



Gender-Based Violence (GBV) Safety Audit Report

Ukraine Refugee Response, Republic of Moldova

August 2022





Key Messages

- Refugees in the Republic of Moldova, predominately women and children, face various risks of gender-based violence (GBV), including of sexual exploitation and abuse (SEA). Heightened risks of GBV are common in displacement situations and Moldova, despite its warm reception of refugees and provision of services overall, is no exception. Risks of GBV are related to unsafe conditions in certain contexts, reduced ability to meet basic needs, separation from protective networks, and limited access to protection support.
- Several risk reduction actions have been achieved in Moldova through coordination among humanitarian response actors. These include increased security measures at border points, the provision of humanitarian transportation, the wide inclusion of groups at risk of GBV in multi-purpose cash assistance interventions, and the management of refugee accommodation centres by predominantly women social services workers.
- While Moldova has served as a model of refugee support, welcoming refugees from Ukraine despite having the highest refugee population per capita on the continent, the continuation of the conflict in Ukraine has increased concerns of strained refugee-host community relations in Moldova in the future. These strains need to be proactively identified and addressed.
- Trafficking of women and girls to other European countries for the purpose of sexual exploitation was identified as a GBV risk by all stakeholders.
- Discrimination towards refugee women and girls, related in part to harmful gender norms, was identified as a GBV risk requiring the engagement of GBV actors in prevention and response activities.
- GBV survivors face challenges in seeking assistance due to cultural barriers, in particular a culture of 'silence', which affect both refugee and non-refugee survivors. Access to support is also hindered by displacement-related barriers, such as lack of awareness of available services and lack of trust in the capacity of services to provide quality support that meet refugee needs.
- Entry points for access to survivor-centred GBV services should be diversified and based on preferences of the community, in particular the most at-risk groups. Information and awareness should also target frontline workers in the response who have a crucial role as entry points.
- Adolescent girls, LGBTIQ+ persons and members of the Roma community face heightened risks requiring enhanced engagement and should be considered key stakeholders in the refugee response. Service providers should adapt their programmes to meet the needs of these populations and actively engage them in response activities, ensuring that principles of diversity and inclusion guide their actions.
- A larger scale, more coordinated approach to communication, awareness-raising, and information-sharing on GBV services and risk reduction, with robust refugee engagement, is needed. Messages should be empowering, age-appropriate and avoid reinforcing harmful gender norms such as stigmatization and victim-blaming.
- GBV responders, local women-led organizations, and government social services, need additional resources to urgently scale up support.
- A coordinated approach among government institutions and local civil society is needed to implement rapid GBV risk reduction measures on the ground.

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Background

The conflict in Ukraine has caused unparalleled levels of displacement in Europe, impacting in particular the countries directly bordering Ukraine. Since 24 February 2022, when the Ukrainian conflict began, the Republic of Moldova (RoM) has received over 585,614¹ refugees, with the majority traveling directly onwards to other destinations in Europe. Nearly 90,000 refugees currently remain in Moldova, the majority of whom being women and girls (64%).²

Considering its own population size,³ Moldova hosts the highest number of refugees per capita. The government of Moldova (GoM) has accomplished considerable achievements in providing protection and assistance to refugees. Under the state of emergency declared by the government, refugees from Ukraine can enter and remain in Moldova without being subject to the 90-day limit of stay that usually applies to foreigners. Refugees from Ukraine can also apply for asylum in Moldova, access education (primarily as “audience members”) and receive primary and emergency medical care. A Single Crisis Management Centre was established by the GoM to coordinate the refugee response in collaboration with UNHCR.

It is known that risks of multiple forms of gender-based violence (GBV) increase in conflict and refugee settings, with women and girls being at significant risk. Ukrainian refugees face multiple risks of GBV at all stages of displacement, prior to fleeing their home country, during flight, and while seeking refuge. High levels of intimate partner violence⁴ have been documented in the region, including in both Ukraine and Moldova.⁵ Such violence is very much related to harmful cultural gendered norms. Incidents of conflict-related sexual violence have been reported in locations under military control in Ukraine.⁶ Risks of trafficking in persons for the purpose of sexual exploitation have also been reported by those fleeing Ukraine, including at border points, and at other times during their journey.⁷

These risks of GBV are linked to unsafe conditions in a variety of contexts, and the highly gendered displacement dynamics in the Ukraine refugee context⁸ (as currently most adult men are not able to exit Ukraine due to martial law). Furthermore, discrimination against LGBTIQ+ persons, Roma persons and refugees has been reported,⁹ which are contributing factors that exacerbate the risks of GBV.

The present GBV Safety Audit was jointly conducted by UNHCR, UNFPA, and UNICEF, in coordination with the GBV Sub-Working Group (SWG) of the refugee response coordination

¹ Data as of 23 August 2022: <https://data.unhcr.org/en/situations/ukraine/location/10784>

² Ibid.

³ Total population of 2,620,495 in 2020 <https://data.worldbank.org/country/moldova>

⁴ The Safety Audit uses the definition Intimate Partner Violence (IPV), rather than Domestic Violence, as IPV encompasses violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), while Domestic Violence describes violence that takes place within the home or family between intimate partners as well as between other family members.

⁵ Well-Being and Safety of Women, OSCE – Organization for Security and Co-operation in Europe, March 2019,

<https://www.osce.org/projects/survey-on-the-well-being-and-safety-of-women>

⁶ [Ukraine: Apparent War Crimes in Russia-Controlled Areas | Human Rights Watch \(hrw.org\)](https://www.hrw.org/report/2022/03/22/ukraine-apparent-war-crimes-in-russia-controlled-areas)

⁷ Waiting for the Sky to Close: The Unprecedented Crisis Facing Women and Girls Fleeing Ukraine, Moldova Assessment Report, Voice and HIAS, June 2022, <https://data.unhcr.org/en/documents/details/93189>

⁸ Rapid Gender Analysis Ukraine, CARE International, March 2022, [Care_ForGood_Proposal_Template.indd \(careevaluations.org\)](https://www.care.org/ukraine-rapid-gender-analysis)

⁹ Ukraine Situation - Moldova: ActionAid Rapid Gender Analysis, April 2022, <https://data.unhcr.org/en/documents/details/92392>

forum in Moldova.¹⁰ A GBV Safety Audit aims to promote multi-sector action to reduce risks of GBV and provides an analysis of gaps and challenges in access to comprehensive and quality support for survivors of GBV. Given the dearth of information related to the specific dynamics of GBV risks that refugees from Ukraine face in different settings, the present Safety Audit assists in filling this information gap by identifying specific GBV risks in the refugee context of Moldova.

For the purpose of this Safety Audit, gender-based violence, as a grave violation of several basic human rights, is defined as *‘an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private’*, in accordance with the Inter-Agency Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.¹¹ This definition recognizes that GBV is based on gender discrimination and inequality, encompasses a range of different types of violent incidents, in any space, based on lack of consent for the act, and impacts survivors of all gender identities.

The Republic of Moldova has ratified the *Council of Europe Convention on preventing and combatting violence against women and domestic violence (“the Istanbul Convention”)*¹² which defines GBV in relation to women and girl survivors, with a specific focus on the domestic setting. Moldovan law no. 45¹³ of 2007 establishes the fundamental norms on preventing and combatting domestic violence in the Republic of Moldova. This law applies equally to Moldovan citizens, foreign nationals, and stateless persons living on the territory. Multiple forms of sexual violence, outside of the domestic setting, are criminalized in the Republic of Moldova’s Criminal Code.¹⁴ Rape (Art. 171) is defined as “sexual intercourse committed by physical or mental coercion of the person or taking advantage of her/his impossibility to defend himself or to express her/his will.” This definition is based on coercion rather than lack of consent.

¹⁰ For more information on the GBV Sub-Working Group Moldova please see: <https://data.unhcr.org/en/working-group/337?sv=54&geo=10784>

¹¹ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, Inter-Agency Standing Committee, 2015, <https://gbvguidelines.org/en/>

¹² Council of Europe Convention on preventing and combatting violence against women and domestic violence Istanbul, 11.V.2011 <https://rm.coe.int/168008482e>

¹³ [LP45/2007 \(legis.md\)](https://legis.md)

¹⁴ Criminal Code of the Republic of Moldova, COD Nr. 985 18.04.2002 [CP985/2002 \(legis.md\)](https://legis.md)

The Safety Audit Approach

GBV Safety Audits, as a global GBV-in-emergencies risk reduction tool, take a multi-sector approach to assess the risks of GBV, identify potential actions to reduce these risks, and provide improved access to a holistic response for survivors. Safety Audits seek to better understand the preferences of GBV survivors in seeking support, the barriers that exist in accessing GBV services, and how best to communicate services available to refugees.

The Safety Audit in Moldova engaged government entities, civil society, and GBV service providers. It also involved representatives from different humanitarian sectors of the inter-agency working groups (Cash assistance, Accommodation and Transport, Health, Protection, Child Protection), to help mainstream GBV risk reduction and response in the humanitarian response in line with the Inter-Agency GBV Guidelines.¹⁵

It is important to note that Safety Audits, in line with the GBV-in-Emergencies Guidelines,¹⁶ do not seek to determine or produce GBV incident prevalence data, as it is recognized that GBV is happening in all humanitarian contexts without the need for incident data. Globally, and in particular in refugee settings, GBV is often underreported due to gendered social and cultural barriers to survivors seeking support. As such, prevalence data is not reliable and should not be sought.

¹⁵ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, Inter-Agency Standing Committee, 2015, <https://gbvguidelines.org/en/>

¹⁶ The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, GBV AoR, UNFPA 2019, <https://gbvaor.net/gbviems>

GBV Safety Audit Objectives

The objectives of the GBV Safety Audit Moldova were as follows:

1. Through age, gender and diversity inclusive participation of refugees and service providers, identify GBV risks, in particular those affecting women and girls, in different refugee settings of Moldova to develop contextualized GBV risk reduction guidance for each sector.
2. Assess GBV response needs, gaps, and barriers in accessing support in order to better inform survivor-centred GBV service provision that is fully inclusive of refugees and adapted to their specific needs.
3. Adapt, contextualize, and test a GBV Safety Audit toolkit for the Moldova refugee response that can be shared with different actors to increase their capacity to identify and respond to GBV risks across different humanitarian programmes and locations on a regular basis.

Methodology and Tools

The Safety Audit promotes a participatory approach to engage with refugees as well as frontline service providers/humanitarian responders. The Safety Audit used the following set of adapted tools to gather qualitative data to inform GBV risk mitigation measures:

- **Safety Walks:** are conducted by a selection of community members, service providers and safety audit team members through specific areas to identify and observe the factors that could make people, in particular women and girls, feel safe/unsafe. Through these safety walks, risks related to infrastructure, service access, and presence of different threats were identified.
- **Focus Group Discussions (FGD):** are structured conversations with a group of refugees representing a specific population, allowing for an age, gender and diversity approach. The tool includes questions related to safety concerns, GBV perceptions, and support sought, and allows space for reflections and recommendations from the group on how to improve safety and access to support.
- **Key Informant Interviews (KII):** are conducted with persons with a key role in GBV risk reduction and response, including focal points from the refugee population. Key informants included local GBV and child protection service providers, Refugee Accommodation Centre (RAC) managers, Blue Dots¹⁷ staff, local authorities, frontline workers from different humanitarian sectors, organizations representing specific at-risk groups, etc.

Information and data gathered from these sources were grouped in an analysis framework around three core areas (Risks, Access to Services and Recommendations), and were corroborated across all sources from the Safety Audit data collection activities to identify trends and key concerns.

¹⁷ Blue Dots are joint UNHCR and UNICEF supported children and family support hubs in transit and other key locations for refugees in the Ukraine response, for more information please see: <https://data.unhcr.org/en/documents/download/91739>

Safety and Ethical Considerations

In line with the World Health Organization (WHO) principles for the safe and ethical collection of GBV-related data, the Safety Audit in Moldova implemented the following practices:

- Individual GBV disclosures or information on specific GBV incidents were not sought and participants were informed that this was not the intention.
- As GBV is occurring in all humanitarian contexts, the Safety Audit was conducted in locations where referral pathways to GBV specialized services were in place. The facilitators were trained on supporting survivor-centred disclosure and referral, as well as sexual exploitation and abuse reporting. The teams were able to provide information on a wide range of services and assistance (e.g., health, cash assistance, legal information, etc.) for the refugees during the activities to be responsive to wider protection needs.
- Safety Audit activities took place in safe spaces which were known by the participants so that they were comfortable and familiar with the settings. Participants were grouped according to age, gender and in some instances diversity (e.g., Roma and LGBTIQ+ specific group) to ensure the most appropriate and safe environment for open and inclusive expression.
- All information was handled confidentiality and safely, and informed consent was obtained from participants before starting discussions/interviews.
- The Safety Audit team participating in community discussions were women, with Ukrainian, Russian and Romanian speakers, as well as GBV expert staff. The team was trained on GBV core concepts and safe and ethical data collection.
- Activities with children were conducted in safe spaces by specialized child protection actors and with child friendly referral pathways in place.

Locations and Participants

The Safety Audit was conducted in three main types of settings in the Moldova refugee response: 1) urban host community locations where refugees live either with host families or in private accommodations; 2) Refugee Accommodation Centres (in both government and private NGO-run shelters); and 3) border control points (entry points from Ukraine as well as exit points for refugees to Romania). These locations were identified as key locations in the refugee response, taking into account risks for refugees in transit as well as those residing in Moldova in diverse living situations.

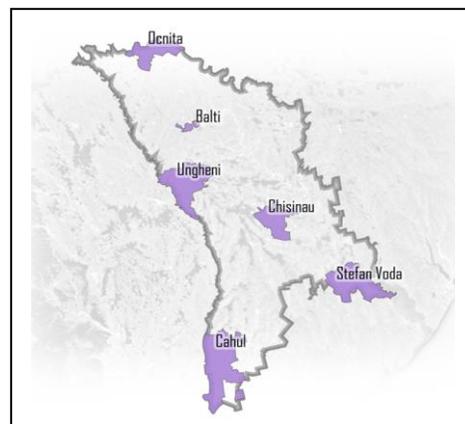
Those locations with a higher known distribution of the Ukrainian refugee population were selected,¹⁸ to take into account regional dynamics, as well as locations along the main transit routes through Moldova for refugees on the move. It was crucial to include a range of settings not only to capture the different characteristics of GBV risks but also to ensure that the Safety Audit tools were tested and adapted to the different types of locations (e.g., a separate safety walk tool was produced for urban host community Safety Audits).

¹⁸ Ukraine Situation - Moldova: Distribution of known Ukrainian refugee population in Moldova (28 May), UNHCR, <https://data.unhcr.org/en/documents/details/93122>



Districts included in the GBV Safety Audit

District	Setting of Safety Audit
Balti	RAC and Host community
Cahul	RAC
Chisinau	RAC and Host community
Ocnita	Border
Stefan Voda	Border
Ungheni	Border and RAC



A total of **33 Safety Audit activities** were conducted across the different locations outlined above including: eight safety walks, eight FGDs and 17 KIIs (two of which were with refugee key informants). A total of 75 refugees participated in the study and included 38 women, four men, six boys, and 27 girls. Sixteen (16) members of the host community (14 women and two men) also participated. In addition, 13 service providers (12 women and one man) were interviewed including border police, NGO workers, health workers and social workers. The total of all Safety Audit participants was 104 people.

Specific FGDs were conducted with Roma women and LGBTIQ+ persons to allow a safe space for expression. It was crucial to include these groups to ensure that their views and concerns were heard and reflected in GBV and wider humanitarian actions. To safely include at-risk groups, the Safety Audit team coordinated with specialized Roma women and LGBTIQ+ organizations supporting refugees.

The KIIs engaged with health workers, border police, local women's organization, social services, RAC managers, child protection services (including Blue Dot staff), GBV response and hotline services, refugee volunteer organizations, cash assistance staff, refugee women, refugee men, transportation sector staff and legal support services. The KII participants were selected due to their specific role in the refugee response. Many also had experience providing services and protection support for vulnerable communities in Moldova prior to the Ukraine refugee response.

As a core aim of Safety Audits is to promote GBV risk reduction, the process was coordinated through the inter-sector working group of the Refugee Coordination Forum in Moldova.¹⁹ Focal points from different sectors supported facilitation of FGD and Safety Walks and participated in KIIs. The focal points from the different sectors were trained on Safety Audits, GBV core concepts, disclosure and referral. They represented the Accommodation and Transport Working Group, Cash Working Group, Health Working Group, Protection Working Group (including the GBV Sub-

¹⁹ Ukraine situation: Moldova: Refugee Coordination Forum Structure (20.06.2022), <https://data.unhcr.org/en/documents/details/93448>

Working Group, Child Protection Sub-Working Group and Roma Task Force), Education Working Group, and Information Management Working Group.

Challenges and Suggestions

Some challenges were faced in conducting the Safety Audit given that it was a pilot process, to test and adapt the approach to the Moldovan context. The main challenge was the engagement of refugees in host community locations. This is a concern as service providers have had relatively limited structured and regular engagement with refugees in host communities, both rural and urban, despite the fact that refugees reside in host communities (as opposed to refugee Accommodation Centres). Refugee adolescent girls were the most challenging to identify for participation in the Safety Audit, despite being one of the groups reporting specific safety risks. This challenge indicates that increased community engagement and support activities are required, in particular for vulnerable groups, in host community locations.

Another challenge was the awareness of the scope of GBV among FGD as well as some KII participants, which was often limited to physical intimate partner violence in a domestic setting. A more in-depth awareness of GBV definitions and types of incidents would be beneficial at the start of Safety Audit activities to ensure that all participants feel supported to engage and that the wider inter-agency definition of GBV is used. This would help ensure that all types of incidents are discussed as risks.



Findings

The main findings related to GBV risks and response gaps identified through the different Safety Audit activities across Moldova are outlined below. Findings are presented according to 1) identified GBV risks, 2) access and barriers to service access 3) recommendations from participants of the study's validation process on how to improve safety in the refugee response context. The findings below provide an indicative overview of GBV risks and response needs through community consultation.

'[Refugee women whose partners stayed in Ukraine] are so stressed that they do not want to come and get the help packages at the gate – they are afraid of everything.'

local women-led NGO coordinator, key information interview participant

1. GBV Risks

Private and Hosting Accommodation Risks

Some of the more frequently shared concerns during the Safety Audit were about the safety of refugee women and girls living in host community areas. Concerns were raised both in relation to refugees renting privately as well as those residing with host families.

For those renting, the threat of evictions and harassment/abuse by private landlords was a key risk that was identified, especially given the gendered dynamic that most tenants are single refugee women with their children. The threat of eviction was reported even when the refugees had paid their rent. Threats and incidents of physical violence could be from the landlord or a contact person who arranged the housing for the refugees.

A sense of isolation was reported when renting in the host community, as many refugees have limited networks within the local community. This creates a feeling of insecurity as refugees often do not know their neighbours or who lives next door. A perception of lack of safety in the many urban public spaces was reported, with many women and girls not going out at night as they do not feel safe and are not familiar with the area. They also expressed that they felt less safe going out at night without their husbands/partners who had usually remained in Ukraine.

'I think it's not safe when [refugees] live [by themselves] - especially since people know that only women with children came to Moldova'

youth clinic doctor, key informant interview

Concerns related to unaccompanied and unsupervised children living in private housing were raised, especially considering that it could be challenging to identify these children and their

protection needs if they do not participate in activities/school outside of the home or have other entry points to support.

'[We are spending less time on usual activities], because there is no motivation to do something in an unknown city when there is a war in your city.'

refugee adolescent girl participant, focus group discussion

The phenomenon of Moldovan families hosting refugees was recognized as significant in supporting refugees in the country. Some refugees mentioned this made them feel safer, and, with the support of their Moldovan host families, improved their access to services and assistance. However, the potential risk of sexual abuse and harassment in hosting accommodation situations was also raised.

There was a recognition by civil society organizations that many of the websites and chat forums set up during the onset of the emergency to link refugees in need of accommodation to Moldova individuals/families could have led to GBV risks and were not easy to monitor, with official humanitarian assistance and accommodation taking more time to set up in the emergency. The limited outreach to refugees in private and host accommodations, given the initial focus of humanitarian efforts on RACs and border points, and the growing socio-economic vulnerability of refugees in an increasingly prolonged crisis, could lead to a heightened risk of sexual exploitation, abuse, physical and psychological violence in private and host accommodations.

'We feel safer when there are a lot of people on the streets or playgrounds, because, if necessary, we can ask them for help.'

refugee woman participant, focus group discussion

Trafficking in Persons and Sexual Exploitation

The risk of trafficking in persons, mainly for the purpose of sexual exploitation, was reported in all of the different settings covered in the Safety Audit. Participants identified mainly young single women, adolescent girls, and unaccompanied children as being most at risk of trafficking.

It was reported in discussions at the border points that there have been reports of 'shepherds' at the border who trafficked women and adolescent girls through Moldova, and potentially onward to other European countries. The 'shepherds' are usually women.

Whilst some of the border points have increased security, protection and site management measures, others, often in more vulnerable and remote areas of the country, require more support. The focus for humanitarian response actors at border locations has often been linked to the level of influx rather than the protection vulnerabilities and potential risks to the refugees themselves.

Challenges for anti-trafficking efforts at the border include access control, response capacity if a potential case is identified, and dissemination of incorrect information, which can create confusion and lead to vulnerable people using unofficial and unmonitored transportation and accommodation options, furthering risks of trafficking for both sexual and labour exploitation.

'Misinformation is a powerful weapon.'

local women's organization coordinator, key informant interview

There were multiple locations and methods of potential recruitment identified for trafficking purposes, including:

- Employment offers online and on social media, including for work in Moldova and other European countries which refugees felt could not always be verified. In general, the trafficking in persons business model has largely shifted online, particularly for recruitment and advertisement of survivors for sexual exploitation due to a spiking demand for sexual access to Ukrainian women and adolescent girls since the start of the conflict.²⁰
- Employment offers on paper, including for work in other European countries which were also visible in RACs and often cannot be verified.
- Private transportation pickup offers in Ukraine as well as when crossing the border into Moldova. These offers can be online or in person from private individuals as well as voluntary organizations, which refugees often felt could not be verified.
- In-person risks of trafficking due to potential traffickers having direct access to refugees, including such vulnerable groups as children and single women. Safety risks include inadequate access controls at RACs in certain locations. Refugees have reported, for example, that men from different European countries (not humanitarian actors) have attempted to enter RACs through concealed back entrances. Girls mentioned that men have entered RACs to offer them and their mothers jobs which they felt were untrustworthy.

There have been significant efforts to reduce risks of trafficking in the refugee response by the government of Moldova and other humanitarian actors, with a focus on information provision, services and safe transportation at border locations, capacity building of frontline workers, and scaling up of protection and security presence. Efforts are aligned with the existing National Committee for Combatting Trafficking in Human Beings²¹ with a national strategy and action plan in place for the prevention and response to trafficking in persons in Moldova.

Nevertheless, the focus of the humanitarian community's anti-trafficking efforts has again been largely at border points and in RACs, with risks of recruitment in the host community lacking sufficient attention. Safety Audit participants gave feedback related to current anti-trafficking awareness and felt that sometimes the approach taken by anti-trafficking advocates could create

²⁰ Recommendations on enhancing efforts to identify and mitigate risks of trafficking in human beings online as a result of the humanitarian crisis in Ukraine, Organization for Security and Co-operation in Europe, April 2022 <https://www.osce.org/cthb/516423>

²¹ <http://www.antitrafic.gov.md/?|=en>

fear or lead to an increased sense of insecurity. They also felt that there were too many channels for awareness-raising and information, creating potential overload and in fact reducing access to reporting.

Linked to recruitment offers for trafficking purposes, the issue of lack of safe and appropriate employment opportunities was raised by most refugee women participants. The issue was particularly important for single mothers and Roma women who faced barriers to accessing employment due to qualifications or work experience requirements, lack of childcare options, need for different levels of literacy, and uncertainty about their duration of stay in Moldova.

'Refugees generally tend to trust when they are offered help because they are in a difficult situation'

refugee man, key informant interview

GBV Risks in Transportation

Some risks were raised in relation to transportation. Refugees mentioned challenges in relation to private transportation at the border during the onset of the crisis as well as currently in relation to voluntary organizations offering transport. Such transportation is often offered directly from Ukraine, and refugees do not know the name of the organization or have much information about them. Sometimes they are charged a fare.



Adolescent girls said it was unclear where to go or what the safe transportation options were. Public transportation in Moldova was perceived as risky. Sexual violence by taxi drivers was a risk reported by both refugee and Moldovan women, as was sexual harassment on buses. Roma women shared that they are often discriminatorily singled out on buses for harassment.

Gendered Discrimination and Specific Groups at Risk

Whilst perceptions of the Ukrainian refugee population appear to remain positive overall in Moldova, the prolonged duration of the crisis and economic pressures in the country, itself struggling economically,²² may result in tensions. Potential negative attitudes towards refugees are equally located within a wider context of gender discrimination.

²² Human Development Index (HDI), UNDP, 2018 Moldova data <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>

Refugee women and girls reported incidents of verbal harassment and discrimination when walking in the street and in playgrounds, but also by some service providers, including when seeking medical support. Hostility towards refugees by certain host community members is, unfortunately, a feature of many refugee response contexts.

'Some people stop us in the street... they say that we are responsible for the war'

participant, refugee adolescent girls focus group discussion

Roma women referenced significant discrimination prior to displacement and when fleeing as their cars were sometimes confiscated by military actors in Ukraine and they risked physical violence if they attempted to contest this. They said that many people, including providers of humanitarian assistance, are discriminatory towards them in Moldova and often do not consider them to be refugees as some of them had lived previously in Moldova and may speak some Romanian. They reported often being denied assistance or having their documentation and displacement status questioned. They reported facing harassment on the streets, markets, and while taking transportation, mainly verbal abuse. They also mentioned being followed, mainly by men, in the markets. In addition to these risks, they faced significant challenges in accessing support. There are very few women cultural mediators who can facilitate safe access to services.

'[Moldovans] are afraid of us, [even though] we are ordinary people'

Roma woman, focus group discussion participant

LGBTIQ+ refugees face discrimination in access to protection and humanitarian assistance. Transgender women were identified as being a particularly at-risk group within the LGBTIQ+ community as they can be more visible and due to challenges related to the need to present documentation for many protection and assistance services. Transgender women reported instances of being treated as men at the border due to the sex indicated in their documentation. Some transgender women refugees have been rejected access to Moldovan territory by Ukrainian border officials, and in some cases have paid a fine. Other transgender women have managed to enter but, in some cases, had to resort to crossing irregularly which poses significant protection risks.

'The attitude towards LGBT people in all post-Soviet spaces is the same. From childhood, they tell us that LGBT is horrible, that we should not exist and that we should be exterminated'

participant refugee LGBTI community focus group discussion

Alongside discrimination there is a lack of understanding of diversity among officials, service providers and the media who harmfully presented such cases as 'men dressing as women' to escape military conscription. Transgender men felt they had to 'deny themselves' to access cash as single men are not part of the eligibility criteria for many providers. Although LGBTIQ+ persons can often be included in cash assistance criteria, refugees can feel forced to 'out' themselves in order to receive basic humanitarian assistance. Additionally LGBTIQ+ refugees reported discriminatory attitudes from humanitarian assistance providers, including when seeking humanitarian accommodation; a lesbian couple with their child were told they would need to separate to be able to enter a humanitarian shelter during the initial emergency period.

This demonstrates the intersectionality of GBV risks in the Ukraine refugee context, as ethnicity, gender identity and sexual orientation, and displacement status interlink. To address this, a more robust protection engagement for at specific risk groups is required.

Safety Concerns in Refugee Accommodation Centres

Participants gave highly positive feedback on their experience of residing in the Refugee Accommodation Centres (RACs) across Moldova, and it is crucial to mention that a number of measures have already been taken to enhance safety and service access in the RACs by the Ministry of Labour and Social Protection's department for Social Assistance. Nevertheless, some risks remain and are often related to the wider protection environment for refugees. The key concerns raised relate to infrastructure, facilities, access control, and cohabiting.

Limited capacity to control access to the RACs by external visitors was reported as a major concern. Women and adolescent girls reported a general feeling of insecurity and lack of privacy in the RACs. In one RAC, there were incidents of a male external visitor trying to enter the bathroom when women were there, as well as to enter the dormitory. Girls also reported that men had entered the RAC where they stay and watched them when they were sleeping. The girls find it difficult to sleep as they are afraid of these intruders.

In one RAC it was reported that men from another country with a van with blacked out windows entered the RAC through the back door which opens onto a public car park. It was not known why they entered as they didn't present themselves. The RAC residents felt this could be a trafficking risk. For some of the RACs, space is shared with private companies/projects and thus the access of company visitors to the RACs is a challenge.

Girls reported that some RACs, in particular MoldExpo, which is a key transit RAC in the centre of Chisinau, receive too many external visitors, including from the media, and the girls feel they do not have privacy due to this. Some of the RACs have police or security at the entrance but visitors are not always verified.

Furthermore, there are private refugee shelters operating which are not affiliated with the government-run RAC system, some of which are in more remote locations outside of the major urban areas and thus require more monitoring and support.

The **dynamics of cohabiting** with other people in a collective shelter environment can pose certain challenges. Collective living can put pressure on refugee families and result in specific protection concerns related to the living environment, with women and children facing the most risks. Some residents of RACs mentioned small arguments between different families, however cases were also reported of verbal and physical aggression towards women (single mothers) by men in the RACs. One case was reported to the police and supported by the RAC manager to receive health care.

With regards to the **infrastructure** in certain RACs there is a lack of privacy in sleeping arrangements, including when curtains used as doors do not provide adequate cover. Equally, there are privacy concerns in some bathroom/bathing facilities as even though they can be gender separated they may not have a lock on the main shower room door.

'There was one man who was strange [accessing the Refugee Accommodation Centre (RAC)] ... he was looking at us [girls] through the window... I felt anxious and worried, nightmares began and only then, I talked to my mother. The man was kicked out of the RAC but I'm still scared, I'm afraid he'll be back.'

refugee adolescent girl focus group discussion participant

Intimate Partner Violence

Intimate partner violence (IPV) as a form of GBV, often referred to as domestic violence, is widespread in the region. Participants felt IPV was usually physical or psychological violence, however there was less awareness of psychological violence, and economic violence was not referenced as a form of GBV by any of the participants despite the heightened economic vulnerability of refugee women and girls.

Sexual violence was not referenced as a form of IPV, instead refugees and service providers referenced sexual violence more in the context of sexual exploitation, child sexual abuse (mainly within the family) or sexual assault/rape in public spaces. Awareness of sexual violence as a type of IPV was lacking, raising concerns about access to services for survivors of this form of GBV. Safety Audit participants said that most survivors of IPV do not disclose or seek support in the region as there is a culture of silence around acts of violence, which are considered 'private' problems. As a result, disclosing such violence may be perceived as stigmatizing. These cultural dynamics combine with other barriers outlined below, suggesting that IPV is widely underreported in the current refugee context.

Equally, misconceptions about IPV impact access of survivors to support. Some service providers believed that as many refugee women are not with their husbands/partners and others are single women, then these women are not exposed to IPV in Moldova. In general, most services providers were not aware that IPV can include different types of living situations, relationship dynamics, sexual orientations and gender identities, and also may include remote psychological abuse by perpetrators in Ukraine or elsewhere. One service provider shared, for example, that due to

pressure from home, a survivor returned to Ukraine to live with the perpetrator of violence against her.

'Now gender-based violence is still under the carpet... but [this topic] should be everywhere and more talked about.'

refugee volunteer organization coordinator, key informant interview

2. Access to GBV Services and Support for Refugees

The Safety Audit sought to better understand the dynamics regarding access to GBV services. Survivors' access to support is crucial to respond to their immediate and multiple needs. These services can be lifesaving. Access to GBV services was analysed through the Safety Audit according to three main areas of delineation, 1) services accessible to refugee survivors, 2) barriers to accessing services, and 3) boosters of access to services.



A range of services are currently available for refugee and host community GBV survivors across Moldova, which are provided by government institutions, local NGOs (often women led organizations), as well as international humanitarian NGOs. Services provided include health services, such as post-rape kit treatment in Ministry of Health district hospitals, health services provided by humanitarian NGOs in key transit locations (e.g., borders and transit RACs), and mental health services in health facilities. Psychosocial support and social assistance are also provided by social services under

the Ministry of Labour and Social Protection and by local women's organizations. Most of these local women's organizations are part of the National Coalition Life without Violence in Moldova,²³ a network of local women's organizations providing a range of comprehensive GBV services in different locations of Moldova, some of which also provide safe shelter services. A centralized GBV hotline operated by the NGO La Strada²⁴ is available as an entry point for a range of GBV support, including legal services provided through the National Council of State Guaranteed Legal Aid, specialized local NGOs such as the Women's Law Centre,²⁵ and security services provided by the police under the Ministry of Internal Affairs.

In 2022, the Government of the Republic of Moldova launched a Programme for the creation of a National Referral Mechanism for the protection and assistance of victims of crime. It also launched an Action Plan for the years 2022-2024 for its implementation. Under this initiative, multi-disciplinary referral mechanisms composed of different service providers will be established,

²³ <https://stopviolenta.md/>

²⁴ <https://lastrada.md/eng/hotlines>

²⁵ <https://cdf.md/en/home/>

helping to coordinate support to GBV survivors and other victims of crime. The GBV Sub-working group, as part of the refugee coordination forum, has also developed GBV referral pathways for all regions of Moldova to improve awareness of existing GBV services for actors working in the refugee response, as well as for the refugee population itself. To date over 1.900 frontline humanitarian actors, including service providers and local authorities, have been trained on GBV disclosure and have been oriented on the referral pathways by GBV Sub-working group members in Moldova.²⁶

Overview of Access to GBV Services and Support for Refugees

Although different types of specialized services for GBV survivors are available in many locations, few survivors seek support from them in practice. The service providers interviewed felt that although the refugee population is experiencing GBV, survivors are not seeking support. This is equally a concern for host community survivors. This section outlines the services that Safety Audit participants said they were aware of and that they believed could be accessed by refugees. It is vital that these different services are coordinated and have effective referral pathways in place, so that survivors have access to comprehensive support.

In general, refugees and service providers referenced **health services** as a key entry point for GBV survivors in Moldova. They were aware that survivors could seek support in hospitals and that they could call an ambulance in case a survivor had emergency needs. Some had experience using health services in cases of physical violence. Access to general healthcare received positive feedback and was seen as free and accessible for refugees. However, neither the community nor many GBV service providers were aware of any specialized GBV care in health facilities. There was a general lack of awareness of specialized treatment required or provided to survivors of sexual violence (e.g., clinical care for survivors of rape). The limited knowledge of specialized GBV medical services may be due to the fact that these services are recent in Moldova, with the approval of a protocol on health services for survivors of GBV by the Ministry of Health occurring only this year. The provision of post-rape kits and training for district hospitals by UNFPA also only began with the start of the Ukraine refugee response.

There was an awareness of the **police** as an entry point for reporting GBV and seeking immediate safety support. Some service providers referenced police as the service to call in case of disclosure of GBV incidents, as well as the main entry point for referring cases to other GBV services, such as shelter or case management support. However, service providers working more directly with refugees also felt that a focus on the police as an entry point to accessing holistic care, including health services, may be a barrier if the survivor does not wish to report an incident to the police.

Some refugee women mentioned they might call the police to seek immediate support in situations of GBV, whereas others, in particular those from at-risk groups such as Roma women and LGBTIQ+ persons, said they would not seek police support in a GBV situation. The feedback on police support was mixed, with some referencing positive experiences of immediate support and

²⁶ Ukraine Situation - Moldova: Gender-Based Violence Sub-Working Group Update #03 - June 2022, <https://data.unhcr.org/en/documents/details/93536>

referral to health services, and others feeling there was a lack of response and follow up or who referenced harassment by the police towards women survivors seeking protection or support.

In terms of **psychosocial support**, women and girls in the host community, RACs and safe spaces (e.g., UN-supported Blue Dot and Orange Safe Spaces²⁷) were aware of psychologists providing services and shared positive feedback on these services. Some adolescent girls living in the host community mentioned that they would go to a local woman psychologist to seek support if they experienced GBV. However, the psychosocial support services referenced were often not GBV-specialized, but general mental health or social services, and some of these services were not aware of wider holistic GBV referral pathways to be able to link survivors with other crucial support.

Local women's organizations often referenced specialized GBV psychosocial support services but refugee awareness of and access to these services was limited. Awareness of and access to local women's organizations for support may be constrained by limited resourcing. Some service providers noted that they were already overstretched prior to the conflict with large caseloads and limited resourcing. They are now facing increased workloads due to their multiple activities to engage with and support refugee women.

'There were situations - for hours, [refugees] were crying, and we let them cry. After that they can say something - if they want to talk, we are ready to talk.'

Blue Dot space worker, key informant interview

There was an awareness among Safety Audit participants of multiple **hotlines** in operation to provide information and support to refugees. Refugee participants mentioned that they often find these hotline contacts by searching websites and social media online. They may call the hotlines if they cannot find the information they need online or if they have a specific question. However, they were not aware of any specific hotlines for specialized GBV services, or of any specific hotline for feedback or complaints related to the humanitarian response.

Children's activities and spaces in RACs were referenced as accessible and important services for safeguarding and protecting children. Women refugee participants requested that this service be provided more frequently and on a larger scale throughout the school summer vacation period. They felt that their children were safer in activities and child friendly spaces.

Barriers to Accessing Services and Support for Refugees

In spite of the range of GBV risks outlined above, barriers to accessing support for refugees in Moldova were indicated in relation to awareness and information on services, attitudes and cultural norms, and concerns about the quality of services provided and mandatory reporting.

²⁷ Blue Dot are UNHCR and UNICEF operated children and family support (<https://data.unhcr.org/en/documents/download/91739>) and Orange Safe Spaces are UNFPA operated spaces for gender-based violence and sexual and reproductive health support (<https://moldova.unfpa.org/en/news/mobile-orange-safe-space-brings-support-and-services-remote-communities>)

Participants in the Safety Audit were aware of many forms of humanitarian assistance and government services available to them, but they generally lacked awareness of the specialized GBV services available in Moldova. There was no awareness of the provision of specialized health services for GBV, including of post-rape treatment for survivors of sexual violence. Equally, they were not aware of specialized GBV services provided by social services, local women's organizations, or international NGOs. There was a significant gap in knowledge with regards to GBV-specialized services for child survivors, both by refugee participants and service providers interviewed. Information on specialized GBV services was not visible in most of the locations visited (RACs, borders, host communities). Refugees mentioned that information is available online and in print, but that this information was not always clear. The participants did not mention receiving specific information related to GBV services for all incident types, but they had received anti-trafficking messages and hotline information.

Adolescent girls significantly lacked GBV awareness and knowledge of services, including basic humanitarian services and assistance, as they said it was mainly their parents/caregivers who received this information. Child protection service providers were informed of mandatory reporting requirements for abuse and sexual violence affecting children and adolescents.²⁸

Participant refugees and service providers shared that barriers to accessing support are also related to underlying harmful attitudes and norms towards GBV survivors and a culture of silence. They said that women fear reporting and seeking support, as GBV is considered a private issue. They reported a high level of stigma towards survivors and believed that they may be blamed for the violence. However, some adolescent girls mentioned that the situation was changing and that their generation is more open to discussing these issues.

Distrust in certain services by some Safety Audit participants – including adolescent girls and service providers – was noted as a barrier to accessing support. The issue of lack of confidentiality was of particular concern as this might put survivors at risk. LGBTIQ+ and Roma participants said they would not seek support from the police as they felt there could be risks of discrimination and Roma women shared that reporting violence to the police 'is not in our culture'. Moldovan women KII participants also shared concerns around the approach of supporting GBV survivors by the police. Issues of discrimination of adolescent girls by healthcare workers, as well as of LGBTIQ+ persons by humanitarian cash assistance providers, were also shared.

Although the quality of GBV services was not the focus of the Safety Audit, this issue was also raised as a barrier to access. This should be considered within the framework of a survivor-centred approach for GBV service provision, i.e., respecting the wishes of survivors, ensuring safety, and upholding confidentiality and non-discrimination. Some mentioned that they would not seek support from services as they believed there would be only a limited response. This was mainly raised in relation to security and justice services.

Lengthy bureaucratic processes were a key barrier to accessing different GBV services, especially in the context of an emergency refugee response which includes populations in transit or populations who are unsure of how long they will remain in Moldova as it is linked to the security

²⁸ In Moldova, child abuse cases trigger mandatory reporting requirements as part of the National Instructions on the cross-sectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro

situation in Ukraine. GBV service providers are also faced with limited resources, staffing, GBV technical expertise, and infrastructure, such as private safe spaces in accessible locations. This further impacts the quality of services provided and thus access to holistic support for survivors. Finally, the inability of staff of frontline GBV service providers to speak Ukrainian or Russian was identified as a barrier, especially for psychosocial services. Participants also suggested that mandatory police reporting requirements may pose a barrier to accessing services, especially if the survivor does not wish to report GBV or if survivor-centred support throughout the reporting and subsequent process cannot be guaranteed.

A survivor-centred approach should be followed, allowing survivors the choice of to whom they disclose and from whom they seek support. The immediate health and safety needs of survivors should be addressed first, prior to initiating any formal reporting procedures. Any reporting should also be with the consent of the survivor and with a best interest approach in the case of child survivors.

'I hope a person [I referred to gender-based violence services] gets good support, but I am not so sure.'

refugee cash programme staff, key informant interview

Boosters to Accessing GBV Services and Support for Refugees

A range of boosters to accessing GBV services and support were identified by refugees and service providers, as well as noted in observational walks of the safety audit. Functional referral systems, in particular from government and NGO actors with a frontline role in the refugee response, were reported as an important mechanism for improving access to support. The training efforts of frontline staff on GBV was also considered a facilitator to accessing services. Humanitarian and local authority actors in border areas, RACs, Blue Dots, Orange Safe Spaces, host communities, and hotline service providers were aware of available GBV services and were identified as potential entry points for GBV survivors seeking support to be connected with specialized services.



'[GBV referral pathways for referring survivors for support should be] something really simple and clear.'

International NGO humanitarian transport services worker, key informant interview participant

Refugee women and girls said they have a trusted relationship with government social services and humanitarian health services at border points/RACs and other key locations. Trusted service providers and locations included women psychologist staff, Blue Dots (especially Baby/Mother corners), Orange Safe Spaces psychosocial staff, NGO refugee legal protection staff, Roma women cultural mediators, and specialized LGBTIQ+ organizations. These were also identified as entry points for potential complaints and feedback on assistance.

Participants were not aware of any specific mechanisms for feedback and complaints but said they would search official and government websites to see where they might be able to complain about services if they had an issue. Adolescent girls often mentioned their mothers, or other women or family members if they were separated from their mothers, as the persons they would trust to talk about incidents that may happen to them.

A key booster for accessing services was to have them located close to the refugee community and in transit/border locations and regularly staffed. Other crucial boosters included access to free Wi-Fi in RACs and other key locations, access to SIM cards which are distributed to refugees at border points and support access to services/information through text message and online, and access to online information about GBV services. Cash assistance can support access to services, as it can be used for health-related costs. If the cost of a service is too high, some refugee women mentioned that they would together donate money to a woman/family in need of support.

Less formal boosters and entry points for support were identified by refugees in host community locations. Some refugee women mentioned that host Moldovan families can help them to access services and provide information. Equally, girls attending school in Moldova mentioned that some Moldovan girls who speak Russian help them with interpretation at school and make them feel included. Girls attending Ukrainian school online were less likely to ask for support from teachers or friends through virtual school and would rather seek support from their family and friends in Moldova.

[On reducing bureaucratic processes to access services] 'the paper can wait, the person cannot.'
social services worker, key informant interview participant

1. Recommendations for GBV Risk Reduction and Response Actions from Participants

Many of the suggestions provided by the Safety Audit participants interlinked both risk reduction and prevention models and were generally centred around the need for improved engagement and outreach to refugee communities, as well as vulnerable groups/location in the host population. Many participants – including adolescents – said that information and awareness on GBV services and prevention (changing harmful norms) could be provided in a more accessible way and at scale.

'[Messages about GBV] are not commercials that will annoy people. [This information] will not be wasted.'

refugee woman participant, key informant interview

To improve access to services it was suggested to capacitate specialized GBV service providers to better respond to the increased needs in the refugee response. Services were requested to be expanded at the local level where the refugee population is located or in transit. It was also suggested that specialized services be provided through existing local women's organizations that support GBV survivors.

Another recommendation was to train all staff and volunteers supporting refugees, including assistance and distribution staff, on GBV core concepts, referral and safe inclusion and support for LGBTIQ+ and Roma persons. To facilitate access, it was suggested to identify a focal point for referral of GBV survivors in the different institutions/organizations who would receive more in-depth training, capacity, and information to be able to link survivors with services. Another core protection service requested was more activities for children. Women in the refugee community offered to provide childcare services for other refugee families if they are provided the necessary space and materials, to facilitate women's access to employment/livelihoods opportunities. Adolescent girls would like access to private safe spaces and activities relevant to their age group, like those they were engaged with in Ukraine (dance, crafts, yoga, etc.).

'This is not the time to make experiments on the refugees [in terms of GBV service provision], I know a system [Moldovan National Coalition Life without Violence women's organizations] that works well.'

legal protection service provider, key informant interview

Refugee women considered access to safe and appropriate employment and business opportunities as crucial to reducing protection risks and for improving wider socio-economic support in Moldova. Many cited inability to speak Romanian, lack of qualifications and experience and childcare needs as barriers to employment. They saw inclusion in vocational training as a way to start up their own flexible businesses and to increase employability. Refugee women, including from the Roma community, knew of existing vocational training classes locally but were not able to afford the fees or costs related to travel or equipment/materials. Many participants, including from the LGBTIQ+ community, said they had specific technical skills and significant professional experience, and believed that there could be more linkages to professional employment options that do not require an ability to speak Romanian.

Access to laptops/facilities for remote work would help many refugees to access employment as well. Many participants noted that they were receiving cash assistance from humanitarian organisations and felt that this support could be increased to help meet specific needs. They also suggested including single men in cash assistance criteria as they too might be at risk and are one of the only groups not currently included, as well as LGBTIQ+ persons.



Recommendations

The below recommendations are both general to the refugee response overall in Moldova and specific to the different humanitarian sectors operational in the country. The goal is to seek a collaborative approach towards enhancing GBV risk reduction and response in the country²⁹.

General Recommendations

- **Enhance funding** for existing local women's organizations providing GBV services, as well as to government social services, in particular for dedicated RAC manager staffing and GBV specialized service staff. Ensure that funding is provided for GBV services at the local level to enhance service presence in refugee locations, especially in underserved host community locations. It is critical that funding for local GBV programmes also provide support to risk reduction and prevention actions of local women's organizations to ensure a comprehensive approach (e.g., employment skills, vocational training, basic assistance, life-skills, adolescent girl appropriate activities, host-refugee women joint community activities, etc.)
- **Advocate for mainstreaming GBV risk reduction and response activities across all refugee response programmes**, in conjunction with protection against sexual exploitation and abuse (PSEA) commitments. This could entail donor/programme reporting requirements on GBV risk reduction and response mainstreaming actions. Equally, programmes should identify focal points for GBV mainstreaming in their programme teams for collaboration with GBV specialized actors for technical support and guidance.
- **Coordinate GBV risk reduction and response actions** in the refugee response with the GBV Sub-working group to avoid duplication, receive information and adapted technical guidance, and to ensure that gaps are adequately identified and addressed. Identified GBV risks should be shared with the sub-working group to enable collective and coordinated measures to reduce risks.
- **Facilitate the participation of the refugee community, in particular women, girls, and other specific at-risk groups, in the design, implementation and monitoring of GBV risk reduction and response actions.** Regular safety audits are an effective approach towards engaging the community in a safe and inclusive way to identify and respond to GBV risk across programmes in a structured manner.
- **Increase GBV risk reduction and response capacity of all actors in the refugee response.** This entails GBV technical resourcing for the training of non-specialized humanitarian sectors programmes, in particular on GBV core concepts, safe disclosure, referral and tailored GBV risk reduction capacity development relevant to their specific sectors. Furthermore, assess in more depth GBV service provision capacity with the view to develop and resource a GBV service provider capacity building plan. Ensure that the capacity of actors providing immediate, targeted support (health, police and shelter) and

²⁹ These recommendations were validated by 40 colleagues representing 8 sectors and 16 organizations, in a workshop that took place on July 14, 2022. The recommendations were also shared online with a wider group of persons, and their feedback was gathered by the GBV SWG co-chairs.

more comprehensive support (case management) where refugees reside or are travelling are prioritized.

Sector Specific Recommendations

Sector	Recommendations
Information Management	Mapping of information on available GBV support services at the local level, especially in locations where refugee populations are concentrated.
	Promote information/IEC materials, especially for awareness raising, through the UNHCR data portal.
	Mainstream GBV in all inter-agency and sector assessments and in the training of enumerators.
	Gather lessons learned from outreach activities targeting refugees in host communities, especially adolescents.
Cash Assistance	Integrate GBV and PSEA awareness messages into cash and other distributions as standard practices.
	With the support of GBV specialized actors, train all staff on GBV disclosure, referral, and age, gender and diversity inclusion; and provide GBV referral pathways. This could be complemented with women staff gender and protection focal points for information sharing and referral in each location.
	Ensure that interventions are designed in consultation with women and girls, and other specific at-risk groups. This should include a review of the cash/voucher eligibility criteria, delivery modality and feedback mechanisms with women, girls and at-risk groups. Persons of different sexual orientations and gender identities should be included in a safe way, as well as single men at risk.
	Feedback and complaint mechanisms should be reviewed with at-risk groups in particular, such as Roma women, LGBTIQ+ persons, and adolescents, to improve access. In addition, staff handling feedback and complaints should be trained on GBV and age, gender and diversity inclusion.
	Consider cash assistance for livelihoods and employability for women and at-risk groups. This could include support for materials/clothes needed for employment, training course costs, equipment for online/remote work, or start-up funds for micro-businesses.
Accommodation & Transportation	Develop a strategy of support, including GBV risk reduction, to the private accommodation sector, including host accommodations. This would entail engagement with authorities to develop safeguarding measures, as well as engagement with the private renting sector. Increased information and awareness for proprietors, and host families, and monitoring and complaints systems, would be central to such a strategy.
	Establish access control protocols for RACs as part of a wider safeguarding guidance support. This should be developed based on guidance from RAC Management teams and linked to GBV and safeguarding training. Other sectors should map different partner activities in RACs for safeguarding and accountability purposes.
	Increase the provision of hygiene and dignity kits in RACs.
	Increase the coordination of information provision in RACs, coordinating a standard package of information provision from the different sectors. This should also include guidance on the verification of information shared from organizations and private companies in RACs (i.e., for transport or job offers).

	<p>Enhance privacy in sleeping and WASH facilities, including individual lockable doors for sleeping areas and bathing facilities.</p> <p>Coordinate with the GBV sector to participate in regular safety audits of RACs and host accommodation locations, ensuring that information on risks identified is shared with and addressed by the relevant actors.</p> <p>Develop an approach for community participation and representation in RACs, ensuring gender inclusion, to allow the community to provide input into decisions affecting them, and to provide feedback and share risks/needs more directly.</p> <p>Increase channels for the communication of information on humanitarian transportation options, including to Ukraine, with clear mechanisms on how the community can ask questions or complain.</p> <p>Coordinate with protection actors to provide GBV and anti-trafficking training for the transportation sector with a focus on female staff and protection focal points with capacity to provide information, support and referral for persons-at-risk/survivors.</p> <p>Create awareness for providers of private transportation (taxis, bus drivers, voluntary organizations, private individuals) on GBV risk reduction, GBV services, and PSEA.</p> <p>Develop a strategy to reach out and raise awareness on GBV and PSEA for refugees residing outside of RACs, to reach a wider network of refugees and host community stakeholders.</p>
Protection	<p>Support training efforts on age, gender and diversity inclusion and accountability to affected communities for all responders. This should include guidance on the safe inclusion of at-risk groups in humanitarian programmes, such as Roma persons, LGBTIQ+ persons, and adolescents.</p> <p>Engage GBV actors in Protection Monitoring activities to share GBV risks and identified response needs with GBV actors directly to better ensure a rapid response.</p> <p>Ensure potential refugee-host community tensions are effectively monitored, including in protection monitoring, and addressed through community-level cohesion support, as well as by mainstreaming community cohesion across all sectors.</p> <p>Enhance awareness on anti-trafficking for the community and service providers, ensuring that messaging is survivor-centred and based on community consultation. Equally, ensure that clear information on GBV reporting and response for survivors is communicated, and that anti-trafficking referral pathways have the capacity to respond to refugees-at-risk on the ground.</p> <p>In coordination with the Accommodation sector, assess housing and property protection needs for refugees residing in the host community/private accommodations. Improve access to information on protection services and official complaint mechanisms in private/host accommodations.</p>
GBV	<p>Develop a joint national GBV awareness-raising campaign, with the inclusion of the Department for Gender Equality, local women's organizations and international organizations. The campaign should include clear information on service access and target risks and harmful gender attitudes, including towards refugees, identified with the community. Preferred methods for communication should be identified (e.g., Viber, TikTok, Facebook, television, mobile messaging, etc.) with refugees, particularly by age group.</p> <p>Increase age-appropriate and in-person community outreach and engagement with refugees (especially in private/host accommodation and with adolescent girls) and with vulnerable host community members, to build trust, increase GBV awareness and provide service information.</p>

	<p>Share the Safety Audit toolkit and increase the capacity of humanitarian actors to identify and reduce GBV risks in their programmes.</p> <p>Increase the presence of specialized GBV services, in particular GBV case management and psychosocial support, in locations closer to refugee communities.</p> <p>Equally, enhance access to safe spaces, in particular those with age-appropriate activities and support for adolescent girls.</p> <p>Strengthen capacities of GBV and child protection service providers to support survivors of GBV, including child survivors.</p> <p>Share the findings and GBV risks and needs from the GBV Safety Audit with the GBV Sub-Working group for collective action and monitoring and with all members of the Refugee Coordination Forum, beyond protection partners, to incorporate the identified risks and recommendations in their programming.</p> <p>Continue strengthening the community-based interventions to build bridges, connections, and solidarity between women, both from the refugee and host community, through innovative methodologies such as using arts, theatre, sports, among others.</p> <p>Identify specific trained focal points for GBV services in the different humanitarian response sectors to ensure the confidentiality of survivors and the do no harm principle.</p>
<p>Child Protection</p>	<p>Promote consultations with adolescents, girls in particular, to identify appropriate mechanisms for accessing GBV information and appropriate services.</p> <p>Strengthen GBV awareness and linkages with GBV services in Blue Dots and Orange Safe Spaces for children. Share clear information on child survivor referral pathways and best interests of the child referral procedures with frontline responders as part of GBV training.</p> <p>Increase child protection activities and engagement in host community areas, including access to age-appropriate PSS and other activities.</p> <p>Explore community-led safe child-care options which could be linked to women's access to employment and livelihoods opportunities.</p> <p>Establish full- or half-day recreational activities for children, so that parents can search employment opportunities while the child is in a safe space and under supervision (i.e., establish day cares for children).</p> <p>Conduct GBV awareness activities for children in schools and child-friendly spaces.</p> <p>Update in a regular way the referral pathways for child survivors.</p>
<p>PSEA</p>	<p>Review accessibility of complaints and feedback mechanisms with the community and share information through diverse channels of existing mechanisms. Implement child friendly complaint mechanisms.</p> <p>Work with the GBV sub-working group to provide technical capacity on PSEA complaint channelling to GBV service providers, and for the GBV sub-working group to provide in-depth training to PSEA focal points on survivor-centred GBV referrals and assistance to victims/survivors of SEA.</p> <p>Work with the protection sector and local authorities to develop safeguarding guidance for different sectors, in relation to accountability, visibility, code of conduct, and access control in RACs for responders.</p> <p>In coordination with the GBV sub-working group develop awareness raising activities for refugees and host communities on PSEA.</p>

Health & Nutrition	Strengthen coordination between the Health Working Group and the GBV Sub-Working group to make post-rape treatment and Clinical Management of Rape services available and to share accurate and accessible information with the refugee population.
	Ensure that all health workers are trained on GBV safe disclosure and Psychological First Aid (PFA) and have information on holistic referral pathways to other services (psychosocial support, case management, shelter, legal, etc.).
	Use primary health services as an entry point to provide GBV awareness and information on available services.
	Enhance capacity of and access to specialized mental health and psychosocial services for survivors of GBV, including child survivors.
Education	Strengthen the competencies of school psychologists from the Psycho-Pedagogical Assistance Services (PAS) to adequately support child survivors of GBV including in schools where refugee children are enrolled.
	Promote GBV referral pathways and mechanisms to respond to survivors.
	Expand outreach to refugee learners (especially those who attend online classes and stay in private accommodations) through social media (e.g., Child Helpline, online platforms, etc.).
	Strengthen GBV capacity of educators, especially non-formal educators (facilitators and teachers including among Ukrainian refugees, psychologists).
Inclusion & Livelihoods	Improve access to safe and accessible employment and livelihoods opportunities for women and groups-at-risk (such as Roma women and LGBTIQ+ persons). Liaise with the GBV sub-working group and local women' organizations to support inclusion of GBV survivors and women-at-risk in livelihoods opportunities.
	Ensure access to appropriate livelihoods opportunities that are inclusive and do not require higher level qualifications, Romanian language abilities or significant experience. Consider flexible hours options, locations close to where refugees live, and also childcare options.
	Coordinate with RACs to support the verification of private sector employment opportunities, as well as to provide verified 'job boards' with appropriate employment opportunities and links to private sector employers.
	Share information on employment rights for refugees, labour safeguards, and information on official channels for reporting complaints related to employers.
Gender Task Force	Link with the GBV Sub-working group to develop awareness campaigns to challenge harmful gender norms, especially in relation to discrimination towards refugee women and girls.
	Increase the capacity of different sectors for gender-responsive programming, including all gender identities.
	Work with sectors to improve refugee women's participation in decision-making related to programmes that impact them. Support regular engagement with refugee women and advocate for their leadership in the refugee response, including as humanitarian staff and policymakers.
	Advocate with the authorities to address gender-pay gaps.
	Build the capacity of the Local Public Authorities to design gender-responsive services in the regions.

Gaps in Information and Next Steps

The Safety Audit was intended as a rapid engagement with refugees and service providers to identify immediate GBV risks and response needs. Nevertheless, throughout the process a number of information gaps related to the GBV response were identified that GBV-specialized actors may seek to fill in a participatory, safe and ethical way:

- **Adolescent girls:** engagement of refugee girls was a challenge, as they are not participating in local schools or in other activities. More understanding is required of the needs and risks specific of this group, in particular in relation to early marriage and other potentially harmful relationships, as well as preferred mechanisms for accessing information and support
- **GBV service quality:** a more in-depth and contextualized assessment is needed on the capacity of GBV service providers. This should include a focus on case management and psychosocial support services. Assessments on GBV services should consider how these services they meet the needs of refugees, including those in transit, and the service provider's role in increasing access for refugee survivors.

As the aim of the GBV Safety Audit is to take action to reduce identified GBV risks and to respond to support needs, UNHCR, UNFPA and UNICEF will collaborate closely with a range of actors from different humanitarian sectors, civil society organizations, including women-led organizations and government institutions, to share results, review recommendations and support their translation into concrete actions. In the framework of capacity building on the Inter-Agency Guidelines for integrating GBV in humanitarian response,³⁰ the GBV Safety Audit team will conduct workshops and bilateral meetings with relevant stakeholders. GBV will be mainstreamed into sector level plans and the GBV Safety Audit team will help guide implementation of the recommended actions with the relevant sectors. Finally, the adapted GBV Safety Audit toolkit will be shared with GBV actors in Moldova for more frequent and localized GBV risk-reduction activities in the different locations where refugees and host community members require support. UNHCR, UNFPA and UNICEF will continue to collaborate with the refugee community in Moldova, who play a key role in enhancing the safety, protection and core support for the most vulnerable people in their community.

³⁰ <https://gbvguidelines.org/en/>

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August 2022

