

Notes from Romania Refugee Coordination Forum Health WG

20 July 2022, online 13:30-15:00 (Bucharest time)

Agenda

1. Updates, barriers, success stories from the group (free discussion)
2. AOB

Topics discussed

- **Q:** What are the current activities that your organization is conducting?
- MdM Greece: Providing health assistance at Siret border through mobile clinic, provided over 75 tons of medical equipment to Ukraine.
- Adina Manea, Tineri pentru Tineri: working on SRH education, prevention and support for GBV victims, conducting outreach activities for referral. Recently acquired and distributed condoms to refugees, planning to further acquire contraceptives. One of the issues identified in conducting the activity is the difficulty to find adolescents that can act as peer educators. One possible barrier is the fact that the Ukrainian refugees are seeing their staying in Romania as a temporary one and therefore there is no need from their side for a long-term commitment. This observation was supported by Silvia Asandi, that has noticed the same views among Ukrainian staff working for Romanian Angel Appeal (RAA), that are not committing for long-term and hope for a return to Ukraine within a short period of time.
- Silvia Asandi, RAA: Conducting mapping of Family Doctors (FDs) willing to register and work with Ukrainian refugees. The interim results show that among 300 FDs contacted, only 5-6 are willing to register Ukrainian patients.
 - Conclusions of this mapping project have been supported by Cassandra Butu, WHO, who communicated about a similar project conducted by WHO through which 1400 FDs from counties with high numbers of refugees have been contacted and only 24 expressed willingness to register Ukrainian refugees. A possible reason for the low number might be the question if the FDs would agree that their contact details to be shared among the Ukrainian communities.
 - Colette, Danish Refugee Council (DRC): there is a need to rethink the approach as the crisis might turn into a protracted one and therefore there has to be a management of refugees' expectations regarding access to health.
 - Cassandra, WHO: currently for the refugees is still easier and at hand to call 112 for any medical problems so efforts must be further employed to bring family medicine closer to refugees, where they are present.
 - Petros, UNHCR: the reluctance of FDs is not uncommon and further information and advocacy activities must target the 3 pillars involved- decision level, beneficiaries, service providers.
 - Cassandra, WHO: the legal framework is adequate and the problems are mainly in implementation. Furthermore, there might be data gaps, as we do not have a

- precise idea what needs a population of 42.0000 (that requested temporary protection) would normally have and if there are discrepancies between the theoretical needs and the current data reported by health providers.
- Georgiana, WHO: the presence of medical cabinets at RomExpo, where the refugees are coming for different services, makes the health services highly accessible.

Q: What has changed between the first stage of the crisis and the current moment?

Colette, DRC: Coordination groups have been extremely useful in organizing the partners and activities, however a lot of information is still not reaching the organizations working on the ground.

Q: What kind of health services are mainly requested?

Hendrikus, UNICEF: there is a wide variety of requested services, including MHPSS, NCDs (especially for diabetes and hypertension), vaccination for children etc. The quality of services currently offered in Romania is of good quality, however some organizations that are offering health services are planning to leave Romania soon.

Q: What are your needs for the upcoming period?

- More FDs willing to register Ukrainian refugees are needed.
- Some of the challenges identified for Ukrainian refugees (MHPSS, SRH) are issues that are also faced by the Romanian society.
- MdM: there is a need for better networking and information sharing with organizations working on the border, for example the list with FDs willing to register Ukrainians. Further information materials are needed for volunteers at the border for referrals, such as health facilities and services offered. Also, a better sharing of information regarding supplies from various organizations is needed.
Sorana, WHO: an email address where volunteers can ask health related questions might be useful.
- Petros, UNHCR: Surveillance has to be strengthened to early capture signals of communicable diseases.