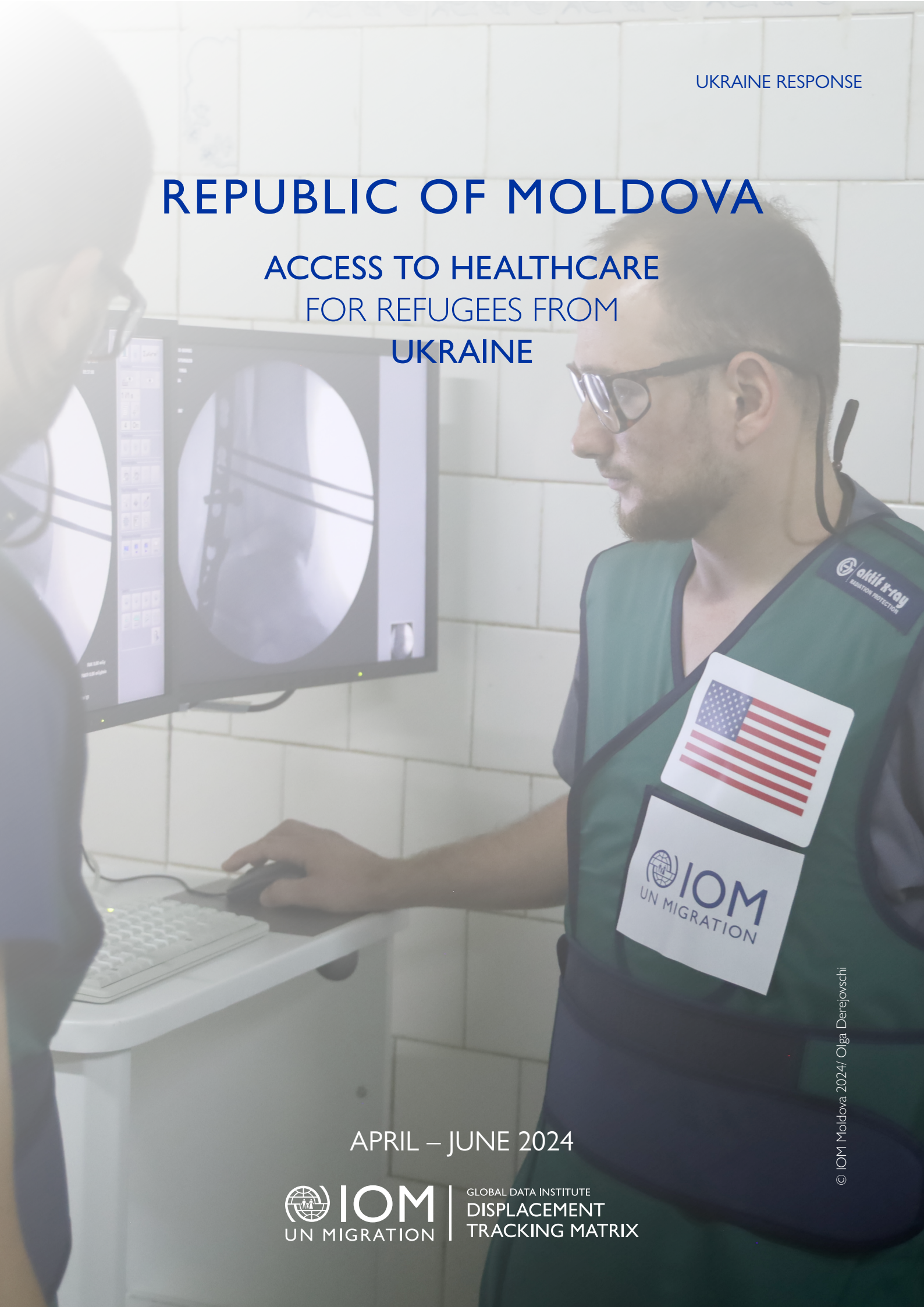


REPUBLIC OF MOLDOVA

ACCESS TO HEALTHCARE FOR REFUGEES FROM UKRAINE



APRIL – JUNE 2024

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KEY FINDINGS

Demographics



1,892
Ukrainian
respondents



Male
16%



Female
84%

Household composition

At least one infant
(0-4 years old) **27%**

At least one child
(5-17 years old) **60%**

At least one older person
(over 60 years old) **33%**

Priority needs



41%
Medication



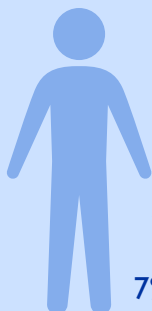
38%
Healthcare services



2%
Mental and
psychosocial support

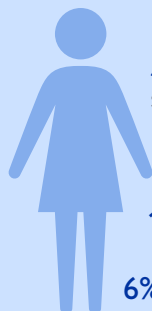
Main health conditions

Male
(n=163)



53% Chronic disease/
serious conditions
17% Visual impairment
15% Difficulty walking
7% Hearing impairment

Female
(n=648)



41% Chronic disease/
serious conditions
18% Visual impairment
13% Difficulty walking
6% Hearing impairment

Top 5 barriers

Costs **57%**

Long queues **33%**

Unavailable services **19%**

Language barrier **18%**

Lack of documents **10%**

Multiple answers possible

Vulnerabilities

43%
have or live with
people with special
needs or serious
medical conditions

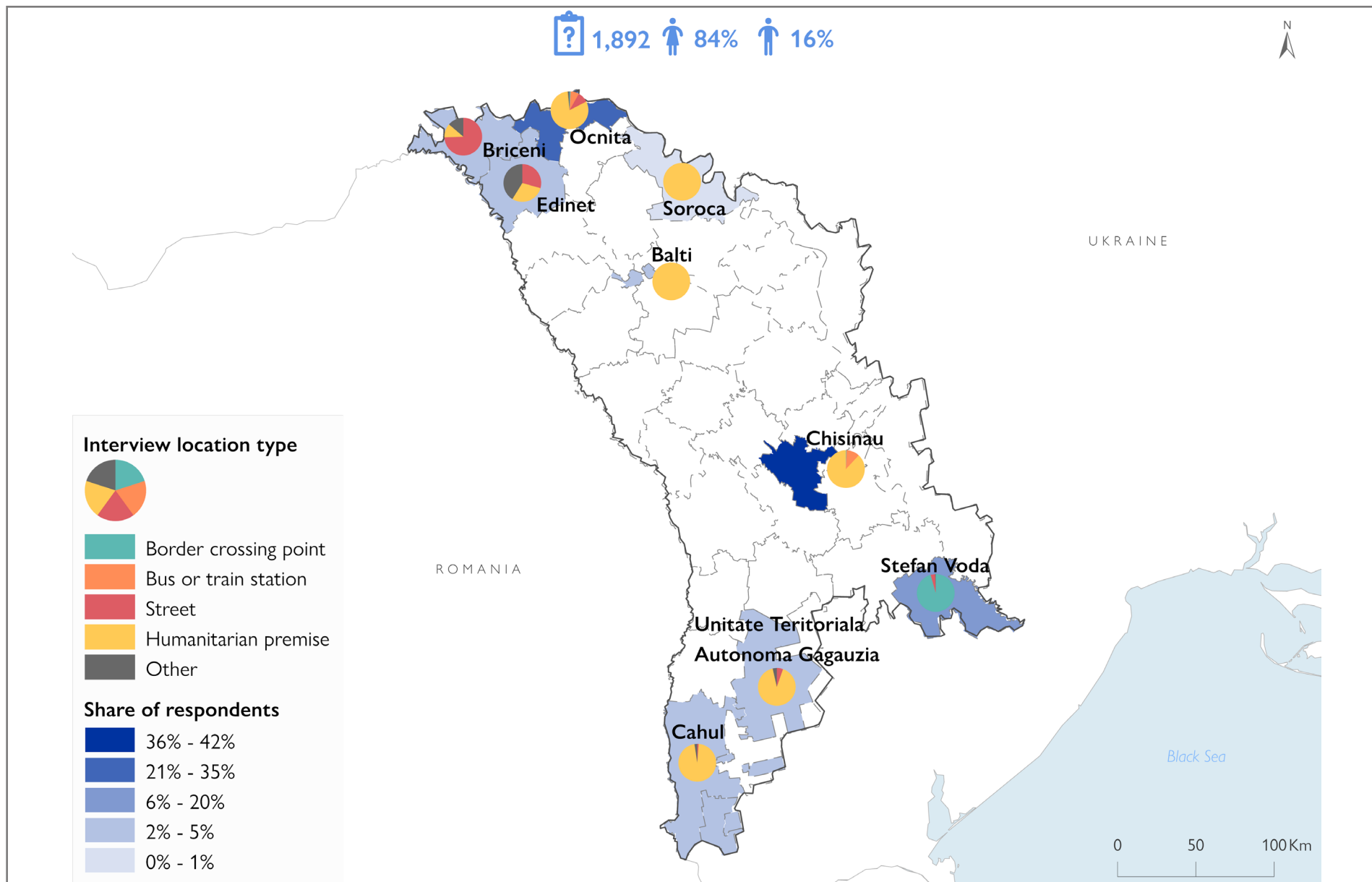
5%
live with a pregnant
or lactating women

Registered with a
General Practitioner

63%
with a general
practitioner

84%
with a paediatrician

Map: NUMBER OF SURVEYS AND LOCATIONS OF DATA COLLECTION IN THE REPUBLIC OF MOLDOVA, APRIL - JUNE 2024



This map is for illustration purposes only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM

INTRODUCTION

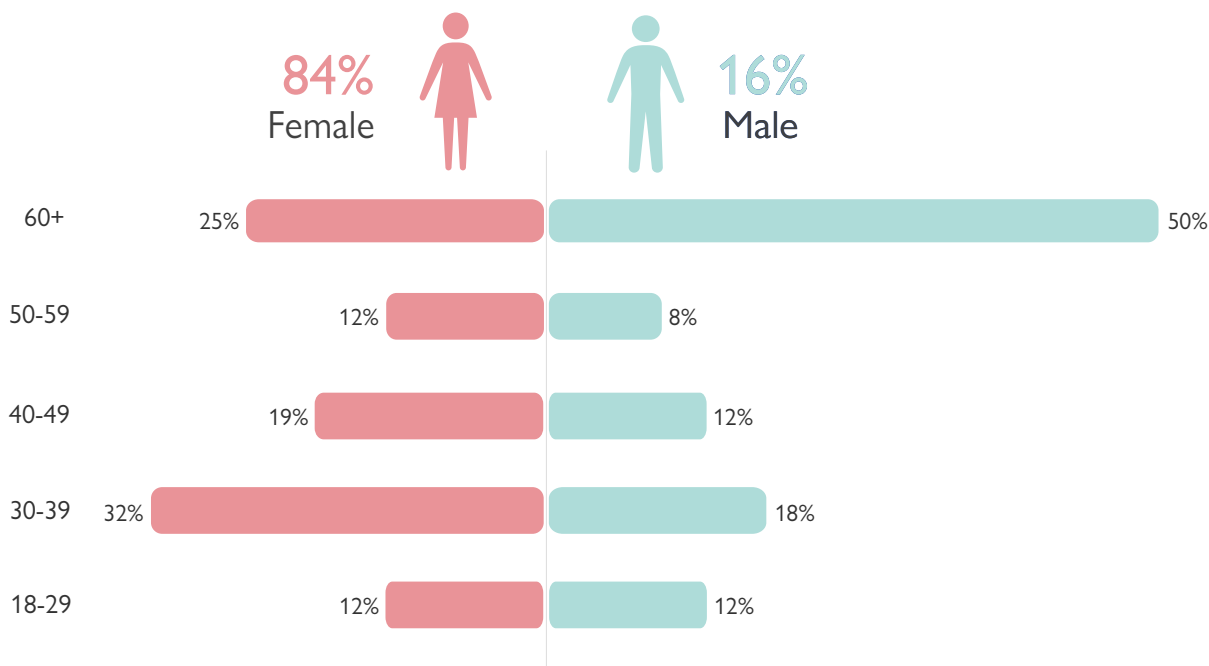
The IOM's Displacement Tracking Matrix collected data through Surveys with Refugees in the Ukraine Response region between 1 April and 22 June 2024. In the Republic of Moldova, a total of 1,892 individuals were interviewed. This report focuses on the characteristics, socio-demographic composition, challenges, and needs of the displaced population in the Republic of Moldova, with a particular emphasis on healthcare and the medical needs of the respondents. The analysis presented in this report is based solely on selected health-related questions from the survey deployed by IOM's DTM in the Ukraine Response

region countries. Results may not add up to 100 per cent due to rounding or multi-select questions.

The top three regions where data was collected were Chisinau (41%), Ocnita (35%), and Stefan Voda (11%). The remaining 13 per cent were collected in Cahul (4%), Briceni (3%), Comrat (3%), Balti (2%) and Edinet (1%). These interviews were conducted at NGO premises (34%), IOM premises (34%), border control points (11%), bus and train stations (8%), and in public places (13%).

SOCIO-DEMOGRAPHIC PROFILE

Figure 1. Respondents by age and gender (%) n=1,892



23%

travelling alone



77%

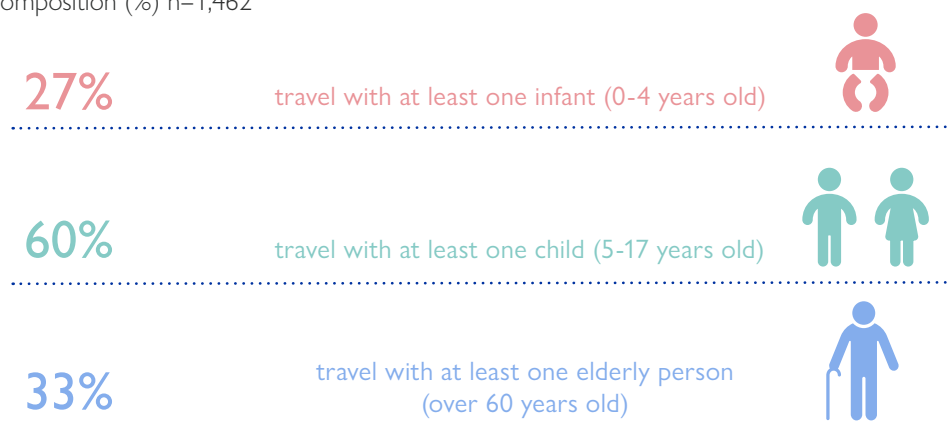
travelling with a group

On average, more women were travelling in a group than men (79% versus 67%). Among those journeying in a group (n=1,462), 39 per cent were accompanied by one other person, resulting in a total group size of two people, including the respondent. Additionally, 37 per cent were in a group composed of three people, while the remaining 24 per cent reported travelling with group of four or more people. On average, the household size was 2.5 persons per group.

Twenty-seven per cent of the households (HH) included at least one infant aged 0 to 4 years, and over half (60%) had at least one child aged 5 to 17 years. In addition, more than one-third

(33%) of the households reported living with at least one older person above the age of 60.

Figure 2. Household composition (%) n=1,462



HEALTH CONDITIONS

Forty-three per cent of all respondents (n=1,892) reported that they either had or were living with someone with specific needs or serious health conditions. Notably, individuals who were alone (n=430) were more vulnerable, with more than half (64%) having at least one health issue. A slightly higher incidence of health conditions within gender disaggregation was observed among male respondents (reported by 47% of men versus 41% of women). Conversely, the prominence of individuals with specific needs or serious health conditions was higher among respondents who were part of a household (n=1,462). Thirty-seven per cent of respondents in the group

reported having someone with health issues in their household. Male respondents presented a considerably higher share of people in their group with specific health conditions compared to women (47% versus 35%). This gender-specific pattern is better understood when disaggregating by specific health conditions. As illustrated in Figure 3, the higher prevalence of health issues among men and their households could be attributed to the considerably higher incidence of chronic diseases and serious medical conditions (33% for men versus 22% for women). There were no substantial differences in the other health conditions.

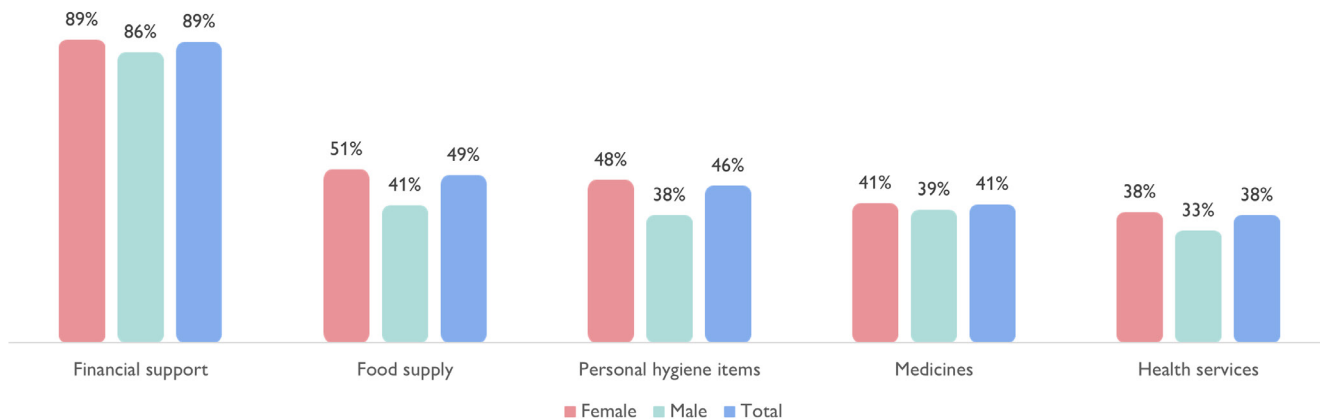
Figure 3. Health conditions and difficulties by gender and household composition (%) n=1,892

WOMEN		TRAVELLING WITH	MEN	
36%	Alone	No serious health conditions or specific needs	Alone	34%
66%	In a group		In a group	53%
64%	Alone	Serious health conditions, or specific needs	Alone	66%
34%	In a group		In a group	47%
46%	Alone	Chronic disease or under medical treatment	Alone	46%
22%	In a group		In a group	33%
16%	Alone	Difficulties of seeing, hearing and walking	Alone	23%
13%	In a group		In a group	20%
0%	Alone	Difficulties of remembering, self-caring and communicating	Alone	2%
1%	In a group		In a group	4%

Multiple answers possible

ACCESS TO HEALTHCARE

Figure 4. Main needs at the time of the interview by gender (%) n=1,892

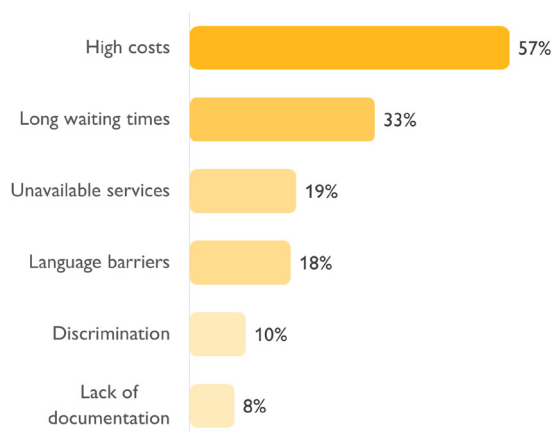


Multiple answers possible

In terms of access to healthcare in the Republic of Moldova, the vast majority (60%) of respondents were either indifferent or optimistic about ease of access. One in four respondents (26%) reported that it was easy for them to access medical services. Five per cent reported having encountered some difficulties in accessing healthcare services while nine per cent did not want to answer. This highlights that, despite the generally favourable conditions, potential obstacles still exist for accessing healthcare for Ukrainian refugees residing in the Republic of Moldova.

Among those who reported some difficulties in accessing healthcare services in the Republic of Moldova (n=192), the most frequently mentioned obstacles were high costs (57%), long waiting times (33%), unavailable services (19%), the language barrier (18%), discrimination (10%) and lack of documentation (8%).

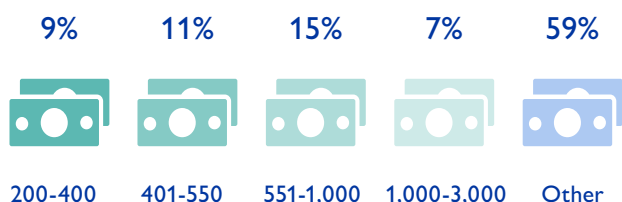
Figure 5. Top difficulties in accessing healthcare services (%) n=192



Multiple answers possible

HEALTH AND INCOME

Figure 6. Households with members who have health conditions by monthly income in Euros (%) n=365



One likely reason for the significant role of costs as a barrier to healthcare accessibility is respondents' income levels and their ability to bear the expenses associated with healthcare services. On average, those who reported having at least one person with a health condition in their household had an income of 440 Euros per month, lower than those who did not have any such cases in their family (590 Euros). Given respondents reported an average monthly expenditure of 400 Euros on accommodation and utilities, this leaves very little money for other essential needs, such as medication and health services.

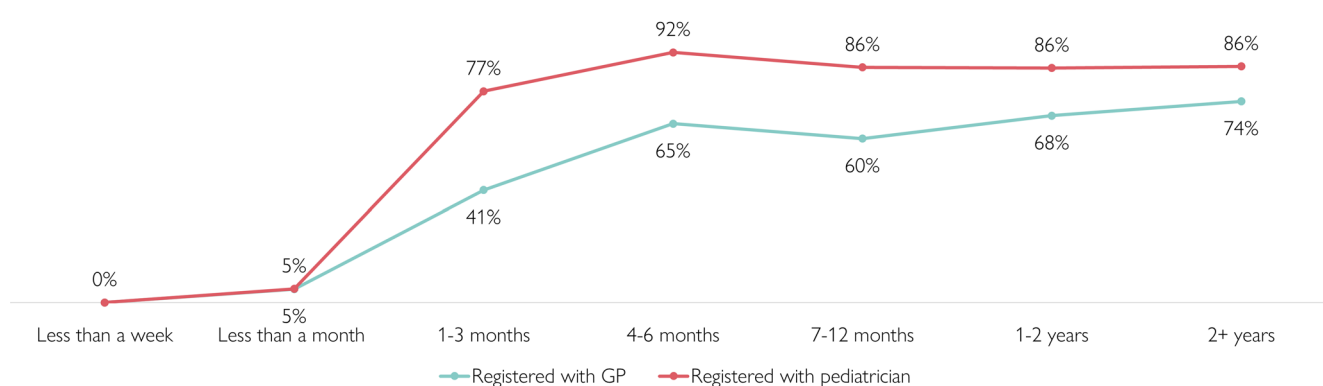
REGISTRATION WITH HEALTHCARE PROVIDERS

Two-thirds of participants (63%) in the survey reported being registered with a general practitioner (GP), while the remaining 37 per cent were not registered. A higher share of women were registered with a local GP than men (69% versus 34%). Taking into account that male respondents exhibited a higher prevalence of health conditions, this could suggest a heightened vulnerability within this subgroup. Among those who had not registered (n=693), the main reason was a lack of health insurance (31%). Notably, among those who reported the lack of insurance as a reason for not registering with a GP, 17 per cent had Moldovan citizenship or TP (Temporary Protection) which includes them in the national health insurance plan. One possible explanation for this discrepancy could be that the data regarding respondents' legal status may be limited due to potential reluctance to divulge their true legal status. Alternatively, it is possible they might not know their rights to health services. Other respondents who were not registered with a GP shared that they did not need healthcare (27%), received assistance from NGOs (22%), or were unsure about the costs (14%).

In terms of children's registration with local paediatricians, the share of respondents who reported having done so was considerably high at 84 per cent among the respondents who had at least one minor in their household. Among the remaining 16 per cent who did not register their children with local paediatricians (n=169), the most cited reasons were that they did not need such services (39%), or already used assistance from NGOs (27%). Other reasons were lack of health insurance (18%), refusal from the healthcare specialists (4%) or unsure about the costs (2%).

Over time, there is an increase in the share of respondents being registered with local healthcare providers as the length of time in the Republic of Moldova increases. As shown in Figure 7, a steep increase in the registration rate is observed among respondents who arrived in the Republic of Moldova before Q4 of 2023. Notably, the share of respondents who registered their children with a local paediatrician was consistently higher than the share of respondents who were registered with a general practitioner, which might indicate how the health of children and minors are prioritized.

Figure 7. Healthcare registration by arrival period in the Republic of Moldova (%) n=1,892



ACCESS TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Among respondents (n=1,892), 86 per cent (n=1,627) reported having received assistance in the three months preceding the interview. Among them, one per cent received mental health and psychosocial support, which was provided mostly by UN agencies including IOM, NGOs, and religious institutions, among others.

Conversely, 31 per cent of the respondents (n=593) reported having used psychological counselling or mental health support services since they had been displaced. The percentage of respondents accessing Mental Health and Psychosocial Support (MHPSS) services was higher among women (34%) than among men (19%).



METHODOLOGY

IOM's Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process, and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on-site or enroute. Since April 2022, DTM has been surveying people who are residing in the 11 countries included in the Regional Refugee Response Plan for Ukraine. The survey aims to improve the understanding of their profiles, displacement patterns, intentions, and needs. The survey is deployed in 6 countries neighbouring Ukraine – Belarus, Hungary, Poland, the Republic of Moldova, Romania, and Slovakia, and other 5 European Union countries particularly impacted by the arrivals of refugees from Ukraine, including Bulgaria, Czechia, Estonia, Latvia, and Lithuania. In the Republic of Moldova, face-to-face surveys were conducted by six trained enumerators with adult refugees from Ukraine (18+ years old). Surveys were collected in various locations and regions across the Republic of Moldova, with the top three regions where data was collected being in

Chisinau (41%), Ocnita (35%), and Stefan Voda (11%). The remaining 13 per cent were collected in Cahul (4%), Briceni, Comrat (3% each), Balti (2%) and Edinet (1%). Respondents were approached in a simple random sample by enumerators at selected entry, exit, transit points and accommodation centres. In border crossing point areas, both people entering/exiting by car, by bus, by foot and by train were interviewed. The survey is anonymous and voluntary, administered only if consent from the respondent is given. The respondent could stop the survey at any time. In the Republic of Moldova, the questionnaire is available in Ukrainian, Russian, English, and Romanian, and the preferred language is determined by the interviewee. Only fully completed surveys were considered for this report. Before the start of the survey, all enumerators were trained by IOM on DTM standards, the use of the KoBo application, IOM approach to migrants' protection and assistance, the ethics of data collection and the provision of information and referral mechanisms in place.



ABOUT THE SURVEY

Aim

To improve the understanding of the profiles of Ukrainian refugees residing or transiting through the Republic of Moldova, including their displacement patterns, intentions, and needs.

Location and execution

Face-to-face surveys were conducted by 6 trained enumerators stationed at selected locations in 9 regions of the Republic of Moldova. Surveys were conducted in Ukrainian, Russian, English, and Romanian using the KoBo application.

Target Population

The present analysis focuses on the healthcare, health issues, and the medical needs of Ukrainian refugees in the Republic of Moldova.

Data collection period

In the Republic of Moldova data was collected between 1 April and 22 June 2024.

LIMITATIONS

The sampling framework was not based on verified figures of refugees from Ukraine entering through all land border points or staying in the various regions where the surveys are conducted, due to the lack of baseline information. The geographic spread of enumerators deployed captures a wide range of locations. Whilst the overall results cannot be deemed as representative, the internal consistency of data collection in each country and at the regional level suggests that the current sampling framework produces findings of practical value. While every attempt was

made to capture all types of locations, the operational reality of fieldwork was confronted with different levels of accessibility of BCPs and other transit and stay locations, including the different availability of possible target individuals to comfortably spend 10-20 minutes responding to the questionnaire depending on a mix of personal conditions. Other factors more related to the conditions at a specific location and period, such as organizational changes in the entry and transit areas from national authorities, or weather conditions, also play a role.

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DTM

Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. The survey form was designed to capture the main displacement patterns of refugees of any nationality fleeing from Ukraine because of the war. It captures the demographic profiles of respondents and of the group they are travelling with, if any; it asks about intentions relative to the intended destinations and prospects in the country of displacement; it gathers information regarding a set of main needs that the respondents expressed as more pressing at the moment of the interview.

Since the onset of the war in Ukraine, several IOM's DTM tools were deployed in countries neighbouring Ukraine and in other countries particularly impacted by the new arrivals of refugees from Ukraine.

For more information, please consult:

<https://dtm.iom.int/responses/ukraine-response>