

MOLDOVA: GENDER TASK FORCE MEETING

Meeting Details	
Date	20 September 2022
Time	11:30 – 13:00
Venue	Zoom
Chair/ co-chair	Dominika Stojanoska (UN Women), Nina Lozinschi (Platform for Gender Equality)
Agenda	
<ul style="list-style-type: none"> • Update from Refugee Coordination Forum (Refugee Response Plan 2023, Temporary Protection, Local Coordination meetings) • Health WG: updates, Q&A, gender considerations • Gender Considerations for Winterization • CLEAR Global Presentation: Communication and language in Gender, Protection and PSEA in humanitarian action • AOB 	

Participants			
#	Name	Organization	Function
1	Dominika Stojanoska	UN Women	Country Representative
2	Nina Lozinschi	Gender Equality Platform	
3	Catalina Sampaio	UNHCR	
4	Anca Soldubanu	CLEAR Global	Country Program Manager Romania / Moldova - Ukraine Response
5	Evghenia Hiora	UN Women	Project Officer
6	Daria Barnos	UN Women	Administrative Associate
7	Ludmila Bocsanean	UN Women	Project Associate

8	Cristina Mardari		
9	Erin MacDonald	WHO	Prevention and Response SEAH
10	Eugeniu Martin	ICRC	
11	Galina Lesco	WHO	WHO Consultant and Head of Youth Friendly Health Center Neovita
12	Doina Marzuolo	IOM	Project Officer PSEA / AAP
13	Irene Quizon	WHO	Prevention and Response SEAH
14	Lou Mazel	U.S. Embassy Chisinau	Regional Refugee Coordinator
15	Irina Luncasu	CALM	
16	Lilian Severin		
17	Petru Lupu	UNHCR	
18	Teodora Zafiu	UNDP	
19	Martina Gastadello	OHCHR Moldova	Human Rights Officer
20	Atria Mier	ActionAid	
21	Stavros Zotos	PLAN International	
22	Valentina Bodrug-Lungu	Gender-Centru	President
23	Doina Cazacu	MMPS	
24	Liliana Palihovici	Institutum Virtutes Civilis	President
25	Lilia Levinta		

Summary of discussions and agreements/ action items

Agenda/Discussion	Agreements/ Actions
<p>Opening remarks</p> <ul style="list-style-type: none"> Nina Lozinschi (Platform for Gender Equality) welcomed participants and presented the agenda of the meeting. 	
<p>Update from the Refugee Coordination Forum</p> <ul style="list-style-type: none"> Catalina Sampaio (Refugee Coordination Forum) provided brief updates from the Refugee Coordination Forum: 	

<ul style="list-style-type: none"> ▪ Winterization process continues. The two months were dedicated to identification of winter needs of refugees and host communities. Winterization workshop from last week gathered representatives of different UN agencies, INGO, NGO, government to discuss different needs and possible solutions. Sector leads are now finalizing sector inputs. Final report with information on the main needs and solutions is planned to be published on 23 September 2022. ▪ Local consultations with the national NGOs are ongoing, almost 30 Moldovan NGOs were consulted on their needs, plans etc. Local CSOs are the main actors of refugee response. ▪ Temporary Protection is expected to be activated by the government in October, guaranteeing easier access to employment and other opportunities for the refugees. ▪ RRP planning unroll as of next week and will unroll be the focus in the next 2 months. The workshops on how to apply for funds, how to design projects and how they can be contemplated in RRP 2023 will be organized for the local NGOs, field trips are going to be held to collect the data. Nina offered to inform local organizations of the platform on that. <ul style="list-style-type: none"> • Dominika Stojanoska (UN Women) mentioned that it would be good to receive more information on the Temporary Protection and to have the opportunity to provide feedback. 	
<p>Health WG: updates, Q&A, gender considerations</p> <ul style="list-style-type: none"> • Galina Lesko (WHO) provided updates from the Health Working Group: <ul style="list-style-type: none"> ▪ Since 24 February 2022 primary healthcare (PHC) services were provided to more than 8,000 of refugee patients, approx. 3,000 were hospitalized. Approx. 10-15 PHC consultations per day were provided. Half of those were for children, 1,398 refugee children were hospitalized, 39 patients were evacuated to the EU countries for treatment (cancer and other rare diseases). 350 cancer patients were treated, approx. 1,000 dialysis sessions provided, 222 covid cases treated, 46 patients with diabetes hospitalized, 185 patients with HIV received treatment, 137 cases of gender-based violence were managed, 1,264 doses of routine vaccines shots implemented, 1,535 adults received vaccines against COVID. Ministry of Health (MoH) regulated these activities through special orders, UN agencies work in close collaboration with MoH, the Memorandum of Understanding prepared between MoH and UNFPA on cases handling sexual and reproductive health, with UNICEF on services for refugee children and with IOM on cancer patient cases. However, the modalities of funding of the projects are not clear yet. The services mentioned above are provided by the MoH state institutions and health emergency teams, which are coordinated by the WHO, there were 16 teams at the beginning now downsized to 6 working near the borders, Chisinau and several big refugee centers and 	

have offered approx. 6,000 consultations and treatment by now.

- Several evaluations were conducted, including Rapid Health Assessment, Assessment on immunization, nutrition and breastfeeding, cancer control, on needs of perinatal centers and mental health. Unfortunately, the list of services provided for free does not exist yet but is negotiated. All refugees have access to PHC services provided in two ways: 1) through family doctors in the refugee centers (with possibility to be referred to the specialists and hospitalization) 2) through family doctors in the polyclinics for the refugees residing outside RACs. It is easier in emergency situations, but even with chronic diseases (as diabetes for example) there is an option to refer patients to the hospitalization. There is another option for youth and adolescents – Youth Friendly Health Services available in all districts. The range of the available free of charge services is the following: contraception, abortion, psychological support and other services for adolescents, including hotline, which works actively for 24 hours per day, the number is 080080022.
- Capacity building has been provided for health workers on addressing the crisis with an active support from the UNFPA, orientation of all workers on the post rape care protocol, which was approved last year. WHO is preparing training for the institution managers, lots of training on immunization and reorganizing healthcare in crisis were conducted.
- On questions from the previous GTF meetings with regards to sexual and reproductive health, several options exist to access free of charge assistance:
 - 1) Through family doctor – for refugees residing in RACs it is doctor on duty, for refugees residing in host communities it is family doctor based on residence address. Family doctor will make the referral to the gynecologist or reproductive health office.
 - 2) Adolescent refugees, youth under 24 and people with disabilities can receive services without referral. The funding mechanism to cover the services is expected to be established soon (now it is covered by the insurance fund).
 - 3) Consultation of the mammologist the same referral mechanism is in place, with urgent situation the procedures are easier, unfortunately, the screening option is not available yet but will be discussed in the future.
 - 4) Immunization: referral is done through the family doctor. On communication between Moldovan and Ukrainian side on the immunization - the database for immunization does not exist in Ukraine, to keep track of the immunization of children the doctors consult the immunization certifications, if those are not available the WHO recommends referring to general vaccination calendar. Refugee children have full access to the vaccination. The

children receive new medical card, immunization is documented, and certification provided, which can be used upon their return to Ukraine.

5) Medical services related to pregnancy and delivery are free of charge, abortion services are not free of charge, as it is for the citizens of Moldova.

- **Nina Lozinschi** (Platform for Gender Equality) asked about access to medication, the costs for which are compensated particularly for patients with disabilities and hypertension. According to Nina sometimes centers lack even very basic medications.
- **Galina Lesko (WHO)** informed that this problem originates in the process of needs evaluation done at the end of each year. As the refugee crisis has not been foreseen, the evaluation has not covered the needs of refugees. However, more accurate procurement planning is expected for next year.
- **Galina Lesko (WHO)** informed that for collective healthcare and disease prevention in cases of Tuberculosis (TBs) or similar diseases there are screening procedures in place in RACs located in the student campuses, but refugees are not obliged to have a fluorography. All other infections are treated as per usual practice, a patient with signs of infections (e.g. fever) is isolated and tested for COVID and other types of infections. Risks and prevention measures for TBs are the same as for local population. In terms of cancer screening the services are for free as they fall under Primary Healthcare services.
- **Galina Lesko (WHO)** informed that medical institutions have been provided with rape kits, contraceptives and COLT cancer screening by UNFPA and other organisations.
- **Evghenia Hiora (UN Women)** thanked Galina for the presentation and stressed the importance of gender mainstreaming in the work of the Health Working group, specifically through the collection of sex, age and disability disaggregated data and needs assessments, allowing to unpack gender specific vulnerabilities. She reminded that the Gender and Humanitarian Action Checklists is available [online](#) and offered to join the Health Working Group with the brief introduction of GiHA checklist.
- **Galina Lesko (WHO)** thanked Evghenia and underlined not only the importance of the support on behalf of the UNFPA and WHO on prevention and addressing GBV but also the importance of the gender specific response.

Gender Considerations for Winterization

- **Evghenia Hiora (UN Women)** shared the link to the document with inputs from the GTF for winterization, gave a short description of it and encouraged the GTF members to review it individually and give the comments by the end of the day as it should be submitted the day after.
- **Dominika Stojanoska (UN Women)** proposed to give the document for the INGOs network for

- GTF members to provide inputs to gender considerations

<p>review as they are in the field.</p> <ul style="list-style-type: none"> • Anca Soldubanu (CLEAR Global) informed that she attends the INGOs forum and will pass the message. 	<p>for winterization by the end of the day.</p>
<p>CLEAR Global Presentation: Communication and language in Gender, Protection and PSEA in humanitarian action</p> <ul style="list-style-type: none"> • Anca Soldubanu (CLEAR Global) presented the activity of organisation as follows: <ul style="list-style-type: none"> ▪ What does CLEAR Global do in terms of Ukrainian crisis: <ul style="list-style-type: none"> - Update existing language data - Understand gaps in language support - Visualize ongoing data - Language services in 8 languages (translating) - Yasno content club (hub with multilingual support) ▪ Why does language data matter in humanitarian action? <ul style="list-style-type: none"> - Language and vulnerability are interconnected, speakers of marginalized language often experience multiple layers of marginalization (lack of healthcare, education, access to technology), thus, marginalized language speakers should be the main target of the humanitarian organizations. - Language has long been a blind spot in humanitarian action. Often assumptions rather than data play greater role and there is a lack of information on affected population in need of language support. Also, there is an assumption that concepts are understood easily, which results in failed communication. - Earlier this year the Global Language Data Review was published, it assessed language data in 88 countries. Only 11 of those countries have good quality language data for operational purposes, which means that the rest of the countries have a poor basis for program design. ▪ What do we know about language in the context of the war in Ukraine? <ul style="list-style-type: none"> - There is a map of languages, including minority or marginalized, spoken in Ukraine available. According to the data from the census of 2001, two majority languages are Ukrainian and Russian spoken by the majority (97%) of the population, the remaining 3% use 11 minority languages. - Among the minority languages Romanian is the most popular. - Minority languages are underreported. According to the census, 21,000 people identified 	<ul style="list-style-type: none"> • The presentation of Clear Global with useful resources on language was shared and will be distributed with the minutes • The contact details: anca.soldubanu@clearglobal.org

<p>Romani as their spoken language, however, Roma organizations reported that nearly 500,000 Roma community members reside in Ukraine in 2020.</p> <ul style="list-style-type: none"> - The QR code with the link to the data on the languages in Ukraine was shared. ▪ Gender mainstreaming into language and communication: <ul style="list-style-type: none"> - The recommendation is to assume that the message is not reaching those who need it. - Women and men often have different language and communication preferences. - Women and girls from marginalized groups may have low literacy or have experienced educational exclusion. - People prefer to share and speak about sensitive topics with someone of the same gender. • Nina Lozinschi (Platform for Gender Equality) thanked Anca for the presentation and shared experience of work with Roma girls that correlates with the data from the presentation on the lack of access to education for marginalized groups. • Dominika Stojanoska (UN Women) appreciated the presentation and suggested to consider language aspects and the information shared in this presentation in the planned Gender in Humanitarian Action trainings. • Martina Gastadello (OHCHR Moldova) appreciated the presentation, reiterated the importance of gender sensitive communication and suggested to integrate more gender-sensitive and human rights-oriented indicators into humanitarian planning. She expressed her availability to deliver short trainings on indicators for partners and sectors and underscored the importance of dedicated resources for data disaggregation and measurement of progress against specific indicators. • Anca Soldubanu (CLEAR Global) expressed her availability for the trainings on language and communication in emergencies and shared her contacts for consideration. 	
<p>AOB</p> <ul style="list-style-type: none"> • Evghenia Hiora (UN Women) informed the members of the GTF on the joint with the Refugee Coordination Forum initiatives – mapping of local CSOs and CSOs consultations in the context of RRP. • Evghenia Hiora (UN Women) suggested to have the next GTF meeting on 18 October 2022. Members agreed. 	
<p>Materials shared</p> <ul style="list-style-type: none"> • GiHA checklists in English and Romanian • Gender considerations for winterization • Language Data for Ukraine 	

The next meeting is scheduled for 18 October 2022, 11:30 – 13:00.