



OPERATIONAL STUDY

ON THE PREVALENCE AND
PROFILE OF COMORBIDITIES
AMONG HOMELESS PEOPLE
WITH ACTIVE TUBERCULOSIS
AND WITHOUT
TUBERCULOSIS IN CHISINAU
(REPUBLIC OF MOLDOVA)

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ABBREVIATIONS

AHP	–	Adult Homeless person
AIDS	–	Acquired Immune Deficiency Syndrome
BNS	–	National Bureau of statistics
HIV	–	Human immunodeficiency virus
MDR	–	Multi drug resistant
MTB/RIF	–	Mycobacterium tuberculosis (MTB) resistant to rifampicin (RIF)
NGO	–	Non-governmental organization
P.A.	–	Public Association
RM	–	Republic of Moldova
STI	–	Sexually Transmissible Infections
TB (TBC)	–	Tuberculosis
VH	–	Viral Hepatitis
VHB	–	Viral Hepatitis B
VHC	–	Viral Hepatitis C

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SUMMARY AND RECOMMENDATIONS

This research is designed to provide factual material about the problems faced by the homeless people, focusing on issues relating to health and the access to health care services. The study is based on a survey among 153 people in the target group of the project, including a group of 76 people with TB (TB +), and a control group consisting of 77 persons without TB (non-TB) from among the homeless in Chisinau.

Social profile

- The homeless status, associated with the lack of a stable income, determines a pronounced vulnerability of this population, characterized by high incidence of cases of high risk to health and life. The group of the homeless is predominantly male and relatively young.
- Lack of a (stable) job for a long period of time and lack of stable income is another characteristic of the homeless. Nearly all respondents at the time of the study did not have a job; every second respondent did not have a job for more than three years.
- The vulnerability of this group is amplified by the low level of documentation, though the group is in 91.5% cases represented by Moldovan citizens. Half of the respondents do not have an ID card, only one in ten has a birth certificate, and nine out of ten do not have health insurance.
- Improvised dwellings where the homeless live are overcrowded. The average area per person in these dwellings is about 5 sq.m. The conditions in these dwellings are not suitable for a healthy living. Most of the respondents live in places with insufficient lighting and heating, with a high level of humidity.
- Access to these improvised dwellings is sporadic, nine out of ten respondents noting that they did not have any place to sleep over in the past 30 days. Eight in ten respondents were deprived of food for one day or more during the same period.
- There is a trend among the respondents in group (TB +) to avoid homes with high level of humidity to the detriment of heating and lighting.

Determinant aspects of the homeless status

- Every second respondent has been homeless for a period of over 3 years, and TB is associated with a longer presence in the homeless status.
- Loss of home is the most often invoked reason for the status of being homeless, although the causality of this phenomenon is much broader. The prime impact factors also include the labor market failure - lack of a job (51.6%) or loss of a specialized job (7.2%), followed by harmful practices, such as alcohol (49.0%) and drug abuse. On the third place as importance follow factors connected with life tragedies such as loss of relatives (42,5%) and divorce (17%). Ex-prisoners represent a high risk group, 20,9% of respondents mentioned detention in prison as cause of their homeless status.

Health status

- Most respondents assess their health status at least as satisfactory, and about one-third even as good and very good.
- The status of TB patient obviously involves more negative assessments of health, every fourth respondent in the TB+ group rated his or her health status as being bad. However, the vast majority in this group believe they have a fair or good health status.
- Types of diseases among the homeless are different compared to the general population. The most commonly reported diseases are respiratory (58.8% respondents reported such diseases occurred in the last 12 months), followed by infectious (39.1%) and digestive (27.5%) diseases. Cardiovascular diseases, the most frequently recorded type of diseases in the general population, were reported by only 7.8% of the homeless.
- It should be noted that only 59.2% of respondents in the TB+ group have mentioned the TB as a disease they were suffering from, i.e. four out of ten respondents with TB did not know about their disease before this interview.
- Two thirds of respondents do not know who their family doctor is or the center of family doctors they are assigned to. Other 12.4% know were the family doctors center is but do not know the doctor in person. Three in ten respondents had never visited a family doctor or do not remember to have ever visited. About a third visited a doctor more than a year ago and only 16.7% less than 6 months ago and 18.5% 7-12 months ago.
- The addressability of the homeless people to prophylactic examinations is close to zero. 1.3% of those in the TB+ group and zero people in the non-TB group have passed a health examination in the last 12 months. No people in these groups do regular prophylactic health checks or seek health services whenever they detect any minor problems; in about 1/3 of cases people seek health services in urgent cases only.
- Lack of money and lack of health insurance are the most often invoked reasons for the low addressability to health care services.
- Every third respondent (35.9%) faced situations in the last 12 months when they needed medical advice but avoided to visit a doctor. Lack of medical insurance was the

main barrier to addressing (45.5%), along with the lack of financial resources to pay for the trip to the family doctors' center (38.2%), while 13.8% gave up the prescribed treatment for the same reason.

Health risk factors

- Nine out of 10 respondents smoke and consume alcohol, with no significant differences between the groups.
- The incidence of smoking among homeless people was 87.6% compared to 28.3% in the general population.
- The incidence of alcohol consumption in recent months among the homeless was 90.8% versus 76.7% in the general population.
- The vast majority of respondents consume alcohol with a frequency of at least once a week, of which 42.4% almost daily (minimum of 4 times per week).
- Consumption of different psychoactive substances among the homeless ranges between 1.4% (opiates) and 7.2% (marijuana or hashish), and is much higher than in the general population, where consumption any time in the lifetime is 0.4% (opium) and 3.8% (marijuana). During the last 12 months use of heroin was mentioned by 3% and marijuana by 7% of respondents.

HIV/AIDS, viral hepatitis and sexually transmitted infections

- Unprotected sex is a widespread practice among homeless persons, being associated with high risk for sexual health. Seven out of ten respondents reported unprotected sex practice with one partner and 39,9% with several partners.
- Seven out of ten respondents said they had heard about sexually transmitted infections, while 48.4% of women and 35.9% of men did not know any of the symptoms of STIs.
- Only 63.2% of respondents are confident that the correct use of condoms during each sexual intercourse is a method of protection against STIs
- 2.6% of the total sample reported to have had genital lesions during the last 12 months, and 3.9% abnormal genital discharge, without significant differences between groups
- Syphilis prevalence in the TB+ group was 10.5% and in non-TB group -7.8%.
- HIV/AIDS prevalence was 13.1% in the TB + group and 5.2% in the non-TB group.
- The population coverage with viral hepatitis tests is extremely low. Two out of three respondents have never made such investigations, with no significant differences in both groups.

- The prevalence of hepatitis B and C in TB+ group was 6.6% and 15.8% respectively, and 7.8% and 16.9% in the non TB group.

Mental health

- The incidence of various signs that indicate mental health problems is high. The most widespread symptom is related to sleeping disorders, faced by 36.2% of respondents over the recent months, followed by suicidal thoughts – with 10.9%.
- Addictiveness to psychoactive substances is high in both groups, so alcohol abuse was found in 52.6% of persons in the TB+ group and 46.7% in the non-TB group, while drug addiction in 13.1% and (TB+ group) and 19.5% (non TB group).

Tuberculosis

- Most respondents (92.2%) correctly indicated the airborne transmission as one of tuberculosis transmission ways in the TB + group, the level of knowledge is better (95.8%) compared with 86.7% in the non-TB group.
- However, there are some misperceptions, such as the sharing of utensils or blood, present in non TB group at 64.2% of respondents versus 53.3% in the TB + group.
- The low level of awareness about the ways of transmission is characteristic of both comparison groups.
- Misperceptions about treatment of tuberculosis are also widespread, 31% of respondents in the TB+ group saying that tuberculosis can be cured, versus 22% in the non-TB group.
- Although only half of respondents are TB+, some symptoms of tuberculosis have been noticed by nine out of ten respondents.
- The share of HIV-TB co-infection is very high and was 13.1% in the TB+ and 5.2% in non-TB group, with the average 8.5% in Moldova (2015).
- The diabetes - tuberculosis comorbidity was found in 3.9% cases, with no case of diabetes recorded in the non-TB group.
-

Violence against homeless women

- Every third woman was subjected to physical violence from the side of her actual partner- 36,0%
- Constraints to intercourse were faced by between 8% (physical restraint) and 16% women (sexual intercourse for fear of the partner).

RECOMMENDATIONS

Preliminary results of the operational study were discussed at the roundtable on May 17, 2016 with the participation of social and health care professionals in Chisinau, the National TB Control Program and non-governmental organizations.

The results of group discussions were used as the basis for formulating the following **recommended interventions**:

I. FOR THE CENTRAL PUBLIC AUTHORITIES

Ministry of Labor and Social Protection and Family:

1. Develop and approve a strategy to combat social exclusion of homeless people.
2. Review/develop and approve the Framework Regulations on the organization and functioning of the social housing and social adaptation service for the homeless and the minimum quality standards

Ministry of Health:

3. Ensure an adequate legal framework for providing access to health services for homeless persons, including prevention and treatment of communicable and non-communicable diseases
4. Develop and approve standards of conduct in cases of TB in homeless people.

II. FOR THE LOCAL PUBLIC AUTHORITIES

Chisinau Municipality:

5. Establish a multisectoral working group for drafting and approving a medium-term strategy at the level of the municipality, aimed at improving access to health care and social protection services by creating an efficient mechanism for referral and social inclusion, including collaboration with non-governmental organizations. Expanding the current accommodation capacity of the temporary placement center for the homeless in Chisinau.
6. Extension of the actual capacity of the Municipal Shelter of Chisinau Municipality. Ensure access to the temporary placement center for homeless people with tuberculosis in outpatient treatment by allocating additional rooms/spaces in compliance with infection control measures.

Health Department of Chisinau Municipal Council

7. Develop/review and approve a regulatory framework to provide uninterrupted access to health services for homeless people and collaboration between primary health care and specialized health care (phtisio-pneumology, emergency health care, narcology)
8. Organize provision of integrated outpatient TB treatment services (TB, HIV TB, addiction) for homeless people
9. Develop technical criteria that would include minimum quality requirements and performance indicators for providing health services to homeless people in Chisinau.
10. Ensure implementation of educational activities/materials jointly with non-governmental NGOs on health care for the homeless.

General Department for Social Assistance of Chisinau Municipal Council

11. Review/develop and approve the regulatory framework to ensure the access of people with tuberculosis to temporary placement centers for the homeless people
12. Establish sanitation centers and access to social canteens for homeless people, including those not placed in temporary placement centers
13. Develop and approve the legal framework for contracting NGOs to provide social services to homeless people
14. Review, jointly with the Health Department, the workload/tasks of doctors and nurses for the temporary placement center for homeless people in order to optimize the activity and approve a mechanism for access to equivalent quality health services in municipal health facilities.
15. Develop/review the work instructions for the employees of the Temporary Placement Center (including the mobile team) in order to integrate the screening for signs of tuberculosis and other communicable diseases.

III. FOR NON-GOVERNMENTAL ORGANIZATIONS

16. Provide technical and methodological support to public authorities in order to replicate models of best practices in activities aimed at solving health problems of the homeless.
17. Intensify cooperation with local public authorities to create a referral system for homeless people, mapping partners and mobilizing available resources
18. Fundraising for solving social problems of the homeless.

INTRODUCTION

The operational study on the prevalence and profile of comorbidities in the homeless people with active TB and without TB in Chisinau and assessment of treatment drop-out or treatment failure risks is part of the “Enhancing TB diagnosis and MDR detection by rolling out Xpert MTB/RIF technology at district level, with special emphasis on high risk groups” project implemented by the Center for Health Policies and Studies and the Public Association “AFI” as a sub-recipient, with the support of the TB REACH StopTB Partnership.

The Study was commissioned by the National Tuberculosis Control Program and the TB control program in Chisinau. The study was approved by decision of the Ethics Committee of the Public Medical Institution of the Institute of Public Phthisiopneumology “Chiril Draganiuc”.

The results of the study will be used to guide the decision making to improve the quality of clinical management of TB cases among the homeless people. The study surveyed 153 homeless people in Chisinau (based on a structured questionnaire). The operational research targets the homeless: 76 representatives of the target group of TB patients (experimental group) and 77 representatives of the target group without TB (control group). The respondents were selected by the mobile team of the A.O. “AFI” based on distinct signs for the homeless and the eligibility criteria.

Purpose of the Study:

To study the vulnerability factors and patterns of behavior of homeless people regarding their health and addressability to health care services, as well as patterns contributing to the postponement of seeking health care and/or completing TB treatment, after it was initiated. A particular emphasis was placed on the profile of comorbidities and mental health problems that affect treatment adherence, presence of adverse reactions and the therapeutic outcome.

Objectives of the study:

- Assessing the health status of the homeless people through TB screening by the Gene-Xpert method.
- Assessing the level of knowledge, attitudes and practices about tuberculosis in this group
- Assessing the level of knowledge, attitudes and practices about HIV/AIDS, hepatitis and other communicable diseases among homeless people.
- Identifying the seroprevalence of antibodies to HIV, hepatitis B, C and syphilis among homeless people.
- Assessing social factors and determinants that brought people into the street.

METHODOLOGICAL ASPECTS

Scope of the study: homeless population in Chisinau municipality.

Method of interviewing: face to face interview, questionnaire managed by the interviewer.

Size of the sample: 153 respondents.

Criteria for inclusion/exclusion into the study for homeless people:

People who meet all the requirements below will be included in the study:

- Homeless men and women in Chisinau Municipality,
- Physical and mental abilities for understanding the questionnaire, testing and other instructions within the study,
- Obtaining informed consent for questionnaires and blood sampling/testing,
- Age greater than 18 years.

People meeting the following criteria will be excluded from the study:

- Homeless people younger than 18 years
- Homeless people who refuse enrollment and signing informed consent.
- Homeless people previously diagnosed with active TB

No statistically significant differences were found in the experimental group and the control group. The sample was composed of 81.7% men and 18.3% women. Territorial distribution of participants (according to the place of dwelling during the last 7 days) was as follows: Center – 29,4% (52 persons), Botanica sector – 27,2% (48 persons), Buiucani sector – 24,8% (44 persons), Rîșcani sector – 14,1%(25 persons) and Ciocana sector – 4,6% (8 persons).

In terms of age distribution, 24.5% of respondents are young people aged up to 35 years. Every second (53.6%) respondent is middle age - 35-50 years, while elderly people account for 21.6%.

People with low education degree account for more than half of respondents (56.2% with incomplete secondary or lower education) and 21.6% have higher education degrees.

Every second respondent (47.1%) at the time of the study or in the past was married or had a permanent partner; 41.8% had children.

Although the study was conducted in Chisinau, four out of ten respondents have a residence visa in small towns or in rural areas.

TABLE 1. **Sample structure**

		Nr.	Col %
Gender of the respondent:	Male	125	81,7%
	Female	28	18,3%
Age of the respondent:	Under 35 years	38	24,8%
	35-50 years	82	53,6%
	More than 51 years	33	21,6%
Respondent's education degree:	Low	86	56,2%
	Medium	34	22,2%
	High	33	21,6%
Nationality:	Moldovan	96	62,7%
	Another nationality	57	37,3%
Civil status:	Unmarried	81	52,9%
	Currently/previously married	72	47,1%
Presence of children:	Yes	64	41,8%
	No	89	58,2%
Official residence:	Chisinau / Balti	89	58,2%
	Other towns	32	20,9%
	Village (rural)	32	20,9%

TB Status

The final sample includes 153 respondents. The comparative analysis covers respondents with TB (experimental group) and those without TB (control group). Also, the GeneXpert test, conducted within the study showed negative results in 25 TB cases confirmed under AHLP using the clinical and radiological method. However, the number thereof is not enough to be treated separately in the analysis. The analysis below reflects the comparisons between two groups of respondents - positive TB status (76 persons) and negative TB status (77 people).

TABLE 2. **Sample structure by the TB status**

TB (+) - total	76
- GeneXpert (+)	51
- GeneXpert (-), TB (+)	25
TB (-), GeneXpert (-)	77

SURVEY RESULTS

1. SOCIO-DEMOGRAPHIC PROFILE

The group of homeless persons is predominantly male (81.7%), relatively young (53.6% aged 35-30 years and 24.8% aged under 35 years) (table 1)¹. More than half of respondents have a low level of education (incomplete medium or less). At the same time, the conclusion that low educational level is typical to the target group is wrong, as 21.6% of interviewed homeless people have a high level of education (college or higher education). According to the 2004 census, 11% of the country's adult population (15+ years) have a higher education degree, while 45% have incomplete secondary or lower education degrees.

Every second respondent was married at the time of the study (47.1%) and 41.8% had children. Residents of large cities are dominant in the group (58.2%).

TABLE 3. Sample structure and the TB status

		TB (+)	Non-TB
Gender of the respondent:	Male	81,6%	81,8%
	Female	18,4%	18,2%
Age of the respondent:	Under 35 years	21,1%	28,6%
	35-50 years	60,5%	46,8%
	More than 51 years	18,4%	24,7%
Education degree	Low	56,6%	55,8%
	Medium	25,0%	19,5%
	High	18,4%	24,7%
Official residents:	Chisinau / Balti	55,3%	61,0%
	Other cities	18,4%	23,4%
	Village (rural)	26,3%	15,6%

In the AHP TB+ group, the average age was 35-50 years in 60.5%, and 26.3% were rural inhabitants.

1 The sample cannot claim representativeness for the target group because of the method applied for selecting the target group. Thus, the obtained socio-demographic profile of the sample should be treated descriptively, avoiding conclusions on the entire group of homeless people.

Improvised dwellings, where homeless people live, are overcrowded. On an average, 4.6 people live on an area of 12.2 sq.m. in such places. Even if the assessment is based on median indicators, which are less affected by extreme values, it is noted that a space of 10 sq.m. is populated by two people, so the space per person is 5 sq.m. and the conditions in these facilities are not appropriate. Only 36% of such places are adequately lighted, only every second dwelling has normal moisture, and in 56% of cases the house is heated sufficiently. Overall, two out of three improvised dwellings do not meet any of these parameters. Accordingly, the basic criterion of selection and acceptance of improvised dwellings is sufficient heating to the detriment of lighting and dry conditions.

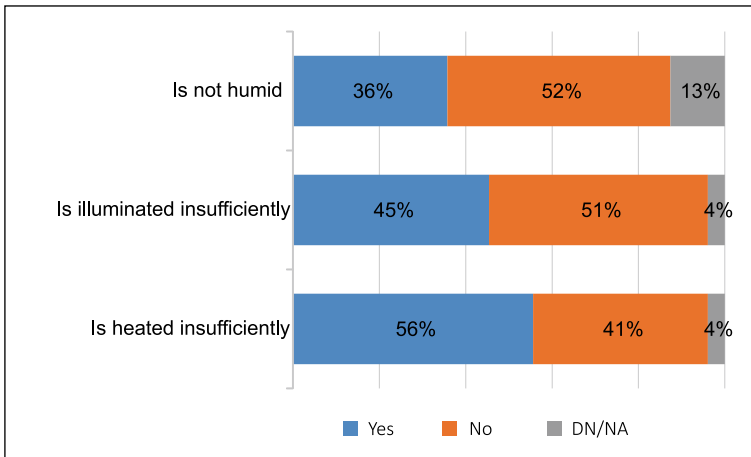


Figure 1. Particularities of the current dwelling

On the other hand, there are notable differences depending on the TB status. The respondents with TB tend to live in less humid, but also less lighted and heated places, and vice versa.

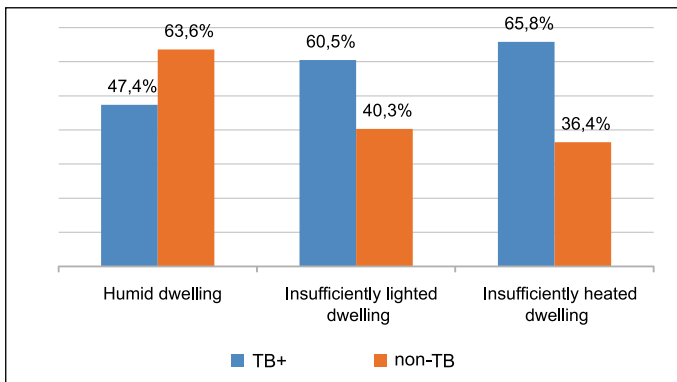


Figure 2. Particularities of the current dwelling depending on the TB status

Lack of a job (permanent) for a long time and hence lack of stable revenue is characteristic to this group. During the week preceding the interview day only 15.7% of respondents worked for a wage or other revenue in cash or in kind. Nearly all respondents (94.8%) declare themselves unemployed and lack a stable job for a long time. Every second respondent did not have any job for more than three years (*figure 3*).

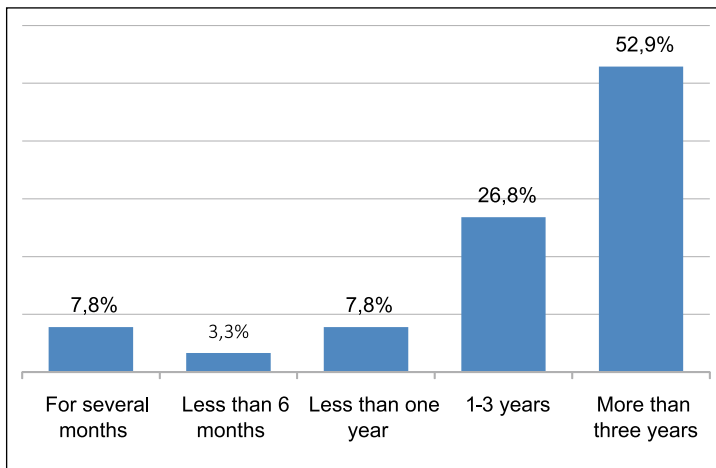


Figure 3. Duration of unemployment

The income structure is marked by instability (Figure 4). The main source of income for every second respondent is occasional employment (day-based), while for 18% begging is the main source of income. The state’s social protection does not cover this population, as only about 6% of respondents indicated social assistance or pension as basic sources of income and other 7 per cent mention it among additional sources.

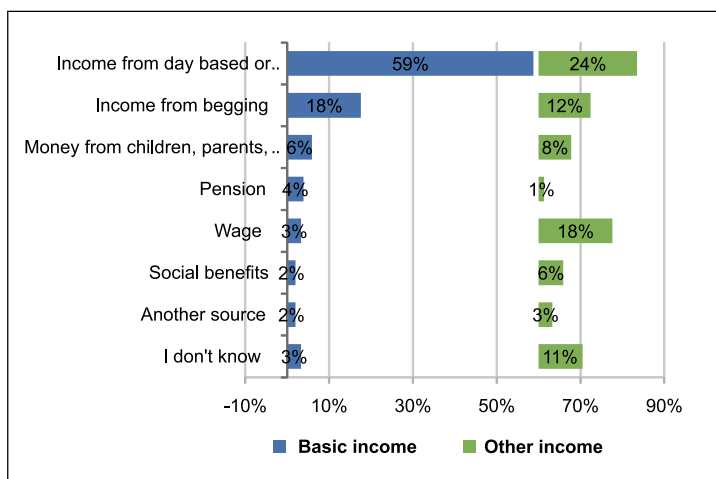


Figure 4. Sources of income

The status of homeless person associated with lack of stable income determines the pronounced vulnerability of this category of population, characterized by high incidence of cases of high risk to health and life. It should be noted first that access is sporadic even to the improvised dwellings referred to above. Thus, nine out of ten respondents noted they had no place to sleep in the past 30 days. Eight in ten respondents were deprived of food for a day or more during the same period. Periods of excessive stress or nervous breakdowns were encountered by 54.9% and 26.8% respectively. Every fourth respondent encountered health problems without visiting a doctor because of lack of financial resources, and 13.8% dropped the prescribed treatment for the same reasons. All this causes an increased risk of suicide, every tenth respondent was thinking about suicide in the last 30 days.

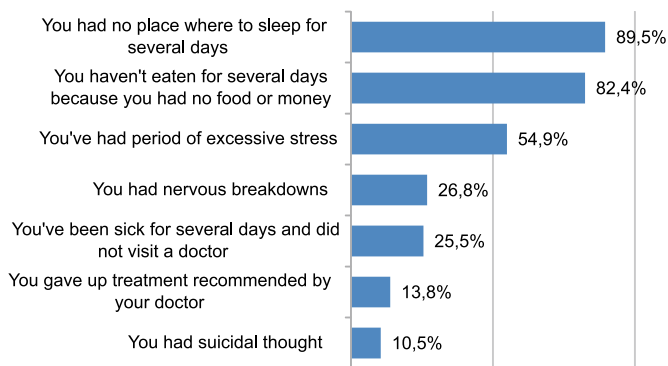


Figure 5. Incidence of different situations associated with risk to health and life in the last 30 days

The vulnerability of this group is amplified by the low level of documentation and the lack of health insurance. Firstly, one in ten homeless people do not have Moldovan citizenship. Such people are citizens of the Russian Federation, Ukraine or the self-proclaimed Transnistrian Republic. Only half of respondents have an ID card or provisional certificate. Only 7.2% of them have compulsory health insurance, without mentioning its validity.

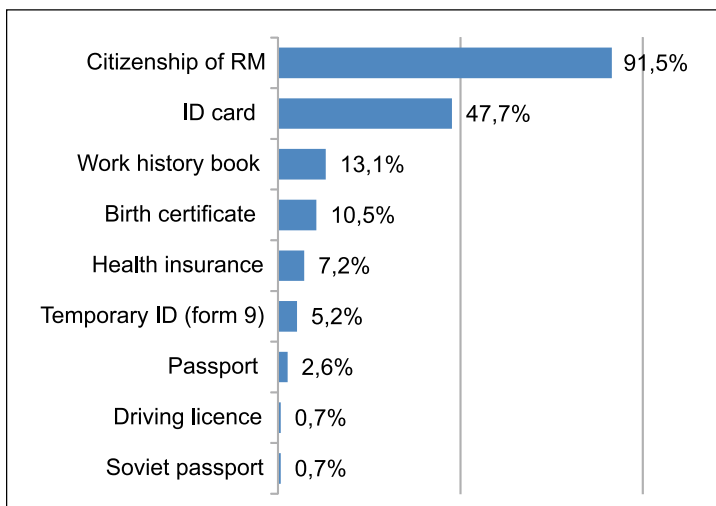


Figure 6. Possession of ID cards and other official documents

2.DETERMINANTS OF THE STATUS OF HOMELESS PERSON

Beyond the assessments given by respondents about the determinants of the status of homeless person discussed below, this status is associated with the loss of a home place. The vast majority of respondents (93.5%) currently do not have a home place (ownership), while 83.9% have previously owned a home.

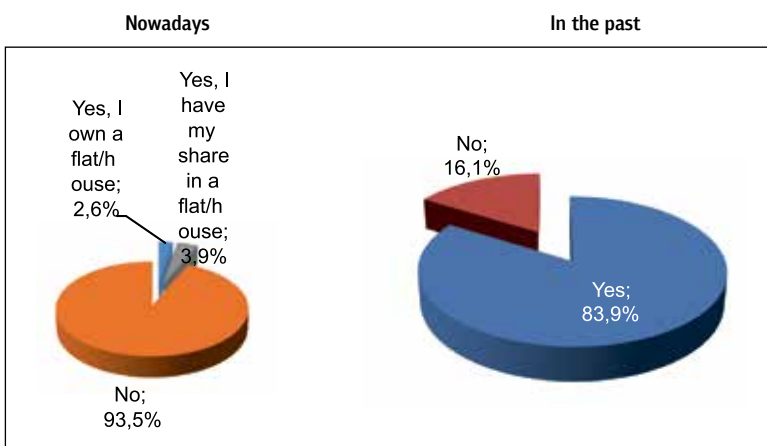


Figure 7. Ownership of a home

The house was either sold at the initiative of the homeless person (37.5%) or by coercion to repay a debt (7.5%). However, there are also a high number of cases of loss of ownership of the housing by dispossession (37.5%). Dispossession of the housing is usually enforced by second or third degree relatives (36.0%) or strangers (52.0%).

Every second respondent has been homeless for a period of over 3 years (47.1%), and one third of respondents (31.4%) have had this status for a period of between 1 and 3 years. TB infection is associated with a longer presence in homeless status. Over half of respondents in the experimental group have had this status for over three years (56.6%) compared with 37.7% in the control group.

TABLE 4. Duration of the status of a homeless person

	Total	TB+	non-TB
For several months	9,2%	5,3%	13,0%
Less than 6 months	4,6%	5,3%	3,9%
Less than 12 months	4,6%	1,3%	7,8%
1-3 years	31,4%	28,9%	33,8%
More than three years	47,1%	56,6%	37,7%
Other	2,0%	1,3%	2,6%
DK/NA	1,3%	1,3%	1,3%

Although loss of home is the most often invoked reason for the homeless status (72.5%), the causality of this phenomenon is much broader. Other prime factors include the failure on the labor market – lack of a job (51.6%) or loss of specialized job (7.2%), followed by harmful practices, such as consumption of alcohol (49.0%) and drug abuses (4.6%). The third position in the ranking of importance is held by factors associated with the tragedies in life and death of close people (42.5%) and divorce (17.0%). The study results also suggest that ex-prisoners are a group at high risk of becoming homeless, 20.9% of respondents mentioning detention in prison as a reason for the status of homeless person.

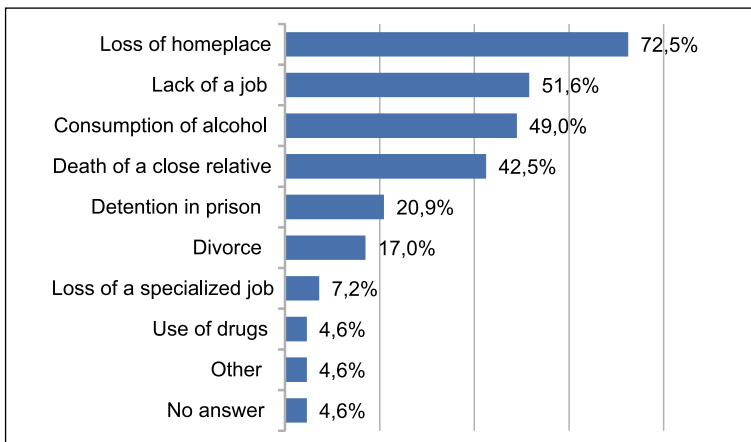


Figure 8. Causality of the status of homeless person

3. HEALTH STATUS

This chapter focuses on the health status and access to health care services for the homeless.

Overall, we see that most respondents assess their health status at least as satisfactory. Only 13.7% have characterized their health as “bad” and none rated it as “very bad”. For comparison, in the study “Public health and population access to health services in Moldova” conducted by the NBS, 17,2%² of the general population appreciated their health as bad or very bad.

The TB+ status obviously involves most negative assessments of health; every fourth respondent in the experimental group rated his/her health status as bad. However, the vast majority of respondents in this group rated their health as satisfactory (52.6%) or good (19.7%).

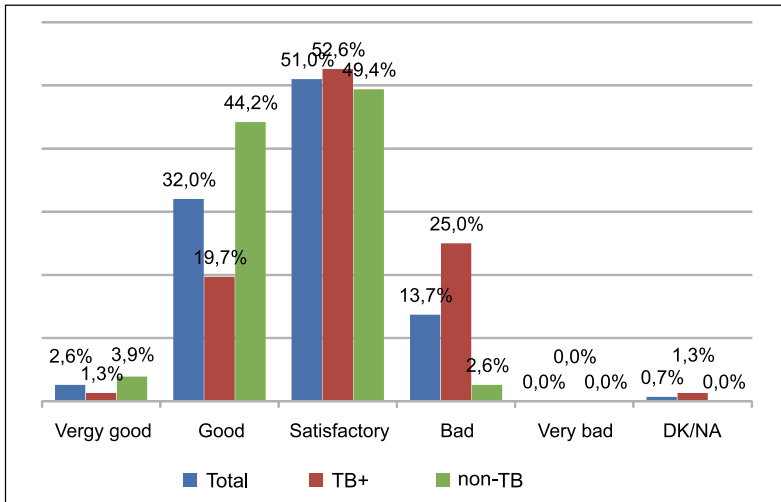


Figure 9. Self-assessment of the current health status

At the same time, one in four respondents reported frequent health problems during the last 12 months affecting them often (23.7%) or most of the time (3.3%). Only 15.1% have never noticed health problems during the last 12 months.

Unsanitary living conditions affect the morbidity. The types of diseases among the homeless are different compared to the general population. The most commonly reported diseases are

² „Sănătatea populației și accesul populației la serviciile de sănătate în Republica Moldova”, NBS, 2009

the respiratory diseases (58.8% respondents reported such diseases affecting them in the last 12 months), followed by infectious (39.1%) and digestive (27.5%) diseases. Cardiovascular diseases, the most frequently recorded type of diseases in the general population, were reported by only 7.8% of the homeless people. Respiratory illnesses and gastrointestinal tract/digestive disorders are also most frequently reported as chronic diseases (57.5% and 24.8% respectively). The study also confirms the existence of an outbreak of tuberculosis among homeless people, as each third respondent reported this disease, which we will discuss later in a separate chapter.

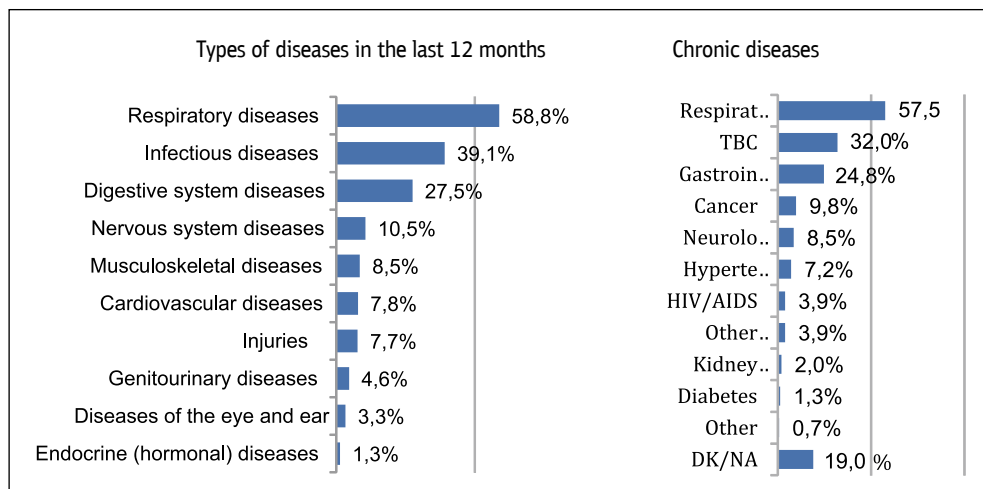


Figure 10. Incidence of diseases

It should be noted that only 59.2% of respondents in the experimental group talked about TB as a chronic disease they were suffering from, i.e. four out of ten respondents with TB did not know about their disease before the interview. No other differences in presence of chronic diseases have been found between the compared groups.

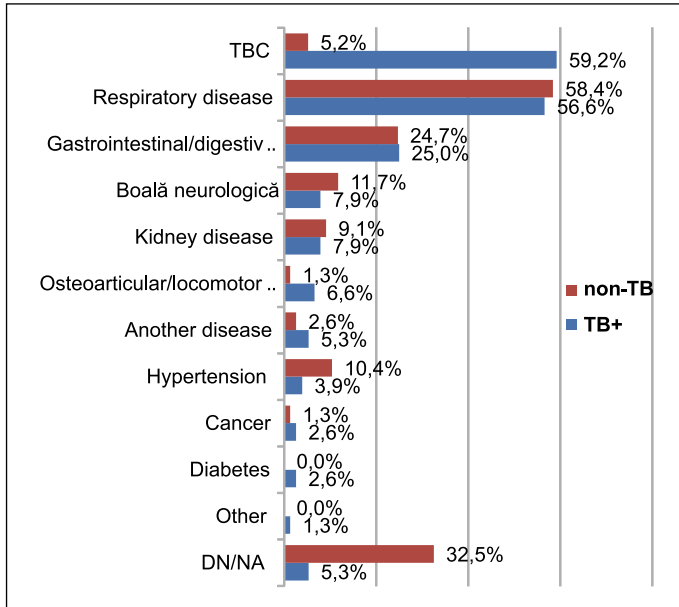


Figure 11. Presence of chronic and infectious diseases

Having analyzed data on diseases, it should be kept in mind this data relies on self-reporting by respondents' comments and statements, i.e. is subjective. Therefore diseases reported more frequently are those easily classifiable by the patient - ex. respiratory. The registered situation may differ from the real one to the extent that respondents are able to classify or even to refer some diseases. This is because the addressability of homeless people to prophylactic examinations is close to zero. Only about three in every hundred respondents visit a doctor whenever experiencing a health problem. Every fourth respondent (23.5%) avoids visiting a doctor, while others go to a doctor only in situations more or less serious in terms of health.

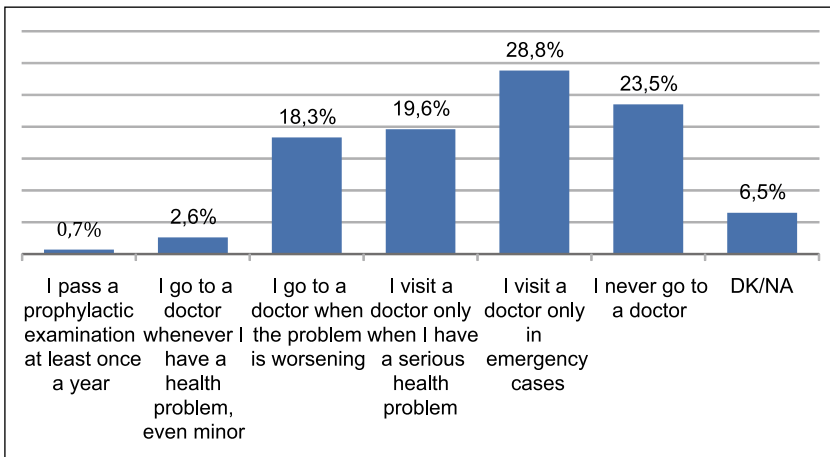


Figure 12. The practice of visiting a doctor

Respondents suffering from TB more frequently turn to physician services, compared to the control group. However, even among them there are no people who would make regular prophylactic examinations or visit a doctor whenever they have any health issue. Almost half of them go to a doctor only in case of serious or emergency cases (28.9% and 18.4% respectively).

TABLE 5. Visits to doctor depending on the TB status

	TB+	non-TB
I pass a prophylactic examination at least once a year	1,3%	0,0%
I go to a doctor whenever I have a health problem, even minor	3,9%	1,3%
I go to a doctor when the problem is worsening	23,7%	13,0%
I visit a doctor only when I have a serious health problem	22,4%	16,9%
I visit a doctor only in emergency cases	28,9%	28,6%
I never go to a doctor	18,4%	28,6%
DK/NA	1,3%	11,7%

On the background of the very low level of possession of compulsory health insurance, this category of the population remains virtually outside the medical system. Two-thirds of respondents do not know their family doctor or the center of family doctors they are assigned to. Other 12.4% know about their center of family doctors but do not know their doctor in person (Figure 12). Three in ten respondents had never visited a family doctor or do not remember having ever visited him/her. Other about a third visited the doctor more than a year ago and only 16.7% less than 6 months ago, 18.5% - 7-12 months ago. The low level of awareness about the family doctor is characteristic of both groups for comparison.

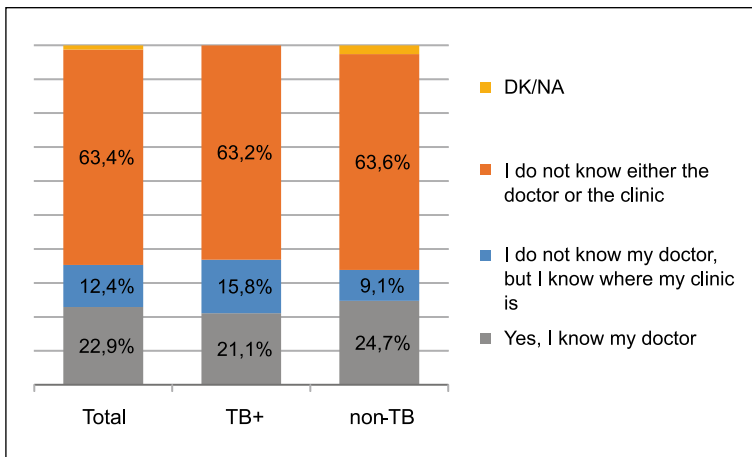


Figure 13. Awareness of the family doctor

Every third respondent (35.9%) faced situations when they needed medical advice but avoided to visit a doctor in the last 12 months. Lack of insurance policy was the main barrier to addressing (45.5%), and lack of financial resources to pay for the trip to the family doctors' center (38.2%).

Regarding the perception of barriers in accessing health services, lack of money and lack of medical insurance are the most frequently invoked reasons (Figure 13).

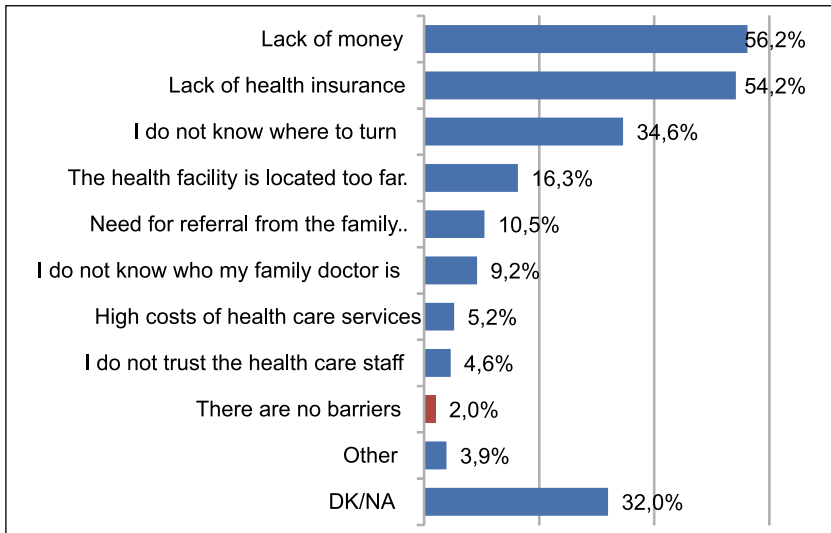


Figure 14. Barriers in seeking health care services as perceived by respondents

A very low level of addressability is recorded for the emergency health care also. Every second respondent has never resorted to such services; other 13.1% do not remember having resorted and only 23.5% had in the last 12 months (Figure 14).

Also, most of the people who have used emergency medical services appreciated positively the assistance they received.

And finally, unprotected sex is a very widespread practice among homeless people, associated with increased risk for sexual health. Seven out of ten respondents admitted practicing unprotected sex with one partner and 39.9% with multiple partners. Injecting drug use has been admitted by 3.9% of respondents.

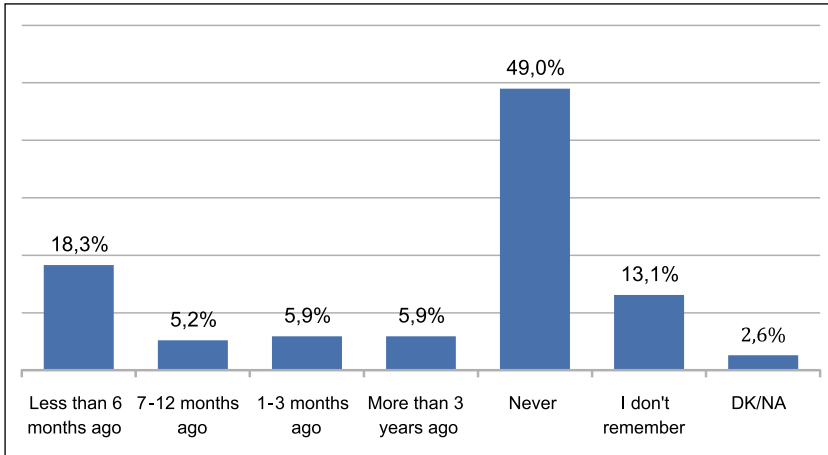


Figure 15. Accessing emergency health services

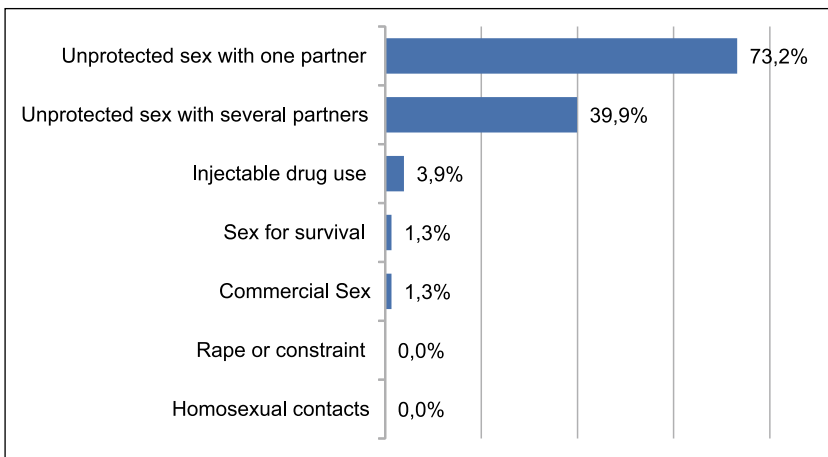


Figure 16. Practices associated with increased risk for sexual and reproductive health

4. SEXUALLY TRANSMITTED INFECTIONS

Seven out of ten respondents say they have heard about sexually transmitted infections (STI).

At the same time, 48.4% of women and 35.9% men do not know any symptom of STIs.

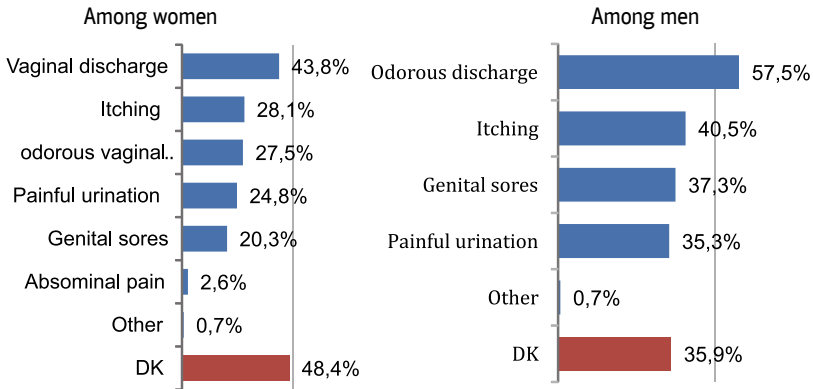


Figure 17. Knowledge of the symptoms of sexually transmitted infections

Genital sores in the last 12 months have been reported by 2.6% of respondents, while 3.9% have noticed abnormal discharges from genitals.

As mentioned earlier, unprotected sex is a widespread risk practice. Also, only 63.2% of respondents are confident that the correct use of condoms during each sexual intercourse is a method of protection against STIs.

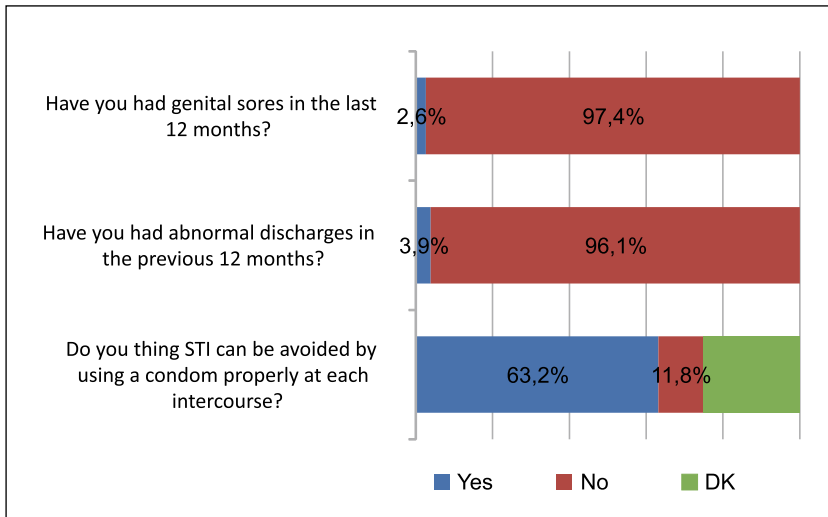


Figure 18. Incidence of STI symptoms and opinion on how to avoid STI by using a condom

5. TUBERCULOSIS

Overall 94.8% of respondents have heard about tuberculosis, 100% of respondents in the experimental group and 89.6% in the control group.

The symptoms of tuberculosis are well known to respondents, five of the symptoms being mentioned by over 70 percent of respondents, five more by over 60 percent (Figure 19). Compared to the last study of knowledge, attitudes and practices of the general population on tuberculosis, awareness of the symptoms is similar among the homeless³. In the general population the total (spontaneous and assisted) level of knowledge varies between 80% and 90% for symptoms such as cough, sputum, fever for long periods of time, fatigue, while symptoms such as night sweats, chest pain, loss of appetite and weight loss record an awareness level of 60% to 80%.

³ Sințov R, Bivol S (2013), „Tuberculoza în Moldova: cunoștințe, atitudini și practici ale populației generale”, 2012. Scurt raport al sondajului sociologic. Chișinău, Elan Poligraf 2013.

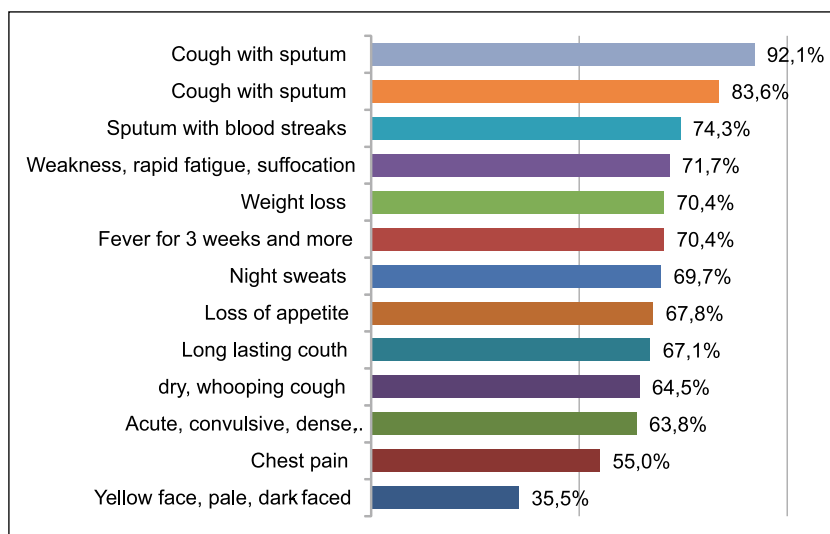


Figure 19. Symptoms of tuberculosis

Although most respondents (92.2%) mentioned the airborne transmission as one of tuberculosis transmission ways, some misperceptions persist, such as the sharing of utensils or blood transmission. The low level of information about the ways of transmission is characteristic of both comparison groups.

TABLE 6. Knowledge of tuberculosis transmission

	Total	TB+	non-TB
Through air during coughing	92,2%	95,8%	86,7%
When sharing utensils with a person with tuberculosis	44,0%	40,8%	48,9%
Through blood	10,3%	8,5%	13,3%
By shaking hand (greeting) with a person with tuberculosis	0,9%	0,0%	2,2%
Through sexual intercourse	2,6%	2,8%	2,2%
Tuberculosis is a congenital disease	0,9%	1,4%	0,0%
Other	0,9%	0,0%	2,2%
DK/NA	6,0%	2,8%	11,1%

Misperceptions about TB treatment are also widespread, 40 percent of respondents saying that tuberculosis cannot be cured.

Nine out of ten respondents have noticed any of the symptoms of tuberculosis, most often cough (96.5%), cough with sputum (81.0%) and weight loss (48.6%).

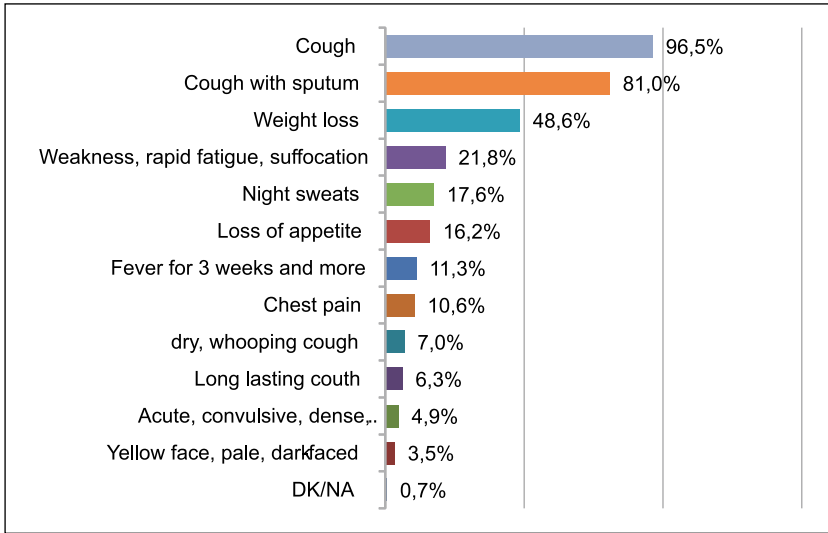


Figure 20. Symptoms of tuberculosis reported by respondents

Because of the low use of health services and high incidence of tuberculosis, homeless people are a group of major epidemiological risk. A third of respondents indicated tuberculosis as the disease they were suffering from, nine out of ten respondents noticed any symptoms of tuberculosis but only 57.5% of them went to the doctor after having detected these symptoms.

Even among those who visited a doctor, it seems that these visits are not systematic, 27.3% visited a doctor a year ago or more. Less than half visits were made at the person's own initiative. In other cases, most visits were made under AFI NGO projects/efforts (30.7%) and at the initiative of doctors (13.6%).

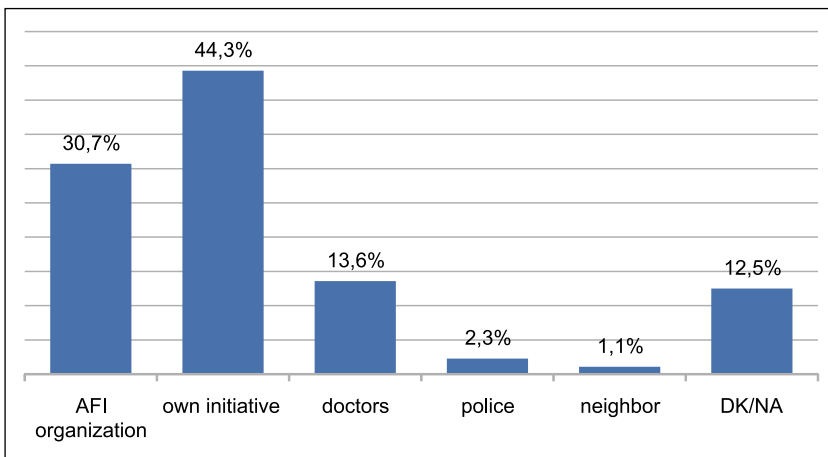


Figure 21. At whose initiative the person sought health advice for tuberculosis

Overall in the last 12 months only half (52.9%) of respondents were subject to examinations for detection of tuberculosis.

6. VIRAL HEPATITIS

Awareness of hepatitis B and C is low, only 49.0% of respondents have heard about these diseases. Hepatitis is associated most often with yellow skin and eyes (84.9%), tiredness (56.2%), anorexia (54.2%) and intensely colored urine (50.7%). These rates are similar to results of a study in the general population on the knowledge, attitudes and practices regarding hepatitis B and C performed in 2012.⁴

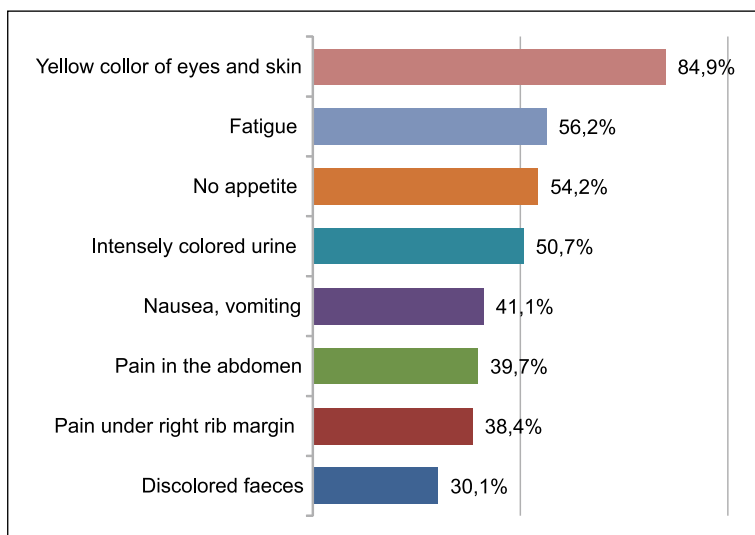


Figure 22. Symptoms of acute viral hepatitis

Awareness of ways of transmission is fragmentary, with presence of some misinformation. On the one hand, most respondents correctly identified ways of transmission, with the basic association with transmission through blood. At the same time there is a moderate level of knowledge of VH transmission through sexual transmission and mother to child.

⁴ Cantarji V, Bivol S (2012). Cunoștințe, atitudini și practice ale populației generale privind hepatitele virale B și C și consilierea și testarea voluntară la hepatitele virale și infecția HIV: Studiu repetat 2012. Chișinău 2012, Bons Offices.

On the other hand a considerable number of respondents have some misperceptions, for example 49.3% think that VH can be transmitted by sharing cutlery, 35.6% that VH can be transmitted through kissing, etc. These trends are similar to the results of the survey on knowledge, attitudes and practices regarding hepatitis B and C conducted in 2012 in the general population. This study reveals that the best known routes of transmission of hepatitis B and C are the percutaneous routes. About 90 percent of respondents indicated blood transfusions, non-sterile medical instruments, syringes sharing, sharing tools and personal toiletries, contact with infected blood, 79.7 dental treatment and 73.5% acupuncture and tattoo piercing as possible ways of hepatitis transmission. Perinatal route is known by 72.0% of respondents. The sexual transmission is the least known route, with only 57.0% respondents mentioning that unprotected sex is associated with viral hepatitis infection risks⁵.

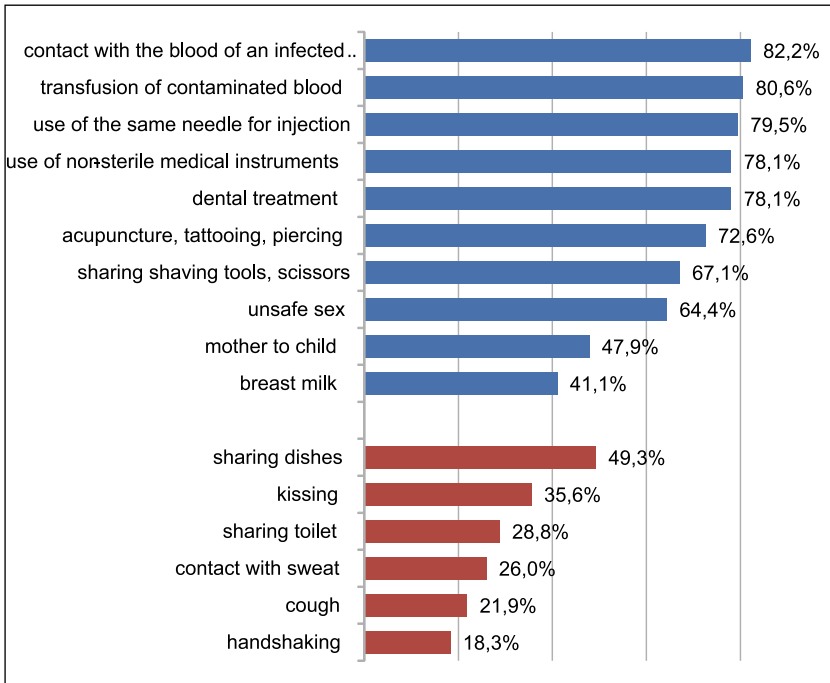


Figure 23. Knowledge of hepatitis transmission routes

The coverage of the study population with VH tests is extremely low. Two out of three respondents have never made such tests, only 13.3% did tests for both types of hepatitis (B and C).

Of those who made the test, only 28.6% have made the test in the last 12 months, and in 52.4% of cases of those who have ever made a test - the result was positive. Thus, the incidence of viral hepatitis in the entire population of the study is 8.6%.

5 Idem

7. HEALTH RISK FACTORS

Smoking and alcohol consumption are practices that characterize the homeless community. Nine out of ten respondents smoke and consume alcohol. For comparison, smoking prevalence in the general population amounts to 28.3%, while alcohol consumption in the last 12 months was 76.7%⁶ versus homeless population with 87.6% for smoking and 90.8% alcohol consumption in the last 12 months.

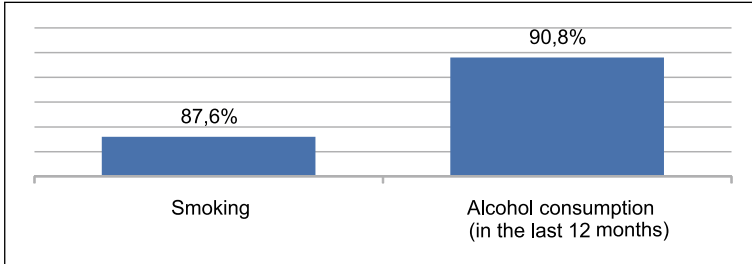


Figure 24. Incidence of smoking and alcohol consumption

Frequency of consumption is also very high. The vast majority of respondents consume alcohol with a frequency of at least once a week, of which 42.4% almost daily (4 times per week or more often). Alcohol is consumed in significant amounts daily by 25.9% of respondents, weekly - 31.7% and monthly- 18.7%.

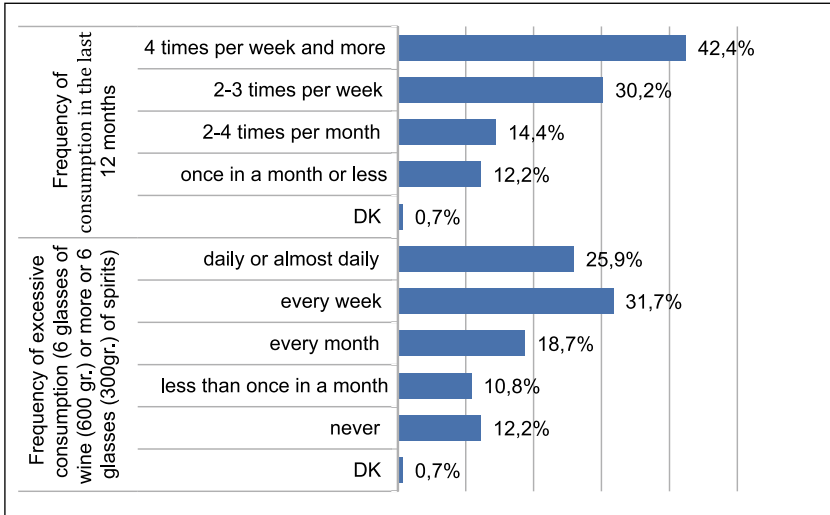


Figure 25. Frequency for alcohol consumption

6 http://ucimp.md/images/pdf/POPULATIE_GENERALA_15_64_LAST_2011.pdf

Drug abuse also significantly exceeds the level recorded in the general population. The consumption of various substances in their lifetime ranges between 1.4% (opiates) and 7.2% (marijuana or hashish). For comparison, consumption of marijuana in the general population records 3.8%, and 0.4% for opioids.

A significant number of respondents who have experience of consumption of such substances whenever in lifetime have used them in the last 12 months too.

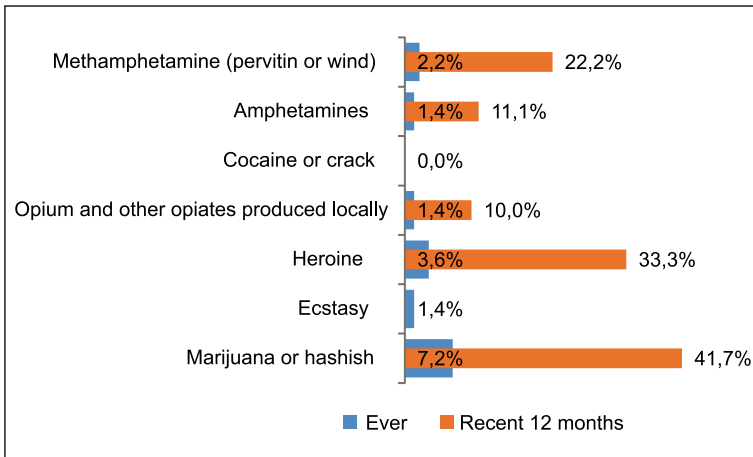


Figure 26. Consumption of narcotic substances

8. MENTAL HEALTH

The incidence of various signs that indicate mental health problems is high. Sleep disorders are the most widespread problem, faced by 36.2 per cent of respondents in the last 12 months. Other types of problems are characteristic to between 3.6% and 10.9%, including suicidal thoughts.

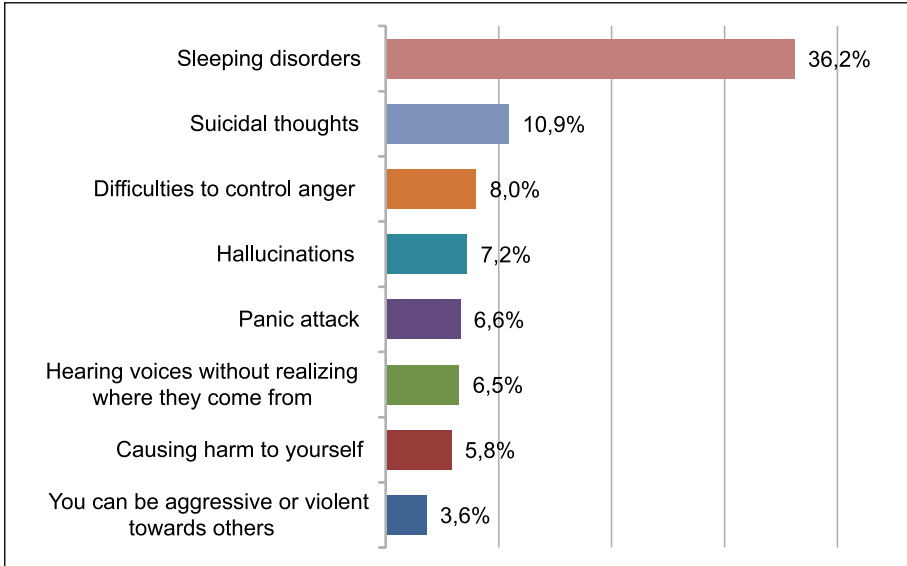


Figure 27. Signs of risk for mental health

9. VIOLENCE AGAINST WOMEN

Nine out of ten women surveyed at the time of the study were married or in a relationship of cohabitation.

Every third woman was subjected to physical violence by current partner - 36.0%.

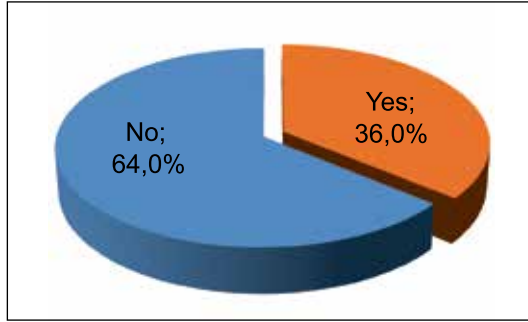


Figure 28. Share of women subjected to physical violation by the current partner

Constraints to intercourse were faced by between 8% (physical restraint) and 16% women (sexual intercourse for fear of the partner).

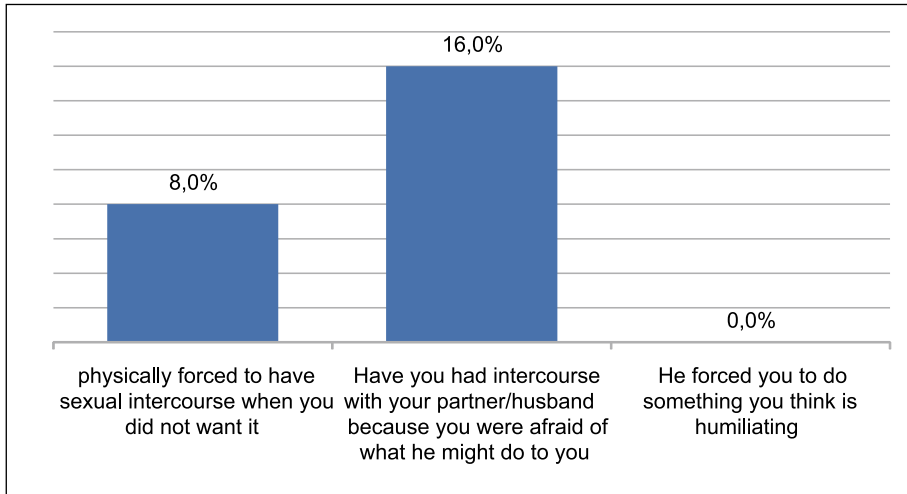


Figure 29. Incidence of other forms of violence/constraint against women

PROFILE OF RECORDED COMORBIDITIES

In order to assess the health status, the homeless people were consulted by the physician (primary and repeated consultations) and investigations required by the Protocol were performed. Only 4.6 of AHP have been found to be healthy, exclusively from the non TB group (Table 7).

Digestive pathologies prevail in the total lot (74.5%), more frequent in the control group - 84.4% versus 63.6% in the TB group. The dominant pathologies in the general group are toxic hepatitis, viral hepatitis C, pancreatitis and cachexia. Pancreatitis was recorded twice as frequently in the non-TB group (18.5% compared to 9.1% TB + group) and toxic hepatitis (24.7% compared with 11.8% in the TB + group). The share of viral hepatitis B and C in the TB+ group was 22.4%, and is lower than in the non TB group (24.7%). Cachexia and malnutrition was recorded in 10.4% cases in both groups without significant differences. Co-morbidity of diabetes and tuberculosis was recorded in 3.9% cases. Cirrhosis, gastritis, cholecystitis and ascites were recorded in fewer than 3% cases.

The second position with 66% is held by mental and behavioral disorders related to the consumption of psychoactive substances in both groups without significant differences, alcohol abuse was found in 49.6% and drug addiction in 16.3%. In the TB+ group, alcohol abuse occurs more frequently than in the TB- group, with 52.6% and 46.7% respectively. Consumption of psychoactive substances (drug addiction) in the non-TB group was higher and amounted to 19.5% versus 13.1% in the TB+ group.

Cardiovascular system diseases are the third in the ranking of frequency of diseases with 26.1% and no significant differences between the groups. In the structure of diseases in both groups, anemia ranks first with a share of 22.4% in the TB group and 13% in the non TB group. Hypertension is found in 10.8% in the non-TB group compared to 1.3% in the TB+ group.

Sexually transmitted infections and HIV/AIDS rank fourth with 18.3%, with significant differences between the TB+ (23.7%) and the non-TB (13%) groups. The share of HIV-TB co-infection among the homeless people is very high and amounted to 13.1% (compared with the non-TB group, with 5.2%) and the average 8.5% recorded in RM (2015). The share of syphilis in the TB+ group was 10.5% and 7.8% in the non-TB group.

Nonspecific pathologies of the respiratory system were found in 11.8% of cases, mostly in the non-TB group (19.3% versus 2.6%). Urinary system diseases and osteoarticular diseases were recorded in fewer than 5% of cases.

TABLE 7. Structure of diseases recorded among AHP

Variable	TB +		Non TB		TOTAL	
	N=76	%	N=77	%	N=153	%
Respiratory system, including:	2	2,6%	16	20,8%	18	11,8%
Bronchitis	2	2,6%	15	19,5%	17	11,1%
Tonsillitis	0		1	1,3%	1	0,7%
Digestive system, including:	49	63,6%	65	84,4%	114	74,5%
HVC	12	15,8%	13	16,9%	25	16,3%
HVB	5	6,6%	6	7,8%	11	7,2%
Toxic hepatitis	9	11,8%	19	24,7%	28	18,3%
Diabetes	3	3,9%	0		3	2%
Pancreatitis	7	9,2%	15	18,5%	22	14,4%
Cachexia / malnutrition	8	10,5%	8	10,4%	16	10,4%
Gastritis	2	2,6%	1	1,3%	3	2,1%
cholecystitis	0		3	3,9%	3	2,1%
oropharyngeal candidiasis	1	1,3%	0		1	0,7%
cirrhosis	1	1,3%	0		1	0,7%
Ascites	1	1,3%	0		1	0,7%
Cardiovascular system, including:	20	26,3%	20	27%	40	26,1%
anemia	17	22,4%	10	13%	27	17,6%
ischemic heart disease	1	1,3%	2	2,6%	3	2%
sinus arrhythmia	1	1,3%	0		1	0,7%
Hypertension	1	1,3%	8	10,5%	9	5,9%
Urinary system, including:	0		4	5,2%	4	2,7%
pyelonephritis	0		3	3,9%	3	2%
Kidney failure	0		1	1,3%	1	0,7%
osteoarticular system	0		2	2,6%	2	1,4%
Arthritis	0		2	2,6%	2	1,4%
HIV / AIDS and STI, including:	18	23,7%	10	13%	28	18,3%
HIV / AIDS	10	13,1%	4	5,2%	14	9,1%
Syphilis	8	10,5%	6	7,8%	14	9,1%
Mental and behavior disorders, including:	50	65,8%	51	66,2%	101	66%
Drug addiction	10	13,1%	15	19,5%	25	16,3%
Alcohol abuse	40	52,6%	36	46,7%	76	49,7%
Healthy	0		7	9,1%	7	4,6%

Consumption of psychoactive substances (65.7% of cases with alcohol and drug addiction), hepatitis TB co-infection (34.2%), TB HIV STIs coinfection (HIV 13.1 and syphilis% 10.5%) and comorbidity TB diabetes (3.9%) often occur in the group of non-TB homeless people.

The group of non TB homeless people is characterized by the consumption of psychoactive substances (66.2% cases with alcohol and drug addiction) on the background of toxic hepatitis (24.7%) and viral hepatitis (24.7%), with the non-tuberculosis pathology of the respiratory system (19.4%), diseases of the cardiovascular system (26.1%), sexually transmitted infections (HIV AIDS 5.2% and syphilis 7.8%).

TABLE 8. Profile of comorbidities among homeless persons

Homeless person with TB	Homeless person non TB
- Alcohol abuse 52.6%	- Alcohol abuse 46.7%
- Anemia 22.4%	- Toxic hepatitis 24.7%
- Viral hepatitis C 15.8%	- Drug Addiction- 19.5%
- HIV AIDS infection 13.1%	- Bronchitis 19.5%
- Drug Addiction 13,1%	- Pancreatitis 18.5%
- Toxic hepatitis 11.8%	- Viral hepatitis C 16.9%
- Cachexia 10.5%	- Anemia 13%
- Syphilis 10.5%	- Hypertension 10.5%
- Pancreatitis 9.2%	- Cachexia 10.4%
- Viral hepatitis B 6.6%	- Viral hepatitis B 7.8%
- Diabetes 3.9%	- Syphilis 7.8%
- Ischemic heart disease / sinus arrhythmia 2.6%	- HIV / AIDS infection 5.2%
- Liver cirrhosis / ascites 2.6%	- Cholecystitis 3.9%
- Gastritis 2.6%	- Pyelonephritis 3.9%
- Hypertension, oropharyngeal candidiasis - 1.3% each	- Arthritis, ischemic heart disease - 2.6%
	- Gastritis, kidney failure, angina - 1.3% each

Multiple pathologies in one individual (Table No. 9) are specific to both groups. Most of the homeless people suffer from two to four pathologies. Only 15.8% of persons in the TB group do not have other co-morbidities, and 71% suffer from 2 to 4 concomitant pathologies, 14.4% have 5-8 diseases. In the non-TB group only 9.1% are generally healthy, and 28.1% suffer from non-tuberculosis pathology and the remaining 70% - 2-5 pathologies.

TABLE 9. Distribution of diseases detected in homeless persons

no. diseases in one person	TB+		Non TB		Total	
	N=76	%	N=77	%	N=153	%
I	12	15,8%	22	28,6%	34	22,2%
II	28	36,8%	18	23,4%	46	30,1%
III	18	23,7%	13	16,9%	31	20,3%
IV	8	10,5%	13	16,9%	21	13,7%
V	7	9,2%	3	3,9%	10	6,5%
VI	3	3,9%	-	-	3	2,0%
VIII	1	1,3%	-	-	1	0,6%
No pathologies detected	0		7	9,1%	7	4,6%

ANNEX NO.1

QUESTIONNAIRE

Code interviewer:	No. quest.
Date: Month:	Time beginning of the interview:
Dear Sir / Madam. My name is _____ and I represent the Health Development Center AFI, which is currently conducting a study on health issues among different categories of citizens. Please note that you have been chosen at random. Please answer the questions in this questionnaire.	

SOCIO-DEMOGRAPHIC PROFILE

<p>Q1. Current district of residence at the moment, i. e. where did you stay most of the time during the last seven days?</p>	Center
	1
	Botanica
	2
	Buiucani
	3
	Riscani
	4
	Ciocana
	5
	Telecentru
	6
	Suburb (specify _____)
<p>Q2. Where do you have your official residence (visa)?</p>	Chisinau, Balti
	1
	Other towns (urban)
	2
	Village (rural)
	3
<p>Q3. Respondent's gender</p>	Male
	1
	Female
	2
<p>Q4. How old are you?</p>	Years filled

Q5. What is your nationality/ ethnic origin? <i>Do not read the list! Choose one answer only.</i>	Moldovan	1
	Romanian	2
	Russian	3
	Ukrainian	4
	Bulgarian	5
	Gagauz	6
	Rom	7
	Other (specify) _____	_ _
	99. DK/NA	99

Q6. Do you own a home? <i>(choose one answer only)</i>	Yes, I own a flat/house	1	<i>go to Q8</i>
	Yes, I own a part (share) of apartment / house	2	<i>go to Q8</i>
	No	3	
	Other (specify _____)	_ _	
	No answer	99	

Q7. Where is this place located? <i>(choose one answer only)</i>	In this locality (the one indicated in Q1)	1	<i>Go to Q11</i>
	In another locality than the one indicated in Q1 Specify the district: _____ _ _	2	
	In another country	3	
	Other (specify) _____	_ _	
	No answer	99	

Q8. Have you ever owned a home? <i>(choose one answer only)</i>	Yes	1	<i>go to Q11</i>
	No	2	
	No answer	99	

Q9. How did you lose the right to this dwelling? <i>(choose one answer only)</i>	I sold it on my own initiative	1
	I had to sell it (because of debt, dispossessed because of collateral etc.)	2
	I was dispossessed	3
	Other (specify _____)	_ _
	No answer	99

Q10. Who is currently living in this dwelling? <i>(choose one answer only)</i>	My parents	1
	My family (wife, incl. Former wife, children)	2
	Other relatives (e.g. brothers/sisters, 3rd degree relatives)	3
	Foreign persons	4
	Other (specify _____)	_ _
No answer	99	

Q11. If you are referring to the place where you currently live (you slept last time), you can say it...		Yes	No	NA
<i>Interviewer! Read, one answer for each item.</i>				
1)	Is heated insufficiently	1	2	99
2)	Is lighted insufficiently	1	2	99
3)	Is not humid	1	2	99

Q12. How many people live in this space / dwelling?	_ _ persoane
Q13. What is this surface of this space/dwelling?	_ _ m ²

Q14. During the past 30 days, at least one of the following situations happened		
1. You did not have a place to sleep for more than a day		
2. You have not eaten anything for more than a day because you had no food or money		
	Yes	No
	1	2
	1	2

3. You had periods of excessive stress	1	2
4. You wanted to commit suicide	1	2
5. You had mental breakdowns	1	2
6. You were sick for several days in bed without calling a doctor	1	2
7. You gave up the treatment recommended by doctors because you had no money	1	2
8. Other, specify	_ _	_ _

Q15. Current civil status?	Bachelor	1
	Married	2
	Divorced	3
	Widow	4
	Permanent partner	5
	Other (specify _____)	_ _
	No answer	99

Do not read the list! One answer only.

Q16. Do you have children?	Yes	1
	No	2
	No answer	99

Do not read the list! One answer only.

Q17. Level of education	No education, incomplete primary education (up to 4 grades)	1
	Primary (4 grades)	2
	Incomplete secondary education (9 grades)	3
	General school (10-11 grades)	4
	High school (12 grades)	5
	School of Crafts (1 year of study)	6
	Vocational School (3 year of study)	7
	College (2-5 years of study)	8
	Incomplete higher education (licence) (3-4 years of study)	9
	1. Complete higher education (Master) (5-6 years)	10
	2. Master, PhD	11

One answer only

Q18. Please list all the specialties you have. Whether they have been obtained from studies or training, or you learned while working, without an official diploma or certificate confirming this specialty. What is important is that you should have documents testifying this specialty or knowledge and/or experience necessary to work in this field.	_____ __ __
	_____ __ __
	_____ __ __
	_____ __ __
	_____ __ __
	_____ __ __
	_____ __ __
	_____ __ __

Q19. Are you currently employed? <i>One answer only</i>	Unemployed (I am not retired)	1
	Unemployed (I am retired)	2
	I'm not working, I have medical certificate (illness certificate) for a long period of time, degree of disability	3
	Full time employee	4
	Part time employee	5
	Self-employed (own business, working on own farm etc.)	6
	I am a volunteer	7
	Yesy-based work (for food or a place to sleep)	8
	Other (specify) _____	_ _
No answer	99	

Q20. Last week you worked for wages or other income in cash or in kind ... <i>One answer only.</i>	Yes	1
	No	2
	No answer	99

Q21. For how long you did not have a stable job? <i>One answer only</i>	For several months	1
	For less than 6 months	2
	Less than one year	3
	1-3 years	4
	More than three years	5
	Other (specify) _____	_ _
No answer	99	

What are your main sources of income?		Q22. Main income <i>One answer</i>	Q23. Other income <i>(multiple answers)</i>
a. Wage		1	1
b. Social benefits		2	1
c. Income from collaborations		3	1
d. Income from day work or occasional income		4	1
e. Allowances (children, sickness, unemployment, etc.)		5	1
f. Dividends, rent, interest		6	1
g. Income from agricultural production		7	1
h. Money from children, parents, relatives		8	1
i. Pension		9	1
Begging		10	1
j. Other sources (specify _____)		_ _ _	_ _ _
	k. I don't know	98	98
	l. I don't want to answer	99	99

Q24. Do you currently have the following? <i>One answer for each item</i>		Yes	No
1. Citizenship of the Republic of Moldova		1	2
2. Identity card		1	2
3. Passport		1	2
4. Soviet type passport		1	2
5. Birth certificate		1	2
6. Health insurance		1	2
7. Employment history book		1	2
8. Driving license		1	2
9. Temporary ID (form 9)		1	2
10. Citizenship of other countries (specify _____)		_ _ _	_ _ _

Q25. How well do you know the languages ...?	Moldovan/Romanian	Russian
1. Native	1	1
2. Speaking, writing, reading fluently	2	2
3. Understand, but do not speak	3	3
4. Do not understand and do not speak	4	4
5. Other (specify _____)	_ _	_ _

DETERMINANTS OF THE STATUS OF HOMELESS PERSON

Q26. For how long you've been homeless? <i>One answer only</i>	1
For several months	1
Less than six months	2
Less than one year	3
1-3 years	4
More than 3 years	5
Other (specify) _____	9
No answer	99

Q27. Why do you think you became homeless? <i>Three answers in the order of priority</i>	First	Secondly	Thirdly
Loss of a specialized job	1	1	1
Lack of a job	2	2	2
Divorce	3	3	3
Consumption of alcohol	4	4	4
Use of drugs	5	5	5
Death of a person	6	6	6
Loss of home	7	7	7
Detention in prison	8	8	8
Other (specify) _____	_ _	_ _	_ _
No answer	99		

HEALTH STATUS

Q28. How would you assess your health status?	Very good	1
	Good	2
	Satisfactory	3
	Bad	4
	Very bad	5
	DK/NA	99

Q29. Would you say that you (one answer per line)	Yes, of course	Rather yes	Rather not	Surely not	DK/NA
1. You feel that physical pain prevents you from doing what you need to do?	1	2	3	4	9
2. You need treatment to be active in the daily life?	1	2	3	4	9
3. Your working environment is healthy?	1	2	3	4	9

Q30. Which of the following statements suits you best?

I pass a prophylactic examination at least once a year	1
I go to a doctor whenever I have a health problem, even minor	2
I go to a doctor when the problem is worsening	3
I visit a doctor only when I have a serious health problem	4
I visit a doctor only in emergency cases	5
I never go to a doctor	6
DK/NA	9

Q31. When did you have your last health examination (e.g. xray, vaccination, gynecological control etc.)?

Less than 6 months ago	1
7 – 12 months ago	2
1-3 years ago	3
More than 3 years ago	4
Never	5
I don't remember	6
DK/NA	99

Q32. What examinations did you do? Describe

Q33. Do you know your family doctor?

Yes, I know him in person	1
I do not know him, but I know where my clinic is located	2
I do not know the doctor or the clinic	3 <i>Go to Q37</i>
DK/NA	9 <i>Go to Q37</i>

Q34. When did you have your last visit to the family doctor?

Less than 6 months ago	1
7 – 12 months ago	2
1-3 years ago	3
More than 3 years ago	4
Never	5
I don't remember	6
DK/NA	9

Q35. What was the purpose of your last visit to the family doctor ...?

I noticed some signs / symptoms of illness	1
I visit him regularly in connection with a chronic illness	2
Vaccination	3
I needed a health certificate	4
I needed referral to a specialized doctor	5
I was forced (by whom _____)	6
other (specify) _____	_ _
DK/NA	9

Q36. If the answer was yes to the previous question: How do you appreciate the attitude of your family doctor towards you?

Very good	1
Good	2
Bad	3
Very bad	4
DK/NA	9

Q37. How would you describe your health condition in the last 12 months? (Specify one answer)

I did not feel bad/ I am healthy	1
I sometimes feel bad/sick	2
I often feel bad/sick	3
I feel bad/very sick most of the time	4
DK/NA	99

Q38. What health problems did you have in the past 12 months?		Yes	No
<i>ONE ANSWER PER LINE</i>			
a)	Infectious disease	1	2
b)	Respiratory diseases	1	2
c)	Digestive diseases	1	2
d)	Cardiovascular diseases	1	2
e)	Genitourinary diseases	1	2
f)	Endocrine (hormonal) diseases	1	2
g)	Musculoskeletal diseases	1	2
h)	Diseases of the ear and eye	1	2
i)	Nervous system diseases	1	2
j)	Injuries	1	2
	Other (specify) _____	_ _	
	Other (specify) _____	_ _	
	Other (specify) _____	_ _	

Interviewer!!! Identify the group to which the disease refers and specify the answer alternatives that correspond to the disease

Q39. What chronic disease do you have?		
Others?		
<i>List all diseases.</i>		
Diabetes		1
Hypertension		2
Other cardio-vascular disease		3
Respiratory disease		4
Gastrointestinal/digestive disease		5
Cancer		6
Kidney disease		7
Neurologic disease		8
Musculoskeletal disease		9
Other (specify) _____		_ _
DK/NA		98

Q40. In the last 12 months have there been situations when you needed health care but you did not go to the doctor?
One answer only

1.	Yes	
2.	No	go to Q42
99	DK/NA	go to Q42

Q41. What were the reasons for not going to the doctor? *Mark all suitable answers*

	<p>1 The problem was not serious</p> <p>2 I had no time</p> <p>3 I had no money for transport</p> <p>4 I had no persons to leave my children with</p> <p>5 I do not trust doctors</p> <p>6 I did not want anyone to see me going to the doctor</p> <p>7 I have no health insurance</p> <p>8 I'm afraid of doctors</p> <p>9 Other (Specify) _____</p> <p>99 DK / NA</p>
--	--

Q42. If you need health care, how easy is it to get it?

1. Very easy
2. easy
3. difficult
4. very difficult
5. DK/NA

Q43. What are the barriers in accessing health care? (three answers in order of priority)	Firstly	Secondly	Thirdly
The health facility is located too far away	1	1	1
Need for referral from the family doctor	2	2	2
Lack of health insurance	3	3	3
I do not know where to turn	4	4	4
Lack of money	5	5	5
I do not trust the health care staff	6	6	6
I do not know who my family doctor is	7	7	7
High costs of health care services	8	8	8
Other, specify _____	_ _ _	_ _ _	_ _ _
DK/NA	99		

Q44. When did you last time use emergency health services?

Less than 6 months ago	1
7 – 12 months ago	2
1-3 years ago	3
More than 3 years ago	4
Never	5
I don't remember	8
DK/NA	9

Q45. If you used emergency health services: How do you appreciate the services you received?

Very good	1
Good	2
Bad	3
Very bad	4
I don't remember	8
DK/NA	9

Q46. To what extent you feel you would need additional support in overcoming the following problems?

Problems	To a great extent	To a small extent	Not at all	I don't know /No answer
1. Financial problems	1	2	3	4
2. Psycho-emotional problems	1	2	3	4
3. Social problems	1	2	3	4
4. Health problems	1	2	3	4

<p>Q47. Who do you think would be able to provide this support?</p> <p><i>(indicate three persons or three organizations you would count on the most)</i></p>	Nobody	1
	Family	2
	Relatives	3
	Friends	4
	Other homeless people	5
	Religious leaders	6
	Representatives of some NGOs	7
	Doctors	8
	Social workers	9
	Police	10
	Hotline	11
	Center for Accommodation and Guidance for homeless persons	12
Other (specify) _____	_	

Q48. Although this is a sensitive question, please answer it. Have you ever been involved in the following activities?
 Operator! Read, one answer to each line.

	Type of activity	Yes	No	NA
	1. Commercial Sex	1	2	99
	2. Sex for survival (to purchase food or clothes)	1	2	99
	3. Injectable drug use	1	2	99
	4. Unprotected sex with one partner	1	2	99
	5. Unprotected sex with several partners	1	2	99
Men	6. Homosexual relations	1	2	99
Women	7. Rape or constraint	1	2	99

SEXUALLY TRANSMITTED INFECTIONS

<p>ITS1. Have you ever heard of diseases that can be transmitted through sex, venereal diseases?</p>	Yes	1
	No	2
	DK	88
	NA	99

<p>ITS2. Can you list the signs of these diseases in women? Other? Do not read the list! Circle all mentioned answers.</p>	Abdomen pain	1
	Vaginal discharge	2
	Odorous vaginal discharge	3
	Painful urination	4
	Genital sores	5
	Enlarged inguinal lymph nodes (the fold of the thighs and genital organs)	6
	Itching	7
Other_____	_ _ _	
	DK	88
	NA	99

ITS3. Can you list the signs of these diseases in men? Other? <i>Do not read the list!</i> <i>Circle all mentioned answers.</i>	Odorous discharge	1
	Painful urination	2
	Genital sores	3
	Enlarged inguinal lymph nodes (the fold of the thighs and genital organs)	4
	Itching	5
Other _____	_ _ _	
	DK	88
	NA	99

	Yes	No	DK	NA
ITS4. Do you think STIs can be avoided by proper use of condom at each intercourse?	1	2	8	9
ITS5. In the last 12 months, have you had abnormal discharges from genital organs?	1	2	8	9
ITS6. In the last 12 months, have you had genital sores?	1	2	8	9

TUBERCULOSIS

TB1. Have you ever heard about a disease called „tuberculosis“?	Yes	1
	No	2
	DK	88
	NA	99

<p>TB2. Can the following be signs (symptoms) of tuberculosis? <i>Read the list! Mark the answer for each option separately.</i></p>		Yes	No	DK	NA
	1. Cough	1	2	88	99
	2. Weakness, rapid fatigue, suffocation	1	2	88	99
	3. Fever for 3 weeks and more	1	2	88	99
	4. Cough with sputum	1	2	88	99
	5. Acute, convulsive, dense, permanent, stifled cough	1	2	88	99
	6. Sputum with blood streaks	1	2	88	99
	7. Long lasting cough (more than 3 weeks)	1	2	88	99
	8. Yellow face, pale, dark-faced	1	2	88	99
	9. Chest pain	1	2	88	99
	10. Weight loss	1	2	88	99
	11. dry, whooping cough	1	2	88	99
	12. Loss of appetite	1	2	88	99
	13. Night sweats	1	2	88	99
	14. Other symptoms _____ _ _				

<p>TB3. Have you ever noticed any of the above symptoms?</p>	Yes	1
	No	2=> TB 4
	DK	88
	NA	99

TB4. Which symptoms have you noticed at yourself <i>Do not read the list! Multiple answers.</i>	Cough	1
	Weakness, rapid fatigue, suffocation	2
	Fever for 3 weeks and more	3
	Cough with sputum	4
	Acute, convulsive, dense, permanent, stifled cough	5
	Sputum with blood streaks	6
	Long lasting cough (more than 3 weeks)	7
	Yellow face, pale, dark-faced	8
	Chest pain	9
	Weight loss	10
	dry, whooping cough	11
	Loss of appetite	12
	Night sweats	13
	Other symptoms _____	_____
	DK 88	
	NA 99	

TB5. Did you go to the doctor for these symptoms?	Yes	1
	No	2
	DK	88
	NA	99

TB6. When did you last time to a doctor for a consultation about tuberculosis?	In the last 7 days	1
	During the last 30 days	2
	During the last 3 months	3
	During the last 6 months	4
	About one year ago or more	5
At whose initiative? Please fill in _____		_ _

TB7. Have you done any tests for tuberculosis in the past 12 months?	Yes	1
	No	2=> TB 10
	DK	88=> TB 10
	NA	99=> TB 10

TB8. How do you thin tuberculosis is transmitted from one person to another? <i>Do not read the answers, Multiple answer. If the respondent gives an answer which is not found in the table, select the answer „Other“</i>	Through air during coughing	1
	When sharing dishes (things) with a person with tuberculosis	2
	Through blood	3
	When shaking hands with a person with tuberculosis	4
	Through sex	5
	Tuberculosis is a congenital disease	6
	Other: _____	_ _
	DK	88
	NA	99

TB9.	Do you think tuberculosis can be treated?	Generally YES	1
		YES, if treated early	2
		NO	3
		Never	4
		DK	88
		NA	99

VIRAL HEPATITES

HV1.	Have you ever heard of viral hepatitis B or C?	Yes	1
		No	2
		DK	88
		NA	99

Go to FRI

Go to FRI

Go to FRI

And now I would ask a few questions about testing for hepatitis B and/or C. We are not interested in the test results, if you did the test, but the very fact of testing and the test method.

	Yes	No	DK
1. Fatigue	1	2	9
2. Lack of appetite	1	2	9
3. Nausea, vomiting	1	2	9
4. Abdomen pain	1	2	9
5. Yesrk colored urine	1	2	9
6. Discolored faeces	1	2	9
7. Yellow color of skin and eyes	1	2	9
8. Pain under right rib margin	1	2	9
9. Other (specify) _____	1	2	9

	Yes	No	DK
1. ... unsafe sex	1	2	9
2. ...sharing dishes	1	2	9
3. ...from mother to child (during pregnancy and delivery)	1	2	9
4. ... handshaking	1	2	9
5. ...transfusion of contaminated blood	1	2	9
6. ... kissing	1	2	9
7. ...use of non-sterile medical tools and needles	1	2	9
8. ... breast milk	1	2	9
9. ...sharing of razors, scissors for manicure, toothbrush	1	2	9
10. ...acupuncture, tattoo, piercing	1	2	9
11. ... coughing	1	2	9
12. ...dental treatment	1	2	9
13. ...sharing syringes for injections	1	2	9
14. ... contact with sweat	1	2	9
15. ... sharing the toilet	1	2	9
16. ... contact with the blood of an infected person	1	2	9
17.Other (specify) _____	1	2	9

HV3. In HV3.0 opinion, hepatitis B and/ or C is transmitted through ...

Yes, I did both tests	1
Yes, I did the test for hepatitis B	2
Yes, I did the test for hepatitis C	3
I did, but I don't know for which type of hepatitis	4
No, I've never done any test	5→HV7
I don't know	88→HV7
I don't want to answer	99→HV7

HV4. Have you ever did test for viral hepatitis B and/or C?

HV5. When did you last time do the test for viral hepatitis B and C?	In the last 12 months	1
	In the last 1-2 years	2
	More than 2 years ago	3
	I don't remember	8
	NA	9

HV6. If you know the results, please tell us, do you have hepatitis?	Yes	1
	No	2→HV9

HV7. Have you visited a doctor for consultations on symptoms or other problems related to viral hepatitis?	Yes	1→HV9
	No	2
	DK	88
	NA	99

HV8. When did you last time visit a doctor for a consultation of viral hepatitis?	In the last 7 days	1
	During the last 30 days	2
	During the last 3 months	3
	During the last 6 months	4
	About one year ago or more	5

HV9. Are you vaccinated against Hepatitis B?	Yes	1
	No	2
	I don't know/I don't remember	9
	NA	

HEALTH RISK FACTORS

FR1. Do you smoke cigarettes or pipes <i>One answer only!</i>	Yes	1	
	No	2	→ FR3
	DK	88	
	NA	99	

For cigarettes		For pipes	
FR2. What is the average number of cigarettes (pipes) you smoke per day?	Less than 5	1 pipe per day	1
	5 - 10 cigarettes	Less than 3 pipes per day	2
	10 - 20 cigarettes	More than 3 pipes per day	3
	More than 20 cigarettes		4
	DK		88
NA		99	

FR3. Have you consumed any alcoholic drink in the last 12 months (beer, wine, vodka or other kind of alcohol)?	Yes	1	
	No	2	→ FR6
	DK	88	
	NA	99	

FR4. In the past 12 months how often have you consumed alcoholic beverages (beer, wine, vodka or other liquor)?	4 times per week or more	1	
	2 - 3 times per week	2	
	2 - 4 times per month	3	
	Once per month or less	4	
	DK	88	
NA	99		

FR5. How often do you drink 6 glasses of wine (600 gr.) or more, or 6 cups (300gr.) of strong drink: vodka, brandy on one occasion?	Yesily or almost daily	1
	Every week	2
	Every month	3
	Less than monthly	4
	never	5
	DK	88
	NA	99

FR6. Please tell me if ... <i>Operator! Read the questions and circle an answer for each item.</i>	FR7. Ever consumed?		FR8. <i>If Yes: Have you consumed in the last 12 months</i>	
	Yes	No	Yes	No
1. Marijuana or hashish	1	2	1	2
2. Ecstasy	1	2	1	2
3. Heroine	1	2	1	2
4. Opium or other locally produced opioids	1	2	1	2
5. Cocaine or crack	1	2	1	2
6. Amphetamines	1	2	1	2
7. Metamphetamines (pervitin or vint)	1	2	1	2

MENTAL HEALTH

FR9. Please tell me if any of the following occurred in the last 12 months... <i>Operator! Read the questions and circle the answers for each item.</i>	Yes	No
1. Had hallucinations	1	2
2. Heard voices without realizing where they came from	1	2
3. had panic attacks	1	2
4. had sleeping disorders	1	2
5. had suicidal thoughts	1	2

6.harmed yourself	1	2
7.had difficulty to control your anger	1	2
8. were aggressive or violent against others	1	2

FR10. Are you monitored by a psychiatrist?

- 1. Yes
- 2. No

FR11. Have you ever undergone psychiatric treatment?

- 1. Yes
- 2. No

QUESTIONS ADDRESSES TO WOMEN ONLY

F1. Have you been/are you married/living with a partner?	Yes	1
	No	2

F2. Has your house ever beaten you	Yes	1
	No	2

F3. The following questions are about things happening to many women and that your partner may have done to you. Has your current/ex-partner ever ...		Yes	No	I don't know/nu räspond
		1	2	99
		1	2	99
		1	2	99

Interviewer: Thank you for your work! Please read the following sentence and sign.

I declare that I conducted this interview in accordance with the instructions for face to face interviews with a respondent who was selected according to the sampling instructions.

Operator's name _____ **Operator's signature:** _____ **Yeste:** _____

SAMPLE FORM for the MEDICAL TEST RESULTS

Testing values		RESULTS	NORM LIMITS
Detailed blood values			
1	Hemoglobin		
2	erythrocytes		
3	hematocrit		
4	leukocytes		
5	Segmented		
6	Unsegmented cells		
7	platelets		
8	eosinophils		
9	monocytes		
10	lymphocytes		
11	ESR		
Biochemical blood analysis			
12	total protein		

13	albumin			
14	prothrombin			
15	fibrinogen			
16	alanine aminotransferase			
17	aspartate			
18	serum amylase			
19	total bilirubin			
20	direct bilirubin			
21	serum iron			
22	Serum creatinine			
23	serum glucose			
24	Thymol test			
25	serum urea			
26	alkaline phosphatase			
27	cholesterol			
28	Reactive C Proteine			
Hepatic markers				
29	HbsAg			
30	antiHbcor sum			
31	antiHCV			
STI				
32	TPHA			
33	RMP			
34	HIV markers			
TB Screening				
35	GeneXpert			
36	ECG + description			



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Regională 2014-2020

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