

REPUBLIC OF MOLDOVA

ACCESS TO HEALTHCARE FOR REFUGEES FROM UKRAINE



JANUARY – MARCH 2024

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KEY FINDINGS

Demographics



1,507
Ukrainian
respondents



Male
14%



Female
86%

Household Composition

At least one infant
(0-4 years old) **21%**

At least one child
(5-17 years old) **59%**

At least one older person
(over 60 years old) **37%**

Priority needs



43%
Medication



36%
Healthcare services



2%
Mental and
psychosocial support

Main health conditions

Male
(n=204)



48% Chronic disease/
serious conditions

5% Difficulty walking

5% Visual impairment

2% Hearing impairment

Female
(n=1,303)



25% Chronic disease/
serious conditions

5% Difficulty walking

3% Visual impairment

3% Hearing impairment

Top 5 barriers

Costs **59%**

Long queues **35%**

Language barrier **19%**

Unavailable services **18%**

Lack of documents **17%**

Multiple answers possible

Vulnerabilities

39%
have or live with
people with special
needs or serious
medical conditions

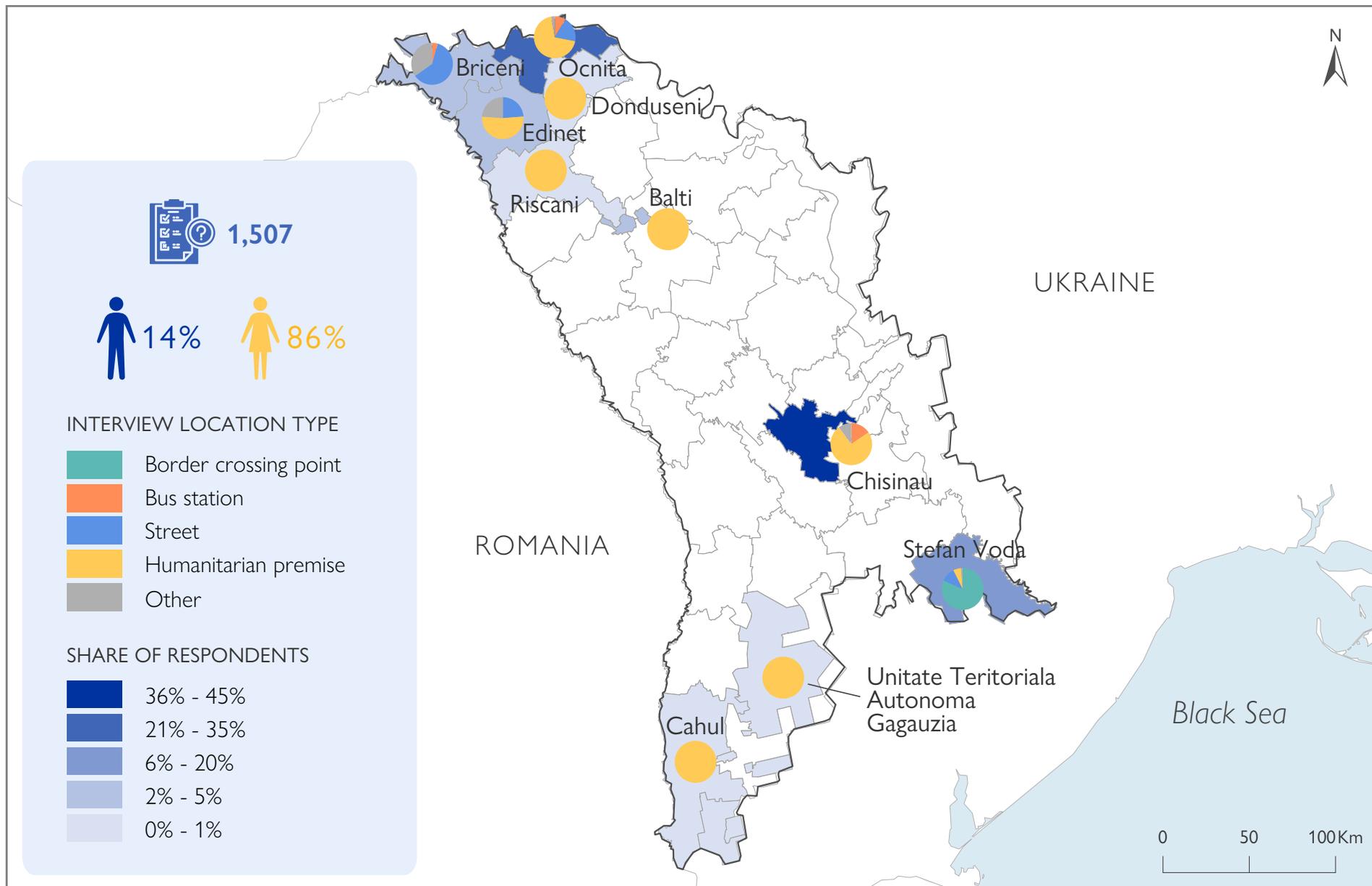
2%
live with a pregnant
or lactating women

Registered with a
General Practitioner

69%
with a general
practitioner

82%
with a paediatrician

Map: Number of surveys and locations of data collection in the Republic of Moldova, January - March 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 2 February and 30 March 2024. In the Republic of Moldova, a total of 1,507 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. Thus, findings from these health-related

questions where respondents could select multiple answers may not total 100 per cent. This applies to questions pertaining to needs, and information.

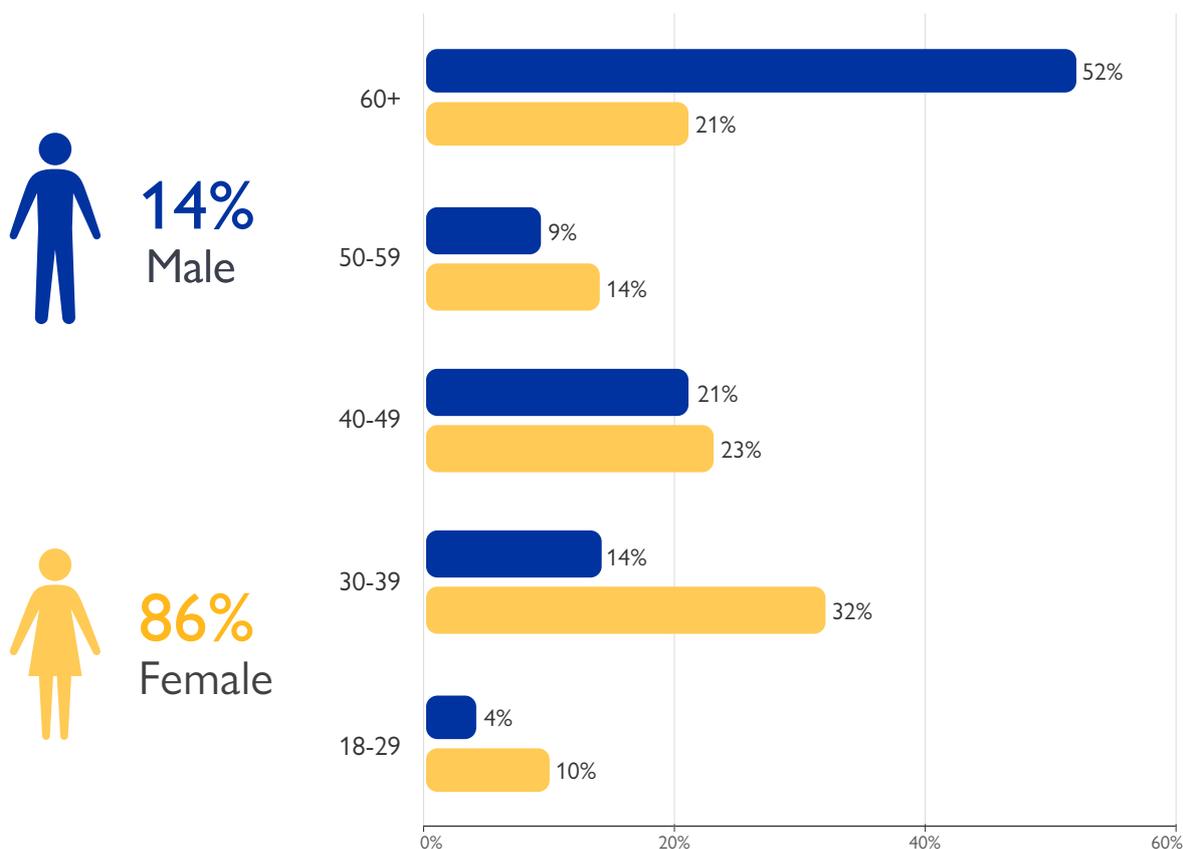
The top three regions where data was collected were Chisinau (45%), Ocnita (30%), and Stefan Voda (16%). The remaining nine per cent were collected in Edinet (3%), Balti (2%), Briceni (2%), Cahul (1%), and Donduseni (1%). These interviews were mainly conducted at NGO premises (31%), IOM premises (17%), bus and train stations (17%), border crossing points (13%), and within public premises (9%).

SOCIO-DEMOGRAPHIC PROFILE

Among respondents (n=1,507), women constituted 86 per cent, while men accounted for the remaining 14 per cent. Female respondents to the survey were consistently younger than their male counterparts. Fifty-two per cent of males were older than 60 years of age, almost three times the share of women in

the same age group. Conversely, the majority of women were distributed across the 30-39 age group (32%) and the 40-49 age group (23%). The average age of the total sample was 47 years, with men averaging 55 years and women 46 years.

Figure 1. Respondents by age and gender (%) n=1,507



HOUSEHOLD COMPOSITION



The majority of the respondents (85%) reported travelling in a group, while the remaining 15 per cent were alone. When disaggregating by gender, it is evident on average, more women were travelling in a group than men (86% versus 82%).

Among those journeying in a group (n=1,286), 39 per cent were accompanied by one other person, resulting in a total group size of two people, including the respondent. Additionally, 34 per cent were in a group composed of three people, while the remaining 27 per cent reported travelling with a group of four or more people. On average, the household size was 2.7 persons per group.

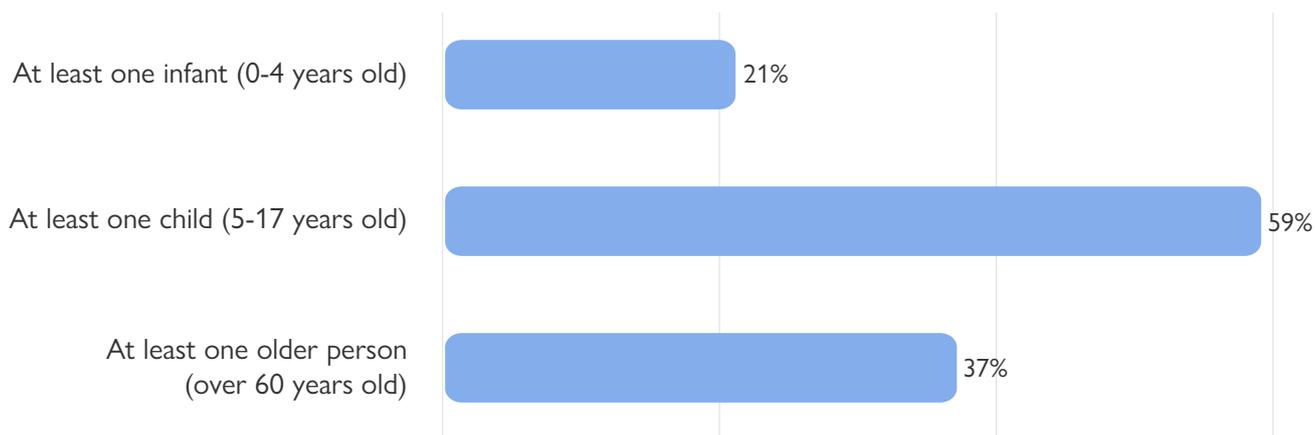
Figure 2. Group size (%) n=1,286



Twenty-one per cent of the households included at least one infant aged 0 to 4 years, and over half (59%) had at least one child aged 5 to 17 years. In addition, more than one third (37%) of the

households reported living with at least one older person above the age of 60.

Figure 3. Household compositions (%) n=1,286



HEALTH CONDITIONS

Thirty-nine per cent of all respondents (n=1,507) reported that they either had or were living with someone with specific needs or serious health conditions. Notably, individuals who were alone (n=221) were more vulnerable, with more than half (51%) having at least one health issue. A slightly higher incidence of health conditions was observed among male respondents (reported by 54% of men versus 50% of women).

Conversely, the prominence of individuals with specific needs or serious health conditions was lower among respondents who were part of a household (n=1,286). Thirty-seven per cent of respondents in a group reported having someone with health issues in their household. Male respondents indicated travelling in more vulnerable groups as they presented a considerably higher share of people with specific health conditions compared to women (53% versus 35%).

Figure 4. Respondents travelling alone that have health conditions, by gender and total, (%) n=221

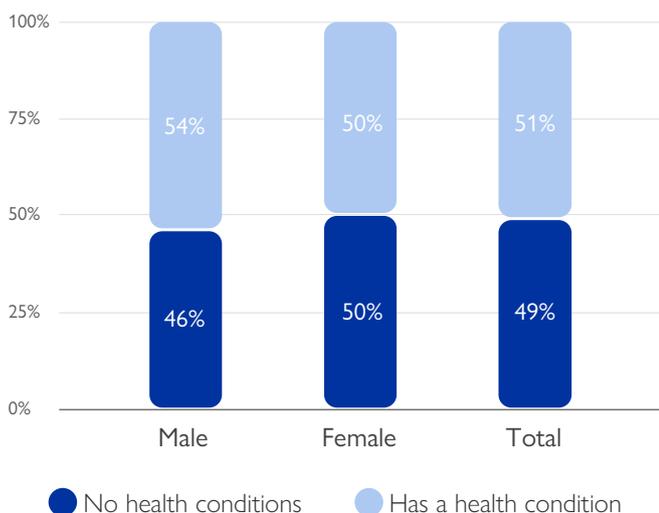
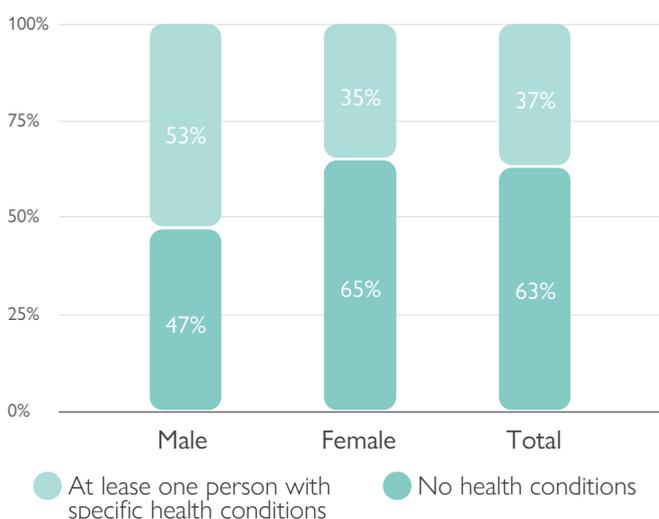
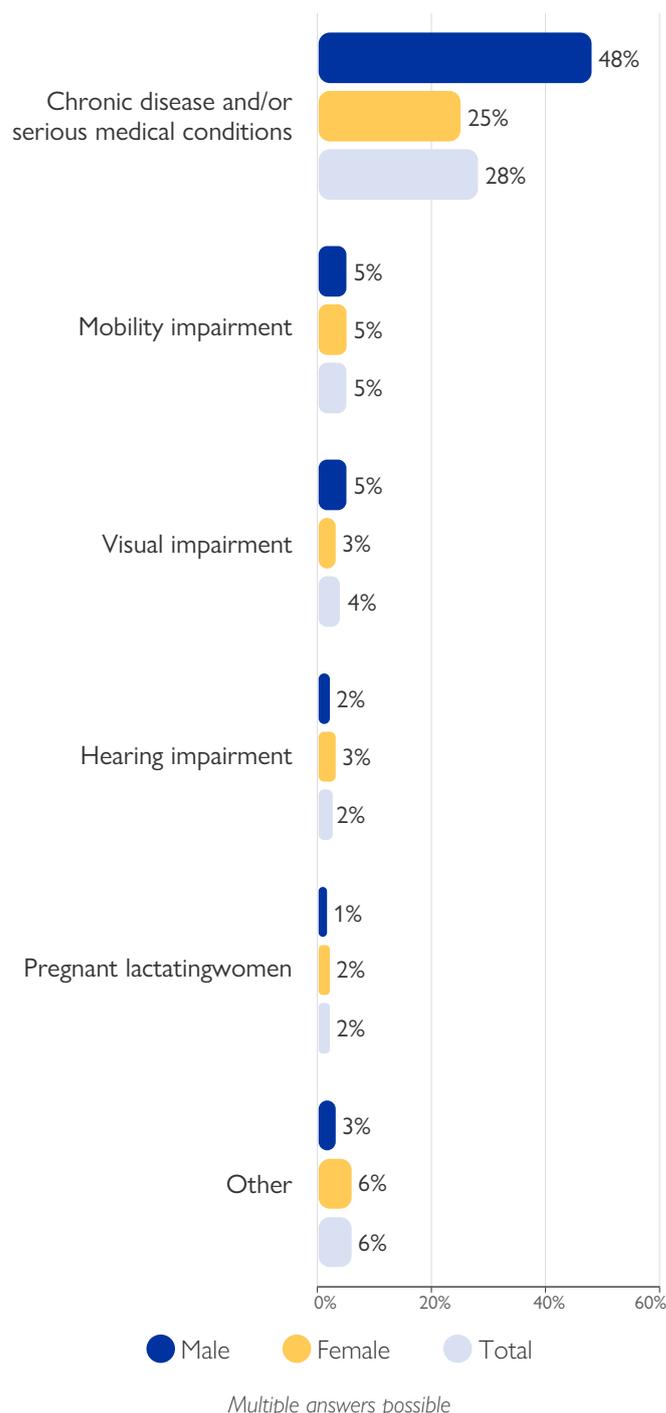


Figure 5. Respondents travelling in a group that have health conditions, by gender and total, (%) n=1,286



This gender-specific pattern is better understood when disaggregating by specific health conditions. As illustrated in Figure 6, the higher prevalence of health issues among men and their households could be mainly attributed to the considerably higher incidence of chronic diseases and serious medical conditions (48% for men versus 25% for women). There were no substantial differences in the other health conditions.

Figure 6. Health conditions of, by gender and total, (%) n=1,507



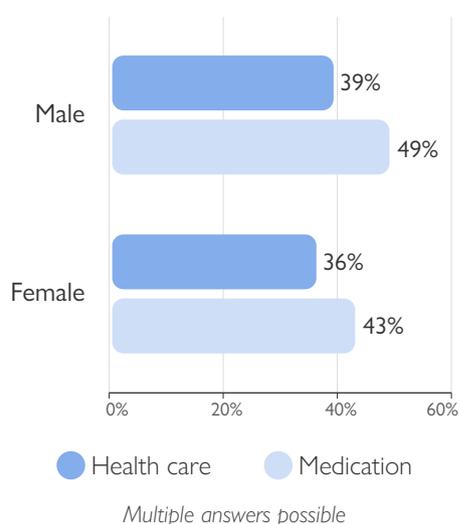
ACCESS TO HEALTHCARE

PRIORITY NEEDS

Medicines were the third most mentioned need by respondents (43%) after financial aid (79%) and food items (48%). Moreover, healthcare was the fifth priority need according to respondents, mentioned by 36 per cent.

The need for such support was higher among men than among women. In particular, half of male respondents cited the need for medication (49%) compared to 43 per cent of women. This could be attributed to the fact that male respondents were on average older than their female counterparts, resulting in an increased incidence of conditions associated with ageing, such as chronic diseases, that require constant medication.¹

Figure 7. Need for healthcare and medication by gender (%) n=1,507



OBSTACLES

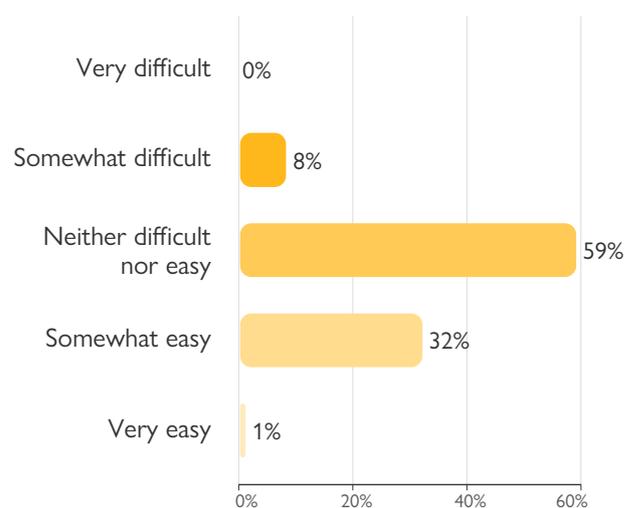
Among those who reported some difficulties in accessing healthcare services in the Republic of Moldova (n=108), the most frequently mentioned obstacles were high costs (59%), long waiting times (35%), the language barrier (19%), unavailable services (18%), lack of documentation (17%), discrimination (6%) and lack of transportation (6%). Notably, all those who

ACCESS TO HEALTHCARE

In terms of access to healthcare in the Republic of Moldova, the vast majority (92%) of respondents were either indifferent or optimistic about ease of access (had either a neutral or positive opinion). The majority of respondents (59%) reported no difference in their access to healthcare services when compared to Ukraine. Another 33 per cent reported that it was easy for them to access medical services.

The remaining eight per cent reported having encountered some difficulties while trying to access healthcare. This highlights that, despite the generally favourable conditions, potential obstacles still exist for accessing healthcare for Ukrainian refugees residing in the Republic of Moldova.

Figure 8. Difficulty in accessing healthcare (%) n=1,507



reported a lack of documents as a barrier were Temporary Protection holders, which entitles them to access services, including healthcare, in the Republic of Moldova.² This might highlight the lack of knowledge among respondents regarding their rights and their eligibility to accessing certain services.

1. World Health Organization (WHO), (Geneva, 2022). "Ageing and health", accessed 20 May 2024.

2. Since March 2023, the Government of the Republic of Moldova has granted Temporary Protection (TP) Status to persons displaced from Ukraine as a form of immediate protection, granting them access to essential services in the Republic of Moldova. TP has been extended until 1 March 2025. Source: General Inspectorate for Migration, (Chisinau, 2024). "The temporary protection for Ukrainians on the territory of the Republic of Moldova is to be extended", accessed 21 May 2024.

Figure 9. Obstacles encountered when accessing healthcare (%) n=108

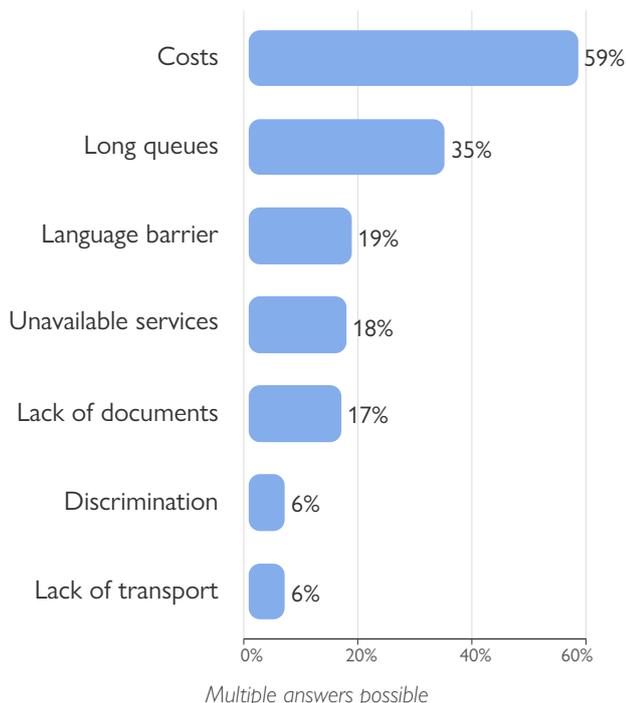
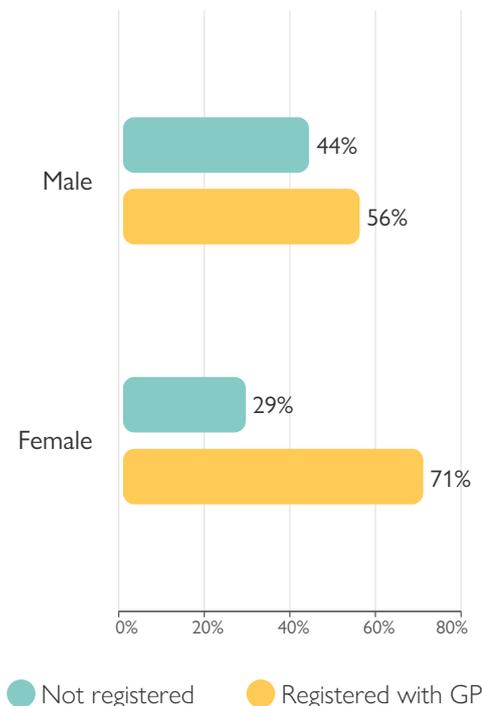


Figure 10. Registered with a local general practitioner, by gender (%) n=1,507



HEALTH AND INCOME

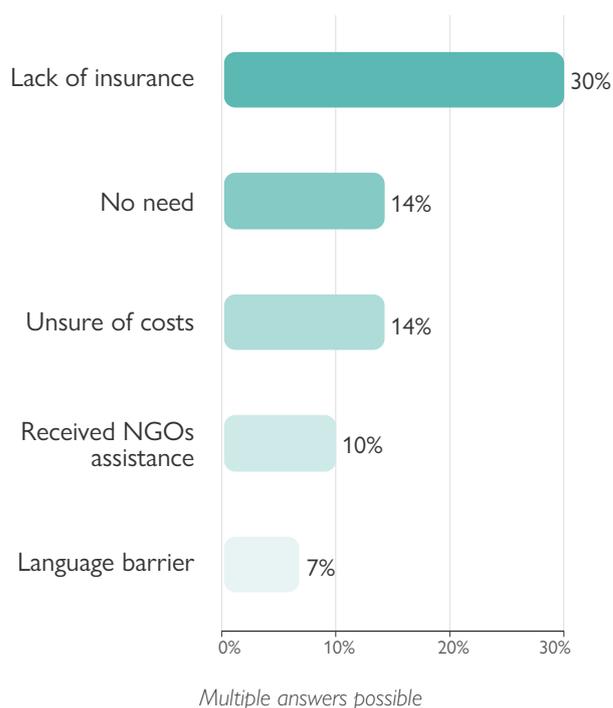
One possible reason for the significant role of costs as a barrier to healthcare accessibility could be linked to the respondents' income levels and their financial ability to bear the expenses associated with healthcare services. On average, those who reported having at least one person with a health condition in their household had an income of 490 euros per month, lower than those who did not have any such cases in their family (560 euros). Given respondents reported an average monthly expenditure of 400 euros on accommodation and utilities, this resulted in a relatively limited budget for other essential needs, such as medication and health services.

REGISTRATION WITH HEALTHCARE PROVIDERS

Over two-thirds of participants (69%) in the survey reported being registered with a general practitioner (GP). Nevertheless, the remaining 31 per cent were not registered with local healthcare providers. A higher share of women was registered with a local GP than men (71% versus 56%). Taking into account that male respondents exhibited a higher prevalence of health conditions, this could suggest a heightened vulnerability within this subgroup.

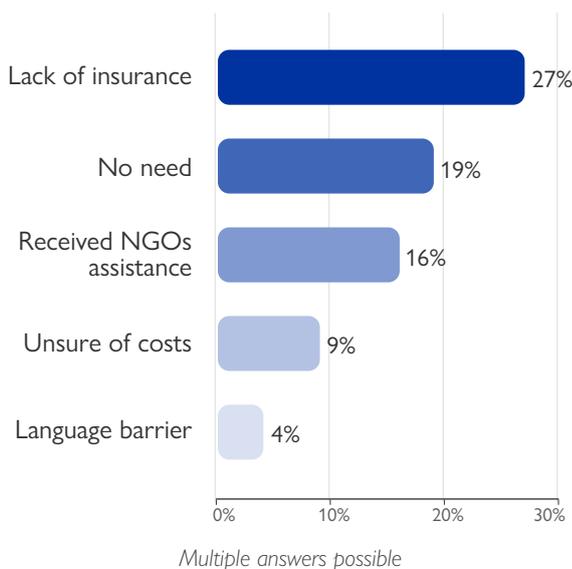
Among those who have not registered (n=460), reasons included the lack of health insurance (30%), having no need healthcare, or being unsure regarding the costs (14% each). Other frequently mentioned reasons were either that they received the necessary assistance from NGOs (10%) or they encountered a language barrier (7%).

Figure 11. Reasons for not registering with general practitioner (%) n=460



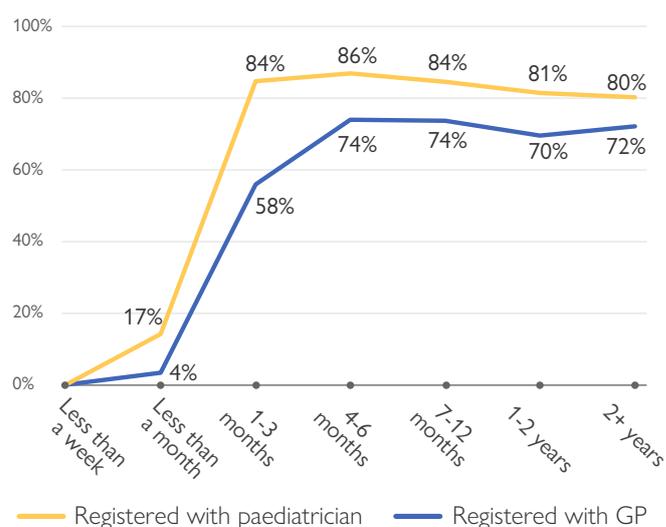
In terms of children’s registration with local paediatricians, the share of respondents who reported having done so was considerably high at 82 per cent among the respondents who had at least a minor in their household. Among the remaining 18 per cent who did not register their children with local paediatricians, almost one third cited the reason as lack of health insurance (27%). Other reasons mentioned were not needing it (19%), receiving NGO assistance instead (16%), unsure about costs (9%), or they encountered a language barrier (4%).

Figure 12. Reasons for not registering with paediatrician (%) n=164



Over time, there is an increase in the share of respondents being registered with local healthcare providers as the length of displacement increases. As shown in Figure 11, a steep increase in the registration rate is observed among respondents who have spent more than a month in the Republic of Moldova. 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 themselves, which might indicate how the health of children and minors are prioritized.

Figure 13. Registration with healthcare providers by length of stay (%) n=1,507



ACCESS TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

PRIORITY NEEDS

Mental health and psychosocial support (MHPSS) were not ranked among the most frequently mentioned priority needs for respondents. MHPSS was indicated by only two per cent of the respondents, with two per cent of women and three per cent of men expressing the need for support.



ASSISTANCE RECEIVED

Among respondents (n=1,507), 90 per cent reported having received assistance while being in displacement (n=1,362). Among them, six per cent received mental health and

psychosocial support, which ranked fifth among the primary types of assistance received by respondents in the Republic of Moldova.³

MHPSS IN THE REPUBLIC OF MOLDOVA

Almost half (48%) of the respondents reported having used psychological counselling or mental health support services in the Republic of Moldova since they had been displaced. The percentage of respondents accessing MHPSS services was slightly higher among women (48%) than among men (44%). Despite MHPSS not being ranked as one of the priority needs by most respondents, the overall high proportion of participants in the survey who reported having accessed such services might indicate the need for these services among refugees from Ukraine in the Republic of Moldova.

3. The other four most frequently received forms of assistance reported by the respondents were: financial support (93%), food assistance (71%), personal hygiene items (49%), and accommodation (17%).

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 en route.

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 aim of the survey is 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's 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 nine 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 (45%), Ocnita (30 %), and Stefan Voda (16 %). The remaining nine per cent was collected in Edinet (3%), Balti (2%), Briceni (2%), Cahul (1%), and Donduseni (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 persons 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 was 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. Prior to the start of the survey, all enumerators were trained by IOM on DTM standards, the use of Kobo application, IOM approach to migrants' protection and assistance, the ethics of data collection and the provision of information and referral mechanism 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.

Target Population

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

Location and execution

Face-to-face surveys were conducted by 6 trained enumerators stationed at selected locations in 3 regions of the Republic of Moldova. Surveys were conducted in Ukrainian, Russian, English, and Romanian using the KoBo application.

Data collection period

In the Republic of Moldova data was collected between 2 February and 30 March 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>