Socio-Economic Insights Survey (SEIS) Moldova - 2024

Key Findings presentation – Rural/Urban

November 2024







Regional Refugee Response For the Ukraine Situation

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Objectives and Methodology

01

Assessment Objectives

The SEIS aims to inform the Ukraine Situation Regional Refugee Response Plan (RRP) 2025-2026, and/or inform various stakeholders and programs 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 in the country following the escalation of the conflict in February 2022.

The SEIS follows the **regional approach** established by UNHCR's Regional Bureau for Europe (RBE), using a harmonized questionnaire to **enable** comparisons across countries participating in the Regional RRP.

Specific Objectives

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|--|--|--|--|---------------|
| Gain an understanding of the household composition of refugees, including key demographics. | Identify the priority needs of refugee households pertaining to protection, health, including Mental Health and Psychosocial Support (MHPSS), education, accommodation, livelihood and socio-economic inclusion, and social cohesion. | Understand the coping capacity and vulnerability/resilience of refugees considering the protracted displacement, including socio-economic inclusion. | Understand refugees' challenges in accessing information and their preferred channels to receive information and provide feedback to aid providers about the quality, quantity and appropriateness of aid. | Identify household profiles with the most critical needs to inform programming. | intentions of |

Population Coverage and Data Collection



Face-to-face **household (HH)-level surveys** with selfreported 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 HH, covering a total of **1,204 HH members** from the assessed HHs.



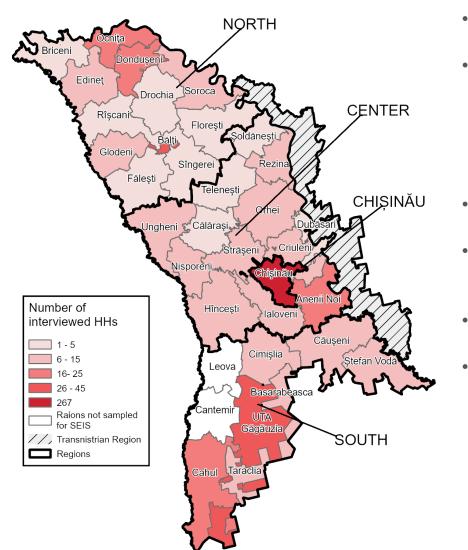
From 3 June to 12 July 2024



Refugee HHs displaced from Ukraine to Moldova following the escalation of hostilities in February 2022 (including third-country nationals), with a **focus on those living outside of Refugee Accommodation Centres** (RACs).

Refugee HHs include the refugee respondent from Ukraine plus all individuals, including family or close acquaintances displaced from Ukraine to Moldova who are living with the respondent at the time of interview, and share key resources and expenses (i.e., share income, key resources and expenses beyond rent).

Geographical coverage and Sampling



- National coverage, excluding the Transnistrian region.
- Non-probability purposive sampling approach, constructed based on crossreferenced population figures from the UNHCR Multi-Purpose Cash Assistance (MPCA) beneficiary list, the General Inspectorate for Migration (IGM) Temporary Protection (TP) list, and the REACH area monitoring exercise**. Settlements with fewer than 5 refugee 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*).
- Primary data was collected through in-person quantitative HH-level surveys.
- **Regional weights** were applied to national-level findings to adjust for distortions in proportionality created by the sampling design (i.e., stratification by region), as the majority of refugee HHs are concentrated in the Chisinau region, with fewer HHs in other regions.

*Chisinau is not an official region in Moldova, but was extracted from the Centre region to better account for the distribution of refugees within the national territory.

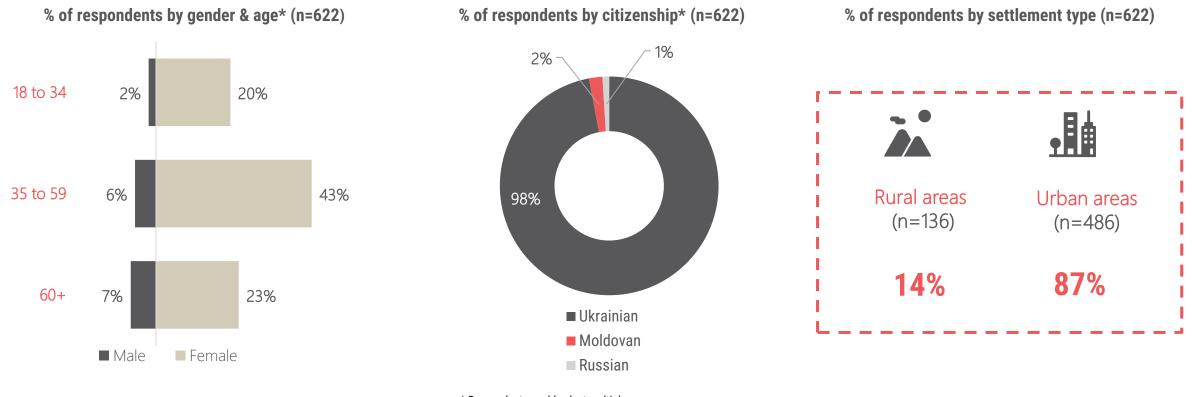
**Area monitoring was an exercise conducted by REACH through the collection of information on refugees residing outside of Refugee Accommodation Centers (RACs) in various settlements, as reported by local authorities.

Limitations

- Representativeness: Due to the absence of an official nationwide record of Ukrainian refugees' exact numbers and geographic dispersion in Moldova, a probability sampling method was not possible. Consequently, purposive, non-probability sampling was applied. As a result, the findings are not statistically representative of the entire population and should be seen as indicative only.
- Geographical Coverage: The SEIS does not cover the Transnistrian region, a self-declared autonomous area not controlled by the Moldovan government, due to political sensitivities and access constraints.
- Survey Fatigue: Due to the length of the survey, some respondents may have rushed through questions, potentially leading to misinterpretations, inaccurate responses, or errors in data input via the KOBO tool.
- Selection Bias: Although efforts were made to introduce a degree of randomization (interviewing every third person in a line at distribution points) and to diversify the sample (identifying respondents through social media and snowball sampling in settlements with 200 or more refugee HHs), enumerators frequently visited places where refugees typically gather (such as aid distribution centres, schools, public parks, etc.) to identify potential respondents, which may have introduced selection bias.
- Data Verification Issues: Data discrepancies and missing values were checked with enumerators and addressed accordingly, though in some cases, these fields could not be verified. Consequently, there may be some inconsistencies or missing data remaining in the dataset.
- Sensitive Topics: Respondents may have underreported sensitive topics such as protection topics, safety, or security risks.
- Underreporting / Overreporting: Additionally, respondents may have underreported their income sources or overreported their expenses due to the false expectation that aid could be linked to the outcomes of these surveys.

02 Demographics

Demographics: Respondents



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

* Respondents could select multiple responses

The large majority of respondents (85%) were women, while men made up only 15% of the sample. The proportion of respondents by gender did not differ significantly by the type of settlement they resided in. In rural areas, 80% of respondents were female and 20% were male, while in urban areas, 86% were female and 14% were male.

In terms of age, almost half of the respondents (48%) were between 35-59 years old, reflecting a predominant working-age population.

Demographics: HH Composition



1.94 Average HH size



24% of HHs have children (under the age of 18)

47% of HHs have older

persons (60+ years)



1,204 HH members



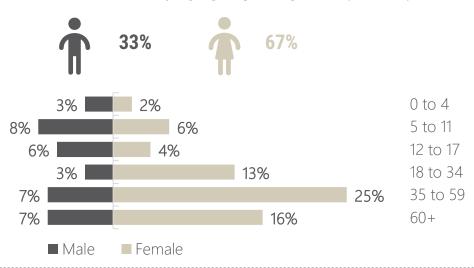


10% of HH members with disability (at least level 3 in WGSS)

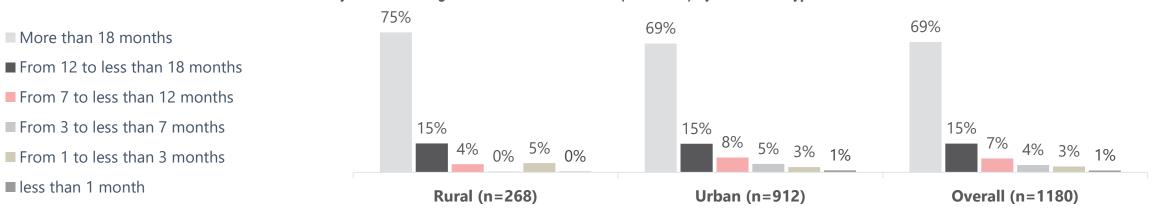


5% of HHs have pregnant or breastfeeding women

% of HH members by age group and gender (n=1204)



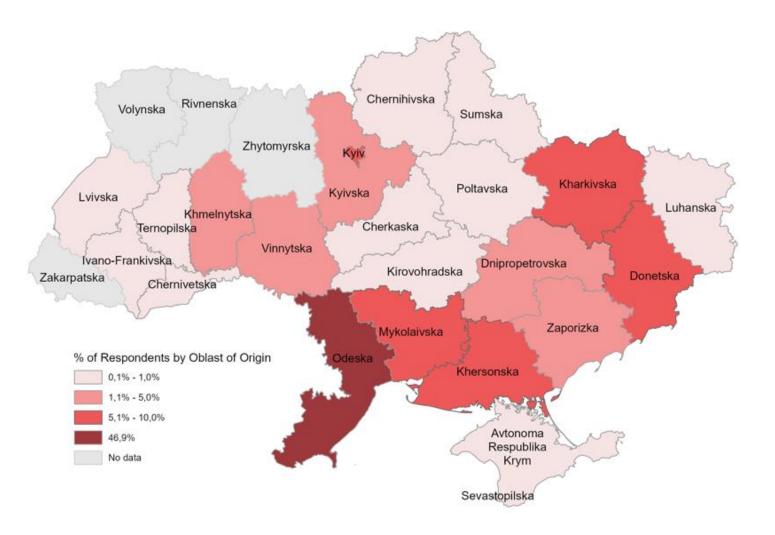
% of HH members by estimated length of residence in Moldova (in months) by settlement type*



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

Demographics: Oblast of Origin in Ukraine

% of HHs by Oblast of origin in Ukraine



A large segment of the surveyed HHs originate from the Odeska Oblast (47%). The following most reported Oblasts of origin were: Mykolaivska Oblast (10%), Khersonska Oblast (9%), . Kharkivska Oblast (7%), . Kyiv (6%), and Donetska Oblast (5%). % of HHs by ethnic group or background (self identification)* (n=622) Ukrainian 94% Moldovan 9% Russian 3% * Respondents could select multiple responses



Key sectoral findings

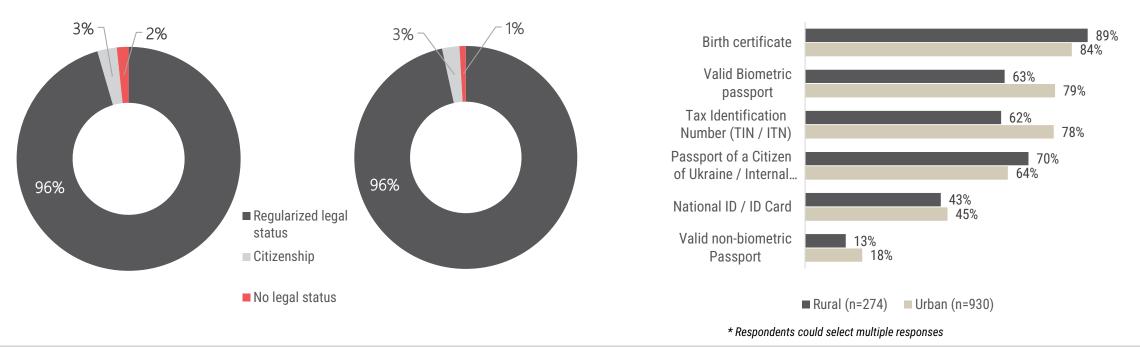
Protection

Protection

Current legal status and ID documents in Moldova

% of respondents residing in RURAL areas by their current legal status in Moldova by categories (n=136) % of respondents residing in URBAN areas by their legal status in Moldova by categories (n=486)

% of HH members by type of ID documents they hold (if any), by type of settlement* (n=1204)



Across the full sample, 90% of respondents reported holding temporary protection (TP), while 1% had applied for TP or were awaiting a decision.

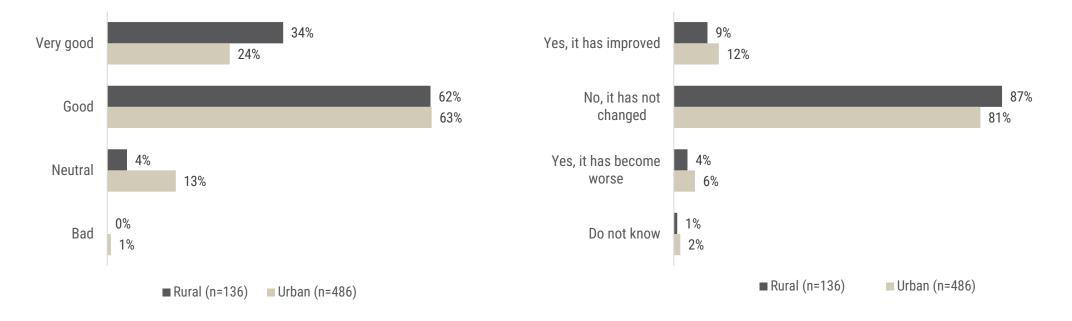
Out of 1,204 HH members, only 0.1%, (representing one individual) residing in a rural area, reported not holding any ID documents.

The majority of HH members (78%) reported they did not need to replace ID documents (including expired documents) since departing from Ukraine. The most commonly reported document requiring replacement was an International Biometric Passport, with 18% of HHs indicating that at least one member needed to renew it. This need was particularly prevalent in urban areas, where 20% of HHs reported requiring a renewal of this document, compared to 6% in rural areas.

Protection

Social Cohesion

% of respondents by perceived relationship between the refugee and the host community in their location of residence, by type of settlement (n=622) % of respondents that reported relationship changes between the refugee and the host communities since first arriving at their location of residence, by type of settlement (n=622)

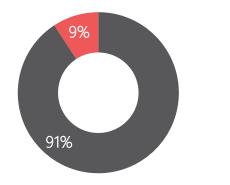


Many respondents (82%) reported no changes in the relationship between the refugee and host communities since their arrival at their current location. Additionally, more than half of respondents (63%) perceived the relationship between the communities as good, while 25% perceived it as very good. Only 1% (representing 4 respondents) of those residing in urban areas perceived it as bad.

Protection

Social Cohesion

% of HHs with members residing in RURAL areas having experienced hostile behaviour or attitudes from the host community since arrival in Moldova (n=136)

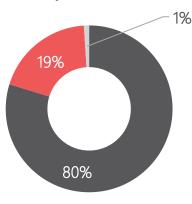


No

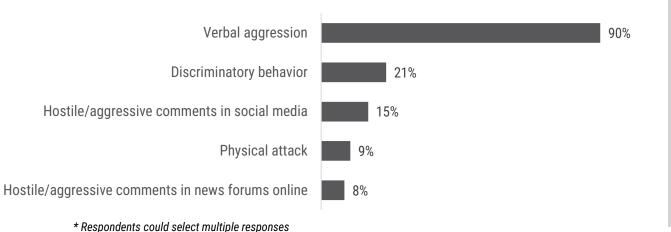
Yes

Do not know/Prefer not to answer

% of HHs with members residing in URBAN areas having experienced hostile behaviour or attitudes from the host community since arrival in Moldova (n=486)



% of HHs by type of hostile behaviours or attitudes experienced (among HHs who experienced them since arrival in Moldova)* (n=91)



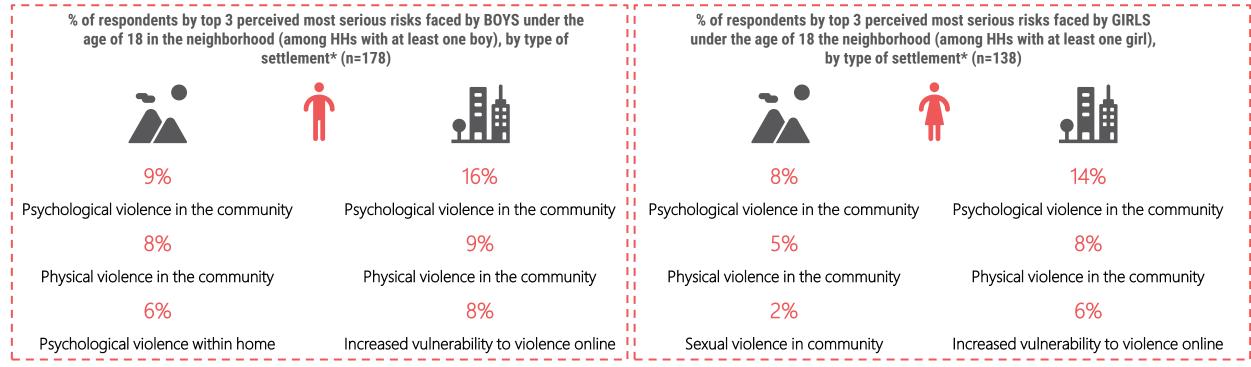
Across both types of settlements, the large majority of HHs (81%) reported that they had not experienced hostile behaviour or attitudes from the host community since their arrival in Moldova. Among HHs with members who reported having experienced hostile behaviours or attitudes since their arrival in Moldova (n=91), the majority (90%) reportedly faced verbal aggression from the host community. This was reported by 9 respondents residing in rural areas and 71 respondents representing 90% from urban areas.

The main perceived reason for hostile behavior, reported by 81% of respondents whose HH members experienced it (n=89), was their refugee status. This includes 6 respondents in rural areas and 66 respondents, representing 83% in urban areas. Furthermore, 51% of the 89 respondents reported nationality-based discrimination, and 33% reported language discrimination, across both types of areas.

Protection Child Protection

The findings suggest that the top 3 most serious risks were perceived to be the same for both boys and girls. Most respondents reported no perceived protection concerns for boys and girls (67% and 67%, respectively). However, more respondents in rural areas reported no concerns for boys and girls (75% and 80%, respectively), compared to urban areas (66% for boys and 65% for girls).

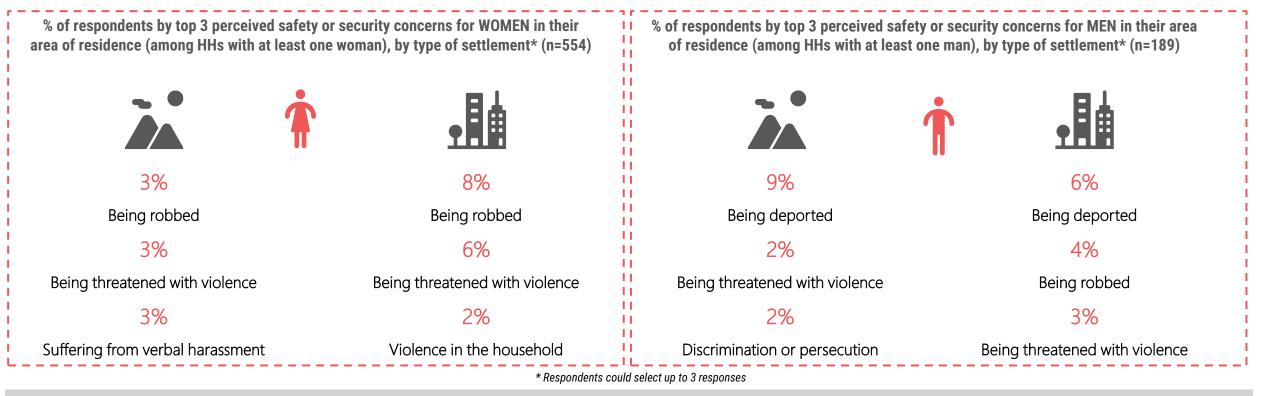
Overall, the majority of respondents (95%) reported that they would feel safe and comfortable contacting and reporting cases of violence, exploitation, or neglect involving children in the community to the police (97% in rural areas and 95% in urban areas). Additionally, 23% reported they would contact NGOs (including NGO helplines) (25% in rural areas and 22% in urban areas), while 15% reported they would contact other government agencies or institutions (including government helplines) (17% in rural areas and 15% in urban areas).



* Respondents could select up to 3 responses

Protection

Gender-Based Violence (GBV)



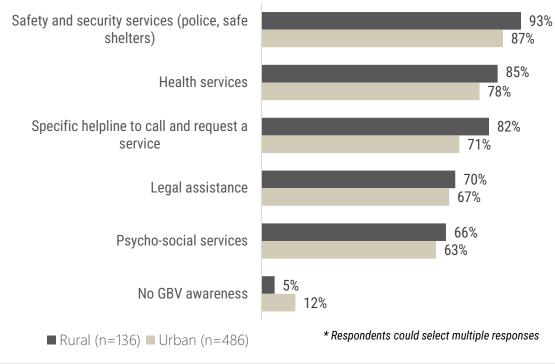
Many of the respondents in HHs with at least one woman (77%) reported **no perceived concerns for the safety or security of women** in their area of residence. However, 86% of respondents in **rural areas** reported **no concerns**, compared to 76% in **urban areas**. Similarly, **across both types of areas**, 79% of respondents in HHs with at least one man reported **no concerns for the safety or security of men** in their area, with **no major difference** observed between **rural and urban areas**.

A small percentage of respondents (8%) reported that one of the top perceived safety or security concerns for women was being robbed, with a slight difference observed between rural and urban areas (3% and 8%, respectively). Meanwhile, 6% of respondents reported that one of the main safety or security concerns for men was being deported, with a slight difference observed between rural and urban areas (9% and 6%, respectively).

Protection

Gender-Based Violence (GBV)

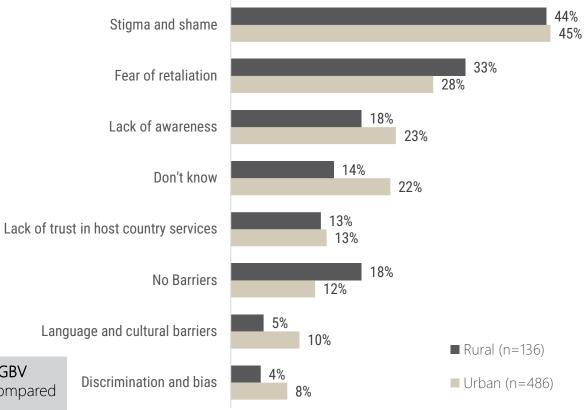
% of respondents aware of existing GBV services available in their area by type of available lifesaving GBV services aftermath of a GBV incident, by type of settlement* (n=622)



A small percentage of respondents (11%) reported that they were **unaware of any existing GBV** services available in their area of residence, with **higher occurrence** in **urban areas** (12%) compared to rural areas (5%).

Stigma and shame were reported as the main perceived barriers survivors could face when trying to access GBV services, according to 46% of respondents.

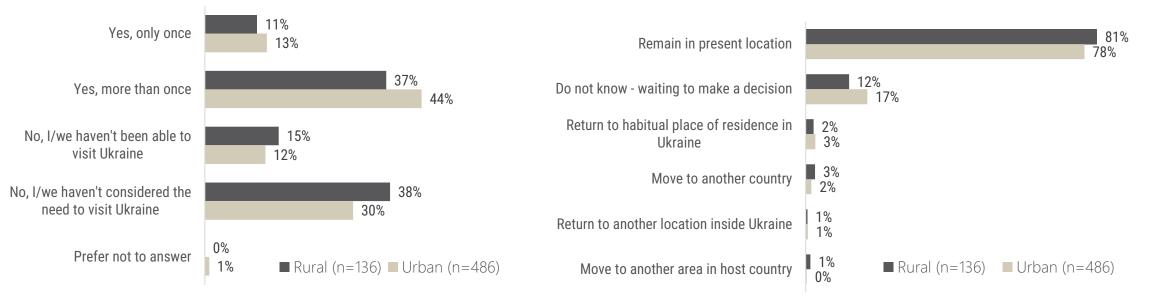
% of respondents by perceived main barriers that survivors could face when trying to access GBV services, by type of settlement* (n=622)



* Respondents could select multiple responses

Protection Return Patterns and Intentions

% of HHs where at least one HH member has been back to visit Ukraine after 24 Feb 2022, by type of settlement (n=622)



Among those who were unable to visit Ukraine (n=87), 85% cited security concerns as the reason, while 13% mentioned the occupation of the territory. Of those who were able to return to Ukraine (n=323), 51% went to visit relatives, 20% reported they went to Ukraine to obtain documentation, and 18% returned to collect personal supplies (23% from rural areas compared to 17% from urban areas).

Many of the respondents (87%) reported that their stay during the last visit to Ukraine was less than two weeks. Upon returning to Moldova after traveling back to Ukraine, no respondents reported experiencing any difficulties.

A large proportion of respondents (78%) indicated that they plan to remain in their current location over the next 12 months, with 81% of HHs residing in rural areas expressing this intention and 78% of HHs residing in urban areas. However, 17% of HHs across both types of settlements reported that they did not know and were waiting to make a decision regarding their movement intentions.

Key Findings

% of HHs by movement intention within the 12 months following data collection, by type of settlement (n=622)

Accountability to Affected Populations (AAP)

62

Accountability to Affected Populations (AAP)

Satisfaction with aid received

94%

89%

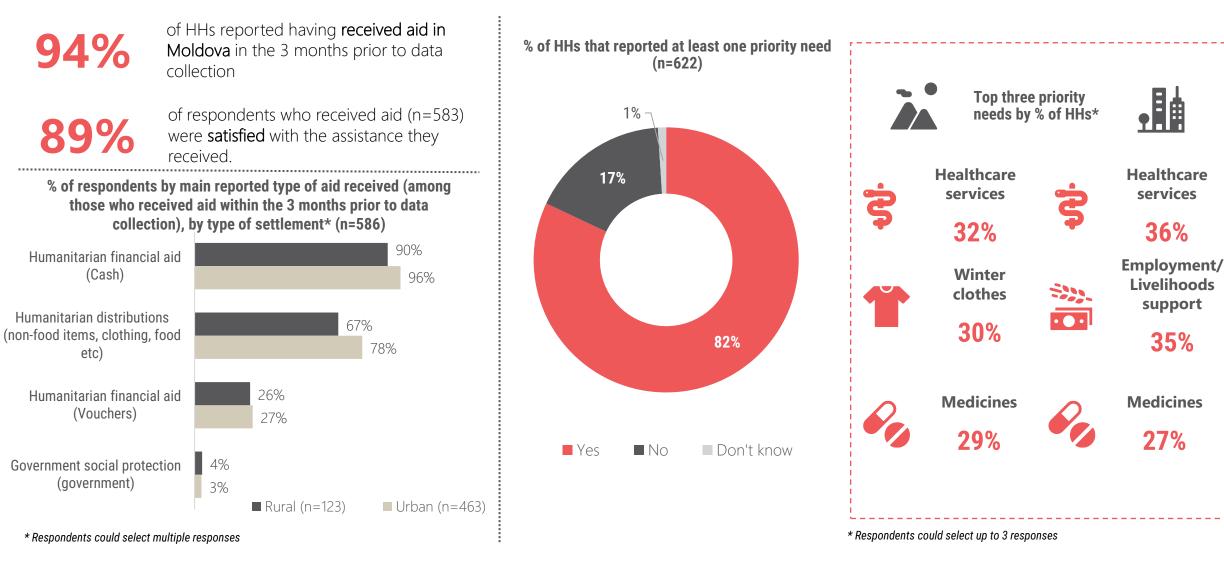
(Cash)

etc)

(Vouchers)

(government)

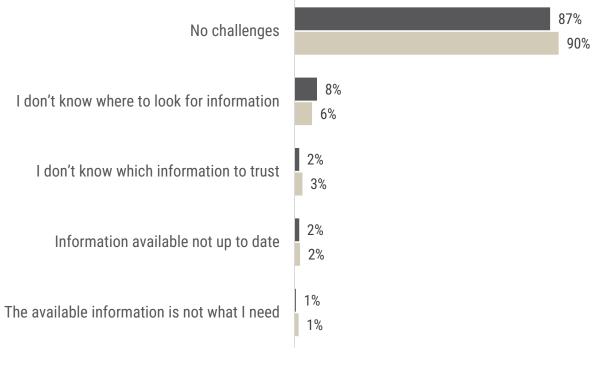
Top priority needs



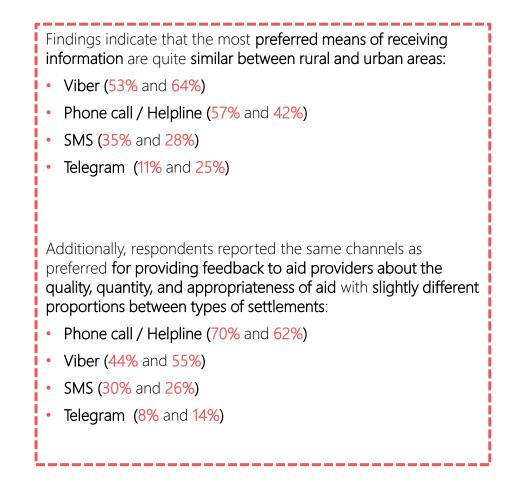
Accountability to Affected Populations (AAP)

Access to information

% of respondents by main challenges faced in accessing needed information (including information on rights and entitlements, access to services), by type of settlement* (n=622)



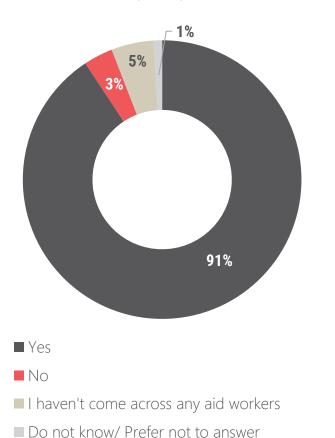
■ Rural (n=136) ■ Urban (n=486)



Accountability to Affected Populations (AAP)

Satisfaction with aid workers

% of HHs satisfied with aid workers' behaviour in the area (n=622)



67%

of respondents reported being aware of how and where to report inappropriate behavior from an aid worker if they experience or observe such behavior.

92%

of respondents **reported having access to safe and confidential reporting channels** to obtain information, seek assistance or report issues including sensitive issues within the community.

Top 5 most preferred channels to report aid worker misconduct and other sensitive issues, including requests for sexual favours in exchange for assistance or abuse, by type of settlement



Telephone calls (66%) Social Media (24%) Face-to-Face interactions (17%) Messaging Apps (13%) Online form (8%)

Telephone calls (65%) Face-to-Face interactions (23%) Social Media (23%) Online form (12%) Messaging Apps (10%)



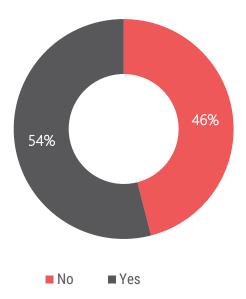
Education

2023/2024 school attendance



372 school-aged children and young adults aged 3 to 24 342 school-aged children aged 3 to 18

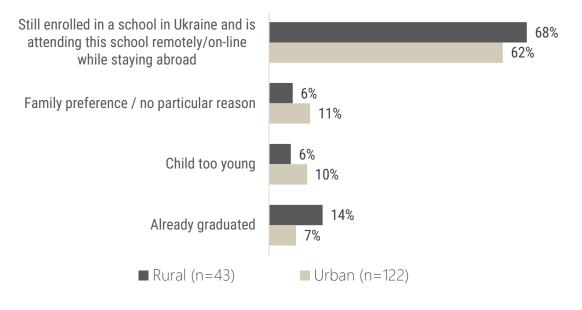
% of school-aged children and young adults reported to be attending an institution that is part of the national education system in Moldova in 2023/2024 (n=372)



More than half of school-aged children (57%) were reported to no longer be formally enrolled in a school in Ukraine during the 2023-2024 academic year while living abroad. On the other hand, 40% of school-aged children were reported to still be formally enrolled in a Ukrainian educational institution.

There was **no major difference** observed between **rural (52%)** and **urban (54%)** areas in terms of **attendance at educational institutions in Moldova**, **nor by gender**.

Of the school-aged children and young adults enrolled in the Moldovan educational system (n=195), 39% were reported to be in secondary school, 28% in primary education, and 28% attending early childhood education or preprimary school. Main reported primary barriers for enrolling school-aged children and young adults in an institution that is part of the national education system in Moldova in 2023/2024*, by type of settlement** (n=165)



* Among those who were not enrolled in Moldova

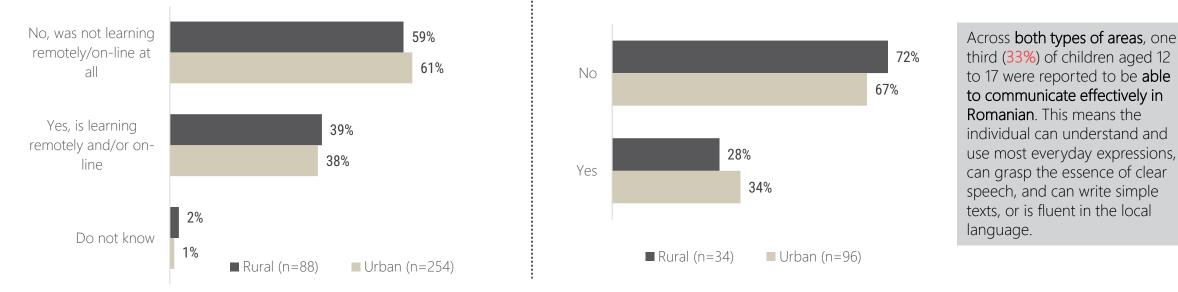
** Respondents could select up to 5 responses

Of the school-aged children and young adults not enrolled in Moldova (n=165), 62% reported still being enrolled in a school in Ukraine and attending distance learning as a barrier to not being enrolled in education in Moldova.

Education

2023/2024 Remote/online education

% of aged-school children learning remotely or online in the school year 2023-2024, by type of settlement (n=342)



Less than half of school-aged children (38%) who were learning remotely or online in the school year 2023-2024 (n=125) were reported to be using other online or remote teaching methods, different from the All-Ukrainian Online School platform. Another 32% of the children and young people were using the All-Ukrainian Online School platform.

Additionally, 85% of the school-aged children who were studying online (n=121) reported being under the supervision of a Ukrainian teacher at a school in Ukraine, while 2% were studying by themselves without any supervision.

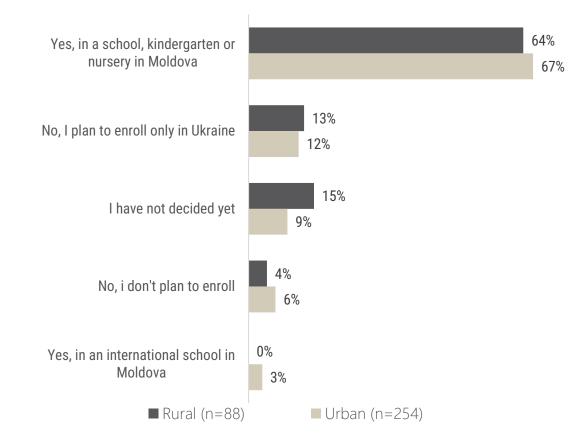
Romanian language proficiency

% of children (aged 12 to 17) who are able to communicate effectively in Romanian, by type of settlement (n=130)

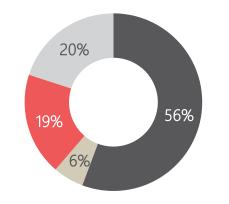
Education

2024/2025 school year - enrolment intentions

% of school-aged children intended to be enrolled in a school/kindergarten/nursery part of the national education system in Moldova for next year (2024/2025), by type of settlement (n=342)



% of school-aged children intended to continue distance learning for next school year 2024/2025 (among those learning remotely or online) (n=120)



Yes, will remain enrolled in a school in Ukraine and will continue remote learning

 Yes, will remain enrolled in a school in Moldova and will continue studying only the Ukrainian component of the Ukrainian curriculum remotely
 No

Do not know

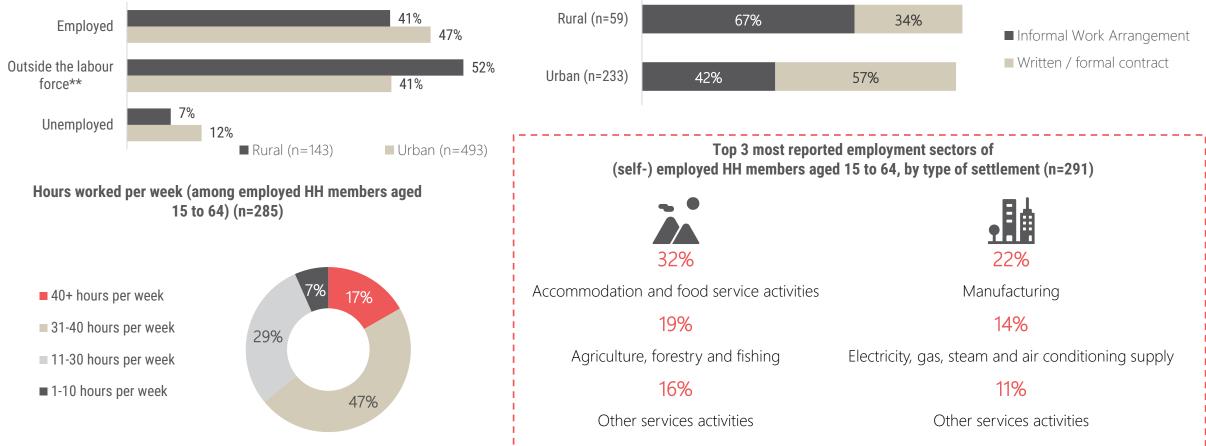
More than half of school-aged children (66%) were cited as intending to enroll in a school, kindergarten, or nursery in Moldova for the 2024-2025 school year, and 3% intended to enroll in an international school in Moldova.

Among school-aged children learning remotely or online in 2023-2024 (n=120), 20% were still unsure if they would continue learning remotely in the next school year, however, 56%, including 43% from rural areas (13 individuals) and 58% from urban areas (54 individuals) were cited to remain enrolled in a school in Ukraine and continue attending this school remotely/online, indicating this could be a continuing barrier to enrolling children in Moldovan schools.



Employment

% of HH members (aged 15 to 64) by employment status, by type of % of employed HH members (aged 15 to 64) by type of employment contract, by type of settlement (n=636)



settlement (n=292)

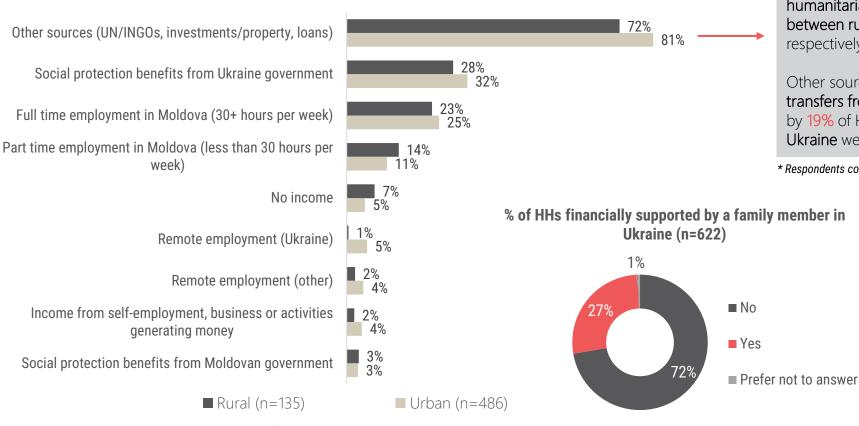
**Outside labor force: working-age individuals who were not employed during the past week, and who either cannot start working within the next 2 weeks if a job or business opportunity becomes available, or did not look for a paid job or did not try to start a business in the past 4 weeks.



*Unemployed: HH members aged 15 to 64, who were not working for pay, running a business, engaged in an income-generating activity, helping in a family business, or temporarily absent from a job or income-generating activity in the 7 days prior to data collection.

Income Sources

% of HHs by reported income source*, by type of settlement** (n=621)



The majority of HHs (93%) of those with other sources of income (n=495) reported receiving cash assistance from humanitarian organizations, with a slight difference observed between rural (n=101) and urban (n=394) areas (84% and 95%, respectively).

Key Findings

Other sources of income, across both types of areas, included transfers from relatives or friends outside of Ukraine, reported by 19% of HHs, while transfers from relatives or friends in Ukraine were reported by 10% of HHs.*

* Respondents could select multiple responses

92% of respondents reported they were not satisfied with their HH's overall income, with no major difference observed between

rural and urban areas.

*in the 30 days prior to data collection or since arrival if less than 30 days since arrival **Respondents could select multiple responses

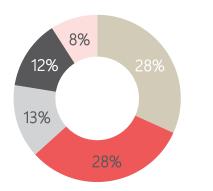
Socio-economic difficulties and needs

% of HH members (aged 15 to 64) from URBAN areas by main difficulty encountered in finding work in Moldova (top 5)* (n=520)

- Lack of knowledge of local language
- Not actively looking for work
- Cannot find a job with a decent pay
- Finding work with a suitable or flexible schedule
- Need to take care of other household member(s)

35%

of respondents reported having a bank account or an account at a formal financial institution in Moldova, either individually or jointly. A lower percentage of respondents in rural areas (22%, n=136) reported this compared to those in urban areas (37%, n=486).



% of HH members (aged 15 to 64) from RURAL areas by main difficulty encountered in finding work in Moldova (top 5)* (n=147)

- Not actively looking for work
- Lack of knowledge of local language
- Cannot find a job with a decent pay
- Finding work with a suitable or flexible schedule
- Lack of employment opportunities suited to my skills or expensionce

8% 10% 14% r 14%

Key Findings

* Respondents could select multiple responses

Support for accessing social assistance (46%)

Job matching (23%)

Access to information on services (15%)

Access to financial services (14%)

Upskilling (12%)

Childcare (12%)

 % of respondents by reported type of services needed to help improve their socio-economic inclusion in Moldova (top 6), by type of settlement*

 Rural areas (n=136)



Urban areas (n=485)

Support for accessing social assistance (47%) Language training (29%) Job matching (25%) Start-up grants (14%) Access to information on services (13%) Upskilling (12%)

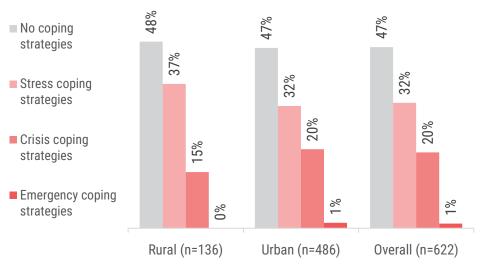
* Respondents could select multiple responses

Livelihood Coping Strategies

Livelihood coping strategy index (LCSI): is measured to understand longer-term HH coping capacities. It is used to classify HHs into four groups: HHs using emergency, crisis, stress, or no adopted strategies to cope with livelihood gaps in the 30 days prior to data collection.

The use of emergency, crisis, or stress-level LCS typically reduces HHs' overall resilience and assets, in turn increasing the likelihood of having unmet basic needs.

% of HHs by LCSI* category, by settlement type



Spent savings (stress strat.) 42% Reduced health expenditures (crisis strat.) 12% Purchased food on credit/ burrowed food (stress strat.) 10%

6%

4%

4%

LCSI: % of HHs by most used livelihood coping strategies in the 30 days prior to data

1

Sold HH's assets (stress strat.)

Reduced education expenditures (crisis strat.)

* Respondents could select multiple responses

Almost half of HHs (47%), as reported by respondents, were not adopting any coping strategies. Some HHs (32%) were implementing stress coping strategies, which mainly included spending savings (45%), purchasing food on credit or borrowing food (7%), and selling HH assets (4%) due to a lack of resources to cover basic needs such as food, shelter, health, and education.

A few HHs (20%) were implementing crisis coping strategies, which mainly included reducing essential health expenditures (15%) and reducing expenditures on education (5%).

No major differences were observed in the proportions of HHs adopting stress coping strategies (n=165), crisis strategies (n=81), and/or emergency strategies (n=6) between rural and urban areas.

Key Findings

Urban

Rural

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

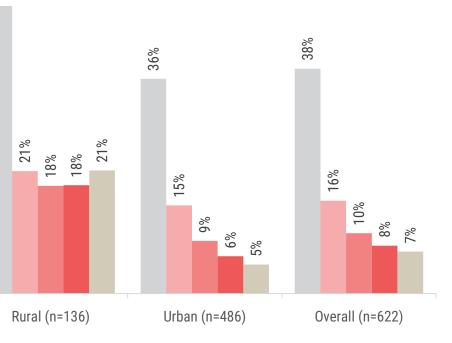
Socio-Economic Inclusion and Livelihoods

Food Coping strategies

rCSI: % of HHs by use of consumption-based coping strategies in the last 7 days prior to data collection, by settlement type*

Relied on less preferred, less expensive foods

- Borrowed food or relied on help from relatives
- Limited portion sizes of meals
- Reduced the number of meals eaten per day
- Restricted consumption by adults in order for young children to eat



Reduced Coping Strategy Index (rCSI): used to measure the behaviour of HHs over a seven-day recall period when they did not have enough food or money to purchase food.

The **national rCSI average** was found to be 3.3, with a **difference** between **rural and urban** areas. In **rural areas** (n=54), the rCSI was **higher** at 6.64, while in **urban areas** (n=203), it was lower at 2.81.

The most frequently used coping strategy was consuming cheaper or less preferred food, reported by 38% of HHs, with a higher prevalence in rural areas (49%) compared to urban areas (36%).

Similarly, across both types of areas, 16% of HHs reported using the coping strategy of reducing the number of meals eaten per day. However, this strategy was more common in rural areas, where 18% of HHs relied on it, compared to only 6% of HHs in urban areas.

* HH who used the strategy for at least one day, to cope with a lack of food or money to buy it

49%

\$ Health

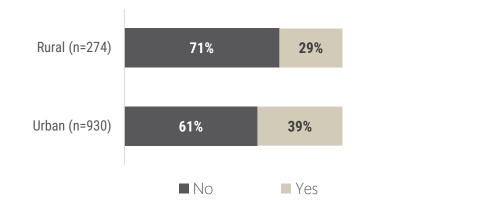
Health Access to healthcare

% of HH members who had a health problem and needed to access health care*, by type of settlement (n=1204)

% of HH members who received access to health services 30 days prior to data collection (of the HH members who needed health care services) (n=419)

86%

14%



A high number of HH members who needed health care in the 30 days prior to data collection (n=419) were able to obtain health care, with a slight variation between types of settlements: 94% in rural areas and 85% in urban areas.

*in the 30 days prior to data collection or since arrival if less than 30 days since arrival

6%

of female HH members (aged 10 to 55 y.o.) **faced barriers in accessing sexual and reproductive health services** (n=498) Among the small share of HH members who had **not been able to access the needed healthcare services** (n=46), the **main reasons** were:

No

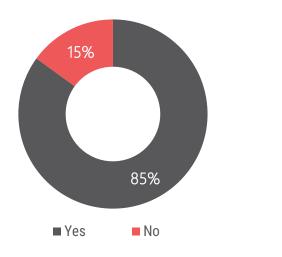
• Could not afford fee at the clinic or cost of medication (50%)

Yes

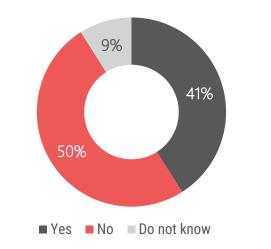
- Could not afford fees at hospital (39%)
- Unable to make an appointment (22%)

Health Vaccination

% of children (9 months to 5 years) who have received AT LEAST ONE measles vaccination (n=85)



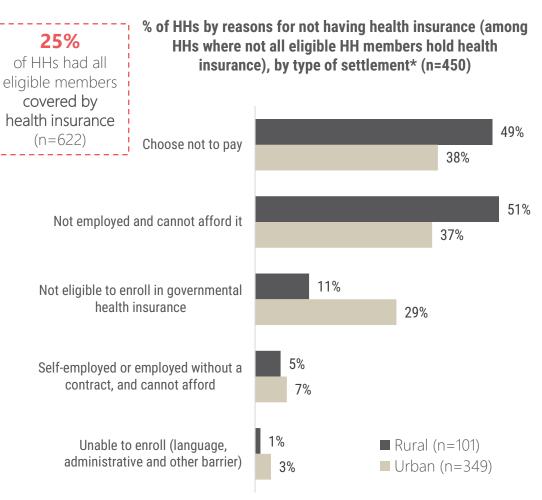
% of children (9 months to 5 years) who have received a SECOND DOSE of measles vaccination (n=75)



Overall, **72%** of **girls** aged 9 months to 5 years (n=38) were reported to have **received at least one dose of measles** vaccination, compared to **95%** of **boys** aged 9 months to 5 years (n=47) who were vaccinated.

For the **second dose of measles vaccination**, **50%** of the children aged 9 months to 5 years (n=74) **did not receive it**, including **45%** of the **girls** (n=30) and **52%** of the boys (n=44). Additionally, **9%** of the respondents reported that they **do not know** if the children in their HHs **received a second dose**.

Health insurance



* Respondents could select multiple responses

Health Disability and chronic illness

34%

of HH members reportedly **had a chronic illness** (e.g., diabetes, hypertension, asthma) (n=1204)

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 this 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.

10%

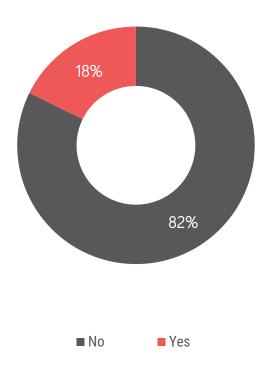
of HH members (aged 5 years and older) potentially **having a disability – Difficulty level 3 or 4** (WGSS) (n=1144)

| Difficulty | Centre (n=229) | Chisinau (n=502) | North (n=216) | South (n=197) | Urban (n=885) | Rural (n=259) | Overall (n=1144) |
|---------------|-------------------|---------------------|------------------|------------------|------------------|------------------|---------------------|
| Seeing | 8% | 5% | 5% | 5% | 5% | 7% | 5% |
| Walking | 3% | 6% | 4% | 3% | 6% | 2% | 5% |
| Hearing | 1% | 1% | 3% | 0% | 1% | 1% | 1% |
| Self-care | 0% | 1% | 2% | 1% | 2% | 0% | 1% |
| Remembering | 0% | 1% | 1% | 1% | 1% | 1% | 1% |
| Communicating | 0% | 1% | 1% | 0% | 1% | 0% | 1% |

Health

Mental Health and Psychosocial Support (MHPSS)

% of HH members (aged 5 years and older) experiencing MHPSS problems (feeling so upset, anxious, worried, agitated, angry, or depressed that it affects their daily functioning) in the 4 weeks prior to data collection (n=1144)



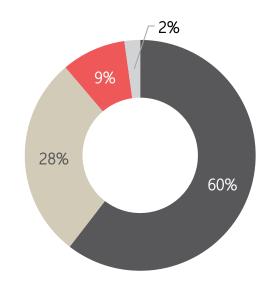
35%

Of HH members who experienced MHPSS problems four weeks prior to data collection (n=167), reported that they **attempted to access MHPSS support services**. **No major difference** was observed **between rural and urban areas**.

94%

Of HH members who attempted to access MHPSS services (n=57), reported that they **received MHPSS services**.

The most accessed MHPSS services were reportedly psychotherapy/counseling (34 individuals), informal support from a friend, family member, or community member (14 individuals), and psychiatry/medication management (prescription of psychotropic drugs for a mental health condition) (4 individuals). % of HH members (aged 5 years and older) who received MHPSS services and experienced improvement in well-being (among those who accessed services) (n=55)



Yes, showed slight improvement
Yes, showed significant improvement
No improvement at all

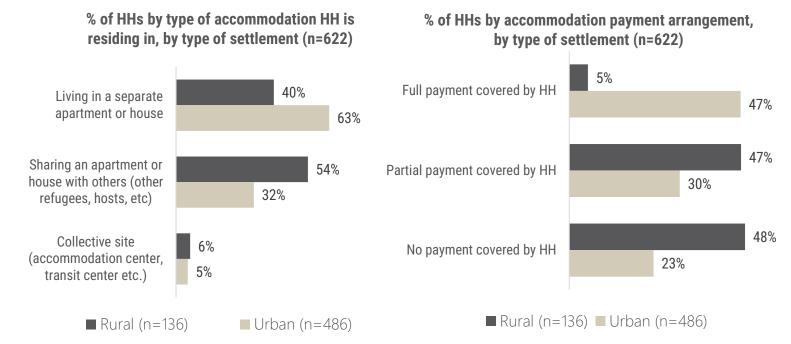
Prefer not to say

Shelter / Accommodation

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Shelter / Accommodation

Accommodation arrangement



HHs residing in urban areas were more likely to live in separate apartments or houses (63%) compared to those residing in rural areas (40%).

Only 5% of HHs residing in rural areas were covering the full payment (rent, utilities, etc.), compared to 47% of HHs in urban areas.

Many HHs (76%), among those having their rent fully or partially covered by the HH (n=430) reported being able to pay rent without financial distress.

| % of HHs by perceived length they can stay in current accommodation (n=622) | |
|---|--------|
| 5% - for 2-3 months | |
| <mark>6%</mark> - 3-6 months | ļ |
| 67% - 6 months or longer | |
| 20% - I am not sure | l L |

98% of HHs who reported they could stay in their current accommodation for less than 6 months (n=60) also reported not to be under pressure to leave their accommodation.

% of HHs with written documentation to prove occupancy arrangement for accommodation

58% of HHs - Have a verbal agreement

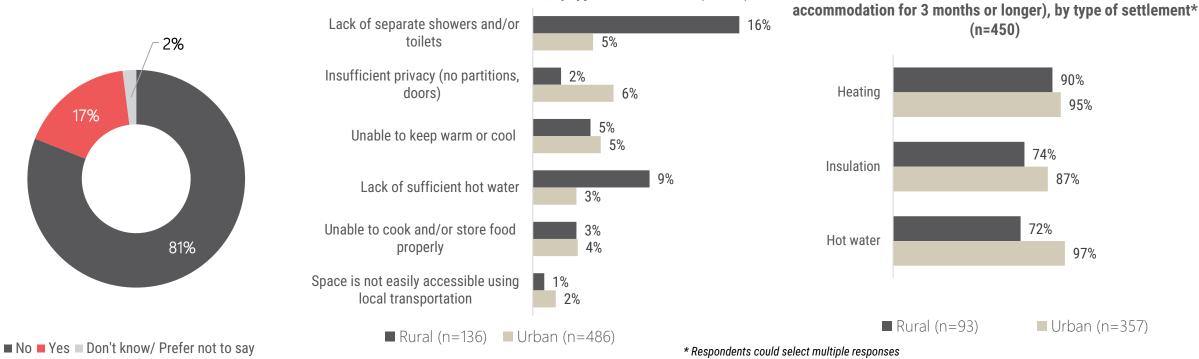
36% of HHs - Have a written agreement6% of HHs - Do not have any agreement

The majority of HHs (81%) in **rural areas** reported having **a verbal agreement**, compared to about half of HHs (54%) in **urban areas**. Conversely, less than half of HHs (40%) residing in **urban areas** reported having **written documentation** to prove occupancy for accommodations, compared to only 10% of HHs in **rural areas**. This **lack of formal documentation** could be **a potential vulnerability**.

Shelter / Accommodation

Accommodation conditions

% of HHs reporting at least 1 living condition issue in their accommodation (n=622)



% of HHs by main types of living condition issues in

current accommodation, by type of settlement* (n=622)

Rural areas reported a higher insufficiency of hot water for colder months, affecting 28% of HHs, compared to 3% of HHs residing in urban areas. Across both types of areas, 5% of HHs in this situation were living in a separate apartment or house (n=270), while another 10% of HHs in a similar situation were sharing an apartment or house with others (n=169).

Similarly, a higher percentage of HHs in rural areas (26%) reported insufficient insulation (e.g., double-glazed windows, insulated doors, wall/roof or floor insulation) for colder months compared to 12% of HHs residing in urban areas. Across both types of areas, 15% of HHs with insufficient insulation were residing in separate apartments/houses (n=270), while another 14% of HHs in the same situation were sharing an apartment/house with others (n=169).

Key Findings

% of HHs with sufficient accommodation winter readiness, (among those that perceived they could stay in their

Thank you for your attention



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