

# Multi-Sector Needs Assessment 2023

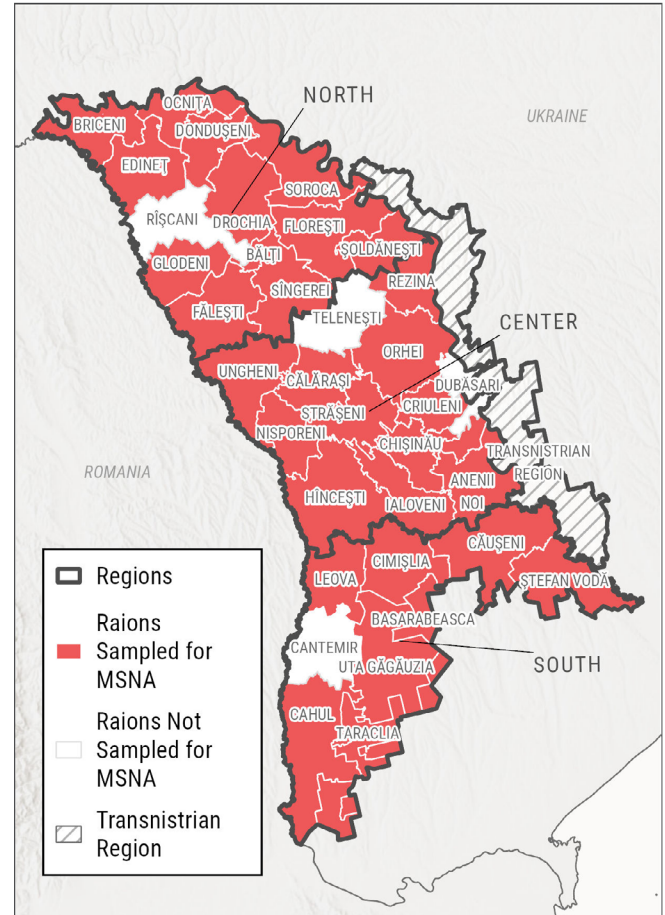
December 2023 | Republic of Moldova

## CONTEXT & RATIONALE

As of 12 December, more than 6.3 million refugees have reportedly fled Ukraine following the escalation of the hostilities in February 2022.<sup>1</sup> According to the latest UNHCR data as of 24 December 2023, 112,810 refugees from Ukraine were recorded in Moldova.<sup>2</sup> Despite the availability of more information than in the early stages of the crisis, there remains a lack of comprehensive up-to-date data regarding the multi-sector needs of refugees living in the host community nationwide reflecting the evolution of the situation of refugees in Moldova. Indeed, as the crisis appears to become protracted, response actors are transitioning towards a more long-term and sustainable approach to address the evolving needs of affected populations. A significant development in this transition was the implementation of Temporary Protection (TP) status in March 2023, which provides refugees with a more secure and stable legal status, allowing them access to essential services within a formal institutional framework.<sup>3</sup> In this evolving context, the MSNA aims to inform the 2024 Refugee Response Plan (RRP) in Moldova, UNICEF and UNHCR Moldova programming along with the programmes of humanitarian and development actors active in the response in Moldova, by providing up-to-date multi-sectoral data about the needs and coping capacities of Ukrainian refugee households (HHs) displaced to Moldova.

This situation overview provides key analyses relevant to humanitarian response actors on the following sectors: Protection, Accountability to affected population (AAP), Education, Livelihoods and socioeconomic inclusion, Food security, Health, Accommodation, Water sanitation and hygiene (WASH).

Map 1: Geographic coverage of the assessment



## KEY MESSAGES

- **Social Cohesion:** 90% of HHs reported that they had not experienced any hostile behaviour or attitudes from the host community since their arrival in Moldova.
- **AAP:** 97% of HHs reported having received humanitarian aid in Moldova in the three months prior to data collection. Among those, 98% were satisfied with the aid received.
- **Education:** 12% of school-aged children and youth (3-24 y.o) reported completing their studies as a reason for not having enrolled in Moldova in the the last school year 2022/2023. Of the school-aged children and youth who have not completed their studies, 45% reported intending to enrol in Moldova for the next school year 2023/2024, 29% reported intending to enrol in the Ukrainian curriculum, and 4% intend to be enrolled in both curricula.
- **Livelihoods and socioeconomic inclusion:** 93% of HH members aged 16 to 64 in the labour force<sup>4</sup> were employed at the time of data collection. Among employed HH members, 33% had no formal contract. According to the Livelihood coping strategies index, 77% of all HHs employed some level of negative livelihood coping strategies, 59% of these were stress-level strategies.
- **Food Security:** 98% of HHs had an acceptable Food Consumption Score (FCS).
- **Health:** 79% of HH members reported that they did not have health problems and did not need to access healthcare in the 30 days prior to data collection. Of those who needed to access it, 90% were able to access it.
- **Accommodation:** 83% of HHs lived in a private accommodation, and 45% of HHs reported fully covering the payment (rent, utilities) for their accommodation. The vast majority of HHs reported having sufficient readiness for next winter in their accommodation when it comes to heating (89%), insulation (91%), and hot water (94%).

## METHODOLOGY OVERVIEW

Primary data collection was conducted from **14 August to 10 September 2023 and involved 890 household (HHs)** interviews with a national coverage,<sup>5</sup> excluding the Transnistrian region. Interviews were distributed across the territory based on a regional stratification (Centre, Chisinau, North, South), rural and urban quotas, and a proportionality to the estimated distribution of the refugee population. Each interview was conducted in person with a self-reported head of household (HoHH) or another adult member knowledgeable about their HH conditions. The survey included individual-level sections regarding demographics, health, education and socioeconomic inclusion (employment) to collect information about each member of the household.

Due to the unavailability of comprehensive refugee population figures, a **non-probability stratified quota sampling approach** was applied based on cross-referenced population figures from the UNHCR Cash Programme beneficiary list 2023, the REACH area monitoring exercise 2023 and the list of the Moldovan population published in 2019, based on the 2014 census. The settlements with less than 15 HHs were excluded from the sampling frame to minimise the risk of outdated data resulting in the improbability of finding refugee HHs.

The **core of the questionnaire was designed by the UNHCR Regional Office** to maintain uniformity across

countries involved in the Regional Refugee Response to the Ukraine Situation. This questionnaire incorporated recommendations from UNHCR Sectoral Technical Leads at the regional level. Subsequently, REACH Moldova and the sectoral as well as cross-cutting Working Groups at the national level contributed inputs concerning critical issues.

## Key Limitations

**Representativeness:** findings are not statistically representative of the refugee entire population and should be considered indicative only.

**Selection Bias:** Although efforts were made to introduce a degree of randomisation (interviewing every third person encountered), enumerators frequently visited places where refugees typically gather (such as aid distribution centres, schools, public parks, etc.) or referred to local authorities to identify potential respondents. This approach could have introduced a selection bias.

**Cleaning:** Modifications during the cleaning process sometimes resulted in discrepancies or missing values, impacting the completeness of the dataset for specific subsets. Therefore, in certain cases, the total number of responses obtained may not match the subsets being considered. When relevant, the sizes of specific subsets are provided in the title of the chart or in brackets in the text.

*More details regarding the methodology and additional limitations can be found on page 21 of this document.*

## Demographics of the sample



**2,130 HH members**  
(through 890 HHs surveyed)



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



**19% of HHs were composed of only older persons (60+)**



**2.36 Average HH size**



**54% of HHs had children (<18)**



**78% of HHs had children and/or older persons**



**33% of HHs had at least one member with a chronic illness**

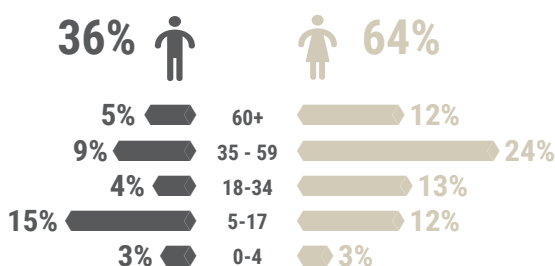


**4% of HHs had pregnant or breastfeeding women**



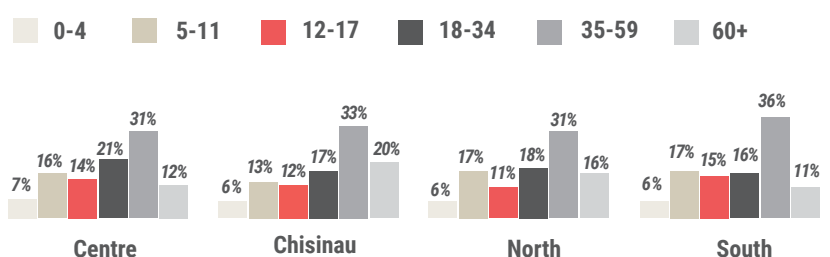
**7% of HH members with disability (at least level 3 in WGSS)<sup>6</sup>**

### % Individuals by age group and gender



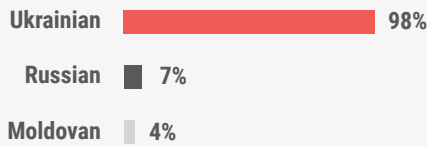
### Distribution of Individuals by age group and region

Age group in years



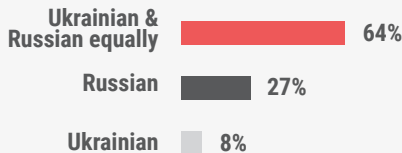
## Cultural background

### Top 3 HH self-identified ethnic backgrounds\*



**99% of respondents hold Ukrainian citizenship**

### Top 3 primary languages HHs used within their homes



\* Indicators marked with an asterisk throughout this situation overview represent indicators for which respondents could select multiple answer choices. Percentages may hence not add up to 100%.

### Sample: number of refugee HHs surveyed by region and area of residence

Region	Rural	Urban	Total
Centre	49	129	178
Chisinau	6	340	346
North	27	164	191
South	46	129	175
<b>Total</b>	<b>128</b>	<b>762</b>	<b>890</b>

## Type of HHs

**67% of HHs were single-headed**

**33% of HHs were co-headed**

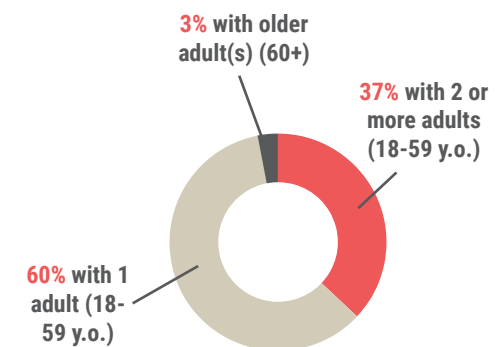
## Respondents



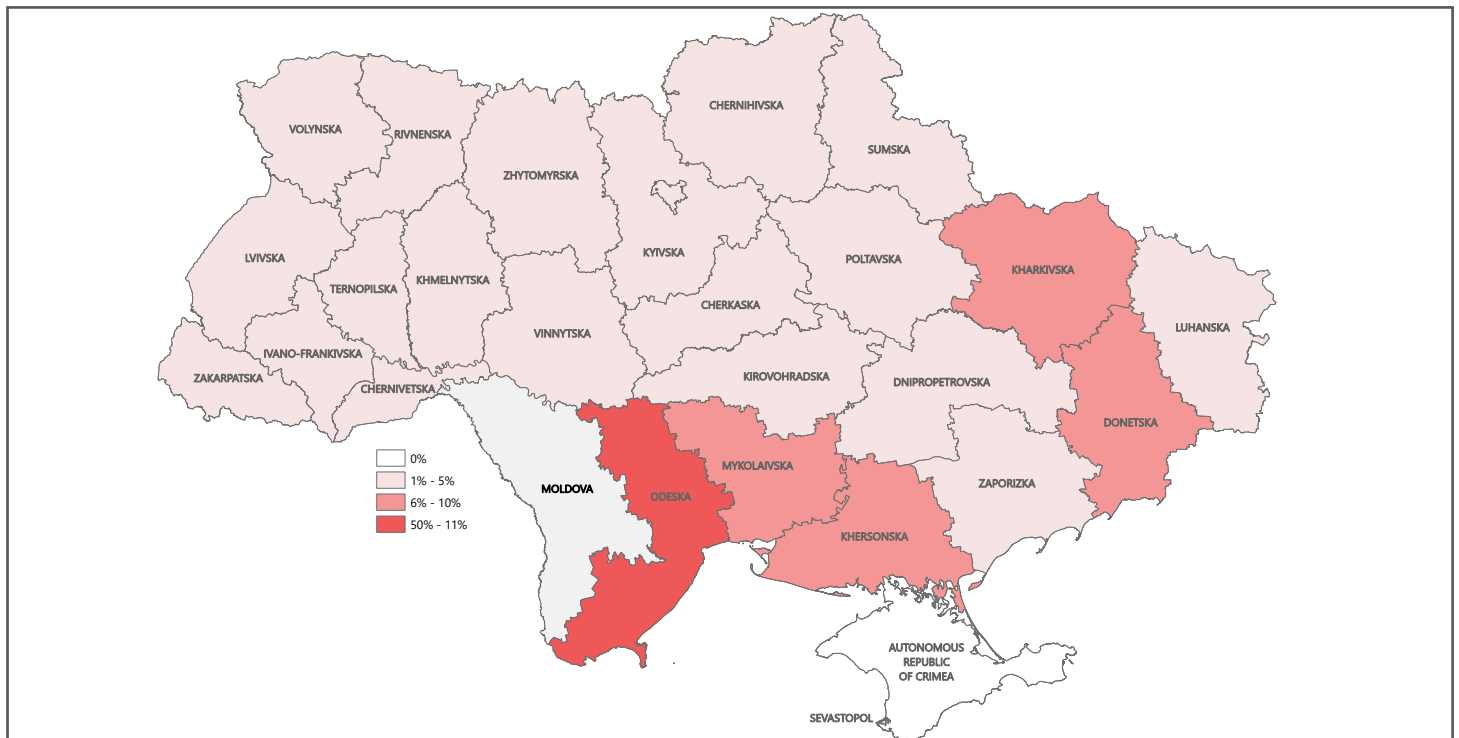
The predominant age group of respondents was 35-59 years (54%). 24% of respondents were aged 60 and above, and 22% were 18-34 years old.

## HHs with children size and composition (n=481)

**3.01 Average size of HHs with children (under 18 y.o.)**



## Map 2: % of HHs by Oblast of origin in Ukraine



\* Multiple choice question, therefore the sum of values may exceed 100%.

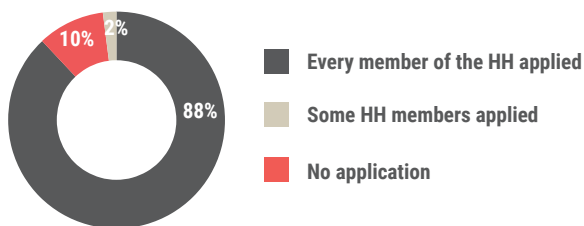
## PROTECTION

### Temporary Protection

Since March 2023, the Republic of Moldova grants [temporary protection](#) to displaced persons from Ukraine, offering as an exceptional measure to provide a more secure legal status and form of protection to refugees. By applying for temporary protection, individuals<sup>7</sup> have the right to remain on the territory of the Republic of Moldova until the 1st of March 2024 and can access a number of services, including employment, accommodation in the temporary placement centres for persons in need, primary and emergency healthcare, and assistance services.<sup>8</sup> According to the General Inspectorate for Migration (IGM), as of 27 November 2023, 24,266 individuals were granted temporary protection.<sup>9</sup>

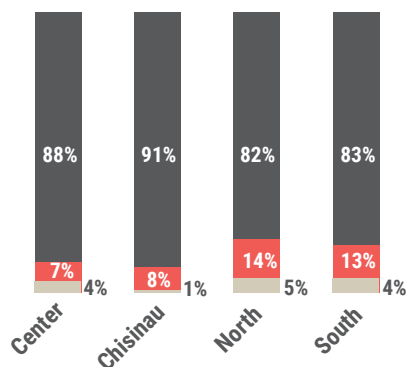
In this assessment, the large majority of surveyed HHs (88%) reported that every member of the HH had already applied for temporary protection<sup>10</sup> at the time of data collection, while 2% had only partially applied, with only one or some members having filed the procedure. The remaining 10% of HHs did not apply at all for temporary protection.

#### % of HHs which reportedly applied to TP (n=890)<sup>10</sup>



The North and South regions presented the highest percentage of HHs without members applying (respectively 14% and 13%) compared to Chisinau (8%) and the Centre (7%) region.

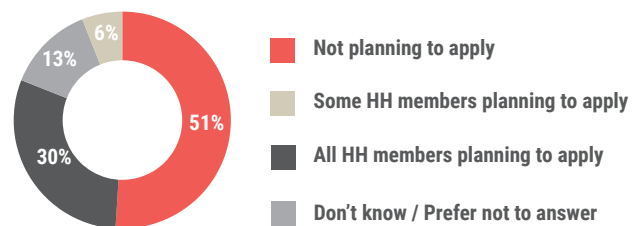
#### % of HHs which reportedly applied to TP, by region of displacement (n=890)<sup>10</sup>



Among the HHs with either all or one/some members having applied for temporary protection, most reported

not having experienced difficulties during the application process (95%). The share of HHs who encountered difficulties during the application process (5% overall) was the highest in the South (10%). Among the small share of HHs (n=42) who experienced difficulties, encountered issues were related to online enrolment (35%), lack of proof of residence in Moldova<sup>11</sup> (28%), and long queues and waiting times (25%).

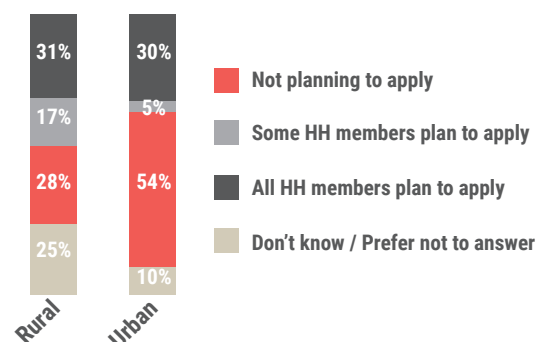
#### % of HHs by intention to apply to TP (among HHs with at least one member who did not apply, n=115)



Among the HHs with at least one member who did not apply (n=112), the main reasons were the desire to return to Ukraine before March 2024 (expiration date of TP, if not extended) (26%), followed by not having had time to register (12%), the desire to obtain TP in another country (11%), not knowing how to register (11%), and 8% had concerns about the 45-day travel limit outside of the territory of Moldova.

Half of HHs with at least one member who had yet to apply reported not planning to apply (51%), while 30% planned to have all of their members applying, and 12% planned to have some members applying. Findings are also reflected in the regional disaggregation, where in all regions except the North, respondents mainly mentioned no intention to apply to TP in the future (Centre 65%, South 60%, Chisinau 50%, North 31%). Noteworthy, a higher percentage of HHs not intended to apply (54%) was reported in urban areas compared to rural areas (28%).

#### % of HHs by intention to apply to TP (among HHs with at least one member who did not apply, by area of displacement, n=115)





Regarding ID documentation, 99% of assessed HH members were found to have a valid identity document, including national ID, passport, and birth certificate in their possession at time of data collection.

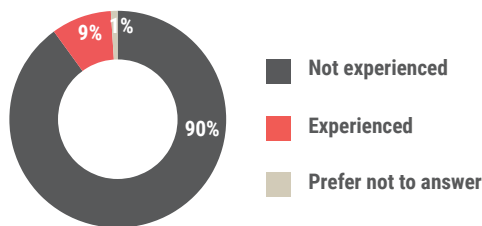
**99%**  
of HH members had a valid identity document

## Social Cohesion

The overwhelming majority (90%) of HHs reported that they had not experienced any hostile behaviour or attitudes from the host community since their arrival in Moldova, while only 9% reported such behaviours or attitudes.

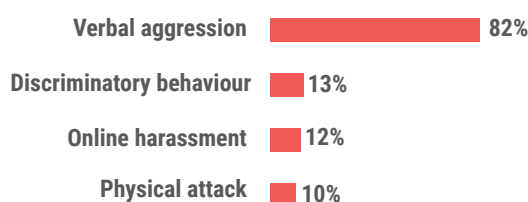
Among the latter group (n=83), the main reported hostile behaviour or attitudes was verbal aggression (82%), followed by discriminatory behaviour (13%), online harassment (12%) and physical attack (10%). The perceptions about the host community's hostile attitude or behavior were reportedly the respondents' nationality (43%), refugee status (27%), perceived cultural differences (26%), and competition for resources (17%).

### % of HHs having experienced hostile behaviour or attitudes from host community



The findings were homogeneous across the different regions and between the rural and urban areas assessed. These conditions also reflect findings from the REACH Rental Market Assessment in Moldova, where overall positive relations between the host community and the refugee population were reported, with only occasional reported cases of discrimination, stigmatisation or tensions.<sup>12</sup> This trend appeared to be stable within the second round of the Rental Market Assessment, conducted in November 2023.

### Reported hostile behaviour or attitudes experienced among HH members who experienced it (n=83)\*

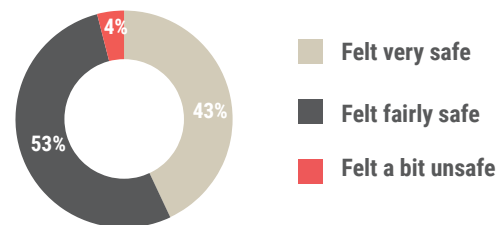


\* Multiple choice question, therefore the sum of values may exceed 100%.

## Safety and Security

Safety and security perception showed similar trends to last year's MSNA. Although comparability is limited due to the lack of representativeness and changes in the methodology between MSNA 2022 and 2023, findings showed an overall perceived safe environment for refugees in Moldova. A minority of HHs reported concerns or threats to the refugee population across the country. It should be noticed though that the absolute percentage of HHs reporting no safety or security concern appeared to have slightly decreased, across all population groups (girls, boys, women and men), compared to last year's MSNA,<sup>13</sup> which might illustrate a small deterioration in the perceived safety and security. However, this should not minimise the fact that in both years the vast majority of HH revealed a general feeling of safety and minor concerns for security-related risks.

### % of HHs feeling safe walking alone in their area of residence after dark (n=890)



MSNA 2023 findings showed that almost all respondents (96%) felt fairly safe or very safe walking alone in their neighbourhood after dark. No respondent mentioned to have felt "very unsafe". The same pattern is observed through the disaggregation by the gender of respondents, with the only difference that female respondents were more likely to report feeling fairly safe (54%) rather than very safe (41%) compared to male respondents (respectively 45% and 51%). In rural areas, a slightly higher rate of feeling "a bit unsafe" (9%) was reported compared to urban areas (3%).

Within **HHs composed of at least one adult female member (n=824)**, the vast majority of respondents (77%) reported not having any safety and security concerns for women in the area of residence. The main reported concerns for women were being robbed (10%) and being threatened with violence (9%), being concerned of suffering from verbal harassment (2%) or physical harassment or violence (not sexual) (2%).

Being robbed and threatened with violence were the main two concerns for women across all regions of the country; the perceived risk of being robbed was mentioned especially in the Centre and South regions by 15% of the HHs, while being threatened with violence was reportedly more common in the South (15%) and North (9%) regions. Some differences were reported across the other main concerns for women: in the Centre, 6% mentioned concerns about physical harassment or violence (not sexual), 4% about being kidnapped or violence in the HH,

and 3% about verbal harassment and discrimination or persecution. Being kidnapped was also considered in the North, as mentioned by 4% of the respondents. In the South, discrimination was reportedly a higher concern compared to the other regions (4%), as well as suffering from verbal harassment (3%) and suffering from sexual harassment or violence (2%). In Chisinau, findings were aligned with the national ones.

In rural areas, reported concerns for women were slightly higher compared to urban areas, especially being threatened with violence (13% rural and 8% urban), suffering from physical harassment and violence (not sexual) (5% rural and 2% urban), and discrimination or persecution (4% rural and 1% urban).

### % of HHs respectively with male and female adult members (>18y.o.) by perceived safety and security concerns for men (left) and women (right) in their area of residence\*



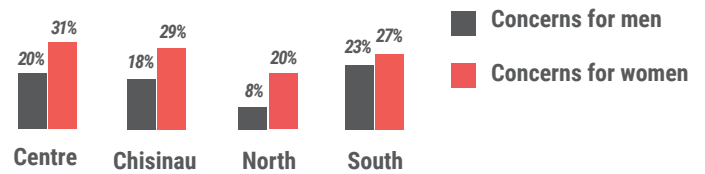
Among the **HHs with at least one adult male member (n=366)**, the large majority reported no concerns related to safety and security for men in the area of residence (82%). As per the female counterpart, being robbed remained the main reported concern (7%) for men in their area of residence. It was followed by being deported (5%) and being threatened with violence (2%). Only 1% or less were reportedly concerned by detention, confiscation of identity documents, discrimination or persecution and being kidnapped.

Except for the South, also at the regional level, being robbed remained the first main reported concern for men, especially in the Centre (9%) and in Chisinau (7%). In the South region, the main concern was reportedly being deported (10%), followed by detention (5%), being robbed (5%) and being threatened with violence (5%). Detention was also mentioned in the North region by 3% of respondents, together with confiscation of identity documents. Findings were homogeneous among rural and urban areas.

Overall, findings show that respondents generally reported a positive perception of safety and security among both groups, slightly higher for men. Main safety and security concerns involve petty crimes and threats, only a few respondents mentioned violent and life-threatening behaviours as a concern.

\* Multiple choice question, therefore the sum of values may exceed 100%.

### % of HHs with male (n=366) and female (n=824) adult members reporting at least one security concern faced in their neighbourhood, by region\*



### Child protection

99%

of children in the assessed HHs reportedly had a birth certificate.

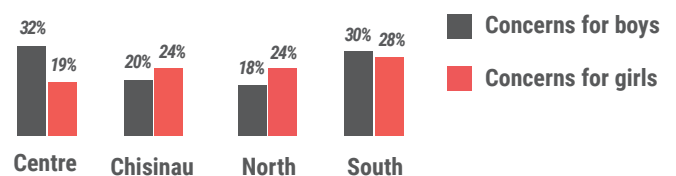
18%

of HHs with at least one girl under the age of 18, reported psychological violence concerns

As for adults, most HHs with at least one child reported having no safety and security concerns for their children in the area of residence. In **HHs with at least one girl under the age of 18 (n=278)**, 68% reported having no concerns for their safety and security in the neighbourhood, while 18% reported psychological violence as concerning, followed by physical violence in the community (13%), vulnerability to online harassment (3%), and sexual violence (2%) as a concern for girls.

Physical violence appeared to be reportedly more concerning in the South (23%), while psychological violence was mentioned more in Chisinau (20%) and South (18%), and sexual violence more in the North (3%). Psychological and sexual violence were reportedly more concerning in rural areas, mentioned respectively by 25% and 7% of the respondents. The Centre was the region perceived the most safe for girls with 78% of respondents reporting no concerns.

### % of HHs with boys (n=331) and girls (n=278) reporting at least one risk faced in their neighbourhood, by region\*



In **HHs with at least one boy under the age of 18 (n=331)**, 68% reported having no concerns for their safety and security in the neighbourhood, while 17% reported psychological violence as the main risk, followed by physical violence in the community (16%), vulnerability to online harassment (5%).

In the Centre and South regions, both psychological (23%) and physical violence in the community (20% in the Centre and 26% in the South) were reportedly considered higher risks than the national average. Worsened mental health and psycho-social wellbeing were particularly mentioned in the South (10%). In rural areas, respondents with no concerns for boys were reportedly lower (56% against 69% in urban areas). Psychological (28% rural and 15% urban) and physical violence (25 rural and 15% urban) were reportedly considered more concerning in the rural areas.

Nearly all the respondents were aware of the types of services to report cases of violence, exploitation or neglect against children in the community, which reportedly were police (97%), helpline (41%), government services (38%), and NGO services (25%).

### % of HH respectively with boys and girls (<18y.o.) by perceived most serious risks faced by boys (left) and girls (right) in their neighbourhood\*



### Family Separation

95%

of interviewed HHs still had family members who stayed in Ukraine

The respondents reported keeping contact with them mostly by phone (79%) and through messaging apps (49%). Only 4% of the respondents reported having at least one family member whose whereabouts were unknown

since the escalation of hostilities in Ukraine. The duration since the last contact varied across the sample from 2 months to 20 months, with an average length of 9.72 months without contact.

### Gender-based Violence (GBV)

Most respondents were reportedly aware of existing GBV services available in their area for women subject to violence, with some differences across the specific type of services. Respondents showed more awareness of safety and security services (94%) and health services (93%), followed by helpline and legal services (77%), and psychological services (74%). Noteworthy, in the North region, a higher proportion of respondents mentioned not being aware of three out of four kinds of services (health 9%, psychological services 13%, helpline 13%), also in the Centre, fewer respondents were aware of most GBV services compared to other regions (72% were aware of health, 49% of psychosocial, 65% of helpline, 55% of legal services) 14% of respondents were not aware of safety and security services.

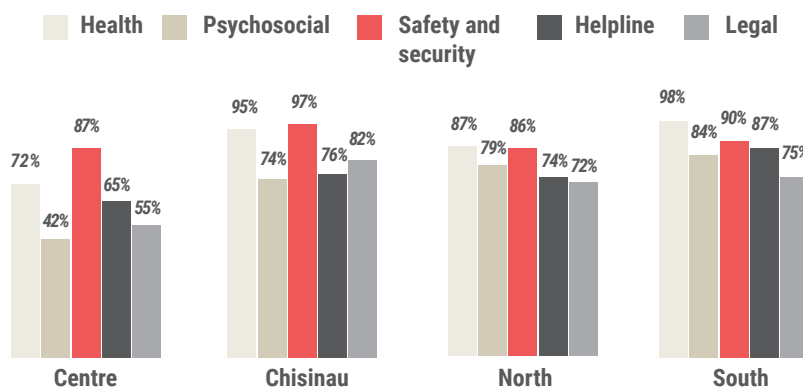
For all the types of available services, female respondents were reportedly more aware of the existence of such services than male respondents. While the awareness of health services, as well as safety and security services was homogenous between the two genders, female respondents were around 10% more likely to report awareness of helpline, legal and psychosocial services compared to male respondents.

Although not among the main perceived security concerns, GBV could pass unnoticed or be underreported. Among the perceived reasons why women would not seek services if they were victims of violence, the majority of respondents reported fear of retaliation (55%), followed by stigma and shame (49%), lack of awareness (17%) and lack of trust in host country services (12%), while only the 8% reported that they would seek service if needed.

### Perceived reasons why women would not seek services if they were victims of violence\*



### % of HHs aware of GBV services, by type and region (n=890)



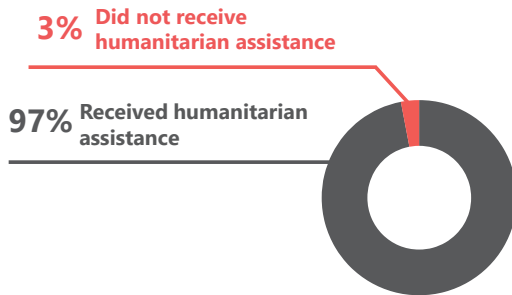
\* Multiple choice question, therefore the sum of values may exceed 100%.

## ACCOUNTABILITY TO AFFECTED POPULATION (AAP)

### Humanitarian Assistance and feedback mechanisms

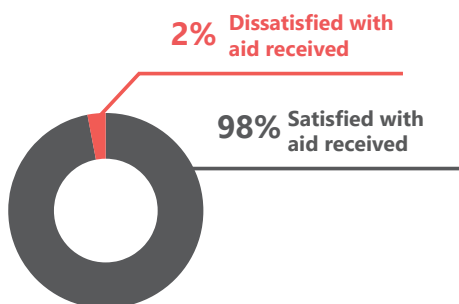
Almost all the assessed HHs (97%) reported having received humanitarian aid in Moldova in the three months prior to data collection.

#### % of HHs who received humanitarian assistance in the 3 months prior data collection (n=890)



Among the HHs who received aid, the majority were beneficiaries of distributions of non-food items, clothing, hygiene products (78%), unconditional financial aid (cash or vouchers, 77%), food (62%), conditional financial aid (cash or vouchers, 25%), and protection services (4%). It is relevant to specify that the high level of accessibility to humanitarian assistance might deteriorate in the upcoming months for refugees without legal status in Moldova. While TP was not an inherent part of the eligibility criteria until December 2023, humanitarian assistance is likely to become conditioned to the temporary protection status of refugees from the first quarter of 2024, notably for cash assistance.<sup>14</sup> Among the HHs who received assistance, roughly all HHs (98%) reported being satisfied with the aid they received. Almost all HHs were satisfied with aid workers' behaviour

#### % of HHs satisfied with the aid received (in the 3 months prior to data collection, among those who received aid, n=848)



in the area (97%). The majority also reported that they would likely report inappropriate behaviour by an aid worker if they were to experience or observe it (68%), while 17% mentioned being unlikely to report and 14% did not know. While no notable differences were observed between rural and urban areas, respondents from the North region were the least likely to report misbehaviour, with 26% unlikely to report. Of those who would not report inappropriate behaviour (n=161), the main reasons

were not trusting that reporting would make a difference (21%), not knowing where to report (7%), and not feeling safe to report (7%). Notably, 24% of HHs preferred not to answer this question. To report feedback or complaints on aid workers' behaviour and other sensitive issues (e.g. GBV, sexual exploitation and abuse), respondents reported preferring telephone calls (57%), social media (52%), messaging apps (20%), online forms (9%), face-to-face interaction (8%), and complaint or suggestion boxes (6%). Regarding the preferred channels to provide feedback on the quality, quantity and appropriateness of aid, respondents demonstrated a preference for the Green line or phone call (58%), Viber (50%), SMS (16%), and face-to-face reporting (15%).

### Priority needs

The main perceived priority needs across the assessed refugee HHs at the time of data collection were reportedly healthcare services (43%), food and drinking water (29%), winter clothes (25%), and employment and livelihood services (21%). 15% of HHs did not identify any priority need. At the regional level, needs had different distribution; for instance, in the Centre, the top need was winter clothes (34%), followed by language courses (21%) and food and drinking water (20%), while in the North, accommodation was among the top four needs (18%), followed by medicines (16%).

#### % of HHs self-reported main priority needs by region\*

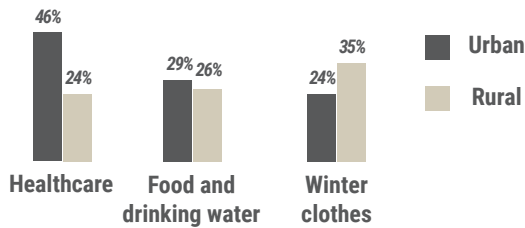
Income	Centre	Chisinau	North	South	Overall
Healthcare	19%	49%	33%	42%	43%
Food/Drinking Water	20%	30%	27%	29%	29%
Winter clothes	34%	23%	19%	33%	25%
Livelihoods support	14%	26%	14%	10%	21%
No needs	16%	13%	15%	23%	15%
Sanitation/Hygiene products	12%	15%	5%	13%	13%
Medicines	11%	14%	16%	8%	13%
Accommodation	11%	14%	18%	5%	12%
Education	15%	11%	11%	4%	10%
Language courses	21%	9%	12%	6%	10%

It is worth noting that healthcare services were considered a priority need<sup>15</sup> mostly by HHs in urban areas compared to rural areas, respectively 46% and 24%, while needs for winter clothes were more prevalent in rural areas (35% compared to 24% in urban areas). Considering other needs, findings were found to be quite homogenous across rural and urban areas. Priority needs were almost homogenous among female-led, male-led, and mixed-led HHs. For HHs with at least one child below 18 years old, priority needs were healthcare services (39%), winter clothes (28%), food and drinking water (27%), and livelihoods (22%).

\* Multiple choice question, therefore the sum of values may exceed 100%.



### % of HHs reported priority needs, by area of residence (n=890)\*



Priority needs reported by HHs with at least one member with a disability (n=120) include healthcare (63%), food and drinking water (30%), employment and livelihoods support (26%) and medicines (26%). Compared to HHs with no member experiencing such difficulties, the disparities were particularly notable regarding healthcare and medicines,

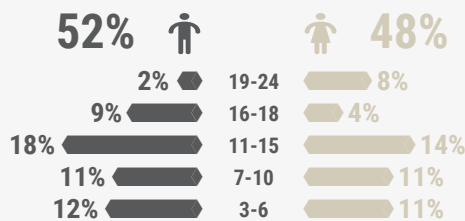
which were considerably higher for HHs with at least one member with potential disability. Similarly, the top three priority needs of HHs with at least one older person (60+) were healthcare (54%), food and drinking water (33%) and medicines (27%).

### Access to information

The preferred means and channels of receiving information by HHs were reportedly Viber (60%), phone calls (54%), SMS (15%), official website (15%), or other apps such as WhatsApp (15%), Facebook (11%), Instagram (3%). Most HHs reported having access to safe and confidential reporting and information channels to obtain information, seek assistance, or report issues, including sensitive issues within their community (84%). Among those who presumably used reporting channels (n=582), 12% reported not having received an appropriate response.

## EDUCATION

### % of school-aged children and youth (3-24 y.o.)<sup>16</sup> by gender and age group (n=794)



# 59%

% of HHs with school-aged children or youth (3 to 24 y.o.)

# 73%

% of school-aged children and youth enrolled in formal education during the 2022/2023 school year (3 to 24 y.o.)

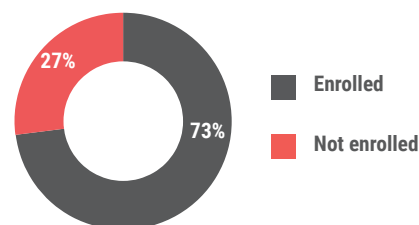
### Enrolment and attendance in 2022/2023

As of mid-November 2023, the Ministry of Education reported that approximately 2,237 Ukrainian children, including 619 pre-schoolers, had formally enrolled in Moldovan schools, reflecting an increase of approximately 400 from the previous year.<sup>17</sup> On 4 September 2023, the Ministry of Education and Research (MER) issued an instruction emphasising that a Ukrainian child's legal status does not hinder access to education in Moldova, and is therefore not conditioned on the grant of TP status. The enrolment process<sup>18</sup> has been eased and parents can submit an application to their local school with minimal documentation. It is noteworthy that the designation of 'auditor' no longer exists, in-person school enrolment is not obligatory, and online alternatives remain accessible.<sup>17</sup>

Out of 890 HHs assessed, 59% reportedly have school-aged children or youth aged 3 to 24 years old. The overall group was then constituted of 794 school-aged children and youth, the following section is based on this subset. The large majority of school-aged children and youth were reportedly enrolled in formal education irrespective of the country of the curriculum (including Moldova, Ukraine or third country's formal education) during the school year 2022/23 (73%). Disaggregation by age group shows a

higher level of enrolment among the 11-15 (89%), the 7-10 (81%), and the 16-18 (80%) years old, while lower enrolment rates were observed for the youngest and oldest shares of the group: only 50% of the 3-6 years old children are reportedly enrolled in any formal education and 55% of the 19-24 years old age group.<sup>19</sup>

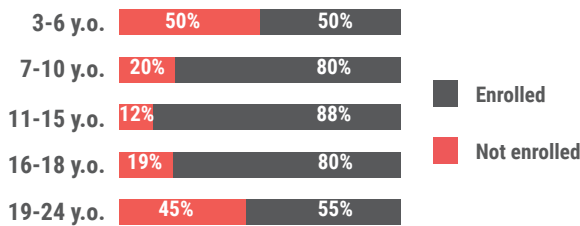
### % of school-aged children and youth (3-24 y.o.) enrolled in formal education for the year 2022/2023 (n=794)<sup>19,20</sup>



Overall, school-aged children and youth (3-24 years old) in rural areas were almost twice as likely to be reported as not enrolled in formal education than in urban areas (44% and 24%, respectively). Enrolment rates in any type of formal education were higher in the North (38%) and Center (34%), compared to the South (26%) and Chisinau (23%). The same proportion of male and female school-aged children and youth were reportedly enrolled in formal education (73% each).

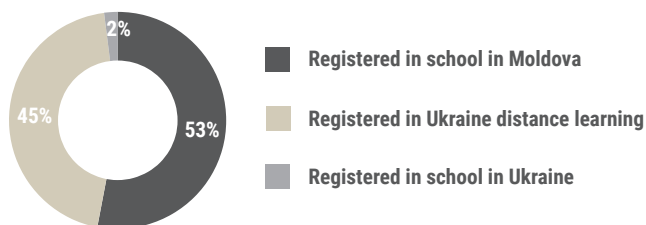
\* Multiple choice question, therefore the sum of values may exceed 100%.

### % of school-aged children and youth (3-24 y.o.) enrolled in formal education for the year 2022/2023, by age group (n=794)<sup>19,20</sup>



Among those who were enrolled in formal education during the school year 2022/2023, 54% were enrolled in Ukraine distance learning, 45% were registered in school in Moldova (45%), and a few (3%) were enrolled in physical school in Ukraine. Overall, only 1% reported enrolment in both Ukrainian and Moldovan curricula.<sup>19</sup>

### % of school-aged children and youth (3-24 y.o.) enrolled by type of curriculum (of those enrolled in formal education for the year 2022/2023, n=794)<sup>19,20</sup>



### Enrolment of children with potential disability

20 HH members aged 3-18 years were reported to have a disability. Among those, 14 were enrolled in formal education during the 2022/2023 school year, 6 were enrolled in Ukrainian distance learning. Among children enrolled in Moldova in 2022/2023 (n=259), 31% were enrolled in Gymnasium (grades 5-9) and pre-school, followed by primary grades (26%). Among children enrolled in the Ukrainian curriculum, almost half (49%) attended lower secondary (grades 5-9).

### Attendance

Attendance of those enrolled in 2022/23 formal education programs was high: 97% of the assessed school-aged children and youth reportedly attended school regularly.<sup>21</sup>

### Barriers

Among those not enrolled in formal education in 2022/2023 (n=233), the reported reasons for not having enrolled in Moldova were: child too young (27%), no particular reason (13%), no intention of enrolling the child in school (5%), intention to move back to Ukraine or to a third country (5%). In particular, the main reason not to have enrolled 3-6 years-old children was reportedly that the children were too young to be enrolled (59%), while among the 19-24 years-old, was that they either completed studies or was not a student anymore (59%).

Notably, the school-aged children and youth (3-24 y.o.) were more likely in the Centre than in other regions to be reported not enrolled in school in Moldova in the school year 2022/2023 due to the intentions to move back to Ukraine or another country (22% in the Centre compared to <10% in other regions). Language barriers were also commonly identified in the Centre (11%) as a reason for not enrolling school-aged children in formal education in Moldova.

### Early childhood education

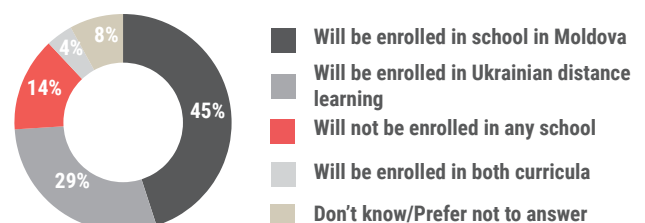
Among the children 3-6 years old (n=198), 36% attended early childhood education in Moldova in 2022/2023 school year, while 56% did not attend, and 8% preferred not to answer. In the Centre and North regions, it was reported that a higher percentage of children did not attend early childhood education (respectively 70% and 64%), compared to Chisinau (54%) and the South (52%). In rural areas, the percentage of children not enrolled in early childhood education was considerably higher than in urban areas (respectively 81% and 53%).

While investigating the potential reason for non-attendance among children (3-6 years old) who did not attend early childhood education in Moldova (n=117), almost half (45%) mentioned no particular reasons for this decision. 12% did not want to enrol the child in a pre-school in Moldova, 8% reported a language barrier, 6% mentioned that there was no space available, while 3% did not have time or willingness to drop off and pick up the child from school.

### Enrolment intentions for 2023/2024

For the 2023/24 school year, findings show that the majority of school-aged children and youth were expected to enrol in formal education (77%). The question was asked to HHs with school-aged children and youth (3-24 y.o.) except those who have completed their studies (n=769). Almost half of school-aged children and youth (45%) were reportedly expected to enrol in school in Moldova for the school year 2023/2024, while 29% were expected to enrol in school in Ukraine or in a Ukrainian distance learning program. An additional 4% of school-aged children and youth reportedly planned to enrol both in Moldovan and Ukrainian curricula, and 14% reportedly did not intend to enrol in any formal education program.

### % of school-aged children and youth (3-24 y.o.) enrolment intentions for the school year 2023/2024 (n=769)

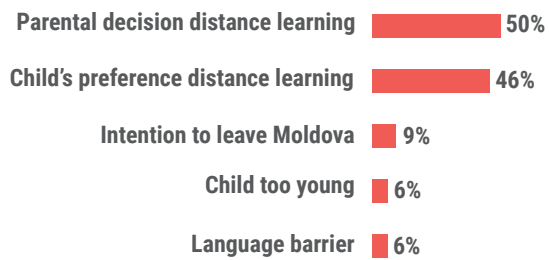


By age group, the percentage of intention to enrol in Moldovan schools was higher for the youngest groups (60% 3-6 y.o. and 53% 7-10 y.o.). Groups 11-15 y.o. and 16-18 y.o. were reportedly mostly expected to be enrolled either in Ukraine or in Ukrainian distance learning program (respectively 42% and 40%). Members of the oldest group, 19-24, were mostly reported not intending to enrol in any school (38%). A higher intention to enrol children in Moldovan curriculum (61%) and a lower intention of enrolling children in the Ukrainian curriculum (17%) were reported in the Centre region. Findings are homogenous in the other regions, except for a higher percentage in the South for those intending not to enrol their child in any formal education program (20%).

Of those not intending to enrol in formal education in Moldova (n=233), the main reasons were the parental decision for the child to attend Ukrainian distance learning (50%), the child's preference to attend Ukrainian distance learning (46%), the intention to move to Ukraine or a third

country (9%), too-young child (6%), presence of language barrier (6%), while 5% did not mention any particular reason.

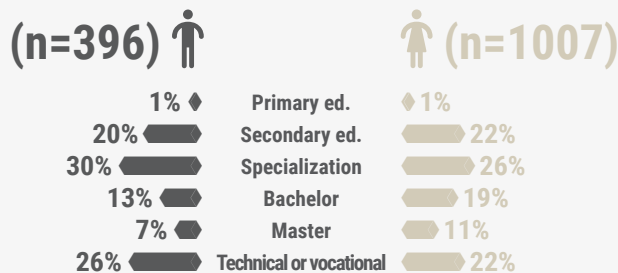
#### Reasons not to enrol in formal education in 2023/2024 (of those not intending to enrol in formal education in Moldova, n=233)\*



Notably, 8% of children not intending to be enrolled in Moldova in the Centre cited the lack of schools within a reasonable distance as the reason for non-enrolment in Moldovan schools in the school year 2023/2024.

## SOCIO-ECONOMIC INCLUSION AND LIVELIHOODS

### % of HH members (18+) by gender and highest education level achieved



# 40%

% of HH members within the labour force<sup>21</sup>

# 93%

% of HH members employed of those within the labour force at the time of data collection

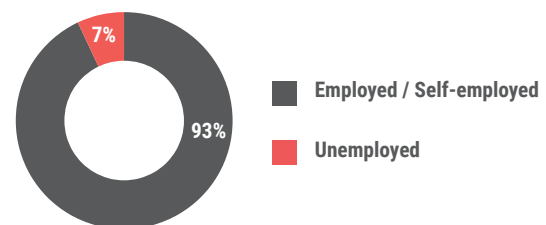
### Employment<sup>22</sup>

Since May 2023, Ukrainian refugees who want to work legally in Moldova must possess either the status of temporary protection or have another legal status that grants them the right to work in the country. While this government decision was not retroactive in the first instance, it is now required to update existing employment contracts as of 15 May 2023 to align and comply with the law. As of mid-October, some 1,155 Ukrainian refugees were formally employed in Moldova.<sup>23</sup> The definitions of employment, unemployment and labour force used in this section are based on ILO definitions (see endnote 21).

Among HH members considered of working age (16-64 y.o.) in the sample, 40% were part of the labour force at the time of data collection (corresponding to 503 individuals). Of those within the labour force, almost all were employed or self-employed (93%). Levels of employment were relatively similar across different regions and per gender group. However, in rural areas, the percentage of unemployed HH members was reportedly higher (17%) compared to urban areas (7%).

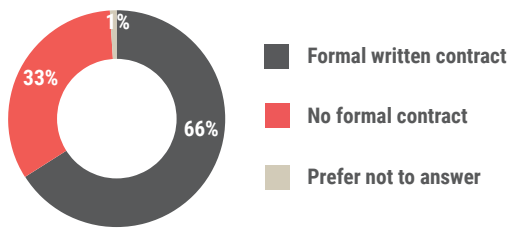
\* Multiple choice question, therefore the sum of values may exceed 100%.

### % of HH members by employment status<sup>22</sup> (of those within the labour force at the time of data collection, n=503)



Of the employed HH members (n=453), 66% reported having a formal written contract, while 33% had an informal agreement. In Chisinau, the proportion of respondents having a formal written contract was reportedly higher (74%) than in other regions. The lowest rate was observed in the South with only 49% of employed HH members having a formal written contract. Similarly, in urban areas, 69% of employed HH members reportedly had a formal written contract against 31% in rural areas.

### % of HH members with a formal employment contract (of those employed at the time of data collection, n=453)



Of the HH members employed at the time of the data collection (n=452), the majority reported working 31-40 hours per week (51%), 16% reported working 41-50 hours per week, 11% 21-30 hours per week, 8% 11-20 hours per week, 6% 51-60 hours per week and 4% reported working more than 60 hours per week. The latter two cases might indicate the presence of livelihood coping mechanisms, such as working more hours or taking more jobs at once.

The three most reported sectors of employment and self-employment among employed HH members were beauty services (13%), wholesale or retail trade, repair of motor vehicles or motorcycles (11%), and other service activities (9%). Beauty services were most notably only reported by female members, while the other sectors were reportedly mixed.

Among individuals aged 18 to 64 years who answered both questions regarding their main occupation in Ukraine prior to displacement and in Moldova at the time of data collection (n=1125), 35% were employed in Ukraine and later in Moldova following displacement, 32% were working in Ukraine but not in Moldova post-displacement, 29% did not work in either Ukraine or Moldova, and only 5% were reported to be not working in Ukraine but then found work in Moldova after displacement.

### % of HH members working before and after displacement (of working age members aged 18-64, n=1125)



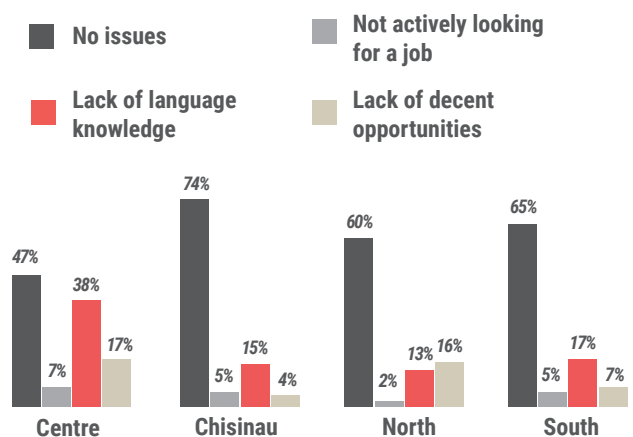
Among those who reported being engaged in income-generating activities before and post displacement (n=374), the main working sectors remained mostly aligned prior and after displacement: beauty services (pre-displacement 11%, post-displacement 12%), and sales of vehicle (pre-displacement 11%, post-displacement 12%). A contraction in the finance sector was reported as 11% were working in that sector in Ukraine before displacement compared to the 7% after displacement. Conversely, a slight increase in HH members working in the transport and storage sector was observed after displacement (8%) compared to pre-displacement (7%).

\* Multiple choice question, therefore the sum of values may exceed 100%.

Among those part of the labour force<sup>22</sup> at the time of data collection (n=497), 68% of HH members reported not having faced difficulties finding a job. The main difficulty reported while looking for a job was mainly the lack of knowledge of the local language (17%), followed by a lack of decent employment opportunities (7%), and the lack of employment opportunities suited to their skills (4%). 5% of HH members were reportedly not actively looking for a job.

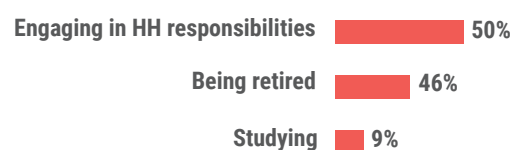
At the regional level, the situation was reportedly different especially in the Centre, where the percentage of HH members encountering difficulties was larger than other regions. The lack of knowledge of local languages was reported by 38% of respondents, and lack of decent employment opportunities by 17% of respondents. The highest percentage of HH members not having difficulties while looking for a job (74%) was reported in Chisinau.

### % of HH members by type of difficulties faced to find work in Moldova, by region (of those in the labour force at the time of data collection n=497)\*



The most commonly reported activities of HH members not working at the time of data collection (n=994) were engaging in HH or family responsibilities including taking care of children and older persons (50%), being retired or a pensioner (29%), or studying (11%). By age group, 89% of HH members aged 16-17 were reportedly engaged in studying, while 6% of them were engaged in HH responsibilities. The latter was the main activity reported for both 18-34 and 35-59 years old HH members (respectively 61% and 85%).

### Main activities of HH members not working at the time of data collection (n=994)\*



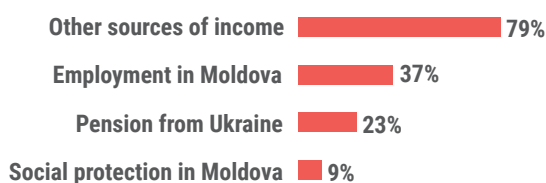


## Incomes and expenses of HHs

The main sources of income reported by HHs in the 30 days prior to data collection were other sources of income (79%) which include, cash assistance from humanitarian organisations (88%), loans or help from relatives outside of Ukraine (20%), and income from investments, savings, or properties (2%). The next most frequently reported sources of income include, employment in Moldova (37%), pension from the Ukraine government (23%), or social protection in Moldova (9%) or Ukraine (2%). 2% of HHs reported no income from any of these or other sources. Notably, almost a quarter of all surveyed HHs reported cash assistance as a source of income, highlighting a dependence on humanitarian assistance for those HHs.

### % of HHs by main sources of income

(in the 30 days prior to data collection, or date of arrival)\*



### % of HHs receiving other sources of income, by area of residence



### % of HHs receiving cash assistance from humanitarian organizations (of those receiving other sources of income, n=672)



HHs in the Centre and South were more likely to report having no income sources (5% and 4%, respectively). Additionally, HHs in the Centre (14%) and South (11%) also showed a greater reliance on social protection benefits from the Moldovan government as their primary income source, in contrast with the other regions. The highest share of HHs reporting employment as their primary income source was found in the North (42%). In urban areas, a higher proportion of HHs reported having had other sources of income (UN/INGOs financial aid, investments, property, loans, help from relatives) compared to rural areas (81% and 68% respectively).

Overall, among the HHs reporting incomes in the 30 days prior to data collection who agreed to provide amounts (n=732)<sup>24</sup>, the average total HH income was reportedly amounting to MDL 9,400, while the median total income amounted to MDL 8,400. Regarding expenses (n=890), the reported median total HH expenditure in the 30 days prior data collection amounted to MDL 8,100 (average MDL 9,300). Overall, the average total income and expenses were higher than the median total income and expenses, suggesting that a few HHs with considerably higher incomes pulled up the mean compared to the most reported values.

At an overall level, the median total income and expenses were nearly equal, indicating that HHs were reportedly

\* Multiple choice question, therefore the sum of values may exceed 100%.

spending their entire income and might be challenged in covering unforeseen expenses. This seems particularly confirmed for lower-income HHs while examining income and expenses per capita (HH members) and per range: while reportedly 49% of HHs had less than MDL 3,000 of income per capita in the last 30 days prior to data collection, only 35% reported expenses at an equivalent level, suggesting that some households face an income-expense gap and may rely on coping strategies.

### % of HHs by income (top, n=732 of HHs who earned an income and agreed to provide the amount) and expenses (bottom, n=890) range per capita<sup>25</sup> in MDL (in the 30 days prior to data collection, or date of arrival)

Income	Centre	Chisinau	North	South	Overall
0-1,500	9%	3%	16%	5%	5%
1,501-3,000	46%	42%	32%	53%	44%
3,001-4,500	12%	16%	16%	18%	16%
4,501-6,000	15%	16%	20%	10%	15%
6,000+	19%	23%	16%	14%	21%

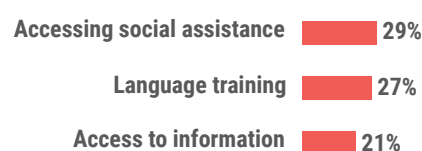
Expenses	Centre	Chisinau	North	South	Overall
0-1,500	8%	4%	15%	17%	8%
1,501-3,000	38%	21%	37%	35%	27%
3,001-4,500	26%	29%	30%	22%	27%
4,501-6,000	15%	24%	12%	14%	20%
6,000+	14%	23%	6%	13%	19%

The share of expenses was reportedly constituted by food items (42%), health (medicines, products, services) (11%), HH bills (9%), hygiene items (4%). 9% of respondents also mentioned having other expenditures, including transports, tobacco, alcohol, entertainment and any type of other expenses.<sup>26</sup>

## Areas of support and socioeconomic needs

The most reported needed services to improve the socioeconomic inclusion of HHs in Moldova were support for accessing social assistance (29%), followed by language training (27%), access to information (21%), and access to financial services (11%). 14% of HHs reported not needing any service to improve their socioeconomic condition. In the Centre region, it is worth noting that a higher proportion of respondents mentioned language training, access to information, and individual counselling as kinds of service that could improve their socioeconomic inclusion (respectively 43%, 29% and 24%). No particular difference was noted across urban and rural areas.

### Top three most reported services needed to improve socioeconomic inclusion\*

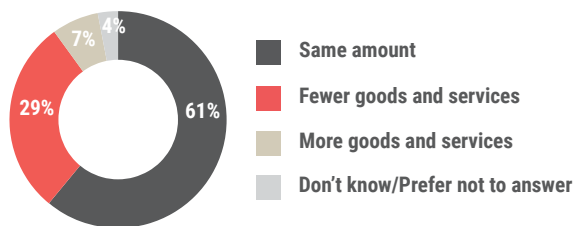


Concerning future expected socioeconomic needs in the 6 months following data collection, slightly more than half (54%) of HHs projected that they would need financial assistance from the humanitarian community, almost half (45%) mentioned health services, 35% financial assistance from Moldovan government, 16% housing or accommodation support, 15% employment assistance. While health services, financial assistance from the humanitarian community, and from the Moldovan government emerged as the top three needs in all regions, the proportion of households reporting future socioeconomic needs varied considerably across the regions. The highest proportion of HHs wishing financial assistance from the humanitarian community (65%), as well as healthcare needs (50%) was reported in Chisinau.

## Economic resilience

Among HHs with at least one HoHH who has stayed in Moldova for more than 6 months before data collection (n=805), the majority (61%) reported being able to afford the same goods and services compared to the same time the year before, 29% reported being able to afford fewer goods and services, while 7% mentioned being able to afford more goods and services.

**Perceived change in ability to afford goods and services compared to same time last year (n=805)** (HH could afford more/same/less amount of goods and services compared to same period last year)



Among those reporting a negative change in the ability to afford goods and services compared to the same time the year before data collection (n=229), the main reported reasons were mostly an increase in general prices on essential items (79%), followed by an increase in expenses for unexpected events such as medical bills or family emergencies (24%), a reduction of income from job loss, reduced work hours or lower wages/salary (13%), and an increase in expenses for housing or education (8%).

# 55%

of HHs had an account at a bank or financial institute in Moldova

# 100%

of HHs had productive assets in Moldova

# 57%

of HHs were covered by social protection floors or system in Moldova

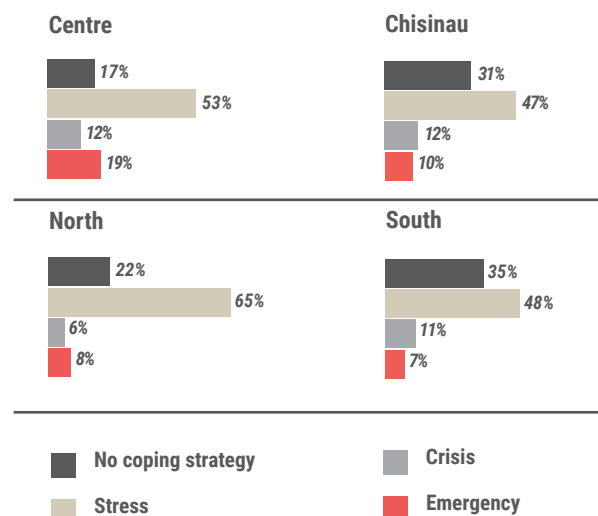
# 25%

of HHs were covered by social protection floors or systems from the Ukrainian government

## Livelihood coping strategies

To assess HH coping capacities, the Livelihood Coping Strategies Index (LCSI)<sup>27</sup> was used. This index allows to classify HHs into four groups: HHs using emergency, crisis, stress, or no strategies due to a lack of resources to cover basic needs 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 unmet basic needs. More than two-thirds of HHs (77%) employed some level of negative coping strategies (stress or more severe). Slightly more than half of assessed HHs were reported resorting to stress coping strategies (59%), 8% to crisis, and 10% to emergency ones. 23% of HHs mentioned not adopting coping strategies at all. The prevalence of adoption of livelihood coping strategies at levels of stress or above was notably higher in the South (83%). HHs in this region were also more likely to have used emergency-level coping strategies in the 30 days prior to data collection (19%, compared to 10% at the national level). The second region with the highest number of HHs who adopted coping strategies at levels of stress or above was Chisinau (78%). However, the high prevalence in Chisinau is mainly due to the adoption of stress level strategies (65%), rather than crisis or emergency level.

### % of HHs by LCSI category, by region

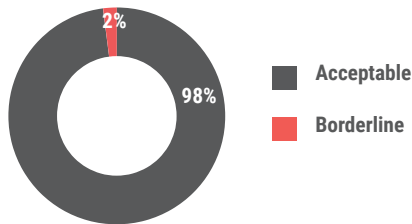


The main coping strategy used by HHs was to spend savings (68%). 7% of HHs reduced health expenditures, 5% sold assets or goods, 4% migrated with their entire HH, 3% sold productive assets. While the proportion of HHs employing negative livelihood coping strategies was the same among urban and rural areas, HHs in rural areas were more likely to resort to emergency-level coping strategies than in urban areas (24% and 8%, respectively). The main notable difference in coping strategies between female-led, male-led and mixed-led HHs was reportedly in having spent savings in the last 30 days prior to data collection: 73% of female-led HHs had resorted to this coping mechanism against 57% of male-led HHs and 60% for mixed-led HHs.

## FOOD SECURITY

Findings showed that nearly all assessed HHs scored an acceptable level in the Food Consumption Score (FCS), used to measure dietary diversity, food frequency, and the relative nutritional importance of food groups based on a seven-day recall period of food consumed at the HH level. Only 2% of HHs were reportedly borderline. Overall, the FCS results do not point to notable food security concerns among HHs across all regions and urban/rural areas.

### % of HHs per FCS



Concerning the Reduced Coping Strategy Index (rCSI),<sup>28</sup> which is 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 2.96 (on a maximum score of 56) with the highest values observed in rural areas (4.91) and in the North (3.66). In the 7 days prior to data collection, consumption-based coping strategies used by HHs for at least one day were mostly eating cheaper food (43%), borrowing food or money to buy food (10%), limiting portions or restricting consumption by adults (9%), and reducing the number of meals (7%). 49% of HHs did not use any strategies in the 7 days prior to data collection.

# 99%

of HHs had the closest food store/market/supermarket located within a 30-minute walking distance from their residence.

# 98%

of HHs had food amenities in their accommodation to prepare or cook their own food.

HHs in the South were more likely to report the non-availability of a food store/market/supermarket close to residence, within less than a 30-minute walking distance (7%). A similar trend was observed in rural areas (7%).

## HEALTH

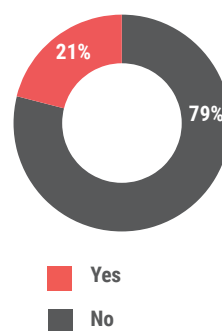
### Health needs and access to healthcare

As of 1 March 2023, the Government revoked several Commission on Exceptional Situations' (CES) decisions related to healthcare for Ukrainian refugees, citing their eligibility for services as TP beneficiaries. The Ministry of Health outlined specific medical services for TP holders. Before the introduction of TP status, refugees could access essential health services on an equal basis as Moldovans. In the early stage of implementation of the TP status, only Ukrainians with TP could access primary healthcare, resulting in reported service denials. Subsequent CES decisions alleviated these restrictions. On July 28, 2023, National Medical Insurance Company (CNAM) was authorized to cover emergency and primary health care costs for displaced Ukrainians who pre-enrolled for TP. A subsequent decision on October 13 extended CNAM coverage to emergency and primary medical care, as well as free medical examinations for children from Ukraine, not limited to those with TP status. Despite those improvements, access to more specialised care and medications reportedly remains not granted.<sup>29</sup>

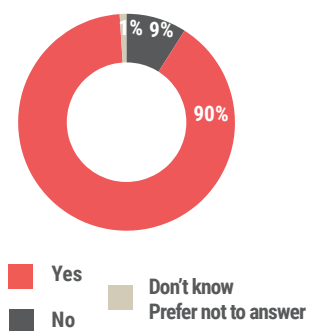
The vast majority of HH members (n=2,130) reportedly did not have health problems and did not need to access healthcare in the 30 days prior to data collection or since arrival if they arrived less than 30 days prior to data collection (79%). HH female members were slightly more likely to report having had a health problem and needing to access healthcare than HH male members (23% and 18%, respectively). By age group, almost half of the older

members (aged 60+) needed to access healthcare in the 30 days prior to data collection (46%).

% of HH members who needed access to healthcare (in the 30 days prior to data collection, n=2,130)



% of HH members who needed access to healthcare and were able to access services (in the 30 days prior to data collection, n=433)



By region, the percentage of HH members that was reportedly in need to access healthcare was almost evenly spread across the regions: 22% in the South, 21% in Chisinau, 19% in the North and the Centre. Findings were relatively homogeneous among the different age groups across regions, the major noteworthy disparity concerned the 0-4 years old HH members, in the South a smaller percentage (11%) needed access to healthcare, compared to the other regions (Chisinau 29%, North 23%, and South 18%). No notable differences were noticed between rural and urban areas regarding healthcare needs (respectively, 23% and 20%).

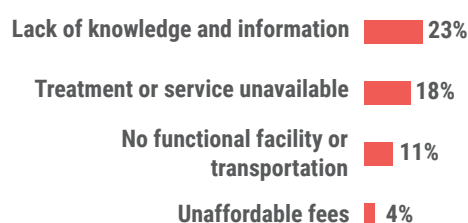
Among the 21% of HH members who needed to access healthcare services, almost all were able to access them (90%), and only 9% reported issues in accessing them.

While HH members aged 60 years and above were the most likely to be reported with healthcare needs (46%), they were the age group with the highest rate of access to healthcare (93%). In contrast, the age group of children aged zero to four years accounted for the second-highest percentage (24%) of reported healthcare needs (n=29), yet they had the lowest access rate. Among those who had a healthcare need, 82% were reported to have accessed it, 13% reported not having accessed it and 5% preferred not to answer.<sup>30</sup> No notable variations between regions regarding access to the healthcare needed in the 30 days prior to data collection were recorded.

Among the small share of HH members that had not been able to access the needed healthcare services (n=38), the main reasons were related to: the lack of knowledge and information on how to access health services (23%), the unavailability of specific medication, treatment or service needed (18%), no functional health facilities nearby or no means of transport to get there (11%), and the unaffordability of hospital fees (4%).

### Barriers to accessing healthcare

(of those who could not access it in the 30 days prior to data collection, n=38)\*



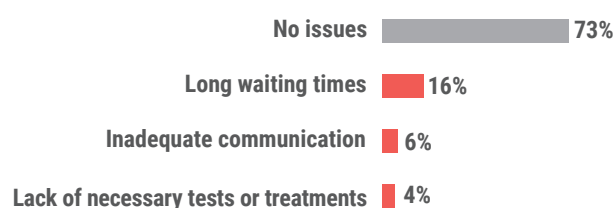
### Quality of healthcare

Overall, 73% of HH members who accessed healthcare in the 30 days prior to data collection (n=389) had no grievances regarding the quality of healthcare provided. The main three grievances were: the long waiting times for appointments (16%), the inadequate explanation or understanding of medical conditions and treatment options (6%), and the lack of access to necessary medical tests or treatment (5%).

Among household members aged 0-4 years having accessed healthcare in the 30 days prior to data collection (n=23), despite having relatively high needs and limited access to healthcare, this group exhibited the highest percentage (80%) of reporting no issues regarding the quality of healthcare.<sup>31</sup>

While the proportion of HH members reporting no issues was relatively homogenous in the Centre, Chisinau, and North (respectively, 82%, 79%, and 80%), this proportion was considerably lower in the South.

### Most reported HH members' grievances on healthcare quality (of those who accessed it in the 30 days prior to data collection, n=38)\*



Slightly less than the majority of HH members reported no grievances in the South (46%). The main grievances in the South were the long waiting times for an appointment, lack of access to necessary medical tests or treatments, and insufficient availability of medications or medical supplies (respectively 32%, 12%, and 8% of those who accessed healthcare in the 30 days prior to data collection).

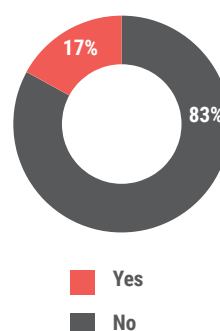
Regarding access to sexual and reproductive health, only 2% of HH with female members (10-55 years old, n=663) reported barriers to accessing such services.

### Chronic illnesses

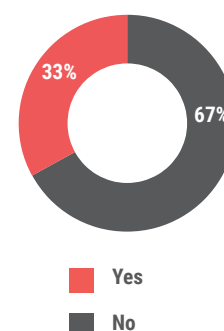
Almost a fifth (17%) of HH members were reported to have a chronic illness, while the vast majority reported not being affected (83%). The proportion was almost evenly spread among the different regions. At the HH level, 33% of HH reported having at least one chronically ill member. The highest percentage of HHs with at least one chronically ill member was registered in the North (21%).

The chronic illness rate observed in the MSNA was increasing gradually with the age groups. HH members aged 60 and more were reportedly more likely to have a chronic illnesses (46%), followed by 35-59 years old HH members (18%). The percentage was decreasing drastically for age groups below 35 years. Disaggregated by gender, findings showed a slightly higher percentage of female HH members affected with chronic illnesses 18% compared to 14% of the male counterpart, with a higher discrepancy in the North region (24% female compared to 17% male HH members affected by chronic illnesses).

### % of HH members with a chronic illness



### % of HHs with at least one member with a chronic illness



\* Multiple choice question, therefore the sum of values may exceed 100%.



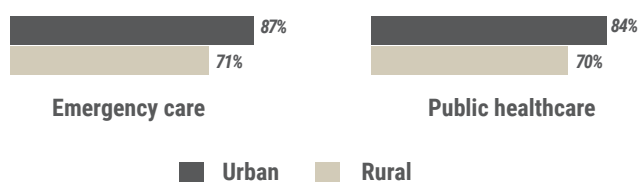
## Awareness of entitlements

Among the services foreseen by the temporary protection for Ukrainian refugees in Moldova, there is also an entitlement to emergency care for those who are transiting or have applied for asylum or temporary protection and to public healthcare and public health illness care services if they were granted asylum or temporary protection status.

The majority of HH were aware of their rights: 85% of them were aware of the entitlement to emergency care in Moldova for those who are transiting or have applied for asylum or temporary protection, and 82% were aware of the entitlement to public healthcare, and public health illnesses care services in Moldova for those who were granted asylum or temporary protection status.

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

### % of HHs aware of their healthcare entitlements (if transiting or applying to TP, by area of residence)



## Disability

Disability among the assessed population is evaluated through the Washington Group (WG) Questions, targeted questions on individual functioning intended to provide an indication of the likelihood of the person having a disability. The WG short set (WGSS) of 6 questions was used for the assessment for each HH member aged 5 and above, covering vision, hearing, mobility, communication, cognition, and self-care. Difficulties pertaining to the above functions were ranked as follows: no issues, some difficulty, a lot of difficulty, and cannot do it at all. Individuals with reported difficulty levels of 3 and 4 were considered potentially having disabilities.

Overall, 6% of children ages 1-17 y.o. were reported to potentially have a disability (at least one difficulty level 3 or level 4 in the WGSS). Among the HH members, older people (60+) were more likely to report (22%) having difficulty levels 3 and 4 (WGSS) compared to other age groups, 3% among 18-34 and 5% among 15-59. 10% of HHs reported having at least one member aged 60+ with a disability.

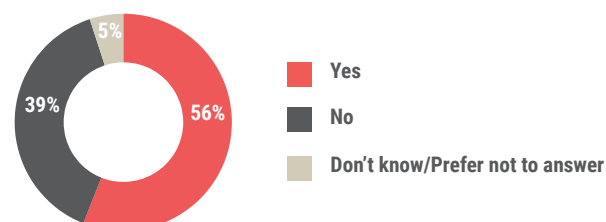
### % of HH members (5 y.o. or older) with difficulty level 3 and 4 in WGSS, by type of difficulty (n=1,996)

Difficulty	Centre (n=403)	Chisinau (n=748)	North (450)	South (n=395)	Overall (n=1996)
Seeing	4%	4%	3%	5%	4%
Hearing	1%	2%	1%	1%	2%
Remembering/concentrating	2%	1%	1%	1%	1%
Selfcare	1%	0%	1%	1%	1%
Walking	2%	2%	3%	2%	2%
Communicating	0%	0%	0%	1%	0%

Among HH members (aged 15 and above) with a potential disability (WGSS level 3 and 4) (n=118), 56% reported that their disability affected their ability to work.

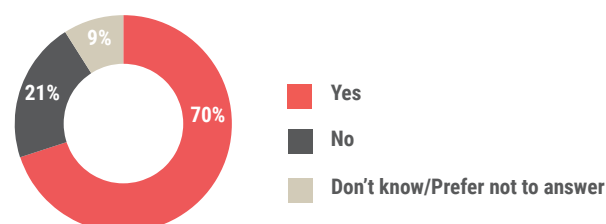
52% of HH members with potential disability (WGSS level 3 or 4) reportedly had a health problem and needed to access healthcare, compared to 19% of HH members without a potential disability. Of those HH members with a potential disability (WGSS level 3 or 4) who had a healthcare need, 89% were able to access it. This is a similar rate as those without disability (90%).

### % of HH members (15 y.o. or older) with a potential disability affecting their ability to work (WGSS level 3 or 4, n=118)



While investigating access to specialised services, 70% of HH members (aged 5 and above) with a potential disability (WGSS level 3 or 4) reported being able to access the specialised services they needed. Access was homogenous across regions except for the South, where only 54% could reportedly access specialised services. HH members living in rural areas had more difficulties in accessing specialised services, as 52% were reportedly not able to access them.

### % of HH members (5 y.o. or older) able to access specialised services (WGSS level 3 or 4, n=113)



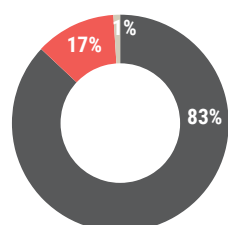
Among those who were unable to access the specialised services they needed (n=28), the most reported services needed were eye care services (n=16) and physiotherapy services (n=8). The most reported reasons for not being able to access needed specialized services were services being too expensive (n=14), the unavailability in the area of living (n=7), and the lack of physical accessibility of the structures (n=3).

## Mental Health and Psychosocial Support (MHPSS)

The large majority of adult HH members (aged 18 and older, n=1404) were reported to not be experiencing mental health or psychosocial issues (87%), i.e. no feeling so upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning. Of the 12% who reportedly experienced issues, 84% were not considered needing mental or psychological support for this issue.

A higher percentage of HH members were reported experiencing mental health or psychological issues in the South region (24%) compared to the other regions of the country (14% in the Centre, 9% in Chisinau, and 8% in the North). A slight difference was observable between urban and rural areas, where respectively 11% and 18 % were experiencing mental health or psychological issues.

% of HH members experiencing mental health or psychological issues (n=1,404)

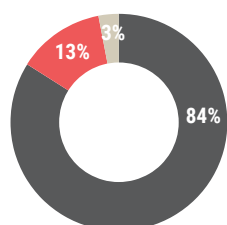


Yes

No

Don't know/Prefer not to answer

% of HH members in need of MHPSS (of those who reported experiencing issues, n=175)



Yes

No

Don't know/Prefer not to answer

Disaggregated by age group, mental health and psychological issues were reportedly experienced mostly by the 60+ years old HH members (15%), compared to the younger groups (13% of 35-59 years old, and 8% of 18-34 years old). No significant differences were observed between male and female HH members, as respectively 11% and 12% were reportedly experiencing mental health and psychological issues. The proportion of HH members with potential disability experiencing mental health or psychological issues was reportedly higher (32%) than members without disability (10%).

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

Among the 2 HH members who tried to seek support and were unable to access it, the reported reason was that they did not know where to go. The most reported type of support received was psychotherapy (individual or group therapy designed to treat a mental health condition, provided by a professional, such as a psychologist).

It should be noted that findings might be underreported due to the sensitivity of the topic. Respondents might not have reported the full experience of HH members due to stigma and cultural reasons.

## Vaccination

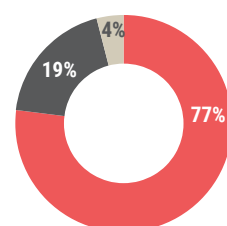
### Measles

77% of children (9 months to 5 years old) reportedly received at least one dose of measles vaccination, and 56% of them also received a second dose, 40% have not received a second measles vaccination dose, and 5% don't know. No particular differences were noted in the disaggregation by age group and gender. In the North, 64% received at least one dose, and of them, only 6% received a second. In the other regions, the results were homogeneous. The proportion of children not having received measles vaccination was the highest in the North (27%) and the lowest in the South (10%). The percentage of children having received a second measles vaccination dose was slightly higher in rural areas (63%) compared to urban areas (55%). Noteworthy to mention that in the Center and North region respectively up to 21% and 10% of respondents reported not knowing whether the child(ren) had received a second measles vaccination dose.

### Polio

Concerning polio vaccination, reportedly only 10% of children (7 months to 6 years old) received all four doses, 14% received three doses, 19% received two doses, 27% only one dose, and 15% did not receive any dose, while 14% reported not knowing the doses received. The proportion of children not having received any polio vaccination doses was the lowest in the South (4%). Across urban and rural areas findings were almost homogeneous, except for children having received a second vaccination dose (28% in rural areas and 18% in urban areas). Concerning polio vaccination as well, the percentage of respondents not knowing whether the child(ren) had received one or more vaccination doses was relatively high: 24% in the Center, 14% in the South and Chisinau, 9% in the North.

% of children with one dose of measles vaccination (9 months to 5 y.o., n=178)



Yes

No

Don't know/Prefer not to answer

% of children by number of polio vaccination doses (7 months to 6 y.o., n=229)

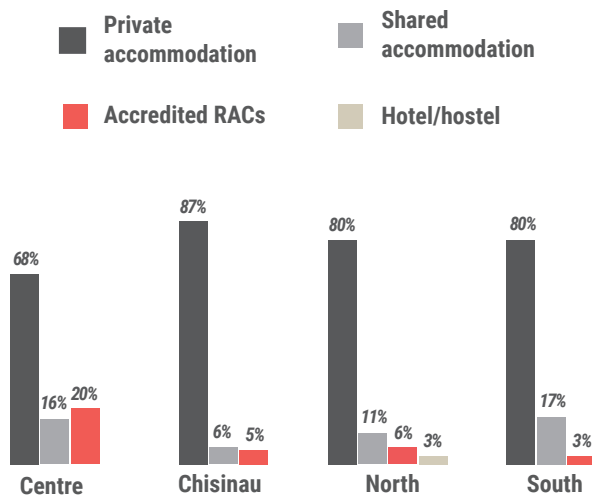
15%	0 doses
27%	1 dose
19%	2 doses
14%	3 doses
10%	4 doses

## ACCOMMODATION

### Accommodation type and arrangement

Most HHs reported living in private accommodation (83%), 9% in shared accommodation, 7% in accredited Refugees Accommodation Centres (RACs),<sup>32</sup> and less than 1% in hotels, hostels, or not accredited RACs at the time of data collection. HHs in the Centre (20%) and South (17%) were more likely to report living in shared accommodations (room in an apartment, hosted, sharing with other refugees, etc.), compared to the other regions.

#### % of HHs by type of accommodation, by region



Less than 1% of HHs were living in overcrowding conditions. This calculation was derived by dividing the total number of available rooms in the accommodation by the number of household members. If the concentration per room exceeds three people, the accommodation was considered overcrowded.

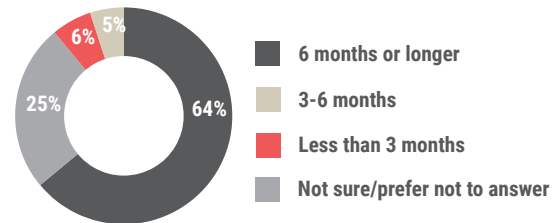
Regarding financial arrangement, 45% of HHs reported covering the full payment for their accommodation (rent, utilities, mortgage, etc), 28% were not covering any expense and were hosted for free by family or unrelated persons in the host community, 13% partially covered payments, hosted by relatives or close friends, 12% did not cover any expenses being enrolled in a government or NGO accommodation program, 2% received governmental subsidies to cover part of the accommodation expense.

For most HHs covering full or partial payments for their accommodation, the majority (85%) reported having been able to pay their rent on time every month in the 3 months prior to data collection. During the same period, 8% of HHs reported having paid late once due to difficulties, 3% paid late twice, and 1% reported having paid the rent late every month.

Among HH renting an accommodation (n=491), almost all (95%) reported paying the rent per month. The average monthly rent was reported amounting to MDL 3,900 (median MDL 4,000).

Based on their financial situation, the majority of HHs reported at the time of data collection that they could stay in their current accommodation 6 months or longer (64%), 24% were not sure about the possible duration of stay, 5% estimated to be able to remain for 3-6 months, while 6% for 3 months or less. In urban areas, the proportion of HHs planning to remain for 6 months or longer was reportedly 64%.

#### % of HHs projected duration of stay (based on HH's financial situation at the time of data collection)



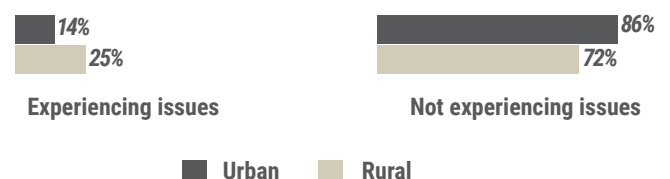
### Risk of eviction

No concerns were recorded regarding the risk of eviction, with only 0.3% of HH who perceived pressure to leave their accommodation at time of data collection.

### Accommodation conditions

For most HHs, no issues were reported concerning accommodation conditions (84%), 5% mentioned that sleeping materials (mattresses, blankets, etc.) were insufficient, 3% mentioned the lack of separate showers and/or toilets and lack of sufficient hot water, and 2% mentioned a situation of insufficient privacy (no partitions or doors inside the accommodation). The assessment found that the highest proportion of HHs experiencing living conditions issues was in the South (23%). Additionally, HHs in rural areas were more likely to report such issues (25%), compared to HHs in urban areas (14%). Concerns regarding the lack of separate showers and/or toilets were most reported in the Centre (8%). Finally, insufficient sleeping items (mattresses, blankets, etc.) were most frequently mentioned in the South (9%).

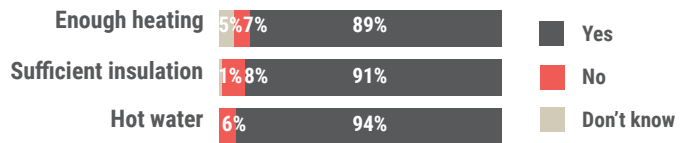
#### % of HHs experiencing issues by area of residence



## Winter preparedness

Concerning winter preparedness, the vast majority of HHs reported having sufficient readiness in their accommodation when it came to heating (89%), insulation (91%), and hot water (94%). The highest proportion of HHs with less winter readiness was reported in the South, where 18% did not have enough heating to keep accommodation warm, 20% did not have sufficient insulation, and 14% did not have hot water in the accommodation. HHs living in rural areas reported a lower level of winter preparedness: 21% did not have sufficient heating, 22% did not have sufficient insulation and 20% did not have hot water.

### % of HHs by winter preparedness in their accommodation, by type

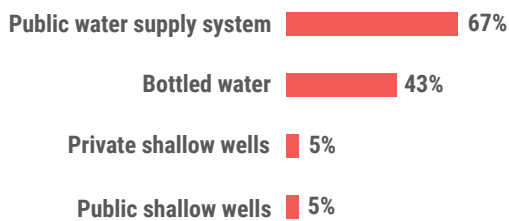


## WATER SANITATION AND HYGIENE (WASH)

### Water

67% of HHs reported that one of their main sources of drinking water was the public water supply system, 43% bottled water, 10% relied on private or public shallow wells, and only 1% reported water trucking as a main source. HHs in the North were most likely to report reliance on public shallow wells for drinking water (16%). In urban areas, the public water supply system (63%) and purchasing bottled water (43%) were the most common sources of accessing drinking water compared to rural areas (respectively 48% and 17%). Conversely, in rural areas, HHs were more commonly reported to access drinking water through private or public shallow wells (27% and 25%), compared to HHs in urban areas (3% each).

#### % of HHs main sources of drinking water\*



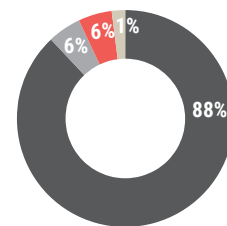
### Sanitation

The vast majority of HHs reported using flush toilets connected to public sewage lines (86%) as sanitation facility, while only 8% reported using flush toilets connected to a septic tank, and 6% using pit latrines. HHs in the South and North were found to rely the most on pit latrines (17% and 15%, respectively) as the main type of sanitation facilities used compared to other regions. Flush toilets connected with public sewage lines were more available in accommodations in urban areas (92%), compared to rural areas (32%). In rural areas, flush toilets connected to septic tanks (38%) and pit latrines (30%) were more commonly present in the accommodation compared to urban areas, where these systems were almost not reported (4% each).

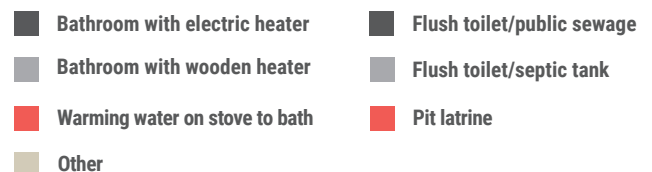
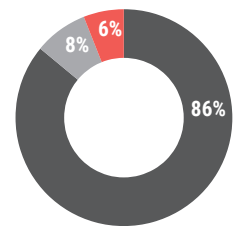
\* Multiple choice question, therefore the sum of values may exceed 100%.

Concerning heating systems for bathing facilities, 88% of HHs reported that their bathroom was equipped with an electric water heater, and only 6% relied on warming water on cooking stoves for bathing or on other sources. Using cooking stoves to warm water for bathing was mostly reported in the North and South (13% and 10%, respectively). Differences were noted across urban and rural areas: almost all accommodations in urban areas were reportedly equipped with electric heaters in the bathroom (91%), compared with rural areas (67%). In rural areas, warming water on cooking stoves for bathing (18%) and bathrooms with wooden boilers were more commonly reported compared to urban areas where less than 5% of respondents reported such heating systems.

#### % of HHs by type of water heating system for bathing (n=887)



#### % of HHs by type of sanitation facility used in accommodation (n=890)



### Hygiene

Almost half of HHs (49%) reportedly accessed hygiene materials (soap, toilet paper, diapers, sanitary pads) through distribution from Civil Society Organisations (CSO) or the government, 14% reported purchasing them at the market or store, and 37% had access through both distribution and purchase. 99% of HHs receiving hygiene materials from CSO or government entities were somewhat or very satisfied with the received products.



## METHODOLOGY - ADDITIONAL NOTES

**Population of interest:** The population of interest consists of Ukrainian refugee HHs displaced to Moldova following the escalation of hostilities in February 2022 (including third-country nationals), regardless of the type of accommodation in which they resided.

**Sample:** While stratifying the sample per region, the target sample in the region of Chisinau was double to better reflect the high proportion of refugees living there (almost 50% of the estimated refugee population resides in this region). For more details regarding the sampling strategy and the construction of the cross-referenced population figures used for the sampling frame, please refer to the [Terms of Reference \(ToR\)](#).

**Data collection** was administered using the Kobo App and directly exported to Excel. During primary data collection, the REACH assessment team cleaned the data collected daily to ensure its quality. Any questions or problems were followed up with enumerators directly.

**Weights:** For the purpose of analysing data at a national level, the results have been adjusted using weighting techniques. This adjustment accounts for any imbalances in the distribution of the population across different regions, induced by the sampling design, specifically the stratification of the sample by region. Applying weights to the analysis enhances the accuracy of the estimates.

However, it is important to note that while weighting improves accuracy, it does not result in representative findings.

### Definitions

**Household:** 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).

**Head / co-head of HH:** The HoHH is defined as the main decision-maker in the household; in certain households, this responsibility can be shared between two or more people (co-headed household).

**Settlement:** level 2 territorial-administrative unit. It should be noted that settlements are not officially recognised as a formal administrative unit, but rather a term selected by REACH to enable more granular data. In practice, settlements can be classified as villages (Satul), communes (Comuna), cities (Orasul), or municipalities (Municipiul).

**Rural/urban:** Each settlement was classified as urban or rural according to the official definition of the government of Moldova: cities (Orase) and municipalities (Municipiul) were classified as urban areas, while villages (Sate) and communes (Comune) were classified as rural areas.<sup>33</sup>

## ADDITIONAL LIMITATIONS/CHALLENGES

**Sensitivity:** Certain sensitive topics (income, mental health, protection, GBV, etc.) may have been underreported by the respondents.

**Kobo tool:** Due to a Kobo tool construction error, questions pertaining to MHPSS were inadvertently omitted for individuals under the age of 18. In response to this issue and recognising the identified information gaps concerning this subject, the qualitative component of the MSNA will delve into the mental and emotional well-being of adolescent refugees. Similarly, the question regarding barriers to enrolment in Moldova during 2022/2023 to be inadvertently asked only to those who reported not being enrolled in any formal education.

**Education section:** Despite the provided definition, a certain confusion was observed with the enrolment question during data collection, notably regarding the inclusion of pre-school and online education within the definition of formal education. This confusion led to inconsistencies in the data, creating contradictions. Efforts were made to address these contradictions during the data cleaning process wherever possible. However, despite these efforts, one remaining contradiction persisted due to delayed notice of the issue. Some respondents indicated that their child was not enrolled in any formal education, yet they selected the main barrier to enrolment as attending Ukrainian online education. This discrepancy

might result in a slight underreporting of the enrolment rate in formal education.

**Respondent fatigue:** As a result of the relatively long survey, some respondents hurried through the questions, potentially leading to misinterpretations of questions, inaccurate responses, or errors in data input through the Kobo tool.

**Incentives bias:** in a humanitarian context, beneficiaries may over-report needs due to a perception of higher likelihood of receiving aid or resources. This behavior can arise from a sense of scarcity and the challenges and stresses associated with displacement, involving coping strategies.

**Targeted versus realised sample:** in the raion of Ocnita, the targeted number of interviews in the settlements of Birnova and Naslavcea could not be achieved due to operational challenges in finding respondents in these areas. Those interviews have been replaced by additional interviews in Valcinet. Furthermore, the total number of interviews collected (890) surpasses the targeted sample size (855) because the settlement of residency was considered instead of the settlement where the interview took place, and extra interviews were kept with respect to the AAP principle, to ensure that the voices of all participants, who generously invested their time and effort in the interviews, were acknowledged and valued.

## ENDNOTES (1)

<sup>1</sup> UNHCR, [Situation Ukraine Refugee Situation](#), UNHCR Data portal, consulted 15/12/2023.

<sup>2</sup> UNHCR, [Situation Ukraine Refugee Situation](#), UNHCR Data portal, consulted 4/1/2023.

<sup>3</sup> UNHCR, [Ukraine Situation: Regional Refugee Response Plan - January-December 2023](#)

<sup>4</sup> Inside labour force includes employed and unemployed individuals according to ILO definitions. See endnote 20 for more details.

<sup>5</sup> Settlements with less than 15 HHs were excluded from the sampling frame. Based on the referenced population figures, all settlements in Rîșcani, Telenesti, and Cantemir contained less than 15 refugee HHs. Hence, data was not collected in these raions.

<sup>6</sup> The 6-item Washington Group Short Set of Disability Questions is a set of questions to identify people with a disability. The questions assess whether people have difficulty performing basic activities such as walking, seeing, hearing, cognition, self-care and communication.

<sup>7</sup> According to the Republic of Moldova, Ministry of Internal Affairs, General Inspectorate for Migration, [Temporary Protection](#), eligible individuals are:

- Ukrainian nationals residing in Ukraine before 24 February 2022.
- Ukrainian nationals who were in the Republic of Moldova before 24 February 2022.
- Stateless persons recognized by the Ukrainian authorities before 24 February 2022.
- Non-Ukrainian nationals benefitting from protection (international or equivalent national protection) granted by the Ukrainian authorities before 24 February 2022, and who cannot safely return to their country of origin.
- Family members of the persons mentioned above.

<sup>8</sup> UNHCR, [Temporary Protection in Moldova](#), consulted 7/12/2013.

<sup>9</sup> General Inspectorate for Migration Moldova, Weekly Statistics of the General Inspectorate for Migration, 27 November 2023.

<sup>10</sup> The high percentage of HHs reporting having already applied for TP may be due to the bias in the sample rather than an accurate reflection of the population, since respondents were mainly located where TP information campaigns had already been conducted.

<sup>11</sup> To be noted that the procedure of proof of residence for obtaining temporary protection has been simplified during the end of data collection according to a decision of the Commission for Emergency Situations of the Republic of Moldova No. 80 of 4 September 2023.

<sup>12</sup> REACH, [Rental Market Assessment in Moldova - Round 1](#), September 2023. Round 2 has not yet been published.

<sup>13</sup> REACH, [Multi-Sector Needs Assessment 2022](#), Republic of Moldova, October 2022.

<sup>14</sup> UNHCR, Temporary Protection Update No. 4, Republic of Moldova, 28 November 2023.

<sup>15</sup> Note that this refers to the current top three priority needs of the HH at the time of data collection, not if they had a health problem and needed access to health care in the month prior (see *Health* section).

<sup>16</sup> In this assessment, 'school-aged children and youth' refers to HH members aged 3-24. This approach was taken in order to account for youth attending higher education in the analysis.

<sup>17</sup> UNHCR, Temporary Protection Update No.4, Republic of Moldova, 28 November 2023.

<sup>18</sup> UNHCR, [Enrolling Ukrainian children in Moldovan schools becomes easier](#), 5 September 2023.

<sup>19</sup> As mentioned in the additional limitations (p.21), a certain confusion was observed with the enrolment question, notably regarding the inclusion of pre-school and online education within the definition of formal education, which likely led to a slight underreporting of the enrolment rates.

<sup>20</sup> Formal education refers to structured and organised learning provided by educational institutions, irrespective of the country of the curriculum (including Moldova, Ukraine or third country's formal education).

<sup>21</sup> For physical school: Regularly means usually attending at least 4 days, for most weeks. For online school: This means they were doing some distance learning activities at least 4 days per week, for at least 3 hours per day e.g. listening to radio/TV broadcasts, textbook learning, online learning.

<sup>22</sup> According to the definitions from the ILO Labor Force Survey questions:

**Employment** includes individuals of working age who have engaged in income-generating activities in the past week. This encompasses formal employment, self-employment, agricultural/fishing work, diverse income generation, temporary absence from paid roles, and unpaid contributions to family businesses.

**Unemployment:** working-age individuals who were not employed during the past week (as per the definition above), who looked for a paid job or tried to start a business in the past 4 weeks, and who are available to start working within the next 2 weeks if ever a job or business opportunity becomes available.

**Outside labour 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).

**Inside labour force** includes employed and unemployed individuals.

<sup>23</sup> UNHCR, Temporary Protection Update No. 4, Republic of Moldova, 28 November 2023.

<sup>24</sup> The subset of 732 excluded HHs who didn't report any income in the last 30 days prior to data collection, and those who answered "don't know" or "prefer not to answer" in the subsequent questions. The relatively high proportion of HHs non-willing to provide the amount per type of income suggests that these questions are somehow sensitive. In addition, the questions related to income were at the end of the questionnaire and due to the length of the questionnaire and respondent fatigue, some respondents might have prefer not to provide all details related to this section.

<sup>25</sup> To perform indicators of incomes and expense per capita, the total of incomes/expenses have been computed for each household from the different types reported. Then, the total incomes/expenses were divided by the HH size to obtain the total incomes/expenses per capita.

<sup>26</sup> The share of expenses was computed only on expenses related to Moldova (i.e. expenses related to Ukraine were not accounted for).

## ENDNOTES (2)

<sup>27</sup> The LCSi is derived from a series of questions related to households' experiences with livelihood stress and asset depletion due to lack of resources (food, cash, else) to meet essential needs (shelter, education, health, food) during the 30 days prior to the survey. The LCSi in this assessment is based on a set of 11 questions, including 4 stress strategies, 4 crisis strategies, and 3 emergency strategies. HHs relying on livelihood coping strategies to meet their essential needs are classified based on the severity associated to the strategies applied (i.e. stress, crisis or emergency)- the higher the category, the more severe and longer-term are the negative consequences for households. More details on the index can be found on the [WFP - VAM Resource Centre](#).

Example of questions included in the tool, by level of severity:

*In the last 30 days, did your household ...*

*... sell household assets/goods (radio/furniture/TV...) due to a lack of resources to cover basic needs (**stress level**)*

*... reduce essential health expenditures (including drugs) (**crisis level**)*

*... sell house or land (Including inside Ukraine) (**emergency level**)*

<sup>28</sup> The rCSI is an indicator of household food security based on five questions measuring the frequency and severity of the food consumption behaviours the households had to engage in due to food shortage in the 7 days prior to the survey.

Example of question used in the tool: *During the last 7 days, were there days (and, if so, how many) when your household had to rely on less preferred and less expensive food to cope with a lack of food or money to buy it?*

The higher the score (max. 56), the more the HH is engaged in food consumption coping strategies. More details on the index can be found on the [WFP - VAM Resource Centre](#).

<sup>29</sup> UNHCR, Temporary Protection Update No. 4, Republic of Moldova, 28 November 2023

<sup>30</sup> It should be noted that the subset of children considered for this question is low (n=29).

<sup>31</sup> It should be noted that the subset of children considered for this question is low (n=23).

<sup>32</sup> It should be noted that this percentage is influenced by the sampling method and the overall estimated percentage of Ukrainian refugees living in RACs is less than 2%.

<sup>33</sup> In the ToR, the settlements of Hincesti and Taraclia (in their respective raions) were by mistake mentioned as "Rural" instead of "Urban". However, this has been noticed in the early stage of data collection and corrected before the analysis of the data.

## USEFUL RESOURCES

[Terms of Reference \(ToR\)](#)

[Cleaned Database and Kobo Tool](#)

Tabular weighted analyses: by [region](#), by [rural and urban areas](#), by [HHs with/without children](#), by [sex, gender and disability disaggregation \(SADD\)](#).

[Presentation of key findings](#)

Sectoral presentations: [Protection](#), [Health](#), [Education](#)

## ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).