



GBV SWG Meeting Minutes 8 April 2022
Online

Chair: UNHCR & UNFPA

Partners present: Ministry of Labor and Social Protection, Women’s Initiatives, National Coalition Life without Violence, Gender Centre Moldova, LCA, UNDP, Voice Amplified, Women’s Law Centre, MSF, Clear Global, IMC, IsraAid, WHO, IRC, OSCE, CRS, Mercy Corps, La Strada, ECHO, IOM, UNDP, UN WOMEN, UNICEF, UNFPA, UNHCR

Agenda:

1. Introduction
2. Presentation on Trafficking (Ministry of Labor and Social Protection, IOM and la Strada)
3. Presentation on GBV risks and response for refugees in Transnistria (Women’s Initiatives)
4. Update from the GBV referral pathways task force
5. Introduction to the GBV SWG Work Plan and review process
6. Update on MSNA questions
7. AOB

Agenda items	Discussion	Action points
1. Introduction	Welcome and introduction from UNFPA and UNHCR	
2. Presentation on GBV risks and response for refugees in Transnistria (Women’s Initiatives)	Presentation by “Women's Initiatives”: <ul style="list-style-type: none"> • “Women's Initiatives” NGO works for 12 years in two main directions: prevention and protection from human trafficking and raising awareness of domestic violence and human trafficking. • The beneficiaries are survivors of human trafficking, domestic violence, children without adults, women in very difficult situations, especially those who live in remote areas and; this year they started to support men survivors of human trafficking and domestic violence. • As of February 24, 2022, the organization has been involved in refugee response activities. There are 28,000 refugees in total in Transnistria and 21,700 refugees have been registered. 	<ul style="list-style-type: none"> • Co-chairs will meet with the Coordinator of National Coalition “Life without domestic violence!” on women’s organization issues next week. • Invite health sector /national expert to present policy related to services for refugees/CMR package

	<ul style="list-style-type: none">• 10 organizations provide support to refugees in Transnistria. Some of them provide temporary accommodation for small families.• An unofficial referral system has been established and there is a Crisis Center, at the Resonance Association where refugees are referred to.• Two hotlines are in the Transnistrian region. One is for survivors of domestic violence and the other is about illegal immigration and human trafficking in Transnistria.• Out of 10 organizations, 6 organizations provide services to refugees. These are provisions of food, drugs and hygienic packages, and legal, psychosocial services.• There is a need to provide relevant clothes and shoes to refugees as they arrived with winter clothes. In addition, needs for children: child nutrition, pampers, clothes and season shoes.• The most critical gap in communal services, medical examination, drugs and pharmacies for chronic diseases.• One organization is providing services for people and children with disabilities. Critical to note, that these people and children are severely stressed and need psychosocial support.• Another organization provides support to Roma refugees from Ukraine. <p>Challenges faced by the NGOs:</p> <ul style="list-style-type: none">• It is difficult to provide data on services and support provided by NGOs. Each organization has their own data, however, it is a challenge for us to monitor who is receiving what from different organizations. There might be an overlap.• In this respect, it is critical to establish/have unified data based on the received humanitarian support by refugees and families. This will help us to see the overall scope of the work and support provided to refugees.• We were not ready for such a humanitarian response context. Psychological support is of the desperate need for refugees, both individual and group-based. Women feel negative attitudes towards themselves, anxiety, depressed. Women asked for peer groups, self-help groups to share their feelings, and emotions they are experiencing in such a difficult time.• There is a need in the engagement of specialized services by the organizations that can provide such quality and professional services in humanitarian context.• A wide range of support is needed by the refugees, and organizations had to prioritize their work at the expense of their own programs and mandates. For	
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example, to accompany refugees in buy necessary things, food, items, searching for jobs, legal consultations, psychologists and social workers support. All these require additional workload for the organizations that provide support to refugees.

- Lack of funds in support of refugees. National Coalition “Life without violence” supported with funds but this is not enough. We need more funds, and more support as refugees continue to arrive.
- Seven centers have been established in Transnistria by the local government that are 1,480 accommodating refugees. These centers provide hot meals.
- Thankful for all those organizations who provide support and information to present today our work.

Questions:

- **MSF Holland:** apart from the need for psychological support, could tell us about the medical support for survivors of sexual violence?
- **Women's Initiatives:** medical support is provided by NGOs in terms of the purchase of drugs that are not available free of charge. There is a list of a limited number of drugs that Government can provide for free. However, refugees need a wider range of drugs and medical examinations that are provided by NGOs. For example, drugs for chronic diseases like insulin. And only NGOs provide such types of assistance.

The majority of the refugees are hosted by their relatives, and friends and not all those host families can afford financial support for them. There is a desperate need for basic things for now, that we are not able to provide, for instance: drugs, hygienic kits, and food. This is all that is needed.

Women’s Initiative can provide support to survivors of sexual violence. A Survivor can refer to the health clinic for medical support in case of sexual violence and she will get treatment. However, comprehensive support will not be received for free including drugs. Three NGOs can provide support to survivors of GBV and Domestic violence. In case of COVID, refugees can get treatment for free.

GBV SWG: Medical aspect of Sexual violence is an important issue. Next meeting will dedicate a presentation on GBV and the health sector response mechanism in Moldova by UNFPA.

	<ul style="list-style-type: none"> • International Centre La Strada, Moldova: Have your or other organization registered any cases of domestic violence, sexual violence, or human trafficking among refugees? • Women's Initiatives: At present, such cases are not registered and we definitely need to work on GBV/SGBV awareness-raising. We know that IOM has flyers with information that are distributed at the Palanca border, but I'm not sure if these flyers are available at the Transnistrian border. I also want to say that the financial aid that is offered by the international organizations is also critical for us so that we can react quickly as frontline supporters. • Coordinator of National Coalition "Life without domestic violence!": Thanked for such a well structured and substantive presentation. Comment on the flexible funding mechanism to be given to NGOs for work with survivors of violence; life-saving actions as mentioned earlier by Natalia. We need to discuss and agree on how we can provide funding support to these organizations for their support of refugees and children. The current dynamic shows that by end of this month available funds will be utilized. • Women's Initiatives: This is an important question. One example from refugee's needs. A grandma appealed to us to order special shoes for her granddaughter and these are expensive. Other women need dignity clothing like tights, underwear, sanitary pads and other hygienic kits. • Coordinator of National Coalition "Life without domestic violence!": There is a desperate need to discuss and agree on how we can support financially our organizations on the ground. We have to explain the mechanism of such support to our organizations so that they to be effective to address the needs of refugees. We put some recommendations and lets discuss. • What we have for now from our internal funds around 5,000 or 6,000 euro can cover the most basic needs of a very few families. Our cash bank mechanism based on our methodology will be utilized in two weeks. • We know how to provide social, psychological and legal support to victims of domestic or sexual violence, but you can provide technical/financial support to those who provide such services in such a context. What is critical for now is to understand the funding mechanism and support our organizations as soon as possible. • GBV SWG: Proposed a meeting next week with National Coalition "Life without 	
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	<p>domestic violence!":to discuss and agree on the details highlighted.</p> <ul style="list-style-type: none"> • UNFPA: One option we have in place is to provide funding to the Coalition and to support organizations with direct funds. Next week we will be able to transfer an amount of money to support the organizations and their needs. This will be done through a partner organization (Artemida). We are finalizing Work Plan with Artemida and in the future, we will be able to continue implementing this mechanism. It's an option. • Coordinator of National Coalition "Life without domestic violence!": All our organizations working on GBV including sexual violence have the expertise and practice to provide all services to victims but not always funds to support medical examination, and transportation and /or purchase of needed items. Our internal procedure is very transparent and goes in a participatory manner by the organizations, board members and management team. • UNFPA GBV: the Coalition's point is critical. It would be great to have a discussion next week on which national / local orgs are already funded by international actors (UN agencies, INGOS, etc), to what extent and for what, and which local orgs need to be prioritized for future partnerships and funding. • GBV SWG: we can certainly meet and plan a point to discuss on support to women's organizations in the next meeting if possible. • UNFPA: It is very important point how we support Local women's organization on the front line is very important. 	
<p>3. Presentation on Trafficking (Ministry of Labor and Social Protection, IOM and Ia Strada)</p>	<p>Ministry of Labor and Social Protection presentation: National anti-trafficking response in the Republic of Moldova Trafficking in persons (TiP)/Trafficking in human beings (THB): National anti-trafficking policy National Strategy for Preventing and Combating THB 2018 -2023 (Government Decision # 461/2018) and National Action Plan 2021 -2022 (Government Decision # 319/2021)</p>	

Structure:

- General support measures – (i) coordination of actions; (ii) legal and regulatory framework; (iii) capacity building; (iv) data collection and researches; (v) management of financial resources
- Prevention - (i) awareness raising (information campaign for population, etc.); (ii) reducing of vulnerability (information and assistance for at-risk groups, increasing possibilities for legal migration, etc.); (iii) administrative control (strengthening the role of labour inspectors, etc.)
- Protection – (i) identification and referral of victims; (ii) repatriation; (iii) rehabilitation and reintegration of trafficked persons
- Prosecution - (i) investigation and prosecution; (ii) protection of victims – witnesses; (iii) restoring the rights of victims and compensation
- Partnership – development of international cooperation between competent authorities and other actors active in the anti-trafficking field.

New national policy on victims of crimes' rights

- Program for creation and development of National Referral Mechanism for Protection and Assistance of Crime Victims (NRMV) 2022 -2026 and Action Plan for its implementation 2022-2024 (Government Decision dtd. 23.03.2022)
- Scope: practical realization of victims' rights through the creation of the effective model of inter-sectoral coordination for assisting victims of crimes (adjusting of previously created National Referral System for victims of THB to the needs of other crime victims).
- Ensure the integrated approach to policies and services for victims of crimes (NRMV integration into the national social protection system – Moldovan Government's foremost role in assistance and protection of crime victims; creation of integrated services; link with national human rights policy, etc.)

Beneficiaries and participants of NRMV

1. Beneficiaries:

- Citizens of the Republic of Moldova;
- 3-rd country national and stateless persons;
- victims of crimes (THB, domestic violence, torture and other crimes listed by the Law on rehabilitation of crime victims #137/2016) committed on the territory of

	<p>the Republic of Moldova;</p> <ul style="list-style-type: none"> - in other countries under the condition that the victim who is not a citizen of the RM legally and permanently lived in Moldova; <p>2. NRMV participants:</p> <ul style="list-style-type: none"> • competent public authorities (national and local level) • decentralized public services and institutions • NGOs, service providers • INGOs <p>3. NB:</p> <ul style="list-style-type: none"> • Foreign citizens article 2 para (1), Law # 274/2011 on the integration of foreigners in the Republic of Moldova are beneficiaries of the National Social Protection System. • Foreigners, including refugees are beneficiaries of the NRMV. <p>MRMV function</p> <p><i>NRMV will ensure assistance and protection to victims of crimes based on the following principles and rules:</i></p> <ul style="list-style-type: none"> • Services focused on the person’s individual needs • Application of the case management procedure • Case monitoring to ensure successful reintegration • Case referral at different levels of public administration • Development of integrated services based on the principle “under one roof and “one window” • Coordination of the process of assistance to victims of crimes by the MLSP and the National Agency of Social Assistance. <p>Coordinating bodies of NRMV</p> <ul style="list-style-type: none"> • Multidisciplinary Teams (district/community-based coordination) • Basic operational units at the local level, ensuring inter-sector cooperation for assistance and protection of crime victims. • Council under the aegis of the Ministry of Labor and Social Protection. <p>Tools for identification and referral of victims</p> <ul style="list-style-type: none"> • 112 – national emergency number, everywhere in Moldova and in the EU. • Anti-trafficking and Safe Migration Hotline, managed by La Strada (8am – 8pm): • 0800 77 777 (free calls from Moldova); +373 22 23 33 09 (calls from abroad) • National Women and Girls’ Trust Line, managed by La Strada and contracted by 	
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MLSP 08008 8008

- Center for Combatting TiP of the Ministry of Interior (Moldova): +373 22 254 998 (available 24/7)

Comments:

GBV SWG: This was very informative and we all learn so much from such a comprehensive presentation. It is incredible to know that the program is adopted the needs of refugees, which is why we are all together today to better protect and support refugees, especially women and girls, groups that are at most risk. This creates many linkages between the different organizations/agencies presenting in the room and how we can make sure that refugees get important support.

International Centre La Strada, Moldova:

- The presentation was developed with the Ministry and we discuss some aspects of obtaining official refugee status because we are talking about refugees not only those who have officially registered to obtain this status, but we are talking about all those people who came to the country from Ukraine.
- According to the official data from 30.03.2022, there are 97,000 Ukrainians who crossed the border on the territory of the Republic of Moldova. 6,000 of them applied for refugee status. But it is unclear whether they will get that status. Most likely this will be temporary protection, but in Europe, we know it is granted.
- It is important as mentioned earlier that international organizations should understand that national possibilities are limited. According to statistics, in the Republic of Moldova, 100 refugees have been registered. The state is ready to respond. However, we have 6,000 applications within a month. This is 60 times more than what was planned in the state budget.
- If we talk about human trafficking, since 2005, all the legislation and services were based on the fact that Moldova is the country where the victims come from.
- It is important to know, that in the Republic of Moldova, if 1-2 cases of citizens of other states are victims of trafficking in human beings none of them has officially got the right to live / or stay temporarily in Moldova. It was easier to recognize them as stateless.
- We have migration policy and social policy both do not always intersect and do

	not use the same terminology. This is a challenge and should be resolved with the help of international organizations.	
4. Update from the GBV referral pathways task force	<p>Update on Referral Pathway:</p> <ul style="list-style-type: none"> • Pre-final version for Chisinau has been elaborated; • Comments from the members by COB Tuesday next week; • Two sectors are pending updates: Health by the Ministry of Health and Police points that are trained by UN Women; • The presentation on the health system response mechanism for refugees in Moldova; CMR and what is included in this package of service by UNFPA expert; • Next steps: Intro training on referral pathway for service providers and those who are engaged in Referral path, development of the referral cards based on the information reflected in the referral pathway; • Need advice/suggestions from the partners on prioritizing the next locations for the development of the referral pathway; <p>GBV SW Co-lead: target groups for training any humanitarian worker, especially those who are providing food, shelter or cash and represent non GBV or Gender specialized organizations that are working directly with refugees on the frontline. If they identify survivors of violence who need support they know where to refer the survivor. E.g. cash assistant program in contacting/interacting with refugees they know how the survivors can get support from specialized services. The training will give the overall understanding of the guiding principles and benefits of the referral pathway for survivors and avoid any potential re-victimization.</p> <p>IOM: With regards to the shelters, we should not provide the locations and the addresses will be removed.</p>	
5. Introduction to the GBV SWG Work Plan and review process	<p>Joint Work Plan:</p> <ul style="list-style-type: none"> • Draft WP that we will work together on it and identify the priority actions. • The joint WP reflects what all the GBV actors are doing and what the coordination mechanism is doing. We are sharing draft version. • The WP does not reflect details on what each organization is doing rather it reflects what we are doing together. This is a coordination plan. • The WP contains the indicators on trained actors, the number of refugees reached out with relevant information and women and girls provided with 	<p>Action point by GBV SWG:</p> <ul style="list-style-type: none"> • Will wrap up RP Task Force and create a TF related to case management • Will share the presentations with members; • Members will send their feedback

	<p>psychosocial support;</p> <ul style="list-style-type: none"> • Components included on: <ul style="list-style-type: none"> - Coordination by GBV actors only; - What kind of assessments we want to do; - Coordination of GBV activities; - Community engagement and outreach with key messages; - Information sharing on the activities implemented; - Capacity development and kind of trainings we want to deliver together; - Advocacy to other stakeholders related to GBV in refugee response; - GBV in relating to other sectors and work together with HEALTH, Gender Task Force, Protection Group on the issues of legal rights, child protection on violence against children, livelihood, UN policy on prevention of sexual exploitation and abuse. • These are the areas of our work and this is for a whole year. • Women’s Law Centre: the question on indicators: Increase of knowledge about GBV, who do you target? Is this only for Chisinau, or it is for the whole country? and if we talk about communities and community engagement you mean the whole country, all the districts, better said all the refugee centers? But we also have communities that do not center but are host families. How far do we get to these host families? • GBV SWG: indicators are for the whole of Moldova; in terms of targeting the trainees we need your advice as well, please let us know which organizations should be invited and trained that are doing refugee response. Different training with different targets, training service providers, NGOs, Training for specialized services; differentiated approach and non-GBV organizations are at the very top. • Women’s Law Centre: How much the specialists will be involved, who are actually responsible for the response in cases of domestic violence, because right now we have in mind some very specific cases where the refugee person has been identified with advanced cancer and has children. The only ones who were 	<p>or suggestions to the Joint Work Plan.</p>
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	<p>responsible somehow I felt were the NGOs. How do you think it should be connected, that this is about the health and medicine system, social assistance and local public administration? So we refer this case from NGO to NGO and we realize that in fact, this case is not in the view of the authorities and of course you will realize that the effort is much greater from the NGOs. To address this question we called 700 places to find out more details to find this person. The lady says that she was advised by someone from Moldexpo, I'll just tell you from the experiences we have and from cases that reached us and we realize that our work is not even in parallel, but we also do not join our efforts in the context with the state actors. That is why I am concerned and I do not fully understand the impact of these actions.</p> <ul style="list-style-type: none"> • UNFPA: proposed to create a TF team within the WG as a smaller committee to address the needs and bring them at the higher level. We need to understand what are the issues and support such cases for example, what needs to do from the health response, also the same with other aspects: financial support, make sure that there is a case management in place, referral to other services. Any support and advice to other sectors in terms of messaging, etc., 	
<p>6. AOB</p>	<p>UNFPA Regional Cash Advisor:</p> <ul style="list-style-type: none"> • CVA actors are aware that the GBV SWG is preparing a short basic GBV training/induction and high need on their side to train especially frontlines. • As soon as ready, important to share and brief them on the GBV referral pathways. • In regards to PSEA, not sure if all cash actors have been briefed and signed a Code of Conduct. To follow up with PSEA and see how we could push for that. • On PDM: they included our comments on both WFP and UNHCR ones, and they will start next week (CRS, UNHCR and WFP). • Support from GBV SWG especially for FGDs - would be great if some of you could volunteer. 	<p>More information on the UNHR cash assistance program Moldova can be found here: https://help.unhcr.org/moldova/ro/programul-de-asistenta-in-numerar-pentru-refugiatii-in-moldova/</p> <p>More guidance on GBV mainstreaming in CASH assistance can be found here: https://gbvaor.net/thematic-areas</p>

