



Regional Refugee Response  
for the Ukraine Situation



Consultation with  
women  
organisations and  
refugee women  
for RRP 2024

# CONTENTS

- 01 Objectives
- 02 Consultations Areas
- 03 Methodology
- 04 Key Findings
- 05 Conclusions

# OBJECTIVES

- 🎯 To identify **challenges, good practices and recommendations** for sector responses under RRP 2024 through gender and intersectionality lens.
- 🎯 To identify **needs of women organizations** to be able to continue refugee response in 2024 and **formulate recommendations for strengthening gender mainstreaming** in the refugee response.

# CONSULTATION AREAS

I. Vulnerable and Marginalized Groups

2. Sectors and Cross-Cutting Issues

2.1 Protection, Incl. GBV and Child Protection

2.2 Basic Needs, incl. Non-Food Items and Accommodation

2.3. Health, incl. Sexual and Reproductive Health and Food

2.4. Mental Health and Psychosocial Support

2.5. Education

2.6. Livelihoods and Inclusion

2.7. Social Cohesion

2.8. Cash

2.9. Accountability to Affected Population

2.10. Disability, Age, LGBTQIA+, Roma

2.11. Coordination

3. Women organizations

# METHODOLOGY

A series of consultations with women-led and women rights organisations, as well as refugee women in **Balti, Cahul and Chisinau:**

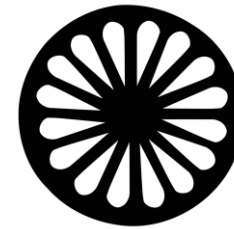
- Women's Rights Advocacy Organizations
- Organizations for Women Affected by Violence and in Crisis
- Healthcare Access Facilitation for Vulnerable Populations (TB, HIV/AIDS, LGBTQIA+ persons, sex workers, and drug users)
- Medical Assistance Providers for Women at Risk
- Education, Social Assistance and Cultural Organizations
- Youth-Focused Organizations
- Community Day Centers for Refugees
- Community Development Organizations

All in all, **82 participants** (80 women and 2 men), out of which 17 refugees (16 women, 1 man) and 65 representatives of CSOs (64 women, 1 man). 45 organizations: **43 women-led and women rights organizations, 2 men-led**, LPAs and regional divisions of the National Employment Agency



# KEY FINDINGS

# VULNERABLE AND MARGINALIZED



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



**Accessibility** for persons with disabilities is **severely limited** at border crossing points and in rural areas, particularly when it comes to the availability of accessible toilets.

Persons with disabilities, including children, face barriers in **accessing essential services** due to physical inaccessibility and the absence of necessary accommodations, especially in rural areas.

They also face challenges related to **accessible transportation, limited capacity of refugee accommodation centers**, especially in regions and rural areas; and **lack of specialized healthcare services and treatments**, especially in rural areas.

Prioritize **infrastructural initiatives** improving accessibility for persons with disabilities by addressing physical barriers and ensuring that accommodations are in place to facilitate their access to services and support, especially in rural areas and at border crossing points.





Older persons and persons with chronic diseases are disproportionately influenced by the **limited capacity of refugee accommodation centers**, especially in regions and rural areas; **limited access to healthcare**, including prescription medicines for chronic diseases; **limited access to information**; **prevailing social attitudes and gender stereotypes** refraining them from seeking and accepting assistance; **limited socialization and integration opportunities** and **age-related employment discrimination**. The absence of adequate care infrastructure and dedicated community places for older persons further exacerbates their vulnerability.

Promote the establishment of active groups for older individuals to empower them, enhance their integration, and expand outreach to the most vulnerable among them.

Engage older individuals to provide peer support in accessing information and technology.



While women in general are more vulnerable in refugee settings, some groups of women, such as **single pregnant women; single mothers with infants; single women with three and more children and those caring for older persons and persons with disabilities** face even greater challenges due to traditional social roles, limiting their access to resources, services, and opportunities for empowerment.

Single-women headed households face a multitude of vulnerabilities that span from an **increased risk of gender-based violence, limited capacity of refugee accommodation centers, private housing discrimination, limited health services**, including sexual and reproductive healthcare, **lack of care infrastructure to limited employment opportunities.**

Develop and **implement tailored support programs** for single-women headed households with increased vulnerability with embedded protection measures, including awareness campaigns, safe spaces, and access to legal assistance and counseling.

Ensure that **healthcare services**, particularly sexual and reproductive healthcare, are readily available and accessible to the most vulnerable women.

Invest in the **expansion of care infrastructure and assistance for elderly and disabled persons** to support single women caring for children, older persons and individuals with disabilities.

Promote **economic empowerment among single-women headed households** by creating employment opportunities tailored to their skills and needs. Encourage initiatives that provide remote work, flexible work schedules and support for women in the workforce.



Roma encounter difficulties related to the **lack of services, effective case management and referral pathways**, especially in rural areas, **lack of information, behavior issues and cultural norms** that limit their opportunities to participate in **education and employment**.

CSOs struggle to effectively address their specific needs with their vulnerabilities exacerbating.

Create **tailored programs** to address the unique challenges faced by Roma refugees and **strengthen partnerships with CSOs** to effectively address these issues.



LGBTQIA+ persons experience increased vulnerabilities due to **discrimination, stigma and lack of understanding** due to pre-existing societal biases. This leads to increased **challenges in finding accommodation, health services and safe spaces** where they feel accepted and therefore often leave the country.

Enhance collaboration with local LGBTQIA+ organizations and raise awareness on safe spaces.

Ensure LGBTQIA+ inclusion and meaningful participation in consultation processes.

Support **uninterrupted access to hormone therapy** for individuals undergoing gender transition.

# KEY FINDINGS

🛡️ Assistance and services **do not sufficiently reach rural areas**, and there is a lack of effective case management and referral pathways, especially in Roma families. This results in underserved communities.

**Good practice: mobile teams providing comprehensive support in rural areas, including information dissemination, legal aid, basic healthcare, employment support, etc.**

🛡️ GBV remains a significant concern for both refugee and local women and was **reported to be on the rise, especially in rural areas**. Victims of sexual violence (SV) among refugees require legal assistance from female lawyers.

» Ensure adequate support is provided in all regions, including rural and remote areas. Continue **funding mobile teams to provide a range of vital services**, including information dissemination, legal aid, basic healthcare (including sexual and reproductive health for women) and specific healthcare (including medications and check ups for chronic diseases), employment support, and coordination with local Authorities and Civil Society Organizations.

» Continue **investing in GBV prevention, mitigation and response programs** for both refugee and local women. Ensure provision of **legal assistance services to the victims of SV by female lawyers**.

# KEY FINDINGS

- 🏠 Remaining **refugee accommodation centers**, particularly in regional areas, may **lack the capacity to adequately serve vulnerable and marginalized groups**: persons with disabilities, individuals with chronic diseases, older persons, single pregnant women, and single women with infants or more than three children.
- 🏠 **Assistance** provided to refugees, including in-kind support, sometimes **lacks alignment with their actual needs**.
- 💰 **Irregularities in cash transfers**, including multi-purpose cash and rent assistance, **pose increased protection risks** for vulnerable and marginalized groups who cannot reliably plan their expenses.
- » **Re-assess the number of RACs** in the regions, especially in Gagauzia, to address the mismatch of capacities and needs. Increase the capacity of remaining centers and **prioritize accommodation for the vulnerable groups**.
- » **Regularly consult refugees and host community**, including the most vulnerable groups, to ensure that assistance is effectively tailored to their unique needs.
- » **Ensure the regularity and timeliness of cash payments** to help the vulnerable and marginalized groups to reliably plan their expenses and mitigate associated protection risks.

# KEY FINDINGS

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

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

**Good practice:** Mobile teams ensuring periodic outreach to regions and rural areas with primary examination, distribution of medication, vitamins, medical equipment (tonometers, glucometers, inhalers, wheelchairs, canes), medical hygienic items (urological pads, diapers for adults).

- » Invest in **development of healthcare sector**, including in medical staff (especially women), accessible infrastructure, renovation and endowment of facilities with a focus on regions and rural areas.
- » Continue and **expand mobile teams** to provide primary examinations, sexual and reproductive health services, distribute medication, vitamins, and medical equipment. Ensure that services and support are equally available to **refugees and host communities** and include both men and women doctors.
- » Consider development of **telemedicine options** for specialist consultations in appropriate languages.

# KEY FINDINGS

- ♥ **Refugees are not adequately informed** about the available health services under Temporary protection (TP), especially in the area of sexual and reproductive rights (gynecological and mammalogical care), including services for pregnant women. **Medical professionals appear to be inadequately informed** about the health services available to Ukrainian refugees under TP.
- ♥ There is a constant **need for hygienic items and dignity kits**, and in-kind distributions often do not meet the specific needs of beneficiaries – the assortment of products, size or absorption capacity of hygienic pads, etc.
- » Implement **targeted information campaigns** for refugees on health services available under TP, with a focus on sexual and reproductive health and services for pregnant women, through community centers, social media, and healthcare facilities.
- » Conduct regular **trainings for medical staff** on health services for Ukrainian refugees available under TP. Establish a dedicated hotline for health services in Russian.
- » **Prioritize vouchers for hygienic items and dignity kits**, offering more choice and dignity. Optimal voucher value should range from 300-500 MDL.



# KEY FINDINGS

- 👤 There is a continuous need for **mental health support to address trauma**, especially for men provided by male psychologists. Alcoholism is reportedly increasing among refugee men as a coping mechanism.  
**Good practice:** MHPSS services that incorporate art therapy, mandalas, metaphoric cards, and music have been reported to be particularly effective and well-received.
- 🎓 **Children with special needs face challenges in accessing inclusive education.** Raising awareness about special needs among both the refugee and local populations, particularly among parents and students, could improve acceptance and inclusion.

- » Support **mobile mental health teams** consisting of both **male and female psychologists** to provide regular visits to regions and rural areas to address the unique mental health needs of both men and women.
- » Initiate **parents support programs** to assist them in navigating the opportunities under social protection and educational systems. Implement **awareness raising campaign on the special needs of persons with disabilities, including children.**

# KEY FINDINGS



**Employment** for refugees is limited by fragmented understanding of employment in Moldova, mismatch between job offers and qualifications, low salaries, lack of care (for children, older persons and persons with disabilities), inflexible work schedules, age and ability discrimination. **Single refugee women with caregiving responsibilities, individuals aged 50+ and people with chronic health issues or disabilities** are disproportionately affected.

- » Operationalize “**patenta**” to allow self-employment and business development.
- » Promote **online work**, especially for women, in sales, project management, content management for websites and social platforms.
- » Provide **middle-term specialized trainings** in digital skills, self-presentation in digital media, blogs and social media management (to sell expertise), IT, design or photography. Prioritize **online or in-person trainings in rural areas** for the most vulnerable and marginalized groups, including older women.
- » Provide **support for business** development.

# KEY FINDINGS






Women organizations face **significant funding challenges**, often relying on volunteer efforts. They **lack information** on funding opportunities, or **capacities to access the funding**. Refugee response funding strategies lack sustainability, resulting in project and organization closures after the funding dwindles. Relocation of focus on the refugee response, created **gaps in development work of organizations** in the benefit of local population.

**Good practices:** Networking has been a successful survival strategy. Women organizations built volunteer networks and leveraged trust among women from Moldova and Ukraine.

- » Provide **continued and increased support to women organizations**, acknowledging their positive impact on the community and refugee response.
- » Provide **flexible long-term funding encompassing various aspects**, including development initiatives, advocacy, and long-term sustainability, beyond just immediate refugee response needs.
- » Create **separate funding streams** for International INGOs, local CSOs, and LPAs to cater to their specific needs and goals.

# KEY FINDINGS

-  There is **insufficient institutional support** for smaller CSOs and LPAs, lacking coaching and mentoring, and a need to facilitate the transfer of international expertise to the local level.
  -  Widespread **staff burnout** within CSOs and LPAs, compounded by a **high turnover of personnel** in both CSOs and governmental bodies at the central and local levels.
  -  There is a **limited collaboration among and joint advocacy efforts by women's organizations** within the refugee response in Moldova.
- » Allocate a certain percentage of funding budgets to **support the institutional capacity** and sustainability of women organizations, ensuring they can continue their vital work. Facilitate **coaching, mentoring and transfer of international experience**.
  - » Allow additional **budget to provide mental health support and create incentives for staff retention**.
  - » Support the establishment of a **Congress of Women Organizations in Moldova** with aligned goals, particularly in areas such as fundraising and advocacy.

# CONCLUSIONS

# ACCESS TO PROTECTION

Gender-based violence, including psychological violence, remains an issue, particularly affecting vulnerable groups of women.

Service gaps, lack of transportation, and insufficient information on services and case management hinder access to essential support especially in rural areas.

Continued funding for mobile teams is crucial for providing a range of vital services, from legal aid to healthcare.

Infrastructure should be improved to enhance accessibility for persons with disabilities, particularly in rural areas and at border crossing points.

Safe and reliable transportation, especially for children, must be prioritized.

Investment in GBV prevention and response programs is essential and should include comprehensive support services, awareness campaigns and advocacy efforts.

Robust data protection policies must be developed and implemented to safeguard personal information, including clear protocols for obtaining explicit consent from refugees for the use of their photos and images.

# NEEDS OF THE MOST VULNERABLE

The unique vulnerabilities of different groups within the refugee community underscore the need for continuous, targeted attention to their specific needs in order to improve access to cover the needs of the most vulnerable.

From limited healthcare, employment and infrastructure to social isolation and discrimination, these challenges are often compounded by cultural norms and traditional roles.

It is important to prioritize and implement specialized solutions that address these multi-layered challenges, ensuring more robust protection for the most vulnerable groups.

These solutions could include but are not limited to ensuring appropriate accommodation, development of the health sector and services, expansion of the mobile teams, regular consultations with the most vulnerable refugees to tailor assistance to their unique needs, prioritization of voucher support, LGBTQIA+ safe spaces and tailored interventions for Roma.

# SOCIO-ECONOMIC INCLUSION

Remains influenced by a myriad of factors ranging from employment barriers to caregiving responsibilities.

Employment opportunities are often limited due to a mismatch between job offers and qualifications, low salaries, and a lack of understanding of the Moldovan job market. These challenges are further compounded for specific vulnerable groups, such as single women with caregiving responsibilities, older persons, and those with disabilities.

These challenges may be partially overcome by operationalizing "patenta" for self-employment, promoting online work, offering specialized training in digital skills, and enhancing care infrastructure.

Language barriers could be mitigated through extended and flexible Romanian language courses, including English for broader employment opportunities.

The adopting of this specific approach, has the potential to improve access to livelihoods opportunities for and facilitate social cohesion and integration within the host communities.



# LOCAL COMMUNITY

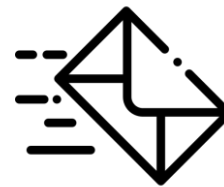
The integration of the local community into the refugee response remains critical for fostering social cohesion and mitigating tensions that arise from perceptions of favoritism and competition for resources.

Good practices such as job integration of refugees and second university education programs for youth have shown promise in easing these tensions. However, challenges remain, including aggressive behavior among some refugees and a limited transparency in the distribution of assistance.

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

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

# READ THE FULL REPORT



[secretariat.platformadegen@gmail.com](mailto:secretariat.platformadegen@gmail.com)  
[evghenia.hiora@unwomen.org](mailto:evghenia.hiora@unwomen.org)

