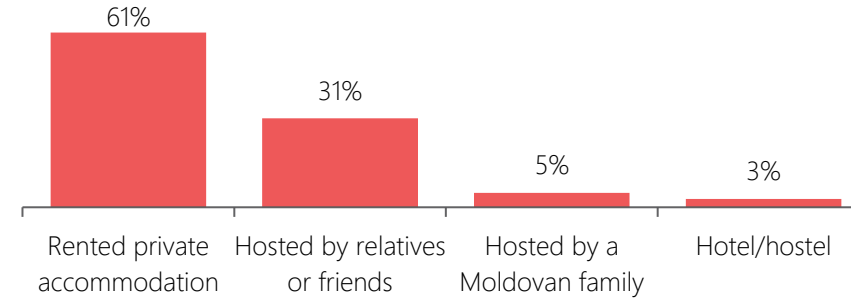
Reported age distribution for host HH members*



* Includes both host Moldovan family and refugee family.

Accommodation

Accommodation type of surveyed refugee families in Chisinau as reported by refugee HH respondents



- Two-thirds (63%) of hosted refugee families were reportedly sharing accommodation with the host family.*
- 40% of hosting families received support according to hosted refugee HH respondents. The top three aid providers included UN Agencies (71%), international NGOs (29%) and governments (8%).**
- 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 light of the increased costs in the winter season.
- One local authority KI and one INGO/CSO KI highlighted that Roma refugees faced discrimination and rejection when trying to access accommodation.
- One local authority KI noted that they 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.

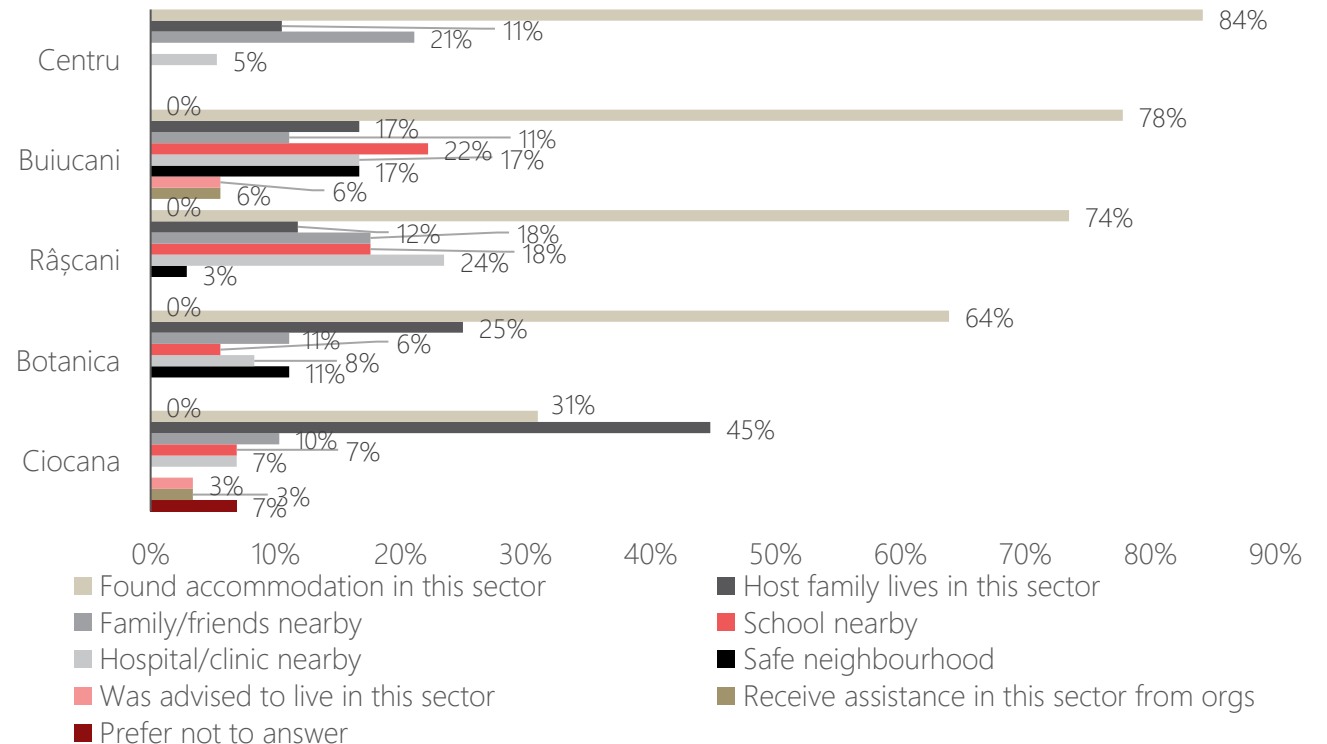
* Represents a subset of the total refugee HHs surveyed, n=60.

** Respondents could select multiple answers.

Displacement Dynamics

- Surveyed refugee HH respondents reportedly factored in the availability of permanent accommodation (42%), the proximity of friends/relatives (37%) and the availability of humanitarian assistance (20%) when choosing to settle/stay in Chisinau.*,**

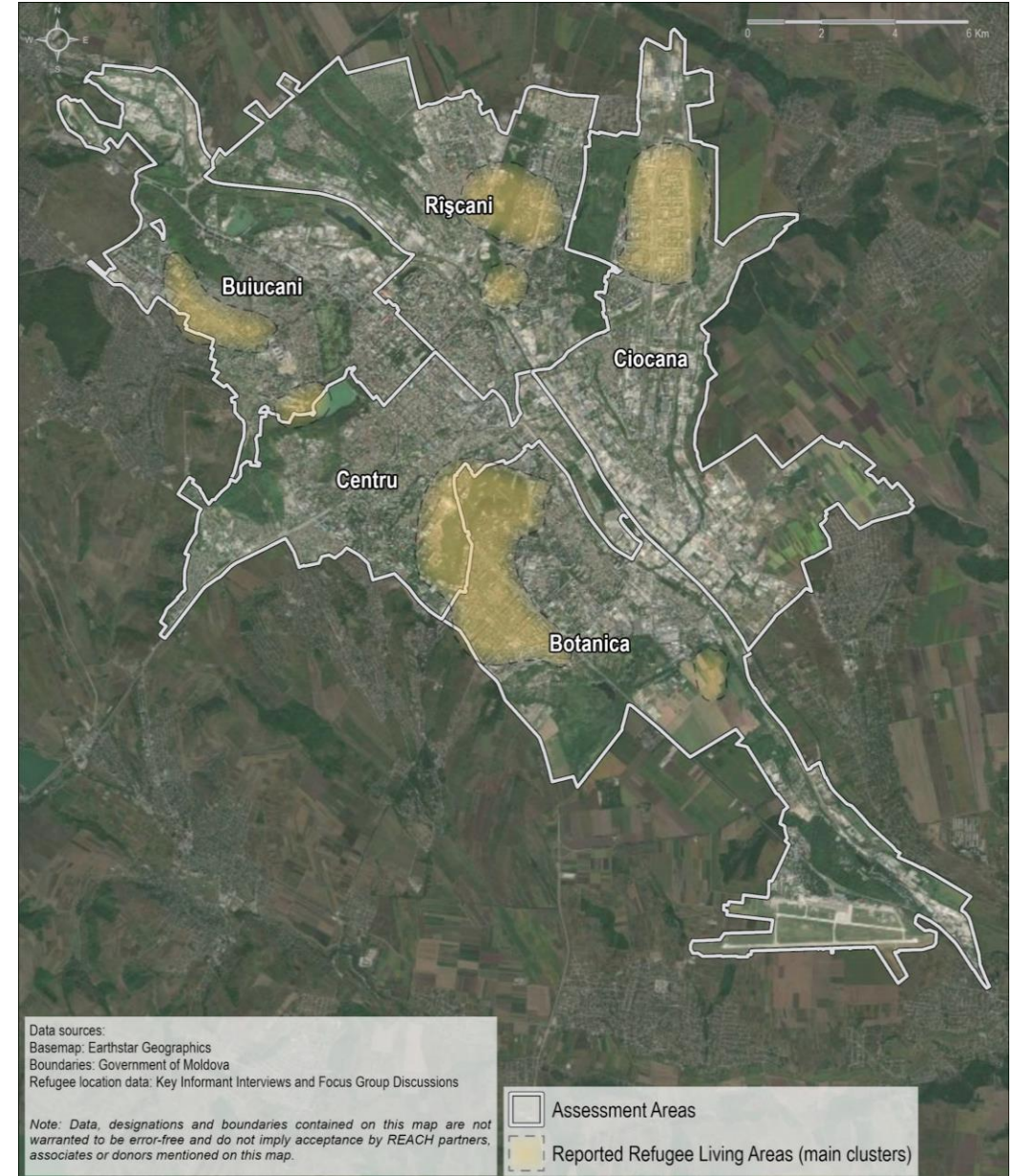
Reasons for staying in a specific sector of Chisinau as reported by refugee HH respondents,***



* Respondents could select multiple answers.

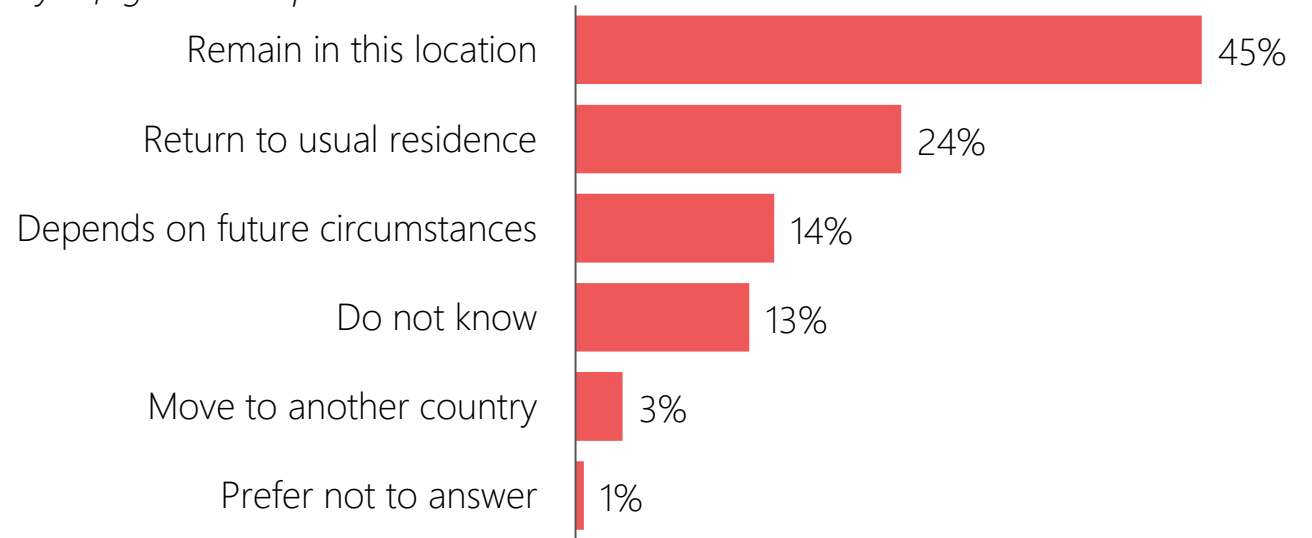
** Represents a subset of the total refugee HHs surveyed, n=166.

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



Displacement Dynamics

Refugee movement plans over the six months following data collection as reported by refugee HH respondents

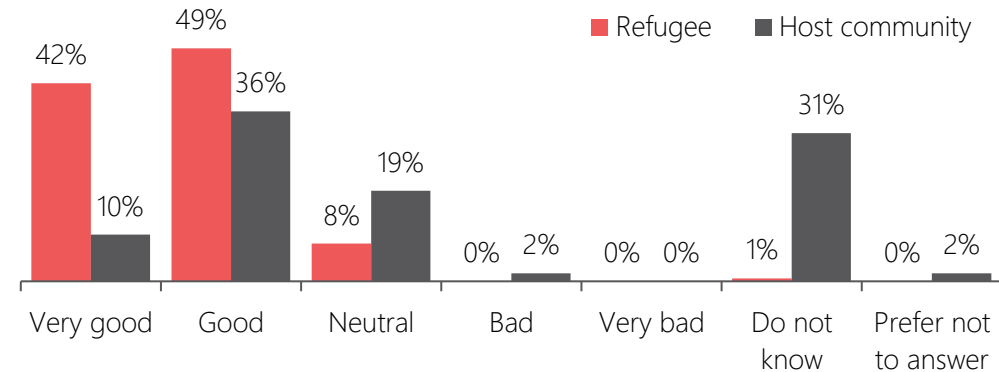


- More than a third of surveyed refugee HH respondents (37%) **reported no plans to integrate** into the community. An equal proportion of refugee HH respondents (37%) **planned to look for employment**. Others planned to register with a general practitioner and enrol their children in school in Moldova.*

* Respondents could select multiple answers.

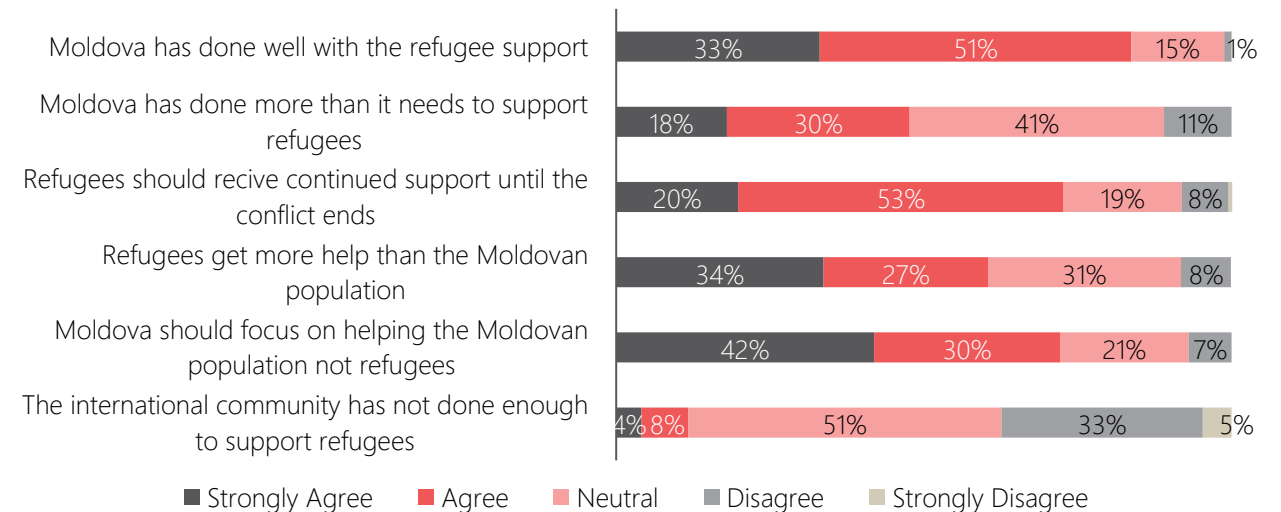
Social Cohesion

Perceived quality of the relationship between the refugees and host community as reported by refugee and host HH participants



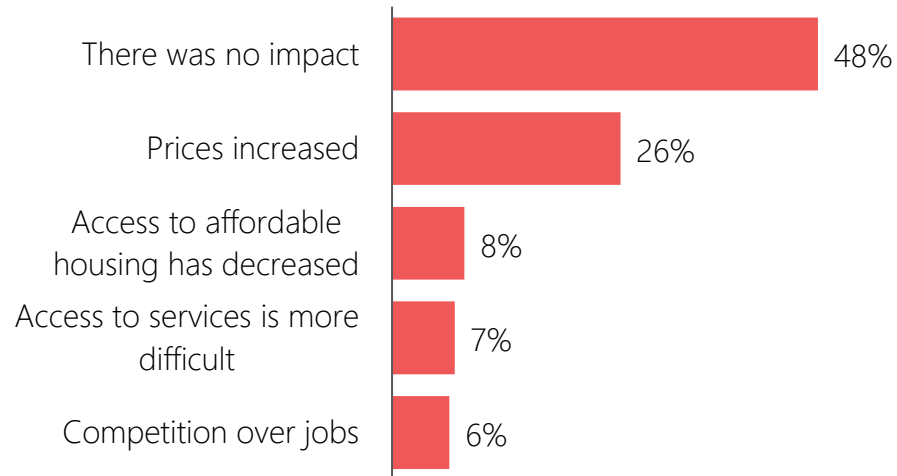
- 88% of refugee HH respondents and 40% of host HH respondents did not notice any change in the relationship since the arrival of refugees. 42% of host HH respondents did not know whether the relationship has changed.

Perspectives on refugee support as reported by host HH respondents



Impact of Refugee Arrival

Top five most reported perceived impacts of refugee arrival on the local economy and the area in general as reported by host HH respondents^{*,**}

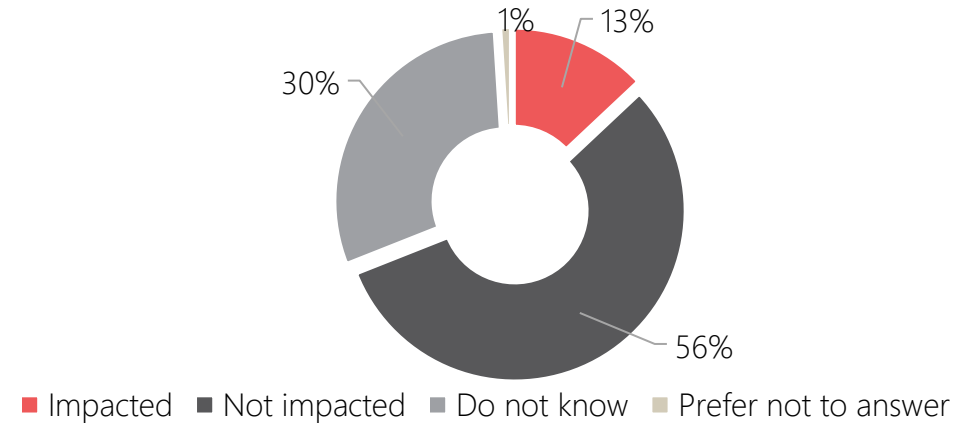


- Several host FGDs and II respondents highlighted that **the inflation in real estate prices was an indirect repercussion of refugee arrivals**, stating that the increase in the housing demand resulted in landlords raising their rental costs.

^{*} Respondents could select multiple answers.

^{**} An additional 16% of host HH respondents reportedly did not know whether there was an impact of refugee arrival on the local economy and the area in general.

Perceived impact of refugee arrival on access to basic services as reported by host HH respondents

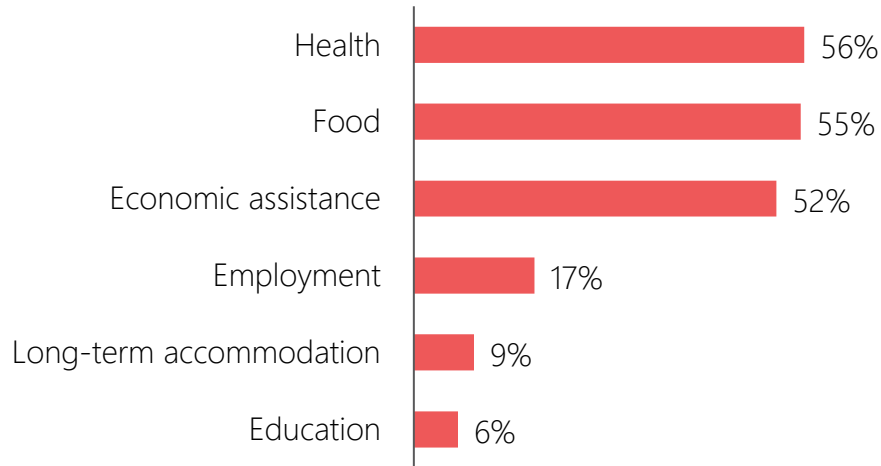


- Most frequently reported harder to access services linked to the arrival of refugees included **healthcare (n=13)** and **social services (n=11)** according to the host HH respondents.^{***}
- Two education sector KIs highlighted that **they were affected by the refugee crisis**, as the increased number of children enrolling in schools required the creation of additional classes and reportedly not all the children could be admitted.

^{***} As the subset for this indicator is below 30 HHs, figures are reported as numbers.

Priority Needs

Refugee HH's most frequently reported priority needs^{,**}*

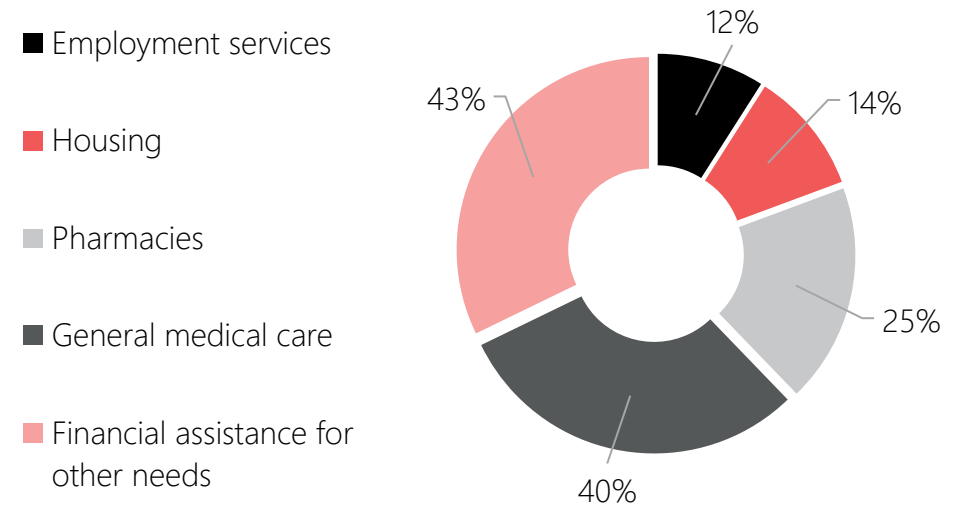


- Only 5% of surveyed refugee HH respondents in Chisinau reported having no unmet needs.
- When it comes to healthcare needs, dental care, medication, general medical care, and mental health and psychosocial support (MHPSS) were reportedly needed by refugee HHs.

^{*} Respondents could select multiple answers.

^{**} Based on the refugee HH's survey question asking each respondent to identify the top three priority needs.

Refugee HH's most frequently reported service needs^{,**}*



- 23% of surveyed refugee HH respondents reported having no service needs.
- 20% of refugee HH respondents reported not knowing where and how to access basic services e.g., healthcare, education, legal advice.
- None of the refugee HH respondents reported knowing how to access child protection, GBV and MHPSS services.



Winterisation Needs

- Nearly all refugee and host HHs stated that they use gas or centralized heating system to heat their homes.
- A large share of refugee (88%) and host (57%) HHs 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.
- Overall, there were no available safety nets for refugees to meet their heating needs, according to a third of refugee II respondents and participants from both refugee FGD.
- The host community's reported safety nets were support received from the government or NGOs/UN agencies and money saved, according to participants from the host FGD and II respondents.
- Both refugee and host FGD and II respondents highlighted the need for more government aid.

Water, Sanitation and Hygiene

99%

of refugee HHs had no difficulties in accessing a sufficient amount of safe water for drinking and domestic needs.

66%

of refugee HHs reported that the water was fine to drink.

83% of refugee HHs reported having enough hot water for the upcoming winter season.

89% of host HHs reported having enough hot water for the upcoming winter season.

99%

of refugee HHs had no problems accessing sanitation facilities.

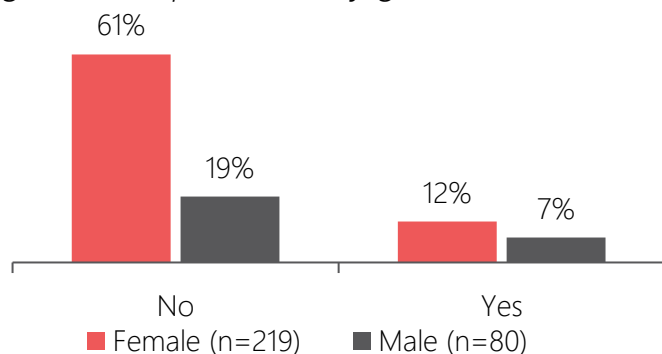
Livelihoods

Refugee Livelihoods

*Main sources of income that surveyed refugee families in Chisinau relied on in the three months before data collection as reported by refugee HH respondents**

1	Savings	52%
2	NGO/Agencies cash support	40%
3	Government cash support	27%
4	Employment	20%
5	Remittances	17%

Share of adult refugee family members employed as reported by refugee HH respondents, by gender



- 28% of refugee family members were reportedly looking for work at the time of data collection.
- Not having someone to care for their child while working was one of the main reasons for refugees not to seek employment, as reported by 31% of refugee members of HHs with children, 25% of those from female-headed HHs, refugee II respondents, one INGO/CSO KI, and one local authority KI.
- Additional obstacles raised by KIs, refugee FGD and II participants included a lack of job opportunities, a lack of skills, language barriers, a lack of the necessary legal documents, as well as a lack of programmes dedicated to facilitating employment of refugees.

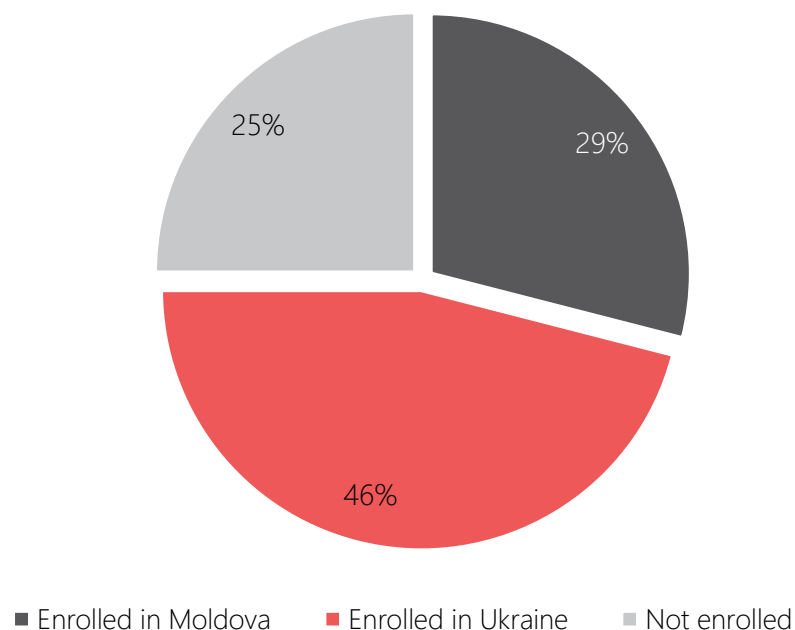
Host Population Livelihoods

- The host population HHs most commonly reported sources of income in the three months prior to data collection were formal income generating activities (84%), pension (12%) and savings (7%).*

**Respondents could select multiple answers.*

Education

*School/kindergarten enrolment of refugee children (3-18 years) in Chisinau as reported by refugee HH respondents, by enrolment country**



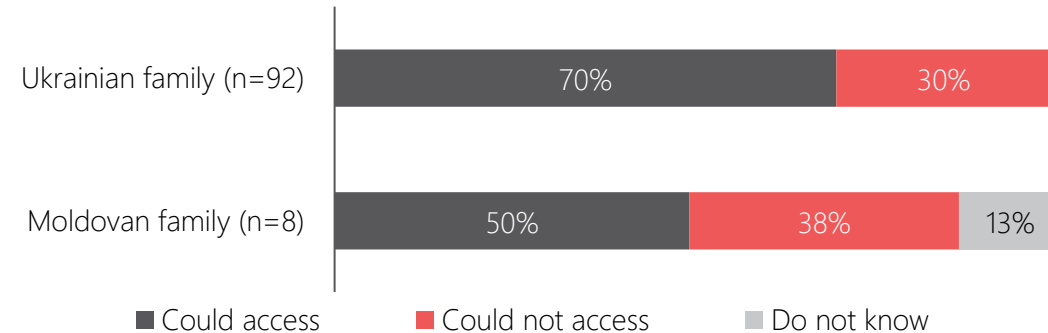
- Among children who were not enrolled, the most frequently reported reason was **not applying (95%)** rather than facing a specific barrier.
- Participants from the refugee FGD and II respondents highlighted several barriers when trying to enrol their children in school in Moldova, the most reported was **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.
- Online schooling was reportedly accessible in Ukraine, according to all but one refugee II respondents and participants from both FGDs.

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

Healthcare

- 22% of refugee family members and 18% of host family members needed access to healthcare in the three months prior to data collection.*

*Reported access to healthcare of refugee HH members who reportedly needed it***



- 73% of refugee HH 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 MHPSS services.
- The cost of healthcare was the most frequently highlighted barrier in accessing healthcare services, according to refugee FGDs and refugee HH respondents. The unavailability of specific healthcare services was also reported by refugee HH respondents as a barrier.
- Two healthcare KIs raised that Roma refugees faced discrimination which created a barrier to accessing the needed care.

* Represents a subset of the total refugee HH members, including only members about whom respondents had information on, n=465.

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



Mental Health

- 17% of refugee families reportedly had at least one family member experiencing mental health conditions, such as anxiety or depression. Among those experiencing mental health conditions, **24% were reportedly in need of MHPSS.**
- Among the refugee family members who reportedly needed mental health support, only **half (n=7) had access.***
- The most frequent reason for refugee HH members not being able to access MHPSS services was **people waiting to see if the problem gets better on its own (n=5).***

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

Protection

- Only 10% of surveyed refugee families in Chisinau reportedly applied for asylum.
- Refugees reported generally feeling safe in the areas where they reside. The sense of safety appears to differ from one person to the other when it comes to the host population. Commonly reported security threats were theft/robbery, extortion, verbal harassment, assault, and sexual harassment.
- Six refugee HH respondents reported experiencing discriminatory treatment due to their origin.*
- While not widely reported, several protection concerns were raised that affected the refugee and host community at-risk groups.¹
- 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.**
- Police were also reportedly the first point of contact for more than 90% of refugee and host HH respondents in case of women or girls experiencing any form of violence or reporting cases of violence, exploitation or neglect of children.**
- Three education sector KIs and one health sector KI mentioned that there was no lack of protection related services.

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



** Respondents could select multiple answers.

Accountability to Affected People

- 92% of surveyed refugee HH respondents reported receiving humanitarian assistance.
- Cash (85%), food (83%), hygiene items (75%) and vouchers (69%) were the most reported forms of aid received by refugee families who accessed assistance.^{*,**}
- The most frequently reported assistance providers included UN agencies (76%), local NGOs (33%) and international NGOs (29%).^{*,**}

89% Refugee HH respondents reported having enough information about humanitarian services.

Information Sources on Humanitarian Aid*

- 59%  Social media
- 41%  Friends, relatives, neighbours
- 27%  Community meetings

Top 3 Information Needs for Humanitarian Aid*

- 53%  How to access health services
- 47%  How to get more financial support
- 37%  How to register for aid

- The most reported barriers in accessing needed information included the lack of information (n=10) and technology access (n=8).^{*,***}

* Respondents could select multiple answers.

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

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

Refugee Response Collaboration, Coordination and Gaps




Refugee Response Collaboration and Coordination

- There was reportedly a high level of engagement from different actors in the refugee response in Chisinau.*
 - »» Need for closer and more open cooperation between humanitarian actors and the local administration.*
- The health service provider KIs and INGO/CSO KIs reported wide collaborations between various humanitarian actors in their respective sectors.
 - »» Lack of collaboration between the non-profit health service providers and the government.*
 - »» No clear system of collaboration between public health service providers and humanitarian actors.*

- The education sector KIs most often reported collaboration 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.

Refugee Response Gaps

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

* Sector KI perspectives.

Stakeholder Mapping

- There was nearly full coverage in terms of the presence of actors in the sectors.
- Multiple KIs from local authorities and INGOs/CSOs confirmed that no additional actors were needed in the response.

Actors engaged in the refugee response and basic service provision, by actor type and sector^{,**,**}*

Sector	Government	UN Agency	Local NGO/CSO	INGO	Public Service Provider	Private Service Provider
Accommodation	✓	✓	✓	✓	✓	✓
Social cohesion	✓	✓	✓	✓	✓	✓
Food	✓	✓	✓	✓	✓	✓
WASH	✓	✓	✓	✓	✓	—
Livelihoods	✓	✓	✓	✓	✓	✓
Education	✓	✓	✓	✓	✓	✓
Health	✓	✓	✓	✓	✓	✓
Mental health	✓	✓	✓	✓	✓	✓
Protection	✓	✓	✓	✓	✓	—
AAP	✓	✓	✓	✓	✓	—
Transportation	✓	✓	✓	✓	✓	✓

^{*} 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.

^{**} Actors and their activities were identified using secondary data review and KIs; thus, the information might not reflect the complete refugee response coverage on the ground.

^{***} Activities carried out online (e.g., MHPSS) were considered accessible in Chisinau.



4.2

Key Findings – Stefan Voda

Demographics

- The reported average size of HH was 4.5 members for refugees and 2.6 members for the host population. The average size of the hosted family was 4.4 according to refugee HH respondents.
- 18% of surveyed refugee HHs and 19% of surveyed host HHs were reportedly female-headed.
- 51% of surveyed refugee HHs had children, with an average of 1.9 minors per HH. 41% of surveyed host HHs had children, with an average of 1.5 minors per HH.

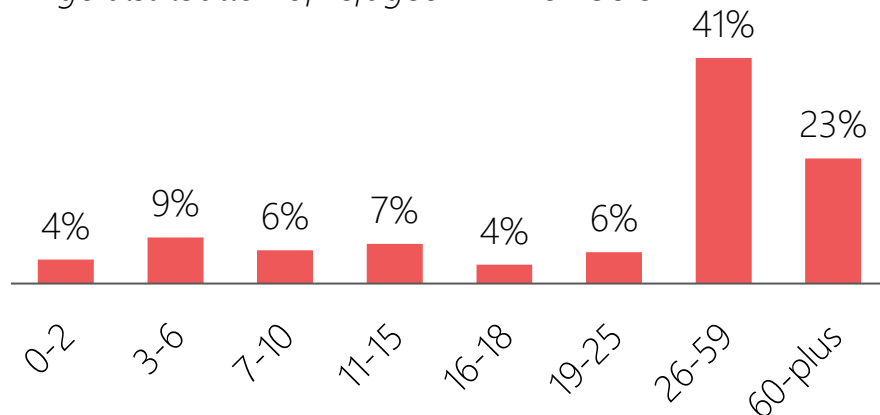
Refugee HH Members



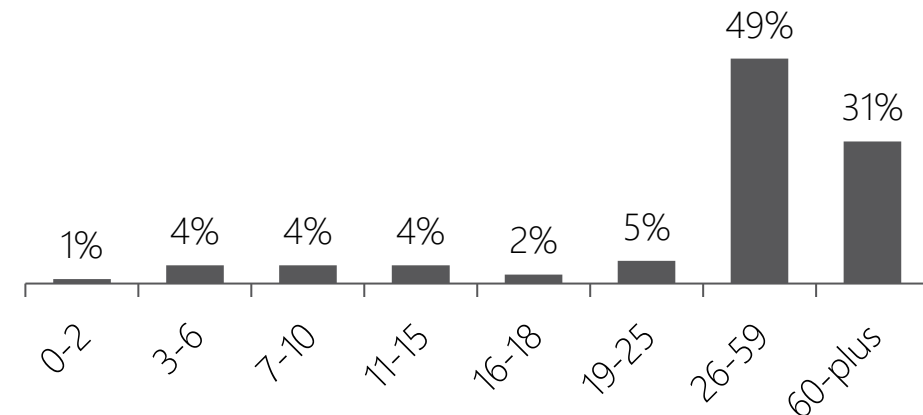
Host Population HH Members



Age distribution of refugee HH members*



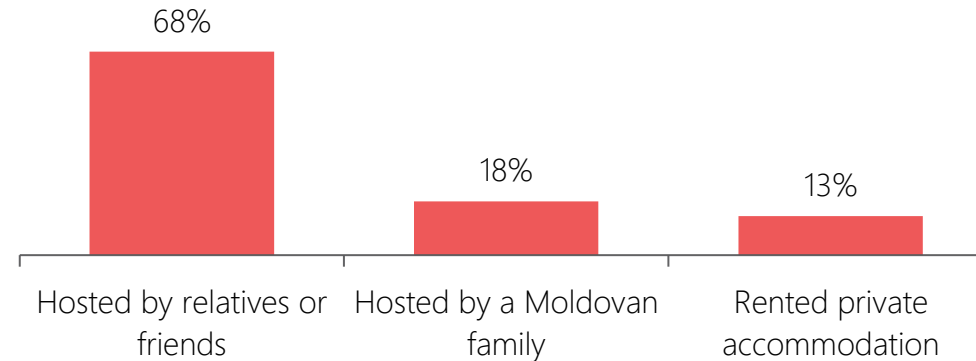
Age distribution of host HH members*



* Includes both host Moldovan family and refugee family.

Accommodation

Accommodation type of surveyed refugee families in Stefan Voda as reported by refugee HH respondents



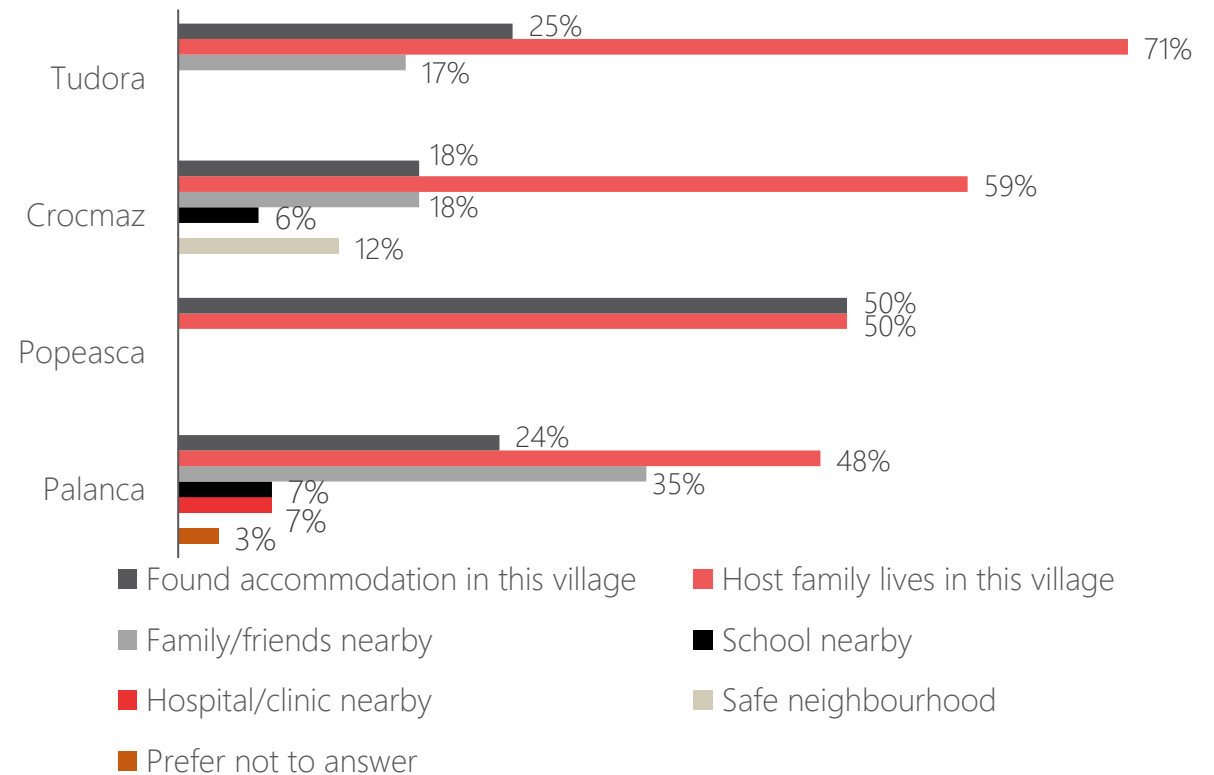
- 86% of hosted refugee families said they shared accommodation with the host family.*
- The majority (82%) of hosting families reportedly received support according to hosted refugee HH respondents. The top three aid providers were UN agencies (63%), international NGOs (28%) and local NGOs (22%).
- One host FGD, one refugee FGD, and one host II respondent highlighted that **the winter was likely to impact the host population's ability to welcome refugees** due to the additional costs associated with the winter season.
- One INGO/CSO KI reported that **Roma refugees faced difficulties in accessing private accommodation and being accommodated in RACs** due to the lack of spaces in RACs to accommodate large Roma families and reportedly the unwillingness of the Roma and other refugees to live together.

** Represents a subset of the total refugee HHs surveyed, n=66.*

Displacement Dynamics

- The proximity of friends/relatives (65%) and the availability of permanent accommodation (21%) were reported to be the most important factors behind the refugee HHs decision to stay in Stefan Voda.*

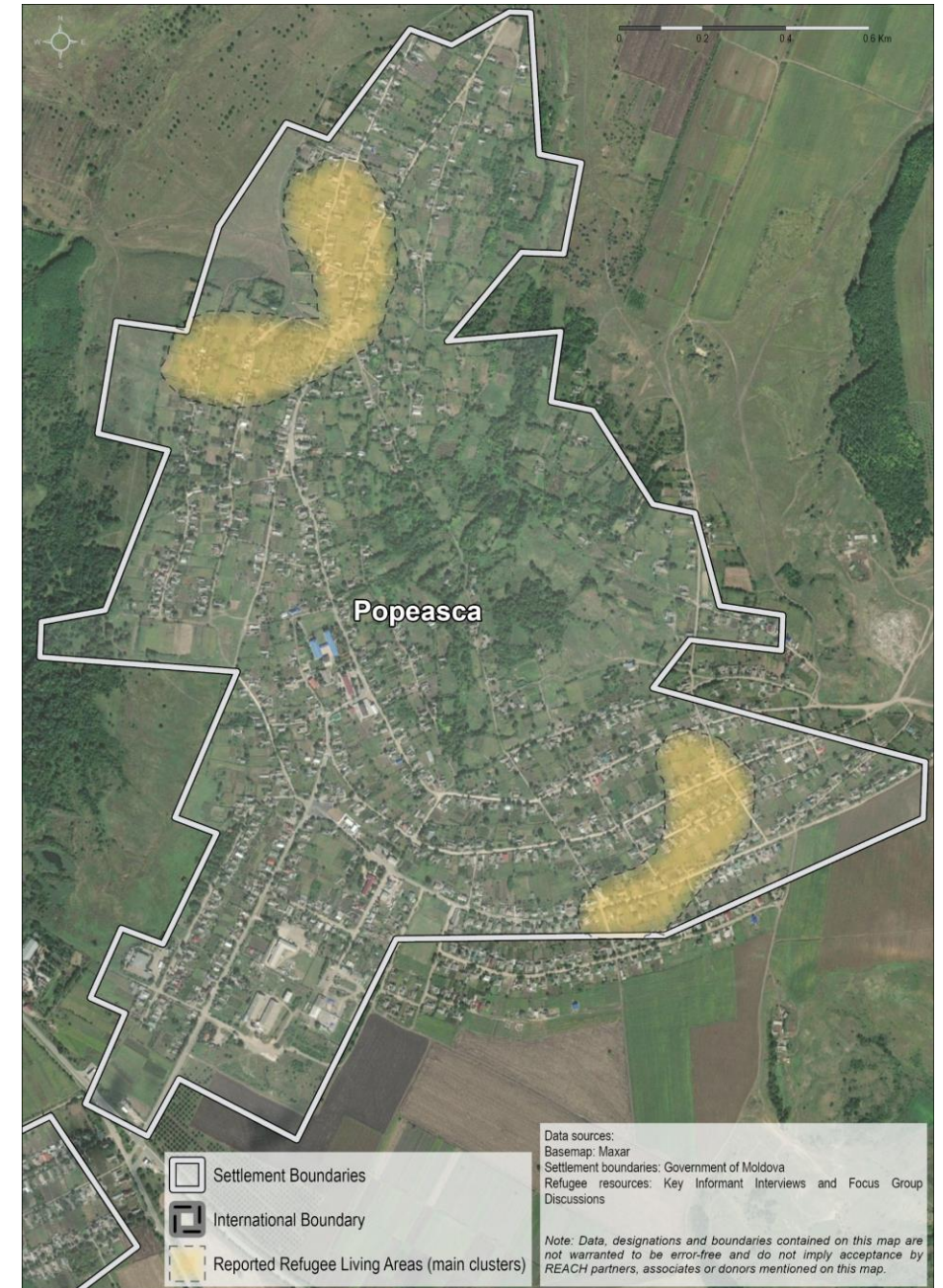
*Reasons for staying in a specific village in Stefan Voda as reported by refugee HH respondents**



* Respondents could select multiple answers.

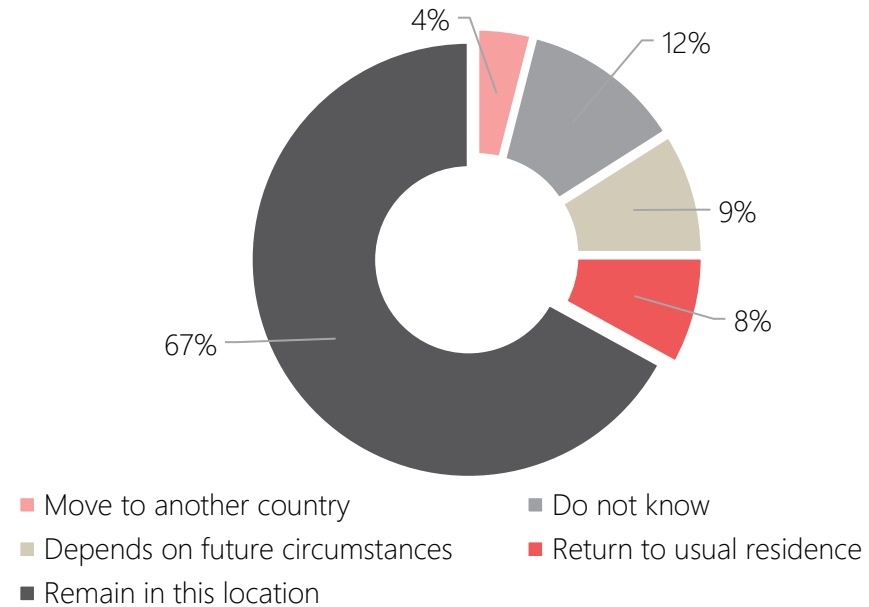
Map of area clusters where refugees outside of RACs reportedly lived in Crocmaz, Palanca, Popeasca and Tudora as reported by host and refugee FGDs, II respondents and local authority KIs

- In Crocmaz no particular areas were identified where refugees outside of RAC's lived.



Displacement Dynamics

Refugee movement plans over the six months following data collection as reported by refugee HH respondents

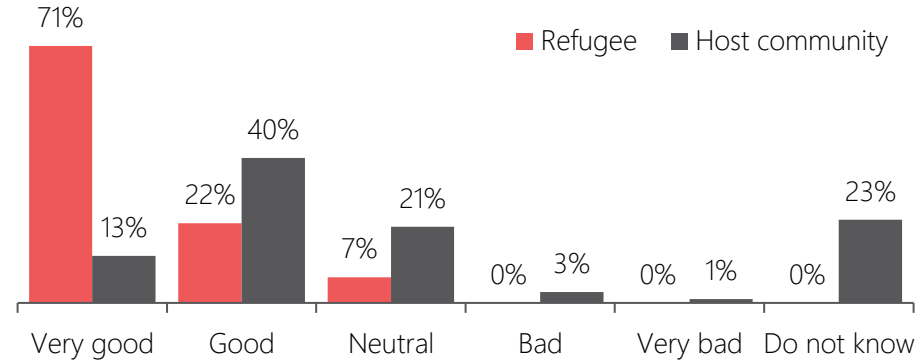


- More than half of surveyed refugee HH respondents (57%) reported no plans to integrate into the community. Others planned to register with a general practitioner (33%), look for employment (20%), or enrol their children in school in Moldova (16%).*

* Respondents could select multiple answers.

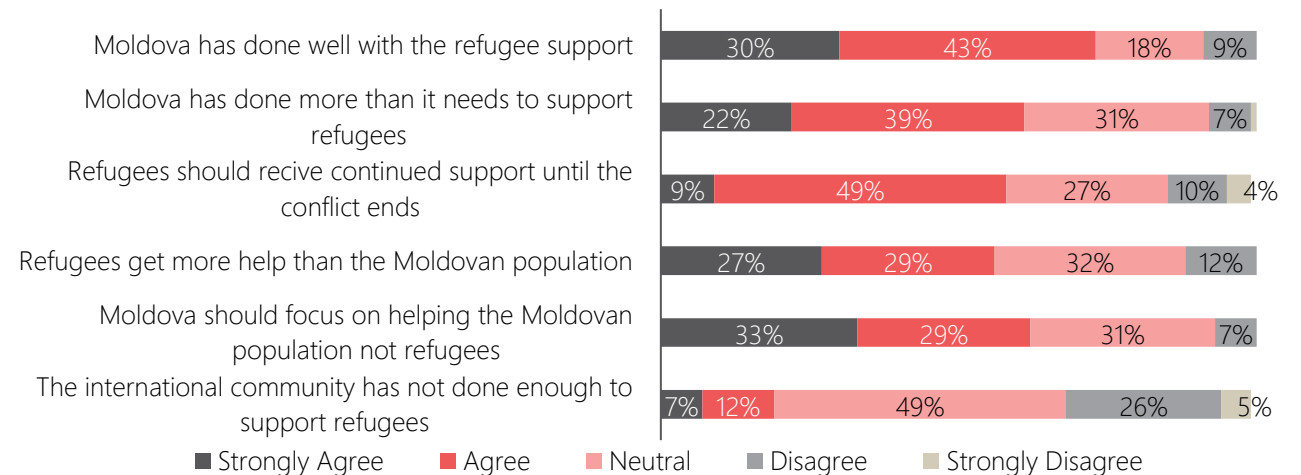
Social Cohesion

Perceived quality of the relationship between the refugees and host community as reported by refugee and host HH participants



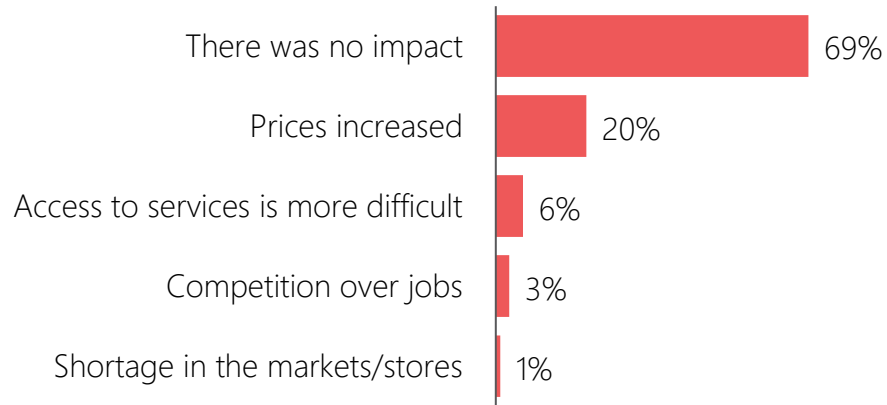
- Around half (53%) of refugee HH respondents reported that the relationship improved since they first arrived, while the remaining respondents perceived no change in the relationship.
- 53% of host HH respondents did not notice any change in the relationship, 12% reported that it improved and 6% reported it has worsened.

Perspectives on refugee support as reported by host HH respondents



Impact of Refugee Arrival

*Top five most reported perceived impact of refugee arrival on the local economy and the area in general as reported by host HH respondents**



- There were no frequently reported impacts of refugee arrival on access to basic services.
- Approximately ten host HH respondents and participants from one host FGD reported that **access to healthcare and social services became more difficult.**** The host FGD highlighted that **there were not enough healthcare workers to meet the needs** of both refugees and host communities.

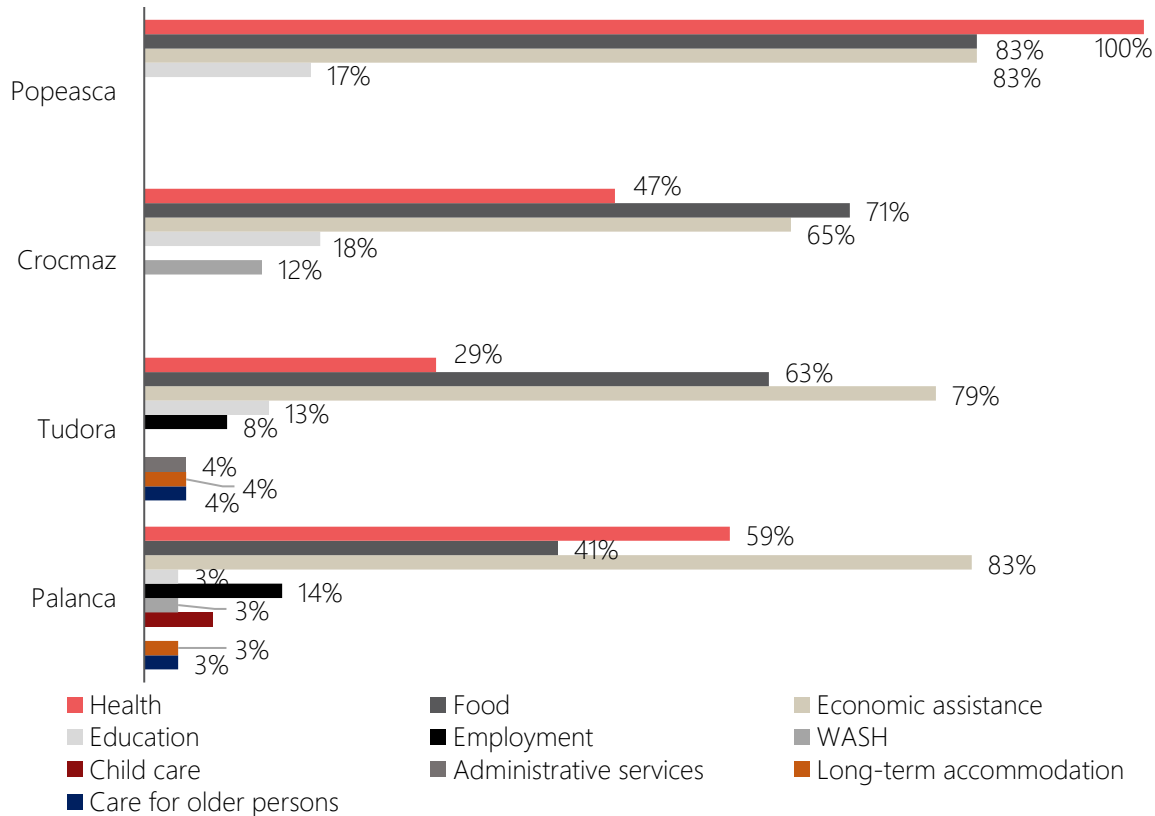
- One education KI reported that **schools needed more teachers in order to respond to refugees' needs**. The deficit of teachers was known to affect the Moldovan education sector overall and might not be attributed to the increase of refugee children in schools/kindergartens in Stefan Voda.²
- One health sector KI raised that with the current policies in place that provided free healthcare only for Ukrainians under 18 years old and sexual and reproductive healthcare services to all Ukrainian refugees, the health service providers **faced difficulties providing services to refugees who could not afford the cost of the services.**^{3,4}
- The health sector KIs also reported **insufficient medicines and a lack of available specialists** which hindered their capacity to respond to refugees' healthcare needs. Overall, Moldova faced a deficit of specialists according to the National Public Health Agency of Moldova.⁵

* Respondents could select multiple answers.

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

Priority Needs

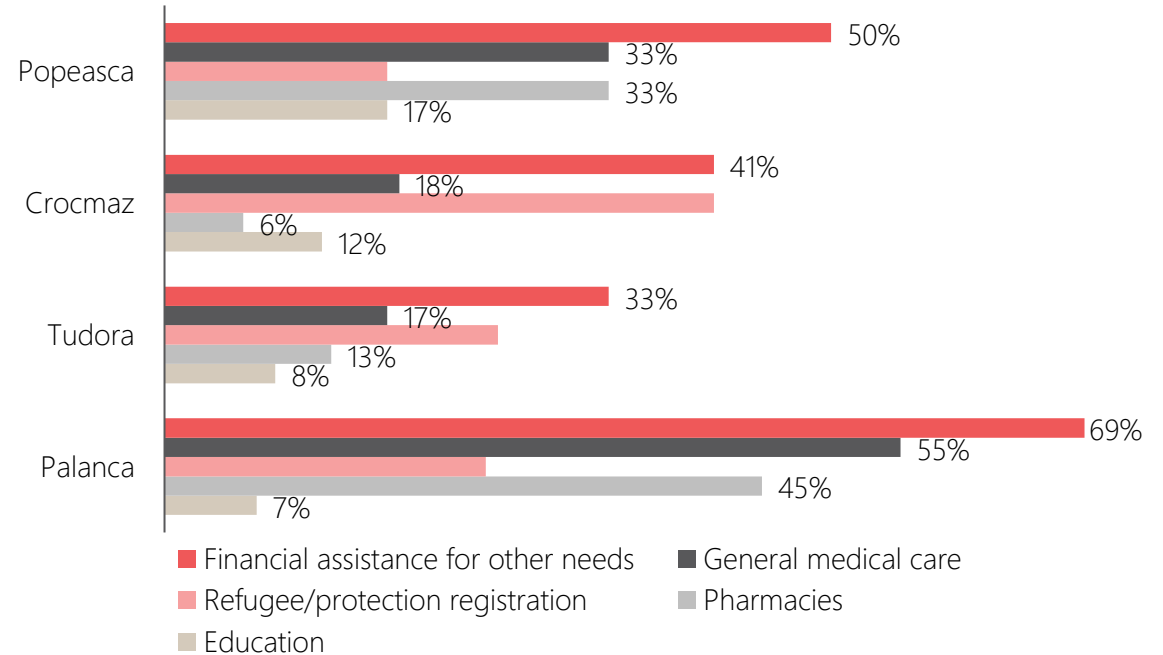
Refugee HH's most frequently reported priority needs, by village*,**



- Only 9% of surveyed refugee HH respondents reported having no unmet needs.

* Respondents could select multiple answers.

Refugee HH's most frequently reported service needs, by village*,**



- 12% of surveyed refugee HH respondents reported having no service needs.
- None of the refugee HH respondents reported knowing how to access protection services, MHPSS services and childcare.
- 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.

** Based on the refugee HH's survey question asking each respondent to identify the top three priority needs.

Winterisation Needs

- Nearly all surveyed refugees (97%) and host HHs (96%) in Stefan Voda were reportedly using wood to heat their homes.*

Reported fuel availability to heat the home throughout the whole winter season as reported by refugee and host HH respondents (by % of HH 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 (69%) and host (73%) HHs 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.
- No safety nets were reportedly available for refugee HHs to meet their heating needs, according to the refugee FGDs.
- The host FGD, two Il respondents and one local authority KI highlighted the support received from the government as the most available safety net for the host community.
- Both refugee and host FGD and one host Il respondent highlighted the need for more government aid.

* Respondents could select multiple answers.

Water, Sanitation and Hygiene

100% (Popeasca)

94% (Crocmaş)

83% (Tudora)

97% (Palanca)

of refugee HHs had no difficulties in accessing a sufficient amount of safe water for drinking and domestic needs.

75%

of refugee HHs reported that the water was fine to drink.

62% of refugee HHs reported having enough hot water for the upcoming winter season.

74% of host HHs reported having enough hot water for the upcoming winter season.

80%

of refugee HHs had no problems accessing sanitation facilities.

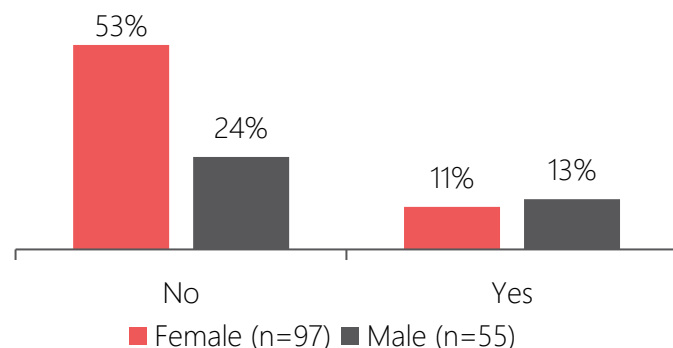
Livelihoods

Refugee livelihoods

*Main sources of income that surveyed refugee families in Chisinau relied on in the three months before data collection as reported by refugee HH respondents**

1	NGO/Agencies cash support	57%
2	Employment	34%
3	Savings	22%
4	Support from friends/relatives	15%
5	Government cash support	13%

Share of adult refugee family members employed as reported by refugee HH respondents, by gender



* Respondents could select multiple answers.

- 35% of refugee family members were reportedly looking for work at the time of data collection.
- The most common reported barrier when seeking employment was **not having someone to care for their child**, according to 33% of refugee members of HHs with children, and 35% of refugee members of female-headed HHs.*
- Additional barriers to accessing employment were mentioned by KIs, refugee FGD and II participants, including the **language barrier, the complicated documentation process, a lack of the necessary skills, a lack of employment opportunities in the villages, as well as low motivation among refugees to find employment.**
- There was a reported need for specific programmes to facilitate refugee employment and more information about employment opportunities was needed by refugees.

Host population livelihoods

- The host population HHs most commonly reported sources of income in the three months prior to data collection were **formal income generating activities (50%), pension (22%) and informal income generating activities e.g., seasonal labour (15%).***

Education

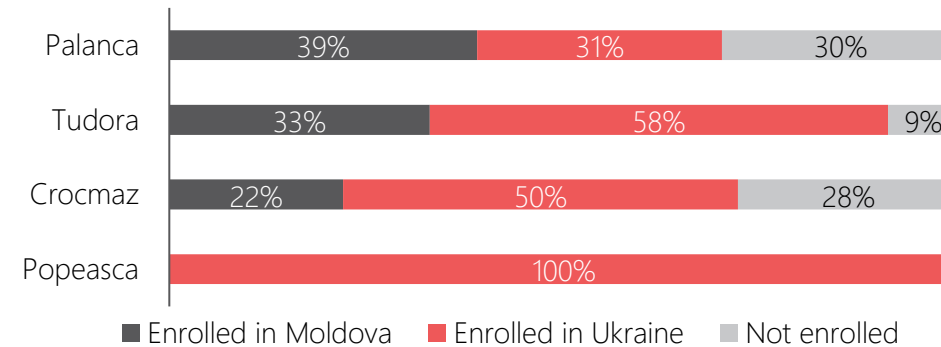
- Kindergartens were available in all four villages, gymnasiums in three villages apart from Crocmaz and high school level education was only available in Crocmaz.⁶
- In terms of educational facilities with Russian instruction language, according to the Government of Moldova, in the four assessed villages only one kindergarten was available in Palanca and gymnasiums were available in other cities and localities in the raion.⁷

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

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

*** Respondents could select multiple answers.

*School/kindergarten enrolment of refugee children (3-18 years) in Stefan Voda as reported by refugee HH respondents, by enrolment country and village**



- Among children who were not enrolled in Moldova, the most frequently reported reason was not applying (87%) rather than facing a specific barrier. 2% of refugee HH respondents reported that there was a lack of spaces, 2% were refused enrolment and 2% found the distance to school too far/lack of transportation.^{**,**}
- One education KI highlighted that due to lack of transportation, 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.

Healthcare

- 9% of refugee family members and 9% of host family members needed access to healthcare in the three months prior to data collection.*

*Share of refugee HH members with access to healthcare when they were in need as reported by refugee HH respondents, by village (by % of HH respondents who answered)***

	Palanca (n=17)	Crocmaž (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%

- One refugee FGD and two refugee HH 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, with one health sector KI confirming that a doctor was working on rotation between several villages and was not always accessible.

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

** Represents a subset of the total refugee HH members who needed access to healthcare three months prior to data collection, n=31.

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



Mental Health

- Only 1% of refugee HH respondents reported a need for mental health services.
- A similarly low level (1%) of refugee HH respondents reported having at least one family member experiencing mental health conditions, such as anxiety or depression, however, reportedly they were not in need of mental health support.

Protection

- In the four assessed villages in Stefan Voda, 28% of surveyed refugee families applied for asylum.
- Refugees and the host community members reportedly generally felt safe in the areas where they resided.
- There were no reports of refugee families experiencing what they felt was discriminatory treatment since arriving in Moldova.
- While not widely reported, several protection concerns were raised that affected the refugee and host community at-risk groups.¹
- 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.
- Police were also reportedly the first point of contact for all refugee HH respondents and nearly all host HH respondents (98%) in case of women or girls experiencing any form of violence or reporting cases of violence, exploitation or neglect of children.*

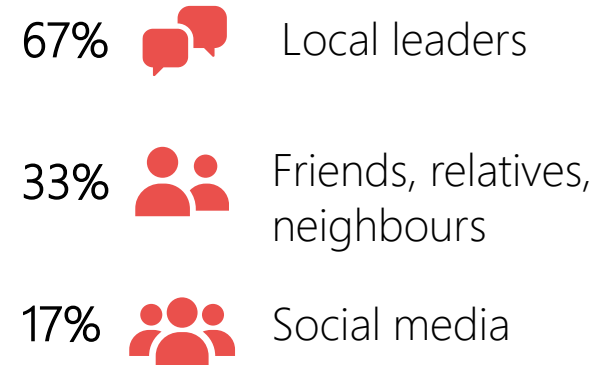
** Respondents could select multiple answers.*

Accountability to Affected People

- 93% of surveyed refugee HH respondents reported receiving humanitarian assistance.
- 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.*,**
- The most frequently reported assistance providers were UN Agencies (59%), Moldova Red Cross (38%) and international NGOs (34%).*

78% Refugee HH respondents reported having enough information about humanitarian services.

Information Sources on Humanitarian Aid*



Top 3 Information Needs for Humanitarian Aid*



- The most reported barriers to accessing needed information were the lack of information (41%), technology access (29%) and misinformation (18%).*

* Respondents could select multiple answers.

** Represents a subset of the total refugees surveyed, n=71.

Refugee Response Collaboration, Coordination and Gaps




Refugee Response Collaboration and Coordination

- **Collaborations with INGOs** were most frequently reported by the local authority, health service provider, education service provider and INGO/CSO KIs.
- The local authority, health service provider and INGO/CSO KIs reportedly **collaborated with UN Agencies**.
- 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.

»» More coordination was reportedly needed between local authorities and humanitarian actors.*

Refugee Response Gaps

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

* Sector KI perspectives.

Stakeholder Mapping

- There was nearly full coverage of sectors of intervention by actors engaged.
- The private service providers were the least involved.

Actors engaged in the refugee response and basic service provision, by actor type and sector^{,**,***}*

Sector	Government	UN Agency	Local NGO/CSO	INGO	Public Service Provider	Private Service Provider
Accommodation	✓	✓	✓	✓	✓	✓
Social cohesion	✓	✓	✓	✓	✓	—
Food	✓	✓	✓	✓	✓	✓
WASH	✓	✓	✓	✓	✓	—
Livelihoods	✓	✓	✓	✓	✓	✓
Education	✓	✓	✓	✓	✓	—
Health	✓	✓	✓	✓	✓	—
Mental health	✓	✓	✓	✓	✓	✓
Protection	✓	✓	✓	✓	✓	—
AAP	✓	✓	✓	✓	✓	—
Transportation	✓	✓	✓	✓	—	✓

^{*} 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.

^{**} 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.

^{***} Activities carried out online (e.g., MHPSS) were considered accessible in Stefan Voda.



Funded by
European Union
Humanitarian Aid

Thank you for your attention



andrea.szenasi@reach-initiative.org



REACH Informing
more effective
humanitarian action

Endnotes

- ¹ REACH, [Moldova Area-Based Assessment, Chisinau and Stefan Voda Report](#)
- ² AGORA, [Republicii Moldova nu-i ajung două mii de cadre didactice, deficitul fiind cu 10% mai mare decât în 2021](#)
- ³ UNFPA, [Free reproductive health services for Ukrainian refugees in the Republic of Moldova](#)
- ⁴ Guvernul Republicii Moldova, Cancelaria de Stat, [Commission for Emergency Situations of the Republic of Moldova ORDER No. 23 of May 30, 2022](#)
- ⁵ Radio Moldova, [Sistemul medical a încheiat anul 2022 cu un deficit de aproximativ 1000 de specialiști](#)
- ⁶ Banca Mondiala, FISM, Lumos Foundation Moldova, [Harta serviciilor educaționale din raionul Ștefan Vodă](#)
- ⁷ Dopomoga.gov.md, [Lista instituțiilor de învățământ general identificate pentru încadrarea copiilor din familiile refugiate din Ucraina](#)