

**Taskforce on refugees with disabilities
Minutes, 15 July 2022**

	Taskforce on refugees with disabilities	Location	Remote – via Zoom
Chair	Ludmila Ciocan, Keystone Moldova	Date and Time	15 July 2022, 11:00 -12:20
Taskforce members participating	UNHCR, OHCHR, UNDP, UNICEF, IOM, WHO, Humanity for Inclusion, IM Swedish Development Partner, CASMED, Association of Entrepreneurs with Disabilities from Moldova, State Chancellery		
Agenda Items	Main Points Discussed	Actions	Responsible Persons
Updates on the activities/support provided by members of the Disability Taskforce and from other working groups	<p>Ludmila Ciocan announced that Ludmila Malcoci, Keystone Moldova Executive Director and Disability Taskforce Chair is not available to moderate the meeting today and she as Keystone Moldova representative will take over this responsibility for this meeting. She presented the Agenda of the meeting and informed about the assistance provided to refugees with disabilities by CSOs during the last 2 weeks. According to the quick analysis of data provided by CSOs, the following issues were mentioned:</p> <ul style="list-style-type: none"> - In total four NGOs (Keystone Moldova, CASMED, SOS Autism and Motivatie) supported 113 refugees with disabilities in the last two weeks (June 27 – July 10, 2022): 15 out of 113 assisted persons are children. - Keystone Moldova uses a Data Collection Sheet when asking the NGOs to provide information about the support offered to refugees with disabilities in order to understand the profile of refugees with disabilities and their needs. Disaggregated data by different age group, sex, disability type and/or severity, type of support offered, type of uncovered needs are collected twice a month. The reports are available in the Disability Taskforce SharePoint. Several CSOs provide data on a regular basis, while other CSOs reported that they did not provide assistance in the reporting period for various reasons (e.g. one CSO was left without office after the lease contract with the local municipality expired, several CSOs assisted only persons without disabilities). - The majority of refugees that benefitted from CSOs’ assistance are adults and elderly with a disability caused by a chronic disease. They cannot afford to buy the necessary medications on a regular basis and currently there is no coverage of these medications by the state health programs. - Assistive devices are still a huge need. Keystone Moldova Mobile Teams that offers direct support to refugees with disabilities is currently looking for special needs strollers for assisting children with disabilities (one unit costs minimum 1000 EURO). The Moldovan Society of 		

	<p>Persons with Disabilities president, Mihai Margineanu informed previously Keystone Moldova team about the challenges in accessing a batch of humanitarian aid (assistive devices mainly) that is currently blocked in Constanta seaport, Romania.</p> <ul style="list-style-type: none"> - Remuneration of CSOs' staff that provide rehabilitation and other services to refugees with disabilities, additionally to their local beneficiaries, remains an issue to be solved through identification of funds. - Lack of accessibility of Refugee Accommodation Centers (RACs) and host communities facilities remain a major problem for inclusion of refugees with various disabilities. Interventions are urgently needed in ensure the accessibility of facilities that are mainly accommodating people with disabilities. 		
<p>Blue Dots: activities and services provided for children and families. UNICEF support in facilitating access to medical services of children. Identification of joint needs and actions to support most vulnerable children among refugees.</p>	<p>Tatiana Danilescu, UNICEF Child Protection Officer, presented the Blue Dots services implemented by UNICEF in partnership with UNHCR. The presentation was focused on the following aspects:</p> <ul style="list-style-type: none"> - definition of a Blue Dot (Children and Family Protection Support Hub that provides a minimum key set of child protection and social service delivery and referrals for children and families); - locations where Blue Dots are established at regional level (Bulgaria, Italy, Moldova, Romania, Poland, Slovakia); - 9 Blue Dots are operational in the Republic of Moldova (e.g. at border crossing points, in RACs) and 2 are in process of establishment; - 19 k persons (9526 children and 9776 adults) benefited from Blue Dots services from March, 14th to July, 14th - minimum services offered by Blue Dots (identification and referral of children at risk, psychological support, legal aid and counselling, information and advice desk, child and family friendly spaces). <p>Mariana Martinez from Humanity and Inclusion asked if the Blue Dots track the referrals of assisted children. Tatiana Danilescu explained that the Blue Dots do not monitor the situation of children after the referral process, but only register them and provide the necessary services within the Blue Dots.</p> <p>Tatiana Danilescu informed also about UNICEF support to the National Health Insurance Company – CNAM that consists of 50 million MDL. The support is intended to provide refugee children with free medical services available for Moldovan children within the Single Compulsory Health Care Program.</p>	<p>To send the presentation to the group members</p>	<p>Tatiana Danilescu, UNICEF Moldova</p>

<p>Updates on EU Air transfer</p>	<p>Lilian Staci, representative of the EU Air transfer unit, UNHCR, explained how the EU Air transfer unit is functioning in Moldova. He mentioned that the European Commission has set up a solidarity platform, under which UNHCR and IOM coordinate with EU the transportation of refugees who have expressed interest to travel from the Moldova to EU member states. More information about the EU Air transfer is available at: https://help.unhcr.org/moldova/eu-air-transfers/</p> <p>To date, 16 countries expressed their willingness to receive refugees from Ukraine, but the transfers are not limited to these countries only. 1758 refugees, the majority of them being persons with disability and serious health condition, were transferred from Republic of Moldova to EU member states. The destination countries and the number of received refugees are as follow: Germany – 926 persons, Austria – 541, France – 113, Norway – 42, Spain – 31, Latvia – 30, Netherlands – 26, Switzerland – 25, Ireland – 20, Italy – 2 and Portugal – 2.</p> <p>Lilian Staci provided also guidance on completing the Online Service Request by persons with disabilities or third persons and the procedures to access the service. He drew attention that a request from a refugee is not limited only to a flight request within the EU Air Transfer programme, but can include also other services, such as cash assistance, protection and/or livelihood services and verification for continuing cash payments.</p> <p>Tatiana Cernomorit from OHCHR asked if the Online Service Request does include/collect data related to the person’s disability and if cases of service refusal were registered to date.</p> <p>Lilian Staci explained that the Online Service Request is a general template that does not include information on disability. Such information is collected later, after the EU Air Transfer Unit conducts an interview with the applicant. He confirmed that several cases of service refusal were registered, but the potential recipient countries did not provide the explanation related to the reasons of refusal.</p> <p>Elena Sili from Greblesti RAC flagged that there are situations when the transfers are a challenge. In one case a person from Greblesti RAC was registered for a flight, the flight was cancelled and the RAC administration had no contact person to discuss with in order to solve the situation. In another case, only 3 out of 4 family members were registered for a flight and the family refused the flight because it was unacceptable to leave one family member behind. The RAC representatives repeated the registration procedure, but the family is at the RAC for two month already. She asked who could be contacted to solve such situations.</p>	<p>To send the presentation to the group members To provide a contact number to be called in case of problems related to the EU Air transfer</p>	<p>Lilian Staci, UNHCR Moldova</p>
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<p>Discussions and updates on activity of the Accommodation and Transportation Taskforce</p> <p>Catalina Birsanu, UNHCR</p>	<p>Catalina Birsanu, UNHCR representative, reported about the activity of the Accommodation and Transportation Taskforce and provided the latest data on refugees. She highlighted that the Ministry of Labor and Social Protection leads the respective Taskforce and that UNHCR is providing support and acts as co-lead.</p> <p>From February 24th to July 14th, 531.869 refugees arrived in Moldova from Ukraine, out of which 64% are women and 36% are men, 67% are adults and 33% are children. Ukrainian refugees that are staying Moldova – 84.916; third country nationals that are staying in Moldova – 3.946.</p> <p>Only 4% of refugees are placed in RACs (3.075 persons). 70 RACs with a total accommodation capacity of 5602 persons are currently operating, while 27 RACs with a total accommodation capacity of 2000 persons are “frozen” and could be reopened in case of necessity. 3075 persons are currently hosted by functional RACs and 2527 places are still available in the respective RACs. According to the National Agency of Social Assistance, there are 100 persons with disabilities accommodated in RACs. Catalina Birsanu mentioned that it is not clear if this is a real number, it could be higher or lower. She stressed that the UN Agencies are invited to visit RACs and to provide support to the refugees especially those with special needs.</p> <p>Catalina Birsanu communicated also that there is a tension between refugees and host communities on the ground of assistance and support offered by the state. Some citizens from host communities argue that more assistance and services are offered to refugees than to nationals in need.</p> <p>Elena Sili presented the challenges in assisting refugees at Greblesti RAC, one of the RACs that accommodate mainly persons with disabilities. The majority of service beneficiaries are elderly and persons with chronic illnesses (Alzheimer, epilepsy, diabet, cardiovascular diseases). Many of them have special nutritional need. Initially the RAC offered a standardized menu to all of them and than initiated to provide individualized menu. The RAC employed personal assistants/caregivers that work in shifts and assist the refugees to manage the personal hygiene and nutrition. The main problem faced by Greblesti RAC administration is related to ensuring the necessary medications and access to specialized medical services for refugees since very limited resources for this type of services were provided in the institution's budget.</p> <p>Ludmila Ciocan asked Elena Sili to prepare a list of urgent needs identified by Greblesti RAC and to send it to Disability Taskforce members. The list will be presented to Keystone Moldova team and other partner organizations that assist refugees with disabilities to search for solutions. She</p>	<p>To presentat the list of urgent needs of the RAC that should be financed by donor organizations</p>	<p>Elena Sili, Greblesti RAC</p>
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	<p>mentioned also the time issue in identifying and accessing the necessary resources that sometime prevent from responding quickly to all needs.</p> <p>Elena Sili stressed that the major problem remains the lack of access to medical services and medications in case of many refugees with disability and chronic diseases. The RAC calls usually the ambulance, but this is not a feasible solution and the situations cannot be solved always in this way. Sometimes the RAC staff uses personal relationships to solve the situation of beneficiaries. She proposed to develop a clear and accessible referral mechanism of refugees with disability and chronic diseases to various health services and provision of medications to them.</p>		
<p>Initiation the reflection on the role and activity of the Disability Taskforce</p>	<p>Ludmila Ciocan announced about the intention of the Disability Taskforce to review and strategy better its activity to respond efficiently and quickly to the refugee crisis.</p> <p>Tatiana Cernomorit presented a short questionnaire addressed to the members of the Disability Taskforce in order to initiate the discussion about the role of the Disability Taskforce in the next meeting. She mentioned that UN Agencies, national and international NGOs, donors, state institutions (that participate less in the meetings of our working group) compose the Disability Taskforce and it is important to understand how we could respond better to the various need and expectations of its members. For this reason, the questionnaire focuses on 4 issues: positive aspects of the Disability Taskforce activity that should be continued, aspects that should be improved, expectations of Disability Taskforce members related to the activity of the group and the priorities that the Disability Taskforce should have until the end of 2022. The questions will be available in 3 languages (English, Romanian, Russian) in Google Forms and a link will be sent to participants to provide their responses. She suggested that the Disability Taskforce could organize thematic meetings to discuss specific cases such as today case of Greblesti RAC or to concentrate on advocacy interventions as previously or to draft position papers, rather than to reduce the activity of the group only to coordination meetings.</p> <p>Ludmila Ciocan asked if possible to have the responses to the questionnaire a couple of days before the next meeting of the Disability Taskforce, established for 29 July. She stressed that it is important to make the activity of the Disability Taskforce more efficient, asked the members to respond to the questionnaire that Tatiana will send and thanked everyone for their participation.</p>	<p>To send the questionnaire link to the group members (Assessment and feedback on the activity of the Disability Taskforce and future intervention)</p>	<p>Tatiana Cernomorit, OHCHR</p>