

Anenii Noi Raion

Area Based Assessment (ABA)

December 2023 | Republic of Moldova

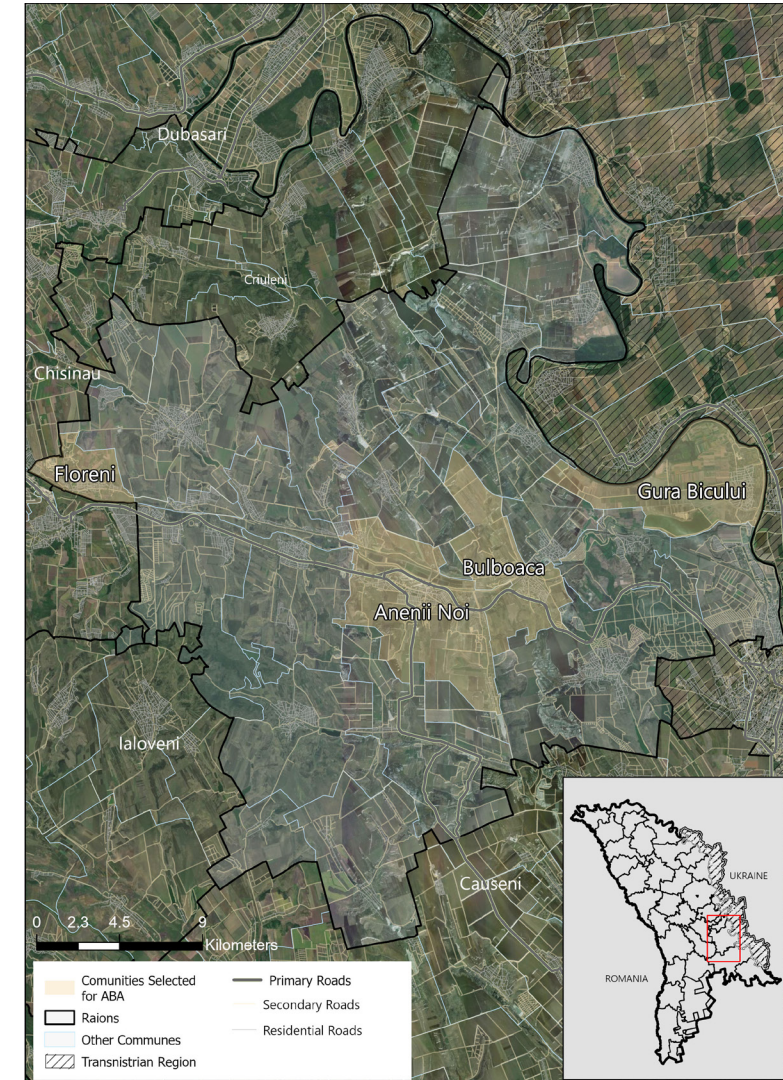
CONTEXT

Within the Republic of Moldova, the Anenii Noi region stands out as especially susceptible to climate impacts, including droughts and floods, and experienced elevated levels of heat stress in 2022. Additionally, agriculture accounts for 75% of the land use in Anenii Noi, marking the population as reliant on climate-sensitive livelihoods. In the context of the influx of refugees from Ukraine to the Republic of Moldova caused by the escalation of the conflict on 24 February 2022, the ABA aims to provide a comprehensive understanding of the situation of host communities and refugees residing outside refugee accommodation centres (RACs) in the Anenii Noi raion. Its goal is to identify their primary needs, assess the availability and accessibility of essential services, evaluate social cohesion among refugees and hosts, and assess collective response structures, contributing to an area-based refugee response and supporting the local contingency planning of both governmental institutions and non-governmental actors in Anenii Noi.

KEY FINDINGS

- Refugee households were **highly reliant on humanitarian financial aid**, with most households reporting no source of active income.
- Most refugee households reported **no difficulties** in finding housing and expressed the possibility to **access long-term accommodation**.
- **Access to healthcare** was noted among the **top needs** of refugee households, despite refugee and host community households reporting **high access** to medical care.
- **Financial and food aid** were reported as **priority needs** by the large majority of refugee households.
- Smallholder farmers suffered **significant financial losses** due to natural hazards and the economic context caused by the crisis, and **faced difficulties in accessing the needed financial support**.

Map 1: Assessed localities within the Anenii Noi raion



METHODOLOGY

The assessment employed a mixed-methods approach, incorporating both quantitative and qualitative data collection methods. Surveys, key informant interviews (KIIs), and focus group discussions (FGDs) were conducted with refugees, host community members, and key informants in the four locations with the highest refugee presence in the raion: Anenii Noi city and three rural locations (Bulboaca, Floreni, and Gura Bîcului - see map 1). Data collection took place between 8 May and 17 June, 2023.

Quantitative surveys involved face-to-face interviews with self-reported heads of households (HHs) or other knowledgeable adult members. The surveys included also questions at family level¹ and individual level sections to collect information about each member of the HH. A total of 314 surveys were conducted with host community members, based on stratified simple random sampling, providing representative findings for the assessed locations with a 95% confidence level and 8% margin of error. 44 refugee quantitative interviews² were purposively sampled from households outside refugee accommodation centers (RACs). Findings from the quantitative household survey of the refugee population can therefore only be considered as indicative.

Semi-structured FGDs included four groups with refugee populations and four with the host community, evenly distributed between the rural area and Anenii Noi city. Additionally, 23 semi-structured KIIs were conducted across six sectors: education, health, business, non-governmental sectors, local authorities and smallholder farmers. Findings should be considered indicative, and pertain only to the assessed settlements. For additional information on the qualitative sample, please refer to the data and analysis saturation grid.³

RESPONDENTS PROFILE

Refugee respondents



52 years old
average age of respondent

Host community respondents

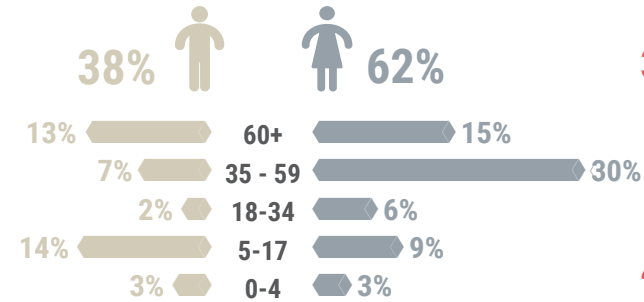


51 years old
average age of respondent


DEMOGRAPHICS

Refugee households (n=44)

% Individuals by age group and gender



 **3** average HH size

 **41%** of HHs with single head of HH


 **52%** of HHs have older persons (60+)

 **41%** of HHs have children (<18)

 **17%** of HH members above 5 years old with disability⁴

Host community households (n=314)

The household composition of host community HHs largely mirrored the findings of the 2014 population census.⁶

 **2.6** average HH size

 **40%** of HHs have older persons (60+)

 **5%** of HH members above 5 years old with disability⁵

DISPLACEMENT

Most of the refugee HHs interviewed indicated settling in their respective locations for the mid-term. 82% of HHs reported having resided in the same location for at least 6 months at the time of the survey, while 16% mentioned they had been there for 4 to 6 months. Additionally, the majority of respondents (91%) also indicated that their HHs were planning to stay for the 6 months following the interview, with 9% explaining they were undecided.

Most reported reasons for choosing specific location within Moldova (n=44)⁷

1	Family/friends nearby	55%
2	Host family lives in location	32%
3	Found accommodation in location	30%

The primary reasons for choosing the respective locations were often linked to local connections and availability of accommodation, as illustrated above. Respondents living in the assessed rural areas highlighted more reasons related to local connections such as having family or friends nearby (59%) or the location of the host family (41%) compared to respondents who lived in Anenii Noi city (47% and 13% respectively). More respondents living in the urban area emphasized the availability of accommodation (40% compared to 24% in rural areas) or receiving advice on the location (13% compared to 3%).

ACCOMMODATION

The majority of refugee HHs reported no difficulties in finding housing and expressed the possibility to access long-term accommodation. However, despite half of the refugee HHs being hosted, most host families indicated they were not receiving assistance for hosting. While few refugee respondents in FGDs mentioned facing barriers such as limited accommodation options, the majority of surveyed refugee HHs indicated no difficulties in finding housing (77%). Moreover, most refugee HHs expressed their ability to sustain long-term accommodation, with 86% stating their arrangement was open-ended, 7% anticipating being able to stay for over a year, 5% for 3-6 months, and 2% uncertain. However, during two FGDs, some refugee participants emphasized the risk of eviction due to the absence of a formal rental agreement or dissatisfaction from hosts regarding accommodation maintenance. Approximately half of the surveyed refugee HHs resided in rented private

accommodations (46%), while the rest were hosted. Among those hosted (n=24), the majority had pre-existing relationships with their hosts, who were primarily relatives (n=14), friends (n=1), or acquaintances (n=3).

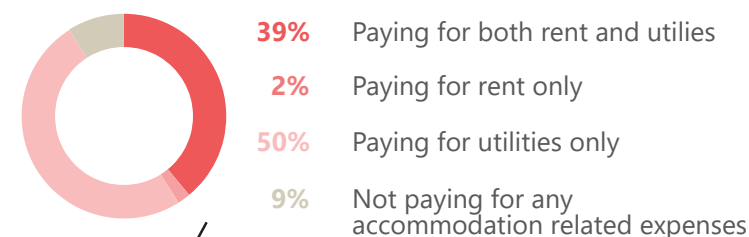
Reports on whether host families received assistance for hosting in 2023 were divided. Most hosted refugee respondents (15 of n=24) stated in the survey that their hosts were receiving support, and similarly, host community members in all FGDs expressed awareness of assistance being offered to host families. However, in the quantitative interview, most host families (n=23) expressed they had not received assistance for hosting in 2023 (n=16). Additionally, some participants in the host population FGDs emphasized the need for continued or increased assistance for hosting.

 **6 of 23** host families reported they had received assistance for hosting refugees in 2023


Top reported sources of support for host families, as reported by hosted refugee respondents (n=15)⁸

1	International NGOs	12
2	UN Agencies	10
3	Faith-based organisations	4

Accommodation-related expenses (by % of interviewed refugee HHs, n=44)



100% of refugee HHs that paid for any accommodation related costs (n=40), indicated they did so through **monetary payments**

 **5% of refugee HHs reported that sanitation facilities (toilets, latrines) were too far**

SOCIAL COHESION

Overall, both respondent groups characterized the relationship between the two communities as either good or neutral. However, refugee HHs expressed a more positive perception of the relationship compared to host HHs. Approximately 48% of host HHs described the relationship as good or very good, with 45% indicating it as neutral. In contrast, a significant majority of refugee HHs (84%) viewed the relationship as good or very good, with none indicating it as bad. Among the 5% of host HHs that perceived the relationship negatively, reasons cited included cultural differences, increased difficulty in accessing services, and discrimination against refugees.

Regarding awareness of informal integration events, the host community was largely unaware of such events, with host FGD participants and 90% of HHs reporting not having knowledge of any. In contrast, approximately half (52%) of refugee HHs were aware. Among the 23 refugee HHs aware of integration events, the majority (n=18) mentioned their HHs had attended such events. Those who were aware mentioned activities for children, language courses, and cultural events, often organized by local institutions or religious organisations, aligning with reports from local authorities.

Cultural events or activities involving both communities were frequently highlighted as facilitating integration by host community members in FGDs and local authorities. In contrast, refugee participants mentioned excursions across the country, activities for children, and language lessons. Employment emerged as a significant integration facilitator in FGDs, noted by some host community members, a few refugee participants, and local authorities. This aligns with the intention reported by refugee

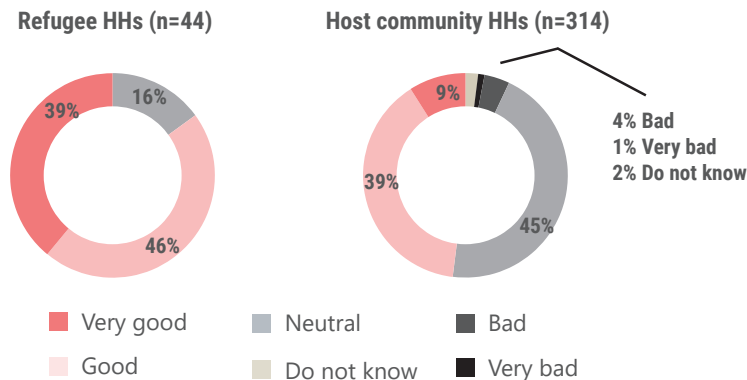
HHs intending to remain in the mid-term, as employment was identified as the second most significant integration strategy.

Host community HHs were also queried about their opinion on the refugee response. The majority (79%) agreed or strongly agreed that Moldova has done well in supporting refugees. However, opinions on whether the international community has provided sufficient support to refugees in Moldova varied: 37% believed they have done enough, 19% thought they haven't, and 32% were neutral (12% did not know). In alignment with some FGD participants, 77% of host HHs agreed that Moldova should prioritize supporting the local population over refugees, and 80% felt that refugees received more assistance than the host community. Despite these views, 49% of host HHs agreed that refugees should continue to receive support until the end of the war. The impact of financial considerations on social cohesion was also noted by a few refugees in FGDs, emphasizing that an increase in the income of the host community would positively influence dynamics between the two communities.

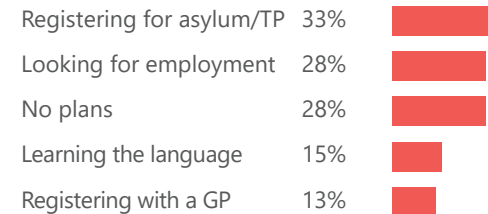
49% of surveyed host households reported they **agreed refugees should receive continued support** until the conflict ends

77% of surveyed host households indicated they considered **Moldova should focus on supporting the local community**

Perception of relationship between refugee and host community households (by % of interviewed HHs)⁹






Top integration strategies of refugee HH intending to remain for 6 months after survey (n=40)¹⁰



PROTECTION

Findings from both the HH surveys and the FGDs suggest that both communities feel safe in the assessed locations, while highlighting a lack of information regarding access to protection services. In both quantitative (100%) and qualitative interviews, refugee respondents expressed no safety or security concerns for their families. The slightly more positive results compared to the MSNA findings¹⁷ may be related to the presence of a community of Ukrainians part of the host community prior to the war.¹⁸ In contrast, host community members in FGDs mentioned some protection risks, particularly for women, such as harassment from men, or associated with substance abuse.

Most commonly reported sources of support in case of safety and security concerns for refugee households (n=44)¹⁶

1	 Police	100%
2	 Family	27%
3	 NGO/UN hotline	5%

21% of surveyed refugee households reported they **knew where and how to access** police services

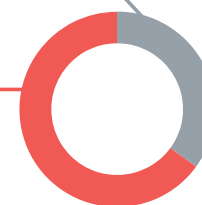
Both refugees and host community members identified the police as the primary source of protection across all collected data, reflecting a high level of trust consistent with previous findings.^{19,20} However, when questioned about their knowledge of where and how to access services, only 21% of refugee respondents indicated awareness of how to access police services. An additional information gap highlighted by the survey is the lack of knowledge about more specific protection services, as no refugee HHs reported awareness of how to access child protection (CP) or gender-based violence (GBV) services.

Across both qualitative and quantitative interviews, most refugee respondents indicated they were aware of Temporary Protection (TP) being introduced. Despite this, among the 40 surveyed HHs aware of TP, about a third mentioned their entire HH had registered. FGD participants in all groups noted being registered, while some explained they were unsure or applying for different types of protection. Survey findings suggest registration is taken as a HH decision, as those HHs who had not registered (n=26) also indicated this was the case for all their HH members. When

asked what were the reasons for not registering, about a third (n=9) expressed they were planning on registering, while 7 HHs noted they wanted to return to Ukraine and 6 HHs that they lacked the necessary documents. Refugee respondents in FGDs also described the latter as a barrier, particularly highlighting that host families sometimes refused to provide the necessary proof of residence. Notably, as of 4 September, the TP application process was simplified regarding the proof of residence.²¹ Additionally, more recent findings indicate a significant increase in the share of refugee HHs (88%) registered.²²

35% HHs had all members registered

65% HHs had no members registered



TP status of refugee households aware of TP (n=40)¹⁵

Most reported reasons for not having had applied for TP (n=26)²³

1	Planned to register	9
2	Wanted to return to Ukraine	7
3	Did not have the required document	6

Temporary Protection in Moldova

As of 1 March 2023, Moldova introduced the TP status for Ukrainians and eligible third country nationals (TCN),¹¹ aligning with the policies of other European states.¹² The TP status grants the holders the right to remain in Moldova until 1 March 2024, to access accommodation in temporary placement centers, as well as to primary and emergency healthcare, education for children and social assistance services.¹³ As of 15 May 2023, Ukrainian refugees had 90 days to regularize their status by applying for TP or another form of protection. Refugees who had been in the county before mid-May had to do so by 3 August. Those who fail to regularize their status are ineligible for several governmental services and may be subject to fines.¹⁴

EDUCATION

Education for refugee children was reported to be widely accessible, with survey respondents, FGD participants, and service providers noting attendance in both in-person classes in Moldova and online education in Ukraine, or a combination of both. For the 13% (n=4) of HH members aged 3-18 years old (n=31) who were indicated as not engaged in any education, respondents mentioned either this was by choice or that they had not encountered any barriers to education. FGD participants and service providers were not aware of any children being out of school.



87% (n=27) of refugee HH members aged 3-18 years old were **attending** some form of education (n=31)



63% (n=19) of refugee HH members aged 3-18 years old were **not participating** in any non-formal education activities (n=30)²⁴

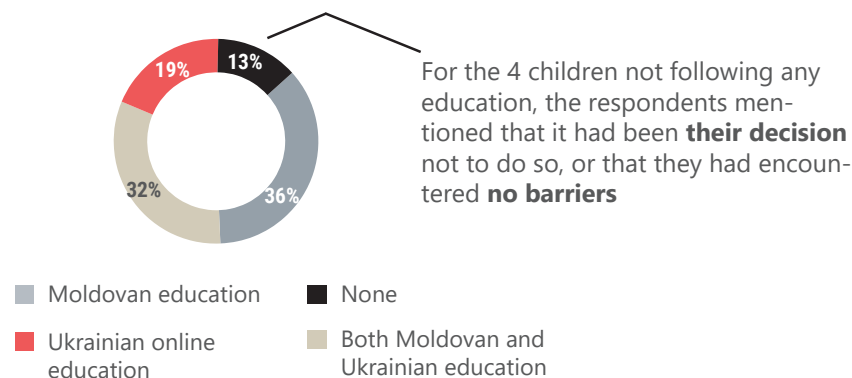
High access to in-person classes was reported, with 68% (n=21) of the 31 children attending Moldovan education formally or as audients, corresponding to official figures for the 2023-2024 school year.²⁵ However, barriers to in-person education were also acknowledged. Some service providers highlighted the language barrier, while also explained that they believed it was mitigated by language classes or enrollment in Russian-language education. However, attendance in language classes by children was reportedly low (10%, n=3). Additionally, Anenii Noi city was the sole location directly offering Russian-language education,²⁶ while other localities were within a 30-minute drive from institutions providing such classes.²⁷ The overall accessibility, particularly for refugee HHs with limited transportation (70% reported no cars and 75% indicated their HH did not know how to access public transport), remains unclear. In the Floreni FGD, participants mentioned the long distance to school as a potential barrier to in-person education, requiring caregivers to accompany the children. The barriers in accessing Russian-language schools highlight the need for additional support for the integration of refugee children in Romanian-language education, which is widely available.

Barriers related to online learning were also highlighted by FGD participants, including limited access to stable internet or devices for children, and disruptions due to the war in Ukraine, aligning with challenges noted in previous studies.²⁸ While most service providers mentioned offering space in their institutions for refugee children to study online or participate in extra-curricular activities, respondents in Floreni and Anenii

Noi city, as highlighted in the FGDs, explained that their children lacked access to a dedicated space for online learning and were studying from home. Additionally, respondents indicated that most (68%, n=19) of the children (n=39) were not involved in any non-formal education activities, while 30% (n=10) were mentioned to do sports or other recreational activities.

Service providers reported that the arrival of refugees did not adversely affect host community access to education. Moreover, some noted it had a positive impact on facilities or equipment, due to funding from the refugee response. Nevertheless, some service providers stressed the need for additional government funding to renovate spaces, with one noting a reliance on informal donations from parents to cover the costs of previous repairs.

Form of education attended (by % of refugee household members aged 3-18 years old, n=31)



HEALTHCARE

Both refugee and host community HHs reported high access to general healthcare, but indicated limited interest and low access to mental health and psycho-social (MHPSS) services.

In the 3 months preceding the survey, a higher percentage of refugee family members (45%, n=115) were reported to have needed healthcare compared to host family members (23%, n=797). This difference may stem from demographic variations, as refugee HHs had a higher proportion of members over 60 years old (refer to the Demographics section) or potential differences in healthcare-seeking habits tied to healthcare system distinctions.²⁹ In contrast, respondents stated that 9 out of the 10 family members whose emotional state was affecting their daily functioning³⁰ did




not need MHPSS support. The respondent who reported that they considered their family member did need access to MHPSS, also mentioned they tried accessing such services, but that they could not afford them. The perception of minimal need of MHPSS support despite facing emotional challenges aligns with previous findings,³¹ highlighting a need for increased understanding of MHPSS services or alternative, culturally tailored support.

Refugee and host community family members requiring medical care were indicated to have a similar high level of access, with 90% of refugee family members (n=52) and 97% of host community family members (n=188) reportedly accessing the needed care. Despite the high reported access, when asked to indicate their top 3 needs, 73% of refugee respondents identified health as a priority need for their HHs. However, only 34% of refugee HHs mentioned they needed general medical care and 5% emergency care when asked about needed services. Possible explanations for this could be related to respondents anticipating needs but warranting further exploration of the topic.

Reported barriers for both refugee (n=5) and host community members (n=5) with family members unable to access healthcare included the lack of specific medicine and the cost of consultations. Distance to medical facilities emerged as a significant barrier for refugees in FGDs, as some noted certain services were only available in larger cities like Chisinau. Refugee FGD participants also expressed concerns about potential loss of access to medical care, noting inquiries by doctors about their TP status. Additionally, service providers identified language as a primary barrier and also emphasized the need for additional staff for the sector.

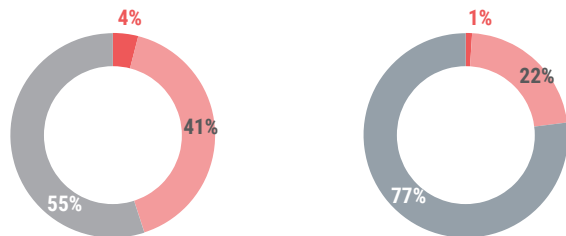
Survey findings also reveal a significant information barrier, as about half (52%) of the refugee HHs indicated that they knew where and how to access general medical care services, and only 16% emergency care. Additionally, no HHs noted they knew how to access reproductive, maternal or newborn health or psychological or mental care services. This information gap may be partly explained by the lack of available healthcare facilities in some of the assessed locations.³²

Most host community respondents in both the survey and FGDs, as well as service providers did not observe a negative impact of the influx of refugees on healthcare access. Some noted increased access for refugees, citing access to more free services or priority access to emergency care. This aligns with reports from certain community members in FGDs and may contribute to the perceived decrease in access reported by survey respondents.

-  **84%** of refugee HHs did not know where or how to access **emergency care**
-  **48%** of refugee HHs did not know where or how to access **general medical care**
-  **32%** of refugee HHs did not know where or how to access **pharmacies**

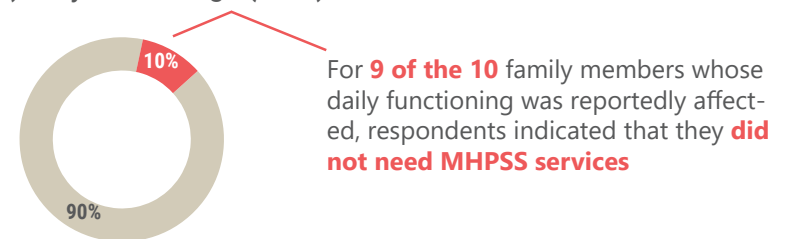
Access to healthcare in the 3 months prior to survey (by % of individual members in surveyed HHs)

Refugee HH members (n=115) Host community members (n=797)



- Needed but could not access healthcare
- Needed and could access healthcare
- Did not need access to healthcare

Impact of emotional state on refugee family members' (aged 6 years old or above) daily functioning³³ (n=99)



For **9 of the 10** family members whose daily functioning was reportedly affected, respondents indicated that they **did not need MHPSS services**

- Emotional state does not affect daily functioning
- Emotional state affects daily functioning

LIVELIHOODS

Findings highlight shares of both communities as economically vulnerable, with refugee HHs particularly so and highly reliant of humanitarian financial support. Most refugee respondents (86%) indicated they had no active income, while all HHs noted cash assistance from United Nations (UN) agencies, non-governmental organisations (NGOs) or civil society organisations (CSOs) as one of their main sources of income.

Despite all respondent groups in the qualitative interviews indicating that employment was available, 87% of refugee HH members aged between 18-64 years old (n=61) were reported to be unemployed. Additionally, 40% of the unemployed HH members (n=52) were reportedly looking for employment, indicating the need for further exploration of the inclusion of refugees in the workforce. Other reasons for unemployment indicated were HH members needed to care for children (19%), were retired (15%) or had access only to jobs they considered low-skilled, degrading or low-pay (13%).³⁴ In contrast, service providers across sectors highlighted the language and the required sector-specific qualifications as potential barriers to employment for refugees. The 8 refugee HH members reportedly working, were employed in hospitality, wholesale, manufacturing, agriculture, or the business sector.

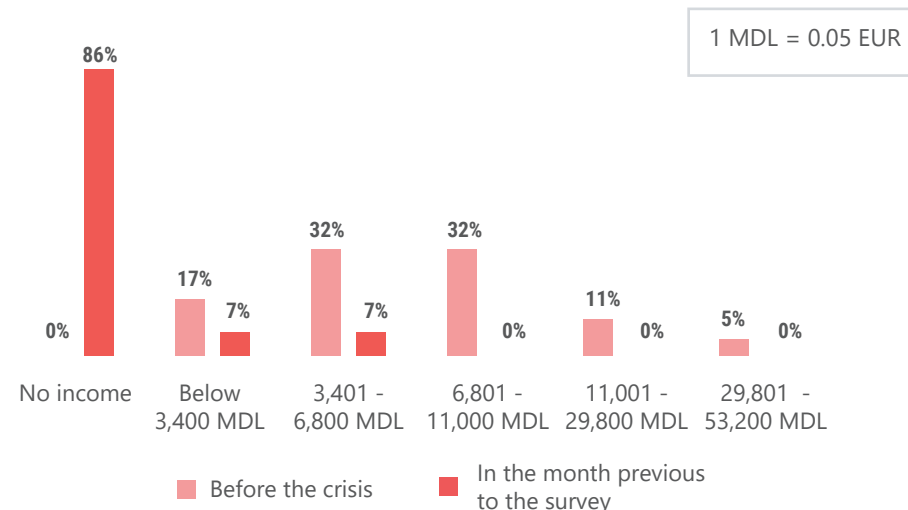
In contrast to refugee HHs, over half (62%) of host community HHs reported formal income as one of their main sources of income, followed by pension (27%), informal income (11%) and support from local friends or relatives (10%),³⁵ with little variation between HHs in the urban area and those in the rural areas. Host community members largely had access to stable employment, as most (71%) adult HH members below 64 years old (n=516) were also reported to be working, and of those working the large majority (83%) reportedly had permanent employment. Gender was noted to influence employment, with men more likely to be employed (81% of n=248) compared to women (62% of n=268). Despite the more positive results compared to refugee HHs, the unemployment rate (27%) among host HH member between 20-64 years old (n=504) was over 4 times higher than the national average (6%) for the same age

Top reported sources of income for refugee HHs (n=44)³⁷

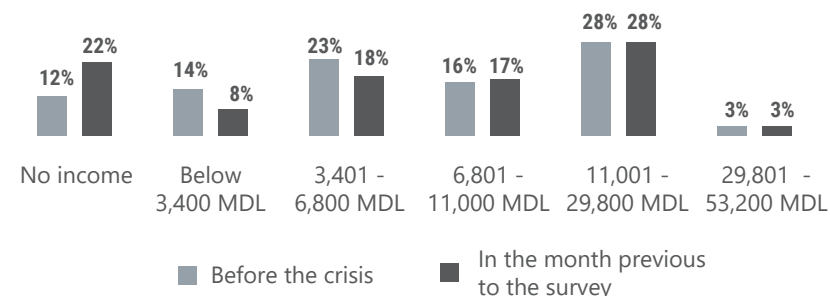
1	Cash assistance	100%
2	Pension	30%
3	Savings	11%

group.³⁶ Among those between 18-64 years old who were unemployed, 18% were reportedly looking for a job, and 17% did not seek employment, 16% were indicated to be caring for children, 19% were retired, and 14% students.

Average monthly income of refugee families (n=44)



Average monthly income of host families (n=315)



AGRICULTURE

Findings highlight that small-hold farmers have been greatly impacted by the energy crisis and natural hazards, and face significant difficulties in accessing support.

Aligning with the findings of increased risk and occurrence of hazards highlighted by the Anenii Noi Area based risk assessment (ABRA)³⁸, farmers reported experiencing drought, flooding and changes in temperature, particularly since 2020. They explained that these caused significant financial losses as they affected crop yield, with some farmers reporting that they had lost full crops. The shortage of fuel caused by the war, as well as the disruption of the pre-war Ukrainian production and export routes were also highlighted to have significantly raised the production costs while lowering the market price for both cereals and corn. The farmers explained this often forced them to sell their crops at a loss, or to store them for a prolonged time with the expectation that the market price would rise.

Local authorities in two of the assessed locations described taking diverse preventive and remedial measures. Among protective measures, they explained they had organised trainings for community members on responses to disaster situations and the correct use of fire, acquired specialized equipment and cleaned illegal waste. Both also mentioned they had organised replanting campaigns and regularly checked or maintained the quality of water. Despite this, 7% of refugee and 21% host community

Moldovan farmers' advocacy and protests

Starting June 2023, the Forta Fermierilor [translated: the Strength of Farmers] Association has organized a series of protests requesting a series of protective and reparatory measures for micro, small, and medium-sized farmers.^{39 40} The main requests include calls for financial compensation following the 2022 drought, the allocation of increased funding for agriculture, the exemption from bank penalties, as well as the restriction of Ukrainian imports of cereal.⁴¹ Previously, the association had requested the government to ban the sale of Ukrainian grains and oilseeds, following the adoption of such a policy by the European Commission for several EU states in May 2023,⁴² however the Moldovan government refused after the Ukrainian government threatened to ban all Moldovan exports.⁴³ As of 15 September, the European Commission decided to remove the ban, providing that Ukraine controls its exports to prevent causing market distortions in neighbouring EU states.⁴⁴

HHs noted that water was not safe for consumption. While most refugee HHs considered the water was safe to drink, 75% indicated it did not taste good, and 50% that the water did not smell good, emphasizing the poor quality of local water.

While all farmers described some forms of financial or technical support being available, they also explained that they faced difficulties in accessing this support due to limiting program conditions. Two farmers mentioned that the requirements of the programs of international NGOs were either difficult to fulfill by small-hold farms or did not match the bank loan requirements which they would need in order to be able to access the program. Requirements for bank loans were themselves highlighted as difficult to fulfill also due to their conditions, with one farmer explaining they had to use their properties and those of their parents as guarantee, placing them at significant financial risk.

Governmental subsidies were noted to be available by both farmers and local authorities, and most farmers explained they had themselves applied for them. Some however noted that it was not enough to cover the financial losses they had incurred, and that often the damages had not been correctly assessed or that the payment was delayed. Some of the farmers also described the high cost of the application, as well as the often changing legal requirements as barriers to applying for subsidies.

The lack of workforce was another challenge mentioned by the farmers, with one explaining that while they currently didn't face this issue, they would if the farm would expand. Additionally, three of the farmers highlighting the creation of an agricultural cooperative as a main need.



NEEDS AND HUMANITARIAN ASSISTANCE

Refugee respondents revealed distinct needs in qualitative and quantitative interviews. While most participants in FGDs claimed no needs, all surveyed HHS cited both priority and service-related needs, with financial assistance, food aid, and healthcare access being the most commonly reported. The higher prevalence of these as priority needs might stem from answer limitations,⁴⁸ and considering the high reported service access, the priority needs responses may be anticipatory, rather than describe needs at the time of the survey. Further, as previously explored in the livelihoods section, most refugees HHS were highly reliant on aid and lack an active source of income, potentially explaining the high share of reported needs despite high service access. Positively, the most received types of aid mirror the top reported needs, indicating that the humanitarian response is appropriate. Additionally, all surveyed refugee HHS mentioned they had received humanitarian aid, slightly exceeding MSNA indications (97%).⁴⁹

The refugee participants in FGDs who did express they had needs, explained these referred to support with the cost or state of utilities, heating, or medicine. While support with heating was not among the possible needs included in the survey, about a quarter of both refugee (23%) and host community (26%) HHS reported they did not have enough fuel to heat their home in the past cold season, suggesting a potential gap. Organisations from the non-governmental sector were indicated to be the main sources of aid, with few HHS reporting receiving aid from local authorities or private organisations. Despite this, most service providers from public institutions reported their services were largely addressing the needs of refugees.

100% of surveyed refugee households reported they received humanitarian aid in 2023

Top reported **priority needs** of refugee HHS (n=44)^{45 46}



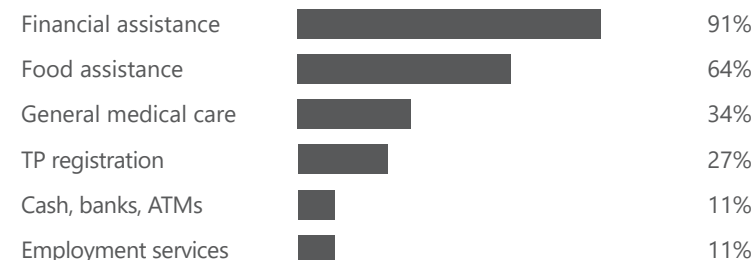
Most **received types of aid** by refugee HHS (n=44)⁵⁰

1	Cash	98%
1	NFI	98%
2	Food	75%
3	Vouchers	21%

Top **sources of humanitarian aid** for refugee HHS (n=44)⁵¹

1	UN Agencies	98%
2	Faith-based organisations	66%
3	International NGOs	55%
4	Local authorities	9%
5	Private organisations	2%

Top reported **needed services** of refugee HHS (n=44)⁴⁷



ACCESS TO INFORMATION

Findings suggest a gap of awareness of services, despite most refugee HHs indicating they were well informed. Most refugee respondents (86%) mentioned their HHs were well-informed about the humanitarian aid and services that were available and indicated social media and informal community connections as their main sources of information. However, when asked to indicate which services their HH knew how to access, the level of reported awareness was low for many of the services included: 0% for MHPSS, reproductive health services, CP services, GBV services, 2% for employment services. The services that refugee HHs were most aware of were food assistance (91%), financial assistance (84%) and pharmacies (68%).

The HHs that indicated they did not consider their families well-informed (n=4) explained the main barriers were related to the sources of information, or the poor quality of information. The top priority information needs expressed by these HHs (n=4) related to access to financial assistance and to health care, mirroring the main needs reported.

Top reported sources of information for refugee HHs (n=44)⁵²

1	Social media	73%
2	Local leaders	55%
3	Relatives, neighbours, friends	34%
4	Text messages (SMS)	7%
5	Community meetings	5%

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).

ENDNOTES

- 1 The survey distinguished between household and family. Household was defined as all individuals living together in a housing unit which included both Moldovan individuals and refugee individuals who travelled to Moldova since the escalation of hostilities on 24 February 2022. Family was defined as a group of individuals who are related and acquaintances who habitually lived together. The refugee family was described to refer to all individuals who travelled together from Ukraine to Moldova and lived together.
- 2 Due to the small size of the sample, subsets below 30 households or respondents will be reported as numbers rather than percentages of the total, to prevent misleading interpretations of the data.
- 3 [REACH, Anenii Noi ABA - DSAG](#)
- 4 All members of the household for whom respondents indicated they had a lot of difficulty or were not able to do a certain activities, based on the WG Short Set on Functioning Questions.
- 5 All members of the household for whom respondents indicated they had a lot of difficulty or were not able to do a certain activities, based on the WG Short Set on Functioning Questions.
- 6 [Biroul National de Statistica al Republicii Moldova, Rezultatele Recensământului Populației și al Locuitorilor 2014](#)
- 7 Respondents could select multiple answer options.
- 8 Respondents could select multiple answer options.
- 9 The total may exceed 100% due to rounding up.
- 10 Respondents could select multiple answer options.
- 11 UNCHR, Temporary Protection Update No. 4, 28 November 2023 (unpublished as of 10 Dec. 2023)
- 12 [European Commission, Temporary protection](#). Accessed in Nov. 2023
- 13 [UNHCR, Help, Temporary Protection in Moldova](#). Accessed in Nov. 2023.
- 14 UNCHR, Temporary Protection Update No. 4, 28 November 2023 (unpublished as of 10 Dec. 2023)
- 15 Respondents could select multiple answer options.
- 16 Respondents could select multiple answer options.
- 17 [REACH, Moldova: Multi-Sector Needs Assessment \(MSNA\) - Key findings](#). September 2022
- 18 [Consiliul Raional Anenii Noi, Population](#).
- 19 [REACH, Moldova: Multi-Sector Needs Assessment \(MSNA\) - Key findings](#). September 2022
- 20 [IMPACT, Experiences, needs and aspirations of children and caregivers displaced from Ukraine](#). September 2023.
- 21 UNCHR, Temporary Protection Update No. 4, 28 November 2023 (unpublished as of 10 Dec. 2023)
- 22 [REACH, Moldova: Multi-Sector Needs Assessment \(MSNA\) - Key findings](#). September 2022
- 23 Respondents could select multiple answer options.
- 24 Respondents could select multiple answer options. If selecting 'none', other options could not be selected simultaneously.
- 25 According to unpublished information received from the Ministry of Education, 21 pupils were formally enrolled in schools in Anenii Noi as of September 2023.
- 26 The Russian-language educational institution in Anenii Noi is the 'A. Puskin' High-school, which offers classes I - XII in Russian, according to unpublished information received from the Ministry of Education. For other available educational options in the locality, please consult the [Anenii Noi education and health facilities map](#).
- 27 According to unpublished information received from the Ministry of Education,
- 28 [REACH, Learning Beyond Borders](#). September 2023.
- 29 [WHO, Health service needs and access for refugees from Ukraine](#). May 2023
- 30 Respondents were asked if refugee family members were so upset, anxious, and/or depressed that it prevented their daily functioning, e.g. had trouble getting out of bed, caring for self or others or doing daily household activities such as cooking or cleaning.
- 31 [IMPACT, Experiences, needs and aspirations of children and caregivers displaced from Ukraine](#). September 2023.
- 32 For an overview of the healthcare and educational facilities available in each location, please consult the respective maps, available on [the REACH Resource Center](#).
- 33 Respondents were asked if refugee family members were so upset, anxious, and/or depressed that it prevented their daily functioning, e.g. had trouble getting out of bed, caring for self or others or doing daily household activities such as cooking or cleaning.
- 34 Respondents could select multiple answer options.
- 35 Respondents could select multiple answer options.
- 36 [Biroul National de Statistica al Republicii Moldova, Forta de munca in Republica Moldova: ocuparea si somajul in trimestrul I 2023](#). Accessed in Dec. 2023.
- 37 Respondents could select multiple answer options.
- 38 [REACH, Area-based risk assessment - Anenii Noi Raion](#). September 2023
- 39 [Radio Europa Libera Moldova, Fermierii suspendă protestele, dar înaintează noi revendicări](#). 28 June 2023
- 40 [Radio Europa Libera Moldova, Fermierii își intensifică protestul în Chișinău, cerând un moratoriu la plata creditelor](#). 5 December 2023
- 41 [TVR Moldova, Fermierii din Republica Moldova amenință, din nou, cu proteste de amploare](#). 15 November 2023.
- 42 [European Commission, Commission adopts exceptional and temporary preventive measures on limited imports from Ukraine](#). 2 May 2023
- 43 [Radio Europa Libera Moldova, Fermierii iau o pauză de la proteste și revin la masa de negocieri cu Guvernul](#). 9 June 2023
- 44 [European Commission, Following the expiry of the restrictive measures on Ukrainian exports of grain and other foodstuff to the EU, Ukraine agrees to introduce measures to avoid a renewed surge in EU imports](#). 15 September 2023
- 45 Respondents could select multiple answer options.
- 46 Respondents could select up to three answer options.
- 47 Respondents could select multiple answer options.
- 48 Respondents could select up to three answer options.
- 49 [REACH, Moldova: Multi-Sector Needs Assessment \(MSNA\) - Key findings](#). September 2022
- 50 Respondents could select multiple answer options.
- 51 Respondents could select multiple answer options.
- 52 Respondents could select multiple answer options.