



Photo credit: UN Women Moldova

GENDER, AGE AND DISABILITY ANALYSIS OF THE 2023 MULTI-SECTORAL NEEDS ASSESSMENT (MSNA) IN MOLDOVA

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Regional Refugee Response
for the Ukraine Situation



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UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

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Author: Galit Wolfensohn

Editors: Evghenia Hiora, Sabine Ebner

Design: Cristina Cazanji

ACRONYMS

FHoHH	Female Head of Household ¹
GBV	Gender-based Violence
HH	Household ²
MHoHH	Male Head of Household ³
MSNA	Multi-Sector Needs Assessment
NFI	Non-food Items
PSEA	Prevention of Sexual Exploitation and Abuse
PwD	Persons with Disabilities
RAC	Refugee Accommodation Center
SRHS	Sexual and Reproductive Health Services

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- ¹ In the MSNA report, the “head of household” is defined as the main decision maker in the household; in certain households, this responsibility can be shared between two people (co-headed household). In the case of female headed households, the main decision maker is female.
 - ² A “household” is defined as 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).”
 - ³ In the MSNA report, the “head of household” is defined as the main decision maker in the household; in certain households, this responsibility can be shared between two people (co-headed household). In the case of male headed households, the main decision maker is male.

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CONTEXT AND RATIONALE

Over two years since the escalation of the conflict in Ukraine, the needs of refugee households displaced from Ukraine to Moldova have evolved, in line with the length of their displacement, dwindling resources and a greater need for reintegration support. In mid-2023, a Multi-Sector Needs Assessment (MSNA) was launched in Moldova to provide up-to-date multi-sectoral data about the needs and coping capacities of these households to inform the 2024 Ukraine Situation Regional Refugee Response Plan (RRP). The MSNA looks at the household composition of refugees, including key demographics; the priority needs of refugee households pertaining to different sectors; the coping capacity and vulnerability/resilience; and identifies household profiles with the most critical needs.

To further assess how needs, coping capacity, and resilience differs for women, men, people with disabilities, and people of different age groups, UN Women conducted a targeted analysis of needs along gender and inclusion lines based on the REACH 2023 MSNA data. Given that the MSNA uses a household-level unit of analysis for most indicators, UN Women examined differences between households with female and male respondents⁴, male- and female-headed households with and without children⁵, households with or without a person with a disability, households based in different regions of Moldova, and respondents of different age groups, in order to assess whether these groups experience more severe needs or increased barriers to assistance.

4 For household level questions, female and male respondents were responding to the needs of their households, rather than their individual needs.

5 In the MSNA, this category is referred to as Female/Male Head of Household (HoHH) with or without children, which refers to a household where there is only one main decision maker.

6 Specifically they generally reported a greater proportion of needs as compared to male respondents, households with no people with disabilities, male-headed households with and without children, and female-headed households without children.

SUMMARY OF KEY FINDINGS

Overall findings show that when asked about the needs of their households, respondents often reported similar types of needs across age, gender, ability, and household composition. However, female respondents, female-headed households with children, and households with at least one person with a disability often reported more needs for their households than other groups.⁶ Regional differences were also observed, with reported needs often greater in the south of Moldova as compared to the capital and other regions.

Livelihoods/Employment

- Findings suggest that gender disparities exist in **employment**, with a slightly higher proportion of women unemployed as compared to men among household members within the labor force. Unemployment status notably varied by region and gender, with the proportion of unemployed females in the center, north and south of Moldova slightly higher than for males in those regions. Gender differences were also evident with regards to sources of income, with fewer female respondents reportedly receiving employment income as compared to male respondents (35.3% female as compared to 42.1% male). Among female- and male-headed households with children the disparities were greater (32.4% female as compared to 47.9% male). **This suggests a gender employment gap which warrants further analysis, especially as female-targeted livelihood and employment**

programs comprised a large part of the initial refugee response.

- Disparities in employment were also evident among people with disabilities among household members within the labor force, with 19.7% of household members (aged 16-64) with a disability unemployed, compared to 7.1% without a disability. **This suggests that livelihood and employment programs need to provide more targeted support for people with disabilities based on an analysis of their needs, priorities and capacities.**
- When asked about **difficulties finding work**, fewer females had no difficulties finding work (44.7%) as compared to males (60.9%), suggesting that males were 15% more likely to find work than females. Among female- and male-headed households, a little under half of female-headed households with and without children said they had no difficulties finding work (48.1% and 42.1% respectively), while among male-headed households with children far fewer (39.9%) said they had no difficulties finding work as compared to male-headed households with no children (59.3%). A smaller proportion of people with disabilities had no difficulty finding work (38.6%) compared to people without disabilities (49.3%). Among different age groups, the smallest proportion of people with no difficulty finding work were aged 60-69 (35.9%, as compared to 46.5% to 50.8% of age groups 18-59). The top two reasons respondents gave for difficulties finding work were due to not actively looking for work and lack of knowledge of local languages. These top two priorities were consistent across age, gender and household type, although the proportions varied across different categories.
- The top three sources of **household income** reported by both female and male respondents were “other sources” (81% female and 72.5%

male respondents), employment income (35.3% female and 42.1% male), and pension from Ukraine (20.5% female and 31.3% male), with a greater proportion of male respondents reporting household income from employment and pensions, and a greater proportion of female respondents reporting household income from “other sources.” **The substantial proportion of households’ reliance on “other sources” of income across household types merits further analysis to better assess household vulnerability, given that the category includes a combination of humanitarian assistance, passive income, loans, and family support.**

- A higher proportion (up to 29% more) of male- and female-headed households with children relied on income from “other sources”⁷ and on employment in Moldova⁸ as compared to male- and female-headed households with no children.⁹ Conversely, a higher proportion (up to 30% more) of male- and female-headed households with no children relied on income sources from pensions from Ukraine and social protection benefits from Moldova. **This suggests that more than one third of male- or female-headed households with no children are older people who may require targeted programming and support.**
- Over twice the proportion of households with at least one **person with a disability** relied on a pension from the Ukraine government as compared to households with no **persons with a disability** (44.7% compared to 19% respectively), while households with no persons with a disability had over 10% more sources of income from employment as compared to households with person with a disability (38% compared to 27.5% respectively). **Further research may be required to assess the level of socio-economic vulnerability of households with at least one person with a disability and design measures to strengthen socio-economic resilience accordingly.**

7 92.2% male and 87.7% female.

8 47.9% male and 32.4% female. Among female- and male-headed households with children, a higher percentage of male-headed households with children reportedly receive employment income (47.9%) compared to female-headed households with children (32.4%). However given the small sample size of male-headed households with children (11), such statistics can be misleading.

9 Households with 63% male and 74% female respondents received income from other sources, while 30.2% male and 19.7% female received income from employment.

Socio-economic security

- Financial strains affected a large proportion of households. More than half of households with female respondents reported that they **relied on savings due to lack of resources to cover basic needs** about 11% higher than households with male respondents, (70.4% female compared to 59% of male), with households of females and male respondents in Chisinau most affected (75.1% and 68.9% respectively) compared to other regions.¹⁰ Almost 20% more female-headed households with and without children (75.2% and 71.2%), as well as male-headed households with children (73.4%) relied on savings to cover basic needs as compared to male-headed households without children (53.2%). While financial strains were seen across all households, greater disparities could be seen in the north of Moldova, where 65.4% of households with at least one **person with a disability** relied on savings, as compared 53.9% of households with no **persons with disabilities**. No significant disparities in financial constraints could be seen among households with respondents from **different age groups**.
- A higher proportion of households with at least one **person with a disability reduced health expenditures as a coping strategy** as compared to households with no person with a disability (19.8% as compared to 4.9% respectively), with the highest proportion among households with at least one person with a disability in the center and south of the country (27.3% and 25% respectively). A higher proportion of households of older respondents aged 60-69 years in the center and north (15% and 21.1% respectively), and aged 70-79 years in the south (20%) reported reducing health consumption to survive as compared to households of respondents from other age groups. **This suggests a higher vulnerability among people with disabilities and older persons to financial constraints, which has a direct impact on their health, particularly outside the capital in some of the regions. Targeted health programs may be needed to ensure these households don't fall through the cracks.**
- When asked about the **top three socio-economic needs of their households**, respondents identified humanitarian financial assistance (54.6% female and 50.6% male respondents), health services (44.2% female and 47.4% male respondents), and host government financial assistance (32% female and 41.1% male respondents), with no notable difference among households based on the gender of respondents. **The large reliance of households on external financial assistance from both government and the humanitarian community suggests that greater effort is needed to promote sustainable socio-economic independence across all households.**
 - » Both male- and female-headed households with children reported a higher proportion of socio-economic support needs for education (up to 30% higher) and housing accommodation (up to 25% higher) compared to male- and female-headed households with no children. While there were some gender differences between the socio-economic support needs of female- and male-headed households both with and without children, the small sample size of male-headed households makes it difficult to extrapolate.¹¹ **A larger sample size of male-headed households would be required for a more thorough analysis.**
 - » Households with at least one person with a disability reported a proportionally higher need for health services, financial assistance from the humanitarian community, and financial assistance from the host government (61.4%, 65.7%, and 43.6% respectively)

¹⁰ This question was "In the last 30 days, did your household spend savings due to a lack of resources to cover basic needs". Compared to HH in the center (55.2% female and 48.5% male), in the north (61.1% female and 43.3% male), in the south 66.4% female and 48.3% male).

¹¹ For example, male-headed households with children had a higher proportion of socio-economic support needs than female-headed households with children across almost all indicators, except for employment assistance. And male-headed households with no children had a slightly higher proportion of socio-economic support needs than female-headed households with no children across 4 key indicators, except for humanitarian financial assistance.

as compared to households with no person with a disability (42.1%, 52% and 32.2% respectively) **suggesting they are more economically vulnerable and may require targeted socio-economic support.**

Health care

- A large proportion of individuals reported **having access to health care services** (89.1% female compared to 92% male respondents) with no notable gender differences. Among individuals not accessing health care, the highest proportion were among female respondents in the south (13.1%). Difficulties accessing healthcare were largely attributed to the unavailability of services or medication, with a slightly higher proportion reported by female respondents (19.3% compared to 15.1% for male respondents); a lack of knowledge of how to access services, with a notably higher proportion reported by male **respondents** (50.5% compared to 13.9% of female respondents) suggesting that **information about health services should more strategically target men**; and financial constraints with a higher proportion of female and male respondents affected depending on the type of financial constraint.
- On average, there was no notable difference regarding access to healthcare among **people with disabilities** compared to people with no disabilities, however regional differences were most notable, with the largest proportion of people with disabilities lacking access to healthcare in the center and south of Moldova (14.3% and 16.7% respectively, as compared to to 9.8% average), possibly indicating fewer specialized healthcare services in those regions.¹² For people with disabilities, barriers to accessing health care included financial constraints (unaffordability of primary clinic

fees) and unavailability of services or medication. **Targeted programs to reduce barriers to health care for people with disabilities (financial and accessibility) should be developed.**

- The majority of respondents (98% female and 92.3% male) reported that no females in their households had any problems **accessing sexual and reproductive health services (SRHS)**¹³. Among the small proportion of households reporting problems accessing SRHS, the largest were reported by respondents aged 60-69 years (8.3%), followed by 50-59 years (4.4%) and 18-34 years (2.5%). Both female- and male-headed households with children reported that females in their household faced some access barriers (2.9% female and 10.3% male respondents¹⁴) as compared to female- and male-headed households without children which reported no problems with access (0% female and 0% male respondents). No notable differences in SRHS access were reported by households with and without **persons with disabilities** (1.4% and 1.9% respectively).

Temporary Protection

- The majority of respondents noted that persons in their household applied for **temporary protection**, with a higher proportion of households in Chisinau applying (over 90%) as compared to other regions (from 79% to 89%), but with no notable gender distinctions. Female and male-headed households with children (88.2% and 88.6%) and female- and male-headed households without children (87.4% and 85.4%) had similar rates of applying for temporary protection as the national average. Among households which did not apply for temporary protection, a higher proportion was reported by female- and male-headed households with no children (12.4% and 11.8% respectively, as compared to

12 However, the sample size from PWD in the south was 18 persons and in the center 14 persons, which may explain a high percentage as it is a low number to compute.

13 Kobo question: Has any female member of the household reported any problem in accessing sexual and reproductive health services? 1.7% of females and 3 % of male respondents reported that females did face problems accessing SRHS, and 4.8% of males did not know.

14 The higher percentage of male respondents reporting these barriers may be linked to the barriers reported by male respondents to healthcare more broadly, namely lack of information.

9% female-headed households and 7.2% male-headed households with children). Households with and without at least one person with a disability had similar rates of applying for temporary protection (89.3% compared to 83.3%) as the overall average.

- The main **reasons for households not applying for temporary protection** included a desire to return to Ukraine (reported by a higher proportion of female respondents), and the desire to settle in a third country (reported by a higher proportion of male respondents.)

Protection and Gender-based violence

- The majority of respondents reported **feeling safe or fairly safe walking alone in their area after dark**, with no major gender disparities (95.2% female and 96.7% male respondents). Among the small percentage of people who reported feeling a bit unsafe, the highest proportion were persons aged 80+ (19.1%, up to 18% higher than other age groups), and households with at least one person with a disability (7.9%, almost 5% higher than households with no persons with a disability).
- When asked about the **main safety and security concerns facing men, women, girls and boys in their area** respondents felt that both men and women were at high risk of being robbed and threatened with violence, while women faced higher risks of physical and verbal harassment and discrimination as compared to men, and men faced higher risks of deportation, detention, and confiscation of identity documents as compared to women.¹⁵ According to respondents, the top security risks faced by

children under 18 were similar for boys and girls who were at risk of psychological and physical violence in the community, vulnerability to violence online, and worsening mental health.¹⁶ Households with people with disabilities reported that boys and girls would face more protection risks than did households without people with disabilities. **Further analysis is required to understand whether the perceived risks are based on actual threats or protection incidents and to ensure appropriate prevention and protection measures are put in place.**

- The majority of respondents were **aware of gender-based violence (GBV) services**, with a slightly higher proportion of female respondents being aware of a range of services as compared to male respondents.¹⁷ Reasons for not seeking GBV support services were similar among female and male respondents, however a higher proportion of females reported being worried about stigma and shame.¹⁸ **This may be explained by the (global) tendency to victim shame female GBV survivors.**

Priority needs

- When asked about the **top three priority needs of their households**, both female and male respondents listed health care, winter clothes, and food and drinking water, with no notable differences between households based on the gender of respondents.
 - » A higher proportion of households with female respondents prioritized the need for employment/livelihood and education for children under age 18 years (22.1% and 11.2% respectively) compared to households of male

15 The perceived risk is different from the actual risk as in Moldova men of all ages are eligible to apply for temporary protection and asylum.

16 Less than 3% of respondents felt risks faced by girls included increased risk of sexual violence, trafficking and early marriage.

17 Awareness of existing GBV services by gender of respondent included:
 security services (police, safe shelters) (93.8% female respondents as compared to 92.2% male respondents),
 health services (93% female as compared to 90% male),
 helpline services (79.1% females as compared to 67.7% male),
 legal assistance (75.7% female as compared to 61.7% male), and
 psychosocial support services (75.8% female as compared to 67.4% male).

18 A higher proportion of females reported fear of retaliation (56.1% female compared to 50.1% male), stigma and shame (52.1% female compared to 34.4% male), and lack of trust in host country services (12.8% female compared to 8.4% male); and a higher proportion of males reporting lack of awareness (18.2% male compared to 16.7% female). The biggest gender gap was in the area of “stigma and shame” which was reported by 52% of female respondents compared to 34.4% of male respondents.

respondents (14.1% and 5.6% respectively), **suggesting there may be a gender gap in employment.** Conversely, a higher proportion of households with male respondents prioritized the need for information on how to access services (6%) compared to households of female respondents (1.8%) **suggesting that information about services is not sufficiently reaching men.**¹⁹

- » A higher proportion of households with people with disabilities prioritized the need for healthcare and medicine than households with no people with disabilities, as did a higher proportion of respondents aged 50 and above. **This suggests a higher need by households with people with disabilities and older people for medical and health care, and related challenges in covering the costs (see Health section).**
- » A higher proportion of male- and female-headed households with no children prioritized the need for food, medicine, healthcare, sanitation and hygiene and accommodation, as compared to male- and female-headed households with children. Furthermore, a higher proportion (up to 30%) of male- and female-headed households with no children relied on income sources from pension from Ukraine and social protection benefits from Moldova, as compared to male- and female-headed households with children. **This suggests that many female- and male-headed households with no children may be older persons who have a greater need for**

health care, medicine, and targeted socio-economic support. Further analysis is needed to better understand the intersectional profile of female- and male-headed households with no children with a focus on age and ability.

- When asked about the **availability of resources (humanitarian assistance)** in their households, answers were similar for households of male and female respondents, however there were regional differences, with a lower percentage of households in the south receiving humanitarian assistance.²⁰ A higher proportion of households with female respondents reported that their household received unconditional cash transfers as compared to households with male respondents²¹. A higher percentage of female-headed households with children reported receiving aid compared to male-headed households with children,²² and a higher proportion of households with people with disabilities reported receiving aid as compared to households with no people with disabilities.²³ **Further analysis is required to clarify the reason behind the differences among households with male and female respondents.**

19 While the question of priority needs is at the household rather than the individual level, some gender differences may exist due to: 1. the fact that some of these households are female- or male-headed means gender plays a prominent role and has an impact on the aggregated results, and; 2. even in mixed gender households the answers of respondents about household needs may be shaped by their individual positionality (including gender) which thus influences their perceptions of needs and priorities.

20 33.6% female and 37.5% male respondents in south received Food distribution; 56.2% female and 45.8% male respondents in south received NFI distributions

21 Including 65.2% females compared to 35.7% male respondents in the center and 82.3% of females compared to 63.9% of male respondents in Chisinau.

22 Female-headed households with children reported receiving slightly more aid than male-headed households with children (including 77.5% for unconditional cash transfers as compared to 56% for male headed households with children; and 80.5% NFI distribution as compared to 69.8% of male headed households with children). Male- and female-headed households with no children reported receiving a greater amount of food distribution as compared to their counterparts with children.

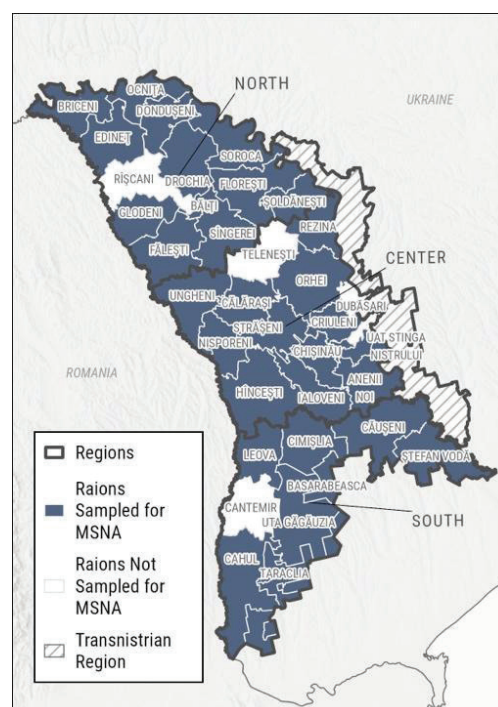
23 Households with people with disabilities reported receiving slightly more aid than households with no people with disabilities (4.6% households with people with disabilities received government supported housing as compared to 0.5% of households without people with disabilities; and 70.3% of households with people with disabilities received food distribution compared to 60.7% of households without people with disabilities).

METHODOLOGY²⁴

POPULATION OF INTEREST	Refugee households (HHs) displaced from Ukraine to Moldova following the escalation of hostilities in February 2022 (including third-country nationals), regardless of the type of accommodation in which they reside.
GEOGRAPHIC COVERAGE	National coverage, excluding the Transnistrian region.
DESIGN	Household surveys with individual-level sections.
DATA COLLECTION	From 14/8 to 10/9 by enumerators from REACH Initiative.
SAMPLE SIZE	The MSNA was carried out with 890 households covering 2130 household members. Among the 890 respondents, 81% were women, 19% were men. The largest age group of respondents was 35-59 years (54%) followed by 60+ (24%) and 18-34 (22%). Out of the total households, 14% had at least one person with a disability. Almost all respondents have Ukrainian citizenship and self-identified as of Ukrainian background.

The MSNA methodology involved a non-probability purposive sampling approach, constructed based on cross-referenced population figures from the UNHCR Cash Programme beneficiary list, the REACH area monitoring exercise and the list of the Moldovan population published in 2019.²⁵ Household surveys were distributed based on regional stratification, rural and urban quotas, and proportionality to the estimated distribution of the refugee population. Findings are weighted.

For this gender analysis, UN Women reviewed the 2023 MSNA data and extracted information based on the gender and region of respondents, age, as well as on household composition with a focus on male- and female-headed households with and without children, and households with or without at least one person with a disability.²⁶



24 Source: Multi-Sector Needs Assessment (MSNA) – 2023 ; Moldova (the Republic of), 2023 <https://microdata.unhcr.org/index.php/catalog/1038> MSNA

25 The settlements with less than 15 refugee HHs were excluded from the sampling frame. Three-level hierarchical administrative framework: regions (North, Centre, South, Chișinău), raions (35 raions), and settlements (around 900 settlements).

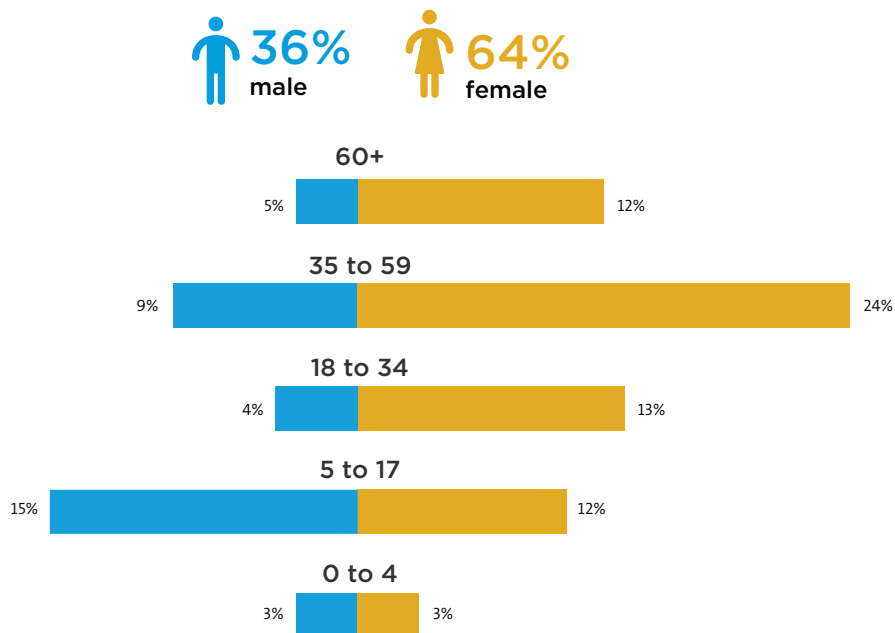
26 Regarding questions on the general household level, the gender of respondents does not necessarily inform a gender analysis - however given the subjectivity of the some questions, when there were notable differences among female and male respondents these were flagged and interpreted accordingly..

Limitations

- Because the MSNA is a broad assessment aimed at capturing overall needs at the household level, it may **not have captured intra-household dynamics**, such as those that may exist between men, women, boys, and girls within an individual household.
- **Representativeness:** Due to the unavailability of comprehensive refugee population figures and the adopted sampling framework, 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, enumerators frequently visited places where refugees typically gather to identify potential respondents. Moreover, at times, they sought aid from local authorities to reach respondents. This approach could have introduced a selection bias.
- **Kobo tool:** Due to a Kobo tool construction error, questions pertaining to MHPSS were inadvertently omitted for individuals under the age of 18.
- **Sensitivity:** Certain sensitive topics (income, mental health, protection, GBV, etc.) may have been underreported by the respondents.
- **Cleaning:** Modifications during the cleaning process sometimes resulted in discrepancies or missing values, impacting the completeness of the dataset for specific subsets. Therefore, in certain cases, the total number of responses obtained may not match the subsets being considered. When relevant, the sizes of specific subsets are provided.
- **Respondent fatigue:** As a result of the relatively long survey, some respondents hurried through the questions, potentially leading to misinterpretations of questions, inaccurate responses, or errors in data input through the Kobo tool.

DEMOGRAPHICS²⁷

Household Members by age group and gender



Household composition

Within the sample of households (HHs) assessed in the MSNA:

- **2.36** Average HH size ²⁸
- **2,130** HH members including 64% female and 36% male
- **32%** of HHs have at least one older person (60+)
- **17%** of the population surveyed are older refugees (aged 60 and above)
- **4%** of HHs have pregnant or breastfeeding women
- **54%** of HHs have at least one child (under 18 of age)
- **33%** of HH have a chronically ill member
- **37%** of HH with children have two or more adults (18-59)
- **6%** of HH members (age 5 or older) have at least one person with a disability
- **60%** of HH with children have one adult (18-59)
- Among female- and male HoHHs with children, **93%** are female-headed and **7%** are male-headed²⁹
- Among female- and male HoHHs with no children, **72%** are female headed and **28%** male headed³⁰

²⁷ Source: Multi-Sector Needs Assessment (MSNA) – 2023 ; Moldova (the Republic of), 2023 <https://microdata.unhcr.org/index.php/catalog/1038> MSNA

²⁸ While the average household size is 2.36 individuals, among the 5 Roma households surveyed, 60% were female- or male-headed households (2 females/1 male) and all families had from 5 to 9 individuals in each household.

²⁹ Sample size 323 HoHH with children: 302 female and 21 male.

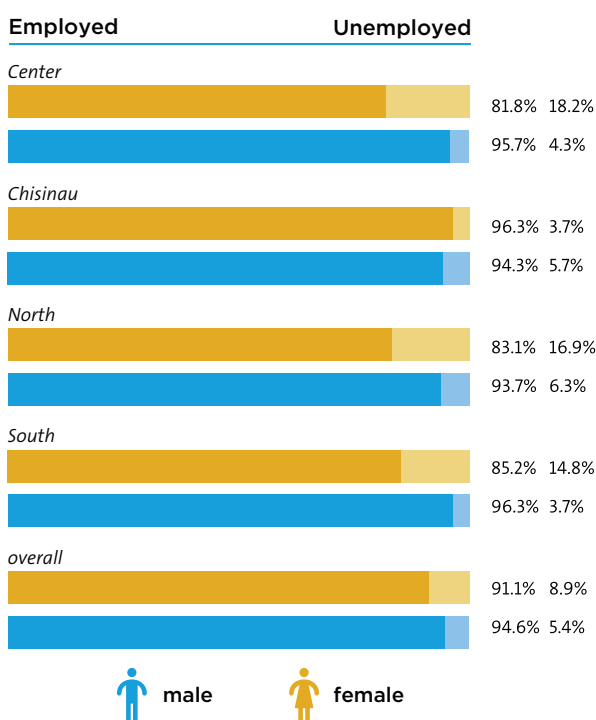
³⁰ Sample size 269 HoHH with no children: 195 female and 74 male.

LIVELIHOODS

EMPLOYMENT STATUS³¹

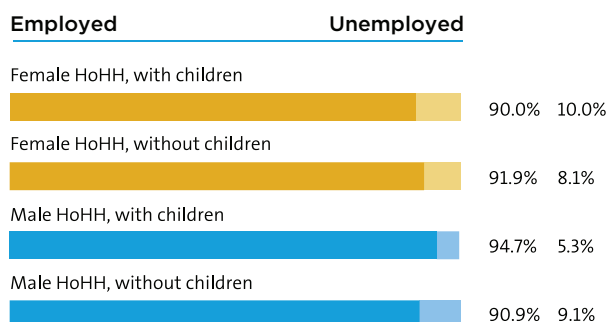
Some gender disparities could be seen in **employment status**, with a slightly higher proportion of female respondents reporting unemployment (8.9%) as compared to male respondents (5.4%). Gender differences regarding employment status were more pronounced between regions – with the percentage of unemployed females in the center, north and south as high as 18.2%, 16.9% and 14.8% as compared to unemployed males (4.3%, 6.3% and 3.7% respectively).³²

Table 1: Employment status of HH members within the labor force – Region and gender of respondent



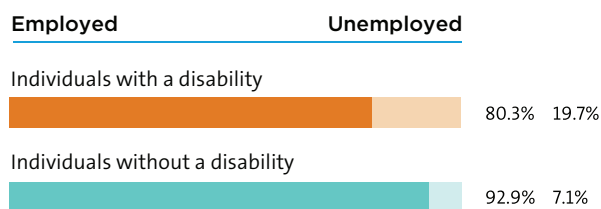
Among male-headed households and female-headed households with and without children, a high percentage (over 90%) were employed, with only minor differences between genders and households with and without children.³³

Table 2: Employment status of HH members within the labor force – Female/male head of household with and without children



Disparities in employment could also be seen among people with **disabilities**, with a higher overall proportion of people with disabilities unemployed (19.7%), as compared to people without disabilities (7.1%). Unemployment was notably higher among people with disabilities living in the north and south regions of Moldova (33.3% and 33.3% respectively) as compared to people without disabilities living in those regions (11.4% and 9.8% respectively).³⁴

Table 3: Employment status of HH members within the labor force – Disability



³¹ According to REACH, the 'employment_status' variable disaggregated below has two answer options, 'employed' or 'unemployed', and it covers only household members within the labor force. Therefore, from the total of 2130 HH members, people of a certain age or work ability are not part of the labor force. The 'employment_status' is calculated as follows (as per UNHCR analysis guidance):

- if HH member age is higher than 15 and lower than 65,
- AND if the answer to any of 'seo2_work_for_pay', 'seo3_generate_income', 'seo4_help_family', or 'seo5_absent_from_work' is 'yes',
- then HH member is categorized as being 'employed' (and within the labor force)
- if HH member age is higher than 15 and lower than 65,
- AND the answer to both 'seo6_look_for_job' and 'seo7_could_work' is 'yes',
- then HH member is categorized as being 'unemployed' (but still within the labor force)
- any other answer combination means that HH member is not in the labor force at all.

Using these calculations, our data shows that from the total of 2130 HH members, only 503 are within the labor force (employed or unemployed). For example, as per Table 1, out of the total 296 female HH members who are in the labor force, 91% are employed.

³² Urban unemployment rates were 10.5% for females and 5.1% for males

³³ Difference of less than 5% is not statistically notable; and the sample size of male-headed households with children is extremely small at 11 households.

³⁴ Given the small sample size of people with disabilities in these regions, findings may not be generalizable. Sample size of individuals with a disability: 16 and individuals without a disability: 487.

TYPES OF EMPLOYMENT

The top three current **types of employment (employment industries)** of individuals living in Moldova, as well as the top three types of employment previously held by individuals when they lived in Ukraine, differed by age, gender, ability and household status. **Some of these are gendered, for example a large**

proportion of women were employed in beauty services, while a large proportion of men were employed in construction or trade and repair of vehicles, although some exceptions apply. In some instances, individuals had to step into new types of employment upon arrival to Moldova (e.g. from financial services to something else), suggesting a different marketplace and challenges in transferring some skill sets.

Table 4: Employment industry (Current (MLD)/Previous (UKR)) – Gender and Disability

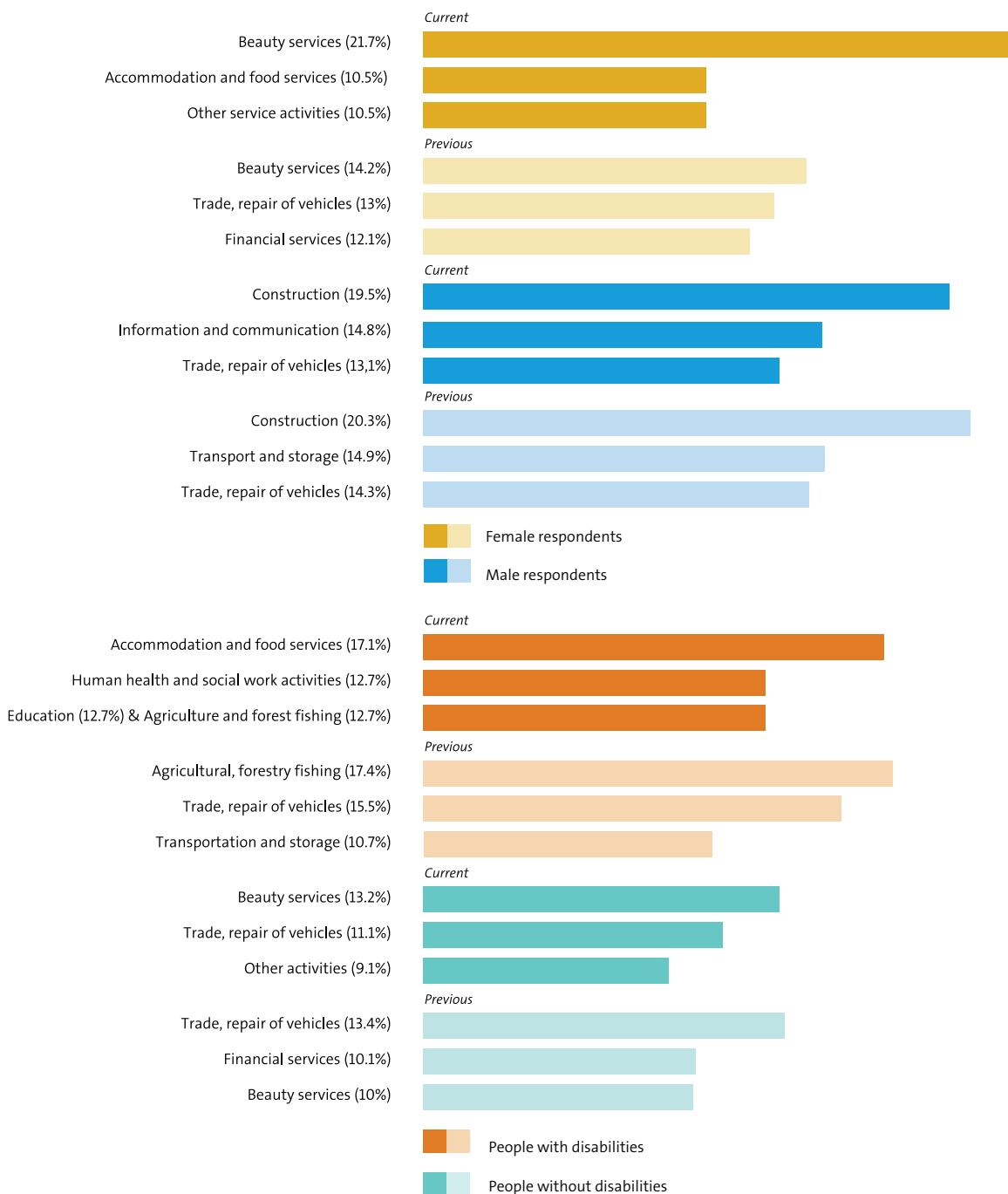


Table 5: Employment industry (Current (MLD)/Previous (UKR)) – Female/Male- headed households with and without children

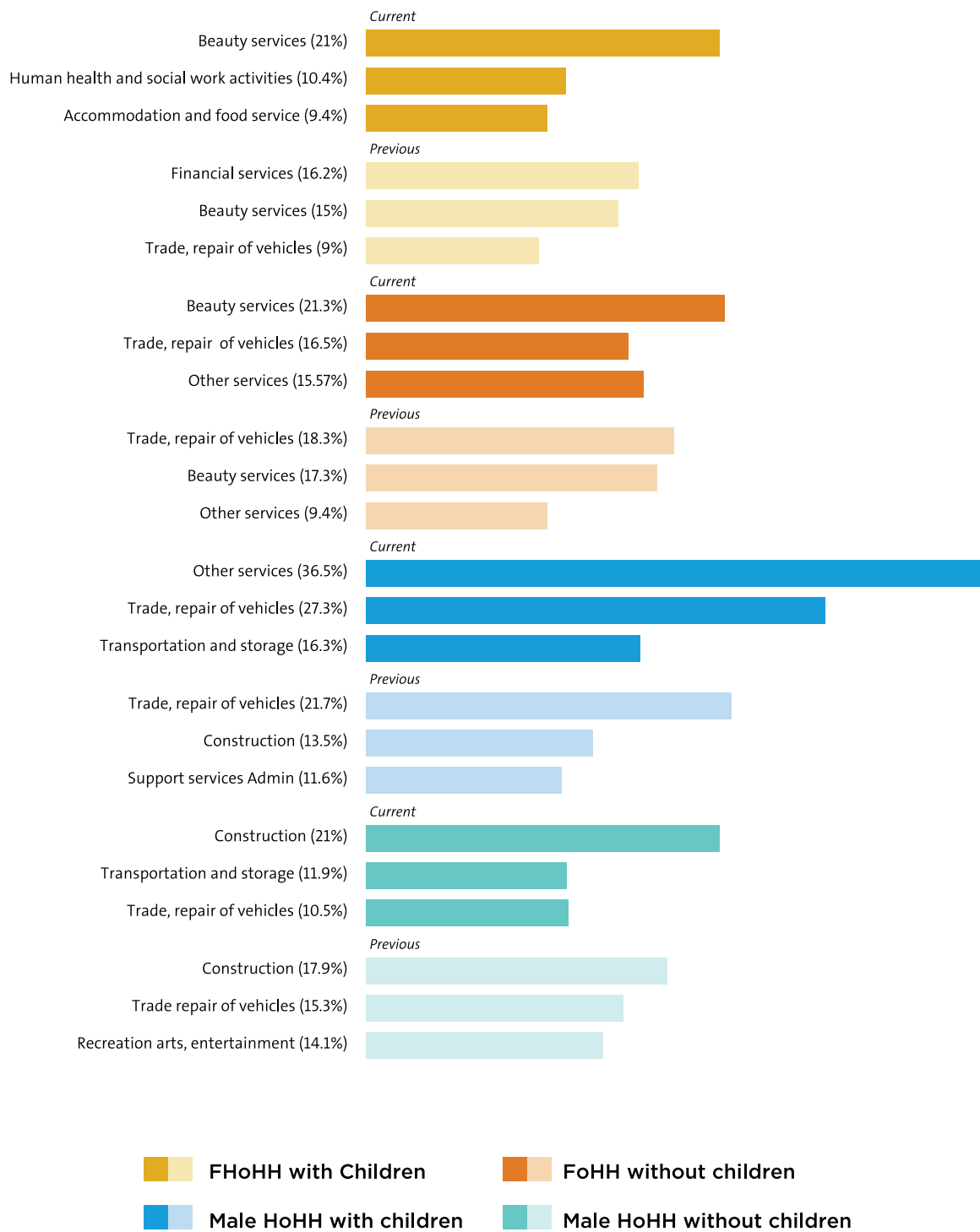
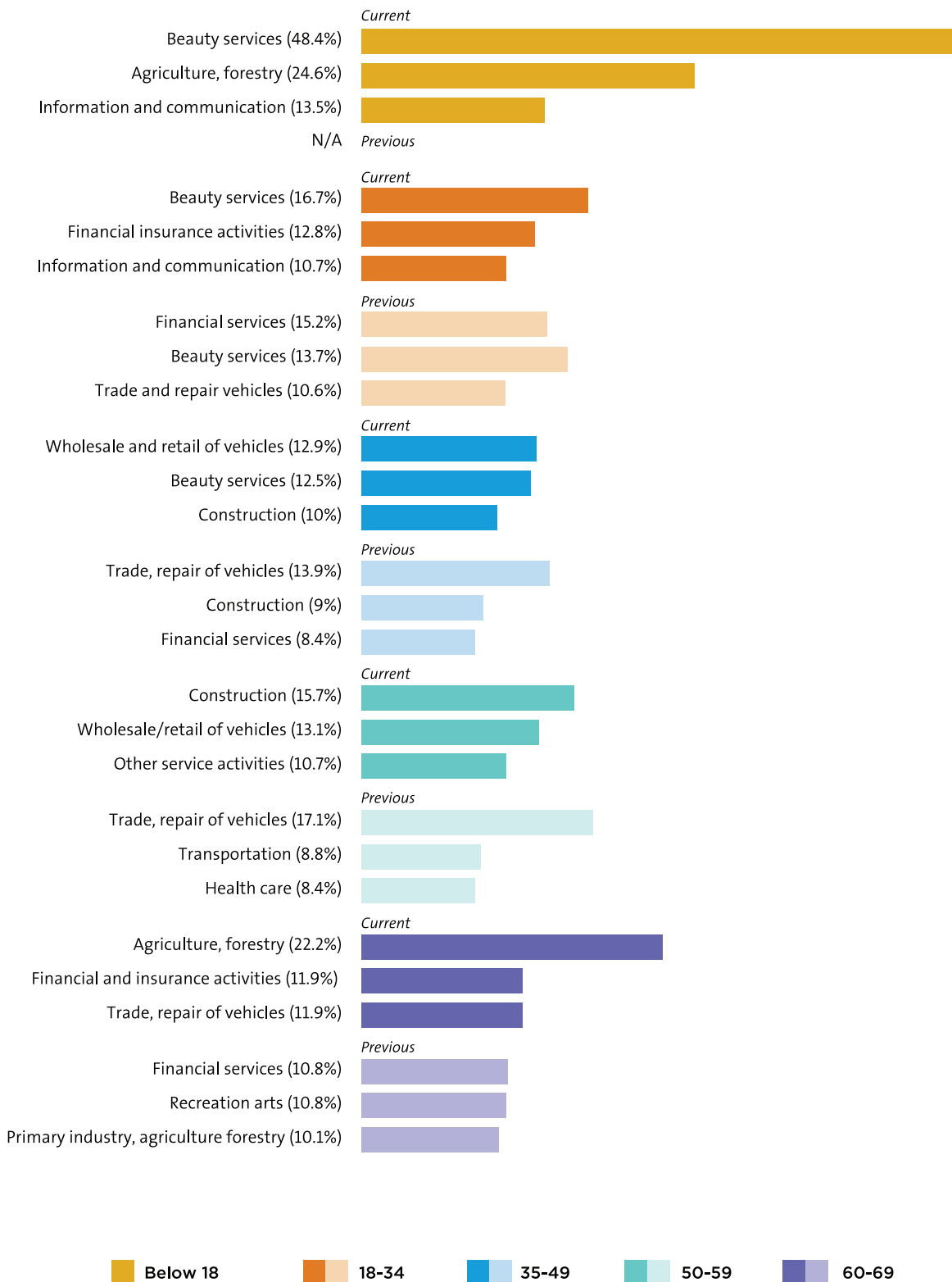


Table 6: Employment industry (Current (MLD)/Previous (UKR)) – Age

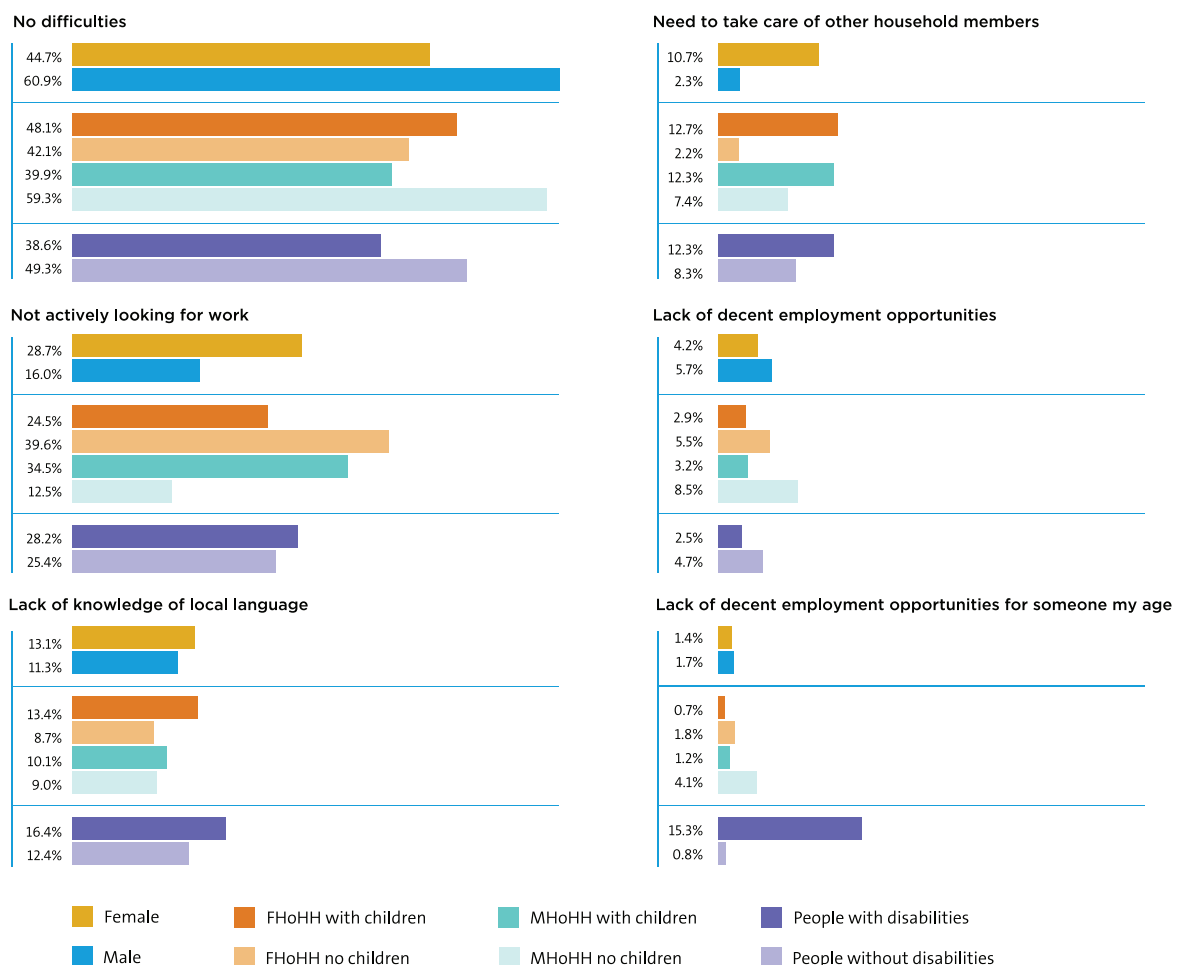


When asked about **difficulties finding work**, fewer females had no difficulties finding work (44.7%) as compared to males (60.9%), suggesting that males were 15% more likely to find work than females. Among female- and male-headed households, a little under half of female-headed households with and without children said they had no difficulties finding work (48.1% and 42.1% respectively), while among male-headed households with children far fewer (39.9%) said they had no difficulties finding work as compared to male-headed households with no children (59.3%). A smaller proportion of people with disabilities had no difficulty finding work (38.6%) compared to people without disabilities (49.3%). Among different age groups, the smallest proportion of people with no difficulty finding work were aged 60-69 (35.9%, as compared to 46.5% to 50.8% of age groups 18-59).

The top two reasons respondents gave for difficulties finding work were due to “not actively looking for work” and to a “lack of knowledge of local languages.”

These top two reasons were consistent across age, gender and household type, although the proportions varied across different categories. The third top reasons for difficulties finding work differed across gender, age, household composition and ability. For example, the third top reason given by females was the need to take care of other household members (10.7%) compared to a lack of decent employment opportunities for males (5.7%). Among female- and male-headed households, those with children shared the same third priority of caregiving (12.7% females and 12.3% males), while those without children shared the same third category of lack of decent employment opportunities (5.5% females and 8.5% males). Among people with disabilities their top third reason for difficulty finding work was “lack of decent employment opportunities for someone my age” (15.3%) suggesting that many people with disabilities in this population group are also older persons.

Table 7: Difficulties Finding Work - Top three reasons

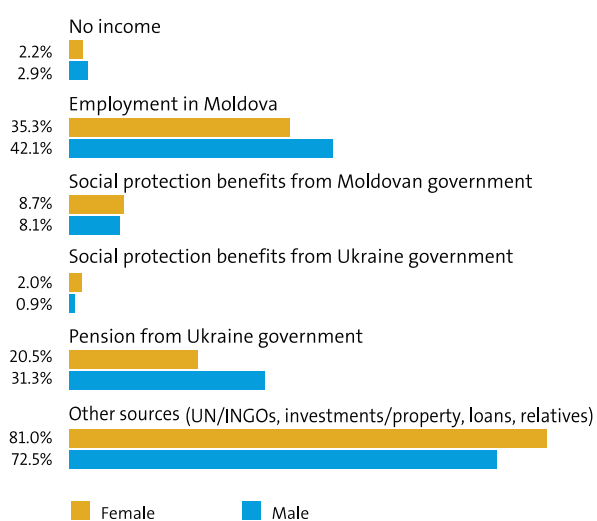


As suggested above, a notable proportion of the population are having difficulties finding work, with some groups (e.g. women and people with disabilities) more affected than others. This has implications for their dependence on external financial support and their socio-economic integration and resilience. Given that “not actively looking for work” is among the top reasons cited for employment difficulties, further engagement with individuals and households may be required to better understand why this might be the case in order to provide appropriate, targeted support.

Sources of household income

The top three **sources of household income** reported by female and male respondents were “other sources” (81% female respondents compared to 72.5% male respondents), employment income (35.3% female compared to 42.1% male respondents), and pension from Ukraine (20.5% female compared to 31.3% male respondents), with a greater proportion of male respondents reporting household income from employment and pensions, and a greater proportion of female respondents reporting household income from “other sources.” **The substantial proportion of households’ reliance on “other sources” of income across household types merits further analysis to better assess household vulnerability, given that the category includes humanitarian assistance, passive income, loans, and family support.**

Table 8: Household income sources – Gender of respondent



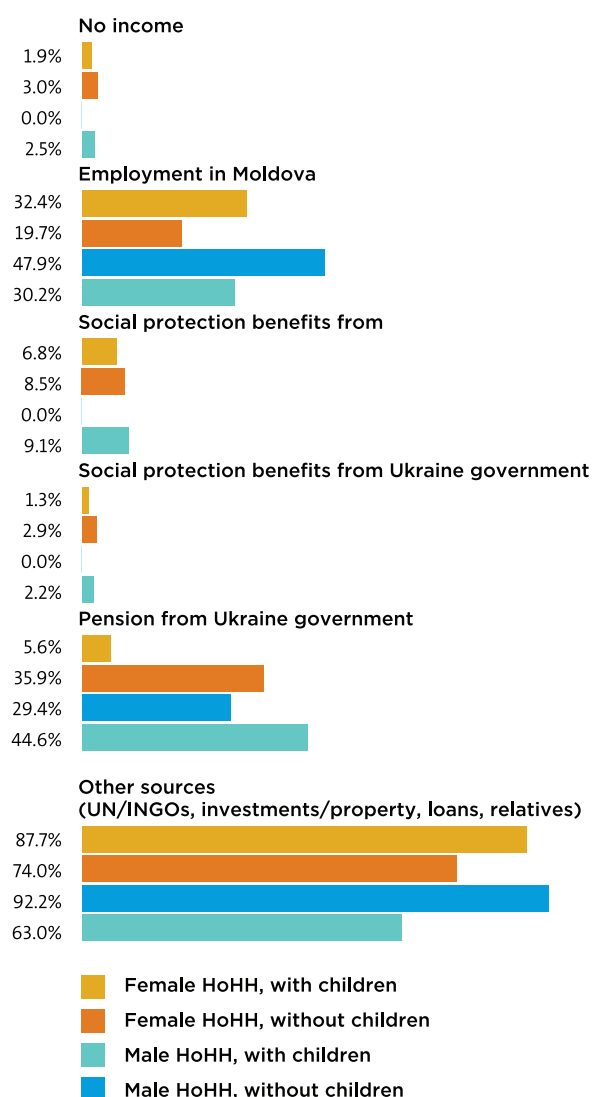
35 92.2% male and 87.7% female.

36 47.9% male and 32.4% female. Among female- and male-headed households with children, a higher percentage of male-headed households with children reportedly receive employment income (47.9%) compared to female-headed households with children (32.4%). However given the small sample size of male-headed households with children (11), such statistics can be misleading.

37 Households with 63% male and 74% female respondents received income from other sources, while 30.2% male and 19.7% female received income from employment.

A higher proportion (up to 29% more) of male- and female-headed households with children relied on income from “other sources”³⁵ and on employment in Moldova³⁶ as compared to male- and female-headed households with no children.³⁷ Conversely, a higher proportion (up to 30% more) of male- and female-headed households with no children relied on income sources from pensions from Ukraine and social protection benefits from Moldova. **This suggests that more than one third of female- or male-headed households with no children are older people who may require targeted programming and support.**

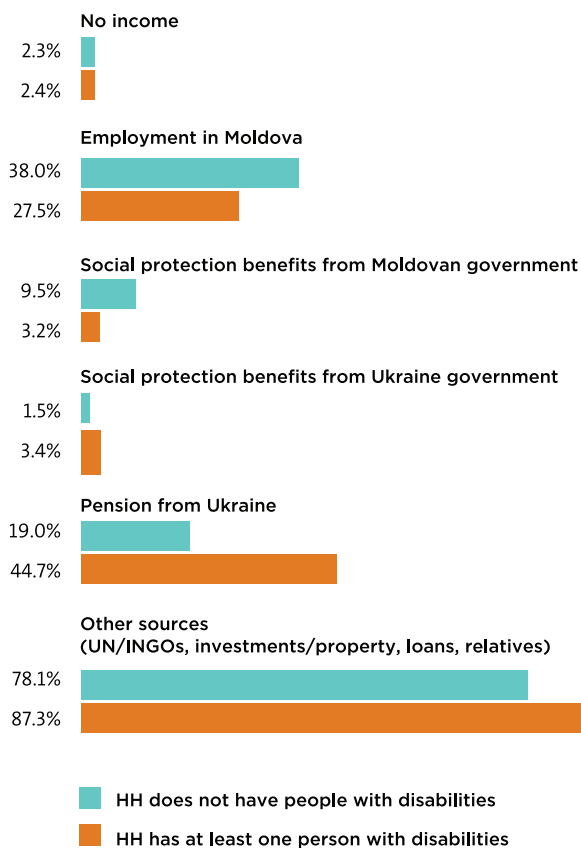
Table 9: Household income sources – Female/male head of household with and without children



The largest proportion of households receiving pensions from Ukraine were those with respondents aged 60-69 (65.4%), 70-79 (80.9%) and 80+ (70%).

Over twice the proportion of households with at least one **person with a disability** relied on a pension from the Ukraine government as compared to households with no **persons with a disability** (44.7% compared to 19% respectively), while households with no persons with a disability had over 10% more sources of income from employment as compared to households with person with a disability (38% compared to 27.5% respectively). **Further research may be required to assess the level of socio-economic vulnerability of households with at least one person with a disability and design measures to strengthen socio-economic resilience accordingly.**

Table 10: Household income sources – Disability



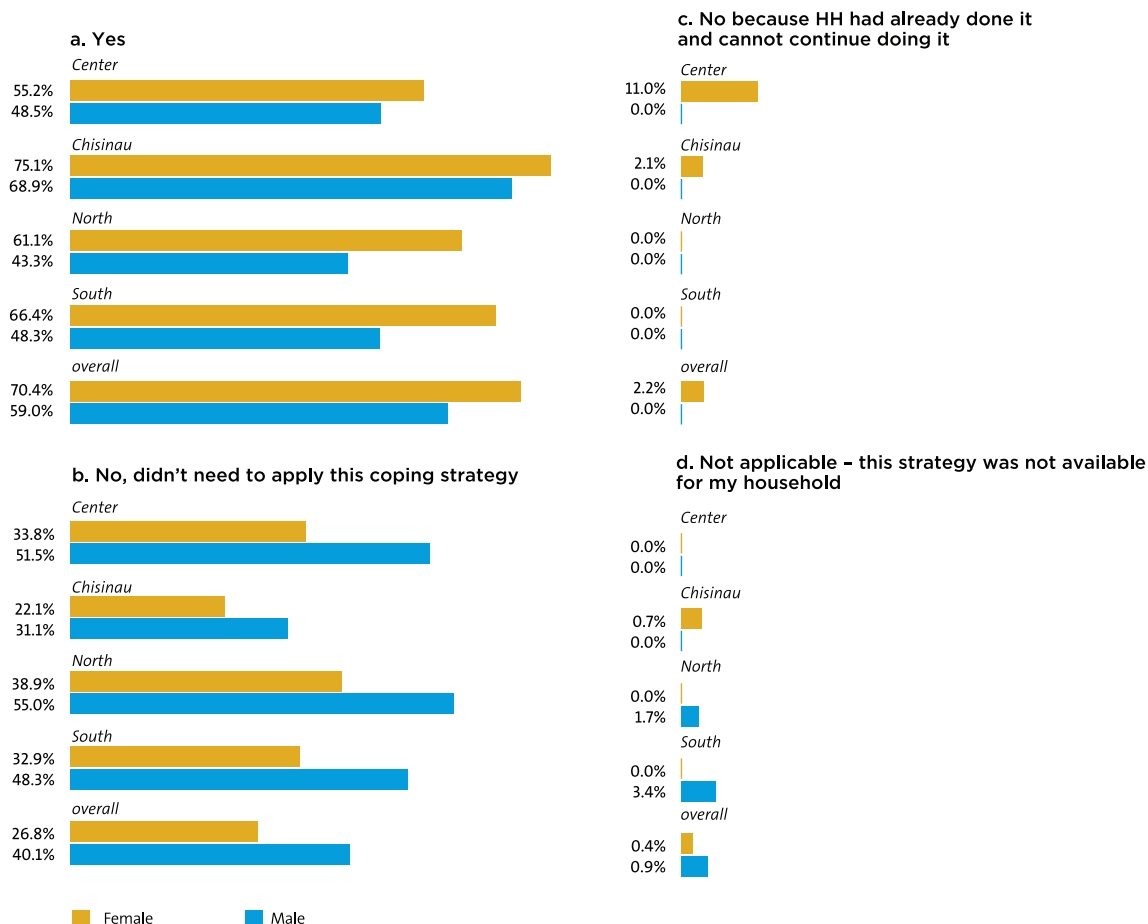
SOCIO-ECONOMIC SECURITY

Financial strains affected a large proportion of households. More than half of the households with female respondents reported that they **relied on savings due to lack of resources to cover basic needs** about 11% higher than households with male respondents (70.4% female compared to 59% male), with households of females and male respondents in Chisinau most affected (75.1% and 68.9% respectively) compared to other regions.³⁸ Almost 20% more female-headed households with and without children (75.2% and 71.2%), as well as male-headed households with children (73.4%) relied on savings to cover basic needs as compared to male-headed households without children (53.2%).

While financial strains were seen across all households, greater disparities could be seen in the north of Moldova, where 65.4% of households with at least one **person with a disability** relied on savings, as compared to 53.9% of households with no **persons with disabilities**.

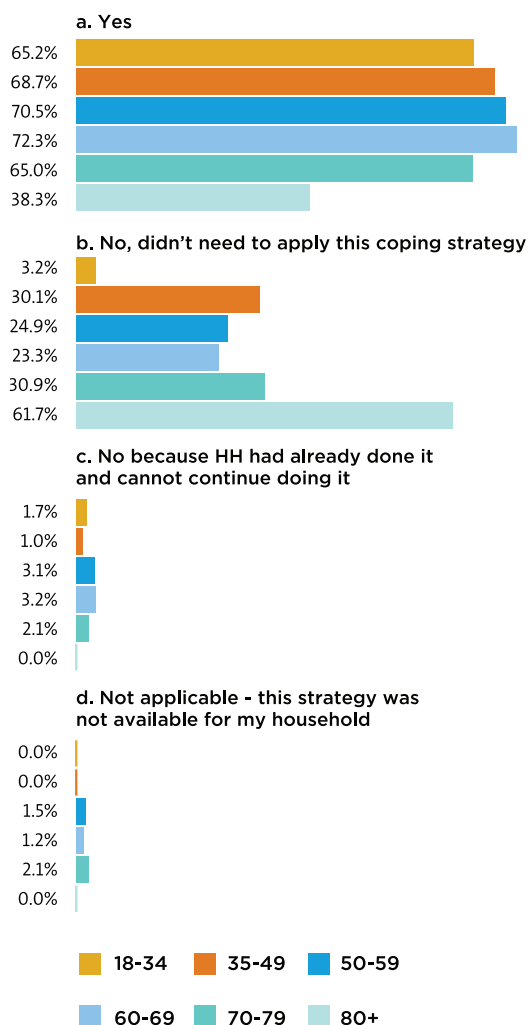
No significant disparities in financial constraints could be seen among households with respondents from different age groups: between 65% to 72.3% of households (with respondents aged between 18 and 79) reported relying on savings to cover basic needs. The only exception were households with respondents aged 80 and older, which had a significantly lower percentage relying on savings to cover basic needs (38.3%). However given the small sample size (8 HH), further data would need to be collected to confirm generalizability of the data.

Table 11: Used savings to cover basic needs – Region and gender of respondents



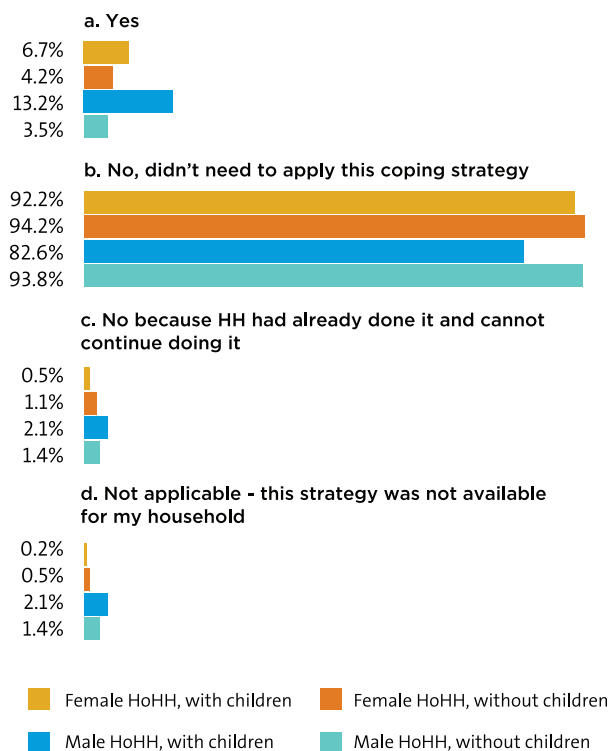
38 This question was “In the last 30 days, did your household spend savings due to a lack of resources to cover basic needs”. Compare to HH in the center (55.2% female and 48.5% male), in the north (61.1% female and 43.3% male), in the south 66.4% female and 48.3% male).

Table 12: Used savings to cover basic needs – Age group



Only a small proportion of households reported selling off assets to survive (4.8% female respondents and 7.7% male respondents). A small proportion was also seen among female-headed households with and without children (6.7% and 4.2% respectively) as well as male-headed households without children (3.5%), while male headed households with children scored slightly higher (13.2%) but given small sample size further data would be needed to assess generalizability. No stark differences could be seen among households with at least one **person with a disability** (9% as compared to 4.8% of households with no **person with a disability**), or among households with respondents of different ages (ranging from 0% for households with respondents aged 80+ years to 6.3% for households with respondents aged 35-49).

Table 13: Sold assets to survive: Female/male head of household with and without children



While overall a small percentage of households reported selling productive assets to cope financially (2.4% female and 5% male respondents), a higher proportion of households in the south of the country reported doing so (10.3% female and 17.2% male respondents). Similar patterns could be seen across other household types.³⁹

A relatively small proportion of households reported reducing health expenditures to survive (7% female and 6.3% male respondents). However, differences could be seen among types of households with 19.8% of households with at least one **person with a disability** reducing health expenditures, as compared to 4.9% households with **no person with a disability**. Regional differences were even greater: in the center and south of the country, the proportion of households with at least one **person with a disability** that reported reducing their health expenditures was 27.3% and 25% respectively. A higher proportion of households of older respondents aged 60-69 years in the center and north

39 This includes male and female headed households with and without children, households with at least one person with a disability, and households with persons of different age groups.

(15% and 21.1% respectively), and aged 70-79 years in the south (20%) reported reducing health consumption to survive as compared to households of respondents from other age groups. **This suggests a higher vulnerability to financial constraints among households with people with disabilities and older persons which has a direct impact on their health, particularly outside the capital in some of the regions. Targeted programs may be needed to ensure these households don't fall through the cracks.**

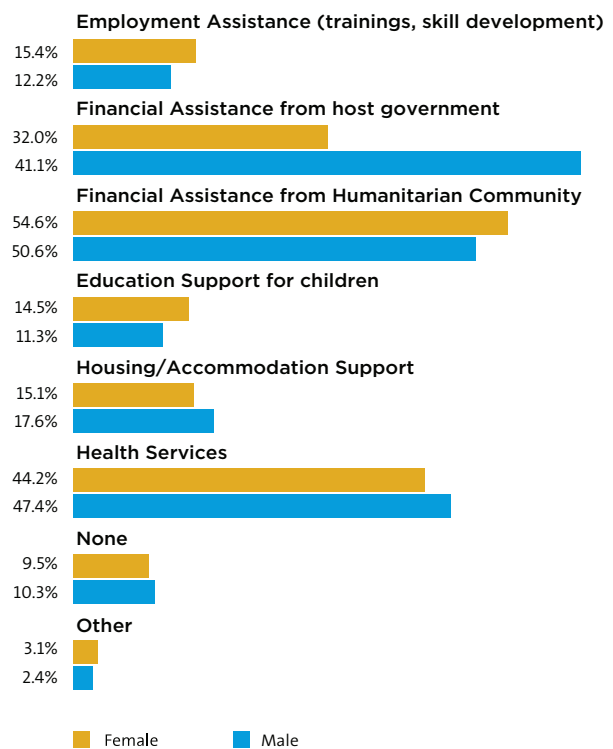
While a small proportion of households reported selling their house or land as a coping strategy, (2.4% female and 3.5% male respondents), a notable percentage of households with at least one **person with a disability** living in the south of Moldova did so (29.2%)⁴⁰ as compared to 7.3% of households with no **person with a disability** living in the south.

While a small proportion of overall households reported having to leave/change their area of residence because of a lack of resources (3.3% female and 4.1% male respondents), a greater percentage of households in the south with male respondents did so (17.2%). In a similar trend, a greater proportion of households with at least one **person with a disability** living in the south reported changing their area of residence (20.8%) as compared to 8.6% of households with no **person with a disability** in the south, and 7% of the overall average of households with at least one **person with a disability**. A slightly higher proportion of female-headed households and male-headed households with no children (10.3% and 17.6% respectively) in the south also changed their area of residence as compared to female-headed households and male-headed households with children in the south (8.1% and 0% respectively).

When asked about the top three socio-economic needs of their households, respondents identified humanitarian financial assistance (54.6% female and 50.6% male respondents), health services (44.2% female and 47.4% male respondents), and host government financial assistance (32% female and 41.1% male respondents), with no notable variations among households based on the gender

of respondents. **The large reliance of households on external financial assistance from both government and the humanitarian community suggests that greater effort is needed to promote sustainable socio-economic independence across all households.**

Table 14: Household socio-economic needs – Gender of respondents

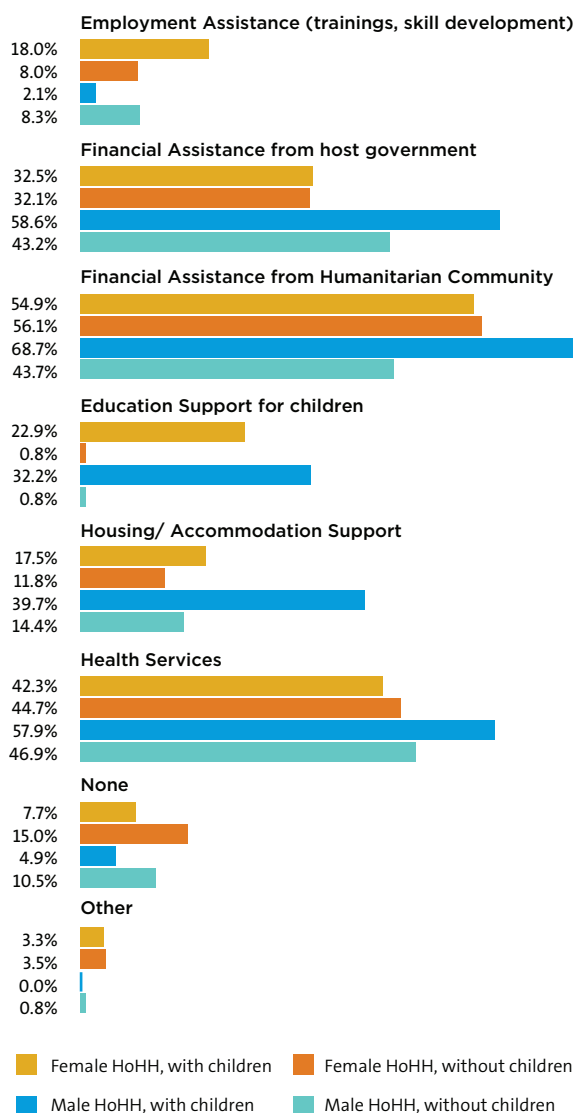


Both male-headed households and female-headed households with children had a higher proportion of socio-economic support needs for education (up to 30% higher) and housing accommodation (up to 25% higher) compared to male-headed and female-headed households with no children. While there were some gender differences between socio-economic support needs of female-headed and male-headed households, both with and without children, the small sample size of male-headed households makes it difficult to extrapolate.⁴¹ **Further data would be needed to assess the generalizability of these gender differences.**

⁴⁰ Sample size of HH with at least one person with a disability in the south is 24.

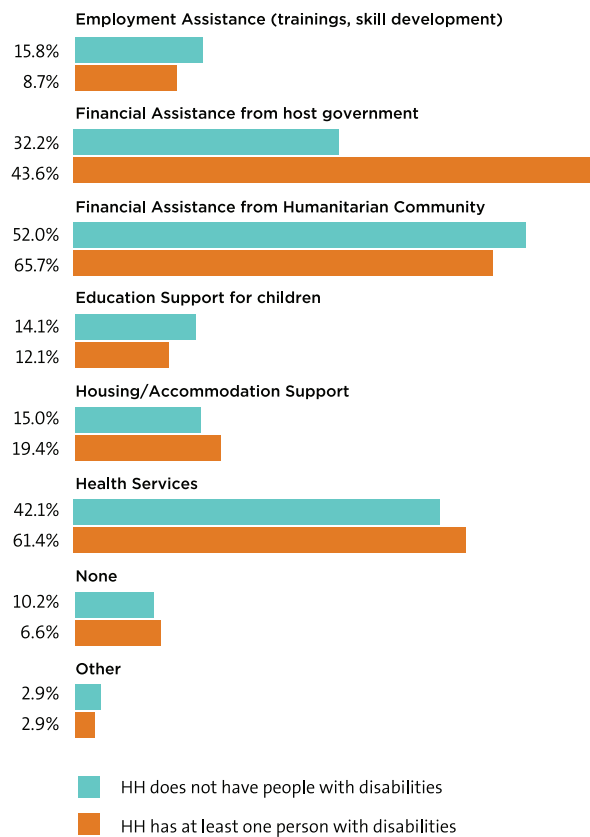
⁴¹ For example, male-headed households with children had a higher proportion of socio-economic support needs than female-headed households with children across almost all indicators, except for employment assistance. And male-headed households with no children had a slightly higher proportion of socio-economic support needs than female-headed households with no children across 4 key indicators, except for humanitarian financial assistance.

Table 15: Household socio-economic needs – Female/male head of household with and without children



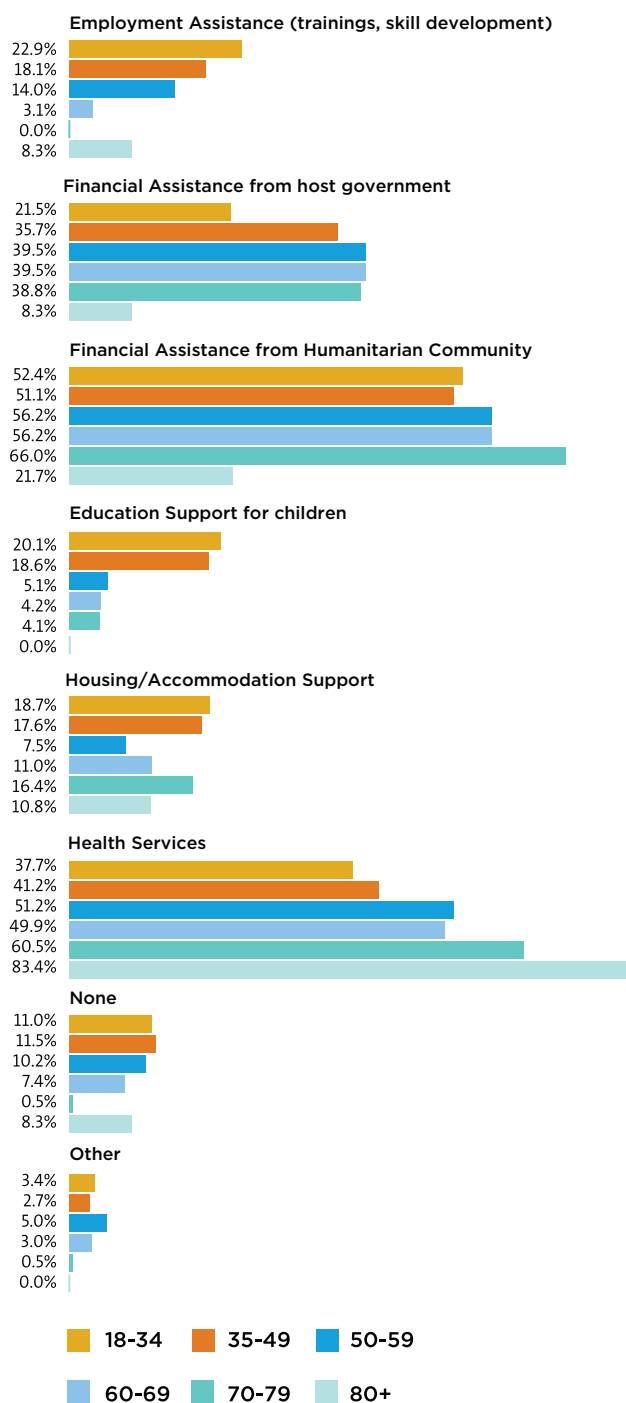
Among households with at least one **person with a disability**, the need for health services, financial assistance from the humanitarian community, and financial assistance from the host government was higher (61.4%, 65.7%, and 43.6% respectively) compared to households with no **person with a disability** (42.1%, 52%, and 32.2% respectively), **suggesting these households are more economically vulnerability and need more targeted socio-economic support.**

Table 16: Household socio-economic needs - Disability



No major differences appeared among the priority socio-economic needs of households with respondents of different age groups except for: younger age groups (18-34 and 35-49) which had a higher proportional need for education support (20.1% and 18.6% respectively); and older age groups (70-79 and 80+) which had a higher proportional need for health care (60.5% and 83.4% respectively). Households with respondents from the 80+ age group also had notable lower figures with regards to the need for financial assistance from the host government and the humanitarian community, which may be a factor of the very small sample size (8).

Table 17: Household socio-economic needs – Age group



The relatively high level of employment among household members in the labor force (outlined in the livelihood section) seems to contradict some of these other findings, including: the reportedly high rate of difficulties finding work, the relatively low percentage of household income sourced from employment and the high level of socio-economic vulnerability for both female and male respondents. Further analysis of these variables and how they intersect should be conducted to get a more accurate picture of employment status, socio-economic vulnerability, economic resilience, and related trends and support needs.

HEALTH CARE

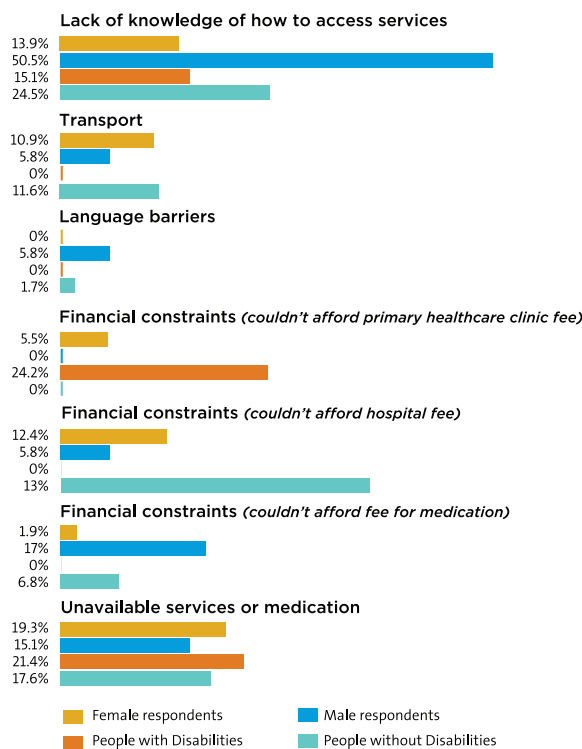
A large proportion of individuals reported **accessing health care services** (89.1% female compared to 92% male respondents) with no notable gender differences. Among individuals not accessing health care, the largest proportion was reported by female respondents in the south (13.1%). Difficulties accessing healthcare were largely attributed to the unavailability of services or medication, with a greater proportion reported by female respondents (19.3% compared to 15.1% for male respondent); a lack of knowledge of how to access services, with a higher proportion reported by male respondents (50.5% compared to 13.9% of female respondents) suggesting that **information about health services should more strategically target men**; and financial constraints with a higher proportion of female and male respondents affected depending on the type of financial constraint).

There was no notable difference regarding overall access to healthcare among people with disabilities compared to people with no disabilities, however regional differences were starker, with the largest proportion of people with disabilities lacking access in the center and south (14.3% and 16.7% respectively, as compared to to 9.8% average), **possibly indicating fewer specialized healthcare services in those regions**.⁴² For people with disabilities, barriers to accessing health care included financial constraints (unaffordability of primary clinic fees) (24.2% compared to 0% for persons without a disability) and unavailability of services or medication (21.4% compared to 17.6% for persons without a disability). **Targeted programs to reduce barriers to healthcare (financial and accessibility) for people with disabilities should be developed.** No notable difference could be seen regarding overall access to healthcare among different age groups.⁴³

42 However, the sample size from PwD in the south was 18 persons and in the center 14 persons, which may explain a high percentage as it is a low number to compute.

43 Age groups lacking access to healthcare were greatest among those below 18 (11.1%), between 35-49 (10.9%), 70-79 (8.9%) and 18-34 (8.4%).

Table 18: Barriers to accessing health services



Sexual and Reproductive Health Services

The majority of respondents (98% female and 92.3% male) reported that no females in their households had any problems accessing **sexual and reproductive health services (SRHS)**.⁴⁴ Among the small proportion of households reporting problems accessing SRHS, the largest were reported by respondents aged 60-69 years (8.3%), followed by 50-59 years (4.4%) and 18-34 years (2.5%). Both female- and male-headed households with children reported that females in their household faced some access barriers (2.9% female compared to 10.3% male) as compared to female- and male-headed households without children which reported no problems with access (0% female and 0% male). No major differences in SRHS access were seen amongst households with and without persons with disabilities (1.4% and 1.9% respectively). **Further data may be required to analyse why respondents aged between 50-69 were the largest group to report lack of access.**

44 Kobo question: Has any female member of the household reported any problem in accessing sexual and reproductive health services? 1.7% of females and 3% of male respondents reported that females did face problems accessing SRHS, and 4.8% of males did not know.

PROTECTION

TEMPORARY PROTECTION

The majority of respondents (88.4% female and 87% male) reported that every member of their household applied for temporary protection, with no notable gender differences. A slightly higher proportion of households applied for temporary protection in Chisinau (over 90%) as compared to other regions (from 79% to 89%). Female and male-headed households with children (88.2% and 88.6%) and female- and male-headed households without children (87.4% and 85.4%) had similar rates of applying for temporary protection as the national average. Among male- and female-headed households who did not apply for temporary protection, those without children had a slightly higher rate of not applying (12.4% female and 11.8% male respondents respectively) compared to those with children (9% female and 7.2% male respondents respectively) with no notable gender differences. Households with and without at least one person with a disability had similar rates of applying for temporary protection (89.3% compared to 83.3%) as the overall average.

The reasons for not applying for temporary protection differed slightly across households depending on their location and on the gender of the respondent including⁴⁵:

- desire to return to Ukraine before March 2024 (26.2% female compared to 24.8% male respondents, with the highest percentage among households of male respondents in the center (66.7%) and Chisinau (33%)).

- desire to obtain temporary protection in another country (9.8% female compared to 17.1% male respondents, with the highest percentage among households of female respondents in the center (28.6%) and households with male respondents in Chisinau (33.3%)).
- unsure of how to register (10.7% female compared to 9.8% male respondents, with the highest percentage among households of male respondents in Chisinau (16.7%)).
- lack of time (10.2% female compared to 16.1% male respondents, with the highest percentage among households of female respondents in Chisinau 13%), and have concerns about the 45-day travel limit (9.3% female compared to 1.9% male respondents, with the highest percentage among households of female respondents in the North (33.3%)).

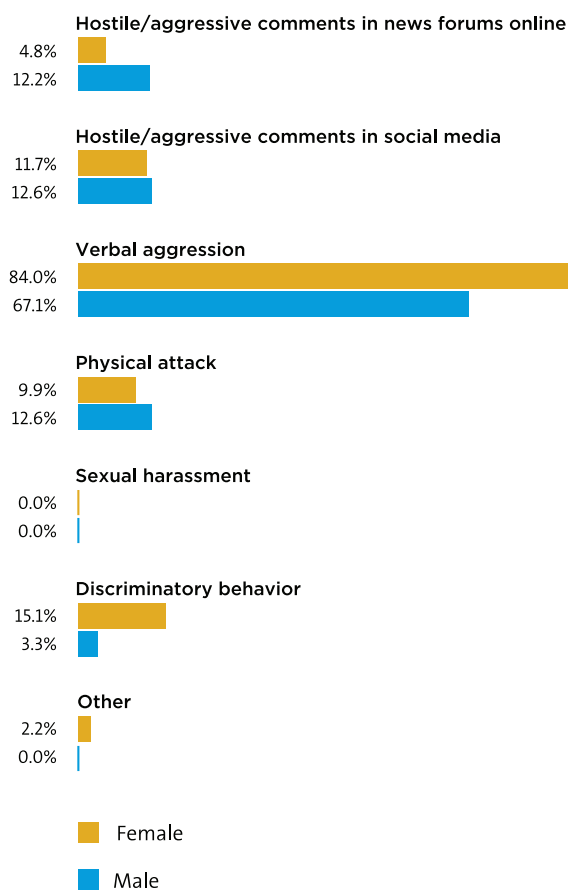
SAFETY AND SECURITY

The majority of respondents reported feeling safe or fairly safe walking alone in their area after dark, with no major gender disparities. On questions of perceptions of safety, there were no notable **gender** differences. The majority of respondents said they felt “very safe” or “fairly safe” walking alone in their area after dark (95.2% female and 96.7% male respondents), while a small proportion reported they felt “a little unsafe.” (3.8% female and 3.2% male). Among the small percentage of people who felt a bit unsafe, the highest proportion were persons aged 80+ (19.1%, up to 18% higher than other age groups), and households with at least one person with a disability (7.9%, almost 5% higher than households with no persons with a disability).

⁴⁵ Due to the small sample size, conclusive analysis to assess reasons for not applying for Temporary Protection among female and male-headed households with and without children was not possible. HoHH with children: F34/M4 and HoHH without children (F26/M11).

A small proportion of respondents said they were victims of hostility in Moldova (9.9% female compared to 7.3% male respondents), with the highest proportion of households among those with at least one person with a disability (18.7 % compared to 7.9% of households with no person with a disability). There were some gender differences among the most frequently reported forms of hostility.⁴⁶ A higher proportion of female than male respondents reported being subject to verbal aggression (84% female compared to 67.1% male), and discriminatory behavior (15.1% female compared to 3.3% male), while a higher proportion of male respondents reported experiencing hostile comments on social media (12.6% male compared to 11.7% female), hostile comments on news forums online (12.2% male compared to 4.8% female), and physical attacks (12.6% male compared to 9.9% female).

Table 19: Forms of hostility



⁴⁶ As numbers of male respondents were small (11 persons) further data may be needed to assess whether results are generalizable.

GENDER-BASED VIOLENCE

When asked about the main safety and security concerns facing men and women, the majority of respondents felt there were no safety concerns, with a higher proportion of female respondents feeling this way, as compared to males.⁴⁷ Among those who identified safety and security concerns for men and women, respondents felt that both men and women were at risk of being robbed and threatened with violence, while respondents believed that women faced higher risks of physical and verbal harassment and discrimination as compared to men, and men faced higher risks of deportation, detention, and confiscation of identity documents as compared to women.⁴⁸ Among respondents, a higher percentage of males felt there were security concerns as compared to females. There was no notable difference between the views of female and male respondents.

When asked about the main risks facing boys and girls in their region, overall a smaller majority felt there were no safety concerns, with a higher proportion of female respondents feeling this way as compared to males.⁴⁹ Among those who identified safety and security concerns, respondents felt that the top risks faced by children under 18 were similar for boys and girls who were at risk of psychological and physical violence in the community, vulnerability to violence online, and worsening mental health.⁵⁰ Households with

⁴⁷ Overall, 78.4% female and 65.9% male felt there were no safety concerns for women, 85.4% females and 79% male respondents felt there were no safety concerns for men. There were no significant differences among respondents of different age groups regarding perceived safety risks for women and men.

⁴⁸ The perceived risk is different from the actual risk as in Moldova men of all ages are eligible to apply for temporary protection and asylum.

⁴⁹ Overall 68.3% females and 63.6% males felt there were no safety concerns for boys, and 69.7% of females and 56.3% of males felt there were no safety concerns for girls. A higher proportion of respondents aged 60-69 and 70-79 (35.3%-46.9%) felt that boys faced no safety and security concerns as compared to 18-59 year olds (65.7%-71.3%), in other words, a higher percentage of older persons felt there were risks. However this trend was reversed when asked about risks facing girls: a higher proportion of respondents aged 50-79 felt there were no concerns (74.6%-84.2%) as compared to respondents aged 18-49 (59.5%-69.9%), in other words younger age groups were more cautious. The small sample size however makes it difficult to generalize.

⁵⁰ Less than 3% of respondents felt risks faced by girls included increased risk of sexual violence, trafficking and early marriage.

people with disabilities reported that boys and girls risked facing more protection risks as compared to households without people with disabilities.⁵¹ Further analysis is required to understand whether the perceived risks are based on actual protection threats or incidents, and to ensure appropriate prevention and protection measures are put in place.

Table 20: Main safety concerns facing women, men, girls and boys by ranking

Main safety concerns women	
1.	Being robbed
2.	Being threatened with violence
3.	Physical harassment
4.	Verbal harassment
5.	Discrimination
Main safety concerns girls	
1.	Psychological violence in community
2.	Physical violence in community
3.	Vulnerability to violence online
4.	Worsened mental health
Main safety concerns men	
1.	Being robbed
2.	Deportation
3.	Being threatened with violence
4.	Detention
5.	Confiscation of ID papers
Main safety concerns boys	
1.	Physical violence in community
2.	Psychological violence in community
3.	Vulnerability to violence online
4.	Worsened mental health

51 Specifically, a higher percentage of households with at least one person with a disability felt that boys were at risk of physical and psychological violence in the community, worsening mental health, and increased vulnerability to neglect, and that girls were at risk of physical and psychological violence in the community, and increased risk of physical and psychological violence in the home.

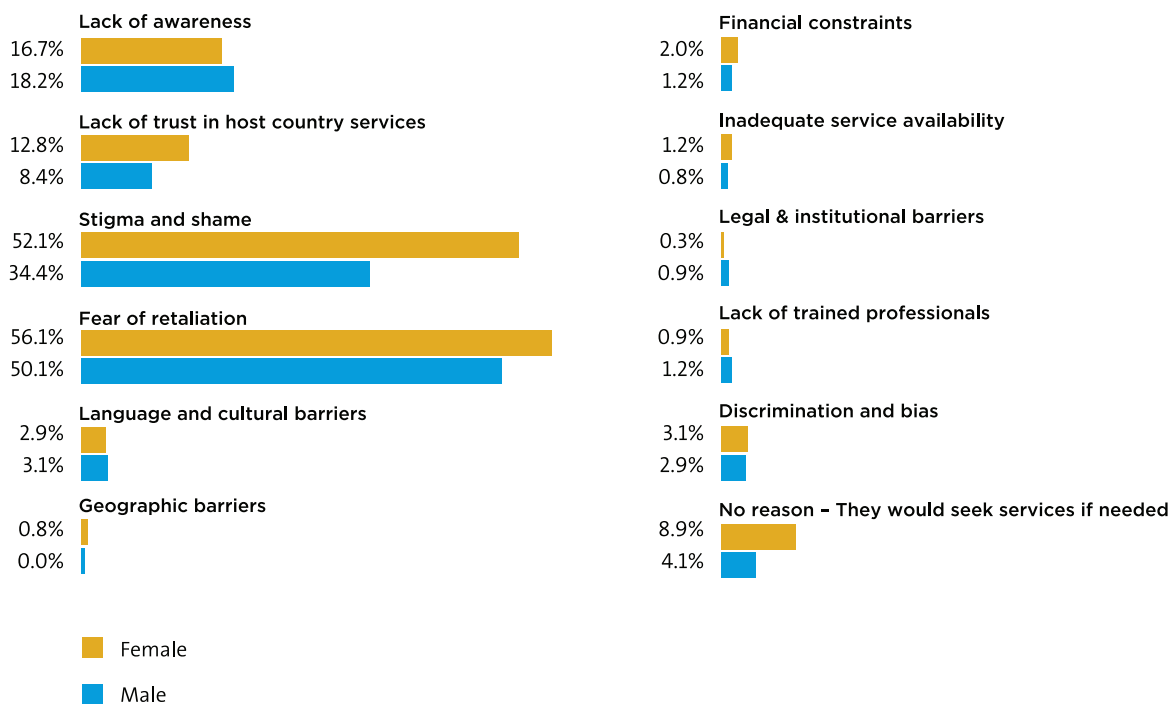
The majority of respondents were aware of existing gender-based violence (GBV) services including:

- security services (police, safe shelters) (93.8% female respondents as compared to 92.2% male respondents),
- health services (93% female as compared to 90% male),
- helpline services (79.1% females as compared to 67.7% male),
- legal assistance (75.7% female as compared to 61.7% male), and
- psychosocial support services 75.8% female as compared to 67.4% male).

Fewer male respondents were aware of available helpline, legal and psychosocial services, as compared to female respondents **suggesting a need for a more inclusive information strategy about services that targets men as well as women.**

The top four reasons why respondents said they would not seek GBV support services were similar for male and female respondents, with a higher proportion of females reporting fear of retaliation (56.1% female compared to 50.1% male), stigma and shame (52.1% female compared to 34.4% male), and lack of trust in host country services (12.8% female compared to 8.4% male); and a higher proportion of males reporting lack of awareness (18.2% male compared to 16.7% female). The biggest gender gap was in the area of “stigma and shame” which was reported by 52% of female respondents compared to 34.4% of male respondents. **This may be explained by the tendency to victim shame female GBV survivors.**

Table 21: Reasons to not seek GBV services – gender of respondent



Similar trends were seen when comparing households with and without at least one person with a disability, and female and male-headed households with and without children.

Table 22: Reasons to not seek GBV services – Disability

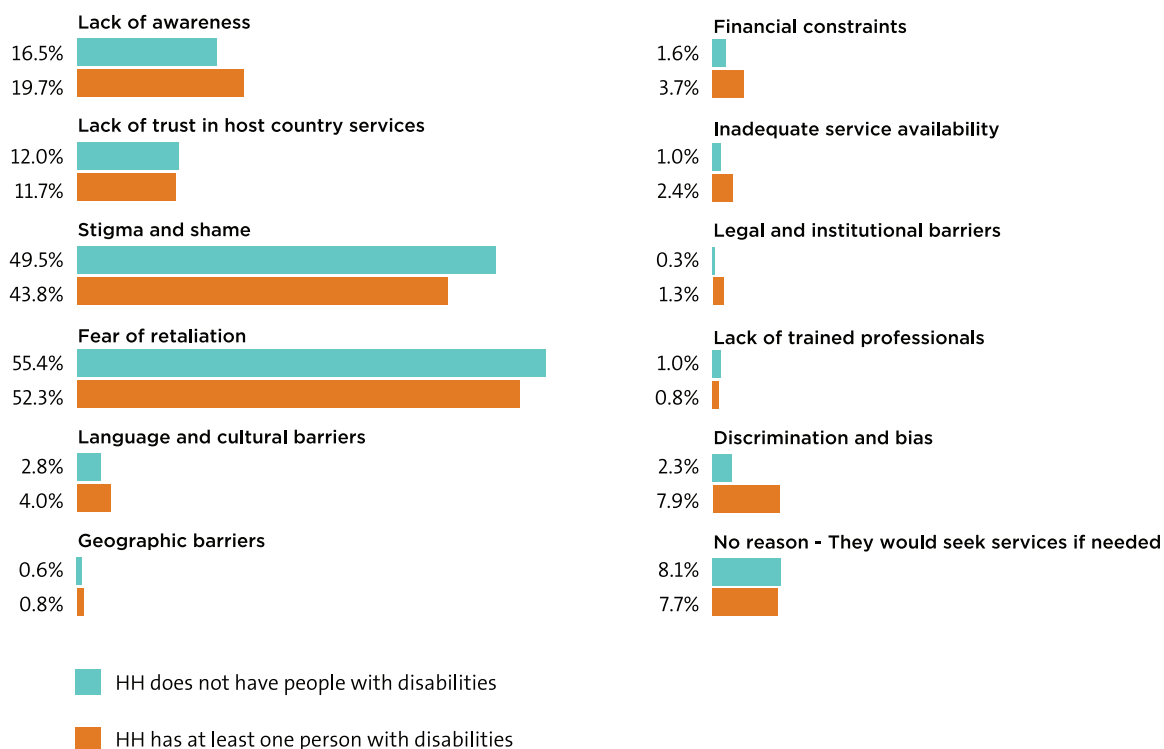
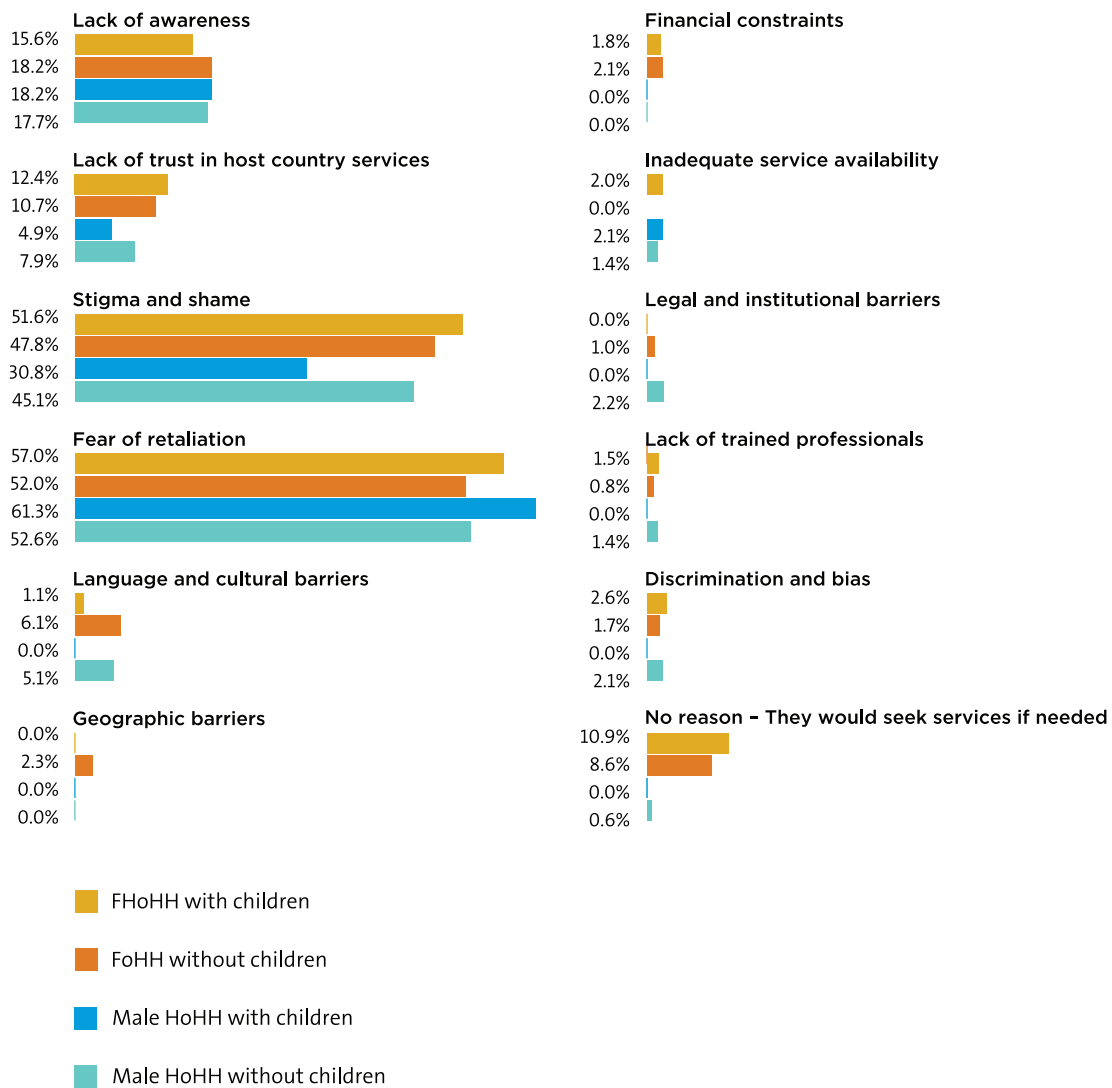


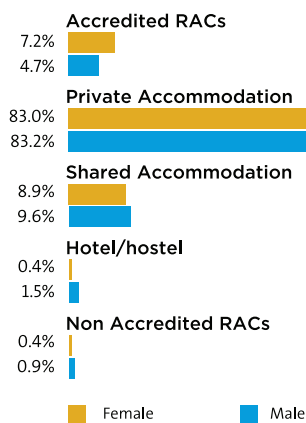
Table 23: Reasons to not seek GBV services – Female/Male headed household with and without children



ACCOMMODATION

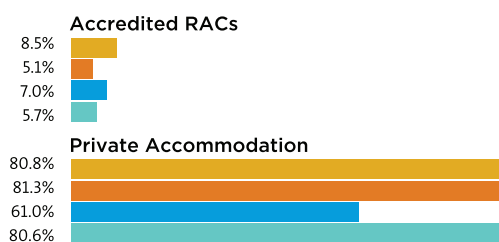
When asked about types of accommodation the majority of households reported living in private accommodation (83% female compared to 83.2% male respondents), followed by shared accommodation (8.9% female compared to 9.6% male respondents) and accredited RACs (7.2% female compared to 4.7% male respondents), with no major household differences based on the gender of the respondent.

Table 24: Types of accommodation at household level – Gender of respondent

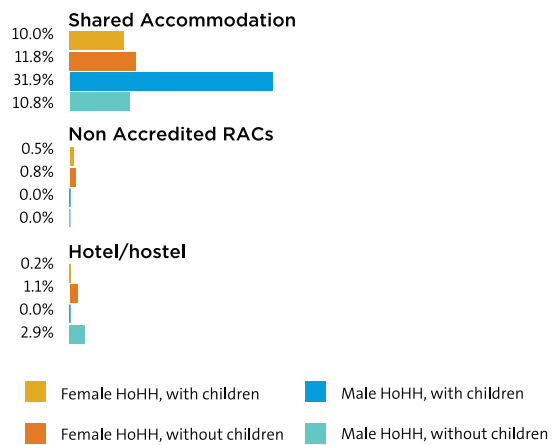


Among male-headed households with children, 31.9% reported living in shared accommodation, a higher proportion than male-headed households without children (10.8%) female-headed households with children (10%) who lived in shared accommodation.⁵²

Table 25: Types of accommodation at household level – Female/Male head of household with and without children

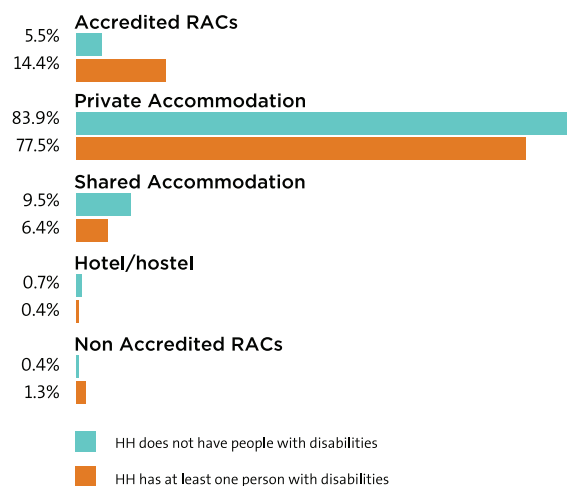


⁵² Sample size of male headed households with children was relatively small: 21.



Among households with at least one person with a disability, a larger proportion live in accredited RACs (14.4%) as compared to households with no person with a disability (5.5%). A higher proportion of households with respondents **aged 50 and older** living in rural areas lived in Accredited RACs (6% to 20% higher) as compared to households with respondents aged 49 and under.

Table 26: Types of accommodation by household - Disability

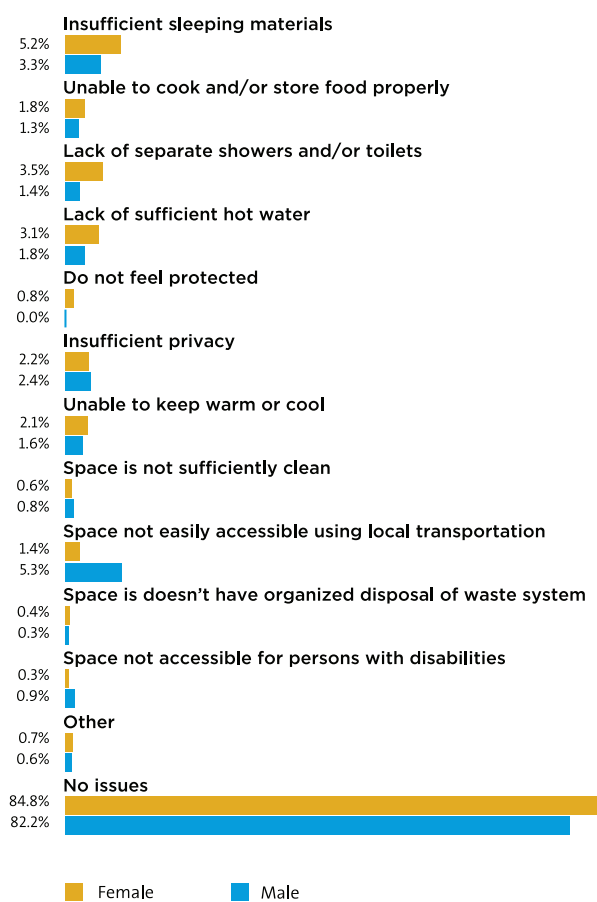


When asked about whether the household had any issues with accommodation, the majority of respondents reported they had no issues (84.8% female and 82.2% male respondents). Among

house-holds that reported issues, the top three issues identified by households of female respondents were insufficient sleeping materials (5.2%), lack of separate showers and toilets (3.5%), and lack of sufficient hot water (3.1%); while the top three issues identified by households of male respondents were space not easily accessible using local transportation (5.3%), insufficient sleeping materials (3.3%), and insufficient privacy (2.4%).

Among households with at least one person with a disability, 71% reported having no issues with accommodation, slightly lower than households that do not have people with disabilities (86.4%). The top three issues with accommodation identified by households with at least one person with a disability were insufficient sleeping materials (11.1%), lack of sufficient hot water (8.8%), and lack of separate showers and toilets (7.3%). Given that 14.4% of these households live in accredited RACs (compared to 5.5% of households with no persons with disabilities) these issues may be correlated. Among households with respondents from different age groups, 79.1% of those aged 70-79 reported having no issues with accommodation, slightly lower than the other age groups (83.5%-91.7%).

Table 27: Issues with accommodation at household level - Gender of respondent

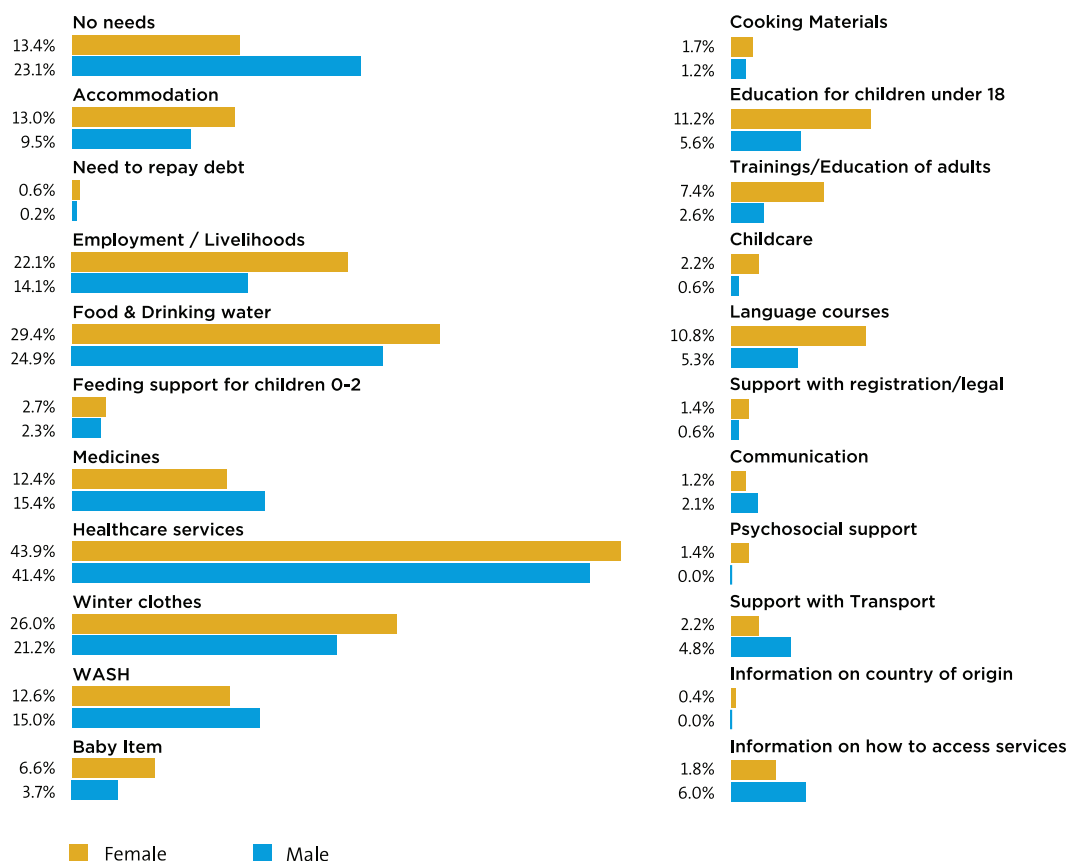


PRIORITY NEEDS

When asked about the top three priority needs of their households, both female and male respondents prioritized health care, winter clothes, and food and drinking water, with no notable differences between them. A higher proportion of female respondents prioritized the need for employment/livelihood and education for children under age 18 years (22.1% and 11.2% respectively) compared to male respondents (14.1% and 5.6% respectively), **suggesting there may be a gender gap in employment.** Conversely, a higher proportion of male respondents prioritized the need for information on how to access services (6%) compared to female respondents (1.8%) **suggesting that information about services is not sufficiently reaching men.**

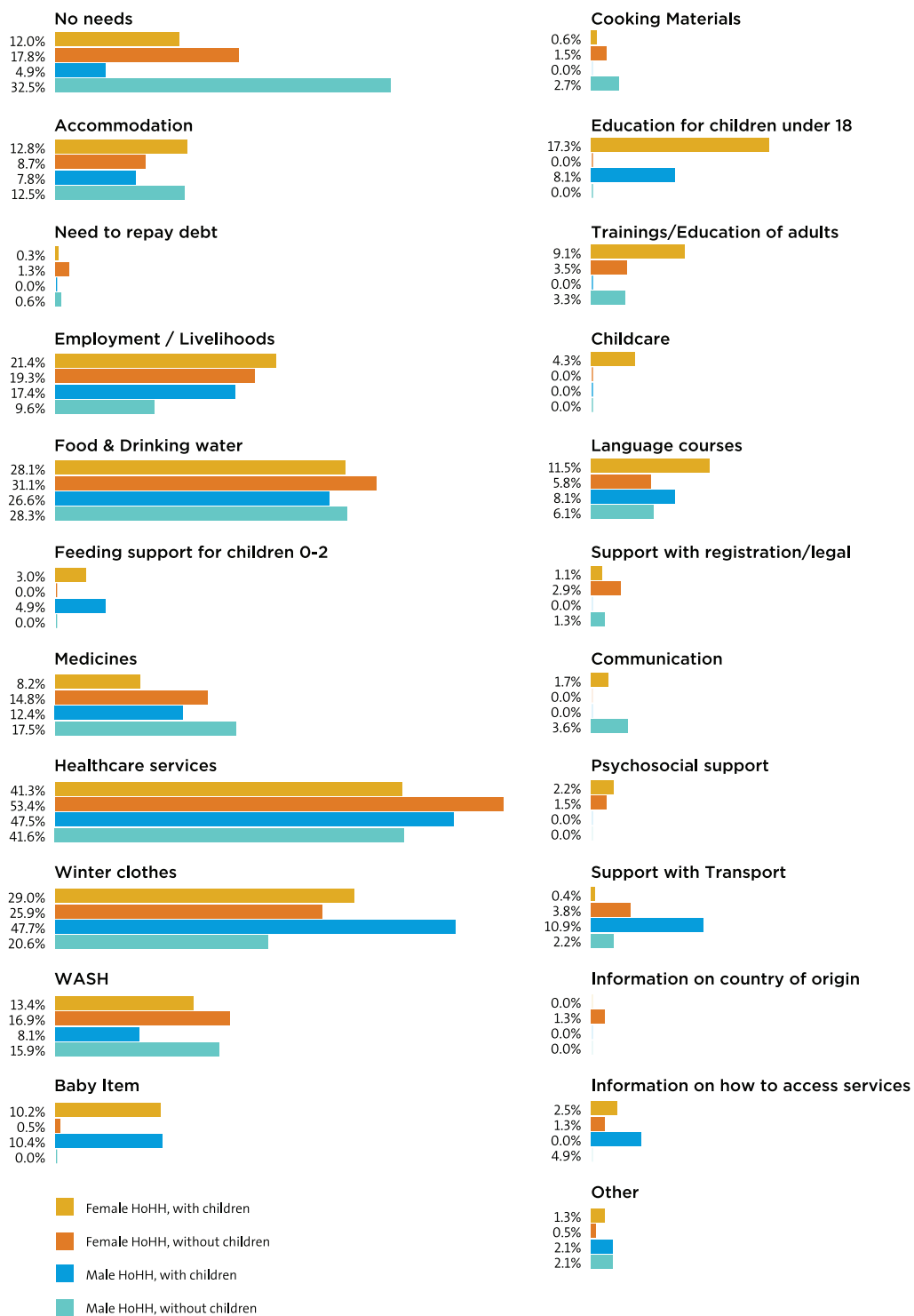
Only a small proportion of respondents prioritized the need for childcare support (2.2% female compared to 0.6% male respondents), and among male- and female-headed households, only female-headed households with children identified this as a priority need (4.3%) compared to male-headed households with children(0%). **This suggests that the childcare gap, identified in earlier gender analyses as a barrier for women to access services and employment, may not (or no longer) be the main barrier.**⁵³

Table 28: Priority needs at household level – Gender of respondent



53 Both male- and female-headed households with children listed education, feeding support for babies, and baby items as priority needs, as compared to male- and female-headed households with no children which did not. This makes sense given their specific responsibilities for childcare and support. The proportion of female-headed households with no children that reported top priority needs was higher than MHoHH with no children for nearly all sectors (including 10% and 12% more in employment and healthcare) with the exception of accommodation and medicine which was prioritized by a higher proportion of MHoHH with no children.

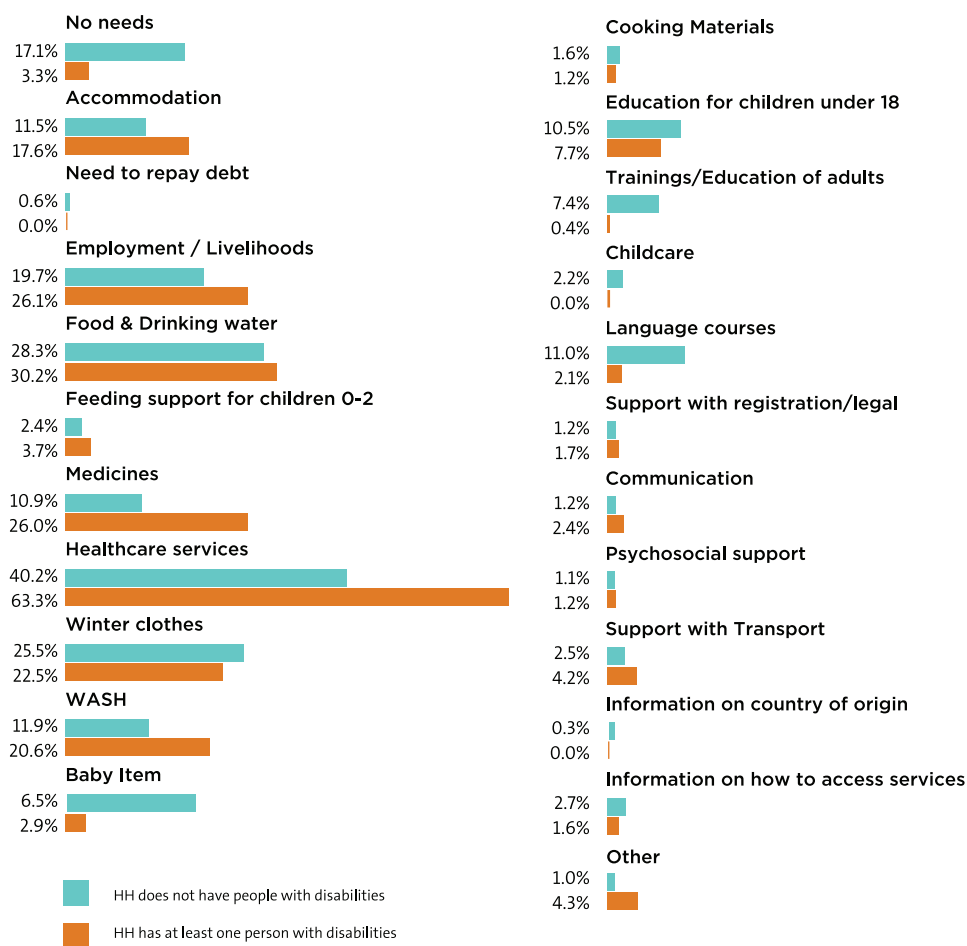
Table 29: Priority needs at household level – Female/male headed household with and without children



Disability and age also influenced the types of priority needs identified. For example, a larger proportion of households with at least one person with a disability prioritized needs for health care (63.3%), food and drink (30.2%), medicine (26%), employment (26.1%), sanitation and hygiene (20.6%) and accommodation (17.6%) from 6 to 23% more than households with no person with a disability. When comparing priority needs among respondents by age group, a higher percentage of respondents aged 50 and older prioritized the need

for health services (ranging from 52.8% to 91.7%) and medicines (ranging from 20.1% to 30%), as compared to persons aged 18-49 (ranging from 34.3% to 40.6% for healthcare, and from 5.8% to 7.1% for medicines). **This suggests a higher need by households with at least one person with a disability and with older persons for medicines and health care.** (see Health section above).

Table 30: Priority needs at household level – Disability

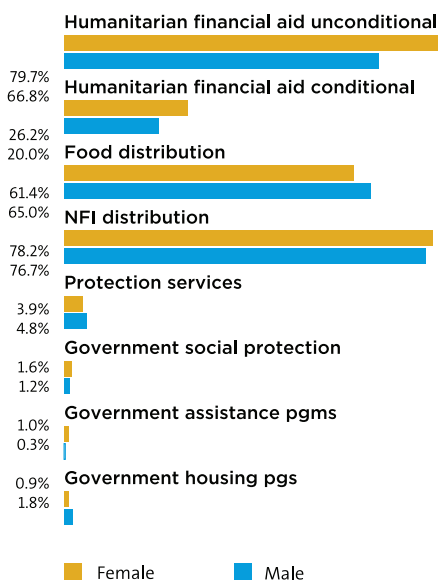


HUMANITARIAN RESOURCES

When asked about the availability of resources (humanitarian assistance) in their households, answers were similar for female and male respondents, with the majority reporting receiving non-food-item humanitarian distributions (78.2% female compared to 76.7% male respondents), unconditional financial aid (79.7% female compared to 66.8% male), and food humanitarian distributions (61.4% female compared to 65.0% male). However, there were regional differences, with up to thirty percent fewer respondents living in the south reporting access to assistance as compared to the overall average.⁵⁴

A higher proportion of households with female respondents reported receiving unconditional cash transfers as compared to male respondents, including 65.2% females compared to 35.7% male respondents in the center and 82.3% of females compared to 63.9% of male respondents in Chisinau. **Further analysis is required to clarify the reason behind the differences among households with male and female respondents.**

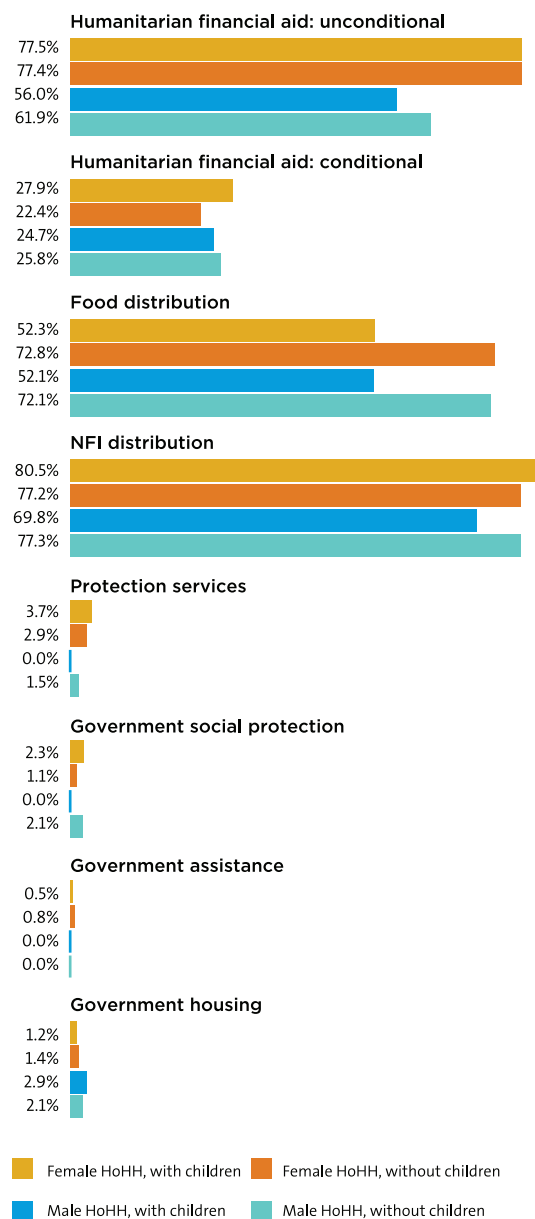
Table 31: Type of aid received at household level – Gender of respondent



54 33.6% female and 37.5% male respondents in south received Food distribution; 56.2% female and 45.8% male respondents in south received NFI distributions

Female-headed households with children reported receiving slightly more aid than male-headed households with children (including 77.5% for unconditional cash transfers as compared to 56% for male headed households with children; and 80.5% NFI distribution as compared to 69.8% of male headed households with children).⁵⁵ Male- and female-headed households with no children reported receiving a greater amount of food distribution as compared to their counter-parts with children.

Table 32: Type of aid received: Female/Male headed households with and without children



55 The sample size of male headed households with children was relatively small: 19, so results may not be generalizable.

Households with **people with disabilities** reported receiving slightly more aid than households with no people with disabilities (4.6% households with people with disabilities received government supported housing as compared to 0.5% of households without people with disabilities; and 70.3% of households with people with disabilities received food distribution compared to 60.7% of households without people with disabilities).

When asked if their households were satisfied with the aid received, the majority of respondents said yes (97.7% female compared to 98.1% male respondents) with no notable **gender** differences.⁵⁶

ACCOUNTABILITY TO AFFECTED POPULATIONS AND PSEA

A very high proportion of respondents reported being **satisfied with the behavior of aid workers** with no major differences between female and male respondents (96.7% compared to 95.9% respectively). Some **regional** differences could be seen among the on average 2% of respondents who expressed dissatisfaction with aid worker behavior, with slightly higher levels of dissatisfaction reported among both female and male respondents in the south of Moldova (6.8% and 6.9% respectively), and by male respondents in the center of the country (6.1%). Similarly, households both with and without **at least one person with a disability in the south** had a higher proportion of dissatisfaction (8.3% and 6.6% respectively) compared to the overall average (1.6% and 2.4% respectively).

Among the approximately 2% of respondents who reported not being satisfied with aid worker behavior,

the **reasons for dissatisfaction were similar for male and female respondents, but the proportion of dissatisfaction differed** by gender with a higher proportion of female respondents dissatisfied due to: not being consulted on what they need (56.6% female compared to 29.5% male respondents); when feedback is given nothing changes (more female than male respondents (22.4% female compared to 16.2% male respondents), and assistance is not enough or poor quality (more female than male respondents (16.7% female compared to 12.4% male respondents). Conversely, there was a higher proportion of male respondents who were dissatisfied due to disrespect in interactions (41.9% male compared to 23.8% female respondents). **Such differences may be reflective of perceived or actual biases in gender roles (e.g. opinions of women being disregarded or dismissed; men feeling a loss of pride in the face of assistance).**⁵⁷

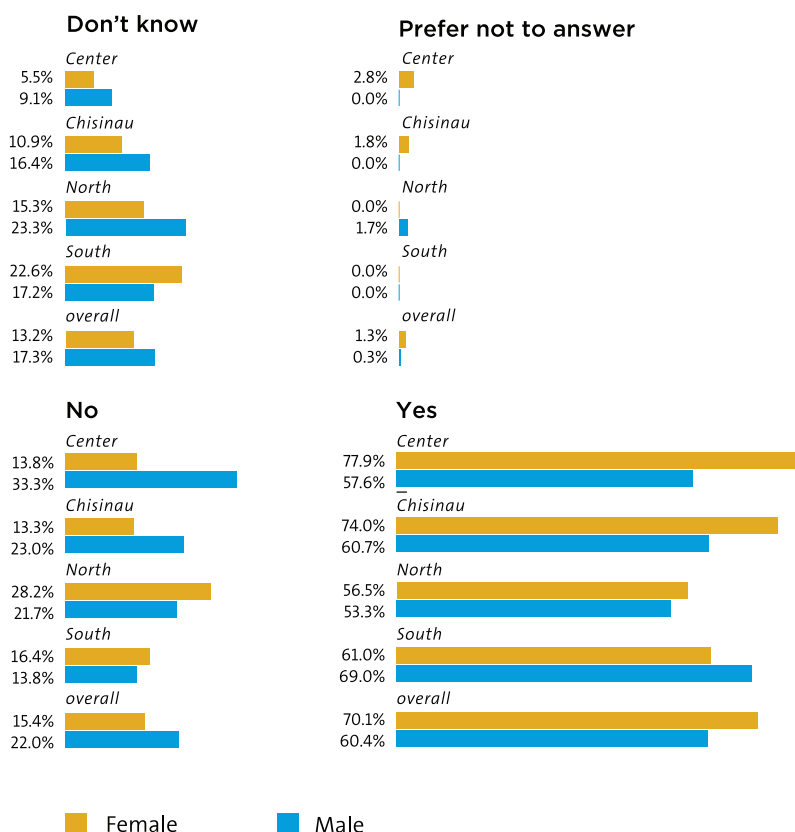
Slight gender differences were seen with regards to reporting complaints, with a higher proportion of females more likely to report if they observed or experienced inappropriate behavior from an aid worker as compared to men (70.1% female compared to 60.4% male respondents). Among female and male-headed households, the proportion of those least likely to report complaints were male-headed households without children (30%), as compared male-headed households with children (6.3%), and female-headed households without children (16.3%). Among age groups, respondents least likely to report complaints were those over 80 years old (70%) followed by people aged 60-69 and 70-79 (23.9% and 22.3% respectively). Differences across regions and gender could also be observed, with male respondents least likely to report in the centre (33.3%), Chisinau (23%) and the north (21.7%) as compared to the south (13.8%). Similarly, female respondents were least likely to report in the north (28.2%) as compared to the south (16.4%), Chisinau (13.3%) and the centre (13.8%).⁵⁸

56 Among the small number (21) of persons who were dissatisfied with aid received (19 female and 2 male) the most common reason was due to insufficiency of aid (44.1% female and 70.4% male respondents), not receiving aid on time (27.3% female and 29.6% male), and not being consulted on what they needed (24.2% female and 0% male). The small number of respondents make it challenging to interpret the validity of this data.

57 Corresponding to a low percentage of dissatisfied respondents, there is an extremely low sample size, including for HH with at least one person with a disability (5 HH) and HH with respondents of different age groups (between 3 to 10 households in each age group) -making any analysis of differences not problematic for generalizability.

58 The sample size of the male respondents in some regions was limited (e.g. male respondents in the Center (33) and South (29)) which may impact generalizability of the data.

Table 33: Likely to report inappropriate behavior – by region and gender



No significant differences were seen with regards to reporting complaints among households with and without at least one person with a disability.⁵⁹ A slightly higher proportion of respondents aged 60 and above stated they would not report complaints as compared to younger respondents.⁶⁰

Top reasons given by respondents for not reporting inappropriate behavior were similar across genders but the proportion of male compared to female responses differed slightly: not trusting that it would make a difference was similar across genders (20.9% females compared to 19.5% male respondents), while feeling unsafe was 50% higher among female respondents (8.2% female compared to 4.2% male respondents), and not knowing where to report was almost three times higher among male respondents (14.1% male compared to 5.3% female

respondents). Regional differences across gender were also seen, with male respondents in the south and centre of Moldova having a higher percentage of not trusting that reporting would make a difference (50% and 36.4% respectively) compared to female respondents who were consistent (20%) across the regions. Not feeling safe to report was rated highest among females in the south of Moldova (20.8%) compared to female respondents in the centre, Chisinau and north (0%, 5.3% and 5.4% respectively).⁶¹ Notably, a large percentage of respondents (on average 25%) chose not to answer this question.

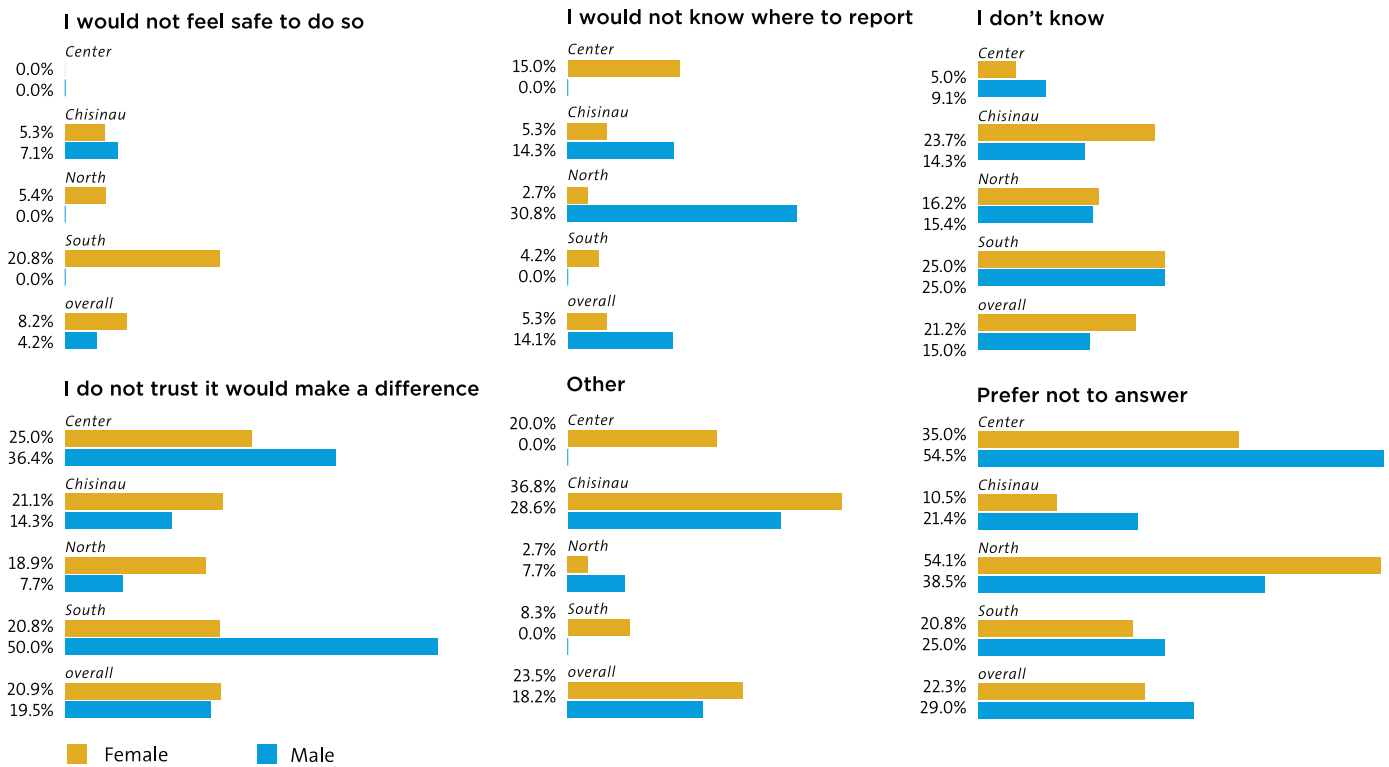
The decreased likelihood of male respondents to report inappropriate behavior may be linked in part to lack of awareness of where to report, suggesting that information needs to be better targeted to men.

59 66.2% of households with at least one person with a disability said they were likely to report a complaint, as compared to 68.5% of households without at least one person with a disability. 19.1% of households with at least one person with a disability said they were not likely to report a complaint, as compared to 16.3% of households without at least one person with a disability.

60 A slightly higher proportion (22.3% and 70%) of respondents aged 60 and older said they would not report a complaint, as compared to 11.1%-16% of respondents aged 18 - 59.

61 The sample size for each region was relatively small so responses may not be generalizable (Center (20 females, 11 males), Chisinau (38 females, 14 males), North (37 females, 13 males), South (24 females, 4 males).

Table 34: Reasons not likely to report – Region and gender of respondent



Among households with people with disabilities a larger proportion of respondents (35.4%) said they did not trust it would make a difference to report a complaint, as compared to 17.8% of households with no persons with a disability. Among persons from different age groups, a slightly larger proportion of persons aged 70 and older said they would not know where to report (from 15.5% to 57.2%), while a larger proportion of persons aged 35-69 said they did not trust that reporting would make a difference (24.5% to 29.2% as compared to other age groups (1.9% of persons aged 18-34, and 14% of persons aged 70-79). Among female- and male-headed households, a larger proportion of female headed households with and without children said they would not report as they would not feel safe (10.3% and 3% as compared to 0% for male headed households respectively, while a higher proportion of male-headed households (both with and without children) reported not knowing where to report (50% and 14.5% respectively as compared to female-headed households with and without children 2.2% and 5.6% respectively).

The preferred means of individuals to provide feedback on inappropriate behavior was by phone (55% female compared to 62.6% male respondents), by social media (55.1% female compared to 41% male respondents), or by messaging app (20.2% female compared to 20.5% male respondents). For households with people with disabilities, the top three means to provide feedback were telephone (66.8%), followed by social media (38.5%) and messaging apps (23.2%) as compared to households with no persons with a disability (54.7% phone calls, 54.7% social media, and 19.8% messaging apps respectively). Similar ratios could be found among female and male headed households with and without children). Among respondents from different age groups, more than half of those aged 35 and older (57.1% to 100%) preferred to provide feedback by telephone, while more than half of those aged 18-59 preferred giving feedback by social media (55.7% to 62.9%) as compared to older persons aged 60 and above (from 31.4% to 0%)

CONCLUSION

This assessment highlights the multi-faceted challenges faced by various demographic groups of refugees from Ukraine in Moldova.

Findings suggest that while employment levels are relatively high among refugee household members in the labor force from Ukraine, gender disparities exist, with a larger proportion of women including female-headed households unemployed and/or receiving less employment income than their male counterparts. People with disabilities also faced a higher percentage of unemployment as compared to people with no disabilities. Difficulties finding work are also higher among females and people with disabilities. This has implications for their dependence on external financial support and their socio-economic integration and resilience.

Despite relatively high levels of employment among household members in the labor force, overall the socio-economic vulnerability of the refugee population remains relatively high, with many households reliant on and prioritizing needs for external financial assistance from the governments (of both Ukraine and Moldova) and the humanitarian community. Female-headed households were more likely to face financial strains such as using their savings to cover basic needs as compared to their male counterparts. Similarly, households with persons with disabilities and older persons were more likely to reduce health expenditures as a coping strategy, as compared to other households, increasing their vulnerability in the face of limited financial resilience. Further analysis of all these variables should be conducted to get a more accurate picture of how employment status, socio-economic vulnerability, economic resilience interact, and about related trends and support needs.

Access to healthcare was high overall, including access to SRHS, although men seemed to have less access to information about health care services, while people with disabilities faced more financial barriers to accessing clinics and medicine than other categories of people. At the same time, health care was identified as among the top three priority needs across population groups, suggesting it remains a priority area which requires continued support.

A very high percentage (over 95%) of both male and female respondents reported feeling safe walking alone in their area at night, and the majority were aware of existing protection/GBV services, although information about services was lower among male respondents suggesting more targeted information outreach is required. In addition to differences between gender, age or ability, were those between people living in different parts of Moldova. In particular those from the south of the country tended to have less access to humanitarian assistance, employment and socio-economic security than those living in other parts of the country.

Further data and analysis is required to unpack some of the indicative findings of this report, including exploring the intersection between gender, age, and ability; better understanding the profiles of single-headed households, including of older persons living alone; understanding how ethnicity interacts with the other variables; analysing the underlying causes of regional differences; and refining research methodologies to enable a more thorough gender and diversity analysis in future assessments.