

Multi-Sector Needs Assessment (MSNA) Moldova - 2023

Health – Key sectoral findings presentation

December 2023

REACH Informing
more effective
humanitarian action





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A light gray world map is centered in the background, overlaid with a complex, light gray geometric pattern of interconnected lines forming various polygons. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The text '01' is positioned above the main title, centered horizontally.

01

Objectives and Methodology

Assessment Objectives

The MSNA aims to inform the **Ukraine Situation Regional Refugee Response Plan (RRP) 2024**, UNICEF and UNHCR **Moldova programming** along with the **programmes** of humanitarian and development actors active in the response in Moldova, by providing up-to-date multi-sectoral data about the needs and coping capacities of refugee households displaced from Ukraine to Moldova.

Specific Objectives

- 1** Gain understanding of the **household composition** of refugees, including key demographics.
- 2** Identify **the priority needs** of refugee households pertaining to protection, health, education, accommodation, livelihood and socio-economic inclusion, food security, and WASH
- 3** Understand **coping capacity and vulnerability/resilience** considering the protracted displacement, including socio-economic inclusion
- 4** Identify **household profiles with the most critical needs** to inform programming.

Population Coverage and Data Collection



COMPLETED SURVEYS

890

Face-to-face household(HH)-level surveys with self-reported head of HH or another adult member knowledgeable about their HH conditions. The survey included individual-level sections to collect information about each member of the household.



DATA COLLECTION

From 14 August to 10 September 2023

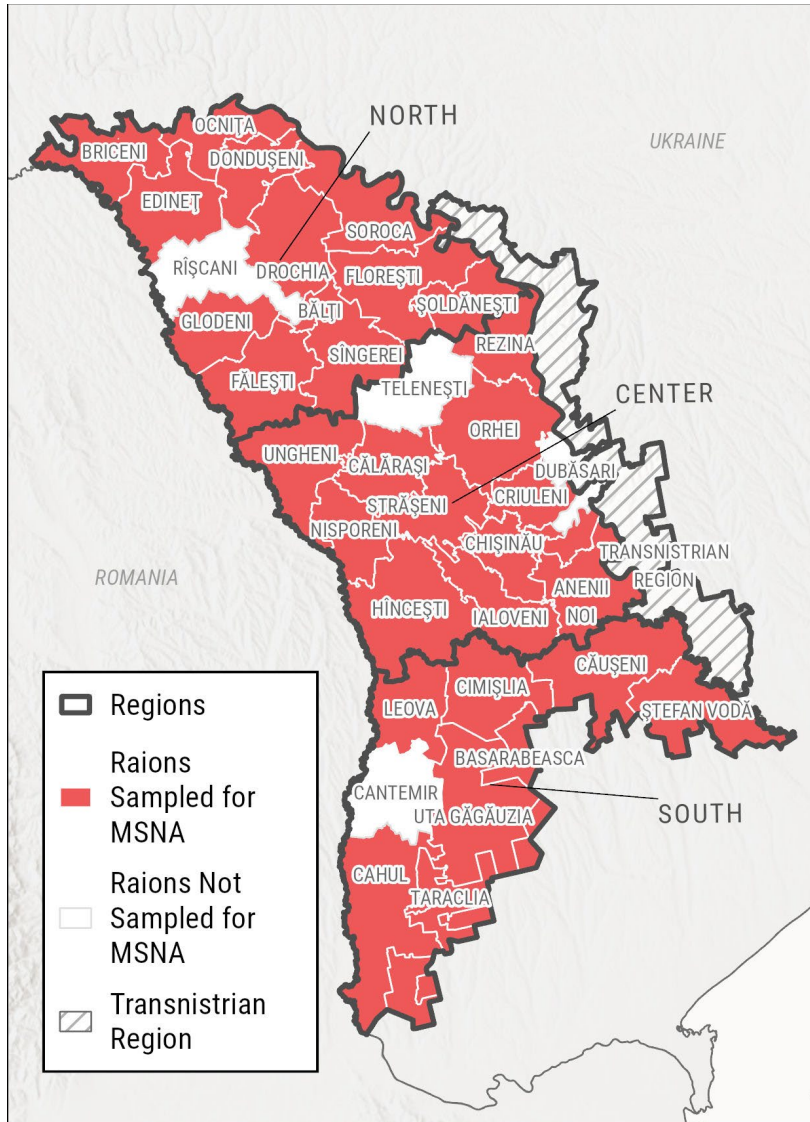


POPULATION OF INTEREST

Refugee households (HHs) displaced from Ukraine to Moldova following the escalation of hostilities in February 2022 (including third-country nationals), **regardless of the type of accommodation in which they resided** (private housing, hosted by Moldovan families or relatives, accredited or non-accredited refugee accommodation centres).

The sample included refugee households in rural and urban areas.

Geographical Coverage and Sampling



- **National coverage**, excluding the Transnistrian region*.
- **Non-probability stratified quota sampling approach**, constructed based on cross-referenced population figures from the UNHCR Cash Programme beneficiary list, the REACH area monitoring exercise and the official list of the Moldovan population figures published in 2019. The settlements with less than 15 HHs were excluded from the sampling frame*.
- **Sampling frame at settlement level** (admin 2).
- HH surveys were distributed based on **regional stratification** (North, Centre, South, Chisinau), **rural and urban quotas**, and **proportionality to the estimated distribution of the refugee population**.
- Primary data was collected through **in-person quantitative household-level surveys**.
- Findings were **weighted**.

* Based on the referenced population figures, all settlements in Rîșcani, Telenesți, and Cantemir contained less than 15 refugee HHs. Hence, data was not collected in these raions.

Limitations

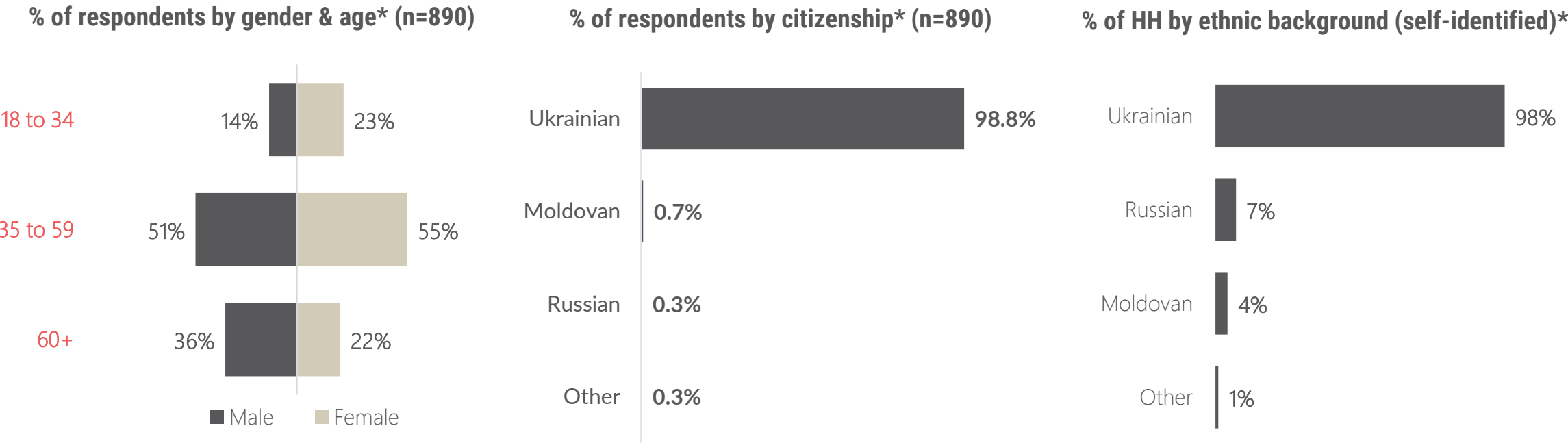
- **Representativeness:** Due to the unavailability of comprehensive refugee population figures and the adopted sampling framework, findings are **not statistically representative** of the entire refugee population and should be considered **indicative** only.
- **Selection Bias:** Although efforts were made to introduce a degree of randomisation (interviewing every third person encountered), enumerators frequently visited places where refugees typically gather (such as aid distribution centres, schools, public parks, etc) to identify potential respondents. Moreover, at times, they sought aid from local authorities to reach respondents. This approach could have introduced a selection bias.
- **Kobo tool:** Due to a Kobo tool construction error, questions pertaining to MHPSS were inadvertently omitted for individuals under the age of 18. In response to this issue and recognising the identified information gaps concerning this subject, the qualitative component of the MSNA will delve into the mental and emotional well-being of adolescent refugees.
- **Sensitivity:** Certain sensitive topics (e.g. mental health) may have been underreported by the respondents.
- **Cleaning:** Modifications during the cleaning process sometimes resulted in discrepancies or missing values, impacting the completeness of the dataset for specific subsets. Therefore, in certain cases, the total number of responses obtained may not match the subsets being considered. When relevant, the sizes of specific subsets are provided.

A light gray world map is centered in the background, overlaid with a faint, light gray geometric pattern of interconnected triangles. The map shows the outlines of the continents. The number '02' is positioned above the word 'Demographics'.

02

Demographics

Demographics: Respondents



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


* Respondents could select multiple responses

* Respondents could select multiple responses


Around **81%** of respondents were **women**, **19%** were **men**. The largest age group is 35-59 years (**54%**).


Nearly all respondents have Ukrainian citizenship. **0.7%** have **Moldovan** citizenship, **0.3%** have **Russian**, **0.3%** have other citizenship. **98%** of households **self-identified** as of **Ukrainian ethnic background**, **7%** as **Russian**, **4%** as **Moldovan**, and **1%** as other.


Demographics: HH Composition

 **2.36** Average HH size


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


 **32%** of HHs have older persons (60+)

 **4%** of HHs have pregnant or breastfeeding women

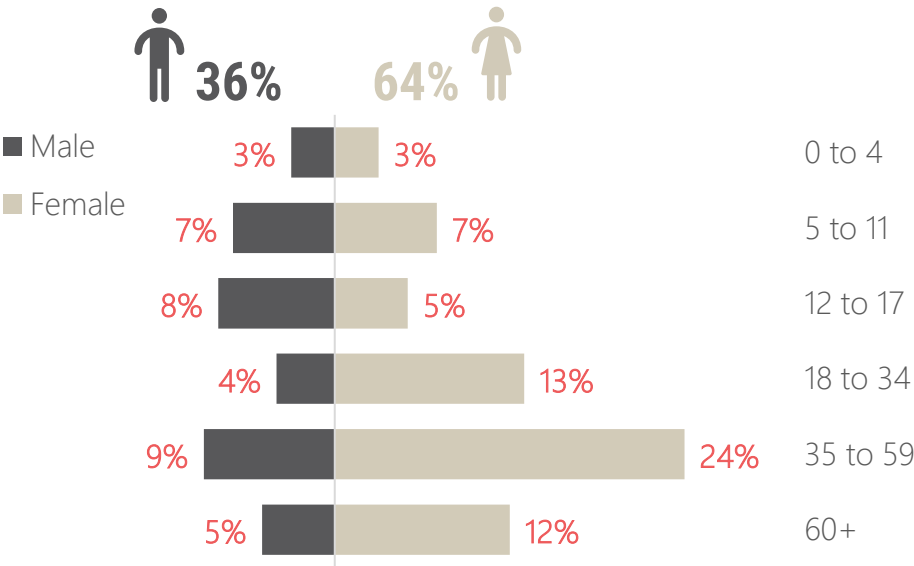
 **2130** individuals in assessed HHs (HH members)

 **33%** of children (under 18 age)

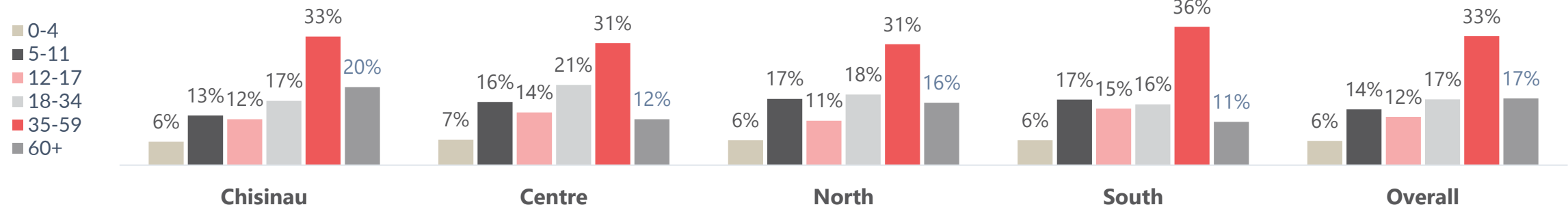
 **17%** of older people (60+)

 **6%** of HH members (aged 5 or older) with at least one level 3 in WGSS)

% of HH members by age group and gender (n=2128)



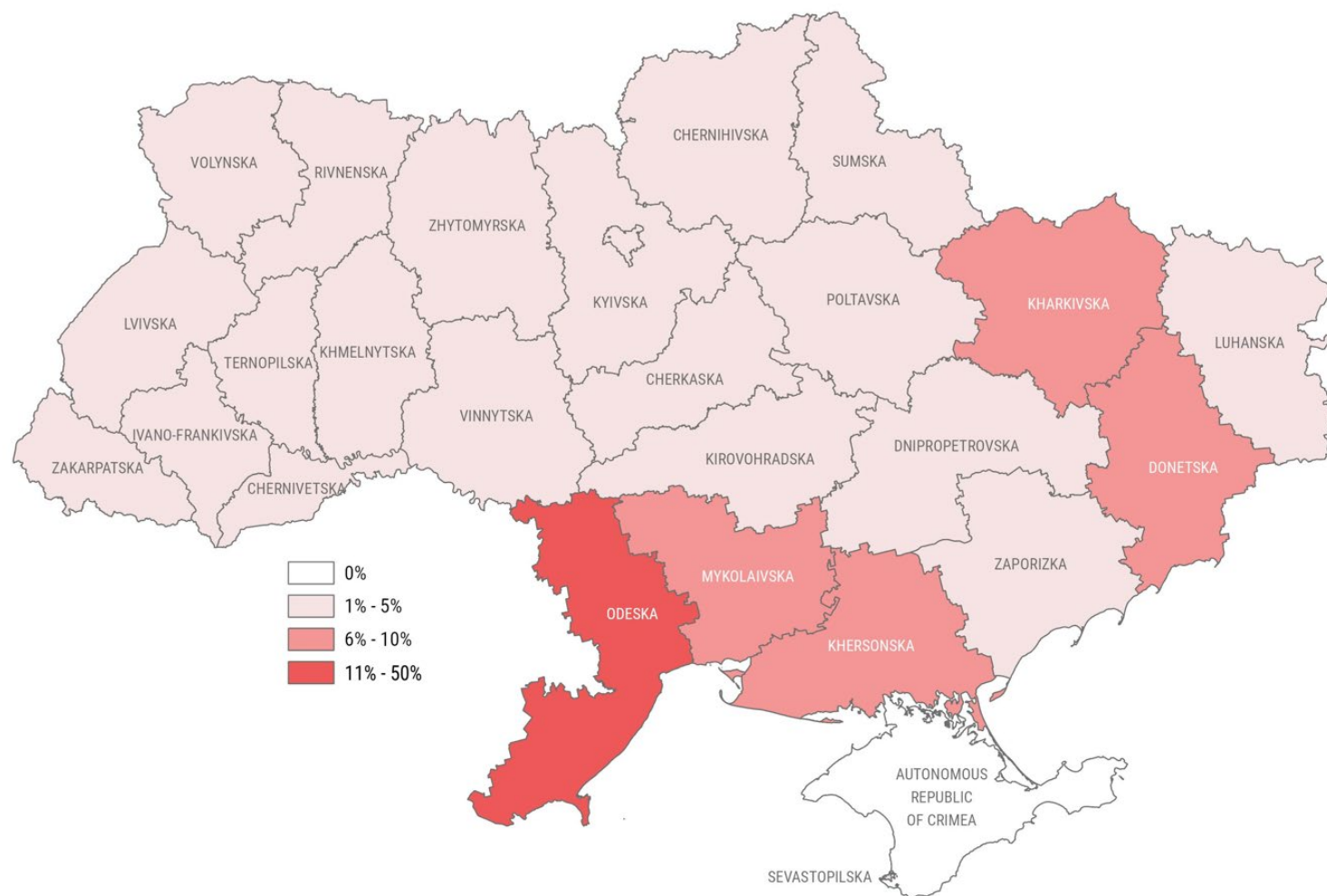
% of HH members by age group and region* (n=2130)



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

Demographics: Oblast of Origin in Ukraine

% of HHs by Oblast of origin



A large segment of the surveyed HHs originate from the **Odeska Oblast (45%)**. The following most reported Oblasts of origin were:

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

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03

Main Findings

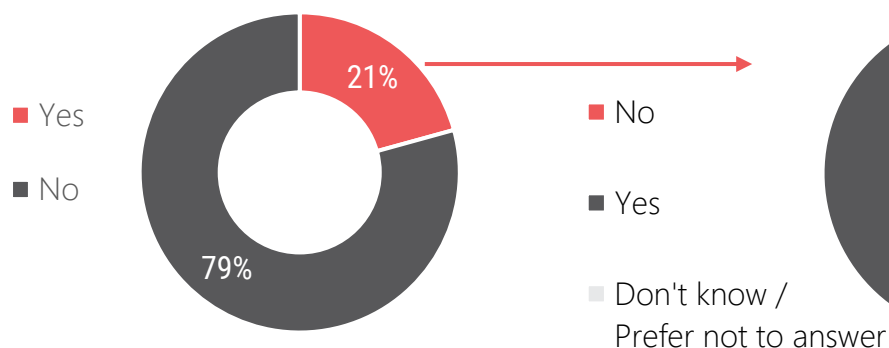


Health

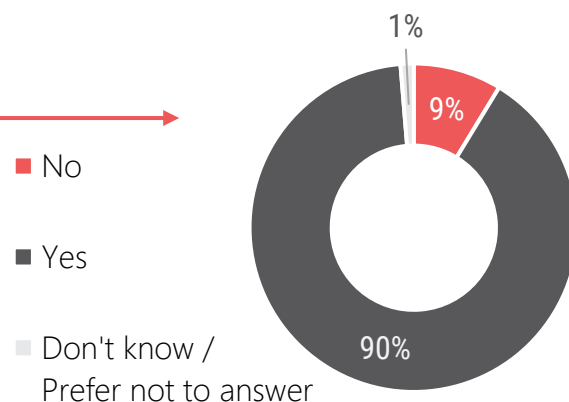
Health: Healthcare needs and access

Key Findings

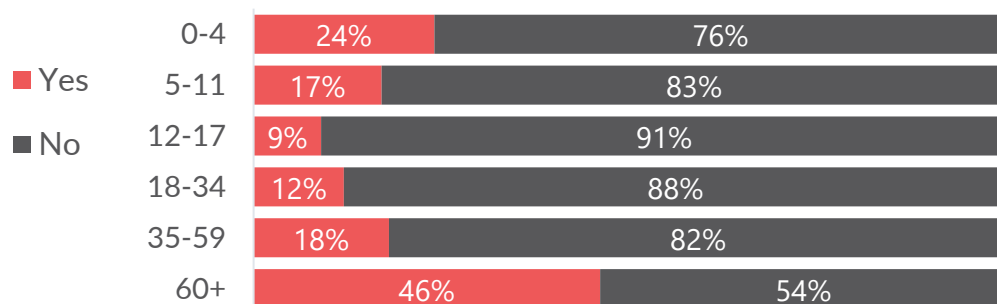
% of HH members who had a health problem and needed to access healthcare in the 30 days prior to data collection (n=2130)



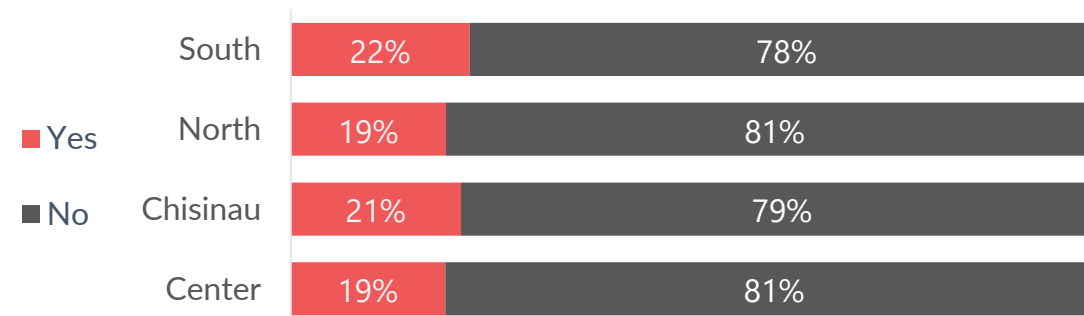
% of HH members having been able to access the needed healthcare (among those who needed it, n=433)



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



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



Overall, **21%** of HH members had a health problem and needed to access healthcare in the 30 days prior to data collection. Among those, **90%** were able to access healthcare.

HH female members were slightly more likely to report having had a health problem and needing to access healthcare than HH male members (**23%** and **18%**, respectively).

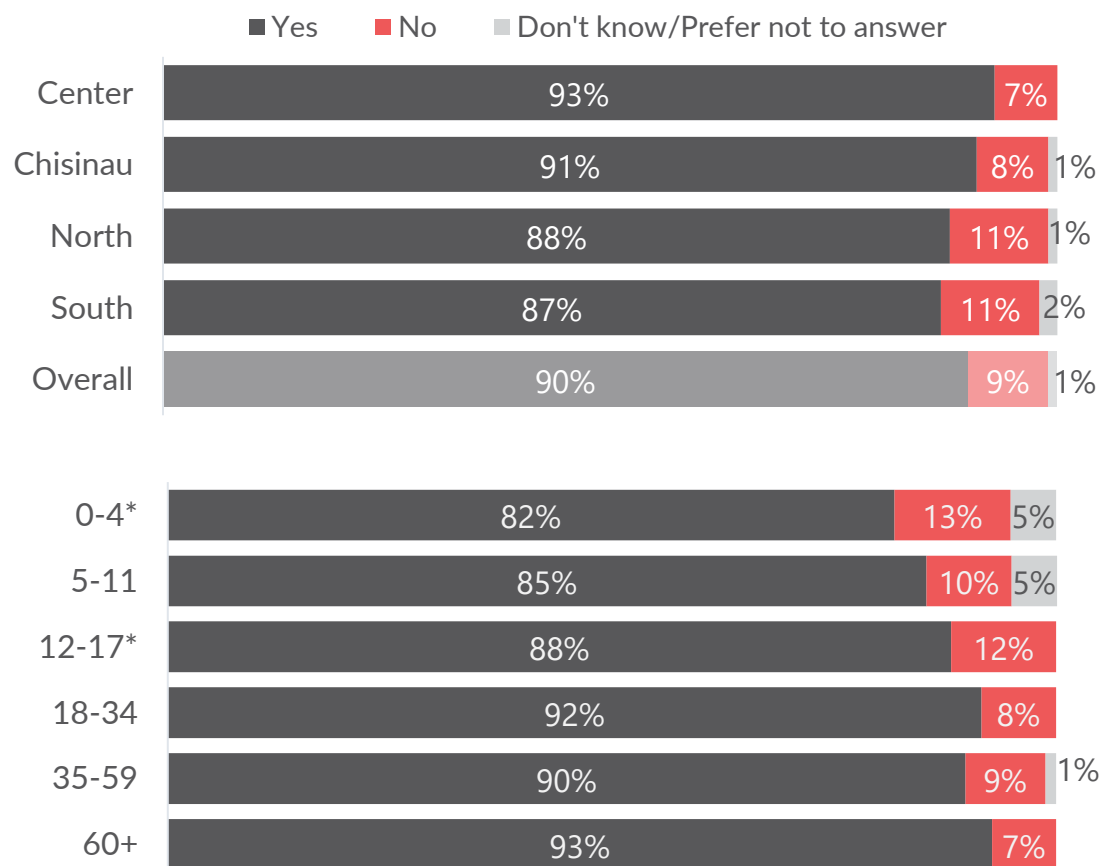
Additionally, **52%** of HH members with disability reportedly had a health problem and needed to access healthcare, compared to and **19%** of HH members without a disability.

No notable differences were noticed between regions or urban/rural areas regarding the proportion of HH members reporting a healthcare need.

Health: Access to healthcare

Key Findings

% of HH members who accessed health care (among those who needed it), by region (top) and age group (bottom), (n=433)



* Sample below 30 HH members

While HH members aged 60 years and above were the most likely to be reported with healthcare needs (46%), they were the age group with the highest rate of access to healthcare (93%).

In contrast, the age group of children aged zero to four years accounted for the second-highest percentage (24%) of reported healthcare needs, yet they had the lowest access rate. Among those who had a healthcare need, 13% were reported to not have accessed it.

Regarding HH members with disability who had a healthcare need, 89% were able to access it. This is a similar rate as those without disability (90%).

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

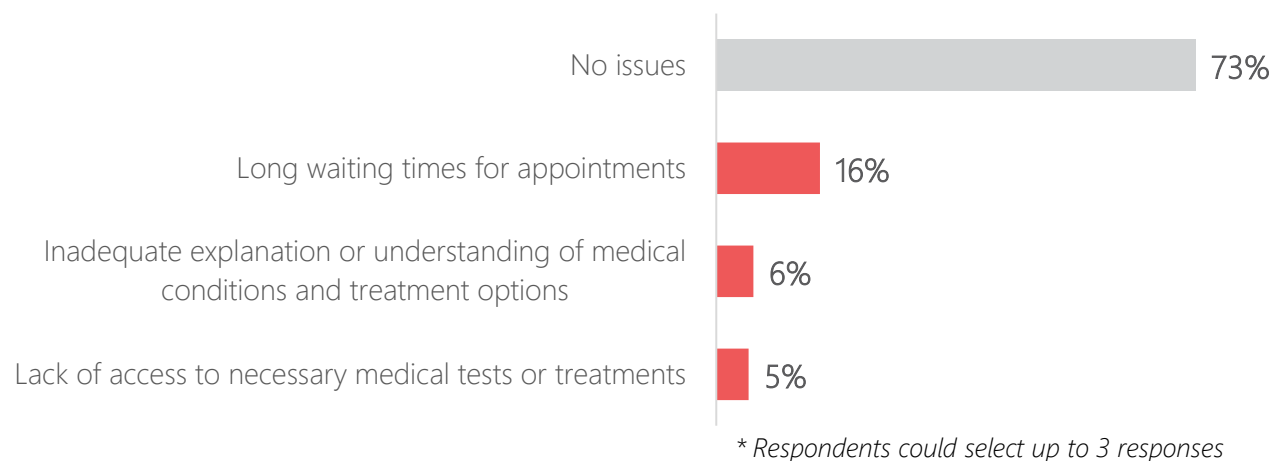
Among the small share of HH members that had not been able to access the needed healthcare services (n=38), the main reasons were surrounding:

- Lack of knowledge and information of how to access health services,
- Unavailability of specific medication, treatment or service needed,
- Unaffordability of hospital fees, and no functional health facilities nearby or no means of transport to get there.

Health: Barriers to access and chronic illness

Key Findings

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

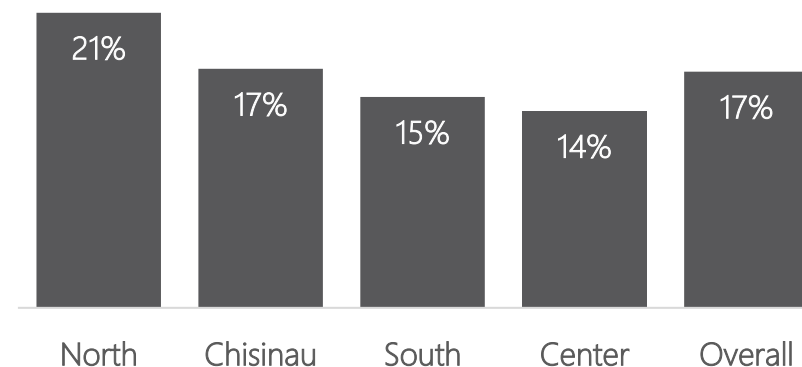


Overall, **73%** of HH members who accessed healthcare in the 30 days prior to data collection had no grievances regarding the quality of healthcare provided. While the proportion of HH members reporting no issues was relatively homogenous in the Centre, Chisinau and North (respectively, 82%, 79% and 80%), this proportion was considerably lower in the South. Slightly less than the majority of HH members reported no grievances in the South (**46%**).

The main grievance in the South was the long waiting times for an appointment (32% of those who accessed healthcare in the 30 days prior to data collection).

2% of HHs with female members (10-55 y.o.) reporting barriers to accessing sexual and reproductive health (n=663)

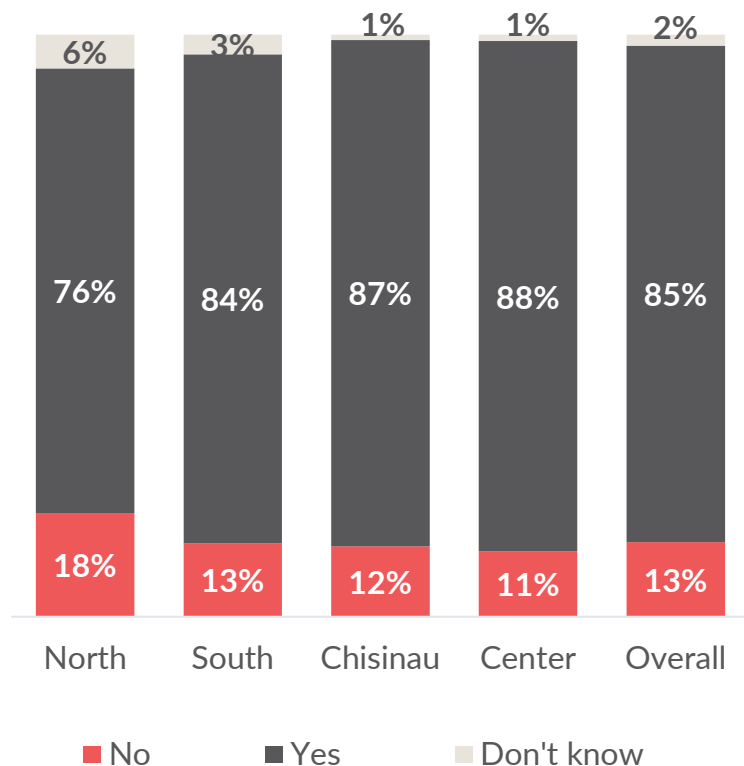
% of HH members with chronic illness, by region (n=2130)



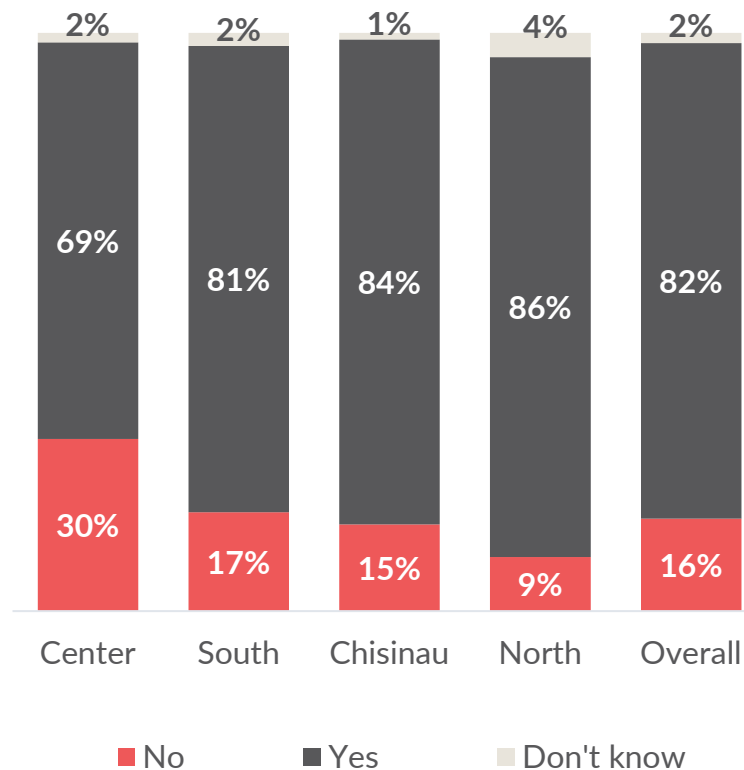
Health: Awareness of entitlements

Key Findings

% of HH aware of Ukrainians' entitlement to emergency care in MDA for those who are transiting or have applied for asylum or temporary protection, by region (n=890)



% of HH aware of Ukrainians' entitlement to public healthcare and public health illnesses care services in MDA for those who were granted asylum or temporary protection status, by region (n=890)

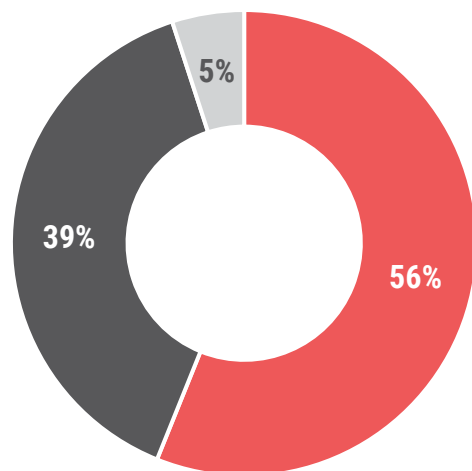


Overall, HHs in rural areas were more likely to report not being aware of Ukrainians' entitlement to both emergency care and public healthcare and public health illnesses care services in MDA if they were granted asylum or temporary protection status (22% and 25%, respectively), compared to HHs in urban areas (12% and 15%, respectively).

Health: Disability

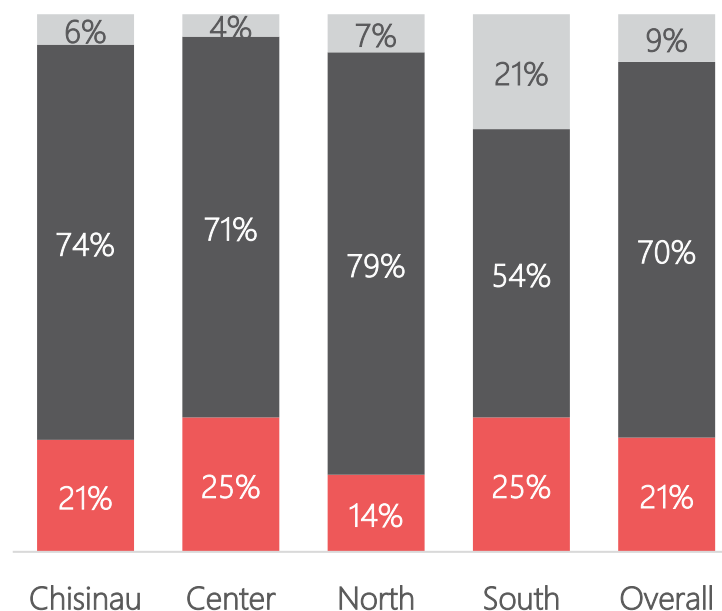
Key Findings

% of HH members with disability (aged 15 or older) whose disability affects their ability to work (n=118)



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

% of HH members with disability (aged 5 or older) who were able to access specialised services they needed, by region (n=133)



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

Among HH members with disability (aged 5 and above) who were unable to access the specialised services they needed (n=28), the most reported services needed were **eye care services** and **physiotherapy services**. The most reported reasons for not being able to access to needed specialized services were:

- Services too expensive (n=14)
- Unavailability in the area of living (n=7)
- Lack of physical accessibility of the structures (n=3)

Health: Disability

Key Findings

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

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

Difficulties pertaining to the above functions were ranked as follows:

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

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

% of HH members (aged 5 y. or older) with difficulty level 3 and 4 in WGSS, by type of difficulty (n=1996)

Difficulty	Centre (n=403)	Chisinau (n=748)	North (450)	South (395)	Urban (1673)	Rural (323)	Overall (1996)
Seeing	4%	4%	3%	5%	4%	5%	4%
Hearing	1%	2%	1%	1%	1%	1%	2%
Walking	2%	2%	3%	2%	2%	3%	2%
Remembering/ concentrating	2%	1%	1%	1%	1%	2%	1%
Self-care	1%	0%	1%	1%	0%	2%	1%
Communicating	0%	0%	0%	1%	0%	0%	0%

* Percentages have been rounded to the unit.

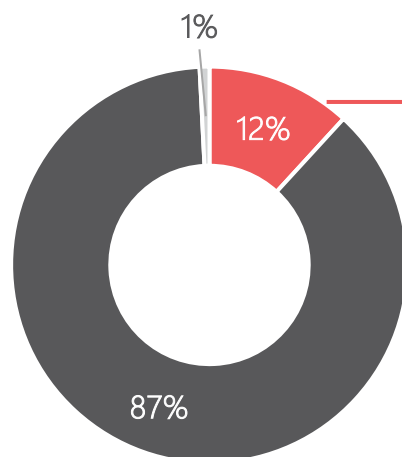
Overall, **6%** of all HH members (5 y. or older) were reported to potentially have a disability (at least one level 3 or level 4 in WGSS).

Among the HH members, **older people (60+)** were more likely to report having a difficulty level 3 and 4 (WGSS) than HH members of other age groups (**22%** of HH members (60+) compared to **<5%** for each other age group).

Health: Mental Health and Psychosocial Support (MHPSS)

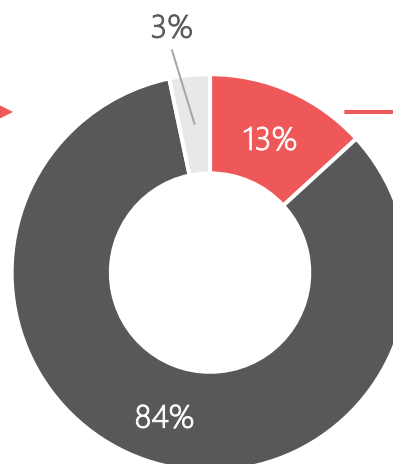
Key Findings

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



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

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



■ Yes ■ No ■ Don't know

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

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

Among the 13% (n=23) who needed support, 12 HH members tried to seek support and reportedly 10 received support. All of those who received support reportedly observed an improvement in their well-being.

Among the 2 HH members who tried to seek support and were unable to access it, the reported reason was that they did not know where to go.

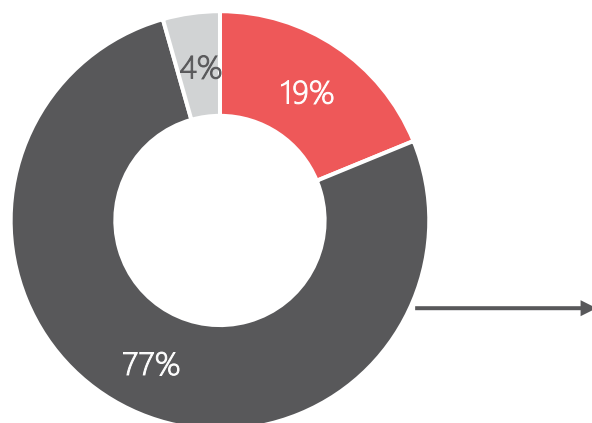
The most reported type of support received was psychotherapy (individual or group therapy designed to treat a mental health condition, provided by a professional, such as a psychologist).

Health: Child health and nutrition

Key Findings

Measles vaccination

% of children (9months – 5y.o.) who have received measles vaccination (n=178)



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

The proportion of children (9mo-5years) not having received measles vaccination was the highest in the North (27%) and the lowest in the South (10%).

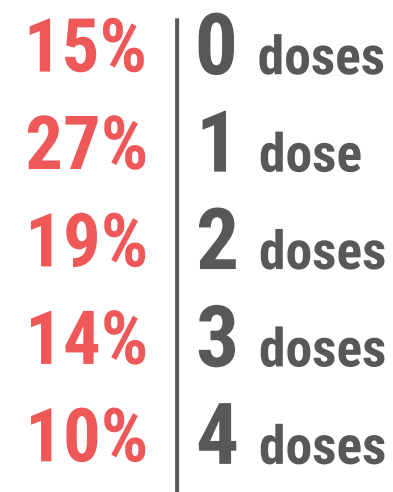
Of the children who have received at least one measles vaccination, 40% have not received a second measles vaccination does.

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

56%

Polio vaccination

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



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

The proportion of children (< 7 y.o.) not having received any polio vaccination doses was the lowest in the South (4%).

For inquiries



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