



Consultation with women organisations and refugee women for Regional Response Plan 2024



Regional Refugee Response
for the Ukraine Situation



United Nations Entity for Gender Equality
and the Empowerment of Women

Methodology

To inform the planning process of the Refugee Response Plan for 2024, the Platform for Gender Equality, Gender Centru and UN Women organized a **series of consultations with women-led (WLOs) and women rights organisations (WROs), as well as refugee women**. This consultation sought to promote collaboration among local organisations and refugee women leaders in advancing gender equality within the refugee response in Moldova. Notably, the series of event saw the participation of **82 participants** (80 women and 2 men), including **17 refugees** (16 women and 1 man) and 65 representatives (64 women and 1 man) of **45 local organizations** (43 women-led and women rights organizations, 2 men-led), LPAs and regional divisions of the National Employment Agency.

The participating organizations encompassed a **diverse range of fields**, including women organizations advocating for women's rights and the prevention of violence against women, those providing services for women affected by violence and women in crisis, organizations facilitating access to healthcare for vulnerable populations affected by TB, HIV/AIDS, LGBTQIA+ persons, sex workers, and drug users, organizations providing medical assistance to women at risk and victims of torture, organisations working in education, social assistance, culture, youth-focused organizations, community day centers for refugees, and community development organizations.

Consultations have been held in **Balti, Cahul and Chisinau** to allow for better grasp of the situation in the regions.

The aim of the consultation was to bring together women's organizations, refugee women and those working on gender equality **to identify common challenges, lessons learned and opportunities as well as recommendations for strengthening gender mainstreaming** in the refugee response in Moldova.

More specific objectives of the consultation included:

1. To identify challenges, good practices and recommendations for sector responses under RRP 2024 through gender and intersectionality lens.
2. To identify WLO/WROs needs to be able to continue refugee response in 2024 and formulate recommendations for strengthening gender mainstreaming in the refugee response.

The following is a summary of key findings and recommendations from the consultations, which can be used to inform ongoing and future refugee response efforts in Moldova.

Vulnerable and Marginalised

As a result of the consultations with women organizations and refugee women, a range of vulnerable and marginalized groups were identified. These groups face unique challenges that exacerbate their vulnerability, often due to a combination of factors such as ability, age, gender, location, and social status:

- 1. Persons with Disabilities:** Face challenges related to accessible infrastructure, transportation and access to essential services; limited capacity of refugee accommodation centers, especially in regions and rural areas; and lack of specialized healthcare services and treatments, especially in rural areas.
- 2. Older Persons and Individuals with Chronic Diseases:** Are disproportionately influenced by the limited capacity of refugee accommodation centers, especially in regions and rural areas; limited access to healthcare, including prescription medicines for chronic diseases; limited access to information; prevailing social attitudes and gender stereotypes refraining them from seeking and accepting assistance; limited socialization and integration opportunities and age-related employment discrimination. The absence of adequate care infrastructure and dedicated community places for older persons further exacerbates their vulnerability.

Older refugee women and refugee women with disabilities face heightened vulnerability due to an increased risk of gender-based violence and unmet unique healthcare needs, which can limit their employment opportunities and social interactions. Older refugee men and men with disabilities are particularly vulnerable to social isolation and mental health issues due to societal norms that discourage them from seeking emotional support; they may also neglect healthcare needs because of cultural pride, experience emotional distress and a loss of purpose due to the erosion of traditional roles as breadwinners or protectors.

- 3. Single-women headed households:** While women in general are more vulnerable in refugee settings, it's important to note that some groups of women, such as pregnant women; single mothers with infants; single women with three and more children and those caring for older persons and persons with disabilities face even greater challenges due to traditional social roles, limiting their access to resources, services, and opportunities for empowerment. Single-women headed households face a multitude of vulnerabilities that span from an increased risk of gender-based violence, limited capacity of refugee accommodation centers, private housing discrimination, limited health services, including sexual and reproductive healthcare, lack of care infrastructure to limited employment opportunities.
- 4. Roma:** Encounter difficulties related to the lack of services, effective case management and referral pathways, especially in rural areas, lack of information, behavior issues and cultural norms that limit their opportunities to participate in education and employment. CSOs struggle to effectively address their specific needs with their vulnerabilities exacerbating.
- 5. LGBTQIA+ persons:** Experience increased vulnerabilities due to discrimination, stigma and lack of understanding due to pre-existing societal biases. This leads to increased challenges in finding accommodation, health services and safe spaces where they feel accepted and therefore often leave the country.

The vulnerabilities of the above groups may be further exacerbated by the intersectionality of various factors, such as location (rural/urban), age, gender, and disability, creating a complex and multi-layered landscape of challenges that require nuanced and targeted interventions.



ISSUES

- Assistance and services do not sufficiently reach rural areas, and there is a lack of effective case management and referral pathways, especially in Roma families. This results in underserved communities.
Good practice: mobile teams providing comprehensive support in rural areas, including information dissemination, legal aid, basic healthcare, employment support, etc.
- Persons with disabilities, including children, face barriers in accessing essential services due to physical inaccessibility and the absence of necessary accommodations, especially in rural areas.
- Safe and reliable transportation services are needed to facilitate the movement of refugees, particularly in rural areas where access to services is limited. Ensuring the safety and well-being of children during transportation is crucial.
- Gender-based violence (GBV) remains a significant concern for both refugee and local women and was reported to be on the rise, especially in rural areas. Victims of sexual violence (SV) among refugees require legal assistance from female lawyers.
Good practice: While both refugee and local women experience GBV, it's notable that refugee women demonstrate lower tolerance for GBV and often extend peer support to local women facing similar challenges.
- Psychological violence, such as insults and threats, towards refugees persists from some members of host communities¹ and humanitarian actors².
- Concerns exist regarding the protection of personal data, including names and phone numbers, sometimes requested by donors. There are also instances of using photos and images without the explicit consent of refugees.

¹ On political reasons.

² Humanitarian actors were reported to occasionally threaten refugees with eviction from accommodation centers or denial in assistance for questions on humanitarian assistance.

RECOMMENDATIONS

- Ensure adequate support is provided in all regions, including rural and remote areas. Continue funding mobile teams to provide a range of vital services, including information dissemination, legal aid, basic healthcare (including sexual and reproductive health for women) and specific healthcare (including medications and check ups for chronic diseases), employment support, and coordination with local authorities (LPAs) and Civil Society Organizations (CSOs).
- Strengthen the capacity of mobile teams for thorough case follow-up, particularly for women reporting violence.
- Prioritize infrastructural initiatives improving accessibility for persons with disabilities by addressing physical barriers and ensuring that accommodations are in place to facilitate their access to services and support, especially in rural areas.
- Provide safe and reliable transportation, especially for children.
- Continue investing in GBV prevention, mitigation and response programs for both refugee and local women. These programs should include awareness campaigns, support services, and peer support networks.
- Ensure provision of legal assistance services to the victims of SV by female lawyers.
- Invest in fostering community dialogue and social cohesion initiatives, promote complaint mechanisms and provide psychosocial support to those affected.
- Develop clear policies and protocols for personal data management, raise awareness among humanitarian actors and donors and implement data protection capacity-building measures to safeguard personal information and ensure compliance with data privacy regulations.
- Establish clear protocols for obtaining explicit consent from refugees before using their photos and images for any purposes.



BASIC NEEDS, INCLUDING NON-FOOD ITEMS AND ACCOMMODATION

ISSUES

- Remaining refugee accommodation centers, particularly in regional areas, may lack the capacity to adequately serve vulnerable and marginalized groups. These include persons with disabilities, individuals with chronic diseases, older persons, single pregnant women, and single women with infants or more than three children.
- New arrivals, as well as the most vulnerable groups, often require temporary accommodation for up to one month to facilitate their settlement, planning, and search for suitable private housing. However, there is a shortage of such facilities.
- Property owners are increasingly hesitant to rent to Ukrainian refugees, particularly women with children under the age of three and Roma. Discrimination in housing is on the rise, posing a significant concern.
- Assistance provided to refugees, including in-kind support, sometimes lacks alignment with their actual needs.
- The demand for essential items such as clothing (including underwear) and footwear remains constant. Additionally, many rented apartments lack essential items like bed linen, foldable beds, and kitchen utensils. In-kind distributions often prioritize quantity over quality, reducing the overall impact of assistance. Low-quality or unsuitable items are sometimes distributed.

RECOMMENDATIONS

- Re-assess the number of RACs in the regions, especially in Gagauzia, to address the mismatch of capacities and needs.
- Increase the capacity of remaining centers and prioritize accommodation for the vulnerable groups.
- Establish temporary accommodation centers, “drop-in centers”, to support newcomers during their initial settlement period and the most vulnerable groups at risk to end up on the street, particularly single women with infants, Roma, people with disabilities, including mental.
- Raise awareness about the rights and responsibilities of Ukrainian refugees and actively combat discrimination by engaging with property owners and advocating for fair housing practices.
- Regularly consult refugees and host community, including the most vulnerable groups, to ensure that assistance is effectively tailored to their unique needs.
- Prioritize voucher support over NFIs as they offer greater dignity and allow for more choice. The ideal value for vouchers falls within the range of 300-500 MDL.
- Prioritize quality over quantity to better serve the specific needs of refugees and enhance the impact of the assistance.



ISSUES

- Health issues remain a concern. There is lack of specialist doctors, specialized services and treatments (x-ray, services for children, sexual and reproductive health services, services for persons with disabilities, cancer treatments, etc.), and emergency care for both refugee host communities.

Medical services in regions and rural areas are underdeveloped, medical facilities are underendowed.

Limited availability of health services creates grounds for tensions among refugees and host communities.

Doctors tend to prioritize local citizens over refugees when providing medical care. Discrimination and language barriers discourage medical check-ups, increasing the vulnerability of the most vulnerable groups.

Good practice: Mobile teams ensuring periodic outreach to regions and rural areas with primary examination, distribution of medication, vitamins, medical equipment (tonometers, glucometers, inhalers, wheelchairs, canes), medical hygienic items (urological pads, diapers for adults). As many projects came to end, many of the mobile teams ceased to exist.

- Refugees are not adequately informed about the available health services under Temporary protection (TP), especially in the area of sexual and reproductive rights (gynecological and mammological care), including services for pregnant women. Medical professionals appear to be unadequately informed about the health services available to Ukrainian refugees under TP. Lack of information and access to services force refugees to return to Ukraine for medical assistance, exposing them to increased protection risks.

RECOMMENDATIONS

- Invest in development of healthcare sector, including in medical staff (especially women), accessible infrastructure, renovation and endowment of facilities with a focus on regions and rural areas.
- Develop and enforce anti-discrimination policies within healthcare settings.
- Operationalize rural medical facilities to provide quality basic medical services, including basic sexual and reproductive health services, compensated medicines, et cetera.
- Continue and expand mobile teams to provide primary examinations, sexual and reproductive health services, distribute medication, vitamins, and medical equipment. Ensure that services and support are equally available to refugees and host communities and include both men and women doctors.
- Consider development of telemedicine options for specialist consultations in appropriate languages.
- Implement targeted information campaigns for refugees on health services available under TP, with a focus on sexual and reproductive health and services for pregnant women, through community centers, social media, and healthcare facilities.
- Conduct regular trainings for medical staff on health services for Ukrainian refugees available under TP. Include modules on the importance of equitable treatment for all patients, regardless of their nationality.
- Establish a dedicated hotline for health services in Russian.



ISSUES

- Accessing prescription medicines for chronic diseases is challenging in Moldova, as specific medications are often unavailable, and substitutes are ineffective. This forces refugees to return to Ukraine to obtain the necessary medicines.
Good practice: CSO providing free of charge medical assistance in partnership with private hospitals covering primary examinations, referrals to specialized doctors, support with medicines. Mobile teams to do test for sexuality transmitted diseases (HIV, hepatitis, et cetera.)
- Dental services, except for emergency care, are not covered by the health programs. This lack of coverage poses risks for untreated dental issues to escalate into severe health problems, financial strain on individuals who must pay out-of-pocket for dental care, and overall neglect of oral health due to cost barriers.
- The lack of clear guidelines for registering children with autism in Moldova risks delaying treatment, as well as limiting access to specialized services.
- There is a constant need for hygienic items and dignity kits, and in-kind distributions often do not meet the specific needs of beneficiaries – the assortment of products, size or absorption capacity of hygienic pads, etc.
- There is a perceived increase in substance abuse, alcoholism, and violence, including child abuse.

RECOMMENDATIONS

- Leverage the existing good practice of CSOs partnering with private hospitals to provide free medical assistance. Extend these partnerships to include the provision of prescription medications for chronic diseases.
- Continue with medical vouchers that can be redeemed for a range of healthcare services, including prescription medications, diagnostic tests, and other specialized treatments that are currently lacking. Ensure that these vouchers are accessible to both refugees and host communities, and are accepted at multiple healthcare facilities, pharmacies, and diagnostic centers.
- Continue with medical vouchers as specified above.
- Establish clear and comprehensive guidelines for the registration of children with autism in Moldova to be disseminated to healthcare providers, educational institutions, and among refugee population in relevant languages and formats.
- Prioritize vouchers for hygienic items and dignity kits, offering more choice and dignity. Optimal voucher value should range from 300-500 MDL.
- Implement comprehensive programs covering awareness, prevention, mental health and phyco-social support, emergency response, health services, access to medicines, and support for mothers with children.
- Promote safe spaces and helplines for victims of violence and substance abuse.



ISSUES

- There is a continuous need for mental health support to address trauma, especially for men provided by male psychologists. Alcoholism is reportedly increasing among refugee men as a coping mechanism.
Good practice: MHPSS services that incorporate art therapy, mandalas, metaphoric cards, and music have been reported to be particularly effective and well-received.
- There is a need for enhanced quality control in MHPSS services, especially in rural and regional areas, where incidents of unprofessional and harmful assistance have been reported.
- Perceived increase of aggression and expressions of hatred among refugees, including instances of where children openly express animosity towards their relatives residing in Russia.

RECOMMENDATIONS

- Promote MHPSS helpline in regions and rural areas.
- Increase the availability of male psychologists to provide targeted MHPSS services for men.
- Support mobile mental health teams consisting of both male and female psychologists to provide regular visits to regions and rural areas to address the unique mental health needs of both men and women.
- Develop and implement substance abuse prevention and treatment programs, including awareness-raising, counseling, and medical treatment, focusing on alcoholism as a coping mechanism among refugees.
- Regularly conduct community-based interventions to raise awareness about the importance of mental health and the dangers of using alcohol as a coping mechanism.
- Establish quality control and complaint system for mental health services, especially in rural and regional areas.
- Introduce community-based conflict resolution and emotional well-being programs to address the rising levels of aggression and hatred among refugees.



ISSUES

- There is a lack of parental awareness with regards to enrolling children in educational institutions, as well as relevant support, especially in rural areas.
- There is a low rate of attendance among refugee children in formal educational settings and facilities offering space and equipment to children to take their online classes, commonly referred to as "smart classes", leading to the risk of increased isolation among refugee children.
Good practice: Ludothekas (play centers) established in social centers, including those for survivors of domestic violence, were reported to provide a conducive environment for learning and recreation.
- Children with special needs face challenges in accessing inclusive education. Raising awareness about special needs among both the refugee and local populations, particularly among parents and students, could improve acceptance and inclusion.
Good practice: Tailored activities provided to children with have been effective in promoting their socialization, development, and inclusion in the community.
- Low capacity of teachers and multi disciplinary staff to be able to handle challenges around hate speech, aggressive behaviors, multi-lingual classes and violent communication, especially in rural areas.

RECOMMENDATIONS

- Initiate targeted outreach programs, especially in regions and rural areas to raise awareness among parents on the school enrollment process and provide them with the necessary support.
- Develop specialized programs aimed at increasing attendance among refugee children in formal educational settings and "smart classes", including transportation, extra-curricular activities (interest clubs, excursions, sports events and master classes for children) with local children.
- Initiate parents support programs to assist them in navigating the opportunities under social protection and educational systems.
- Implement awareness raising campaign on the special needs of persons with disabilities, including children.
- Introduce comprehensive training programs for teachers and multidisciplinary staff to enhance their skills in conflict management, including hate speech, aggressive behaviors, and violent communication, with a dedicated focus to rural areas.



ISSUES

- Employment opportunities for refugees are limited by several factors, including limited understanding of employment in Moldova, mismatch between job offers and qualifications and low salaries. In addition to these factors, there are additional barriers, such as lack of care (for children, older persons and persons with disabilities), inflexible work schedules, age and ability discrimination, that disproportionately affect specific groups: single refugee women with caregiving responsibilities for infants, persons with disabilities, older persons, and more than 3 children; individuals aged 50 and above; and people with chronic health issues or disabilities.
Good practice: Facilitation and funding for employment of refugee women in local CSOs is promising for providing flexible job opportunities for refugee women, supporting the ecosystem of CSOs in Moldova, ensuring effective refugee and host community outreach, enhancing coordination of refugee response and promoting peace by strengthening social cohesion and integration of refugees in local communities.
- The absence of adequate care infrastructure, particularly for children under 3 years and those with special needs, serves as a significant barrier for women seeking to enter the job market. This issue is especially acute for single women with newborns, those caring for children with special needs, and women responsible for elderly family members.
- Language barriers significantly impede employment opportunities for refugees. While some are perceived as unwilling to learn Romanian, others opt to take Romanian and English courses as a strategy to advance their careers.

RECOMMENDATIONS

- Operationalize “patenta” to allow self-employment and business development.
- Promote online work, especially for women, in sales, project management, content management for websites and social platforms.
- Provide middle-term specialized trainings in digital skills, self-presentation in digital media, blogs and social media management (to sell expertise), IT, design or photography. Prioritize online or in-person trainings in rural areas for the most vulnerable and marginalized groups, including older women.
- Provide support for business development.
- Enhance childcare infrastructure and services to benefit both refugees and the host community.
- Consider implementing mobile care services as a flexible option to provide support when needed, including childcare and care for older persons, persons with disabilities and chronic diseases.
- Continue and extend Romanian language courses to include more flexible options, such as online programs. Additionally, offer long-term courses that go beyond beginner-level instruction to facilitate advanced language skill development.
- Offer English language courses to facilitate online employment abroad.
- Organize language camps for children, adolescents and adults linked with excursions to foster social inclusion.



ISSUES

- Tensions between the refugee population and host communities persist due to perceptions of favoritism in assistance and competition for limited resources. These tensions also affect children and are exacerbated by the host communities' perception that Ukrainian refugees are lowering their living standards.
Good practice: Job integration for refugees is viewed as highly effective for easing tensions. Additional strategies include second university education in Moldovan universities with instruction in Russian for Ukrainian youth, as well as master classes and excursions for children, adolescents, adults, older persons from both refugee and local communities to foster cultural understanding and build relationships.
- Aggressive behavior is evident among some refugees, including children who engage in war-themed games and display violent tendencies towards their peers.
- The absence of clear eligibility criteria and guidelines for the distribution of assistance creates perceptions of unfairness and hampers refugees' ability to assess the fairness of aid distribution, limiting both their agency and the accountability to affected population.

RECOMMENDATIONS

- Allocate funding for programs that equally involve refugees and local community members, maintaining a 50-50 participation ratio.
- Enhance support for vulnerable members of host communities who interact directly with refugees, including school-aged children, to ensure equitable assistance for both groups.
- Bolster job inclusion initiatives for refugees and organize community events to promote integration and dialogue.
- Enhance engagement of refugees as volunteers in communities to support mayor's office and local organizations.
- Support dedicated spaces within libraries or Ludotekas where refugee women and women from host community can gather to discuss issues, seek peer support, and engage in various activities like reading, watching movies, drawing, singing, and baking. These spaces would also facilitate social interactions between children and serve as a platform for refugee women to connect with women from the local community.
- Introduce tailored mental health and psycho-social support programs aimed at addressing aggressive tendencies among refugees, including children, offering conflict resolution workshops, counseling services, and educational activities designed to cope with emotional stress and promote empathy and peaceful interactions.
- Publicly disseminate clear eligibility criteria and guidelines for humanitarian assistance to enhance transparency and empower refugees and host communities to understand how assistance is allocated.



ISSUES

- Irregularities in cash transfers, including multi-purpose cash and rent assistance, pose increased protection risks for vulnerable and marginalized groups who cannot reliably plan their expenses.
- Enrollment in cash for rent programs was reported to require a foreign passport, which is time-consuming and costly to obtain, creating additional barriers for those most in need.
- Cash support for refugees exacerbates tensions with host communities who also require financial assistance.
- Complications in opening bank accounts may hinder financial support, as some banks are uncertain about the legality of providing accounts to Ukrainian refugees.
- Cash for utilities is extremely needed in light of the upcoming winter period.

RECOMMENDATIONS

- Ensure the regularity and timeliness of cash payments to help the vulnerable and marginalized groups to reliably plan their expenses and mitigate associated protection risks.
- Replace the foreign passport requirement for enrollment in cash-for-rent programs with the use of the Individual Identification Number (IDNP) to expedite the enrollment process, making the program more accessible to those most in need.
- Ensure that cash and vouchers are distributed equitably among refugees and host community members to alleviate tensions and foster a sense of fairness and inclusivity.
- Raise awareness among financial institutions on eligibility of Ukrainian refugees for opening bank accounts.
- Provide cash for utilities or utilities vouchers to manage the increased winter utility expenses for both refugees and host community.



ACCOUNTABILITY TO AFFECTED POPULATION

ISSUES

- Information about available services and distribution of assistance is scarce in rural areas, particularly for refugees in remote locations and those who can't afford internet access.
- Viber groups are often the only easily accessible source of information, while other platforms like dopomoga.md are difficult to navigate and understand.
Good practices: The distribution of free Orange SIM cards and SMS services has reported effective for targeted information dissemination.
- The lack of clear eligibility criteria and guidelines for the distribution of assistance limits refugee agency and the accountability to affected population.
- Many events and activities are repetitive and not tailored to refugees' needs, leading to low engagement beyond assistance collection. Sometimes information on events is distributed 5-6 hours in advance of the event, making attendance difficult. At times attendance of events is a pre-condition for receipt of assistance. Repetitive activities and assistance create event fatigue and frustration among refugees. Refugee women emphasized the vital role of consulting and involving them in decision-making processes, while noting that these consultations can be overly formal and may not always result in concrete actions.

RECOMMENDATIONS

- Develop a communication strategy for disseminating information about available services and distribution of assistance, especially targeting rural and remote areas. This could include the use of local radio broadcasts, community bulletin boards, and mobile SMS services, in addition to online platforms, to ensure that refugees without internet access are also informed.
- Continue/intensify the distribution of printed leaflets at the border crossing points with key information on services, hotlines, complaint mechanisms, etc.
- Identify and collaborate with refugee women administering Viber groups to disseminate verified and easily understandable information, reinforce connections within the community and improve the information flow.
- Publicly disseminate clear eligibility criteria and guidelines for humanitarian assistance to enhance transparency and empower refugees and host communities to understand how assistance is allocated.
- Conduct regular needs assessments in consultation with the affected population, including the most vulnerable and marginalized groups, to tailor events and activities to their specific needs and interests and avoid duplication.
- Improve the timeliness of event notifications.
- Regularly consult refugee women to design interventions that address their specific needs and concerns.



ACCOUNTABILITY TO AFFECTED POPULATION

ISSUES

- There is a need for greater accountability among humanitarian actors in ensuring quality control of services and aligning with the "do not harm" principle, especially in regions and rural areas.
- Lack of information in Russian and interpretation of meetings to Russian limits participation of refugee community in refugee-response planning and decision-making.
- Despite donor requirements for audits, there is a lack of resources allocated for conducting these audits effectively.
- A unified assistance distribution monitoring system is needed to track the movement of refugees and distribution of assistance, especially in regions and rural areas, to prevent abuse of the systems and ensure support of the most vulnerable and marginalized.

RECOMMENDATIONS

- Establish a framework for quality control, including audits, feedback controls, and training programs to ensure that all services provided are of high quality and do no harm.
- Dedicate funds for translation of relevant documents and interpretation of the meetings to Russian.
- To ensure compliance with donor requirements and enhance accountability, allocate specific line items for audit costs within project budgets. This is particularly crucial for smaller organizations that may lack sufficient overhead to self-finance these audits.
- Support the development of a unified assistance monitoring system, including LPAs and CSOs, and improve documentation of distributions.



ISSUES

- Accessibility for persons with disabilities is severely limited at border crossing points and in rural areas, particularly when it comes to the availability of accessible toilets.
- Due to prevailing social attitudes and gender stereotypes, older individuals frequently do not seek assistance, which hinders their integration into society. Specifically, older men are less likely to accept help due to the societal expectation that they should be self-reliant. Additionally, older persons often struggle with accessing online information and using technology.
Good practice: Spaces and activities designed with focus on older persons offer lacking opportunities to create new bonds and networks: chorus for older persons, transgenerational activities involving youth and older persons for planting flowers, etc.
- Transgender individuals confront discrimination and a lack of safe and inclusive spaces where they can freely express their gender identity without fear of prejudice or harm.
- Roma refugees encounter distinctive challenges, such as instances of violent behavior and a reluctance to participate in educational programs. CSOs encounter difficulties in effectively engaging with and addressing the specific needs of this community.

RECOMMENDATIONS

- Invest in infrastructure accessibility at border crossing points and in rural areas.
- Promote the establishment of active groups for older individuals to empower them, enhance their integration, and expand outreach to the most vulnerable among them.
- Implement targeted information campaigns on available hotlines for older persons.
- Engage older individuals to provide peer support in accessing information and technology.
- Enhance collaboration with local LGBTQIA+ organizations to provide support and encourage organizations to increase their outreach to LGBTQIA+ persons.
- Raise awareness on safe spaces for LGBTQIA+ individuals.
- Ensure LGBTQIA+ inclusion and meaningful participation in consultation processes.
- Support uninterrupted access to hormone therapy for individuals undergoing gender transition under TP or provide funding to CSOs to deliver this service.
- Promote LGBTQIA+ rights and integration into local society through awareness campaigns and community-based initiatives.
- Create tailored programs to address the unique challenges faced by Roma refugees and strengthen partnerships with CSOs to effectively address these issues.



COORDINATION

ISSUES

- Coordination among humanitarian actors, including CSOs and LPAs, is insufficient, particularly in rural and urban areas. This lack of coordination results in CSOs struggling to find beneficiaries and refugees unable to locate services. There is also a notable absence of collaboration between different levels of LPAs and a general lack of awareness about national and local coordination structures. Funding and resources for refugee support are perceived to be predominantly allocated to urban areas, often neglecting the needs of rural communities.
- Assessments are perceived to be predominantly conducted in Chisinau, often overlooking rural areas where data collection is equally crucial. Collection, presentation and use of qualitative sex, age and disability disaggregated data is necessary for the formulation of efficient refugee response interventions.
- Certain refugee response initiatives are designed with a short-term focus and limited scope, resulting in a lack of alignment with the local and central government's long-term development strategies.

RECOMMENDATIONS

- Promote national and local coordination forums for a regular exchange between rural and urban actors with the meaningful engagement of and steering from LPAs.
- Enhance and support information sharing channels and networks among humanitarian actors, including CSOs and LPAs.
- Arrange visits for stakeholders to learn from each other's experiences and observe best practices in action.
- Create mobile units responsible for monitoring activities, assessing needs and supporting collaboration in various locations.
- Implement a more balanced approach to assessments by extending data collection efforts to rural areas to ensure a comprehensive understanding of needs across all regions.
- Invest in data collection specialists in CSOs, LPAs and other humanitarian actors.
- Ensure sustainable impact and coherence with the national and local priorities of the refugee response projects to maximize the effectiveness of interventions.



ISSUES

- There is insufficient collaboration among CSOs and LPAs, resulting in fragmented efforts and potential gaps in service delivery and support for refugees and host communities. The nature of collaboration with LPAs changed, and they now charge fees for services and facilities that were previously provided for free, possibly influenced by well-funded INGOs and UN Agencies.
- There is a limited collaboration among and joint advocacy efforts by women's organizations within the refugee response in Moldova.
- Women organizations face significant funding challenges, often relying on volunteer efforts. They lack information on funding opportunities, especially small or newly established organizations, or capacities to access the funding. Short-term funding cycles of 3 to 6 months create difficulties for WLOs/WROs, focusing on long-term impact, including advocacy. Refugee response funding strategies lack sustainability, resulting in project and organization closures after the funding dwindles. Relocation of focus on the refugee response, created gaps in development work of organizations in the benefit of local population.
Good practices: [Networking has been a successful survival strategy. Women organizations built volunteer networks and leveraged trust among women from Moldova and Ukraine.](#)
- There is insufficient institutional support for LPAs and smaller CSOs, lacking coaching and mentoring, and a need to facilitate the transfer of international expertise to the local level.
- Widespread staff burnout within CSOs and LPAs, compounded by a high turnover of personnel in both CSOs and governmental bodies at the central and local levels.
- Demanding data collection requirements from donors place a heavy burden on human resources.

RECOMMENDATIONS

- Foster stronger collaboration between CSOs and LPAs by implementing joint study exchange visits, mentorship programs, and peer-to-peer support initiatives, and thematic training sessions to enhance their capacity for effective cooperation and coordination in refugee response efforts.
- Establish a Congress of Women Organizations in Moldova with aligned goals, particularly in areas such as fundraising and advocacy.
- Provide continued and increased support to women organizations, acknowledging their positive impact on the community and refugee response.
- Provide funding encompassing various aspects, including development initiatives, advocacy, and long-term sustainability, beyond just immediate refugee response needs.
- Provide more flexible funding tailored to smaller initiatives, particularly those led by women and volunteers.
- Create separate funding streams for International INGOs, local CSOs, and LPAs to cater to their specific needs and goals.
- Allocate a certain percentage of funding budgets to support the institutional capacity and sustainability of women organizations, ensuring they can continue their vital work.
- Facilitate coaching, mentoring and transfer of international experience.
- Allow additional budget to provide mental health support and create incentives for staff retention.
- Develop clear policy on data safety, storage and privacy.
- Allow additional budget for reporting and monitoring staff.

Conclusion

The following are the key insight derived from consultations with women's organizations and refugee women centered around four regional priorities that will shape the Regional Refugee Response Plan for 2024:

- 1. Access to protection** remains a concern, made more complex by several intersecting challenges. Gender-based violence, including psychological violence, remains an issue, particularly affecting vulnerable groups of women. Service gaps, lack of transportation, and insufficient information on case management hinder access to essential support in rural areas.

Continued funding for mobile teams is crucial for providing a range of vital services, from legal aid to healthcare, with a focus on thorough case follow-up for women subject to violence. Infrastructure should be improved to enhance accessibility for persons with disabilities, particularly in rural areas. Safe and reliable transportation options, especially for children, must be prioritized. Investment in GBV prevention and response programs is essential and should include comprehensive support services, awareness campaigns and advocacy efforts. Lastly, robust data protection policies must be developed and implemented to safeguard personal information, including clear protocols for obtaining explicit consent from refugees for the use of their photos and images.

- 2. Access to cover needs of the most vulnerable:** The unique vulnerabilities of different groups within the refugee community underscore the need for continuous, targeted attention to their specific needs in order to improve access to cover the needs of the most vulnerable. From limited healthcare, employment and infrastructure to social isolation and discrimination, these challenges are often compounded by cultural norms and traditional roles.

Given these complexities, it is important to prioritize and implement specialized solutions that address these multi-layered challenges, ensuring more robust protection for the most vulnerable groups. These solutions could include but are not limited to ensuring appropriate accommodation, development of the health sector and services, expansion of the mobile teams, regular consultations with the most vulnerable refugees to tailor assistance to their unique needs, prioritization of voucher support, LGBTQIA+ safe spaces and tailored interventions for Roma.

- 3. Social economic inclusion for refugees:** Socio-economic inclusion of refugees remains influenced by a myriad of factors ranging from employment barriers to caregiving responsibilities. Employment opportunities are often limited due to a mismatch between job offers and qualifications, low salaries, and a lack of understanding of the Moldovan job market. These challenges are further compounded for specific vulnerable groups, such as single women with caregiving responsibilities, older persons, and those with disabilities.

These challenges may be partially overcome by operationalizing "patenta" for self-employment, promoting online work, offering specialized training in digital skills, and enhancing care infrastructure. Language barriers could be mitigated through extended and flexible Romanian language courses, including English for broader employment opportunities. The adopting of this specific approach, has the potential to improve access to livelihoods opportunities for and facilitate social cohesion and integration within the host communities.

Conclusion

- 4. Local community:** The integration of the local community into the refugee response remains critical for fostering social cohesion and mitigating tensions that arise from perceptions of favoritism and competition for resources. Good practices such as job integration of refugees and second university education programs for youth have shown promise in easing these tensions. However, challenges remain, including aggressive behavior among some refugees and a limited transparency in the distribution of assistance.

Allocation of funding for programs that equally involve both refugees and local community members, job inclusion initiatives, dedicated community spaces and tailored behavior programs could further facilitate integration of refugees and community dialogues.

The joint efforts of the refugee response in Moldova around the four regional priorities need to be underpinned by the continuous engagement of women's organizations and refugee women. Together, through ongoing collaboration and shared insights, the ability to address the unique challenges faced by the most vulnerable can be further enhanced, ultimately striving for a more inclusive and supportive environment for local and refugee population in Moldova.