Self-perceived Needs Assessment of Refugees from Ukraine in Moldova

October 2024 | Republic of Moldova

Key Findings

The large majority of refugees (92%) indicated cash assistance as among their preferred type of aid.

Almost half (46%) of respondents reported assistance in healthcare as one of their preferred type of assistance.

The highest self-perceived need was income or livelihood (80%)

Methodology

This assessment employed the Humanitarian Emergency Settings Perceived Needs (HESPER) Scale, which aims to provide a quick, holistic overview of the self-perceived serious needs of people affected by large-scale humanitarian emergencies, such as war, conflict, or major natural disasters.[2] Due to the context, a question on being displaced from home was changed to integration in the community, and a question about access to heating was added, creating a total of 27 questions.[3]

Participants were gathered through convenience sampling, with scoping done using instant messaging platforms such as Viber, Telegram, and Instagram. These platforms were selected due to their dedicated groups for Ukrainian refugees residing in Moldova, the size of these groups, and the preference of refugees using these platforms, which aligned with the assessment's target population. The data collection tool was a structured quantitative survey, administered via phone by the REACH Ukrainian field team, covering refugees across all regions of Moldova, including Transnistria. It should be noted that the sampling was non-representative and should be treated as indicative only. Additionally, the exact numbers of the total refugee population within the assessment's scope remain unclear.

Data collection between June 3 and June 9

245 completed structured phone surveys

Context & Rationale

Over two years have passed since the escalation of the conflict in Ukraine on 24 February 2022. As of October 2024, there have been over a million recorded border crossings from Ukraine since the escalation of the conflict, and 123,183 refugees from Ukraine are currently recorded to be in the Republic of Moldova according to the monitoring of border crossings between the countries.[1] Between 2022 and 2023, refugees from Ukraine were permitted to cross into Moldova without a passport which eased the process of seeking asylum in Moldova. However, this made it difficult to keep track of the movements of refugees in and out of the country, and what their needs were.

Several assessments have captured to some extent the needs of the refugee population in Moldova. While some of these assessments, such as the Multi-Sector Needs Assessment (MSNA) have been able to comprehensively provide an overview of the needs of refugees from their perspective, the structure of this assessment allowed for a more in-depth understanding of the priorities of the needs of refugees. This deeper analysis and a better understanding of the priority of needs from the perspective of refugees can influence the refugee response and inform implementing partners in their projects.

Limitations

The data for the self-perceived needs questionnaire was collected through the instant-messaging services Viber, Telegram and Instagram. This method allowed for reaching a larger number of respondents through a different method of identification participant. However, these channels were not widely used across all refugee groups, mainly reaching female respondents, and respondents from urban areas.

Additionally, since this data collection phase used a convenience sampling approach with low response rates, the demographic data and findings on self-perceived needs and preferred sectors of assistance are only indicative of the broader refugee population in Moldova.
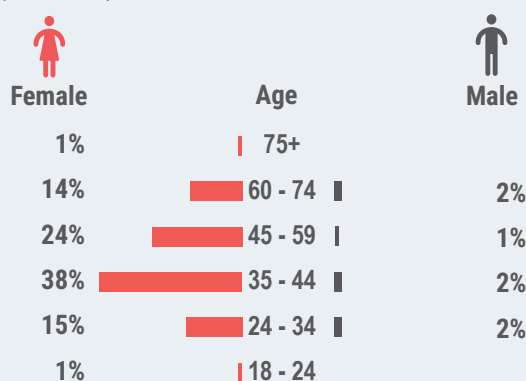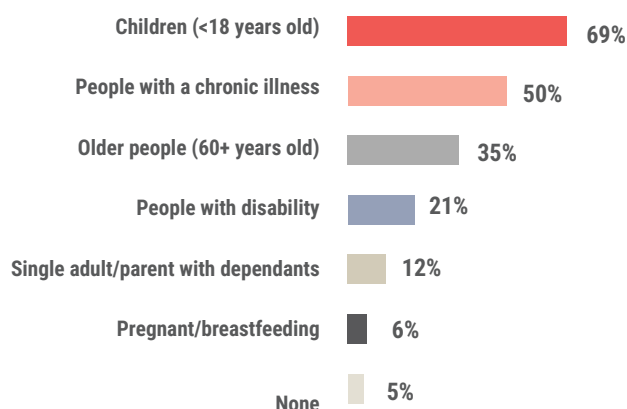
Demographics and geographical scope

Regarding the demographics of the survey participants, the vast majority of the 245 respondents were female (93%), with the biggest groups of respondents being between 35-44 years old (40%), followed by those between 45-59 years old (25%). When looking at the vulnerabilities within the household (HH), more than 69% of households included children, and half (50%) included a person with a chronic illness.

Regarding the employment status, the majority of respondents were self-employed (78%). Respondents from the North (N=50) reported the highest prevalence of unemployment (90%), while the South (N=34) reported the highest number of formal employment (38%).

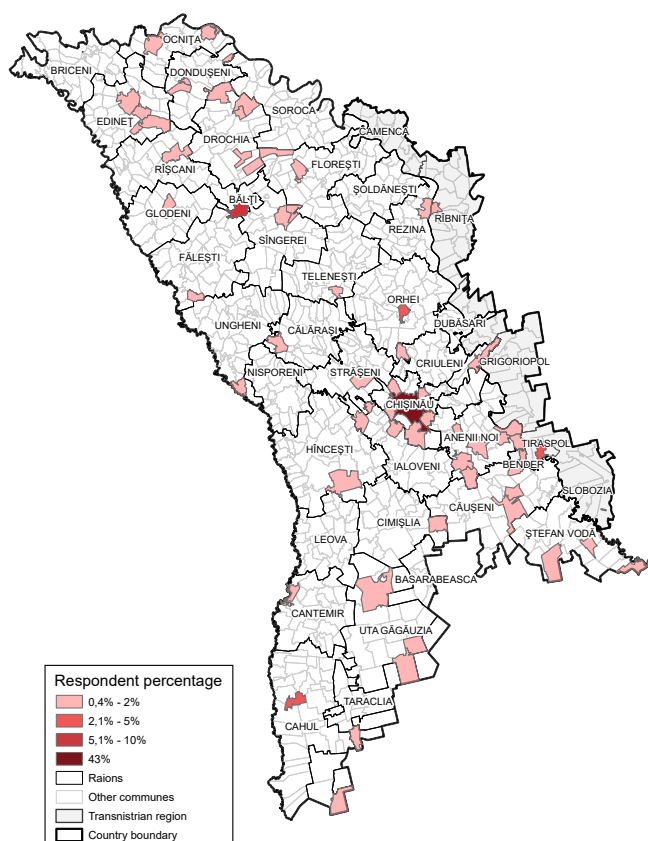## Respondents by age group and gender (N=245)

Female	Age	Male
1%	75+	
14%	60 - 74	2%
24%	45 - 59	1%
38%	35 - 44	2%
15%	24 - 34	2%
1%	18 - 24	

Presence of vulnerable group in HH (N=245)

Children (<18 years old)	69%
People with a chronic illness	50%
Older people (60+ years old)	35%
People with disability	21%
Single adult/parent with dependants	12%
Pregnant/breastfeeding	6%
None	5%

GEOGRAPHIC COVERAGE
Location respondents in Moldova

Respondent percentage
- 0,4% - 2%
- 2,1% - 5%
- 5,1% - 10%
- 43%
- Raions
- Other communes
- Transnistrian region
- Country boundary

Almost half (47%) of the respondents were living in Chisinau municipality, 13% of the respondents were living in the Centre region, 20% of respondents were living in the North region, 14% were living in the South region, and 7% respondents were living in Transnistria (see map)*. Most respondents indicated they were living in urban areas (83%), while 17% indicated they were living in rural areas. Demographics are comparable to results from the refugee population estimations of this research, regarding the large concentration of refugees in Chisinau and urban areas.[4]

Key definitions

Refugees: Persons or groups of persons who have been displaced from Ukraine following the escalation of hostilities on 24 February 2022, including third-country nationals.

Self-perceived needs: Needs which are felt or expressed by people themselves and are problem areas with which they would like help.

Serious problem: According to the HESPER Scale methodology, a serious problem is a problem which the person feels is serious (however they define this).

* Please note that one respondent did not disclose their location and is therefore not included in any region.

Top 10 reported "serious problems"

The HESPER Scale, a multi-sectoral tool produced to provide population-based quantitative assessments of perceived needs, was used in this survey to directly reflect the views of those affected. Respondents were asked to indicate whether they perceived issues across 27 different categories as a serious problem in their lives. A total of 245 respondents completed most questions, as a few questions were subject to relevance constraints. In the graph on the right, the top 10 most frequently reported serious problems are displayed.

The HESPER Scale methodology centers on understanding people's lived experiences by focusing on their self-identified challenges, providing a nuanced, community-driven perspective on priorities that might not emerge from purely observational or external assessments.

Hesper Scale
reported serious problems (N=245)

Category	%
Income or livelihood	80%
Seperation from family members	48%
Distress	39%
The way aid is provided	38%
Clothes, shoes, bedding or blankets	38%
Physical health	35%
Heating	27%
Health care	26%
Information	23%
Care for family members (N=211)	18%

When looking at the most reported serious problems, income or livelihood emerged as the most frequently perceived serious problem (80%). Disparities in serious problems in income or livelihood is seen in the rural (N=41) and urban (N=204) division, with 88% of respondents in rural settlements reporting a serious problem, compared to 78% in urban settlements. Additionally, 92% of respondents with large families (5 to 8 household members, N=39) reported having a serious problem with income or livelihood, which is notably larger than respondents with smaller household sizes (77%, N=206).

Separation from family members is reported as the second most serious problem, with nearly half of the respondents (48%) identifying it as such. This issue is especially prevalent among respondents aged 60-74 years old, with almost two-thirds (65%) in this age group reporting it as a serious problem.

Distress was reported by 39% of respondents as a serious problem, described in the research as feeling very upset, sad, worried, scared, or angry. Among respondents with disabilities (N=44), more than half (55%) identified distress as a serious problem, compared to 36% of respondents without disabilities (N=201). Additionally, 37% of respondents in urban settlements (N=204) report a serious problem with distress, compared to almost half (49%) in rural settlements (N=41).
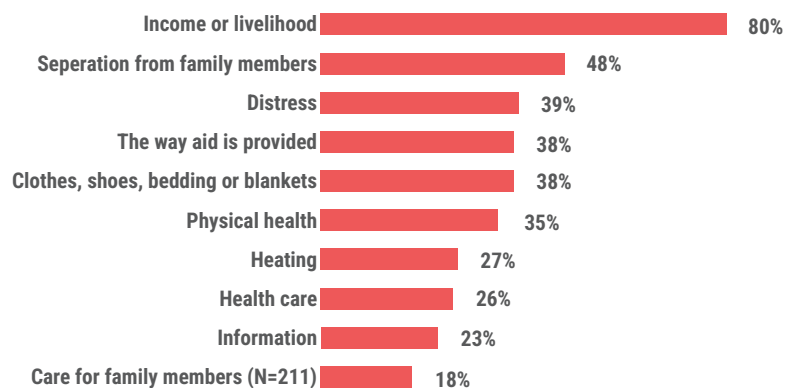
Clothing and bedding needs were a serious problem to 38% of respondents 65% of respondents without disabilities (N=201) report a serious problem with having sufficient clothes, shoes, bedding or blankets, compared to less than half (46%) amongst respondents with disabilities (N=44). Additionally, more than half (53%) of respondents in the Centre (N=32) report a serious problem, whereas in the South (N=34) it is 27%. Heating was reported as a serious problem by 27% of respondents, with notable regional differences: 16% of respondents in Chisinau (N=112) and 1 of the 16 respondents from Transnistria reported this as a serious problem, compared to 38% in the North (N=50), 41% in the Centre (N=32), and almost half (47%) in the South (N=34).

38% of respondents reported having a serious problem with the way aid is provided. While less than a third of respondents in the Centre (31%, N=32), Chisinau (31%, N=112), and the North (28%, N=50) reported this serious problem, 74% of respondents from the South (N=34) and 9 out of the 16 respondents from Transnistria identified it as a serious problem. Comparatively, 37% of respondents in urban settlements reported to have a serious problem with the way aid is provided, whereas 46% of respondents of rural settlements reported this as a serious problem. 23% of respondents reports a serious problem with receiving information, with 20% of respondents without disabilities (N=201), and 34% of respondents with disabilities (N=44).
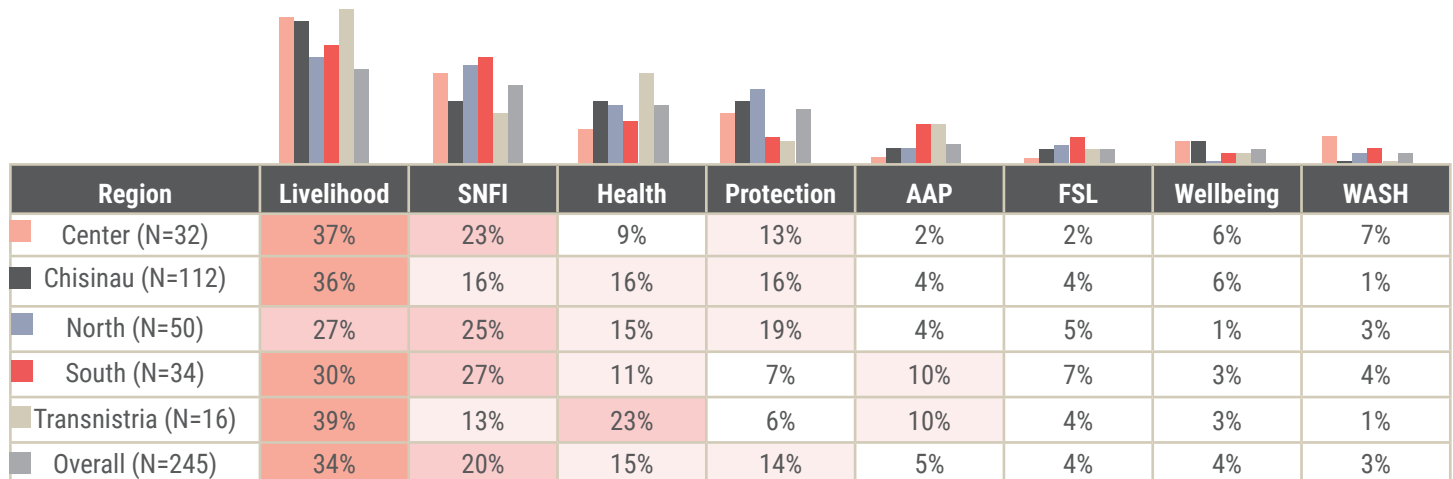
Regarding physical health, 35% of respondents reported to have a serious problem. Results illustrate that 70% of respondents age 60+ years old (N=43) have a serious problem with physical health, whereas this is 39% for people aged 45-59 years old   (N=62) and 23% for people aged 18-44 years old (N=140). 26% of respondents report to have a serious problem with healthcare. Of those who axsperience this as a serious problem, a higher proportion (28%) of respondents were from urban settlements (N=204), compared to rural settlement (20%, N=41). For taking care of family members*, 18% of respondents reported it as a serious problem.

* Please note that only households with 2 or more members were given this question (n=211).

Hesper Scale - Priority needs by sector

Region	Livelihood	SNFI	Health	Protection	AAP	FSL	Wellbeing	WASH
Center (N=32)	37%	23%	9%	13%	2%	2%	6%	7%
Chisinau (N=112)	36%	16%	16%	16%	4%	4%	6%	1%
North (N=50)	27%	25%	15%	19%	4%	5%	1%	3%
South (N=34)	30%	27%	11%	7%	10%	7%	3%	4%
Transnistria (N=16)	39%	13%	23%	6%	10%	4%	3%	1%
Overall (N=245)	34%	20%	15%	14%	5%	4%	4%	3%

Sector	HESPER Scale category questions*
Livelihood	Income or livelihood
Shelter and Non-food items (SNFI)	Place to live in
	Clothes, shoes, bedding or blankets
	Heating
Health	Physical health
	Health care
Protection	Distress
	Safety
	Respect
	Moving between places
	Law and justice in your community
	Safety or protection from violence for women in your community
Accountability to Affected Population (AAP)	Information
	The way aid is provided
FSL	Food
Wellbeing	Care for family members
	Separation from family members
	Too much free time
	Alcohol or drug use in your community
	Mental health conditions in your community
	Care for people in your community
Water, Sanitation and Hygiene (WASH)	Drinking water
	Toilets
	Keeping clean
Education**	Education for your children
Displacement**	Community integration

Priority needs with scoring per sector

Based on HESPER indicators, respondents were further asked to rank their top 3 priority needs among all the categories they had indicated as serious problems. The indicated priority needs were then scored based on the reported level of priority, and categorized into primary sectors (as shown in the adjoining table). The share of points for each sector were then calculated of the overall total and of the total for each region (see graph above).

Livelihood was the highest reported need in all regions, scoring an average of 34% from the total amount of points. Shelter and Non-Food Items (SNFI) ranked as second as reported priority need, with a higher reported priority in South (27%, N=34), North (25%, N=50), and Center (23%, N=32), compared to Chisinau (16%, N=112) and Transnistria (13%, N=16).*** Respondents from Transnistria reported almost 23% of their priority score to health-related serious problems. This was higher than the overall health priority, which was 15%, and particularly low in the Centre (9%).

Regarding protection, more priority is given in the North (19%), whereas the South (7%) and Transnistria (6%) give lower priority. For wellbeing, a low overal priority score was given by respondents (4%), even though it includes categories that were often reported as serious problems, such as separation from family members. For Water Sanitation and Hygiene (WASH), a low priority score was given in Chisinau (1%), and a high score in the Centre (7%), compared to the average (3%). For the education and displacement sectors, consistently low priority was given across all regions.

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*   Indicators are phrased as of the HESPER Scale methodology. The full list of questions can be found here: WHO. The humanitarian emergency settings perceived needs scale (HESPER): 9789241548236_eng.pdf (who.int), (April 2011).

**   Please note that sectors 'education' and 'displacement' have not been included in the priority needs graph, as they both had an overall score of 1%.

*** Please note that Transnistria had fewer than 30 respondents; however, the percentage is based on accumulated priority scores and is therefore presented as is.

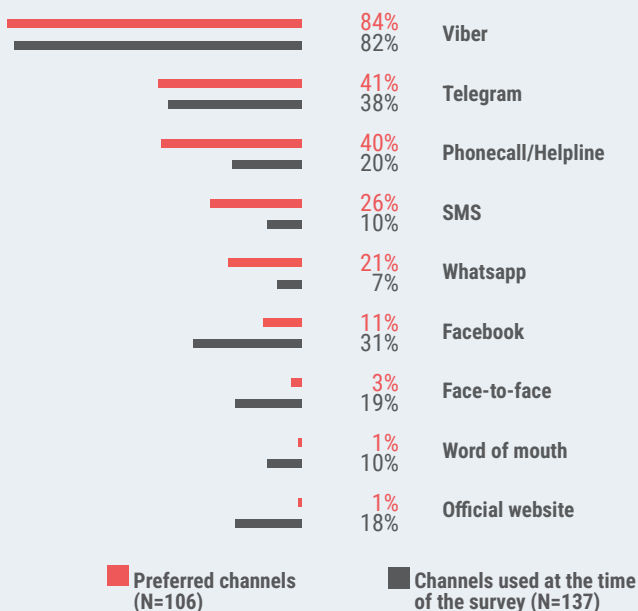# Comparitive analysis of serious problem and priority needs

Comparing serious problems reported by respondents with their priority needs according to the HESPER Scale categories, some issues were frequently identified as both serious problems and high-priority needs, while others were often reported as serious problems but not as priority needs, and vice versa.

Of the 81% of respondents who cited income or livelihood as a serious problem (N=195), 90% identified it as a top priority need. Although fewer respondents mentioned issues like heating and food as serious problems, those who did often regarded them as priorities. In particular, only 27% of respondents reported heating as a serious issue, yet 74% of them (N=67) ranked it as a priority need. Here it is worth noting that data collection was carried out in June, yet the priority need for heating was still reported very high. Thus, conducting this data collection in winter could potentially result in a higher priority need amongst participants. Similarly, food was reported as a serious problem by just 11% of participants, and 71% of these respondents (N=38) viewed it as a priority.

In contrast, certain categories frequently identified as serious problems were less often reported as top priorities. Distress was mentioned as a serious issue by 39% of respondents, though only 28% of them (N=96) considered it a priority need. This echoes the findings from the Socio Economics Insights Survey (SEIS) conducted in Moldova by REACH Initiatives in 2024. In this research, 18% of respondents* (N=1144) reported having mental health or psychosocial problems in the four weeks before data collection, and only 35% of those (N=167) attemped to access Mental Health and Psycho-Social Support (MHPSS) services during that time.[5]

Moreover, access to information, reported as a serious problem by 23% of participants, was deemed a priority by just 26% of these respondents (N=56). Community-related concerns also show a lower priority among respondents. Of the 12% of respondents that identified law and justice and mental illness within the community as serious problems, only 8% of those who cited law and justice (N=29) and 16% who cited mental illness (N=30) prioritized these issues as needs.

Information channels for Humanitarian services**

	Preferred	Used
Viber	84%	82%
Telegram	41%	38%
Phonecall/Helpline	40%	20%
SMS	26%	10%
Whatsapp	21%	7%
Facebook	11%	31%
Face-to-face	3%	19%
Word of mouth	1%	10%
Official website	1%	18%

■ Preferred channels (N=106)   ■ Channels used at the time of the survey (N=137)

Information channels for Humanitarian services

Respondents were further asked about information channels for humanitarian services, their preferred areas of assistance in accordance with HESPER Scale categories, and their preferred type of support.

Regarding information channels for humanitarian services, besides Viber and Telegram, there appears to be a mismatch between preferred channels and channels used at the time of the survey.

Preference for channels for which the reported usage was lower included phone call/ helpline, SMS, and WhatsApp.

Alternatively, channels such as Facebook as well as face-to-face communication, and official websites were frequently used platforms to distribute information and were much less frequently reported as a preferred channel to receive information about humanitarian services.

* Including all HH members aged 5 years and older

** This question included multiple choice answer options, therefore the percentages add up to more than 100%

Preferred assistance

Respondents were further asked to report on their preferred areas of assistance, in accordance with the HESPER Scale categories. Respondents could provide up to 3 areas, and were asked to pick from the categories they indicated as serious problems. The most reported category was income or livelihood (71%), which was also the highest reported as a serious problem. In the North, this was less often reported by respondents (54%, N=44), and more often in the Centre (78%, N=32). 25% of the respondents reported preferring receiving clothes, shoes, bedding or blankets, with a higher reported preference for people aged 35-44 years old (32%, N=92). 23% of respondents reported physical health as a preferred area of assistance. In urban settlements (N=192), one quarter (25%) of the respondents reported this as a preferred area, compared to 15% in rural settlements (N=41). Regarding heating, 18% of respondents reported this as a preferred sector of assistance, and 36% of respondents in the South region (N=33) reported this, which aligns with their higher reported serious problem being heating, compared to other regions.
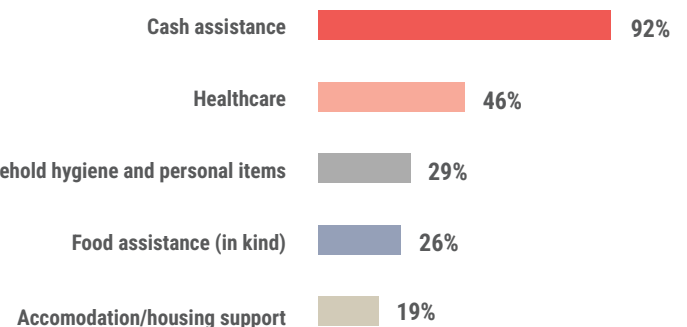
Preferred area of assistance (N=233)*

71% Income or livelihood
25% Clothes, shoes, bedding or blankets
17% Physical health
13% Heating
11% Food
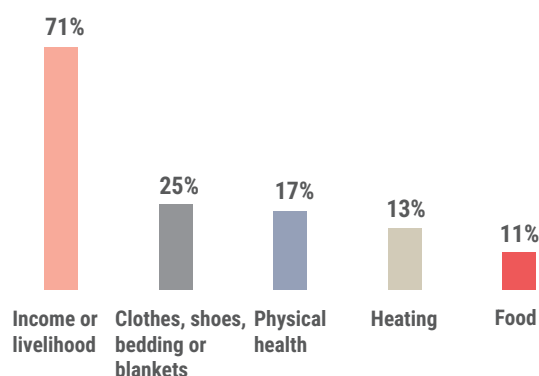
Preferred type of support

Regarding preferred type of support, respondents were asked to name up to three services that they were most keen on receiving. The vast majority (92%) of respondents reported being interested in receiving cash assistance, which could be physical cash, mobile money, coupons, or vouchers. Healthcare was reported by 46% of respondents as a preferred type of support, with a significantly higher desire (71%) from respondents with disabilities (N=44) to receive Healthcare assistance, compared to people without disabilities (40%, N=187). The third most reported service was essential household hygiene and personal items, with 29% of respondents reporting this as a preferred type of support.

Preferred type of support (N=231)*

Cash assistance — 92%
Healthcare — 46%
Essential household hygiene and personal items — 29%
Food assistance (in kind) — 26%
Accomodation/housing support — 19%

Endnotes

1   UNHCR, Operational Data Portal – Ukraine Refugee Situation: Republic of Moldova, last updated 8 September 2024. Operational Data Portal – Ukraine Refugee Situation: Republic of Moldova
2   The Hesper scale consists of 27 questions covering physical, psychological and social needs. Ratings are made by interviewers in a face-to-face interview with affected persons by defining whether each of the 27 questions are perceived by respondents to be a 'serious problem' (unmet need) or 'no serious problem'.
3   WHO. The humanitarian emergency settings perceived needs scale (HESPER): 9789241548236_eng.pdf (who.int), (April 2011).
4   REACH Moldova Refugee Population Profiling Assessment 2024 Refugee Estimates and Trends Database
5   REACH Moldova - Socio-Economic Insights Survey (SEIS) - Tabular Analysis (October 2024)

ABOUT REACH

REACH Initiative 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).

* These questions included multiple choice answer options, therefore the percentages add up to more than 100%.