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# Rapid Gender Analysis

## [Moldova] – [Ukrainian crisis]

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## Abbreviations

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CMR	Clinical Management of Rape.
GBV	Gender-Based Violence
PwD	Persons with Disabilities.
TiP	Trafficking in Persons.
SADD	Sex and Age Disaggregated Data.
SGBV	Sexual and Gender-based Violence.
SOPs	Standard Operational Procedures
UNHCR	United Nations High Commissioner for Refugees

## Executive Summary

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The war started the 24<sup>th</sup> Feb 2022 with Russia attacking Ukraine, though the Russo-Ukrainian war is an ongoing war between Russia (together with pro-Russian separatist forces) and Ukraine and it originally began in February 2014 following the Ukrainian Revolution of Dignity, and initially focused on the status of Crimea and parts of the Donbas, internationally recognised as part of Ukraine. The first eight years of the conflict included the Russian annexation of Crimea (2014) and the war in Donbas (2014–present) between Ukraine and Russian-backed separatists.

Since Feb 2022 it is believed that more than 10 million Ukrainians have been displaced, half of them fleeing the country.

Moldova is mainly a transit country and one of the main transit routes used to reach Romania from Odesa, through Palanca. Despite fluctuations in figures of refugees in Moldova, there are around 100.000 remaining in the country. Out of them 65% females and 50% children<sup>1</sup>.

There is a coordination humanitarian mechanism established by UNHCR and led by the Office of the Prime Ministry. Blue dots as “one stop centers” have been established in the three bordering sites, with transport, basic health needs and other services available (including referral pathways).

Humanitarian actors are elaborating Standard Operational Procedures (SPOs) related to several services, specially on GBV.

Moldova relies on a very conservative society, where gender roles are very rigid. This has an impact on refugees who are mostly women and children.

Moldova is doing its best to respond to this crisis, welcoming refugees. As the poorest country in Europe it needs support itself to scale-up response and provide the quantity and quality of services demanded

When finalising this report (27<sup>th</sup> April) concerns on Transnistria security were arising due to several attacks on the 25<sup>th</sup> April.

## Key findings

- This is a protection crisis in which women, children, Roma population, PwD, transgender people and LGBT community and people crossing illegally are facing great risks,
- CMR was never performed before in Moldova, therefore they are currently figuring out how to perform it within the framework of the crisis. Big capacities and knowledge gaps around this life-saving service
- Roma population is subject to great discrimination from all stakeholders engaged in the crisis management. Inclusiveness is not yet guaranteed.
- LGBT community also face discrimination in a very patriarchal society at both sides: Moldova and Ukraine.
- Transnistria is not openly spoken of within the humanitarian mechanism, despite being the poorest region in the country (and hosting refugees)
- Mostly all humanitarian actors are concentrating in the blue dots and in Chisinau, leaving huge parts of the country and the countryside with scarcity of resources and services.

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<sup>1</sup> Latest Protection Working Group update (UNGCR)

## Key recommendations

An **intersectional feminist approach** is needed to better understand **compound complex vulnerabilities** and to **support local organisations**, helping them scale-up **their** responses.

From this approach, **safe-spaces for women, adolescents and girls**, would be fundamental to support them in **building agency, empowerment and resilience**

Host communities should be also supported in several ways, also to ensure **PSEA prevention measures**.

**Within Ukraine, basic needs are increasing** as war advances. **Elderly women and those with mobility issues face special challenges** that should be addressed through targeted actions

**Advocacy work** is needed to **fight back racism** and differential access to services and protection.

This crisis might also be used as an **example on refugee reception and asylum provision so that refugees from other crisis** can benefit also from the protection granted.

**Survivor-center approach** needs to be apply in all GBV service provisions; partners should be receiving training on the matter, alongside with training on a variety of protection issues.

**Moldovan Government should be challenged** when it comes to **visas' policies**

## Introduction

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### Background information [from GBV AoR] Ukraine

Multiple forms of GBV are being reported, with particularly high insecurity and risk for women and girls on the move, at border crossing points and transit/collective centers, and in bomb shelters. This includes reports of intimate partner violence, sexual exploitation and abuse, sexual harassment, sexual violence (including conflict-related sexual violence), and economic abuse<sup>2</sup>. There is a high risk of trafficking for sexual exploitation at borders where registration is patchy, there is little control of documents, young women are often not accompanied by other family members, and volunteers may offer accommodation and transportation without vetting. Those who are traveling with children, who are pregnant, living with disabilities, or elderly may remain behind in vulnerable circumstances including volatile militarized locations and face life-

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<sup>2</sup> 53% of employed Ukrainians lost their job after war began, increasing risk of domestic and intimate partner violence, becoming involved in illegal activities or other negative coping strategies to meet basic needs, especially for female headed households and divided families.

threatening risks. Importantly, violence is taking place where risk mitigation measures should be in place, such as collective centers and bomb shelters.

Verified attacks on health-care facilities<sup>3</sup> have risen to the rate of 2-3 per day<sup>4</sup>, meaning that already stretched healthcare, including for sexual and reproductive health and clinical management of rape, has even less capacity to respond to sexual violence against Ukrainian women and girls or to effectively refer to law enforcement bodies.

GBV specialized services continue to operate in a number of municipalities (including many of largest cities of Dnipro, Vinnytsia, Lviv, Odessa, Uzhhorod<sup>6</sup>), except those communities where active hostilities are taking place, though essential services are currently affected by significant gaps and limitations:

- The State was the primary service provider before the war; among the services that are still operational, many have shifted their focus away from GBV as they work to meet other urgent needs of IDPs including temporary accommodation, social protection, caring for the wounded, etc.;
- Many service providers are affected by lack of human and financial resources – some staff have fled to save their own lives and are now IDPs themselves;
- There are more people in need of services, with IDPs contributing to high population concentrations in new/different areas where humanitarian operations and GBV services were not previously established or where the existing services are not able to adequately respond to the demand;
- Many referral pathways are broken (varying region by region due to military activities, increase in IDPs, border crossings and other factors);
- IDPs have limited access to life-saving information, including on the availability of specialized GBV services in hosting communities.

## Facts from Moldova

- **Humanitarian coordination mechanism in place**, led by the Office of the Prime Ministry + UNHCR. Mechanism includes the following working groups: protection, child protection, GBV, Roma Peoples' Rights, AAP, Cash, Health, Disabilities
- **Poorest country in Europe**, in negotiation to enter the EU
- UNHCR's partner Law Centre of Advocates conducting border monitoring reported an **increase in the number of pedestrians arriving from Kharkiv, Nikolaev and Odesa** due to the increase in security incidents. Refugees arrive by bus and are dropped off at the border crossing point (BCP)
- **Contingency plan in preparation** for a foreseen increase influx of refugees from Odesa if bombing continues
- **Chisinau: most of the refugees are staying in the capital city** where all humanitarian organisations and **services are to be found, including several sheltering** centers.

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<sup>3</sup> BBC. 26 March 2022. "Ukraine war: WHO says attacks on health facilities are rising daily."

<sup>4</sup> WHO Surveillance System for Attacks on Healthcare; <https://extranet.who.int/ssa/Index.aspx>.

- **Transnistria**: southern region of Moldova, bordering with Ukraine. **Even poorer than Moldova** (in war with Moldova in 91-92 auto-claimed its own independence – almost non international recognition at all). Moldova pays them back 10% of taxes. It is a net import region (from Ukraine). They are Russian speaking, therefore integration of refugees in daily life is easier, but economic constraints are greater. On 6 April a joint UN team (OHCHR, UNHCR, UNFPA) conducted a visit to the Transnistria region to identify the needs of refugees as well as protection concerns. It was reported that around **8,000 refugees from Ukraine are staying in the region, with 500 placed in seven accommodation centres and others staying within the communities**. Follow-up discussions are taking place on how to respond to existing needs
- Moldova is a **very conservative** country with a well rooted **patriarchal culture** greatly influenced by the orthodox church. **Gender roles are very rigid** and women are expected to be primarily caretakers
- **Sexual and reproductive health is not openly addressed**, though **abortion is allowed**
- There is **no reference to gender identity – transgender/transsexual in any Moldovan legislation**. There are **no national anti-discrimination policies in Moldova**, or educational programmes to eliminate the **prejudicial and discriminatory attitudes and behaviours towards lesbian, gay, bisexual and transgender persons**<sup>5</sup>.

Clinical Management of Rape was not performed before this crisis in Moldova, and therefore is not yet in place for the refugee crisis response. They have PEP kits in several hospitals, but is not linked with forensic examination (which they do not how to perform) and many health staff does not know how to administer the kit. Wide distribution of PEP kits will start in the third week of April and its foreseen to be finalised by the end of April, then, capacity building and trainings for health staff by UNFPA will start.

## Demographic profile

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### Sex and Age Disaggregated Data (SAAD)

No SAAD is been provided so far in Moldova. Only available figures on overall number of women and children flying the Ukraine.

So far, **411,365 women and children arrived in Moldova**, out of which 98,363 – that is **24% - remained in the country**, been 65% women and 36% children according to UNHCR

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<sup>5</sup> [https://www.coe.int/t/Commissioner/Source/LGBT/MoldovaLegal\\_E.pdf](https://www.coe.int/t/Commissioner/Source/LGBT/MoldovaLegal_E.pdf)

Calculations conducted by humanitarian organisations: until the 7<sup>th</sup> of April, 6000 people had pursued asylum in Moldova. Of the people with special needs crossing, UNCHR estimates that **40% are women and 40% children, 10% are PwD and 10% elderly**.

**No estimations of Roma population flying the country.** No registration of transgender people.

**The Multi-Sectorial Needs Analysis (MSNA)<sup>6</sup> will be done based on households** as units of measurement. This implies many valuable information might be lost on needs/capacities/copying mechanisms by different age, gender and diversity individuals (including those with PwD). In addition, enumerators are not protection specialists and therefore information on sensitive protection issues, like SGBV might be also lost.

## Protection concerns

### Sexual and Gender Based Violence (SGBV)

- **Domestic violence is widespread regionally** and even if figures are missing it needs to be assumed that is ongoing and increasing as a result of the crisis. **Capacities of local/national service providers are limited.** Several local/national NGOs demanded capacity building regarding SGBV management in humanitarian situations and the survivor-centered approach.
- **On sexual violence:** In Moldova, **victim blaming** is a common approach to sexual violence. At the time of conducting the assessment (first two weeks of April) **no service providers performing Clinical Management of Rape (CMR)** could be found. **Rape as a weapon of war** has been already reported inside Ukraine<sup>7</sup>
- **Trafficking in Persons is a highlighted risk by all humanitarian stakeholders.** The vast majority of refugees are women and children due to the Ukrainian authorities' ban on men to flee. There are **teenagers and children flying alone**. People with **less economic and informational resources** are at higher risk, this would include: **Roma population, poor women with dependants, PwD, people crossing illegally:** pe; Ukrainian **transgender women** are crossing through the woods, as their IDs do not much their gender identities. TiP is ongoing and it might be happening for sexual exploitation, for force labour, for human organs' trafficking and other purposes. Moldavian authorities could be easily bribed, due the widespread poverty, low salaries and reported corruption: several Roma children have been reported missing at Palanca border (heavily crowded by humanitarian actors and national authorities. Also and especially in the beginning, confusion and high influx of women and children flying plus transportation provided/offered by private individuals has contribute to it.
- **PSEA;** the large influx of **individuals at border checking points offering transportation** and accommodation and the overwhelming response by civil society, offering shelter to refugees, pose **added challenges to the risk of PSEA** in any humanitarian context.

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<sup>6</sup> Funded by DG ECHO and UNICEF and conducted by REACTED with UNICED operational support

<sup>7</sup> <https://www.bbc.com/news/world-europe-61071243>

<https://www.theguardian.com/world/2022/apr/03/all-wars-are-like-this-used-as-a-weapon-of-war-in-ukraine> <https://www.hrw.org/news/2022/04/03/ukraine-apparent-war-crimes-russia-controlled-areas>



Pathways have been identified by the GBV working group. SOPs on CMR are being currently drafted by UNFPA and will be ready in May and health staff will start receiving trainings and PEP kits at all emergency units

### **Discrimination and racism**

**Racism and discrimination attitudes are evident towards Roma population.** They are segregated in separate targeted shelters. Most of the Roma population crossing the borders does so with low economic resources and lack of accurate (if any) information on asylum processes across European countries, services provided and options available.

**Discrimination against Roma population has been documented from Authorities, humanitarian community and society at large.** No Roma organisations represented in the beginning of the crisis (there is a Roma rights working group currently)

**No specialised service provision (adapted culturally) were found.** Roma women are also subjected to GBV but **where not found within shelters for GBV survivors.**

All these reasons, plus an “historical” discrimination towards Roma people across Europe, places them in a **very vulnerable situation with differential access to services**

**LGBTB community is also subjected to discrimination** due to the rigid patriarchal society and the weight the orthodox church has in Moldovan society.

**Non-white Ukrainians and non-nationals trapped within Ukraine have been subjected to discrimination and racism.**

**Moldovan authorities have rejected all visas requirements from Kenya**

### **Host communities**

**Host communities**, which already suffered from poverty, have seen their **resources greatly reduced** by hosting refugees. Also, **PSEA concerns are far more difficult to monitor** in hosting communities.

### **Child protection**

As stated above, **36% of refugees are children, some of them unaccompanied** and travelling alone, some from different ethnic minorities, some lacking all sort of resources. In addition, Ukraine is known for its “relaxed” **subrogate** policies. There are high risks of **babies and children been trafficked for illegal adoptions, force labour, trafficking in human organs, sexual exploitation and other forms of abuse.**

## Recommendations

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- Being TiP one of the greatest risk in this emergency, child protection must be prioritised by establishing clear SOPs, safety and security in the border checking points and dedicated child-friendly safe-spaces. Child protection specialist are needed in all service provision, from NFIs distribution to health and shelter
- Similarly, elderly population, especially women on their own within Ukraine face greater challenges. Attention should be paid and focus activities designed
- Hosting communities should be supported as an integral part of the humanitarian response.
- National, local and grass roots organisations are providing a great response in this crisis. They need support from the humanitarian community in order to strengthened coordination mechanisms and build specific capacities on protection and humanitarian concerns arising in this crisis.
- Advocacy work is needed to fight back racisms and discrimination.
- Humanitarian community must engage women-led/womens´rights, youth, Roma and LGBT organisation in all decision-making processes
- Accountability towards affected population is a key element in preventing TiP
- European countries coordination is also needed in order to prevent and fight back TiP
- Moldovan government shall be challenged regarding visas issuing policies.
- An intersectional feminist approach is needed to addressed the complex compound elements of vulnerability in this crisis.
- Languages and communication channels used for information dissemination does also determine inclusiveness. Some minorities need targeted information in their native languages (Roma for example) and in different ways adapted to diverse levels of literacy
- The Women, Peace and Security Agenda shall be already positioning feminist arguments and women within the decision making spaces for peace-making-negotiating-keeping and for the reconstruction process.
- Creation of safe-spaces for women and girls is a fundamental part of building individual and collective power: shared needs and definition of priorities, peer support, awareness raising, sorority and capacity building are, inter-alia, some of the activities that take place within them.
- In addition, women could benefit from some recreational activities, especially as the displacement journey lengthens and the very much hoped early ending, does not arrive. These activities help put their minds at rest, strengthens resilience and mental health at the same time.

## Targeted recommendations for ActionAid

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- ActionAid experience in changing norms, challenging them and transformative approaches could help fostering safe-spaces for women
- Consolidate partnerships initiated and been as flexible as possible with the funds (consider core funding as many local organisations have spent their resources in the crisis and are now struggling
- Consider providing on-demand capacity building and strategic trainings on protection areas
- Having someone full-time dedicated in Moldova, actively participating in most of the humanitarian working groups could place ActionAid in a strategic position to influence both, UNHCR and the Prime Ministry Office

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→ Consider long-term partnerships surpassing the refugee crisis, specially to Women-led, Women's Rights, Roma and Youth organisations