ROMANIA

Multi-sector Needs Assessment

December 2022

Women with children and elderly people, entering Romania form Ukraine and the Siret border crossing point. March 2022 © UNHCR/Stefan Lorint

UNHCR The UN Refugee Agency

Regional Refugee Response For the Ukraine Situation

REACH Informing more effective humanitarian action

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About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information, please visit our website. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

As of early December 2022, more than 7.8 million refugees have reportedly fled Ukraine, with more than 98,000 of whom are reportedly in Romania.[1,2] While most refugees are residing in the host community, limited information is currently available to response actors regarding their demographic profile, household composition, humanitarian needs, movement intentions, or coping capacities. REACH Initiative, in partnership with UNHCR, the UN Refugee Agency, and in cooperation with Inter-Agency working groups and taskforces, conducted a Multi-Sector Needs Assessment (MSNA) to ensure the necessary evidence base is available to effectively respond to the needs of Ukrainian refugee households.

This assessment was implemented through a quantitative approach. Primary data was collected through a structured, multi-sectoral survey that included questions pertaining to both the individual and household (HH) level for all surveyed heads of households (HoHHs). The questionnaire was designed in cooperation with UNHCR and the sector leads of each working group. The sample was purposive for HHs living inside the community, and in the collective sites (CSs). Data collection took place between 12 October 2022 and 1 November 2022 and covered a total of 716 refugee HHs with 598 HHs living in the host community and 118 households living in CSs in Romania.

The sampling frame for refugees living inside the community was produced using the estimates from UNHCR in Romania. For the refugees living in CSs, the sampling frame was developed based on the number of hosted refugees reported by the Department for Emergency Situations (DSU) - Ministry of Internal Affairs. For more details on the methodology, please refer to the Terms of Reference.

This report presents findings and analyses across the sectors of demographics, cash and livelihoods, protection, healthcare, education, accommodation, and intentions, as well as accountability to affected people for refugee households in the host community and collective sites in Romania. Key findings from the MSNA include, but are not limited to, the following:

Demographics: The average age of the head of household interviewed was 40.5 years and 78% were women. Regarding household composition, the average age of household members in the sample was 30 years old, with 56% of individuals aged between 18 and 59 years, 34% minors and 10% over 60 years. Three-quarters of household members were female.

Cash and livelihoods: findings showed that the respondents had a high level of education, and were employed in Ukraine before coming to Romania. Their perception about accessing the labour market in Romania was not favourable for them, with 51% of respondents not having the same professional status as before the displacement. Out of which, 80% reported not working at the time of the interview. The most prevalent barriers to employment reported by the HHs included lack of employment options, as well as language barrier. In terms of sources of income, the largest majority reported relying on remittances, social benefits or humanitarian assistance. In the case of protracted displacement, and the depletion of these resources, refugee HHs in Romania may experience heightened vulnerability and difficulties to cover their basic needs over time.

Protection: in general, respondents did not report concern over safety or security risks for men, women and children in their HH. Discrimination and verbal abuse were the most often reported hostile behaviours experienced, though in a relatively low proportion (7%) of respondents.

[1] UNHCR - Operational data portal, Ukraine refugee situation. Available online.
[2] UNHCR - Operational data portal, Ukraine refugee situation - Romania. Available online.

Healthcare and nutrition: Access to healthcare appeared to raise some issues for Ukrainians in Romania, especially among those who needed mental healthcare and psychosocial support (MHPSS). Out of the 21% of respondents who reported that they needed healthcare, three-quarters were able to access the services. The most often reported barriers were language and the high cost of services (i.e., dental services or private practices). Of those that reported a barrier to healthcare services, many individuals selected multiple barriers to access services. The most important healthcare needs were preventive consultations, chronic disease, or acute illness. Cost of consultations, language barriers and lack of information about healthcare services were reported to be reasons for not accessing these services. Regarding mental healthcare, among the 4% who had a person in need for MHPSS, only 38% were able to access it, and the main reported barrier was language. Vaccination of children against poliomyelitis, measles, mumps, rubella (MMR), and Diphtheria and tetanus toxoids (DTP) coverage appeared high, however for COVID-19 vaccinations only half of respondents had received a vaccine. In terms of people living with a disabilities, as defined under the Washington Group on disability statistics (WG) indicators[3], 12% of Ukrainian household members were found to be in this situation, with the largest part of them being older persons (over 60 years of age).

Education: A majority of respondents with school-aged children reported not enrolling their children in formal school in Romania, due to their attendance of Ukrainian distance learning or attendance in Ukrainian schools in Romania as a second preferred school option. Language classes in Romanian were reported as the most needed support to enable more children to attend school in Romania, although no support was reported to be needed by the majority of HHs as far as education support needs. While online learning represents a preferred option for a large majority (85%) of secondary school-aged children (12-17), this proportion amounts only to 52% for primary school-aged children (6-11), and 1% for children who are aged under 5.

Accommodation and intentions: as noted in various other sources, the Ukrainian HHs in Romania mainly resided in the host community, in rented accommodations, or CSs. The majority of respondents who were sampled reported that they planned to stay in Romania in the month following the interview. There seemed to be relatively few needs for HHs regarding winterisation items and accommodation equipment.

Accountability to affected people: respondents were found to largely benefit from assistance and reported high satisfaction with the aid received and the behaviour of aid workers. Most respondents reported benefiting from food, hygiene items or cash assistance; however, the need for food and cash remained an immediate priority need for almost half of HHs. The Romanian Red Cross was perceived to be the main source of assistance, followed by UN agencies, International NGOs, local NGOs, and faith-based groups. Information needs remain low overall, except for information about how to access healthcare services or financial services in Romania.

As the Ukraine crisis might become protracted and Ukrainian refugees may experiences a displacement status over a longer period, it becomes important for humanitarian actors to understand the risks, constraints, and future opportunities that Ukrainian HHs can develop in order to increase their socioeconomic resilience. These findings aim to develop a clearer understanding of these needs and are a first step toward developing a durable solution to alleviate the vulnerabilities of refugees.

[3] The Washington Group on Disability Statistics

CONTENTS

List of Acronyms

AAP	Accountability to affected people
CAPI	Computer-assisted personal interviewing
CP	Child Protection
CSs	Collective sites
DSU	Department for Emergency Situations (DSU) - Ministry of Internal Affairs
DTP	Diphtheria and tetanus toxoids
GBV	Gender-Based Violence
HHs	Households
HoHH	Head of household
MHPSS	Mental health and psychosocial support
MMR	Measles, Mumps, Rubella
MSNA	Multi-Sector Needs Assessment
NFI	Non-food Items
R	R programming language is an open-source scripting language for predictive analytics and data visualization
UNHCR	United Nations High Commissioner for Refugees
WG	The Washington Group Index on disability statistics is a set of six questions that are asked to an individual to determine their level of risk for disability

Geographical Classifications and comments

Municipality: is an administrative unit in Romania which corresponds to a locality of urban type with a special role in the economic, social-cultural, scientific, political and administrative life of the country, with important industrial, and commercial structures and institutions in the field of education, protection of healthcare and culture.

Județ: is an administrative unit in Romania, also known as a county. This MSNA covers 10 counties or județe within Romania.

Ukrainian refugee (household): is used to define all refugees (households) that migrated from Ukraine to Romania following the escalation of hostilities in Ukraine since February 2022, independent of their nationality.

CSs and host community: these terms are used in chart legend to describe respectively refugees living in CSs and refugees living in the host community in the sample, and should not be understood as other individuals from both communities, such as aid provider, hosts, etc.

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INTRODUCTION

As of early December 2022, more than 7.8 million refugees have reportedly fled Ukraine, with more than 98,000 of whom are reportedly in Romania.[4,5] While CSs are playing a key role in the humanitarian response, the overwhelming majority of refugees are residing outside of these centres. At the time of the initial discussion for the implementation of a MSNA in Romania, limited information was available to response actors regarding their demographic profile, household composition, vulnerabilities, humanitarian needs, movement intentions, or coping capacities.

As the data concerning Ukrainian refugee HHs was limited at the time when the MSNA was designed, there was an urgent need for rapidly available needs information to inform humanitarian programming and strategy in the immediate and long-term interventions. As a result, REACH Romania, in partnership with UNHCR and humanitarian actors, conducted the MSNA between October and November 2022 to ensure that these response actors would have the necessary evidence base to effectively respond to the needs of Ukrainian refugee HHs in Romania.

This MSNA aims to provide a comprehensive, evidence-based understanding of the multi-sectoral needs of Ukrainian refugee HHs living in CSs and in the host community to inform the strategic response of UNHCR and partners on:

1) Planning interventions that target cash and in-kind assistance to those HHs found to be most in need according to the priority needs identified in the assessment given the coping capacity and vulnerabilities of refugee households, and
2) Referring refugee households to appropriate service providers, such as job placement and skills training or protection specialists. Data about access to information and preferred means of information dissemination will also support response actors with community engagement, outreach, and improving overall accountability mechanisms.

To achieve this, the following research questions were used to guide the research design:

1. What are the most common demographic profiles comprising Ukrainian refugee households in Romania?
    a. What is the average household size?
    b. What is the gender and age composition of the households' members?
    c. What proportion of households contain vulnerable groups, including but not limited to children, pregnant or lactating women, older persons, or people with disabilities?

2. What are households' reported priority needs across the active sectors within the humanitarian response (specified below)?
    a. Protection (including Gender Based Violence (GBV) and Child Protection (CP))
    b. Healthcare (including MHPSS)
    c. Education
    d. Accommodation and Transport
    e. Livelihoods and Inclusion

[4] UNHCR - Operational data portal, Ukraine refugee situation. Available online.
[5] UNHCR - Operational data portal, Ukraine refugee situation - Romania. Available online.

3. To what extent do Ukrainian refugee households in Romania possess coping and resilience capacities, in the event of a protracted displacement?
    a. What are households' current income and expenditure patterns?
    b. What are the primary livelihoods sources for adult household members?
    c. What are the most prevalent education levels attained and labour skills of adult household members?
    d. What are the movement intentions of households in the next month?

4. To what extent are refugee HHs able to access information regarding services, assistance, and humanitarian aid?

5. What, if any, humanitarian assistance does HH receive, and to what extent does this humanitarian assistance meet their needs?

6. Which household profiles, as determined through research question 1, appear to have the highest needs across the assessed sectors?

This report presents the key findings of the MSNA and is structured around three key parts. The first part of the report provides a detailed overview of the methodological approach designed and used by REACH for this MSNA, including the challenges and limitations. The second part of the report outlines sector-specific assessment findings on demographics of the assessed population, cash and livelihoods, protection, healthcare and nutrition, education, accommodation, and intentions, as well as accountability to affected people of Ukrainian refugees living in the host community and in CSs. The final part of the report provides a conclusion which summarises the main findings, recommendations for programming and lessons learned for future assessments in the Romanian context.

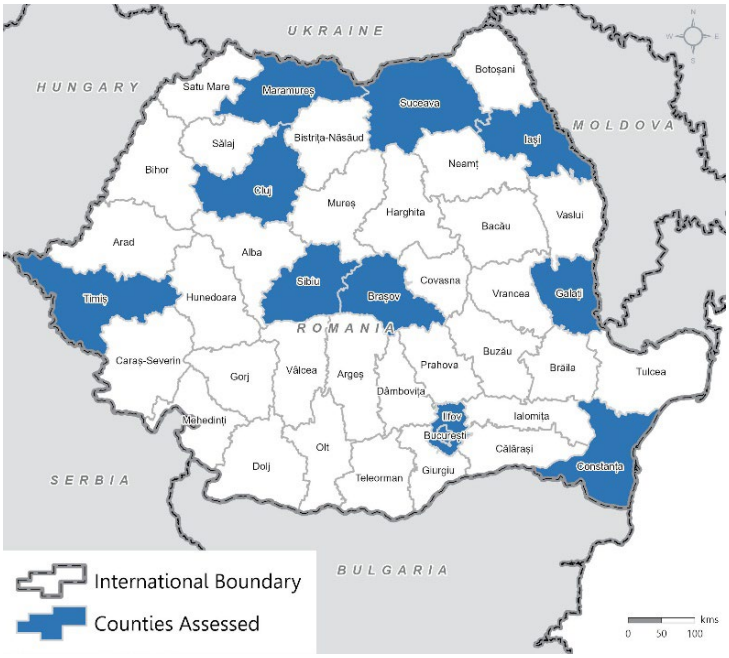
METHODOLOGY

The MSNA in Romania was implemented through a quantitative approach, in which primary data was collected through a structured, multi-sectoral survey which included questions pertaining to both the individual and household level for all surveyed refugee households. The questionnaire was designed in cooperation with UNCHR and sectoral leads. Due to the lack of complete data on the location and profile of refugees residing in Romania, a non-probabilistic purposive sampling has been used with a target sample proportional to the estimated number of refugees per stratum (i.e., CSs and host community) and geographical unit. Although not statistically representative and generalizable to the whole population of interest, results allow for indicative inferences about the population. The assessment covered a total of 716 HHs in Romania with data collected between 12 October and 1 November in 10 judets (counties).

Coverage and population of interest

Assessed areas (Map 1) have been purposively selected according to the highest number of refugees given the resource and information constraints. The geographical coverage spreads across 10 counties of the country, with the county of Ilfov covering the municipality of Bucharest[6]. The population of interest includes all refugees who have been displaced from Ukraine to Romania, and the sample includes two distinct population strata: refugees living in CSs and refugees living in the host community. This stratification aims to capture the differences in needs for each group independent of their situation as it is assumed to be significantly different depending on the humanitarian community. The host community stratum covers a variety of accommodation types, including private accommodation or being hosted by family, friends, or volunteer Romanian HHs. The unit of measurement is the household level, with specific indicators measured at the individual level within the HH through a roster approach[7] allowing for disaggregation.

Map 1: Map of assessed areas



Sampling method

Due to the lack of complete data on the location and profile of Ukrainian refugees residing in Romania, estimates of the number of refugees have been used to calculate the target sample sizes, using non-probabilistic purposive sampling. Even though the sample selection is

[6] For the assessment, the municipality of Bucharest has been considered with the county of Ilfov as one assessed area.
[7] The roster approach implies that one adult member of the household (usually the head of household) reports on the status of each household member.

non-randomized and findings are only indicative, the target sample was designed proportionally to the estimated refugee population per stratum and per county to ensure that the indicators could best reflect the needs of the refugee population in Romania.

The sampling frame for the refugees living in CSs was produced using the list from the Department for Emergency Situations (DSU) which contains the number of individuals living inside each CS. For the refugees living in the host community, the sampling frame has been established from estimates of the number of refugees per county provided by UNHCR. The number of HHs has been estimated based on the population size in each CS and in the host community, divided by the average household size which was estimated to be 3 persons at the time of the research design[8]. A buffer of 10% for refugees living in CS and 50% for refugees in the host community has been included in the sample in the event of non-response. The higher buffer for the host community accounted for the lack of data regarding the exact number of refugees and for potential changes in the population number due to the high level of crisis volatility.

The selection of respondents was realised purposively according to the target sample of interviews by stratum and county. For interviews in CSs, the largest CSs in each city were contacted based on the information from previous assessments and from the DSU official list. For the host community stratum, enumerators went in the largest information points dedicated to refugees from Ukraine, in distribution centres, in public spaces or to organized activities for refugees.

The final realized sample slightly differed from the target sample due to operational challenges, especially in finding the exact numbers of respondents per stratum in each county. Also, in several counties, enumerators were able to conduct more interviews than expected. Consequently, the final data and analysis have been weighted to respect the proportionality of the sample compared to the estimated number of refugee HHs living inside CSs and in the host community.

Table 1: Sampling frame for the MSNA Romania in the 10 selected counties

Strata	Estimated number of individuals[9]	Estimated number of households	Minimum sampling frame (including buffer)	Achieved sample HHs	# Of entries for individual data
Host community	36,495	12,165	560	598	252
CSs	5,702	1,901	102	118	1,623
Total	**42,197**	**14,066**	**662**	**716**	**1,875**

The numbers of estimated individuals in the table represent the estimated number of refugees living respectively in the host community and in collective sites at the time of the sampling design.

[8] The household size was estimated based on a triangulation from various assessments (protection profiling, post-distribution monitoring, and other public sources)
[9] Primary preliminary data on the number of refugees was obtained from the DSU and UNHCR. The final number excludes settlements with less than 50 registered refugees and CSs with less thaLin 10 registered refugees.

Data collection

Quantitative data collection involved a multi-sectoral household-level survey conducted using the computer-assisted personal interviewing (CAPI) method. All interviews were conducted face-to-face with the HoHH or another person knowledgeable about the socioeconomic situation of the HH. Data was collected at the HH level featuring individual questions per HH member reported by the HoHH. Findings are indicative only of HHs in locations in the host community and CSs at the time of the interview. Enumerators interviewed only adult members of the household after they consented to provide information. For certain indicators, such as healthcare, education, and disability, data were collected at the individual level, through the HoHH. For the analysis, indicators were in most cases aggregated at the HH level. Socioeconomic questions were addressed using HH-level data, instead of individual-level data. This practice was adopted due to frequent resource and expenditure sharing between individuals living in the same HH, such as pooling funds to buy food or pay rent.

Ethical considerations: throughout all stages of the research cycle, the assessment team took all necessary measures stipulated in the global IMPACT Data Protection Policy in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or households. In addition to personal data protection, the assessment team upheld data responsibility: the safe, ethical and effective management of data as outlined in the IASC Operational Guidance on Data Responsibility in Humanitarian Action. This included asking for informed consent and taking measures to prevent the exposure of sensitive non-personal data, ensuring data protection and security in line with the principles for data responsibility in humanitarian action.

Analysis

Data quality was ensured through daily data cleaning carried out daily by the Data Officer. Issues such as logic checks, interview lengths and outliers were flagged and addressed with the field teams. The number of completed interviews was tracked daily. Upon completion of data collection and processing, the preliminary analysis was performed using R statistical software in accordance with the Data Analysis Plan which clearly links overarching research questions with the relevant indicators and interview questions, and which lists all variables used for aggregation and disaggregation of findings. This report serves as a selective deep dive into some of the findings and main indicators per sector. Further disaggregation based on relevant topics such as the type of reported residency, date of arrival, HHs with children and others were completed and included in the existing report or other outputs.

Challenges and Limitations

Sampling frame: The sampling frame was purposive, and therefore non-randomized, which reduced the generalisability of the data. The targeted sample was based on the number of registered refugees according to the information from the DSU in Romania and estimates of the Ukrainian refugee population according to information from UNHCR. Therefore, results can be considered only indicative of refugees sampled living in CSs and in the host community. Non-random sampling may have introduced selection bias into the data.

Perceptions: Certain indicators may be under-reported or over-reported due to respondent bias. Indicators were based on respondents' perceptions and may not directly reflect the exact realities of service provision in the host community or CSs. When interpreting findings, users

should also keep in mind that individual's data have been collected through the HoHH`s perception on behalf of each HH member and might not reflect the exact perception of each member of the HH.

Timing of assessment: When interpreting findings, readers should also keep in mind that the data collection was conducted in the second half of October 2022. Due to the volatility of the situation and the high level of movement, findings should be interpreted as a snapshot of the situation of refugees at that point in time.

Challenges: Some confusion and contradicting answers have been registered regarding accommodation questions, especially in the first days of the data collection. For instance, respondents who selected 'rented accommodation' as the type of accommodation and then answered that they had an unpaid arrangement and were not sharing the flat. After investigation, those respondents were benefitting from the 50/20 programme, which should have been among the selection options. REACH team has systematically tracked these types of inconsistencies and corrected them accordingly to the largest possible extent given the response options. Frequent briefings with the enumerators have been made during the data collection to capitalize on and improve the data collection process.[10]

As a result of an error in the tool constraints for the education section, data on education were only asked for ages 3-17. This restricts the amount of information on students attending higher-level schooling within the sample.

Some improvements were made in the tool during the first few days of data collection to improve the tool (e.g., constraint, skip logic, translation, etc.).

[10] Most of the confusion came from the wording of the 50/20 option which was 'hosted under the 50/20 program'. At the end, all types of accommodation (hosted and non-hosted) benefitting from the 50/20 have been placed in the same category.

FINDINGS

Household demographics

This section discusses the main demographics of Ukrainian refugee HHs living in Romania interviewed as part of this assessment, such as the average HH size, gender and composition, proportion by age group, and levels of vulnerability.

Average household composition

The average reported HH size was approximately 2.56 individuals, with a slightly higher calculated average for HHs living in the host community (2.66 members) compared to HHs in CSs (2.03 members). The average age of HH members was 30 years old, slightly higher for HHs in CSs (33 years old) compared to HHs in the host community (30 years old).

Table 2: Calculation of the average and median of the HHs size, by stratum (n=716)

Calculation	Host community	CSs	Overall
Average	2.66	2.03	2.56
Median	3	2	2

Among all refugee HH members, 56% of the individuals were between 18-59 years, however, adults between the ages of 35-59 were the predominant age group among the refugee HHs. There were also more adults living in CSs (37%) compared to refugees in the host community (33%). Of the child age groups, the highest percentage were between the ages of 5-11, which represented 17% of the total sample, while ages 0-4, and 12-17 accounted for 8% and 9% of the sample, respectively. Hence, a higher proportion of minors have been recorded in refugee HHs residing in the host community (35%) compared to HHs living in CSs (28%).

Table 3: Share of HHs with at least one vulnerable HH member, by type of vulnerability and stratum (n=716)

% of HHs with ...	CSs	Host community	Overall
at least one child (< 18 years)	23%	33%	31%
at least one older person (60+ years)	30%	36%	35%
at least one pregnant/breastfeeding woman	2%	8%	7%
at least one person at risk of disabilities	15%	11%	12%

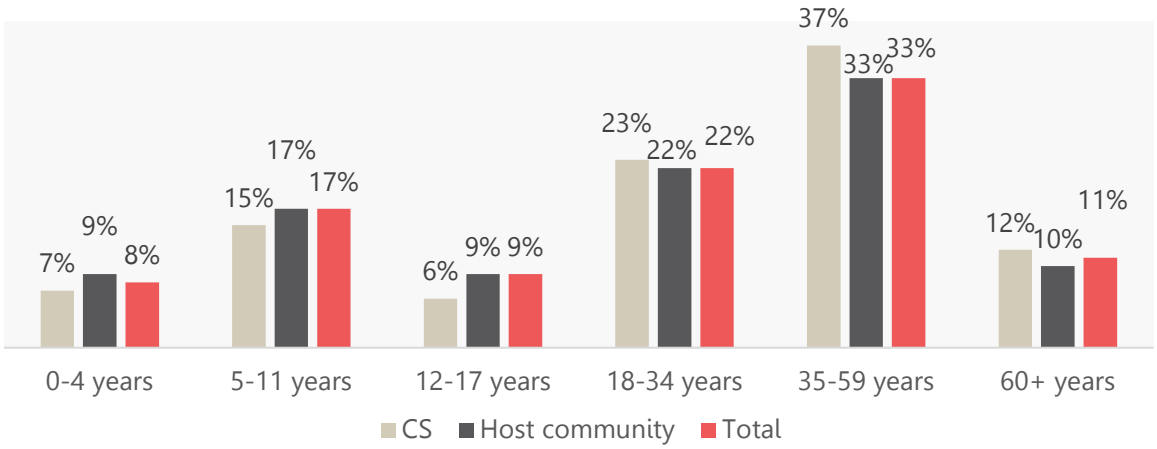
Of all HHs, 31% included at least one minor in their composition (less than 18 years old), in particular within HHs living in the host community (33% compared to 23% in CSs). Maramureș, Galați, and Bucharest/Ilfov counties had the greatest proportion of HHs with at least one child. Sixty-two percent of the HHs living in CSs with at least one minor living were single parent HH, while this proportion was 41% in the host community. Thirty-five percent of HHs were composed of at least one person aged 60 or over and 7% of HHs had at least one woman who was pregnant or breastfeeding at the time of the interview. This proportion of HHs was higher for refugee HHs living in the host community (8%) compared to those living in CSs (2%). Overall, 12% of HHs were composed of at least one person at risk of disability according to the Washington Group Indicators (see section on Health for more details).

Table 4: Share of HHs composed of only one adult and at least one potentially dependent person, by stratum

% HH with only one adult among with ...	CSs	Host community	Overall	Total number of HHs
at least one child (below 18 years)	62%	41%	44%	436
at least one older person (60 years and above)	3%	1%	1%	131
at least one person living with disabilities	20%	9%	12%	80
at least one potential dependent person (child, older or disabled person)	45%	36%	37%	514

Note: For this analysis, only HH with at least 2 members were considered. The column total number of HHs summarizes the total sample per row, i.e., the number of HHs with more than one member who had at least one child (436), one older person (131) or one person living with disabilities (80).

Figure 1: Reported age distribution of individuals from refugee HHs, by stratum (n=1875)



Women were the most represented gender among individuals sampled, (65%), while 35% were male. The proportion of women was especially high in the 18-59 age group, with 40% of the total sample, while the proportion of males for this age group was 16%. While comparing refugees in CSs, overall, the proportion of women was slightly higher with refugees in the host community at 65% of women compared to 61% in CSs.

Figure 2: Reported age and gender distribution of individuals in the sample (n=1875)

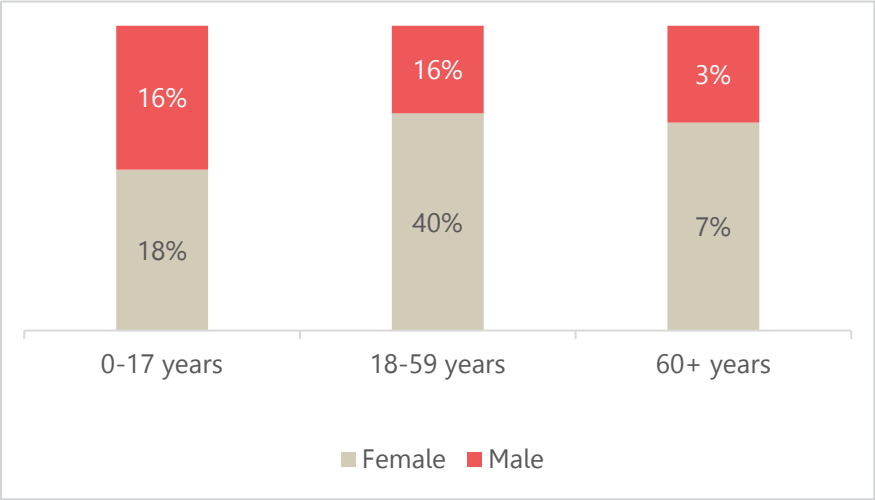
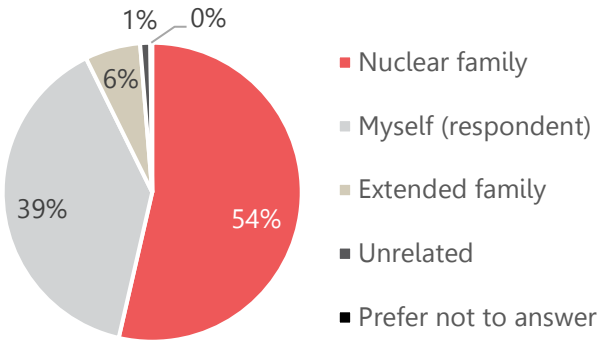


Figure 3 depicts the relationship of household members in the sample to the respondent. Fifty-four percent of household members were part of the nuclear family of the HoHH. Of that 54%, the majority were children (61%), followed by spouses (24%), and parents (12%). Six percent of the household members were part of the HoHH's extended family. Among those, 40% were grandchildren of the respondent.

The languages used at home by the majority of interviewed HHs were Russian (69%), followed by Ukrainian (29%).

Figure 3: Relationship of HH members with respondent (n=1875)



Head of household demographics

The average age of the HoHH (respondent) was 40.5 years and 78% were women, with a smaller proportion in CSs (70%) compared to HoHH living in the host community where 78% were women. Almost every HoHH (99.7%) had Ukrainian nationality, and 6 respondents reported identifying themselves as part of an ethnic minority group. Among the three respondents who have another nationality than the Ukrainian one, two had citizenship or legal residency status in Ukraine before their displacement and one had a refugee status.

Cash, Markets and Livelihoods

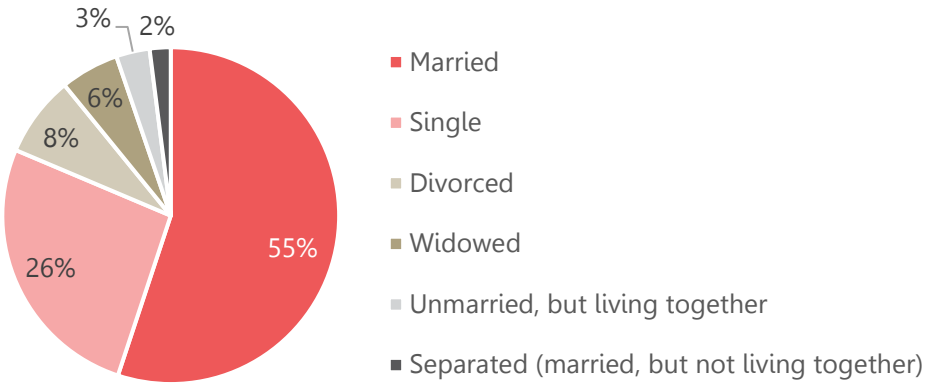
This section discusses the challenges in terms of livelihoods, cash and markets encountered by the HoHH as well as the HHs. Firstly, data concerning the socioeconomic profile of the HoHH are presented, including but not limited to the education level attained, professional experience and status, as well as barriers faced regarding the labour market. The second part focuses on cash, markets, and livelihoods of the HHs by assessing their income, expenses and access to financial services.

Socioeconomic status of the HoHHs

HoHHs were asked about their professional status at the time of data collection, level of education, sector of experience and other relevant questions regarding their inclusion in the labour market in Romania and the livelihood barriers that they faced.

At the time of data collection, the majority of HoHHs (55%) were found to be married (Figure 4), completed higher education (41%) and observed a change in professional status (51%) following their displacement. Among HoHHs who reported not having the same professional status as prior to displacement, 81% were not working, and 11% had formal work in Romania at the time of data collection.

Figure 4: Marital status of the HoHHs (n=716)

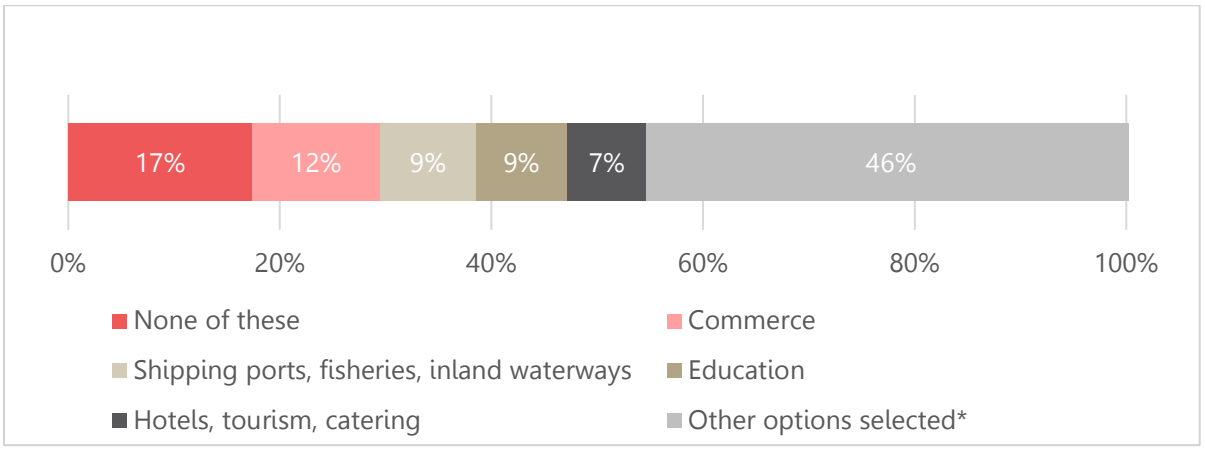


HoHHs` sectors

A wide variety of sectors were chosen by the HoHHs as areas of work experience or training, which does not allow a general trend to be identified. The main selected responses from the pre-defined selection list were: 'other' (45%) `none of these`[11] (17%), `commerce` (12%), `shipping ports, fisheries, and inland waterways` (9%), `education` (9%) and `hotel, tourism and catering` (7%) as shown in (Figure 5).

[11] According to the training dispensed to enumerator, this option should have been chosen when the respondent did not have any experience or training or if their sector was not listed among the pre-defined response options.

Figure 5: Sector of work experience or training experience reported by HoHHs (n=583)



Note: The chart represents the top 5 selected options. The remaining 46% is composed of 19 other categories (e.g., financial services; food, drinks and tobacco production; beauty and care, etc., including an option 'other, specify').

Most of the respondents carried out formal work in Ukraine prior to displacement (45%), 16% were not working and 9% were retired (Figure 6). A few noticeable differences have been observed between the two strata regarding respondents having formal work in another country than Ukraine, with 14% of HoHHs in CSs reporting it while 6% living in the host community; respondents who were students 7% in CSs and 1% living in the host community; and HoHHs who were not working before their displacement (17% living in the host community and 10% in CSs).

Figure 6: Reported professional status of HoHHs before displacement, by stratum (n=716)

Professional status before and after displacement

When asked if the HoHH had the same professional status before and after displacement (Figure 7), 51% responded negatively. The most affected population group were women for all age groups, in particular, women aged 35-59 with 62% reported not having the same professional status as before displacement. Respondents living in the host community seemed to be affected as well with 52% reporting not having the same professional status as before displacement, compared to 46% of HoHHs living in CSs.

Figure 7: Proportion of HoHHs having the same professional status before and after displacement (n=716)

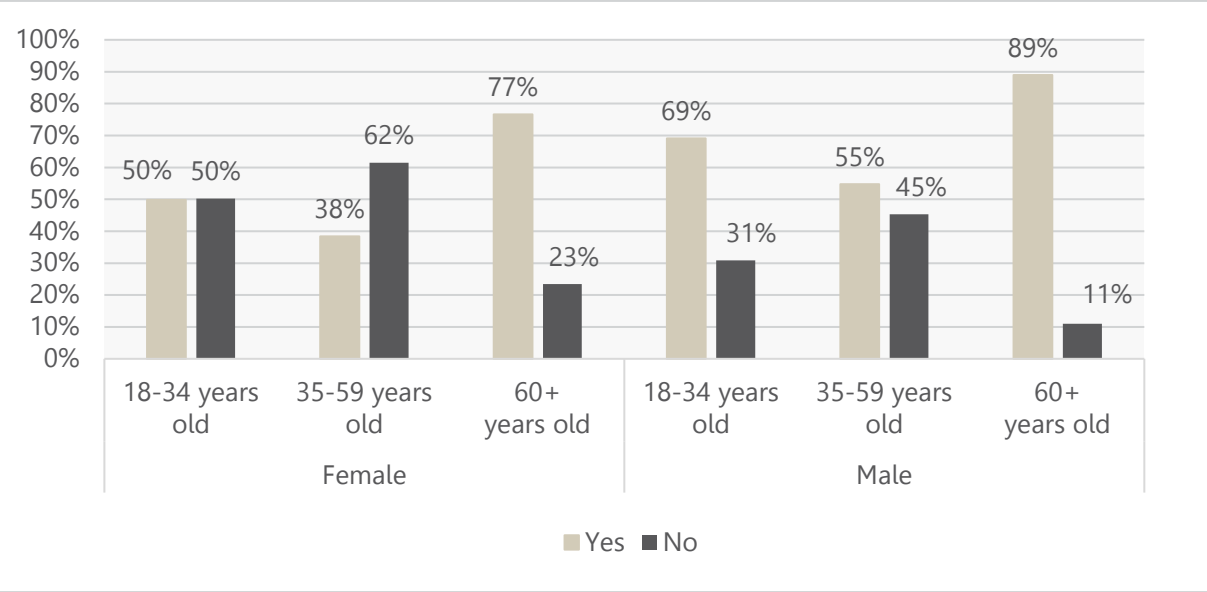


Table 5: HoHHs` professional status based on HH size (n=715)

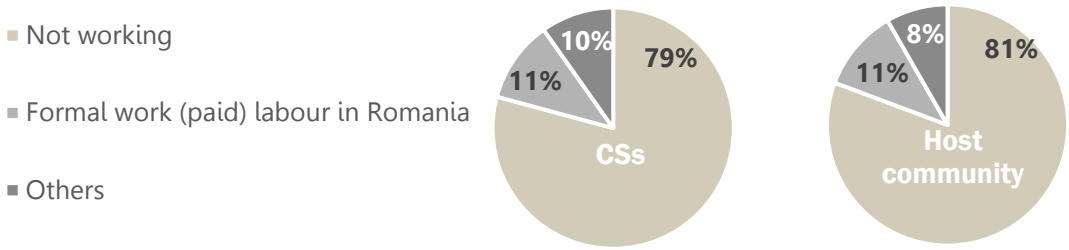
Professional status	1 person	2 persons	3 persons	4 or more persons
Not working	37%	52%	50%	56%
Formal work (paid) labour in Romania	5%	5%	6%	3%
Remote work	27%	24%	19%	22%
Own business or family business	2%	3%	5%	3%
Informal employment	3%	3%	7%	5%
Caregiver for a child or elderly person	0%	3%	7%	3%
Retired	17%	10%	7%	8%
Student	9%	0%	0%	0%

To evaluate if there was a correlation between the size of the HH and employment of the HoHHs, the professional status of respondents was disaggregated by HH size. In Table 5, the largest HH size (4 or more people) reported the most not working (56%). While investigating this correlation for HHs with at least one child, single parent (or caregiver) HHs were those who reported the most 'not working' (60%), compared to families with two adults (48%), and those with more than two adults (53%). However, among HHs with children, the proportion of HoHHs

who selected 'caregiver for a child or an older person' were similar between HHs with one and two adults, with respectively 7% and 6%.

Among HoHHs who reported not having the same professional status as prior to displacement (Figure 8), 81% were not working, and 11% had formal work in Romania at the time of data collection. Among all HoHHs who were working, the average hours of work per week according to 219 individuals who responded to this question were: 49% worked 40 hours per week, while 47% reported working less than 40 hours, and 5% over 40 hours. Notably, HoHHs that held experience in the key services sectors such as education and healthcare, were not working at the time of the interview (13 HoHHs among those who reported having experience in education, and 11 among those having experience in health services).

Figure 8: Professional status of HoHHs after displacement among those reporting not having the same professional status (n=313)



Perceived reasons for unemployment

To understand potential reasons for the high rate of self-reported unemployment (81%), respondents were asked about the main perceived reason for their unemployment. Table 6 suggests that unemployment was mainly due to the unavailability of work (26%), lack of Romanian language skills (20%), or maternity leave (17%).

Table 6: Main reported reasons for unemployment of the HoHHs (n=331)

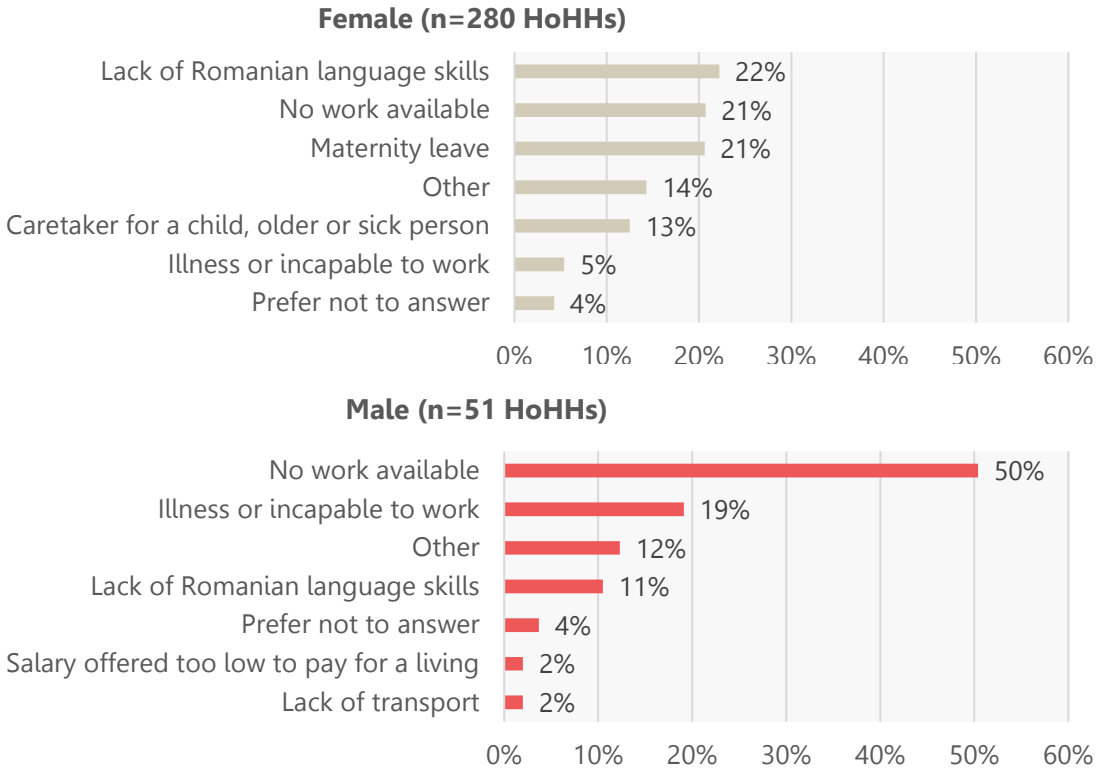
Perceived reasons for unemployment	% of HOHHs
No work available	26%
Lack of Romanian language skills	20%
Maternity leave	17%
Caretaker for a child, elder or sick person	10%
Illness or incapable to work	8%
Other	5%
Prefer not to answer	4%
Lack of information how to access employment	3%

Data collection started in October 2022 which was roughly eight months after the start of the escalation of hostilities in Ukraine, with the majority of arrivals happening in March 2022 (24%), as well as between September-October 2022 (26% combined). This could be a potential explanation for the high proportion of respondents who reported not being engaged in any form of work (81%) at the time of data collection. However, as the crisis becomes protracted and the incentive to return to Ukraine remains low given the current security situation and living conditions, access to livelihoods could become a priority in the next months for the Ukrainian refugee population living in Romania.

According to the data, access to the labour market in Romania seemed to pose a challenge for refugee HHs as reported in the perceived reasons for unemployment. The stratification of reasons for unemployment by gender revealed some notable differences. For male respondents, the lack of availability was the main reported reason for unemployment (50%), followed by illness or incapability to work (19%). For female respondents, the lack of Romanian language skills (22%), no work available (21%), and maternity leave (21%) were the main reasons for their unemployment at the time of data collection. Their role as caretakers for a child or sick person also constituted a barrier to employment (Figure 9).

The assessment revealed that the language barrier represented an important obstacle to entering the labour market, as well as to accessing services in Romania (e.g., healthcare, MHPSS, education). Language courses may therefore represent the key tool for the inclusion and well-being of refugee HHs in Romania and a priori, as highlighted by most respondents who reported having access to or planning to take Romanian language courses. A slight difference was observed between respondents in CSs (61% willing to access or having accessed language courses) and HHs living in the host community (51%).

Figure 9: Main reported reasons for unemployment of the HoHHs, by gender

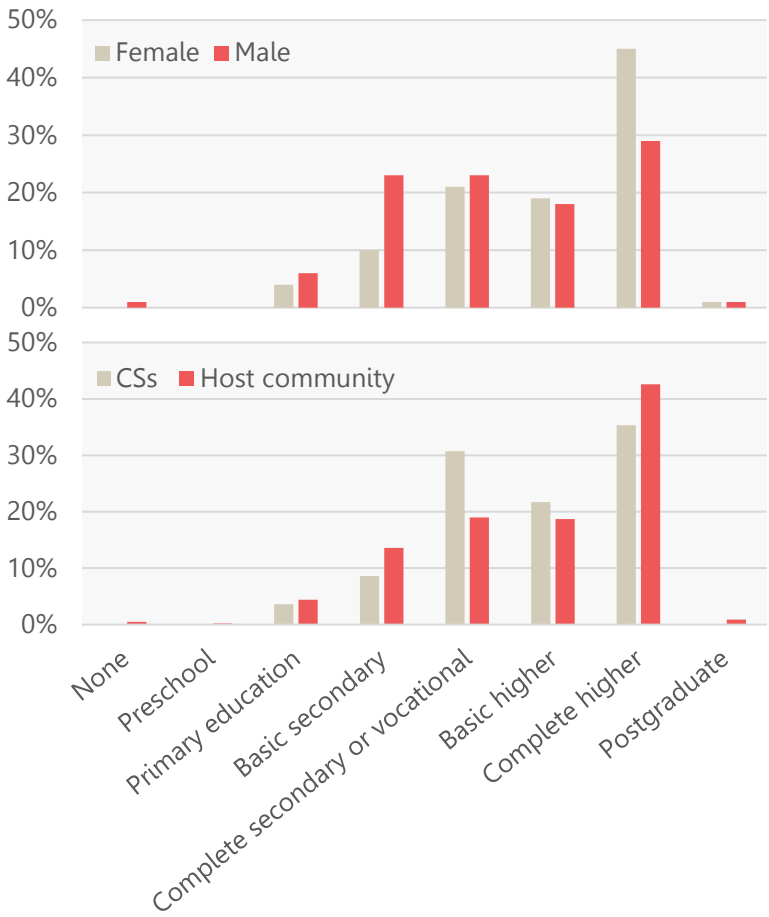


Although the rate of unemployment was high among the HoHHs, the vast majority (92%) of those who reported being unemployed had none of their HH members registered with the Romanian government's employment services agency AJOFM / ANOFM at the time of data collection. Four percent responded that they were not interested in working in Romania at the time of the interview and 2% had at least one HH member registered for assistance in searching for employment. Out of the 2% of HHs that reported having at least one HH member who applied for assistance, which represented 9 HHs in the sample, 3 HHs received employment offers.

HoHHs' Education Summary

Respondents were found to have a high level of education, with the highest proportion of HoHHs (41%) reporting having a 'complete higher' education level, 19% a 'basic higher' education level, and 21% a 'complete secondary vocational' level.[12] The level of education could translate into productive employability in the key sectors of the Romanian economy, where gaps may exist. Most respondents reported that they were conducting formal work in Ukraine (44%) for instance in the sectors of commerce, shipping, or other types of specialized sectors before displacement (Figure 5).

Figure 10: HoHHs' highest education level attained (n=716)



While disaggregating the highest level of education attained by the HoHHs by gender (Figure 10), the data shows that female refugee HoHHs interviewed had overall a higher level of education attained compared to male respondents, with 45% of females having attained a 'complete higher', while this proportion amounted to 29% for male respondents. For males, 23% of the sample reported having attained a 'complete secondary' or 'vocational', and 23% of others had completed a 'basic secondary' (for females those percentages were 21% and 10% respectively).

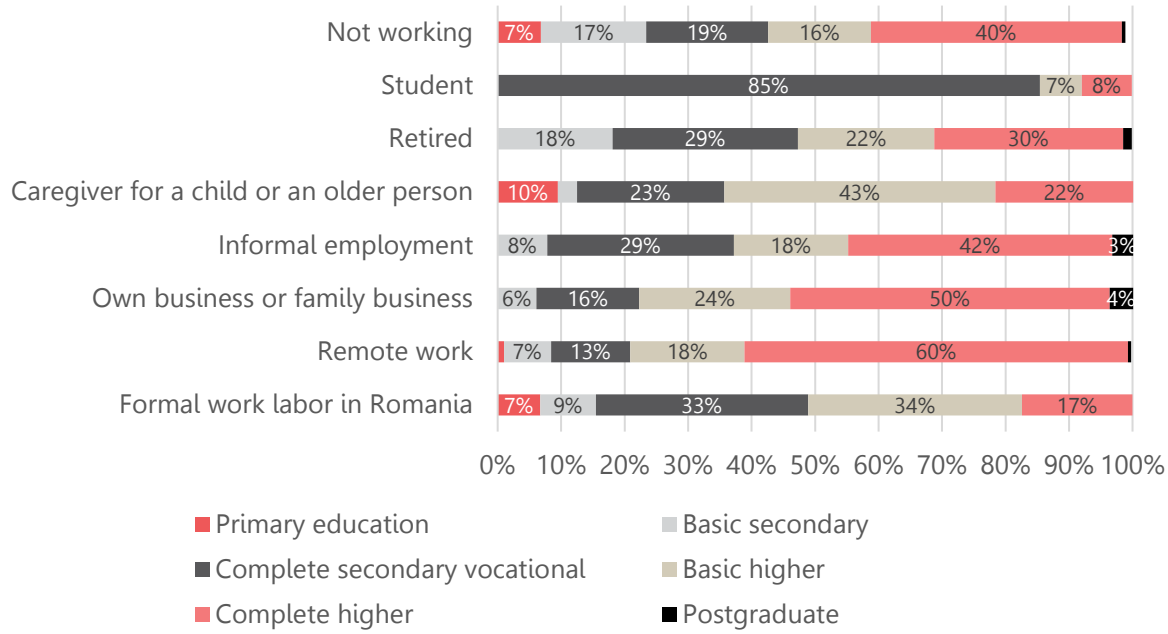
A higher proportion of refugee HHoHs living in the host community reported (43%) having attained a 'complete higher' education compared to

[12] The Ukrainian educational system is organized into five levels: preschool, primary, secondary, upper secondary and tertiary education. Education categories in this assessment refer to the following grades: primary education for grades 1-4, basic secondary for grades 5-9, complete secondary or vocational for grades 10-11 (up to 12), basic higher for bachelor's degree, complete higher for master's degree, and postgraduate studies.

HoHHs living in CSs (35%). Nearly a third of HoHHs in CSs also affirmed having obtained a 'complete secondary vocational' and 22% a 'basic higher' education.

Many respondents observed a change from previous to current professional status following the displacement as reported in the employment section. To understand the correlation between the education level of the HoHHs and current unemployment, these variables were compared. In Figure 11, the majority of those who reported not working had an education of 'complete higher' (40%).

Figure 11: HoHH's professional status in the last 30 days prior to data collection based on highest level of education attained, overall (n=715)



Cash and markets

It should be noted that all amounts mentioned in this section were self-reported by respondents and might be subjected to reporting and perception bias given the personal and sensitive nature of the topic for respondents. As respondents may feel uncomfortable disclosing their income or expenses, especially accurately high or very low income, this may result in over- or under-reporting of the amounts.

The main three types of HH income reported by respondents in the 30 days prior to data collection were no income (33%), remittances (19%) and social benefits from Ukraine (16%) (Table 7). Income from income-generating activities in Ukraine and Romania were among the reported sources of income but not for the majority of respondents, suggesting that the livelihoods of most HHs were supported by an external source of income or assistance. These sources of income seemed to provide some level of support, however, if the crisis becomes protracted, these resources may deplete. Given that most respondents reported difficulties in finding employment and in learning the Romanian language, this might result in an increased vulnerability of Ukrainian HHs living in Romania in the upcoming months. The main sources of income were similar for both strata, with slight differences observed between HHs living in the

host community who were reporting a high proportion of income from formal or informal income-generating activities in Ukraine (12% against 7% in CSs), as well as a high number of HHs benefitting from Ukrainian social assistance in CSs (20% against 15% of those living in the host community).

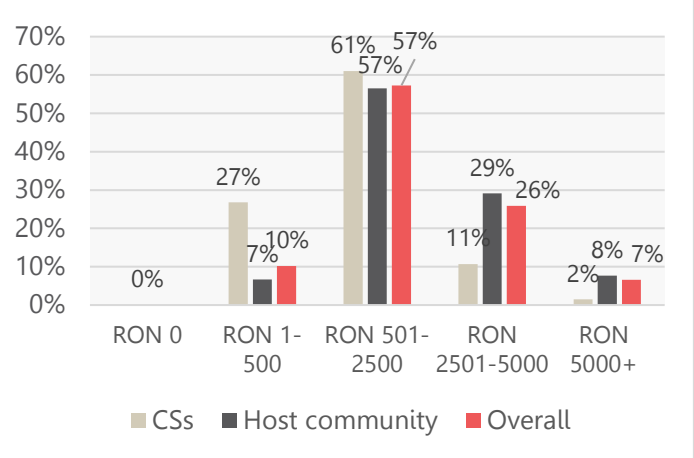
Table 7: Top reported income sources of HHs, by stratum [13]

Source of income	CSs (n=115)	Host community (n=595)	Overall (n=710)
No income	32%	33%	33%
Remittances	20%	18%	19%
Social benefits from Ukraine (pension, disability, etc.)	20%	15%	16%
UNHCR cash assistance	14%	14%	14%
Formal or informal in come in Ukraine	7%	12%	11%
Formal income in Romania	12%	11%	11%
NGOs/agencies/private sector (businesses) – giving cash support	10%	8%	8%
Government social benefits in Romania	7%	6%	6%
Remote income from another country than Ukraine	3%	6%	6%

Household Income and Expenses

Most of the refugee HHs interviewed reported a monthly income lower than the gross monthly basic salary stated by the Romanian government which stands at 2,750 RON per month (EUR 558)[14,15], as illustrated in Figure 12. These figures suggest that these HHs might either be living in difficult circumstances or relying on assistance/unreported income. Hence, income and livelihoods seem to represent one of the key challenges that refugee HHs will face in the event of a protracted displacement, especially for those relying on humanitarian aid, which is by nature subject to variation over time.

Figure 12 : Proportion of HHs by reported total monthly income in the 30 days prior to data collection (n=318)



Note: In EUR, the ranges in the ascending order are: EUR 0, EUR 0.20-101, EUR 102-507, EUR 508-1014, EUR 1015 and above.

[13] Multiple choices could be selected therefore findings may exceed 100%.
[14] Emergency ordinance No 67 of 18 May 2022, Government of Romania
[15] All currency conversion in the report were based on: Oanda- Currency Calculator. RON/EUR exchange rate of 12 December 2022.

Overall, the main proportion of monthly expenses for HHs was for food, rent and fuel. Expenses for rent (an average amount of RON 1,804 per month, corresponding to EUR 365), were reported only for HHs who live in the host community since HHs living in CSs do not pay for rent or utilities. However, food (an average amount of RON 1,031 per month, corresponding to EUR 209) remained the primary expense along with fuel which required an average amount of RON 515 (EUR 104) per month for HHs living in CSs (Table 8).

Table 8: Proportion of expenses and their corresponding averages (in RON and EUR[16]), by stratum (n=716)

Type of expenses	CSs		Host Community		Overall	
	%	Average monthly amount (RON, EUR)	%	Average monthly amount (RON, EUR)	%	Average monthly amount (RON, EUR)
Food	54%	LEI 669 (EUR 135)	56%	RON 1,098 (EUR 222)	56%	RON 1,031 (EUR209)
Rent		N/A	4%	RON 1,804 (EUR 365)		RON 1,804 (EUR365)
Non-food items	29%	RON 208 (EUR 42)	26%	RON 241 (EUR 48)	27%	RON 235 (EUR 47)
Utilities		N/A	5%	RON 252 (EUR 51)		RON 252 (EUR 51)
Fuel	5%	RON 830 (EUR168)	14%	RON 486 (EUR 98)	13%	RON 515 (EUR 104)
Transportation	13%	RON 86 (EUR 17)	15%	RON 142 (EUR 28)	15%	RON 135 (EUR 27)
Communication	54%	RON 57 (EUR 11)	57%	RON 73 (EUR 14)	56%	RON 70 (EUR 14)

Note: Percentages indicate the proportion of total HHs who reported the expense.

The total median monthly income per capita for HHs living in the host community, as reported by them, was RON 750 (EUR 152), and the total median monthly expenses per capita for this stratum was RON 200 (EUR 41). The median income per capita of HHs living in CSs was lower with RON 550 (EUR 112) per month, for similar monthly median expenses per capita of RON 268 (EUR 54). However, the median ratio of expenses per capita over income per capita as reported by HHs was slightly more favourable for HHs living in CSs (0.42) compared to those living in the host community (0.48) as shown in Table 9. Overall, the mean income and expenses per capita were higher than the median income and expenses per capita, suggesting that some respondents had relatively higher income and expenses, pulling up the mean compared to the most reported values overall.

The monthly per capita income was bigger than the monthly per capita expense over the whole sample. However, this conclusion resulted from a strictly statistical analysis, which does not mean that some HH are not engaged in negative coping mechanisms to cover their basic

[16] Multiple choices could be selected therefore findings may exceed 100%. HHs in CS do not pay for rent or utilities.

needs. Furthermore, this assessment asked about the effective expenses and income of the HH in the 30 days prior to data collection, which is subject to volatility (e.g., depending on the quantity of aid received during this period) and is consequently not indicative of the medium to long-term livelihood situation of the HH.

Table 9: Total reported income and expenses per capita and expenses-income gap of HHs in RON (EUR) by stratum[17] (n=716)

Strata	Total income per capita		Total expenses per capita		Difference		Expenses/ income ratio	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
CSs	RON 745 (EUR 151)	RON 550 (EUR 112)	RON 350 (EUR 71)	RON 268 (EUR 54)	RON 395 (EUR 80)	RON 282 (EUR 58)	0.42	0.42
Host community	RON 1067 (EUR 216)	RON 750 (EUR 152)	RON 425 (EUR 86)	RON 200 (EUR 41)	RON 642 (EUR 130)	RON 550 (EUR 111)	0.69	0.48
Overall	RON 1011 (EUR 205)	RON 725 (EUR 147)	RON 412 (EUR 84)	RON 208 (EUR 42)	RON 599 (EUR 121)	RON 517 (EUR105)	0.65	0.48

Purchase Methods

Cash in local currency was the main method of paying for HH's expenses in the 30 days prior to data collection, as it was reported by 80% of HHs (Table 10). The second most often reported payment methods were by debit cards (55%), or vouchers (31%).

Table 10: Main methods of payment used by HHs for expenses in the 30 days prior to data collection[18] (n=716)

Purchase methods	% of HHs
Cash	80%
Debit cards	55%
Vouchers	31%
Credit card	12%
Bank transfers	3%
Cheques	3%
Mobile money	1%
Prepaid or gift cards	1%

[17] Income, expenses, and ratio values were computed for each HH based on the amounts reported by HHs, divided by the size of the HH. Note that not all HHs responded to each question. The indicators were then aggregated by computing respectively the mean/median over all HHs. The difference has been computed directly from the aggregated indicator. Also, all values are in RON, converted in EUR in brackets, and have been rounded to the unit.
[18] Multiple choices could be selected therefore findings may exceed 100%.

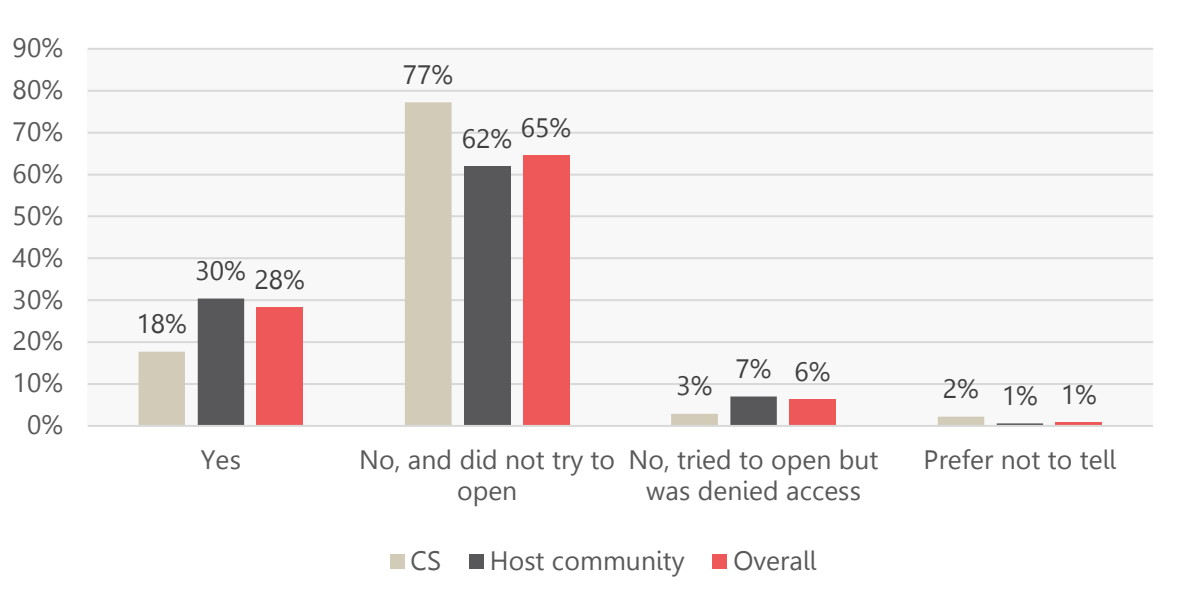
Refugee HHs in Romania appeared to experience few hardships in accessing financial services in their area, as 77% of respondents confirmed the presence of a bank in the area. Only 12% reported no financial service provider in their immediate vicinity. The presence of a money transfer service was reported by 54% of respondents. The UNHCR enrolment centres were available for 14% of HHs as well (Table 11).

Table 11: Main financial services available in the area at the time of data collection as reported by HHs (n=716)[19]

Financial services available	% of HHs
Banks	77%
Formal money transfer services (e.g., Western Union, etc.)	54%
Cash enrolment centres (UNHCR)	14%
None of the above	12%
Credit unions	4%
Credits	4%
Financial services provided by members of the community	3%
Other	1%

Even though banks were the main financial services accessible for refugee HHs, only 28% of HHs reported having a bank account in Romania, with a notable difference by stratum: 18% of HHs in CSs had an account compared to 30% in the host community. While the majority of HHs (65% overall) did not even try to open one, 6% tried but were denied access (Figure 13).

Figure 13: Proportion of HHs with a bank account registered in Romania, by stratum (n=726)

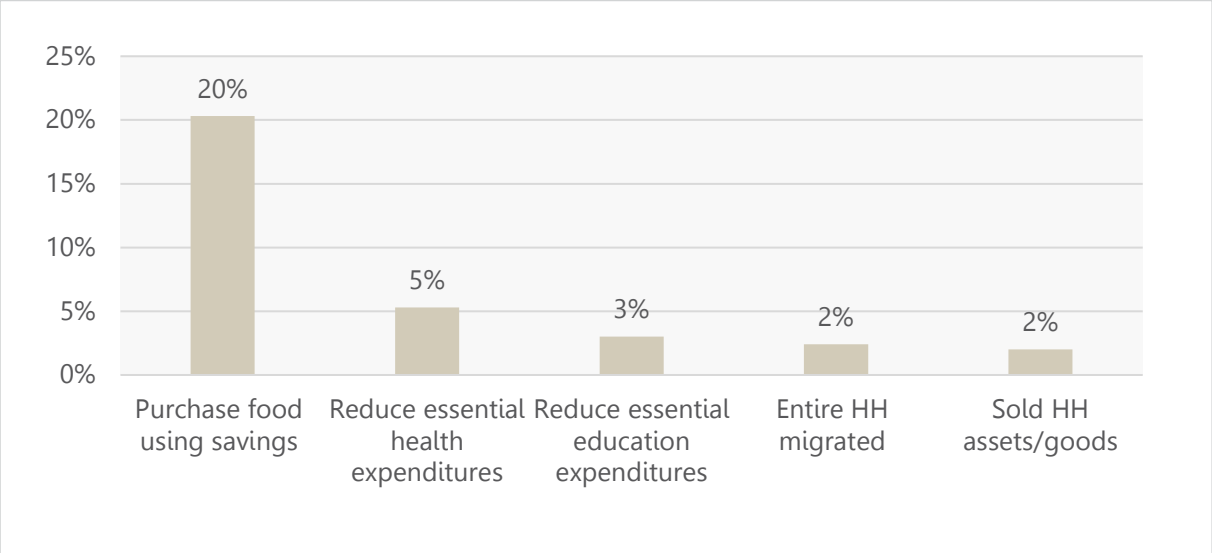


[19] Multiple choices could be selected therefore findings may exceed 100%.

Livelihood coping strategies

The assessment found relatively low usage of coping strategies amongst refugee HHs in Romania. Livelihood coping strategies may be used by vulnerable HHs to cope with the lack of resources to cover basic needs (such as food, shelter, healthcare, education, etc.), and can comprise strategies such as: using savings, reducing essential healthcare expenditures, entire household migrating or reducing essential education expenditures, selling HH's asset and goods, etc. Among 11 coping strategies listed among response options, the most often used by HHs in the 30 days prior to data collection was the purchase of food using HH's savings to cover basic needs (20%), as well as a reduction of essential healthcare expenditures to cover basic needs (5%) as shown in Figure 14. However, overall, 57% of HHs reported not needing to use any of the eleven listed coping strategies in the 30 days prior to data collection. These results suggest that, at the time of the interview, most of HHs were not in a critical livelihood situation, which nevertheless, could evolve rapidly given the levels of volatility and uncertainty in the crisis, which might become protracted. Especially given the difficulties encountered by the HoHHs in terms of employment in Romania and insecurities relating to the continuation of the 50/20 programme and other assistance programmes, the use of savings to cover basic needs may soon be exhausted, which could turn into a higher risk of economic insecurity for those HHs.

Figure 14: Reported coping strategies used by HHs since arriving to Romania (n=716)



Protection

This section presents various protection issues, such as the key protection concerns for women, children, men and minority groups in the area, including but not limited to the perceived safety and security risks as well as personal experiences within the communities in which they resided, assistance received for specific incidents and awareness/issuance of temporary protection documents for HHs. Given the sensitive nature of topics discussed in this section of the questionnaire, especially in the context of integration into the host community, there is a possibility of under-reporting by respondents.

The majority of HoHHs (65%) reported that the members of their HH felt very safe walking alone in their neighbourhood of residence, with an additional 24% feeling somewhat safe and 3% neither safe nor unsafe. Only 3% of HHs responded feeling somewhat unsafe or very unsafe (2%) walking around.

Overall, the assessment found that over 75% of HHs reported no protection concerns for women, children, or men in the area as shown in Table 12. Only 7% (n=46) of HoHHs reported having at least one person in the HH who experienced what was perceived as hostile behaviours and among these responses, reported verbal aggression as the primary safety issue experienced, followed by discrimination.

Table 12: Proportion of HoHHs reporting safety and security concerns for women, children and men (n=716)

Protection concerns regarding ...	No concerns	Don't know
Women	83%	10%
Children	80%	15%
Men	75%	22%

Ethnic minority responses (n=11) to 'have you or anyone in your HH experienced discrimination because of being part of a minority, included threats/intimidation as well as segregation at reception centres/accommodation, although overall, 82% of minority HHs responded that they did not experience any discrimination.

Table 13: Proportion of HHs who reported having experienced hostile behaviours since arriving in Romania, by county (n=716)[20]

County	Number of HHs	Yes	No
Galați	20	9%	91%
Suceava	94	16%	84%
Iași	10	0%	100%
Cluj	22	5%	95%
Brașov	64	4%	96%
Maramureș	49	5%	95%
Constanța	148	9%	91%
Sibiu	27	0%	100%
Timiș	29	14%	86%
Bucharest and Ilfov	253	2%	98%

[20] Note that the location refers to the location where the HH was interviewed which does not mean that the safety issue was experienced in this county.

While disaggregating hostile behaviours by judet (county) within Romania the responses to 'have you or anyone in your HH experienced what you felt was aggressive behaviour or attitudes since arriving to Romania', the counties of Suceava and Timiș had a larger proportion of 'yes' responses relative to the number of samples taken in each area (Table 13)[21].

Respondents were also asked to whom they would refer someone that has experienced any form of violence for care and support. Findings revealed that the respondents had relatively high trust in the public safety institutions as the police (84%) was the most often reported organisation to request support, followed by volunteer/community organisations (14%), also government hotline (14%). Only 4% of HoHHs replied that they would not know from whom to request support (Table 14).

Table 14: Type of referral agencies for care and support in case of violence according to HoHHs (n=716) [22]

Referral Agency	% of HoHHs
Police	84%
Volunteer/community organisations	14%
Hotline - state	14%
Hotline - NGO	12%
Social services - state	9%
Family/relative	9%
Health facilities	4%
Legal services	4%
Women's centres/NGOs	4%
I don't know	4%
Crisis Intervention Centres	3%
Mental health/Psychological Support services	2%

Regarding the awareness of specific protection services existing in the area, approximately half of HoHHs was aware of services listed in the survey. The most reported services available in the area were: the hotline of the state (52%), language classes (41%), hotline of NGOs (39%), social services (38%) and child-friendly spaces (37%) as shown in Table 15.

[21] These findings should be interpreted cautiously given the small sample in some counties.
[22] Multiple choices could be selected therefore findings may exceed 100%.

Table 15: Protection services available in the area at the time of data collection according to HoHHs (n=716)

Type of protection services available	% of HoHHs
Hotline – state	52%
Language classes	41%
Hotline – NGO	39%
Social services (e.g., social assistance centre)	38%
Child-friendly spaces	37%
Legal services	31%
I don't know	18%
Psychological Support Services mobile teams	14%
Reproductive health services for women and girls: service delivery point	14%
Coaching / mentoring programmes	9%
Services offer for women and girls if they experience some form of violence: shelter, crisis room, day-care centre	9%
None of the above	2%

Legal status and documentation

In Romania, temporary protection is a document confirming the legal stay on the territory of Romania for Ukrainian citizens fleeing the escalation of hostilities since February 2022. It grants the right to stay in Romania for up to one year, as well as other privileges available to Romanian citizens. Overall, HHs reported a ('sufficient' (68%) level of awareness) of their legal status and rights in Romania on a scale from ('high awareness' (11%) to 'no awareness' (1%)). Responses by county revealed that Maramureș, Iași and Constanța were the counties with the most ('weak awareness' and 'no awareness') responses, with a cumulated proportion of 38% for Maramureș (37% 'weak awareness', 1% 'no awareness', n=49), 40% for Iași (31% 'weak awareness', 9% 'no awareness', n=10) and 33% for Constanța (29% 'weak awareness', 4% 'no awareness', n=148). Regarding temporary protection, 89% of HoHHs reported having heard of temporary protection documents in Romania. Eighty percent of HHs reported having a temporary protection document for every adult member of the HH, while 4% had only some of their adult members with this document. An additional 11% of HHs reportedly did not possess the document but were aware it existed.

Overall, Suceava (26% out of 94 respondents) and Iași (31% out of 10 respondents), were the counties with the highest number of HHs without a temporary protection document and reporting they were not aware of it. While Galați, Bucharest/Ilfov and Cluj had over 95% of the HHs in the sample who reportedly obtained a temporary protection document for all adult members of the HH.

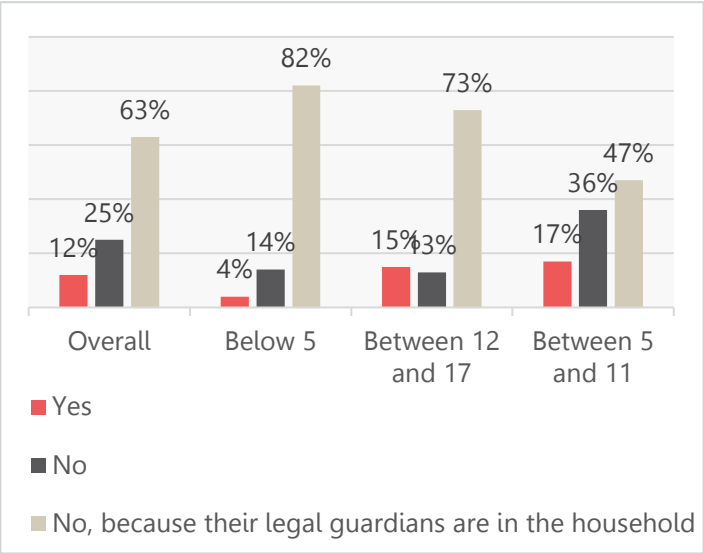
Regarding the possession of a valid national ID document or passport, 94% of respondents reported that all eligible members of the HH had a valid document. Among the 6% of HHs where not all members had a valid ID or passport, around half reported that less than half of their HH had the document. Also, 7% of HHs in the sample included Ukrainian children who held Romanian birth certificates.

Entrusted children

The escalation of hostilities since February 2022 in Ukraine has led to the separation of families, with minors often being left in the care of people other than their immediate relatives.

The assessment found that 12% of HoHHs who responded (n=64) living with and providing care for a child from outside the nuclear family looked after an entrusted child (Figure 15). The majority of children were between 5 and 11 years of age. All who reported care of an entrusted child also reported having official documentation of this arrangement.

Figure 15: HHs reporting living with an entrusted child (n=64)

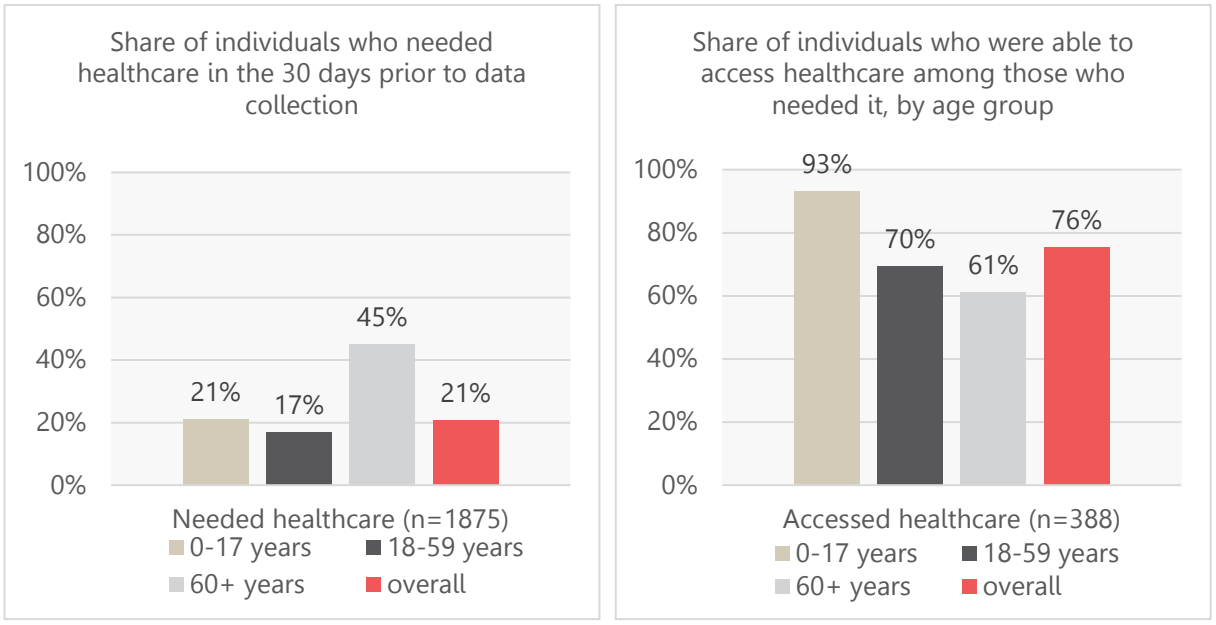


Health

This section gives an overview of the healthcare needs of Ukrainian refugee HHs living in Romania, including access and barriers to healthcare, and capacity/availability to access healthcare. Respondents were asked a set of questions about the health status of each of their HH members, with questions regarding their needs since arriving in Romania, and their ability to access these services, including any potential barriers.

Approximately 21% of individual HH members (n=388) reported a healthcare problem and a need to access healthcare services in the last month (or since arrival in Romania if the arrival was less than 30 days prior to data collection) as shown in Figure 16. Of the individuals who reported having any healthcare need (n=388), 76% received healthcare. The proportion of individuals unable to access healthcare was higher for those living in the host community (24%) compared to those in CSs (16%). Most of the refugees who accessed healthcare in the 30 days prior to data collection did so at a government or state healthcare facility (65%). Private healthcare facilities were the second most accessed facilities (22%), followed by mobile or temporary healthcare facilities (7%).

Figure 16: Individuals having a healthcare need in the last 30 days prior to data collection and being able to access healthcare services



While disaggregating by age group, individuals aged over 60 years were most in need of healthcare (45%), while approximately only one-fifth of minors and adults aged 18-59 had healthcare needs in the 30 days prior to data collection. However, older people were the group who reported the lowest access to healthcare among those who needed it, with 61% who were able to access healthcare against 93% for minors and 70% for adults aged 18-59. This may relate to the fact that older people had more preventive or chronic healthcare needs, for which they would wait longer before consulting given the situation of displacement, while children might have more urgent and acute needs. This data seems to partially support this as: among minors who needed to access healthcare, 37% had an acute health need while this proportion was only 4% for adults over 60 years. In contrast, 61% of older people who had a healthcare need reported that this need was for chronic disease, while for children this proportion amounted only to 6%. Nevertheless, for preventive consultation, the proportion was similar between the two age groups (42% for minors and 38% for older people).

Timiș (46%) and Cluj (36%) had the highest need for healthcare services, followed closely by Maramureș (33%) and Galați (31%) as shown in Table 16. The main types of healthcare barriers shared by those who were not able to access healthcare and needed it included the language barrier 42%, costs of service 46% and information barrier 20% (Figure 17).

Table 16: Individuals with a healthcare need in 30 days prior to data collection, by county (n=1875)

County	Number of respondents	Yes	No
Galați	46	31%	69%
Suceava	192	22%	78%
Iași	21	26%	69%
Cluj	65	36%	64%
Brașov	187	16%	85%
Maramureș	141	33%	67%
Constanța	389	13%	87%
Sibiu	83	24%	76%
Timiș	54	46%	52%
Bucharest and Ilfov	697	19%	80%

Overall, the most often reported healthcare needs were visits for preventive services and check-ups (45%), medical visits due to a chronic disease (23%), acute illness (19%) and dental services (15%) as shown in Table 17.

Table 17: Type of health care needs in the last 30 days prior to data collection (n=1,713)

Type of health needs	% Among individuals who reported a need
Preventative consultation/check-up	45%
Chronic Disease	23%
Acute illness (e.g., fever, diarrhoea, cough, etc)	19%
Dental services	15%
Sexual and Reproductive Health	4%
Other	2%
COVID-19	1%
MPHSS	1%

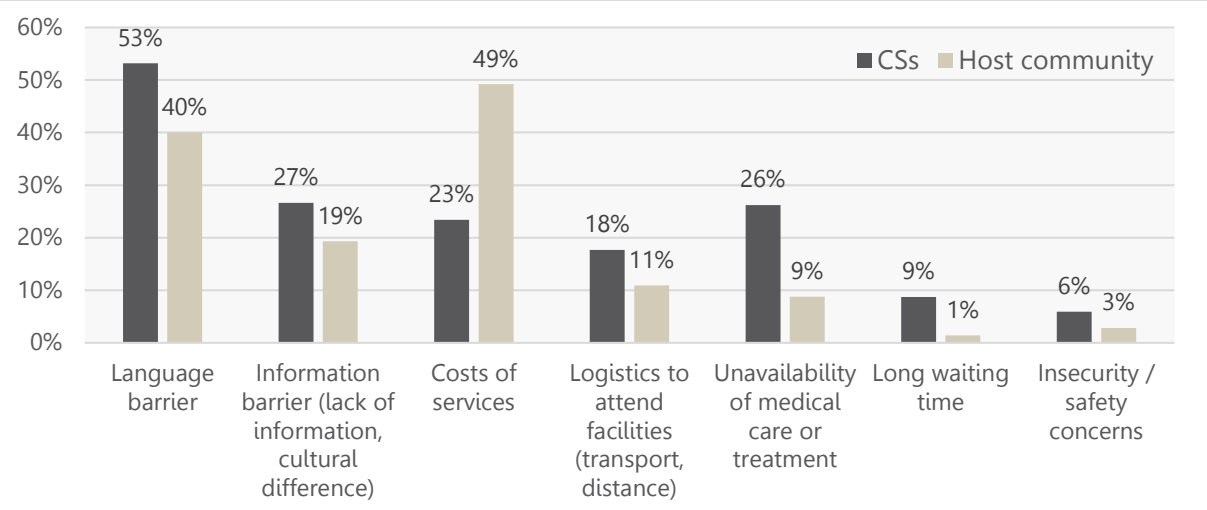
Table 18 depicts the ability to access care by specific healthcare needs. Healthcare access seemed the most difficult for individuals reporting chronic disease or dental services as a need.

Table 18: Share of individuals who were able to access healthcare among those who needed it, by type of healthcare need

Type of healthcare need	Number of individuals who reported this need	% who were able to access
Preventative consultation/check-up	168	79%
Acute illness (fever, diarrhoea, cough, etc.)	74	88%
COVID-19	5	100%
Chronic disease	86	68%
MHPSS	4	100%
Sexual and Reproductive Health	15	75%
Dental services	59	63%
Other	9	91%

The types of reported barriers varied between refugees living in CSs and those living in the host community. Overall, the barriers listed in Figure 17 seemed to suggest a greater variety of perceived difficulties in accessing healthcare for those individuals living inside CSs, with a higher proportion of barriers selected, costs of services being the only exception. However, it should be reminded that the proportion of individuals who were unable to access healthcare was lower for individuals living in CSs (16%) compared to those living in the host community (24%), resulting in a sub-sample of respondents proportionally lower in the CSs stratum for this question. Proportionally, the unavailability of medical care or treatment was a greater concern for HHs inside CSs trying to access care compared to those living in the host community (Figure 17). It should be noted that primary healthcare is supposed to be free of charge for refugees with a temporary protection document[23], but the cost of services was still perceived as a barrier to access health by 46% of refugees who had a healthcare need but reported being unable to access healthcare service.

Figure 17: Perceived barriers to access healthcare among individuals reporting a healthcare need in the 30 days prior to data collection and being unable to access healthcare services (n=78)



[23] Romanian government - Information for displaced person from Ukraine

Vaccinations

Each respondent who reported having a child (0 – 5 years old) in their household composition was asked if the child was vaccinated against DTP, MMR, and polio virus, the number of shots of the vaccine received and if a vaccination certificate was available to fulfil the survey. Moreover, in the case of COVID-19, all individuals older than 5 years old were asked if they had received the vaccine. However, the interviews were carried out face-to-face mostly in public locations in which verification of responses was difficult. As a result, findings are indicative only and based solely on respondents' responses.

Figure 18: Individuals above 5 years that reported having received the COVID-19 vaccine (n=1,713)

Half of all individuals reported not having received the COVID-19 vaccine (Figure 18). Of the reasons HoHHs reported not receiving the vaccine, 49% did not want to get vaccinated against COVID-19, while 43% believed the child was too young for the vaccine.

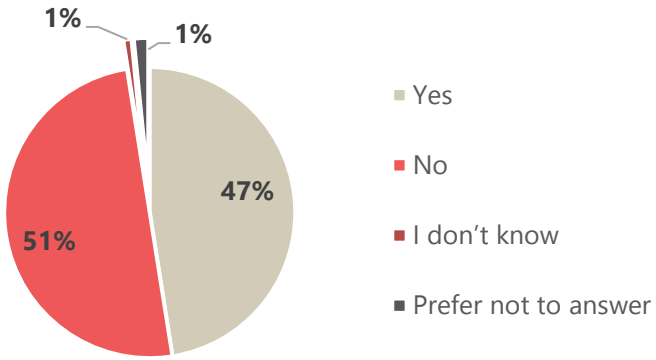
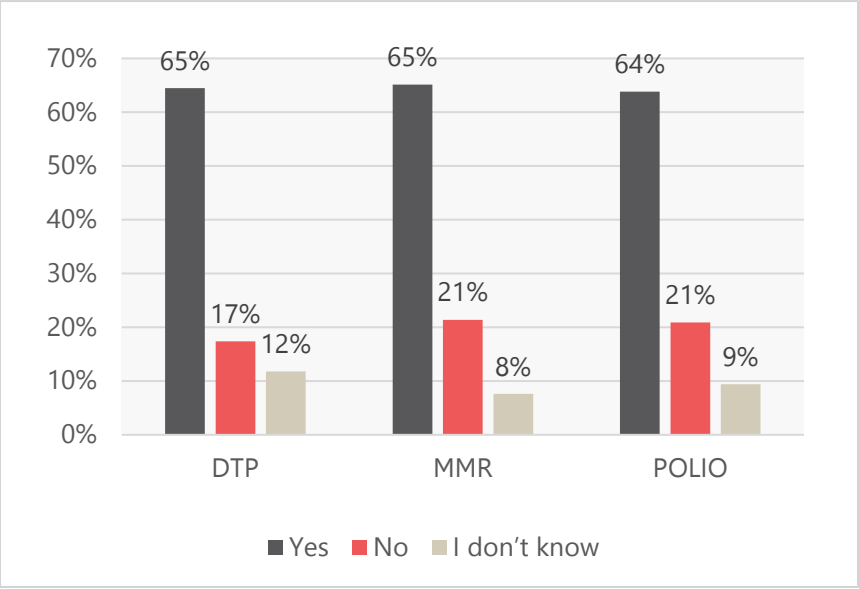


Figure 19: Proportion of child under 6 years having received childhood vaccinations (n=223)



Nearly 65% of HoHHs reported that their child (0-5 years old) received vaccines for each listed disease type, although they were frequently unable to give the exact number of shots for each vaccine (Figure 19).[24]

[24] According to some feedbacks from enumerators, it seemed that several HoHHs who had their child vaccinated explained that they did not remember the number of shots but that the child had completed the full vaccine schedule.

Persons with disabilities

Following the Washington Group (WG) short set of questions, proxy respondents were asked if any HH member above 5 years old had visual, hearing, mobility, cognition, self-care, and communication difficulties[25]. Most commonly, respondents reported having some difficulty in seeing, and walking, with few not being able to perform any of these tasks at all (below 0.5%).

Table 19: Washington group indicators for individuals above 5 years (n=1713)

Washington Group Indicator	No difficulty	Some difficulty	A lot of difficulty	Cannot do it[26]
Seeing, even if wearing glasses	82%	17%	1%	0%
Hearing, even if using a hearing aid	95%	5%	1%	0%
Walking or climbing steps	89%	9%	2%	0%
Remembering or concentrating	92%	7%	1%	0%
Self-caring such as washing all over or dressing	93%	6%	1%	0%
Communicating, for example, understanding or being understood	93%	6%	1%	0%

To create an indicator reflective of persons with disability or at risk of disability, every HH member who reported having 'a lot of difficulty' or 'cannot do it at all' in any of the WG activities listed in Table 19, he or she was considered as 'living with disabilities', (according to the WG methodology[27]). In Table 20, more persons with disabilities seemed to live in CSs compared to individuals living in the host community, which might partially be explained by a higher proportion of individuals aged 35 or more in CSs (49% against 43% in the host community). Indeed, most difficulties were centred around the indicator for *walking or climbing steps* for both strata, which often correlates with age. Another hypothesis could be that some persons with disabilities were living in institutions in Ukraine which have been transferred to Romania, or might need institutional care which could be better provided in CSs. Overall, the percentages of both strata combined show a small proportion of individuals considered living with disabilities.

If the overall results are further disaggregated by age group, they show that the majority of individuals with difficulties seem to be those of 60 years old and above (18%) as shown in Figure 20.

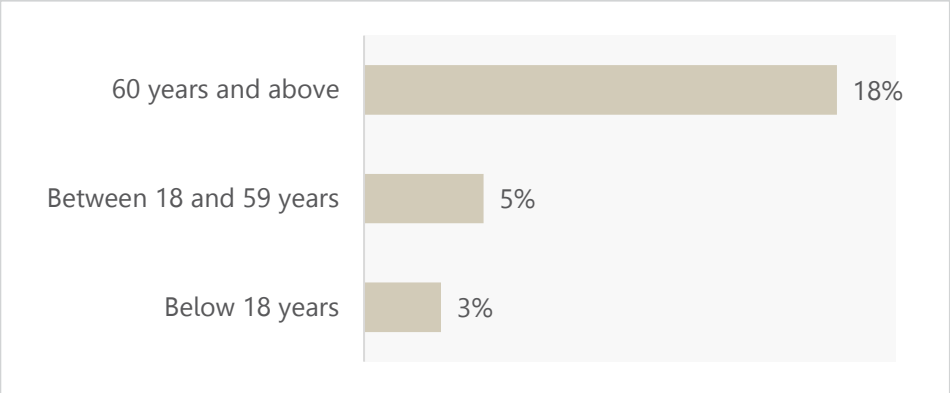
[25] The Washington Group – Short set on functioning
[26] Due to rounding, all values appeared to be zero, even though some individuals were not able to perform these tasks at all. The proportions were lower than 0.5% of all individuals.
[27] The Washington Group- Methodology

Table 20: Proportion of persons considered as living with disabilities, by type of difficulty and strata (n=1713)

Washington Group Indicator	CSs	Host community	Overall
Seeing, even if wearing glasses	2.1%	1.3%	1.3%
Hearing, even if using a hearing aid	1.7%	0.7%	0.8%
Walking or climbing steps	4.5%	2.2%	2.5%
Remembering or concentrating	2.3%	1.3%	1.4%
Self-caring such as washing all over or dressing	1.7%	0.9%	1.0%
Communicating, for example, understanding or being understood	1.7%	0.7%	0.8%

Overall, 12% of HHs interviewed included at least one person considered living with disabilities, mostly in Cluj, Suceava and Timiș, where this proportion was approximately 25% of HHs.

Figure 20: Proportions of persons considered living with disabilities by age group, overall (n=1713)



Pregnant or Lactating[28] women

Pregnant or lactating women represented 7.3% of women aged 14-49 in the sample, i.e., 55 women out of 703. The majority of these women (49 women) lived in the host community, with 6 living in CSs. While looking at the proportion of HHs with at least one pregnant or breastfeeding woman, it seemed that few pregnant or breastfeeding women were living in the same HH, given that this proportion amounted to 6.9%, a slightly lower proportion than at the individual level. Further assessment of the location of HHs with at least one pregnant or lactating woman showed that the highest proportion of HHs was in 2 counties: Suceava (18%) and Cluj (16%). However, the majority of these women in the sample resided in Suceava, Bucharest/Ilfov, and Constanța based on the analysis of absolute values[29].

[28] Or both pregnant and lactating.
[29] It should be noted that the number of interviews taken in Bucharest/Ilfov and Constanța were higher than in other judets, which explains the high absolute number of pregnant and lactating women compared to other judets.

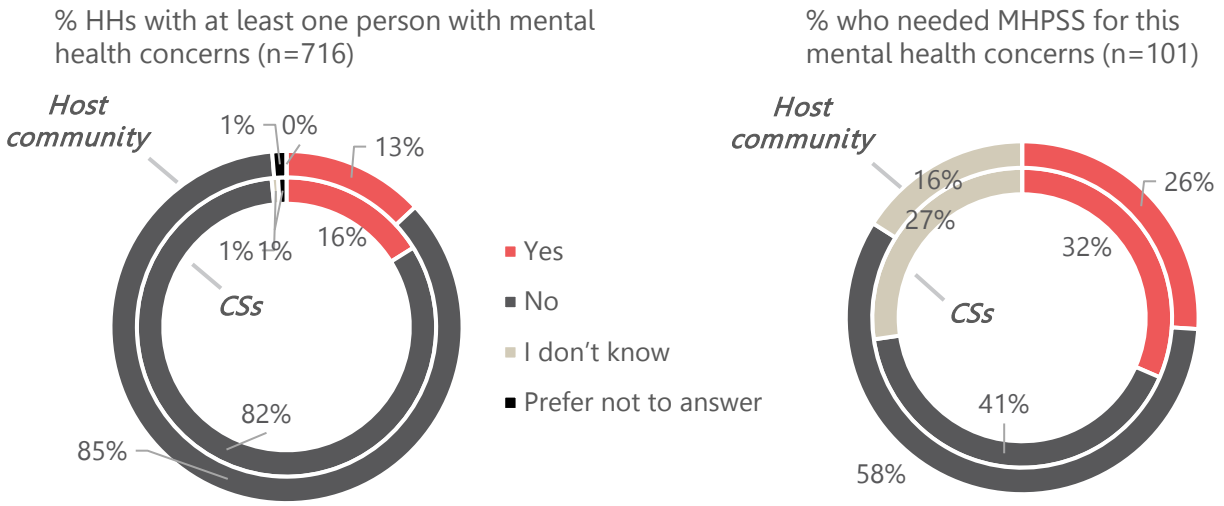
Table 21: Proportion of HHs with at least one pregnant or lactating woman by county (n=716) and number of pregnant and lactating women per county (n=55)

County	% HHs	No	Yes	# of pregnant or lactating women
Galați	20	100%	0%	0
Suceava	94	82%	18%	18
Iași	10	91%	9%	1
Cluj	22	84%	16%	4
Brașov	64	96%	4%	3
Maramureș	49	97%	3%	2
Constanța	148	93%	7%	11
Sibiu	27	100%	0%	0
Timiș	29	100%	0%	0
Bucharest and Ilfov	253	94%	6%	16
Total	**716**			**55**

Mental health and psychosocial support (MHPSS)

Overall, 14% of HoHHs believed that there was at least one person in their HH with mental healthcare concerns which affected their daily functioning (16% in CSs and 13% in the host community) as shown in Figure 21. Among that 14% (out of 101 HoHHs), 27% considered that this person needed psychosocial support for this concern at the time of the interview, which represented 3.8% of HHs (26 HHs) with at least one person who need support.

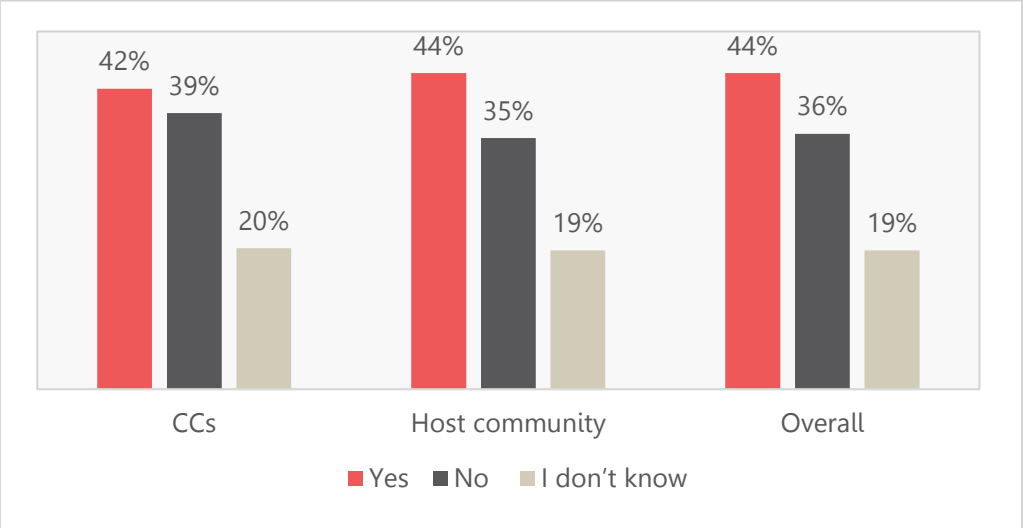
Figure 21: Proportion of HHs with persons having mental health concerns and needing support for this concern, by stratum



Of those members that sought support, 38% received it, while 44% reported that they did not, and 18% did not know. However, a noticeable difference by stratum was observed, because only 17% of HHs who needed help in CSs received it, while this proportion amounted to 45% for HHs who needed help and were living in the host community[30]. The barriers to receiving care were: 25% did not know where to go, 22% lacked time, 45% were unable to obtain it because of the language barrier, and 9% were refused by a service provider. The most affected counties according to the assessment were Maramureș and Sibiu with 24% (out of 40 respondents) and 20% (out of 27 respondents), respectively, who came from HHs with at least one member with mental healthcare concerns affecting daily functioning.

Less than half of both HHs living in CS (42%) and those living in the host community (44%) were aware of psychosocial support services available. An additional 19% of responses indicated that they 'did not know', revealing a lack of information on how to seek such support when it is needed (Figure 22).

Figure 22: Awareness of psychosocial services, by stratum (n=716)



Education

This section gives an overview of the education needs of Ukrainian refugee school-aged household members (3-17 years old, n=573)[31], by first providing school enrolment levels, reasons for not being enrolled in (formal) education, as well as barriers in accessing education.

Enrolment rate for school-aged children

Since arriving in Romania, 68% of school-aged HH members were regularly attending Ukrainian distance learning, including 4% pre-school distance learning, 31% primary education, 29% secondary education, and 4% tertiary education (Table 22).

[30] Nevertheless, those results should be interpreted cautiously given the small sample of respondents to this question (7 respondents in CSs and 19 respondents in the host community).
[31] This section was supposed to be addressed to every household member aged 3 to 25 years. However, due to a overlapping constraints in the KOBO tool, the education question were unfortunately only asked for minors above 3 years. Potential future assessments will correct for this inconvenience.

Enrolment rate of the previous school year i.e., 2021-2022 since arrival in Romania

Most young people aged 3-17 years, were not enrolled in Romanian school, kindergarten or nursery in the previous school year i.e., between 2021-2022 (90%), while 7% were regularly enrolled, and 2% were enrolled as listeners only. This question was raised for all school-age individuals in the sample, regardless of the month of arrival in Romania.[32]

Among those who were enrolled in Romania (n=56) in the last school year, 23% were enrolled in a nursery, 31% in primary or kindergarten, 30% in primary school and 16% in secondary level of education (i.e., high school or technical school). Sixty-two percent of those schools were public and 32% private, as reported by the respondent.

Table 22: Percentage of school-aged children enrolled in Ukraine distance learning regularly since their arrival to Romania (n=570)

Ukraine Distance Learning	% of school-aged children
Yes - primary education	31%
Yes - secondary education (High school / technical school)	30%
Yes - tertiary education (university)	4%
Yes-preschool	4%
No	32%

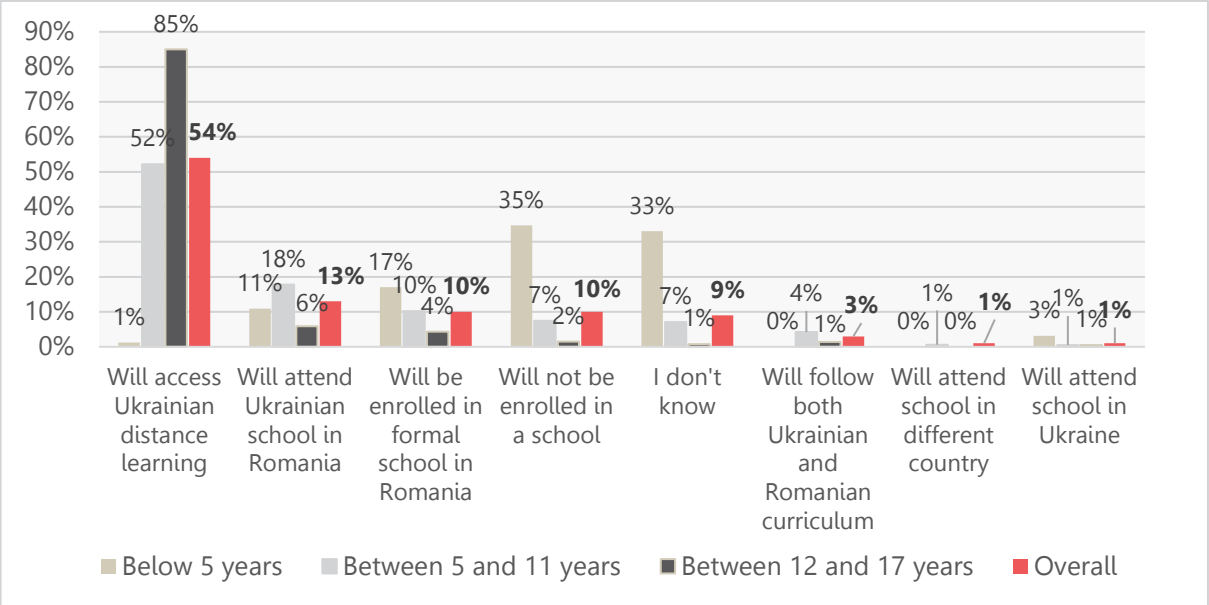
Enrolment plans for current school year i.e., 2022-2023

Overall, sixty-eight percent of school-aged individuals planned to follow the Ukrainian curriculum during the new academic year, mostly by distance learning (54%), in special classes in Ukrainian offered in Romania (13%) or directly in Ukraine (1%). Ten percent were planning to enrol in Romanian schools, 3% affirmed planning to follow both Ukrainian and Romanian curricula, which might suggest a still moderate but rising demand for enrolment in Romanian schools. An additional 9% did not know their plans at the time of data collection, and 10% reported not planning to enrol in any school for the new academic year[33].

While disaggregating by age group, as illustrated in Figure 23, distance learning seemed to be a preferred option mostly for young people who were over 11 years old (i.e.,12-17) with 85% of students in this age group planning to attend distance learning. This proportion amounted only to 52% for children aged 5-11, and 1% for children who were under 5. Given the basic IT literacy needed to follow distance learning and the format of teaching, it could be easier to organise distance learning for older students. Another consideration is that children aged 5-11 would require childcare at home to attend distance learning, which might not be possible if the adult members of the HH are working. For children aged 3 and 4, 35% would not be enrolled in any school (kindergarten or nursery included) and 33% did not know their plans for the rest of the current school year, at the time of the interview.

[32] While considering only HHs who arrived before July, the proportion of children who were not enrolled is slightly lower, with 87%. Nine percent were enrolled on a regular basis and four percent enrolled as listener only.
[33] Among the 10% (n=57) who did not plan to enrol in any school, the three main mentioned barriers to attend school in Romania were: `none` (n=21), `languages`(n=8), `not space in the school` (n=7).

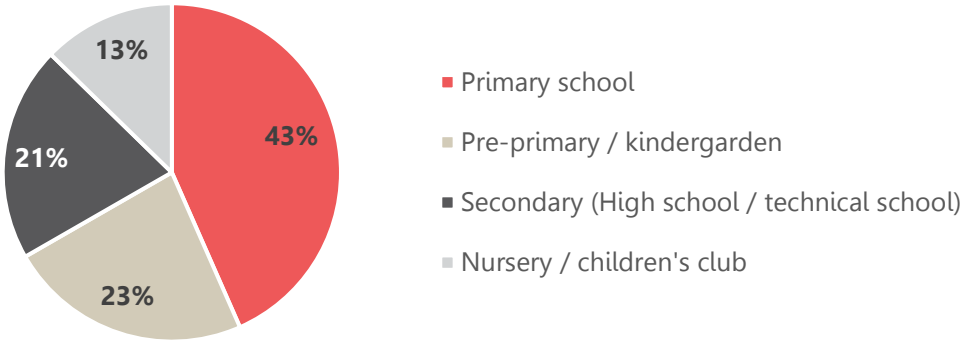
Figure 23: Intent at the time of data collection to attend school this year 2021-2022, by age group (n=573)



Overall, at the time of data collection, 26% of respondents had a child who would be enrolled in schooling in Romania for the current school year i.e., 2022-2023 (either enrolled in formal Romanian schooling, following Ukrainian and Romanian curricula or attending a Ukrainian school in Romania).

Of those, 43% planned to enrol in a primary school, 23% in a pre-primary/kindergarten and 21% in a secondary high or technical school (Figure 24). Eighty-nine percent planned to be attending regular classes while 11% would follow preparatory classes for children from Ukraine. Regarding the type of institutions, approximately one-third reported plans to enrol in a private school while 61% would be attending public schools. Based on their feedback the majority (94%) of those schools would be in the city where the HHs resided at the time of the interview.

Figure 24: Type of enrolment for students planning to attend school in Romania for the current year (n=148)



Note: This question also displayed an option for tertiary education. However, none of the individuals in the sample selected this option which could be explained by the young age of the sample (3-17).

Table 24: Top seven reported support needs for attending school in Romania (n=92)

Needs reported for schooling in Romania	% of students
No support needed or wanted	66%
Additional Romanian language classes	8%
Transportation	8%
Ukrainian textbooks	7%
I don't know	6%
Equipment (bags, pencils, uniforms)	4%
Internet connection	4%

Table 23: Top seven reported support needs for attending Ukrainian distance learning (n=307)

Needs reported for attending Ukrainian distance learning	% of students
No support needed or wanted	46%
Laptop	27%
Tablet	23%
Internet connection	10%
Ukrainian textbooks	9%
Space to attend or listen to distance learning classes	9%
Equipment (bags, pencils, uniforms)	7%

To facilitate support for those children accessing school in Romania, additional Romanian language classes (8%) and transport (8%), followed by Ukrainian textbooks (7%) were reported as needs, although 66% of respondents replied that no support was needed or wanted for Romanian schooling (Table 23).

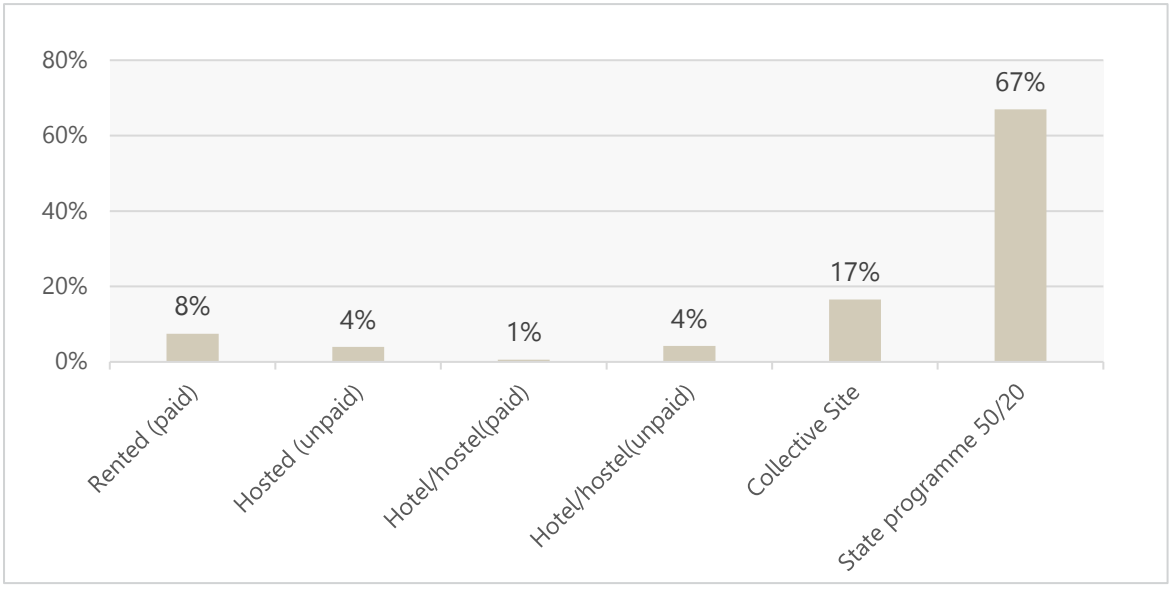
The majority of school-aged children, however, planned to attend Ukrainian distance learning (54%). For those students attending Ukrainian schooling online, the biggest support needs were technology-based equipment, such as laptops (27%), tablets (23%), or internet (10%). However, as in the case of Romanian schooling, the majority indicated that no support was needed or wanted (46%) as shown in Table 24.

HHs with school-age individuals who did not plan to attend school in Romania and decided on other types of schooling, or no schooling at all (10%) were asked about the barriers they faced in attending school in Romania. Of the reasons given for not attending class in Romania, attending online classes in Ukraine (57%) and language barrier (11%) were the most reported. Additionally, 11% percent reported not facing any barrier to attend school in Romania. Other main reasons selected were the intention to move to another country (6%), the lack of schools within an accessible distance (4%), or that they did not want to put an additional burden on child(ren) to follow both (Ukrainian and Romanian) curriculums (4%). It should also be noted that most of HHs did not seem to have a concern regarding their child losing one academic year by following the Romanian curriculum, as only 1.5% of HHs reported it as a barrier.

Accommodation and intentions

Romania's response to the accommodation needs of refugees was to set up a series of collective settlements, in which the refugees would be able to benefit from shelter and other kinds of emergency services. The Romanian government also established a programme to help refugees to find housing in the host community. The 50/20 programme allows individuals who are hosting refugees to receive RON 50/day (EUR 10) for accommodation and an additional RON 20/day (EUR 4) for food and expenses. Hotels and other types of accommodations can also be a part of this scheme, with RON 100/day for hotels. At the time of the interview, about 17% of the sample were residing in CSs, whereas the majority of refugees interviewed were living in the host community (83%), with 67% as part of the 50/20 programme (Figure 25).

Figure 25: Proportion of HHs by reported accommodation type (n=716)



Note: The total sums up to more than 100% due to rounding.

Interviews with respondents in the host community also found that 8% of refugees in the sample were living in rented accommodations, while 8% were living in unpaid accommodations outside of the 50/20 programme (e.g., hosted by relatives or locals, unpaid hotel or similar). This could include being hosted by relatives or locals, living with friends who were funding the accommodation, or donating spaces not receiving government funding (e.g., unpaid hotel, church, etc.).

Based on the ten counties used in the sample, most refugees resided in a state-funded 50/20 accommodation, except for Iași where almost half of respondents were living in an unpaid hotel/hostel (or similar) and 25% were in CSs.[34] In Cluj, only 2% lived in CSs, while in Galați, 30% lived in CSs. The largest number of refugees in CSs was in Brașov (30%), and living in government-funded 50/20 sites was in Sibiu (87%).

[34] It should be noted that the sample for Iasi was 10 respondents. Also, by doing purposive selection of respondent, enumerators might have collected several interviews in places known to be accommodating refugees according to key informants.

HHs were also asked how long they would be able to stay in their accommodation if they needed to. The majority in the host community responded that they would stay until the end of the 50/20 programme (37%), while those in CSs believed they could stay 'until the end of the war[35]' (36%). The next most frequent answer was 'I don't know' for each stratum, revealing the inability to determine what to do next based on the changing nature of the situation. The reliance on the 50/20 programme for housing was also evident by the number of HHs living in these accommodations as well as the perception that they could stay in the accommodation only if the programme lasts, showing the importance of the programme for the HHs living in the host community. In case this programme should end, the ability of refugees to find housing may be limited. For HHs in the host community, the majority (66%) did not have a written agreement with a landlord for the accommodation.

Table 25: Reported living condition issues in the accommodation, by stratum (n=716)[36]

Accommodation Issues	CSs	Host community	Overall (% of HHs)
None of the above	58%	64%	63%
Insufficient space	18%	17%	17%
Lack of privacy	18%	9%	10%
Lack of cooking facilities	14%	8%	9%
Lack of hygiene facilities	4%	8%	8%
I don't know	5%	8%	7%
Lack of security	3%	5%	5%
Unable to keep warm or cool	2%	3%	2%
Lack of trash disposal	4%	2%	2%

HHs were asked if they faced any of the above-listed issues in their accommodations (Table 25). Overall, 63% reported having none of these issues. In CSs, HHs reported insufficient space (18%), lack of privacy (18%), and lack of cooking facilities (14%) as their main issues. While for HHs living in the host community, insufficient space was also a concern, but the majority of respondents had none of the listed issues (64% against 58% in CSs) as shown in Table 25.

The missing items from accommodations followed similar themes as the main issues reported in the previous table, the majority of items were available (73%), while kitchen items (14%) were the most needed items for HHs reporting that something was missing. Adult clothing items account for 13% of the needs reported (Table 26).

[35] Based on the interview question 'How long do you believe your household can stay in this accommodation if you need to?' and the pre-defined answer option 'until the end of the war'.
[36] Multiple choices could be selected, except for respondents who selected 'none of these issues'.

Table 26: Reported missing equipment in accommodation, by stratum (n=716)

Missing equipment in current accommodation	CSs	Host community	Overall (% of HHs)
Everything is available	70%	74%	73%
Kitchen sets/household cooking items	16%	13%	14%
Adult clothing items	10%	13%	13%
Basic hygiene items (Soap, shampoo, toothpaste, etc.)	9%	10%	10%
Temperature regulating devices (heater or cooler)	7%	10%	9%
Menstrual materials (e.g., sanitary pad/towel)	8%	6%	7%
Children's clothing items	7%	5%	6%
Mattresses/beds	6%	5%	5%
Other	1%	1%	1%
Diapers	2%	0%	0%

In addition, HH's readiness for the winter season was assessed based on features of the accommodation such as heating, insulation, hot water, and a place to store winter clothes. The percentages correspond to the number of HHs that reported having access to the items listed. Overall, most of the HHs confirmed having the essential items for proper winterization, with only 5% answering that they did not have any of the listed features (Table 27).

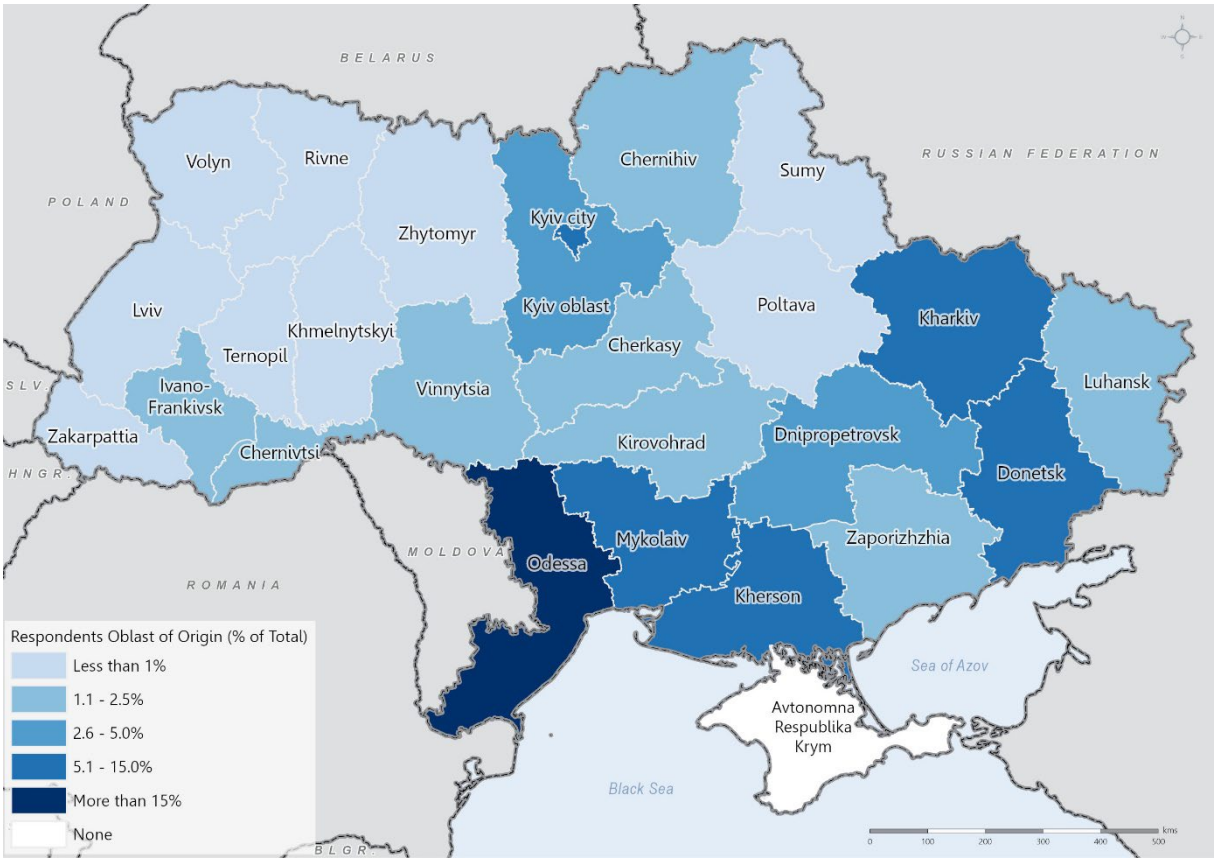
Table 27: Reported winterization items available in accommodation (n=716)

Available features in accommodation for winterization	% of HHs
Hot water	86%
Sufficient heating	85%
Insulation	76%
Place to store winter clothes	71%
None of the above	5%

Movement intentions

HHs were asked about their oblast of origin as well as their movement intentions for the 30 days after data collection. The majority of refugees who were recorded in Romania came from the oblasts of Odessa (38%), followed by Mykolaiv (12%), Kherson (9%), Kharkiv (7%), Donetsk (6%), and Kyiv city (6%). The predominant migration flow to Romania came from the South-East of Ukraine based on this sample data (see Map 2).

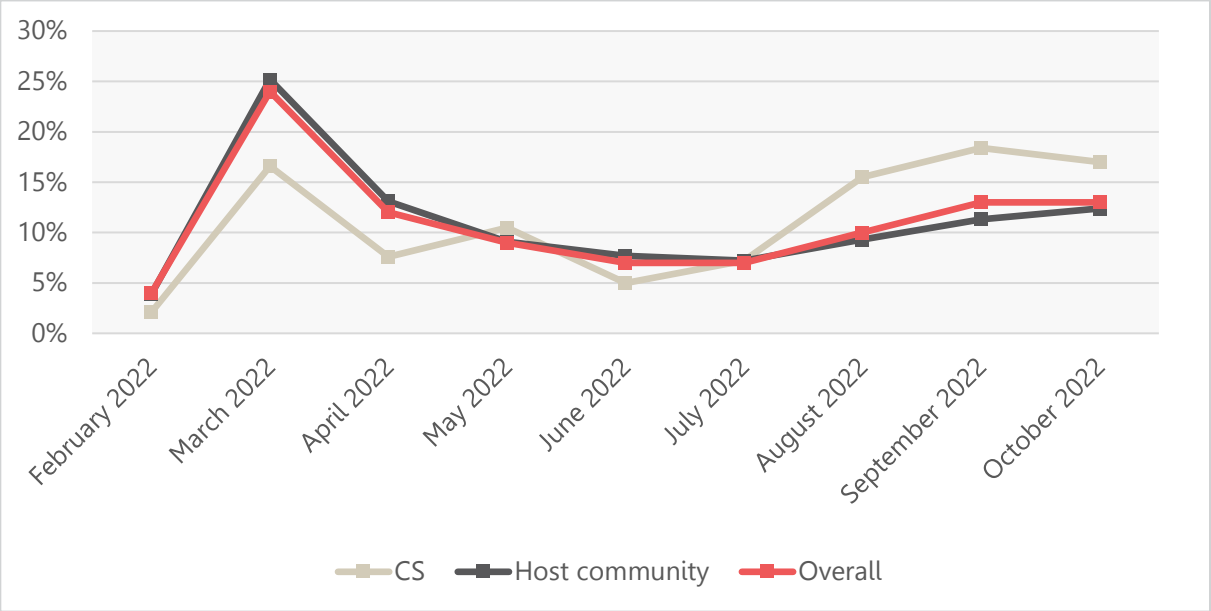
Map 2: HH's reported oblast of origin in Ukraine (n=716)



The most frequently reported month of arrival in Romania among interviewed HHs was March 2022 (24%), followed by September (13%) and October (13%) 2022. A noticeable variation could be observed between HHs in CSs and in the host community. Indeed, the former predominantly arrived in March (25%) and April (13%) 2022, while HHs in CSs reported mainly arriving in September (18%) and October (17%) 2022, which could suggest that refugees may first be willing to stay in CSs before moving to another accommodation in the host community (Figure 26).[37]

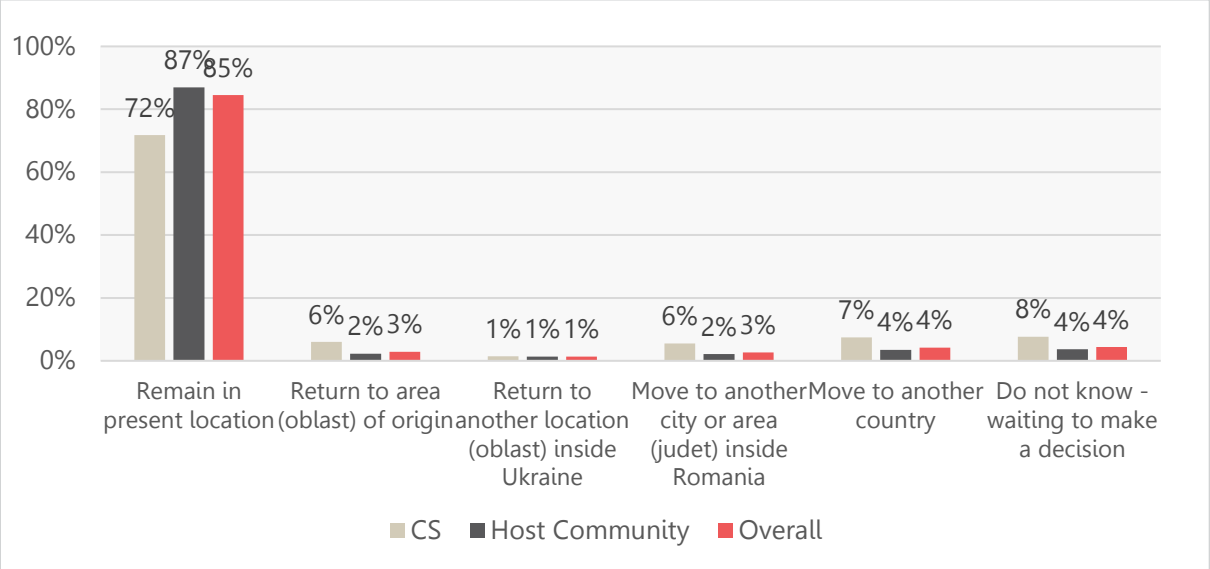
[37] According to preliminary findings of the area-based assessment (ABA) conducted by REACH in Bucharest in September and October 2022, this hypothesis seemed to be partially confirmed, with 41% of respondents who reported a stay in CSs before securing a private accommodation.

Figure 26: Month of arrival to Romania as reported by HHs, by stratum (n=716)



The majority of respondents intended to stay in Romania in the next 30 days after data collection (85%), with a slight variation for respondents interviewed inside CSs (72%) compared to respondents in the host community (87%). This could be due to the fact that CSs, to a certain extent, continue being a transit point for Ukrainians that are on their way to move further to other European States. Seven percent of respondents interviewed in CSs reported intending to move to another country compared to 4% of respondents in the host community who report similar intentions. A small proportion of HHs in CSs (6%) planned to return to their oblast of origin, while an additional 8% were waiting to decide (Figure 27)[38].

Figure 27: Movement intentions in the next 30 days as reported by HoHHs (n=716)



[38] In comparison, for HHs living in the host community, 2% planned to return to their oblast of origin and 4% were waiting to decide.

Accountability to affected people

Aid received and satisfaction

Nearly 80% of HHs reported having received humanitarian assistance since arriving in Romania (Figure 28). Of these, roughly 75% of HHs reported being satisfied to a 'very great extent' or 'to a great extent' with the aid received (Figure 29). Of the reasons for dissatisfaction with aid received (Figure 30) among those who reported dissatisfaction (n=110), the majority (56%) believed assistance was not enough, needed other types of products (40%), or that the aid was not received frequently enough (34%).

Figure 28: Share of HHs that reported having received humanitarian assistance (n=716)

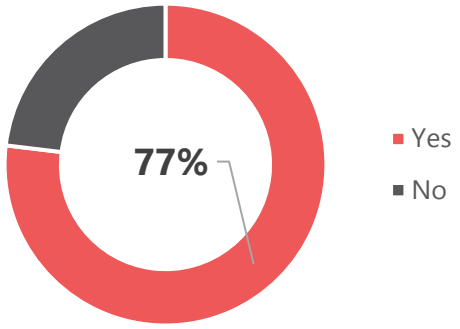
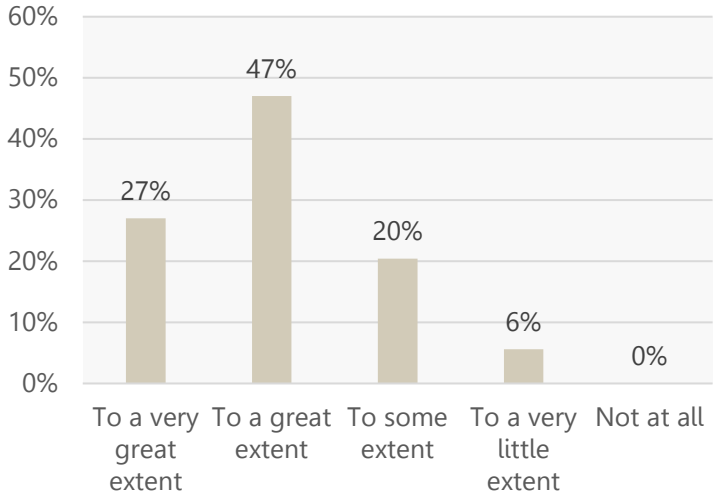


Figure 29: Satisfaction with aid received among HHs who received assistance (n=567)



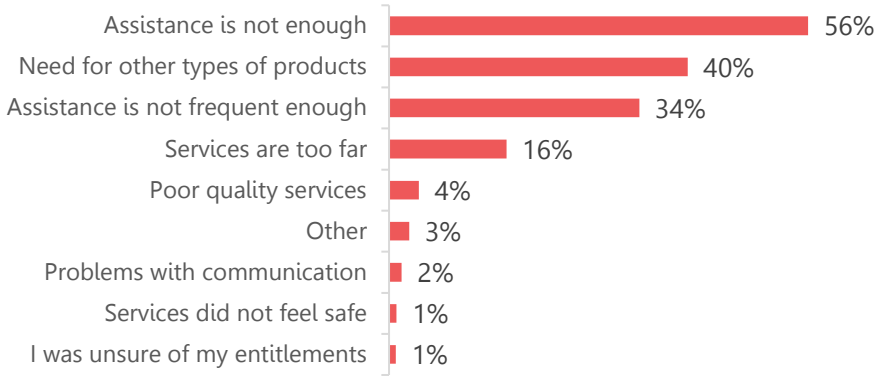
Among those who received aid (n=567), the most frequently received aid types were food (91%), hygiene items (73%), or cash (55%) since arriving in Romania. Clothing (47%), support with accommodation (42%) and transport (28%), as well as healthcare (24%) were other reported needs, however, cash (47%) and food (49%) were the two priority needs reported by HHs. (Table 30).

The Romanian Red Cross (63%) was the aid provider reported by the largest proportion of HHs (63%) who have received aid since arriving in Romania, followed by UN agencies (51%), International NGOs (48%), local NGOs (38%), faith-based groups[39] (34%), Romanian authorities (30%), and Romanian society (29%).

Notably, among HHs who did not receive aid, 64% reported not receiving aid because it was not needed or wanted, and 29% because they did not know where to request humanitarian aid. Also, 20% did not have time to apply at the time of data collection, likely because they had recently arrived in the country.

[39] Faith-based groups are also known as religious organisations.

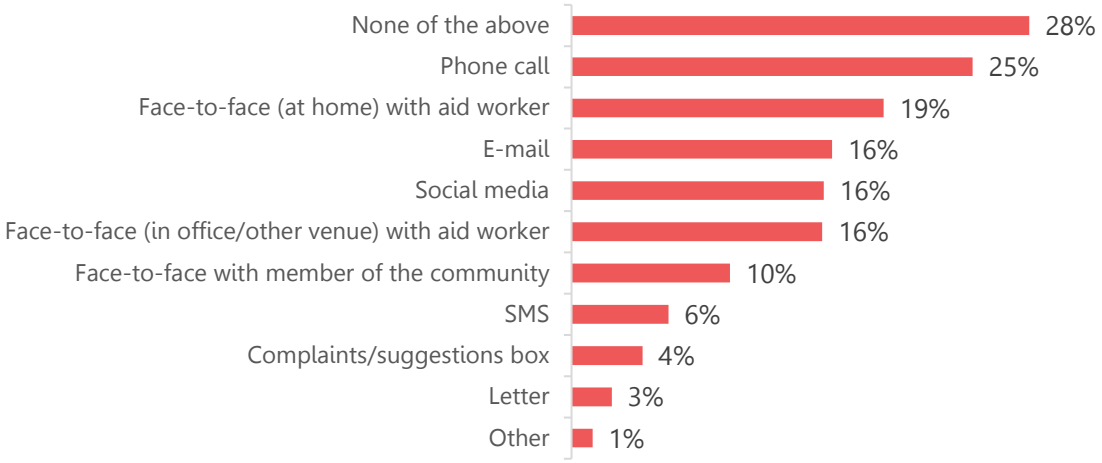
Figure 30: Reported reasons for dissatisfaction with the aid provided (n=110)



Complaint mechanism awareness

Overall, 69% of HHs reported satisfaction with aid workers' behaviour in their location, while 11% reported dissatisfaction. Among others, 17% did not have contact with aid workers and 3% preferred not to answer this question. Twenty-eight percent of HHs were not aware of any complaint mechanisms, and phone call (25%) was the most reported mechanism reported by those who were aware of them (Figure 31).

Figure 31: Main reported complaint mechanisms known by HHs (n=716)[40]



The preferred complaint mechanism to give feedback to aid agencies about any misconduct of aid workers in case they would need it, was phone calls through a unique hotline (25%), face-to-face with an aid worker at home (19%), social media (18%) and e-mail (17%), though the most reported answers were `do not know' or 'hard to tell` (26%), as shown in Table 28. Among those who selected social media as their preferred complaint mechanism, Viber (72%), WhatsApp (39%) and Telegram (34%) were the preferred channels.

[40] These are the top 7 most reported complaint mechanisms on a list of 12 options.

Table 28: Preferred feedback mechanism to report dissatisfaction with behaviour of aid workers (n=716)

Preferred complaint mechanism	% of HHs
Do not know / hard to tell	26%
Phone call – through a unique hotline.	25%
Face-to-face (at home) with aid worker	19%
Social media	18%
Email	17%
Face-to-face (in office/other venues) with aid worker	14%
Face-to-face with members of the community	8%
SMS	7%
Letter	3%
Complaints/suggestions box	3%
Other	1%
Tweet	0%

Information needs

Respondents were asked if they faced any challenges in accessing information that they needed at the time of data collection. Sixty-five percent answered that they did not have any challenges accessing information. The most reported challenges were unsure where to look for information (16%) or that information was not available in the languages that they spoke (10%).

Table 29: Top 15 types of information that HHs would like to receive (n=716)

Information type needed	% of HHs
None	30%
How to access health care services	29%
How to access financial services	21%
How to find work	18%
How to get more money/financial support	17%
How to enrol children in school/kindergarten	10%
News on what is happening at home	10%
How to replace personal documentation (e.g., birth certificate, ID)	9%
News on what is happening in Romania	7%
How to register for aid	7%
How to access financial aid	6%
How to stay safe to prevent attack/harassment or to get help after	4%
Information on the aid agencies they are receiving aid from	4%
How to legally travel to Ukraine and go back to Romania after some time	3%
How to get transport within Romania	3%

While asked how they would like to receive that information needed, 30% of HHs reported having no information needs, while access to healthcare (29%) and financial services (21%) were the other most reported information needs types (Table 29). The preferred methods of receiving information were message-based apps such as Viber (48%), Telegram (41%), WhatsApp (32%), or SMS (23%)., Facebook (24%) and phone calls (26%) were also preferred channels.

Top three immediate and long-term needs of HHs

The top priority needs reported by HHs, were food (49%), cash (47%), housing (29%), and healthcare services (26%) as shown in Table 30. This was also reflected in the top 4 medium to long-term priority needs, in relatively similar order (Table 31).

Table 30: Top immediate priority needs as reported by HHs (n=716)

Type of immediate needs	CSs	Host community	% of HHs
Food	55%	48%	49%
Cash	41%	49%	47%
Housing/accommodation	31%	28%	29%
Healthcare services	19%	27%	26%
Clothes	22%	22%	22%
Sanitation and Hygiene Products	11%	17%	16%
Medicines	9%	8%	9%
Support with transport	4%	9%	8%
Employment	8%	7%	7%
No needs	14%	6%	7%
Baby items	7%	7%	7%
Support with childcare/child education	2%	6%	6%
Language courses	4%	4%	4%
Livelihoods support	2%	5%	4%
Legal assistance	4%	3%	3%
Communication (phone or internet access)	2%	2%	2%
Other	2%	1%	1%
Need to repay debt	0%	1%	1%
Psychosocial support	1%	1%	1%

The analysis of top immediate needs by stratum revealed the same trends with cash, food, and housing as the most reported needs. However, clothes were reported as an immediate priority need by 22% of HHs living in CSs, corresponding to the 4th most reported need in this stratum, before healthcare services. Some differences can be observed in the two strata as 14% reporting of HHs living in CSs and (6%) of HHs living in the host community reported no needs. HHs living in CSs also reported food needs in a higher proportion (55%) compared to HHs living in the host community (48%). On the opposite, cash and healthcare services were more

reported by HHs living in the host community. The host community also had a greater need for childcare and education support, sanitation, and hygiene, as well as support with transport.

Notably, the immediate priority needs were quite heterogenous between accommodation types. Among HHs who reported being hosted either by family, friends, or an unrelated person, approximately three-quarters selected 'Cash' as the priority need, while the need was reported by 50% of HHs under the 50/20 programme, and even lower for other accommodation types. On the opposite, food was more reported in CSs and by HHs benefiting from the 50/20 programme, with respectively 55% and 52% reporting it.

Table 31: Top medium to long-term priority needs as reported by HHs (n=716)

Type of medium/long-term needs	CSs	Host community	% of total HHs
Shelter/housing	58%	47%	48%
Healthcare	45%	41%	42%
Financial support	38%	42%	41%
Food	43%	40%	40%
General information	13%	17%	16%
Livelihoods support/employment	7%	11%	10%
Language courses	8%	9%	9%
Transportation support	6%	9%	9%
None	5%	5%	5%
Education for children under 18	0%	3%	3%
Support to return home	1%	3%	2%
Other	4%	2%	2%
Hygiene NFIs (e.g., soap, sanitary pads)	1%	2%	2%
Prefer not to answer	3%	2%	2%
Childcare	3%	1%	1%
Legal consular assistance	2%	1%	1%
Sanitation services (e.g., latrines)	0%	1%	1%
Spaces/activities for children	1%	1%	1%
Communication with other Ukrainians/elsewhere	0%	1%	1%
Psychosocial support/counselling	1%	0.3%	0.4%
Family tracing	1%	0.4%	0.4%
Need to repay debt	0%	0%	0%

In terms of medium and long-term needs, both strata revealed housing, healthcare, financial support, and food as the most important needs. Housing or shelter was, however, more of a concern for HHs living in CSs (58%) compared to those living in the host community (47%). Food seemed also more of a concern for HHs living in CSs (43%) or accommodated under the 50/20 programme (45%), in comparison with HHs living in other types of accommodation.

CONCLUSION

The MSNA in Romania aimed to inform the relevant stakeholders on the key humanitarian needs of Ukrainian refugee HHs living in the host community and in CSs in Romania. As the situation in Ukraine is constantly evolving, this assessment provides a snapshot of the needs and challenges of these HHs at the time of data collection (12 October- 1 November).

Findings from the MSNA revealed that the majority of Ukrainian refugee HH members were female (65%), and children under 18 years comprised almost 34% of the overall population of these HHs.

At the time of the interview, the majority of refugees relied on remittances and social benefits from Ukraine as well as humanitarian assistance as main sources of income. Access to livelihood solutions has become important for these HHs as approximately 41% of HoHHs who were working in Ukraine reported not working at the time of data collection, for reasons such as a lack of work availability and language difficulties.

Refugees living in Romania did not note any particular protection concerns at the time of the interview, as the majority of them reported almost no perceived risks for women, men or children in their households. However, a small share (7%) of respondents experienced some hostile behaviours since their arrival, mainly in the form of verbal aggression and discrimination. In case of a protracted crisis, these cases may increase in number if the tension in the community increase.

The MSNA findings indicated that among the 21% of individuals who had a healthcare need in the last 30 days prior to data collection, 76% were able to access related services. Yet, a lack of awareness about the availability of healthcare facilities or high costs and language issues were reported as barriers that are important to address in term of access to healthcare. Healthcare access seemed the most difficult for individuals reporting chronic disease or dental services as a need. Regarding mental healthcare, among the 4% who had a person in need for MHPSS, only 38% were able to access it, and the main reported barrier was language.

While accessing education in Romania was not found to be challenging or a priority for respondents who had children under their care, this could be due to the low enrolment rates of Ukrainian children in the Romanian educational system. While other reasons may become clearer over time, it appeared that the low enrolment numbers were due to a high attendance of Ukrainian distance learning. However, in case of a protracted crisis, this attitude may change and education in Romania may become a priority for these HHs as well.

With the majority of refugees in Romania living in the host community, findings related to accommodation revealed that the majority of respondents reported living in government-sponsored accommodation (through the 50/20 programme), followed by rented accommodation and hosted accommodation. The high number of refugees in the 50/20 programme could be a concern if this initiative is set to expire or end at a certain time in the near future. As the movement intentions suggested, the majority of household members did not intend to move out of Romania in the 30 days after data collection.

Based on the findings of this MSNA, the main immediate priority needs of HHs were food, cash, housing and healthcare services. These needs were also reflected among the top four medium to long-term self-reported priority needs, even if the priority order differed to some extent: housing, healthcare, financial support and food. These priority needs were reflected in the high proportion of respondents living both in CSs and in the host community, with slight differences

regarding immediate food and healthcare needs, and medium to long-term housing needs. However, these needs seemed to have been at least partially covered by humanitarian assistance, as the majority of respondents reported having received aid since arriving in Romania with a high level of satisfaction. Livelihood needs may change over time for HHs due to the uncertainty regarding the situation in Ukraine.

Considering the dynamic nature of the displacement situation, continuous situation monitoring might help ensure the visibility on the evolving needs of affected communities, including potential new arrivals, and the prevention of potential future tensions between the hosting community and Ukrainian refugee HHs. As the hostilities continue, helping refugees to live sustainably by assisting them in finding employment, and other livelihood means could alleviate some of the stress caused by protracted displacement.