Research Terms of Reference

Multi-Sector Need Assessment (MSNA) 2023 – Mental and Psychosocial Well-being of Refugee Adolescents (Qualitative Component)

MDA2304

Moldova

10/2023
Version 1

REACH Informing more effective humanitarian action

1. Executive Summary

Country of intervention	*Moldova*					
Type of Emergency	□	Natural disaster	**x**	Conflict	□	Other *(specify)*
Type of Crisis	□	Sudden onset	□	Slow onset	**x**	Protracted
Mandating Body/ Agency	*United Nations High Commissioner for Refugees (UNHCR), United Nations International Children's Emergency Fund (UNICEF)*					
IMPACT Project Code	67AYH					
Overall Research Timeframe *(from research design to final outputs / M&E)*	01/08/2023 to 31/12/2023					
Research Timeframe *Add planned deadlines*	1. Pilot/ training: 20, 26 and 27/10/2023			6. Preliminary presentation: NA		
	2. Start collect data: 31/10/2023			7. Situation Overview sent for validation: 18/12/2023[1]		
	3. Data collected: 22/11/2023			8. Situation Overview published: 29/12/2023		
	4. Data analysed: 29/11/2023			9. Final presentation: TBC		
	5. Data sent for validation: 29/11/2023					
Number of assessments	**x**	Single assessment (one cycle)				
	□	Multi assessment (more than one cycle)				
Humanitarian milestones *Specify **what** will the assessment inform and **when***	**Milestone**			**Deadline (can be tentative)**		
	x	Donor plan/strategy: UNHCR, UNICEF		December 2023_		
	□	Inter-cluster plan/strategy		_ _/_ _/_ _ _ _		
	x	Cluster plan/strategy: Child Protection Working Group and MHPSS Technical Reference Group		December 2023		
	□	NGO platform plan/strategy		_ _/_ _/_ _ _ _		
	□	Other (Specify): Findings will be used by UN agencies, NGOs, CSOs, national authorities, and other relevant actors working with adolescents in the design of MHPSS programmes and will contribute to ensuring that other		December 2023		

[1] The output will encompass both quantitative and qualitative MSNA findings

		pertinent activities prioritise the well-being of adolescents.		
Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	**Audience type** **x** Strategic **x** Programmatic **x** Operational □ [Other, Specify]		**Dissemination** **x** General Product Mailing (e.g., mail to NGO consortium; HCT participants; Donors) **x** Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting **x** Presentation of findings (e.g., at HCT meeting; Cluster meeting) **x** Website Dissemination (Relief Web & REACH Resource Centre) □ [Other, Specify]	
Stakeholder mapping *Has a detailed stakeholder mapping been conducted during research design to identify all actors that could **contribute** to and/or **benefit from** the research?*	□	Yes	x	No
General Objective	Gain a comprehensive understanding of the psychosocial well-being conditions and needs of refugee adolescents (14-17 years old) in Moldova, including their access to formal and informal support, in order to inform humanitarian and development programmes implemented by actors active in MHPSS and other relevant programmes targeting refugee adolescents.			
Specific Objective(s)	*1.* Explore the predominant cultural views and perceptions of the Ukrainian community regarding psychosocial well-being *2.* Identify the key risk and protective factors impacting the well-being of refugee adolescents in Moldova *3.* Investigate the coping mechanisms employed by refugee adolescents to deal with or overcome the risk factors affecting their mental and psychosocial well-being *4.* Determine the primary well-being needs of adolescent refugees *5.* Assess the availability, awareness, accessibility and appropriateness of formal and informal support services, particularly Mental Health and Psychosocial Support (MHPSS), for refugee adolescents in Moldova, including recommendations for improvement *6.* Understand the main hopes and concerns for the future of refugee adolescents			
Research Questions	**1. What are the predominant cultural views within the Ukrainian community regarding psychosocial well-being?** 1.1. How do members of the Ukrainian refugee community perceive/define psychosocial well-being? 1.2. How do members of the Ukrainian refugee community respond to well-being needs?			

1.3. How do the perceptions of well-being and responses to needs vary according to gender?

2. What are the main risk and protective factors that influence the well-being of refugee adolescents?

2.1. What are the main personal factors that enhance/hamper the well-being of refugee adolescents in Moldova?
2.2. What are the main social factors that enhance/hamper the well-being of refugee adolescents in Moldova?
2.3. What are the main contextual factors that enhance/hamper the well-being of refugee adolescents?
2.4. How do these factors vary according to gender and region?

3. How do refugee adolescents cope with risk factors affecting their well-being?

3.1. What are the positive strategies used by refugee adolescents to cope with factors hampering their well-being?
3.2. What are the negative strategies used by refugee adolescents to cope with factors hampering their well-being?
3.3. How do coping strategies used by refugee adolescents vary according to gender and region?

4. What are the main well-being needs of refugee adolescents?

4.1. What are the main well-being needs related to services and formal support?
4.2. What are the main well-being needs related to informal support?
4.3. What are the main other well-being needs aside from formal and informal support?
4.4. How do the needs vary according to gender and region?

5. What is the availability and accessibility of Mental Health and Psychosocial Support (MHPSS) services for refugee adolescents in Moldova?

5.1. What are the available MHPSS services?
5.2. To what extent are refugee adolescents aware of and accessing psychosocial support services?
5.3. What are the main barriers faced by refugee adolescents in accessing psychosocial support services?
5.4. To what extent are available services responding to the well-being needs of refugee adolescents?
5.5. How do access and barriers vary according to gender and region?

6. How do informal sources of support respond to the well-being needs of refugee adolescents?

6.1. What are the main informal sources of support that Ukrainian refugee adolescents seek?
6.2. To what extent are informal sources of support responding to the well-being needs of refugee adolescents?
6.3. How do informal sources of support vary based on gender and region?

	7. What are the main recommendations of refugee adolescents for improving their access to formal and informal support? 7.1. What are the main recommendations of refugee adolescents for increasing their access to formal and informal support? 7.2. How do the recommendations/solutions differ based on gender and region? **8. What are the main hopes and concerns for the future of refugee adolescents?** 8.1. What are the main concerns for the future of refugee adolescents? 8.2. What are the main hopes for the future of refugee adolescents? 8.3. How do hopes and concerns differ based on gender and region?
Geographic Coverage	North (Balti, Edinet), Centre (Ungheni, Orhei), South (UTA Gagauzia, Cahul), and Chisinau (Municipality of Chisinau)[2].
Secondary data sources	- UNHCR, Ukraine Refugee Situation – Operational Data Portal – Moldova, September 2023 - UNHCR, Ukraine Refugee Situation – 5W dashboard – Moldova, September 2023 - UNHCR, UNFPA & UNICEF, Gender-Based Violence (GBV) Safety Audit Report Ukraine Refugee Response, Republic of Moldova, August 2022 - Norwegian Refugee Council, FNT ROMANIA & National Youth Council of Moldova, Hope and uncertainty: A needs assessment of Ukrainian youth refugees in Romania and Moldova, April 2023 - Internews & UNHCR, Floods and deserts: information access and barriers in Moldova's refugee response [EN/RO], February 2023 - IMPACT Initiatives, Save the Children International, Child Protection Needs Assessment with Refugees from Ukraine, September 2023 - Save the Children, Psychosocial care & protection of children in emergencies: A Field Guide, 2004 - Plan International, Needs Assessment & Outreach Workshop, May 2023 A more comprehensive list of secondary data sources can be found in section *3.3 Secondary Data Review* of this document.

Population(s) of interest *Select all that apply*				
	□	IDPs in camp	□	IDPs in informal sites
	□	IDPs in host communities	□	IDPs [Other, Specify]
	□	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	**x**	Refugee adolescents aged 14 to 17 years
	□	Host communities	□	

Stratification *Select type(s) and enter number of strata*						
	x	Geographical #:4 regions Population size per strata is known? □ Yes **x** No	□	Group #: Gender: male/female Population size per strata is known?	□	*[Other Specify]* #: _ _ Population size per strata is known? □ Yes □ No

[2] Adolescents, caregivers, and practitioners will be asked questions pertaining to the raions where they reside, while regional-level data will be collected from the remaining respondent groups.

				□ Yes **x** No		
Data collection tool(s)	□	Structured (Quantitative)		**x**	Semi-structured (Qualitative)	
	Sampling method			**Data collection method**		
Semi-structured data collection tool (s) # 1 *Refugee adolescents*	x Purposive □ Snowballing □ [Other, Specify]			□ Key informant interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ x Focus group discussion (Target #):16 □ [Other, Specify] (Target #):_ _ _ _ _		
Semi-structured data collection tool (s) # 2 *Caregivers of refugee adolescents*	x Purposive □ Snowballing □ [Other, Specify]			□ Key informant interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ x Focus group discussion (Target #): 16 □ [Other, Specify] (Target #):_ _ _ _ _		
Semi-structured data collection tool (s) # 3 *Service providers: Medical practitioners*	x Purposive □ Snowballing □ [Other, Specify]			x Key informant interview (Target #): 12 □ Individual interview (Target #):_ _ _ _ _ □ Focus group discussion (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _		
Semi-structured data collection tool (s) # 4 *Service providers: regional programme coordinators*	x Purposive □ Snowballing □ [Other, Specify]			x Key informant interview (Target #): 12 □ Individual interview (Target #):_ _ _ _ _ □ Focus group discussion (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _		
Semi-structured data collection tool (s) # 5 *Service providers: national MHPSS programme coordinators*	x Purposive □ Snowballing □ [Other, Specify]			x Key informant interview (Target #): 3 □ Individual interview (Target #):_ _ _ _ _ □ Focus group discussion (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _		
Disaggregation by gender and age *Are you planning to conduct sex/age disaggregated analysis?*	Gender			Age		
	x	Yes		□	Yes	
	□	No		**x**	No	
Data management platform(s)	**x**	IMPACT		□	UNHCR	
	□	[Other, Specify]				
Expected output type(s)	**x**	Situation overview #: 1	□	Report #: _ _	□	Profile #: _ _
	□	Presentation (Preliminary findings) #: _ _	□	Presentation (Final) #: 1	□	Factsheet #: _ _
	□	Interactive dashboard #:_	□	Webmap #: _ _	□	Map #: _ _
	x	Qualitative data saturation and analysis grid – Database #: 1				
Access	**x**	Public (available on REACH resource centre and other humanitarian platforms)				
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				

Visibility *Specify which* ***logos*** *should be on outputs*	***REACH***
	Donor: *UNHCR, UNICEF*
	Coordination Framework: *Regional Refugee Response For the Ukraine Situation*
	Partners: *Child Protection Working Group, MHPSS Technical Reference Group*

2. Rationale

2.1 Background

On 24 February 2022, Russia launched a military offensive in Ukraine which resulted in mass displacement of people internally and across international borders[3]. As of the 10th of October 2023, over 6.2 million refugees have reportedly fled Ukraine since the escalation of hostilities in February 2022[4]. Around 111,338 Ukrainian refugees are currently in the country, among which 37% are women, 44% are children (21% girls and 23% boys) and 18% are men[5]. With the crisis protracting, up-to-date data on the muti-sector needs of refugees living in the host community represents crucial information for understanding the evolving situation of refugees in Moldova and supporting the transition into a nexus response approach. In this context, and in partnership with the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), and sectoral and cross-cutting working groups, a multi-sector needs assessment (MSNA) of refugee households has been launched in Moldova with the primary aim of informing the Refugee Response Plan (RRP) 2024.

The 2023 MSNA encompasses both a quantitative and qualitative component. The quantitative component[6] involved conducting in-person surveys at the household level, specifically targeting refugee households that have been displaced from Ukraine to Moldova after the escalation of hostilities in February 2022. From the 14th of August to the 10th of September 2023, a total of 890 surveys were collected across Moldova, excluding the Transnistrian region.

The qualitative component of the 2023 MSNA intends to explore and gain a comprehensive understanding of a specific thematic while addressing pre-identified information gaps in the refugee response in Moldova. As such, following an extensive review of secondary data and consultations with key stakeholders, it has become evident that despite the increased availability of information compared to the early stages of the crisis, there remains a significant dearth of comprehensive data concerning the well-being of refugee adolescents (aged 14-17) in Moldova, which was echoed by the Child Protection Working Group (CP WG). Additionally, the quantitative component did not investigate the mental and psychosocial well-being of refugee adolescents, as MHPSS questions were only asked for adults in the HH. With minors comprising 44%[7] of the refugee population in Moldova, it is crucial to gain a precise understanding of the mental and psychosocial well-being of this segment of the population. Adolescence is a critical period for cognitive, emotional, and social development, and the unique circumstances of the war in Ukraine, as well as displacement, can profoundly impact the well-

[3] United Nations, Ukraine Crisis: Protecting civilians 'Priority Number One'; Guterres releases $20M for humanitarian support.
[4] UNHCR, Operational Data Portal, Ukraine Refugee Situation, consulted 23/10/2023.
[5] UNHCR, Operational Data Portal, Republic of Moldova: Daily Population Trends, consulted on 06/10/2023. Besides Ukrainian nationals, 7,855 Third country nationals from Ukraine are estimated in Moldova, consulted 23/10/2023.
[6] More details on the coverage and methodology of the quantitative component can be found in the specific terms of reference.
[7] UNHCR, Operational Data Portal, Republic of Moldova: Daily Population Trends, consulted on 23/10/2023.

being of refugee adolescents. Displacement can expose adolescents to traumatic events, disrupts established routines, and can lead to a sense of disconnection from their cultural roots and social networks[8]. Through the collection of comprehensive data regarding the mental and psychosocial well-being of adolescent refugees, this assessment aims to provide insights into their specific psychosocial needs, related coping mechanisms and aspirations. Additionally, it will explore the availability and accessibility of informal support and formal services for adolescents, shedding light on response gaps that need to be addressed. This knowledge will allow relevant response actors to tailor interventions, support services, and policies that effectively address the unique challenges faced by this group of population. Existing assessments, which had been examined during the Secondary Data Review (see section 3.3), have consistently highlighted a decline in the well-being of children and adolescents post-displacement. Notably, psychosocial concerns were identified as significant risks for refugee children, a finding reiterated by caregivers in the IMPACT Initiatives and Save the Children International Regional Survey[9].

Moreover, the information on the mental and psychosocial well-being needs of adolescents is mainly based on reports of caregivers or experts, rather than from the perspective of the adolescents themselves. It is important to emphasize that the perspectives and viewpoints of refugee adolescents, which may differ from those of their caregivers, remain underrepresented in existing literature. Additionally, it is essential to acknowledge the presence of mental health stigma in Ukraine, which can act as a barrier, preventing adolescents from openly discussing their psychosocial challenges with their caregivers[10]. Furthermore, gender-disaggregated data, particularly regarding the specific mental and psychosocial well-being of male adolescents, is scarce.

2.2 Intended impact

The qualitative segment of the 2023 Multi-Sector Needs Assessment focuses on Ukrainian refugee adolescents aged 14 to 17 years experiencing displacement in Moldova. Findings will inform the development of evidence-based policies and programmes tailored to address the mental and emotional well-being needs of adolescent refugees, including the design of interventions that are culturally sensitive and age-appropriate. The qualitative component's findings will be shared with different stakeholders relevant, including but not limited to the CP WG, the MHPSS Technical Reference Group (MHPSS TRG), UN agencies and non-governmental organisations (NGOs) and Civil Society Organisations (CSOs) specialising in child protection. In addition, the findings aim to inform the interventions of public authorities, such as General Directorate for the Protection of Children's Rights, the National Council for Child Rights Protection, and the Education Departments of the districts and municipal councils, which are entrusted with the administration and coordination of the refugee response within the Moldovan refugee programme.

To bridge the aforementioned information gaps, this assessment aims to shed light on the barriers that prevent adolescent refugees from accessing MHPSS services, as well as to inform the aforementioned actors on the best approach to ensure that MHPSS is more accessible and responsive to the needs of refugee adolescents in Moldova. Insights into the vulnerabilities related to the personal, social and contextual factors contributing to the well-being of adolescent refugees will inform interventions aimed at building their resilience, empowering them to better cope with the challenges of displacement and improve their well-being. Furthermore, this research can contribute to strategies that facilitate the integration of adolescent refugees into their host community, as mental and psychosocial well-being is closely linked to successful integration. Finally, the findings will contribute to the design of interventions that are centred around the principle of Accountability to Affected Populations (AAPP), accounting for the perspective of refugee adolescents themselves regarding their well-being, needs, and challenges. This valuable insight will enable humanitarian actors to design more effective and

[8] Bürgin, D., Anagnostopoulos, D., the Board and Policy Division of ESCAP. et al. Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches. Eur Child Adolesc Psychiatry 31, 845–853, 2022.
[9] IMPACT Initiatives, Save the children International, Experiences, Needs and Aspirations of Children, Adolescents and Caregivers Displaced From Ukraine, p.22, 2023.
[10] Quirke, E., Klymchuk, V., Suvalo, O., Bakolis, I., & Thornicroft, G. Mental health stigma in Ukraine: Cross-sectional survey. Global Mental Health, 8, E11, 2021.

better-tailored interventions, ensuring that the voices and preferences of the affected population are considered and prioritized.

3. Methodology

3.1 Methodology overview

In addition to the quantitative survey, the qualitative component will explore the mental and psychosocial well-being of Ukrainian refugee adolescents aged 14 to 17 years. This decision was made after conducting an extensive Secondary Data Review and consulting with partners and the Child Protection Working Group. To provide a more comprehensive understanding of the assessed topic, this component will employ a combination of semi-structured data collection tools.

- Adolescent consultations – these will be gender-separated, semi-structured discussions with refugee adolescents aged 14-17. However, each consultation will aim to cover only an age range of three years per group (14-16 or 15-17), in order to have more homogenous groups of participants and prevent the possible issues related to the group dynamic caused by participants with too large of an age gap. These discussions will be led by a moderator of the same gender as the participants in the consultation. A total of 16 adolescent consultations will be conducted across four regions.
- Focus Group Discussions with caregivers – four gender-separated, semi-structured FGDs will be conducted in each of the four regions, which makes a total of 16 FGDs.
- Key Informant Interviews – these interviews will be conducted with **MHPSS practitioners**, with three interviews per region. Additionally, **regional experts and MHPSS service coordinators** will each be interviewed three times per region. Finally, key informants with a national perspective on MHPSS needs and services for refugee adolescents, who possess knowledge of the specificities of each region, will also be interviewed. The goal is to conduct three interviews with **MHPSS coordinators at the national level**.

For a sampling framework overview, please see table 2: Breakdown of number of consultations/FGDs/interviews per region and gender, by data collection tool.

Consultations with adolescents and focus group discussions (FGDs) with caregivers will involve gender-separated groups of 6 to 8 individuals. The choice of assessed raions for the FGDs and adolescent consultations is determined according to the highest estimated numbers of refugees by raion in each of the four regions of Moldova[11], with data collection scheduled in 7 raions across the four regions[12]: North (Balti, Edinet), Centre (Ungheni, Orhei), South (UTA Gagauzia, Cahul), and Chisinau (Municipality of Chisinau)[13]. While UTA Gagauzia is an autonomous region, and not a raion, it will be considered an admin level 1 area as well, for the following reasons: firstly, it is officially included in lists of the admin level 1 areas (raions)[14], and secondly, it has no further official regional divisions that can be considered admin level 1.

[11] The selection has been based on the sampling frame of the MSNA quantitative component. The sampling frame has been constructed by cross-referencing population figures from the UNHCR Cash Programme beneficiary list, the REACH area monitoring exercise and the list of the Moldovan population published in 2019. It summarises the estimated number of refugees per raion, excluding Transnistria.

[12] Moldova has three official regions: North, Centre, and South. In the framework of the MSNA, the raion of Chisinau has been extracted from the Centre region and became a regional unit itself due to the high prevalence of refugees living in this raion (more than 50% according to the sampling frame of the quantitative component). This allows to better account for the distribution of refugees within the national territory.

[13] According to estimates based on the sampling frame of the quantitative component, more than 50% of refugees reside in the Municipality of Chisinau. To better reflect this high proportion in this assessment, all FGDs and adolescent consultations within the region of Chisinau will be conducted in the Municipality of Chisinau.

[14] Biroul Național de Statistică al Republicii Moldova, Statistica teritoriala (2022 Edition), pg. 9.

Key definitions

Adolescent: defined by the United Nations as any person between the ages of 10 and 19. After discussions with partners and Working Groups, it was agreed to narrow the focus down to adolescents aged 14 to 17.

Well-being: A condition of holistic health and the process of achieving this condition. It refers to physical, emotional, social, and cognitive health. Well-being includes what is healthy for a person: having a meaningful social role; feeling happy and hopeful; living according to good values, as locally defined; having positive social relations and a supportive environment; coping with challenges through positive life skills; and having security, protection, and access to quality services. Important aspects of well-being include biological, material, social, spiritual, cultural, emotional, and mental.[15]

Mental health and psychosocial well-being: according to the World Health Organization (WHO), psychosocial well-being is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Moreover, it is "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this sense, mental health is fundamental to our collective and individual ability to function properly" (WHO, 2005).[16]

In this assessment, factors impacting well-being will be assessed through three dimensions:

- **Personal factors**, in the context of mental and emotional well-being, refer to individual aspects related to physical, emotional and mental status of the individual, such as common individual activities and habits, self-esteem, self-perceptions, calmness, etc.
- **Social factors** encompass the relationships, interactions, sense of belonging, support systems and social inclusion within a community or society that can affect an individual's mental and emotional well-being. This can include family dynamics, peer relationships, community support, social cohesion and interactions with the host community, and acculturation, etc.
- **Contextual factors** pertain to the environmental and situational conditions that surround an individual and can impact mental and emotional well-being. These can include living conditions, access to services, economic situation, livelihood opportunities, educational opportunities, etc.

Protective factors: Protective factors balance and buffer risk factors and reduce a child's vulnerability. They lower the probability of an undesirable outcome.[17]

Risk factors: Risk factors are environmental factors, experiences or individual traits that increase the probability of a negative outcome.[18]

Mental Health and Psychosocial Support (MHPSS): is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders.[19] In contrast with informal support, formal MHPSS refers to structured and organized services and interventions provided by trained professionals in the field of mental health and psychosocial well-being, or other institutionalised support contributing to the mental and emotional well-being of individuals.

Informal support refers here to non-professional or non-clinical forms of support provided to individuals experiencing mental health or psychosocial challenges. It involves assistance and care provided by family members, friends, community

[15] INEE, INEE Guidance Note on Psychosocial Support, 2018.
[16] UNICEF, Digital remote mental health and psychosocial support for young refugees and migrants, p.8, 2023
[17] The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action (CPMS), 2019
[18] Ibid.
[19] Inter-Agency Standing Committee (IASC), Guideline: Mental Health and Psychosocial Support in Emergency Settings, 2007

members, or other informal networks. Informal MHPSS support can take various forms, such as active listening, emotional support, offering advice, providing practical assistance, and fostering a sense of belonging and social connection.[20]

Coping strategies (referred to interchangeably as coping mechanisms) are adaptive processes, linked to cognitive behavioural skills and efforts, that an individual uses to manage adverse circumstances. These adaptive processes are dynamic and constantly evolving. They can be positive, constructive, and functional for an individual's adaptation and evolution, or dysfunctional, negative, and even detrimental to the well-being.[21] Positive coping strategies are approaches or actions that promote resilience, mental well-being, and effective adaptation to challenging situations. These strategies often encourage healthy responses and can lead to better outcomes. In contrast, negative coping strategies are approaches or behaviours that may provide temporary relief but can have detrimental effects on mental, emotional, or physical health over time. These strategies often do not address the root causes and can exacerbate problems.

3.2 Population of interest

The qualitative component of the MSNA encompasses the four regions of Moldova. As previously mentioned, Moldova officially consists of three regions: North, South, and Centre. However, within the framework of the MSNA, the raion of Chisinau will be treated as a separate regional unit to reflect the distribution of refugees more accurately across the national territory.[22] Due to the resource-intensive nature of qualitative research and potential challenges in finding respondents, FGDs and consultations will take place only in the two raions with the highest estimated number of refugees in each region, except for the region of Chisinau where the assessed area will be only the Municipality of Chisinau due to the relatively high concentration of refugees in this area. Indeed, according to the sampling frame of the MSNA quantitative component, which has been constructed by cross-referencing population figures from the UNHCR Cash Programme beneficiary list, the REACH area monitoring exercise, and the list of the Moldovan population published in 2019, more than 50% of refugees are estimated only in the Municipality of Chisinau. The assessed raions for FGDs and adolescent consultations will be:

- **North region**: Balti, Edinet
- **Centre region**: Ungheni, Orhei
- **Chisinau region:** Municipality of Chisinau
- **South region**: UTA Gagauzia, Cahul

The Population of Interest (PoI) includes all Ukrainian refugee adolescents aged 14 to 17 years who have been displaced from Ukraine to Moldova since the escalation of hostilities in February 2022[23]. Ukrainian refugee adolescents are the target of this study due to a lack of information regarding their mental and psychosocial well-being, as well as their own perceptions and viewpoints on the concerned topic. The primary unit of measurement in this assessment will be the community, due to the sensitivity and stigma associated with the topic. Participants in adolescent consultations, FGDs, and KIIs will be asked questions about their knowledge and observations regarding adolescents in the community. This approach is chosen because discussing sensitive topics is often more comfortable for individuals when framed in the context of the community rather than discussing personal experiences directly. It helps in mitigating the sensitivity and stigma associated with the subject, encouraging a more open and candid discussion. Nevertheless, to have a deeper understanding and nuance of

[20] For this assessment, informal support will exclude all types of services provided by NGOs or other institutionalised services. Even if those services are not specialised in MHPSS, they will be included in formal support, allowing a clear distinction.
[21] UNICEF, Healthy coping mechanisms and strategies: Behaviors that can set you up for success, 2022, consulted on 06/10/23.
[22] Moldova has three official regions: North, Centre, and South. In the framework of the MSNA, the raion of Chisinau has been extracted from the Centre region and instead was treated as a separate regional unit due to the high prevalence of refugees living in this raion (more than 50% according to the sampling frame of the quantitative component). This allows for a better reflection of the distribution of refugees across the national territory.
[23] Third-country nationals will not be included in the sample.

protective and risk factors impacting well-being of adolescents, those indicators will be asked at the personal level in adolescent consultations, in completion with information gathered at community level through caregivers and KIIs.

3.3 Secondary data review

A secondary data review for the qualitative component of the MSNA was conducted between August and September of 2023. It was directed at country-specific literature to 1) define the research scope in consultation with partners, and at a second stage to 2) gain a deeper understanding of the context and identify information gaps in relation to refugee adolescents. Rapid needs assessments from NGOs, discussion papers, surveys, reports, and analyses with a specific focus on adolescent refugees were reviewed during the process. All the findings were structured in an internal document enabling a clear identification of methodological or information gaps within the existing literature. Besides the above, UNHCR Operational Data Portal and governmental websites were also searched to obtain the latest updates on the size of targeted group and locations where they are mostly present. The literature review played a crucial role in this assessment by providing important background information and guiding the definitions used. Moreover, the findings from the examination of secondary data influenced the selection of the research approach and the establishment of the sampling framework. Apart from the secondary literature that was identified, any relevant studies, reports, and recent news that were released during data collection will also be considered. These additional sources will contribute to the analysis phase, helping to provide context and validate the findings obtained from the primary data collection.

Several assessments in the secondary data review (see table 1 below) have highlighted the concerns of children regarding socializing and making new friends. Caregivers have reportedly observed negative changes in the well-being of children following displacement. One of the most frequently reported risks for refugee children, as noted by caregivers in the assessment conducted by Save the Children International (SCI) and IMPACT Initiatives[24], was psychosocial concerns. Additionally, assessments conducted by SCI and the EU Agency for Fundamental Rights with children and adolescents displaced in other European countries have emphasized a notable decrease in their emotional well-being[25],[26]. Approximately half of the respondents reported worrying about the future, and experiencing restlessness and loneliness, while between a quarter and a third mentioned difficulties in sleeping, feelings of anger, despair, and a lack of energy to perform daily tasks. Another key concern regarding the well-being of refugee adolescents was the limited access to MHPSS services[27]. Results of another assessment indicate that younger refugees demonstrated a greater inclination, nearly double in magnitude, towards seeking social or psychosocial activities compared to their older counterparts. However, these younger refugees expressed uncertainty regarding the availability and accessibility of such activities in Moldova[28]. Nevertheless, most of the literature reviewed mentioned concerns and risks for adolescents based on assumptions rather than thorough evidence based on primary data. The few assessments interviewing children were assessments conducted in other countries of the region, or with a limited sample in Moldova, providing only limited information for the in-country response. Finally, most of the secondary data review showed information mainly based on reports of caregivers or experts, rather than from the perspective of the adolescents themselves. All the above-mentioned findings and limitations highlighted the need for a more in-depth understanding of the mental and psychosocial well-being of refugee adolescents who have been displaced in Moldova, from their own perspectives and viewpoints, which may differ from those reported by their caregivers or experts.

[24] IMPACT Initiatives, Save the Children International, Child Protection Needs Assessment with Refugees from Ukraine, 2023
[25] European Union Agency for Fundamental Rights, Fleeing Ukraine: Displaced people's experiences in the EU, 2023
[26] Save the Children International, This is my Life, and I Don't Want to Waste a Year of it": The experiences and wellbeing of children fleeing Ukraine, 2022
[27] Save the Children International, This is my Life, and I Don't Want to Waste a Year of it": The experiences and well-being of children fleeing Ukraine, 2022 Ibid.
[28] Internews, UNHCR, Floods and deserts: information access and barriers in Moldova's refugee response, p.18, 2023

Table 1: Sources – Secondary Data Review

Secondary source	Purpose of source
- UNHCR, Operational Data Portal, Republic of Moldova: Daily Population Trends, October 2023 - UNHCR, Ukraine Refugee Situation – Operational Data Portal – Moldova, September 2023 - UNHCR, Ukraine Refugee Situation - Regional Response Plan 2023, March 2023 - UNHCR, Sectoral Working Groups documents, 2022/2023	General contextual understanding
- IMPACT Initiatives & Save the Children, Experiences, Needs and Aspirations of Children, Adolescents and Caregivers Displaced from Ukraine, September 2023 - UNHCR, UNFPA & UNICEF, Gender-Based Violence (GBV) Safety Audit Report Ukraine Refugee Response, Republic of Moldova, August 2022 - Norwegian Refugee Council, FNT ROMANIA & National Youth Council of Moldova, Hope and uncertainty: A needs assessment of Ukrainian youth refugees in Romania and Moldova, April 2023 - Plan International, Needs Assessment & Outreach Workshop, May 2023 - Internews & UNHCR, Floods and deserts: information access and barriers in Moldova's refugee response, February 2023 - IMPACT Initiatives, Save the Children International, Child Protection Needs Assessment with Refugees from Ukraine, September 2023 - European Union Agency for Fundamental Rights, Fleeing Ukraine: Displaced people's experiences in the EU, February 2023.	Assessment-specific contextual understanding and identification of information gap
- Save the Children, Psychosocial care & protection of children in emergencies: A Field Guide, 2004 - UNICEF, Community-Based Mental Health and Psychosocial Support In Humanitarian Settings, 2018 - The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action (CPMS), 2019 - Inter-Agency Standing Committee (IASC), Guideline: Mental Health and Psychosocial Support in Emergency Settings, 2007 - Inter-Agency Standing Committee (IASC), Reference Group Mental Health and Psychosocial Support Assessment Guide, 2013 - The Alliance for Child Protection in Humanitarian Action (the Alliance), Identifying and Ranking Risk and Protective Factors: A Brief Guide, 2021	Key definitions and protocols for MHPSS and assessments with minors

Note: The table presents the main and most relevant sources used during the research design process. The list is non-exhaustive.

3.4 Primary Data Collection

The research aims to gain a comprehensive understanding of the psychosocial well-being of refugee adolescents in Moldova. Given the limited existing information and the sensitive and underexplored nature of the topic, qualitative methods appear to be more suitable for the research objective. The iterative nature of qualitative methods will enable a thorough exploration of the factors that influence the well-being of refugee adolescents and their access to services. Data collection will involve the use of semi-structured tools, including adolescent consultations, focus group discussions (FGDs) with caregivers, and KIIs with MHPSS practitioners, and relevant experts with a regional and national perspective on the topic. Each tool has been designed to accommodate participants' age, level of expertise, and potential knowledge about the topic. Enumerators will undergo a three-days training before starting data collection on the 25th of October 2023. Data collection is expected to last three to four weeks and will take place across all four regions of Moldova: North, South, Central, and Chisinau. Due to the sensitivity of the topic and the stigma surrounding it, in adolescent consultations and focus group discussions (FGDs) with caregivers, the enumerators will be of the same gender as the participants. For group discussions, teams of enumerators will be composed of one facilitator and one note-taker.

Semi-structured tools:

Adolescent Consultations: The consultations with adolescents will be conducted as gender-separated semi-structured discussions, covering an age range of three years per group (14-16 and 15-17). There will be **16 consultations**, based on purposive sampling, across all four regions. This means that in each raion, there will be two adolescent consultations per gender. The discussions will employ age-appropriate adolescent tools, designed in consultation with Child Protection and MHPSS experts. A specific Child Protection Protocol has been collaboratively developed with the CP WG leads and will be used for adolescent consultations to ensure strict adherence to safeguarding and child protection measures during data collection (see Child Protection Protocol in Annex). During the consultations, various factors including personal, social, and contextual dimensions will be examined, encompassing both protective and risk factors, which have the potential to either bolster or impede the mental and psychosocial well-being of adolescents. Furthermore, questions will encompass the exploration of employed coping mechanisms, in addition to identifying needs and barriers associated with access to MHPSS services. Finally, participants will be encouraged to contribute their insights and recommendations aimed at enhancing the accessibility and efficacy of MHPSS services.

Focus Group Discussions (FGDs): FGDs with caregivers will be conducted as gender-separated semi-structured discussions. A total of **16 FGDs** across the four regions will be conducted, resulting in two FGDs with caregivers per gender in each region. Caregivers have a major role in the lives of adolescents, as they are often their primary source of support, care, and guidance. As part of adolescents' inner circle, they are the primary observers of their well-being and challenges, which could provide useful insights to triangulate and bring perspective to the information shared by adolescents. They could also have a wider understanding of cultural norms, social and familial context of other community members, which may be useful for tailoring MHPSS interventions to ensure a culturally sensitive and relevant response.

Key informant interviews (KIIs) with MHPSS practitioners: These semi-structured interviews will be conducted in all four regions, with three interviews conducted with MHPSS practitioners in each region, totalling **12 interviews**[29]. Respondents will be selected based on their expertise and experience in providing MHPSS to refugee adolescents. Their insights would illuminate personal, social, and contextual protective factors and risk factors affecting the well-being of refugee adolescents, their coping mechanisms, and the potential mental health disorders they may be experiencing. These experts also possess knowledge about the availability of MHPSS services and the extent to which adolescents access them based on their well-

[29] For KIs, the number of interviews to be carried out per administrative level of interest was set to three to ensure that all questions are answered in case of non-response from certain respondents.

being needs. Additionally, these experts would be able to assess the effectiveness of informal support sources and the well-being needs of refugee adolescents.

Key informant interviews (KIIs) with regional experts and MHPSS service coordinators: The targeted key informants for this tool are regional coordinators responsible for overseeing MHPSS activities among CSOs, UN, NGOs. They work closely with various stakeholders, NGOs, and local communities, providing valuable perspectives on the cultural sensitivity, as well as on the legal and policy frameworks regarding MHPSS response. These KIs possess in-depth knowledge of the availability of MHPSS services in the region where they are active. Additionally, they may be knowledgeable about the needs of adolescent refugees in terms of formal support services and whether the available services address these needs or if there are specific gaps. The plan is to conduct three interviews in each of the four regions, totalling **12 interviews**.

Key informant interviews (KIIs) with national coordinators of MHPSS services: National-level coordinators of MHPSS programs often hold roles in coordinating and overseeing MHPSS activities among NGOs, CSOs at the national level. Their responsibilities include ensuring the effective strategic planning, implementation, and monitoring of MHPSS services nationwide. These key informants typically possess extensive and aggregate knowledge in the field of MHPSS, including insights into available services, best practices, challenges, and potential gaps. Key informants with a global perspective and knowledge regarding specificities of each region will be selected using a purposive sampling strategy. Additionally, the interviews with KIs may serve to triangulate or complement findings from regional coordinators, enhancing the credibility and reliability of the research results. At the national level, it is planned to conduct interviews with **3 key informants**, most likely located in the Chisinau region.

Table 2: Breakdown of number of consultations/FGDs/interviews per region and gender, by data collection tool

Region	Centre		Chisinau		North		South		Total by region
Gender	Male	Female	Male	Female	Male	Female	Male	Female	
Adolescents Consultations	2	2	2	2	2	2	2	2	16
FGDs with caregivers	2	2	2	2	2	2	2	2	16
KIIs with MHPSS practitioners	3		3		3		3		12
KIIs with regional experts and MHPSS service coordinators	3		3		3		3		12
KIIs with national coordinators of MHPSS services	3								3

Scoping

Potential respondents will be identified by means of a purposive sampling through REACH Moldova's network of local and international partners. Data collection process will be supported by CP and MHPSS partners, who will assist in identifying potential respondents that meet the criteria for the group of interest, location, and gender, as specified in the detailed description of the five data collection tools that will be used to collect data (consultations, FGDs, KIIs).

Training

Enumerators will participate in a comprehensive three-day training program prior to starting data collection. The training will encompass various sessions conducted by both REACH and external specialists with expertise in Child Protection and

MHPSS. In addition to the REACH training, which will focus on data collection techniques within humanitarian settings including instructions on conducting FGDs and KIIs, usual procedures and protection guidelines, enumerators will undergo specific training on Child Protection. This specialized training will cover essential topics such as safeguarding, safe identification and referral processes, referral protocols and risk assessment, child protection principles, Psychosocial First Aid (PFA), child participatory methodologies and tools, as well as the fundamental requirements for conducting meaningful and ethical data collection with children.

3.5 Data Processing & Analysis

The KIIs, FGDs and consultations will be recorded when the consent of participants is granted. In addition to the recordings, enumerators will take detailed notes during the interviews and discussions. The recordings will be transcribed by the field team and checked by the field coordinator to ensure completeness and accuracy of transcription. Subsequently, the transcriptions will be translated into English for data analysis and will be thoroughly reviewed by the assessment team. This review process, which involves back transcription/translation, will involve a comparison of the translated text with the original recordings and transcripts to identify any discrepancies, errors or needs for clarifications from enumerators. By doing so, the team will ensure that the translated data faithfully captures the participants' perspectives and maintains the integrity of the research findings. After the data cleaning and analysis, all the recordings and raw data will be permanently deleted.

All qualitative data will be handled in strict accordance with REACH's Management of Personally Identifiable Information - SOP to safeguard the privacy and anonymity of the participants. The data analysis will involve the construction of data saturation and analysis grids, which serve as systematic tools to organize and analyse qualitative data. These grids will help identify common patterns, recurring themes, areas of consensus, and areas of disagreement across the adolescents consultations, FGDs and KIIs. Finally, a summary of the key findings will be written per data collection tools.

For the analysis process, REACH will utilize MaxQDA, a qualitative data analysis software. The analysis will carried out in parallel with data cleaning (once an interview is cleaned, it will be coded), with codes being iteratively built based on the content of the interviews. The codes will be categorized according to the saturation grid/analysis plan, referring to different components of the indicator (e.g., service barriers) and cross-cutting issues (e.g., ways of accessing a service). Additionally, new topics that were not included in the saturation grid will be assigned appropriate codes. The analysis will be conducted in accordance with REACH's Minimum Standards Checklist for Semi-Structured (Qualitative) Data Processing and Analysis. Finally, the coding, analysis, and saturation grid will be reviewed by IMPACT HQ prior to validation and publication.

3.6 Limitations

Geographical coverage: The assessment aims to provide insights into the four regions of Moldova. However, it is important to acknowledge that the qualitative nature of the assessment and the limited number of raions assessed may restrict the generalizability of the findings. The knowledge and perspectives of adolescents and caregivers are likely to be specific to their respective locations of residence and may not fully encompass the entire region. Therefore, it is crucial to interpret the findings in light of this limitation and findings will be indicative only of the specific areas of knowledge of the respondents. Additionally, rural areas, which may have different perceptions and challenges regarding the topic, are underrepresented in the sample. Their perspectives of individuals residing in these areas remain an information gap that should be addressed in future research.

Social desirability bias: mental health is a culturally sensitive and often stigmatized topic, which might lead to social desirability bias or under-reporting. Respondents may be inclined to provide answers they perceive as socially acceptable or that align with societal norms, rather than expressing their true thoughts and experiences.

Selection bias: the sampling method will be purposive based on REACH's partners' network. This approach is likely to exclude individuals who are harder to reach and do not fall under existing assistance nets. The non-inclusion of potential more vulnerable or people with greater barriers to access might results in under-reporting of challenges and barriers.

Unit of measurement: The unit of measurement for the assessment will be the community. However, it is important to recognize that using the community as the unit of measurement may not fully capture the nuances and individual variations within the community. Different members of the community may have diverse experiences, opinions, and needs that might not been captured by the indirect reporting method (i.e., capturing information at the community level through interviews with some community members).

4. Key ethical considerations and related risks

Throughout all stages of the research cycle, the assessment team will take 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 will uphold data responsibility: the safe, ethical and effective management of data as outlined in the IASC Operational Guidance on Data Responsibility in Humanitarian Action. This includes asking for informed consent and taking measures to prevent the exposure of sensitive non-personal data, ensuring data protection and security is in line with the principles for data responsibility in humanitarian action.

The proposed research design meets / does not meet the following criteria:

The proposed research design…	***Yes/ No***	***Details if no (including mitigation)***
… Has been coordinated with relevant stakeholders to **avoid unnecessary duplication** of data collection efforts?	Yes	
… **Respects respondents, their rights and dignity** (*specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided*)?	Yes	
… Does not **expose data collectors to any risks as a direct result** of participation in data collection?	Yes	
… Does not **expose respondents / their communities to any risks as a direct result** of participation in data collection?	Yes	
… Does not involve **collecting information on specific topics which may be stressful and/ or re-traumatising** for research participants (both respondents and data collectors)?	No	Assessing the mental and emotional well-being of refugees might trigger trauma related to the displacement and situation before. To mitigate the risk, the research design has accounted for avoiding direct questions referring to any potentially traumatising events, such as displacement or life back in Ukraine. Questions about the evolutions of the well-being of respondents will cover only the period since their arrived in Moldova.

		Questions related to MHPSS will be asked mostly at community-level and though an indirect approach to avoid any stress which might arise from the topic, cultural stigma or traumatising event. FGDs and adolescent consultations will be conducted using age-appropriate and culturally sensitive semi-structured tools. Enumerators will be trained on Psychosocial first aid and referral/reporting mechanisms to identify cases of distress or abuse, and appropriately answer to this case. Additional channels to access support (e.g., helpline numbers) will be shared with participants that are 18 years old and above.
… Does not involve **data collection with minors** i.e., anyone less than 18 years old?	No	The population of interest is refugee adolescents aged 14 to 17 years. It is important to gather their own perspectives, experiences, and voices, as they may provide a more comprehensive understanding of the challenges that their group is experiencing in terms of mental and psychosocial well-being. To ensure all protective and ethical considerations related to interviews with minors, a specific Child Protection Protocol (see Annex) has been developed in partnership with the CP WG leads. This protocol ensures that urgent issues that can put the life and/or well-being of a child in immediate danger detected during the implementation of the activities are timely and efficiently referred through existing in-country child protection mechanisms for their due follow-up in full respect of the International Convention of the Rights of the Child and following Protocols. The protocol clearly defines all procedure related to CP that the team must follow, including training, consents/assents, reporting/referral procedures. The adolescents

		consultations will take place in exisiting safe spaces catering to minors. In addition, specialised training on Child Protection will be provided to all enumerators involved in the assessments, covering the topics of safeguarding, safe identification and referral, referral protocol and risk assessment, child protection principles, Psychosocial first aid (PFA), child participatory methodology and tools, and basic requirements for meaningful and ethical data collection with children.
… Does not involve **data collection with other vulnerable groups** e.g., persons with disabilities, victims/ survivors of protection incidents, etc.?	No	While not purposively targeted, refugee caregivers may have been survivors of or witnesses of protection-related incidents. There will be a sensitivity component to the training days for the data collection teams, and a refresher for those who have already received this training. Enumerators will also be trained on and made aware of referral channels and procedures to follow if they counter any specific vulnerable cases.
… Follows IMPACT SOPs for management of **personally identifiable information**?	Yes	

5. Roles and responsibilities

Task Description	*Responsible*	*Accountable*	*Consulted*	*Informed*
Research design	AO [30], SAO [31]	RM [32]	HQ Specialists, HQ RRU-AE[33], CP WG and MHPSS TRG, UNHCR and UNICEF	UNHCR and UNICEF, Partners
Supervising data collection	SFO[34], AO	SAO	RM	Operational partners
Data processing (checking, cleaning)	SFO, AO	SAO	RM, HQ RRU-AE	

[30] Assessment Officer
[31] Senior Assessment Officer
[32] Research Manager
[33] IMPACT Initiatives HQ Research Regional Unit – Africa and Europe
[34] Senior Field Officer

Data analysis	AO, SAO	RM	HQ RRU-AE	UNHCR and UNICEF, Partners
Output production	AO, SAO	RM	UNHCR and UNICEF, HQ RRU-AE	UNHCR and UNICEF, Partners
Dissemination	AO, SAO	CC[35]	HQ Communications	UNHCR and UNICEF, Partners
Monitoring & Evaluation	AO, SAO	CC		HQ RDDU
Lessons learned	AO, SAO	CC	UNHCR and UNICEF, partners	HQ RDDU, UNHCR and UNICEF, Partners

Responsible: *the person(s) who executes the task*

Accountable: *the person who validates the completion of the task and is accountable of the final output or milestone*

Consulted: *the person(s) who must be consulted when the task is implemented*

Informed: *the person(s) who need to be informed when the task is completed*

Drafting tips: *Only one person can be Accountable; the only scenario when the same person is listed twice for a task is when the same person is both Responsible and Accountable.*

6. Data Analysis Plan

The data analysis plan has been published as a separate document in the REACH Resource Centre, REACH MDA MSNA Qualitative 2023 - Data Analysis Plan.

[35] Country Coordinator

7. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	x Yes
		# of downloads of x product from Relief Web	Country request to HQ		x Yes
		# of downloads of x product from Country level platforms	Country team		x Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		□ Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		x Yes
		# of visits to x webmap/x dashboard	Country request to HQ		□ Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	*CP WG Strategy, MHPSS TRG Stratefg, Refugee Response Plan 2024 Revision* *UNICEF Country Strategy, UNHCR Country Strategy*
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian documents (HNO, HRP, cluster/agency strategic	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	*Discussions with implementing partners, donors, CP WG and MHPSS TRG will be conducted after dissemination of results*
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			

	plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	# of organisations providing resources (i.e., staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	x Yes
		# of organisations/clusters inputting in research design and joint analysis			x Yes
		# of organisations/clusters attending briefings on findings;			x Yes

Annex 1: Child Protection Protocol

REACH Moldova
Multi-Sector Needs Assessment (MSNA) 2023
Mental and Psychosocial wellbeing of refugee adolescents (Semi-structured/qualitative component)
CHILD PROTECTION PROTOCOL

Purpose of the protocol

Child abuse, violence, neglect, and exploitation are considered worldwide a violation of the fundamental rights of the child. Violence against children is unacceptable and requires comprehensive action, IMPACT is committed to safeguarding children's rights and protecting children within the framework of its overall performance of activities and particularly in the implementation of activities involving children.

This protocol outlines key principles and actions that will be taken by IMPACT staff the rights of children, adolescents, young people, their families, and communities directly addressed, in the implementation of its activities.

This protocol aims at ensuring that urgent issues that can put the life and/or well-being of a child in immediate danger detected during the implementation of the activities are timely and efficiently referred through existing in-country child protection mechanisms for their due follow-up in full respect of the International Convention of the Rights of the Child and following Protocols.

This protocol outlines compulsory procedures to be undertaken by IMPACT staff.

The protocol will be reviewed by and finalised in consultation with the Child Protection Working Group leads from UNICEF and UNHCR. No data collection will be carried out before the validation of this instrument.

Guiding Principles

1. The **Best Interest of the Child** lies at the heart of the assessment, its design, and implementation.
2. **Respect**: all evidence-generating activities should ensure respect for all persons. Respect demands that individuals be treated as autonomous agents. An autonomous agent is an individual capable of deliberation about personal goals and of acting under the direction of such deliberation. To respect autonomy is to give weight to autonomous persons' values, preferences, and beliefs and to recognize their capability for self-legislation, their ability to make judgments, to state their opinions and to make choices.
3. **Informed consent**: For any primary data collection, informed consent is obtained from the respondent; if the respondent is a child (anyone less than 18 years old), this entails assent by the child and informed consent by their parent/caregiver. Once identified the individual participants, REACH/IMPACT staff will contact respective parents/caregivers and explain the research activities (purpose and methodology, types of information sought, how the information will be recorded and used, and the likely risks associated with the participation in the research activities). Once obtained parent/caregiver verbal consent, REACH/IMPACT staff will provide the written informed consent form, outlining all the procedures to be taken to ensure child protection and privacy, and request the parent's/caregiver's signature.
4. **Confidentiality and Professionalism:** Project staff will follow IMPACT data protection SOPs. IMPACT will ensure that personal data is processed and transferred in accordance with the applicable data protection laws, regulatory guidelines, and industry standards. IMPACT will ensure at all stages of the research that consent is sought from the participating adolescents and/or their parents/caregivers before recording of any data. REACH/IMPACT staff will devote equal attention to all urgent cases identified in the course of its activities. It will place appropriate technical and organisational measures to protect the personal data against accidental or unlawful destruction or accidental

loss, alteration, unauthorised disclosure or access, and which provide a level of security appropriate to the risk represented by processing and the nature of the data to be protected. The PII collected for minor adolescents will be limited to their first names in the consent form for their caregivers. For adults, names and contact information will be collected to schedule interviews, and in the consent form for parents/caregivers. Enumerators/facilitators, note-takers, translators, and the analysis team will have access to the raw data. The anonymised and translated transcripts would be accessed by the assessment officers in Moldova as well as lead analyst in Geneva. Any discussion recording and raw data will be kept on IMPACT/ACTED SharePoint until the finalisation of the analysis, after which it will be deleted. Access to the recordings will be limited to selected members of the team to ensure no dispersion of confidential information. The communication will be set up in such a way as to reduce communication leaks or any violation of the privacy of the child and other respondents. The data management plan specifically outlines appropriate procedures for the collection, treatment, and disclosure of confidential information.

5. **International best practices and instruments:** IMPACT staff will receive a specific training on how to refer child protection urgent cases. The training prepared by child protection specialists will cover topics of safeguarding, safe identification and referral, the referral protocol and risk assessment, and child protection principles. Separate from this training, REACH will conduct its own training for all Enumerators on child protection principles and best practices f, child participatory methodology, and tools, basic requirements for meaningful and ethical data collection with children, as well as the referral system for any child protection or related concerns. These trainings will rely on tested material from past work with children and agencies specialised in working with children. Enumerators will also be provided with reporting instruments such as: (1) the Referral Form, (2) the Assent/Consent Form, (3) the Urgent Action Form, (4) the Confidentiality Agreement, and (5) the Enumerator Debriefing Form.
   In addition, Enumerators and the data collection team will be trained on and commit to abide by:

   - Acted and IMPACT's Child Protection Policies,
   - Acted and IMPACT's Data Protection Policies,
   - Acted and IMPACT's Anti-Fraud, Bribery, and Corruption Policies,
   - Acted and IMPACT's Grievance Policies,
   - Acted and IMPAC"s Policies Against Sexual Exploitation and Abuse,
   - Acted and IMPACT's Anti-Terrorism and Anti-Money Laundering Policies,
   - Acted and IMPACT's Environmental Safeguarding Policies,
   - Acted procedures, manuals, and handbooks, e.g., Finance, Logistics, Administration & Human Resources, Transparency & Audit, Security & Safety, and AME.
   - Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, of which Acted is a signatory,
   - UN Inter-Agency Standring Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises,
   - UNHCR/HCP/2015/6 Policy on the Protection of Personal Data of Persons to Concern to UNHCR.

Legal Framework in Moldova

The relevant legal framework in Moldova is based on the Law No. 140 of 14.06.2013 on the special protection of children at risk and children separated from their parents[36], as well as Republic of Moldova Government Decision No. 270 of 08.04.2014 on the approval of the Instructions on the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation, and trafficking[37]. The laws specify when and how the cases of child abuse, neglect, exploitation, or trafficking should be reported.

[36] Republic of Moldova, Law No. 140 of 14.06.2013 on the special protection of children at risk and children separated from their parents
[37] Republic of Moldova, Government Decision No. 270 of 08.04.2014 on the approval of the Instructions on the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation, and trafficking

Mandatory reporting

According to the Law No. 140 and the Government decision No. 270, representatives of educational, medical-sanitary and social assistance institutions, regardless of the legal form of their organisation, cultural, public order, state labour inspectorate, other public authorities and institutions with responsibilities in the field of child protection shall be obliged to immediately inform the legal guardianship authorities of all suspected or confirmed cases of child abuse, neglect, exploitation, or trafficking.

Procedures to be followed

Informed assent/consent

- No child below the age of 14 will be interviewed in the study.
- After the selection of the potential participant, the Enumerator engages with their parent/caregiver to seek their written consent for the child to participate in the data collection exercise using the Consent Form.
- Upon consent from the child's parent/caregiver, the Enumerator engages with the child to seek his/her assent to participate in the data collection exercise using the Assent form.
- The Consent and Assent forms outline important elements of which the potential participant and her/his parent/caregiver should be informed, including the purpose of the research, the selection of the participants, the voluntary nature of the participation, the procedures of relevant data collection methods, the confidentiality of the research, the data management policy, the risks involved in taking part in the research, the no-compensation/no-benefit policy as well as the way findings will be shared (for more details refer to the Consent/Assent forms).
- Enumerators shall inform the participants that even if they are not asking about abuse, in respect of the Republic of Moldova's mandatory reporting procedures of child abuse, neglect, exploitation, and trafficking, if there is any suspicion, disclosure or evidence of abuse or harm occurring, it will have to be reported to the relevant child protection services and/or legal guardianship authorities.
- No data collection exercise may be carried out without the formal written consent of the parent/caregiver AND the assent from the child.
- For more details refer to the Informed Consent/Assent form.

Data collection time

- Enumerators shall make sure with both the parents/caregivers and the adolescents participating in the focus groups[38] that the time of data collection does not interfere with the daily schedule of the adolescents (schooling, recreational activities, meals, rest, praying, etc.).
- Focus group discussions should take strictly the time needed to collect relevant information to minimize their impact on the adolescents' daily schedule.

Data collection space and privacy

- The focus group should take place in a space that guarantees the security and privacy of the participants. Therefore, the space of the data collection shall be identified based on these considerations, and the Enumerators shall also ask the management of the identified facilities providing the space for FGDs for a place where they and the participants will not be heard by non-participants, and where the adolescents will feel comfortable.

[38] For simplicity and readability, the term "focus group" is used generically in this protocol to refer to both the focus group discussions with caregivers and the consultations with adolescents.

- If non-participants are present in the data collection room, Enumerators shall explain to them that in order to protect the participants' privacy, non-participants should leave the room.
- If privacy cannot be guaranteed the focus group is rescheduled and Enumerators refer to the Field Coordinator.
- If third parties are interfering with the focus group, the Enumerators will interrupt the data collection exercise and refer to the Field Coordinator.

Confidentiality and anonymization

- Before starting data collection, Enumerators will be asked to sign a Confidentiality Agreement with REACH/IMPACT whereby they commit not to disclose any information they collect as part of their Enumerator role to anyone but their team members[39], direct supervisor, and the assessment lead, as well as to avoid, to the best of their ability, unauthorized disclosure of the information they collect or obtain during their Enumerator role.
- Data collection forms are anonymous, and the Enumerators shall not record the names of the participants.
- To protect confidentiality during focus groups, the Enumerators shall demand the participants to refrain from referring to individual cases presented during the discussion outside the group with non-participants.
- However, the Enumerators shall inform the participants about the risk of other participants reporting topics discussed during the session.

Addressing discomfort from a child during data collection

- Enumerators shall remind the participants that they have the right to interrupt their participation in the focus group at any point and are free not to answer specific questions if they wish so.
- Two separate sessions, one on PFA and a second on safe identification and referral mechanisms, will be included in the training for the enumerators to ensure that concerns and distress are timely detected and addressed during the data collection phase, including interrupting momentarily, or definitively the focus group to protect the Best Interest of the Child. The sessions will facilitated by members of the MHPSS and CP working groups, nominated by the leads of the respective working group.

Ensuring cultural sensitiveness

- The Enumerator team shall account for potential political and cultural sensitivities of participants. Enumerators are trained to ensure full respect of participants' political or cultural sensitivities. Linguistic sensitivities will be taken into account by ensuring that the Enumerator speaks a language in which participants feel comfortable communicating.
- Each sub-team will include two Enumerators (one facilitator and one note-taker). Given the focus groups are gender-separated, the Enumerators shall be selected accordingly, to allow participants to speak more freely.
- Enumerators will not provide any information regarding their religious or political affiliations.

Collecting complaints about data collection

- Enumerators shall receive a training on behalf of an identified child protection specialist on child protection, communication with adolescents, psychological first aid, and safe identification and referrals.
- Enumerators shall address adolescents' concerns in the first instance and provide response during the data collection phase, by interrupting the focus group and investigating and replying to adolescents' concerns.
- In addition, Enumerators shall provide information on how participants can give feedback (on the data collection, on the behaviour of staff, etc.), by distributing to all participants (and adolescents' caregivers) at the end of the

[39] The term "team members" specifically refers to a team of 2 to 3 enumerators conducting focus group discussions together.

focus group ACTED CRM flyer containing contact reference for complaints. Any complaints will be followed up by the ACTED CRM team through internal procedures.

Urgent action cases and referrals

- After every focus group discussion, there will be a debrief with the Enumerators, Field Coordinator, and the Assessment Officer to discuss any issues that arose during discussions. Any issues that need to be reported (including anything children have disclosed that is concerning or concerning behaviour) will be done so by the Assessment Officer after the debrief.
- For any within-team concerns, the Enumerator will report to the Field Coordinator who will report the concern to the Assessment Officer or directly to the Assessment Officer. The Assessment Officer will report to a referral partner if the situation dictates this action.

Urgent cases not related to abuse or neglect:

- For urgent cases which are not related to abuse or neglect, consent will be sought from the parent/caregiver to support the needed intervention/referral.
- Enumerators shall provide information about available child protection, case management, and social assistance services, as identified in the region-specific Child Protection Referral Pathways.
- Participants who wish to be referred to specific child protection, case management or social assistance services may provide their name and their contact information in the Referral Form, following the assent/consent of the child/adolescent and parent/caregiver. This information will not be shared beyond the identified Child Protection focal point or referred service provider, nor be part of the data available for the research. This information will only be available to the Field Coordinator and Assessment Officer and will be shared with the reference organisation through the identified Child Protection focal point or indicated in the Referral pathways.
- In cases when participants and/or their parents/caregivers express preference to contact the suggested service provider directly, the Enumerators shall provide the service provider contact details.

Urgent cases related to child abuse or neglect:

- For urgent cases related to child abuse or where otherwise not in the child's best interest to seek parent/caregiver consent (e.g., medical emergency and the parent is unreachable), REACH/IMPACT staff will follow applicable Moldovan laws and ensure that needed follow up is done to ensure that the child's best interests are upheld.
- In the event of any emergency, the focus group discussion will be halted and rescheduled. In case of an emergency, the Enumerators shall contact the pertinent authority (police, ambulance, or the legal guardianship authorities), based on the situation, and the Field Coordinator and Assessment Officer shall be notified immediately.
- While Enumerators are not asking about abuse, in respect of the Republic of Moldova's mandatory reporting procedures for cases of child abuse, neglect, exploitation, and trafficking, if there is suspicion, disclosure or evidence of abuse occurring, if there is a situation in which the lack of prompt response can put the life and/or well-being of a child in immediate danger, it will have to be reported to the legal guardianship authorities.
- In that case, the Enumerator will fill an Urgent Action form and forward this to the Field Coordinator.
- By the end of the day, the Field Coordinator and the Assessment Officer will debrief with the Enumerator having recorded the abuse or the immediate safety/security risk to the child using the Urgent Action form.
- If relevant, the Assessment Officer will forward the de-identified description of the case (without PII) to the identified Child Protection focal point, within 24 hours of receiving the report. The PII information will be released only upon request of the Child Protection focal point and if deemed necessary to report the case further.
- If necessary to report the case further, the Assessment Officer will complete the mandatory report form and submit it to the legal guardianship authorities.
- In instances where a child is deemed to be in immediate danger or susceptible to potential abuse upon returning home, the legal guardianship authorities will be notified immediately (not within 24 hours) of the case report/focus

group discussion. Members of the research team as well as the field team have received training on the identification of emergency cases. Additionally, it has been agreed that in such cases as well the Assessment Officer will also consult with the Child Protection focal point, as previously mentioned.

Reporting

- Enumerators shall inform the participants that the outcome of the research process will be a public report, where all information will be de-identified, and sensitive information omitted to ensure the protection of the participants.
- The Assessment Officer shall make sure that the research outputs present information that in no way could be traced back to individual participants.
- Draft reports shall be reviewed by the REACH/IMPACT Assessment Officer as well as by REACH/IMPACT Geneva HQ to ensure that information cannot be traced back to individual participants.
- An additional double-check shall be provided by the identified focal points of UNHCR and UNICEF that will make sure that assessment outputs do not entail risks for the direct participants and/or to the target group.

Protection risk matrix

Risk	Risk Mitigation	Responsibility
Children do not want to participate in the interview/focus group	• No data collection exercise will be carried out without obtaining the formal written consent of the parent/caregiver AND the assent from the child. • Enumerators remind the participants that they have the right to interrupt temporarily or definitively the focus group at any time.	• Field Coordinator • Enumerators
Focus group facilitators, interviewers and field researchers cause distress to participants	• Focus group procedure is designed to ensure that: (1) participants can take an informed decision upon participation; (2) participants can interrupt the interview at any time; (3) complaints are timely received and addressed during data collection; (4) possibility to be referred to child protection, case management, or social assistance services. • Focus group tools have been designed to ensure graduality of the question sensitiveness. Time breaks have been introduced to allow Enumerators to monitor participants' response to the questionnaire and to pre-empt distress. • Enumerators will be trained in child protection, communication with children/adolescents, as well as safe identification and referrals and psychological first aid.	• Enumerators • Field Coordinator
Participants express concerns or complaints about the FGD process	• Enumerators systematically provide the contact reference of the ACTED CRM to all participants at the end of the focus group and stress the Assessment Officer's role as focal point.	• Field Coordinator • Enumerators
Limited / no privacy	• Focus group discussions shall be held in private spaces where the possible cases of overhearing of the discussion is averted. • If privacy cannot be guaranteed the focus group is rescheduled and Enumerators refer to the Field Coordinator. • If third parties are interfering with the focus group discussion, the Enumerators shall interrupt the data collection exercise and refer to the Field Coordinator.	• Field Coordinator • Enumerators
Confidentiality of data is compromised	• The Assessment Officer designed a comprehensive Data Management Plan establishing procedures to ensure that data collection, transmission and storage is secure and to protect the privacy of the participants (for more details, refer to the Data Management Plan in the Terms of Reference).	• Assessment Officer • IMPACT HQ

	• The Assessment Officer shall ensure REACH/IMPACT staff comply with the Data Management Plan. • The Data Management Plan shall be approved by IMPACT HQ during the Inception phase and any modification to the plan will need to be validated by the HQ before entering into force. • Enumerators shall sign a Confidentiality Agreement prior the start of data collection, whereby they commit not to disclose any information they collect as part of their Enumerator role to any external actor.	
Dissemination of findings potentially identify participants	• Draft reports are reviewed by the REACH/IMPACT Assessment Officer as well as by REACH/ IMPACT Geneva HQ to ensure that information cannot be traced back to individual participants. • An additional double-check is provided by UNICEF and UNHCR Child Protection specialists that will make sure that assessment outputs do not entail risks for the participants and/or to the target group.	• Assessment Officer • IMPACT HQ • UNICEF • UNHCR
Evidence or disclosure of urgent cases that can put the life and/or well-being of a child in immediate danger	• Procedures to address evidence or disclosure are established before starting data collection. • Standard reporting forms are drafted to collect information in a comprehensive and timely manner. • Enumerators are trained by UNICEF and UNHCR Child Protection specialists in order to be ready to identify and refer all urgent cases.	• Field Coordinator • Enumerators • Assessment Officer • UNICEF • UNHCR