# Multi-Sector Needs Assessment (MSNA) Moldova - 2023

**Protection – Key sectoral findings presentation** 

December 2023









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# 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**

- 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 socioeconomic inclusion, food security, and WASH
- Junderstand coping capacity and vulnerability/resilience considering the protracted displacement, including socio-economic inclusion
- 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

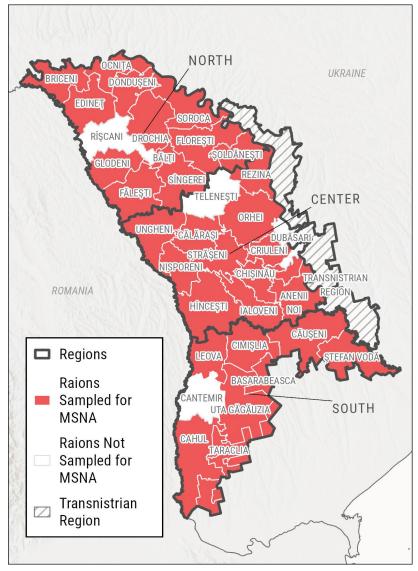


#### **POPULATION OF INTEREST**

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 householdlevel surveys.
- Findings were weighted.

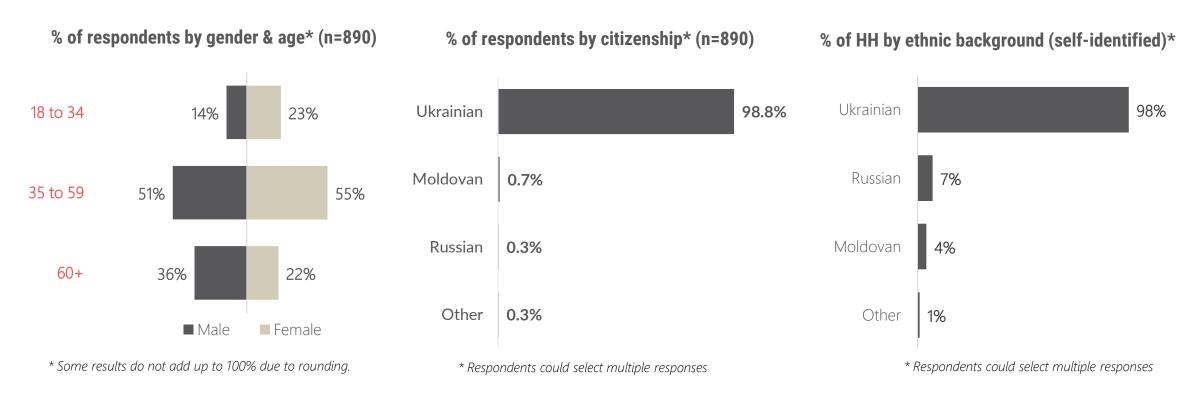
<sup>\*</sup> Based on the referenced population figures, all settlements in Rîşcani, Teleneşti, and Cantemir contained less that 15 refugee HHs. Hence, data was not collected in these raions.

#### 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.
- Sensitivity: Certain sensitive topics (income, mental health, protection, GBV, etc.) 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.
- Respondent fatigue: As a result of the relatively long survey, some respondents hurried through the questions, potentially leading to misinterpretations of questions, inaccurate responses, or errors in data input through the Kobo tool.

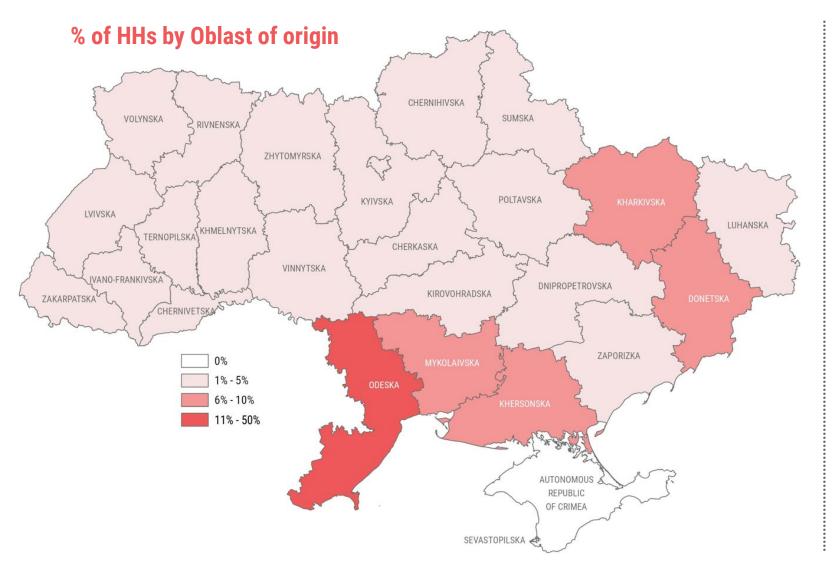
# Demographics

#### Demographics: Respondents



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: Oblast of Origin in Ukraine



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
- Donetska Oblast (8%).

#### Demographics: HH Composition



**2.36** Average HH size



**2,130** individuals in assessed HHs (HH members)



64%



**36**%



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

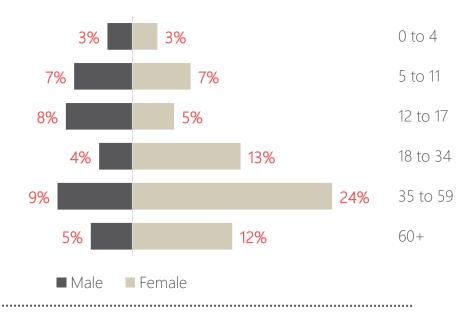


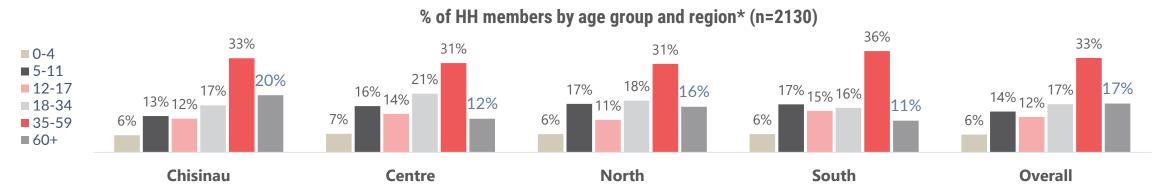
**32%** of HHs have older persons (60+)



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

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

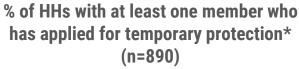




# Main Findings



#### **Protection: Temporary Protection Status**



#### % of HHs with at least one member who has applied for temporary protection, by region (n=890)

82%

14%

North

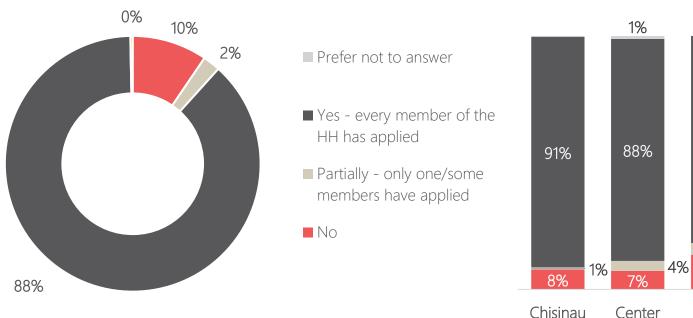
83%

13%

South

4%

5%



% of HHs who experienced difficulties during the temporary protection (TP) application process (among HHs with at least one member having applied) (n=797)

4.5%

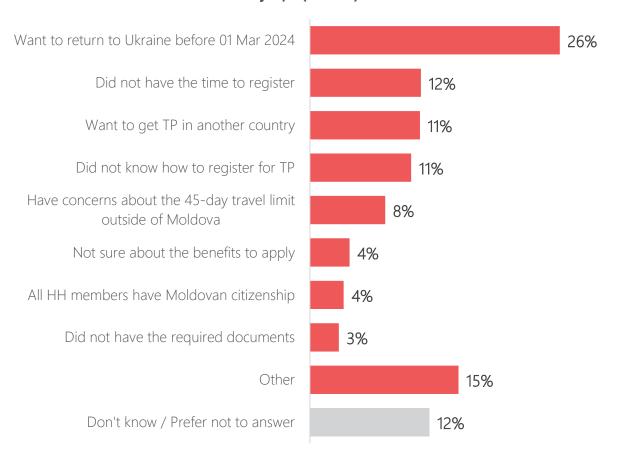
Most of the surveyed HHs (with either all or one/some members having applied for TP) reported **not having experienced difficulties** during the application process (95%). The share of HHs who experienced difficulties was the highest in the South (10%) (n=15).

Among the small share of HHs (n=42) who experienced difficulties, those were surrounding the **online enrolment**, lack of proof of a residence in Moldova, and long queues and wait times.

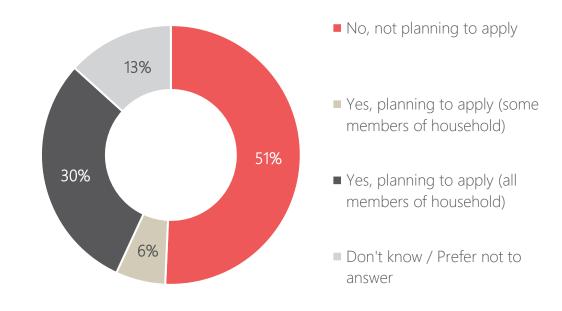
\*As a reminder, this assessment used a non-probabilistic sampling strategy and is subjected to potential selection bias (not representative), which might have led to an overestimation of the TP enrolment rate in the assessment compared to the actual rate.

#### **Protection: Temporary Protection Status**

% of HHs by reason for not applying for temporary protection (among HHs with at least one member who had not applied yet)\* (n=112)



% of HHs by intention to apply for temporary protection (among HHs with at least one member who had not applied yet) (n=115)

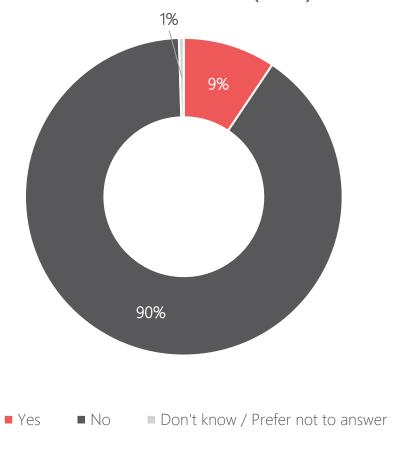


Among HHs with at least one member who had not applied for temporary protection yet, HHs in urban areas were more likely to report no intention for applying for TP (54% compared to 28% of HHs in rural areas).

<sup>\*</sup> Respondents could select multiple responses

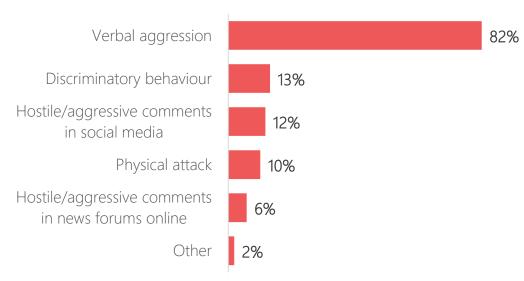
#### **Protection: Social Tension**

% of HHs reporting having experienced hostile behaviour or attitudes from the host community since arrival in Moldova (n=890)



% of HHs by types of hostile behaviours or attitudes experienced (among HHs who experienced them since arrival in Moldova)\*

(n=83)

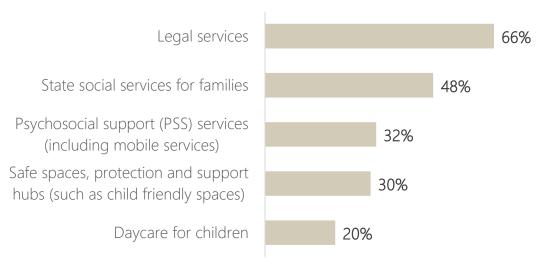


<sup>\*</sup> Respondents could select multiple responses

Main perceived reasons for hostile behaviours among HHs who reported having experienced such behaviour were surrounding their nationality, refugee status, cultural differences (reported by over a quarter of HHs having experienced hostile behaviour since arrival), followed by competition for resources (housing, food/markets, etc.), language discrimination, and ethnicity.

### **Protection: Safety and Security**

#### % of respondents by top 5 types of protection services they are aware of in their area of residence\* (n=890)

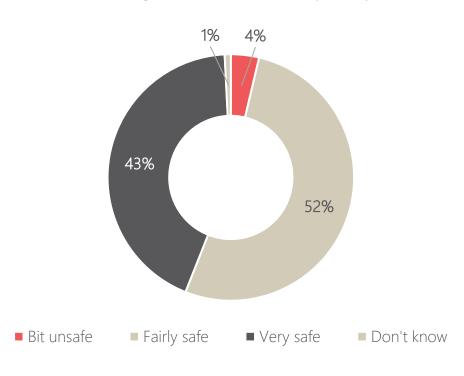


<sup>\*</sup> Respondents could select multiple responses

Overall, 4% of respondents reported not being aware of any of the listed protection services in their area of residence, while 9% answered that they do not know. The share of respondents reporting lack of awareness was particularly high in the Center (15%) (n=27).

Additionally, respondents in urban areas were more likely to report awareness across most of the protection services, while respondents in rural areas were more likely than urban respondents to report awareness particularly of State social services for families (55% and 48%, respectively).

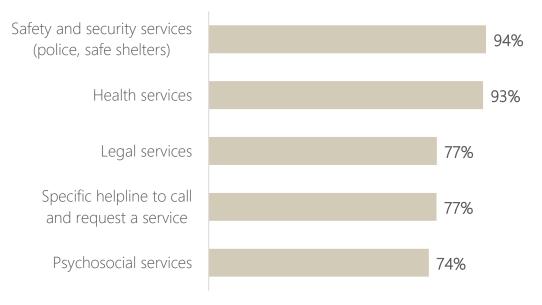
#### % of respondents feeling safe walking alone in their area/neighbourhood after dark (n=890)



Respondents from rural areas were more likely to report feeling a bit unsafe walking alone in their area/ neighbourhood after dark than from urban areas (9% and 3%, respectively).

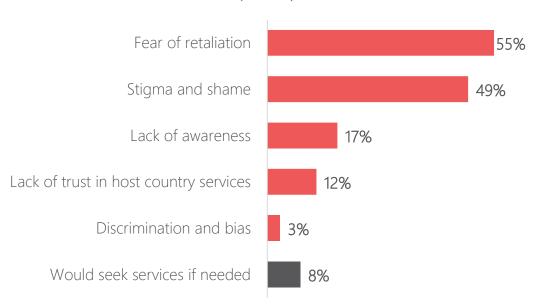
# Protection: Gender-Based Violence (GBV)

% of respondents aware of existing GBV services available in their area, by type of services\* (n=890)



<sup>\*</sup> Respondents could select multiple responses

#### % of HHs by main perceived reasons why women would not seek services if they were victims of violence\* (n=890)



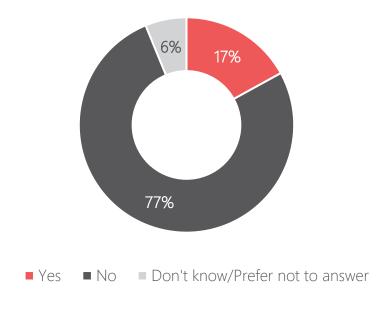
<sup>\*</sup> Respondents could select multiple responses

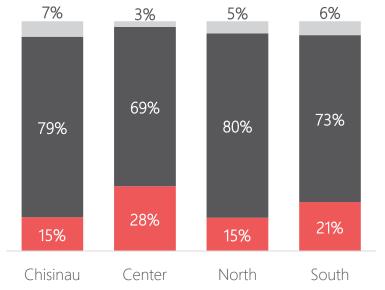
In terms of availability of existing GBV services in their area, respondents in the Center were more likely to report no awareness across all the types of services. No major differences were observed between urban and rural areas, except for safety and security services (9% of respondents from rural areas reporting no awareness of such services available in their area compared to 3% of respondents from urban areas).

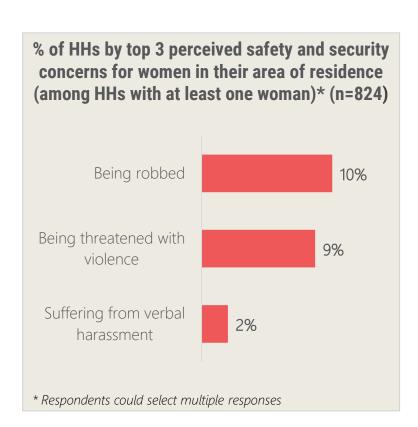
#### Protection: Safety and Security Concerns for Women

% of HHs with perceived safety and security concerns for women in their area of residence (among HHs with at least one woman) (n=824)

% of HHs with perceived safety and security concerns for women in their area of residence (among HHs with at least one woman), by region (n=824)





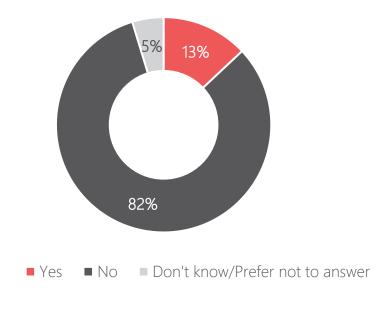


Notably, HHs in the Center and South regions were more likely to report concerns for women of being robbed (15% of HHs in both cases), and HHs in the South were more likely to report concerns of being threatened with violence (15%).

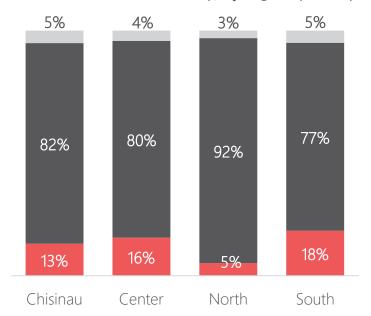
HHs in rural areas were more likely than HHs in urban areas to report safety concerns for women, especially connected to the risk of being threatened with violence or suffering from physical harassment or violence.

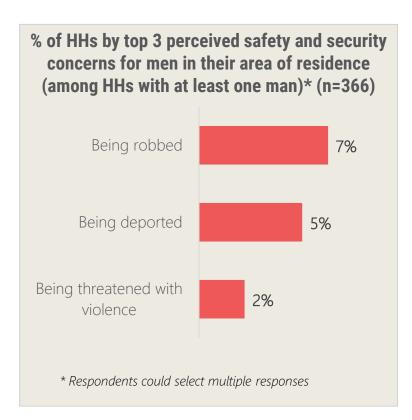
#### Protection: Safety and Security Concerns for Men

% of HHs with perceived safety and security concerns for men in their area of residence (among HHs with at least one man) (n=366)



% of HHs with perceived safety and security concerns for men in their area of residence (among HHs with at least one man), by region (n=366)





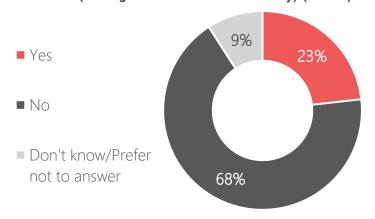
The proportion of HHs (with at least one man) reporting safety and security concerns for men was slightly smaller than the proportion of HHs (with at least one woman) reporting concerns for women (13% and 17%, respectively).

While the top reported concern was the same for both women and men (being robbed), the other safety and security concerns for men were surrounding deportation (reported by 5% of HHs) and being threatened with violence (2%). Notably, HHs in the South were more likely to report concerns about being deported (10%), detention (5%), or being threatened with violence (5%), than in other regions.

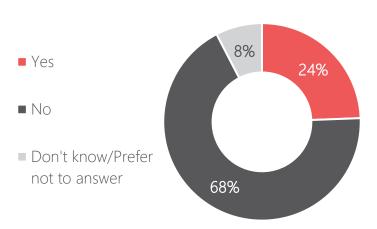
No major differences were observed between HHs in urban and rural areas.

#### **Protection: Child Protection**

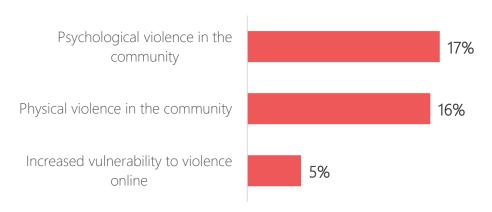
% of HHs with concerns reported about risks faced by boys under the age of 18 in their neighbourhood (among HHs with at least one boy) (n=331)



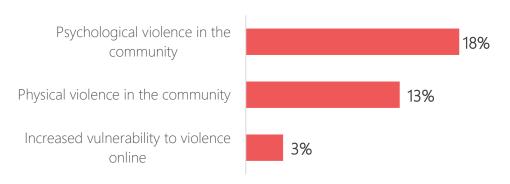
% of HHs with concerns reported about risks faced by girls under the age of 18 in their neighbourhood (among HHs with at least one girl) (n=278)



% of HHs by perceived 3 most serious risks faced by boys under the age of 18 in their neighbourhood (among HHs with at least one boy)\* (n=331)



% of HHs by perceived 3 most serious risks faced by girls under the age of 18 in their neighbourhood (among HHs with at least one girl)\* (n=278)



<sup>\*</sup> Respondents could select multiple responses

Almost the same proportions of HHs reported risks faced by boys and girls under the age of 18 in their neighbourhood (23% and 24%, respectively).

HHs in the Center and South were more likely to report perceived risks for boys under the age of 18 in their neighbourhood, and HHs in the South were also more likely to report such risks for girls under the age of 18.

Nearly all surveyed HHs reported being aware of services to report cases of violence against children in the community, and the following services were particularly identified:

- Police (97%),
- Helpline (41%),
- Government services (38%),
- NGO services (25%).

#### **Protection: Documentation**

% of HH members without an ID document (national ID and/or passport and/or birth certificate), by region

South (n=422)

2.4%

Chisinau (n=796)

0.5%

North (n=481)

1.5%

**Center** (n=431)

0.2%

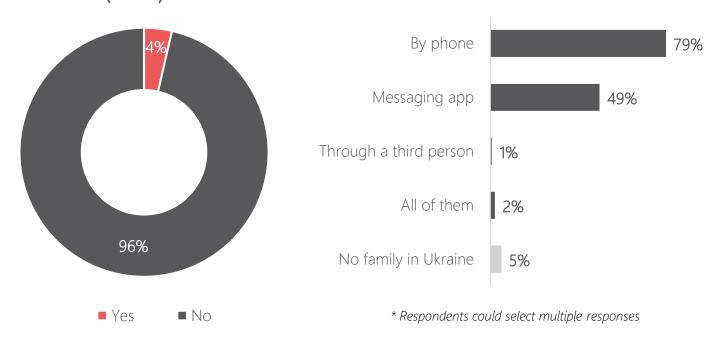
% of children (< 6 y.o.) not having a birth certificate (n=184)

0.3%

#### **Family Separation**

% of HHs reporting having at least one family member whose whereabouts are unknown since the escalation of hostilities in Ukraine (n=890)

% of HHs by channel used to contact family members who stayed in Ukraine\* (n=890)



#### Health: Disability

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%	<b>2</b> %	1%
Self-care	1%	0%	1%	1%	0%	<b>2</b> %	1%
Communicating	0%	0%	0%	1%	0%	0%	0%

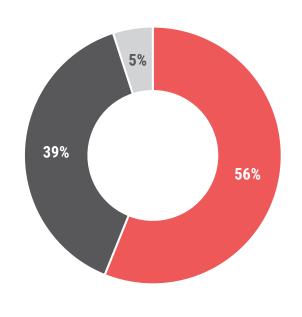
<sup>\*</sup> Percentages have been rounded to the unit.

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).

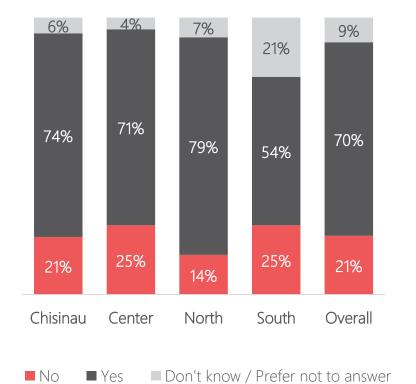
#### Health: Disability

% of HH members (aged 15 or older) with potential disability (WGSS level 3 or 4) whose disability affects their ability to work (n=118)



Don't know/Prefer not to answer

% of HH members (aged 5 or older) with potential disability (WGSS level 3 or 4) who were able to access specialised services they needed, by region (n=133)



Among HH members (aged 5 and above) with potential disability (WGSS level 3 or 4) 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)



# Accountability to Affected Populations (AAP)

#### AAP: Aid received

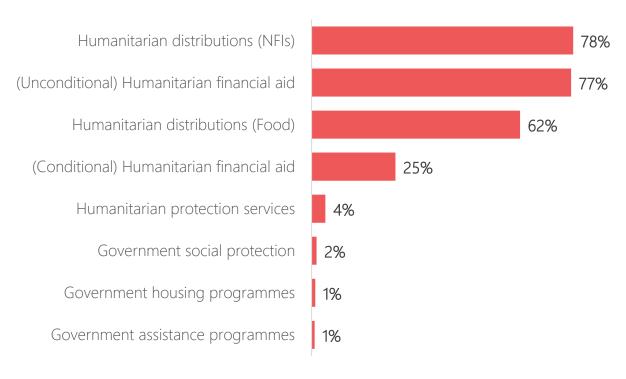
% of HHs having received aid in Moldova in the 3 months prior to data collection (n=890)

97%

While nearly all HHs in Chisinau reported having received aid in Moldova in the 3 months prior to data collection, 8% of HHs in the South, 7% of HHs in the Center, and 6% of HHs in the North reported not having received aid.

HHs in the rural areas were also more likely to report not having received aid than in urban areas (9% and 3%, respectively).

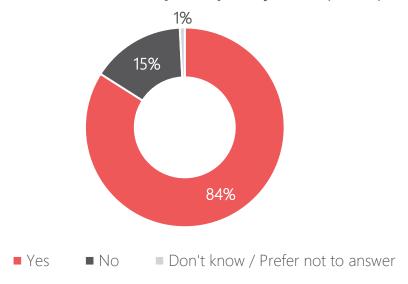
#### % of HHs by type of aid received (among those who received aid within the 3 months prior to data collection)\* (n=848)



<sup>\*</sup> Respondents could select multiple responses

# **AAP: Priority Needs**

#### % of HHs with reported priority needs (n=890)



#### % of HHs by reported top 3 priority needs\* (n=890)







Healthcare services

Food & Drinking water

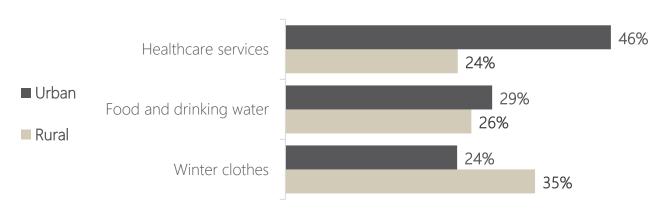
Winter clothes

43%

29%

25%

#### % of HHs by reported top three priority needs, by urban/rural\* (n=890)



<sup>\*</sup> Respondents could select multiple responses

HHs in Chisinau were more likely to report priority needs than other regions, which was also the case for the healthcare services and food/drinking water as priority needs, while winter clothes were more likely to be reported as a need by HHs in the Center and the South.

In addition to the mentioned top three priority needs, 21% of HHs also identified employment and livelihoods support as a priority need, followed by sanitation and hygiene products (13%), medicines (13%), accommodation (12%), education for children under 18 (10%), and language courses (10%).

HHs in the Center were more likely to identify language courses as a priority need than in other regions (21%).

<sup>\*</sup> Respondents could select multiple responses

#### AAP: Satisfaction with Aid Received

% of HHs reporting not being satisfied with the aid they received (among those who received aid in the 3 months prior to data collection, n=848)

2%

Among HHs dissatisfied with the aid received (n=21), dissatisfaction was more likely to be reported with humanitarian financial aid (cash), and humanitarian distributions (NFIs, clothing, food, etc.).

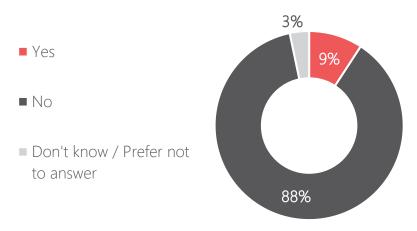
Number of HHs by reasons of dissatisfaction with the aid received (among those who were dissatisfied with the aid they received in the 3 months prior to data collection)\* (n=21)



<sup>\*</sup> Respondents could select multiple responses

#### AAP: Access to Information

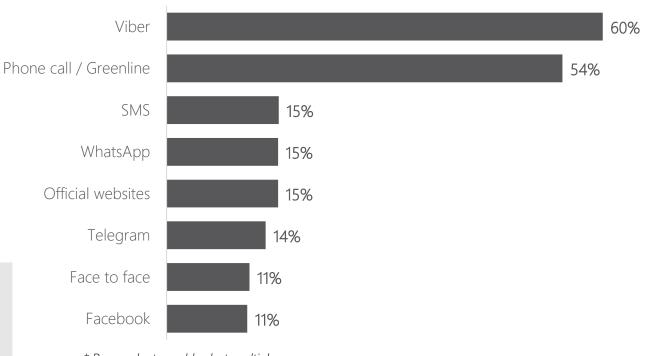
% of HHs by challenges faced in accessing needed information (including information on rights and entitlements, access to services) (n=887)



While a small share of HHs overall reported challenges faced in accessing needed information, HHs were more likely to report not knowing where to look for information (4%), not knowing which information to trust (3%), or not having a device to access online information (2%).

Additionally, HHs in rural areas were more likely to report challenges faced than in urban areas (22% and 8%, respectively), as well as HHs in the Center and the North (19% and 17%, respectively), compared to other regions and the national average.

#### % of HHs by preferred means (channel) of receiving information\* (n=890)

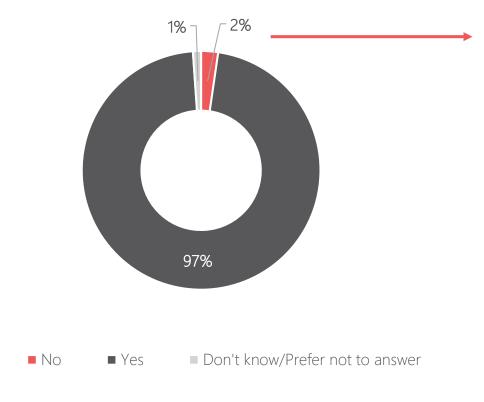


<sup>\*</sup> Respondents could select multiple responses

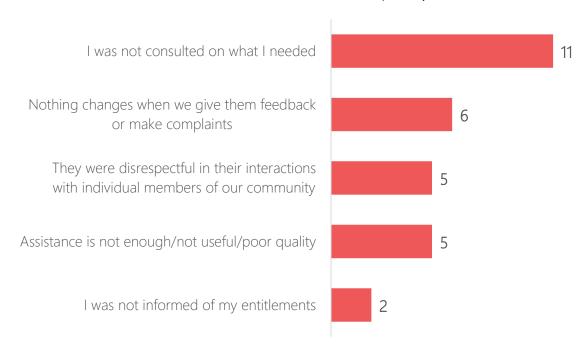
Similar to the preferred means (channel) of receiving information, HHs also most commonly identified Phone call/greenline, Viber, and SMS as the preferred means of providing feedback to aid providers about the quality, quantity, and appropriateness of aid.

# **AAP: Satisfaction with Aid Actors**

% of HHs satisfied with aid workers' behaviour in the area (n=890)



#### Number of HHs by most commonly reported reasons for dissatisfaction with the behaviour of aid workers\* (n=24)

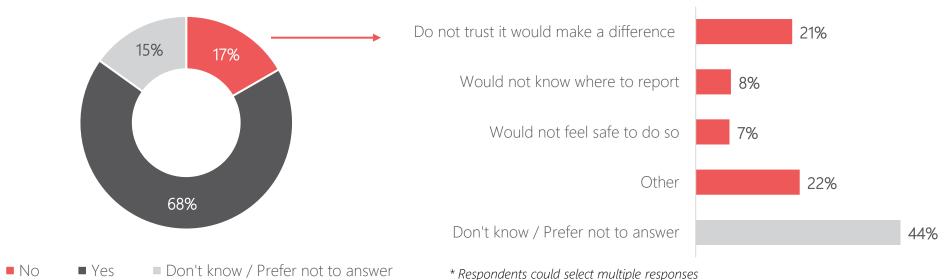


<sup>\*</sup> Respondents could select multiple responses

#### AAP: Feedback & Complaint Mechanisms

% of HHs who are likely to report inappropriate behaviour by an aid worker (n=890)





% of HHs not having access to safe and confidential reporting and information channels to obtain information, seek assistance or report issues including sensitive issues within their community (n=890)

11%

HHs in the North were the most likely to report non likeliness to report inappropriate behaviour by an aid worker (26%). Notably, HHs in the South were more likely than in other regions to report not feeling safe as the reason for not reporting inappropriate behaviour (18%).

HHs were more likely to report telephone calls and social media as the preferred feedback/complaint mechanisms on aid providers behaviour and other sensitive issues (reported by 57% and 52% of HHs, respectively), followed by messaging apps (20%).

In addition to 8% of HHs who had not received an appropriate response through reporting channels, 31% indicated that they never tried to use a reporting channel.

% of HHs who reportedly
did not receive an
appropriate response
through reporting channels
(n=890)

8%

# For inquiries



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