

SECTOR Gender-based violence SWG

Meeting Details		
Date	March 30, 2023	
Time	2:00 pm – 3:30 p.m.	
Chair	Vanessa Bordin- GBV Officer UNHCR, Fatima Alwahaidy- GBV Program Coordinator UNFPA	
Reporting	UNFPA	
Email	BORDIN@unhcr.org ; alwahaidy@unfpa.org	
Agenda		
<ol style="list-style-type: none"> 1. Welcome and introductions (14:00 - 14:05) 2. Updates by the RCF on Activity Info (14:05 - 14:20) 3. Presentation by the Mental Health and Psychosocial Support Working Group (14:20 - 14:35) 4. Presentation by OHCHR on Conflict-Related Sexual Violence (CRSV) (14:35 - 15:05) 5. Updates from the members (15:05 - 15:15) 6. Updates from the GBV SWG (work plan and contingency plan update exercise) (15:15 - 15:25) 7. AoB (15:25-15:30) 		
Information collection and relevant links		
Link to the GBV SWG google drive: https://drive.google.com/drive/u/2/folders/1sEn_M8X-OG1Nzy9-KLIDzvS4tMkwulOu		
Link to the GBV SWG on the UNHCR data portal: https://data.unhcr.org/en/working-group/337?sv=0&geo=680		
Participants		
<ol style="list-style-type: none"> 1. Vanessa Bordin, UNHCR 2. Fatima Al-Wahaidy, UNFPA 3. Iva Botcaciuc, DRC Moldova 4. Ilenia de Marino, Plan International 5. Alina Busila, WFP 6. Celine Brixander, UNFPA 7. Lilia Poting, UNFPA 8. Violeta Terguta UNFPA 9. Natalia Griu, UNFPA 10. Tatiana Budu, UNFPA 	<ol style="list-style-type: none"> 11. Cristina Mardari, OHCHR 12. Diana Lungu, Coordinator on International Humanitarian Law and the Red Cross Movement, Moldova Red Cross Society 13. Gianna Zoukidou, OHCHR 14. Hanna Ursol, UNHCR 15. Krassimir Krassimirov Yankov, OHCHR 16. Lilian Severin, UNAIDS Moldova 17. Ludmila Mititelu, Ministry of Labour and Social Protection 	<ol style="list-style-type: none"> 20. Maura Reap, WHO 21. Mihaela Popescu, CDA 22. Olga Chisca, OSCE 23. Ottavia Sanvito, Intersos 24. Rodica Moraru, VOICE 25. Svetlana Albina, UN Women 26. Teodora Zafiu, UNDP, Livelihoods and Inclusion WG Coord 27. Veronica Lupu, Association Women in Legal Career 28. Viorica Culeac, UN Women 29. Yurii Arnautov, UNHCR

	18. Marina Ilieșevici, OSCE Mission in Moldova 19. Martina Bogdeva, UNHCR	30. Valentina Bordian, UNICEF 31. Sean Sager, UNHCR
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Summary of discussions and agreements/ action points

Agenda Item	Discussion	Agreements/Actions
Welcome and introduction	Fatima Al-Wahaidy, UNFPA , welcomed the participants of the GBV SWG meeting and presented the agenda of the meeting.	
Updates on Temporary Protection	<p>Sean Sager, UNHCR, provided brief updates on implementation and requirements for the Temporary protection in Moldova.</p> <p>Since the Temporary protection activation on 1 March, 1500 persons pre-enrolled on the online platform and out of them 275 had been issued documentation.</p> <p>It was important to note that from 1 March the earliest day that one could choose an appointment was 15 March, so presumably the remaining pre-enrolled individuals were still waiting for their appointments in person.</p> <p>The number of applications was quite low, which was anticipated due to a number of factors mentioned during the last session, in particular required proof of residency, uncertainty related to the extension of the emergency law, as well as the cumulative 45-day travel limitation. In case of exceeding 45-day cumulative period outside the country, the temporary protection would be revoked. However, a person would be eligible to re-apply for temporary protection.</p> <p>It was also mentioned that the updated Frequently Asked Questions (FAQs) about TP in Russian, Romanian and English were sent out the day before through the Protection working group and could be shared with those who hadn't received them yet.</p>	<p>Updated version of the FAQ on TP to be circulated to the members with the MoM.</p> <p>Sean's contact information to be shared with the members.</p>

	<p>Fatima Al-Wahaidy, UNFPA, mentioned that FAQs and Sean’s contact information to be distributed to participants and asked everybody to provide feedback received from the beneficiaries relating to access to services by refugees without a TP status.</p> <p>Sean Sager, UNHCR, informed about planned monitoring of refugees’ access to services. For example, from the beginning of March there was no free access for refugees to primary health care, as it was foreseen only for TP holders and there was also a waiting period between pre-enrolment and appointment.</p> <p>For that purpose, the Congress of Ukrainians developed a self-assessment monitoring tool for the feedback from the refugee community concerning the obstacles faced and whether or not they had been denied temporary protection.</p> <p>It was also planned to develop an additional tool using the same questions but of a broader scope.</p> <p>It would be also useful to have feedback from humanitarian organizations and front-line workers from their daily interactions with beneficiaries for collecting additional information.</p>	
<p>Updates on Activity Info</p>	<p>Yurii Arnautov, UNHCR, presented the data portal and the dashboard, mentioning that it was still reflecting the 2022 achievements.</p> <p>The 2023 dashboard would be featured early April when the reporting on the first quarter would be completed.</p> <p>Yurii presented the filters that could be used by the members to get information for analysis and planning. Members could use the dashboard to see the activities and their status, the locations and number of people covered to avoid duplication.</p> <p>All assessments planned for 2023 would have a separate dashboard including the GBV SWG safety audit to be reflected in the dashboard. For recording assessments, there would be a separate database for that, so it would be also on their activity info. It was</p>	<p>Share the links to the data portal.</p> <p>Share the link to assessments, registry.</p> <p>Share the guidance on how to use the activity info.</p>

	<p>called the Assessment Registry and once the assessments filled in, they would be featured there.</p> <p>For 2023, a guidance on how to report using the activity info for the 2023 programs, projects, and achievements was developed for those who didn't use the tool. Yurii mentioned that he could be contacted for getting access, training materials on how to report and where to find the actual working links.</p> <p>The next reporting cycle would be in the mid of April when the platform will be open for the March achievements. Another important aspect was that it was also possible to report accumulatively on the achievements. In that case, one should indicate only the last month of the reporting.</p> <p>Some information was already on the platform from the RRP submissions. This information could be also edited if needed.</p> <p>It was also possible to generate reports from the platform information and one of the possibilities was to extract some data from the platform straight away.</p> <p>Fatima Al-Wahaidy, UNFPA, mentioned that it was a great possibility and made things much easier. The platform was also used to produce the fact sheets for the GBV SWG.</p> <p>The notifications on activity info to be disseminated to all the members once received. GBV SWG documents could also be accessed on the data portal, including minutes of meetings, information on the GBV risk analysis on cash and safety audit and other useful information.</p>	
<p>MHPSS Technical Reference Group/ Moldova</p>	<p>Maura Reap, WHO, Coordinator of the MHPSS TRG, informed that the regular TRG meetings take place on the 2nd Tuesday of every month, 14:00-16:00, conducted in English and Romanian (interpretation provided).</p> <p>The partner organizations include CNPAC, DIGNITY, Dorcas, Family Federation, EMERGENCY, FRC, HC, HelpAge International, HELVETAS, HI, HIAS, HNTPO, ICRC, IFRC, Inițiativa Pozitivă, INTERSOS, IOM, IRC, IsraAID, MdM France, MdM Turkey, MSF, MTI, NEOVITA, ONG "AFI", Oxfam, PI, PIN, Plan International, Project Hope, ReTHINK, Amici</p>	<p>Please find the mapping here, with focal points identified for referrals/ more information</p> <p>Share Maura's contact information with the members</p>

<p>dei Bambini, Psicologos Sin Fronteras, and Church World Service, RCTV Memoria, Swiss Red Cross, Tdh, TrimbosMoldova, UES, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, WC, WHO, WV.</p> <p>MHPSS TRG Objectives</p> <ol style="list-style-type: none"> 1. Provide a technical platform for better coordinated and focused inter-agency emergency response to the mental health and psychosocial support (MHPSS) needs of populations of concern in Moldova. 2. Strengthen safe and ethical service provision aligned with Inter-Agency Standing Committee (IASC) standards. 3. Promote and support quality MHPSS interventions through joint capacity building activities to ensure quality standards. 4. Promote the engagement and leadership of the government within the task force. <p>The IASC MHPSS Intervention Pyramid</p> <p>2023 TRG Activities (Workplan)</p> <ol style="list-style-type: none"> 1. Ongoing inter-agency, intersectoral coordination – including with national actors 2. Mapping exercises and referral pathways 3. Situational analysis/ Needs assessment 4. Capacity building and technical support 5. Information, Education, Communication 6. Self-care and supportive supervision <p>Types of Activities Offered by MHPSS Partners</p> <ul style="list-style-type: none"> • Strengthening parenting/family supports • Child-friendly spaces • Basic MHPSS counselling • Training / orienting • Psychosocial support for aid workers • Counselling for GBV Survivors and GBV Case Management • Raising awareness on mental health and psychosocial support 	
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- Facilitation of community support to vulnerable people
- Structured recreational or creative activities
- Psychological first aid (PFA)
- Referring vulnerable individuals/families to resources
- MHPSS hotlines
- Situation analysis/assessment
- Pharmacological management of mental disorder by specialized MHPSS care

Partners are working *country-wide*

Intersecting MHPSS and GBV Programming Needs:

Capacity building training for GBV and MHPSS actors

Ensure MHPSS actors can recognize/respond/refer GBV survivors

Ensure GBV actors understand potential consequences on mental health, “Do No Harm”/

Trauma-informed Approach/ Survivor-cantered approach

GBV risk mitigation in MHPSS programming

Advocacy/ Addressing stigma

Understand power dimensions involved in GBV

Develop integrated/holistic programming

Referral and Referral pathways

Situational Analysis/ Needs Assessment

Clinical Supervision

Staff Care

Monitoring and Evaluation

Vanessa Bordin, UNHCR, asked for the support available for GBV survivors with serious mental health issues

Maura, WHO, answered that in that regard support will be provided on a case-by-case basis. This could be also another opportunity for collaboration, and if there was a gap in that area, then that was something to be discussed and see if there was a way to fill it.

	<p>Fatima Al-Wahaidy, UNFPA, mentioned the need to strengthen collaboration between the GBV and the technical group on MHPSS for intersectoral kind of interventions. It would be also good to conduct the needs assessment as well as assessment of the capacity of service providers working on providing MHPSS, including, for example, UNFPA teams in the safe spaces, to understand the capacity and how they could serve better in this area, the beneficiaries they were working with.</p> <p>Maura, WHO, mentioned the conducted needs assessment survey on the capacity building needs at the end of last year where GBV was not identified as a priority which was surprising. She welcomed additional collaboration, stating that it was really critical to raise awareness about the problems and special needs of GBV survivors and how to address them.</p> <p>Olga Chisca, OSCE, asked if the services were also provided in the Transnistrian region.</p> <p>Maura, WHO, mentioned that there were services provided all over the country. There was the mapping with different services and their location which could be shared.</p> <p>Vanessa Bordin, UNHCR, asked if the people could directly access the services or if they needed some sort of referral.</p> <p>Maura, WHO, said that each of the organizations had their own referral process and there was no official referral pathway in place yet. There were many different entry points for that.</p>	
<p>Presentation by OHCHR on Conflict-Related Sexual Violence</p>	<p>Krassimir Yankov and Gianna Zoukidou from OHCHR Moldova, informed that they were working on documentation of human rights violations and international humanitarian law violations that had happened inside of Ukraine after 24 February 2022. They coordinated their activities with the UN Human Rights Monitoring Mission in Ukraine.</p> <p>They relied on referrals from service providers in Moldova working with survivors of Conflict-Related Sexual Violence (CRSV).</p> <p>CRSV in Ukraine after 24 February 2022</p>	<p>Share the link to the latest OHCHR report HERE It has two sections on CRSV - page 16 and page 27.</p> <p>OHCHR and the GBV SWG to collaborate on developing a checklist on CRSV</p> <p>Share the contacts of OHCHR</p>

- CRSV is a specific type of GBV that occurs in situations of armed conflict, post-conflict settings, and other crisis contexts. It involves acts such as (threats of) rape, gang rape, forced nudity and forced public stripping, sexual torture and sexual abuse. **Persons in detention or those living under occupation are at an increased risk of CRSV.**
- Impact on survivors, relatives and communities: physical and mental health consequences, social stigma and isolation.
- **From February 2022 to 31 January 2023, OHCHR has documented 133 cases of CRSV (85 men, 45 women, 3 girls) in Ukraine.**

CRSV Response – the importance of a collaborative approach

- **Survivor-centered approach:** Prioritizing the rights, needs, and wishes of survivors, ensuring their safety, confidentiality, and dignity throughout the response process.
- **Do no harm:** Ensuring that interventions do not inadvertently perpetuate harm, stigma, or discrimination against survivors and affected communities
- **OHCHR** is the principal UN body responsible for monitoring and documenting human rights violations, including cases of **GBV** and **CRSV**.
- This information is used to raise awareness, **inform policy decisions**, and **hold perpetrators accountable**.
- **Informed consent** is essential to uphold the **rights, dignity**, and **autonomy** of survivors. Survivors are provided with comprehensive and accurate information about the **purpose of sharing their information**, risks and benefits involved, and their **right to choose** whether or not to participate. Informed consent ensures that survivors maintain control over their personal information, and it builds trust between the survivor and the service provider.

How to make sure you have informed consent

- Clear communication: Use **simple, clear, and culturally appropriate language** to explain the purpose of sharing information, the process, potential risks, and benefits. Ensure the survivor understands the information and **has the opportunity to ask questions**.

- Voluntary participation: Make it clear that **participation is entirely voluntary**, and the survivor has the right to decline or withdraw consent at any time without any negative consequences.
- Confidentiality: Assure the survivor that their **personal information will be kept confidentially** and that only authorized persons will have access to it.
- Time for reflection: Give the survivor **time to consider** their decision without pressure or coercion.

Confidential sharing of information

- Store the cases securely – store the files in a **secure and password-protected environment**, such as an encrypted hard drive or appropriate software from your organisation. OHCHR uses a software called the Human Rights Database.
- Limit access – only give access to those individuals in your organisations who need it for **legitimate purpose**, i.e. providing support services to survivors, to minimize data leaks and unauthorized access.
- Sharing the information between organisations – use **secure methods of communications**, such as encrypted e-mails or password-protected files to minimize the risk of unauthorized access during transfer. One easy way to use a **two-factor option** is to password protect the files with the sensitive information, send them by e-mail, and exchange the access password in person or via encrypted messenger service (Signal or WhatsApp).

Vanessa Bordin, UNHCR, mentioned that GBV was usually underreported because of lack of trust and certainty about the procedure's confidentiality and quality of services provided.

She underlined the importance of respecting the wishes of the survivor and implementing a survivor-centered approach, not only during the process of the interview itself, but also whenever the case was identified.

Fatima, UNFPA, mentioned that the aim was not to seek out the survivors but rather to make sure that the information was available to them about that mechanism. It was important to ensure availability of the services for survivors and that they were informed

	<p>about this option to reach out and document any conflict related sexual violence. The contact details with the follow-up email together with the minutes of the meeting to be shared.</p> <p>Valentina Bodrug-Lungu, President of Gender-Centru, asked if there were complaints only from the survivors who suffered as a result of the aggressive actions of the Russian soldiers or also from Ukrainian soldiers. Because there was data from people who categorically refused to identify themselves and receive help and quickly left the Republic of Moldova, and they complained that they could not find support as a result of the sexual acts that were from the Ukrainian soldiers and also from locals. No one wanted to hear them and support them due to the model of the hero soldier-man during the war.</p> <p>Krassimir Yankov, OHCHR, mentioned that there was information from both sides of the conflict of the war in Ukraine. He said that would share their latest report with the statistics and a special section on CRSV.</p>	
<p>Updates from the members</p>	<p>Violeta Terguta, UNFPA, provided an update on a project to pilot the case management and the cash jointly with Artemida. The case managers were providing case management to survivors, and in case they identified a need for cash for specific needs, then cash was provided. The cash support could be provided for relocation services, rent, transportation, and for paying for different basic survivors' needs.</p> <p>The second initiative was extending the safe spaces of UNFPA. So far, 8 mobile safe spaces and 20 static safe spaces were operating. The safe spaces to be expanded to the community service centers established by UNHCR.</p> <p>In the next month it was planned to work with one of the implementing partners Gender Platform to support women-led organizations for awareness raising and outreach activities on GBV and available GBV services.</p> <p>Svetlana Albina, UN Women, informed that last week UN Women with support of European Union launched the first specialized center for victims of sexual violence</p>	<p>Follow up with UNICEF to prepare a presentation with the findings from the EVAW project for the next GBV SWG meeting.</p> <p>Follow up with UN Women on a presentation of the Ungheni center.</p> <p>Follow up with the MoLSP for a presentation on the National program on GBV</p> <p>Follow up with Gender Platform on a presentation of the national program on UNSCR 1325</p>

located in Ungheni aimed at providing integrated assistance. So the victims of sexual violence would be provided specialized services for a period of one or two years, starting with forensic evidence followed by medical, legal, psychological and social assistance.

Valentina Bordian, UNICEF, shared updates on the UNICEF work to increase GBV-related awareness and services, especially for adolescent girls, and strengthen coordination of response and support services for child protection and violence against women, to better address intersections of violence against the girls, boys and women, especially in terms of service provision. Also, there were mentioned some interesting best practices and lessons learned from the EAW project, jointly implemented with UN Women, and an assessment of a functionality of a multidisciplinary team in cases of violence against the children and women. In line with those priorities UNICEF was in the phase of preparation of new partnership agreements to support GBV services, and interventions, both on prevention and response with women and for women. UNICEF was also carrying a review of services in terms of capacity building, as it appeared that the majority of cases involved adolescent girls, survivors of domestic violence, including sexual violence. On 29-30 March, there were two training sessions on child protection and GBV conducted for police officers in collaboration with Chisinau municipality and AVE Copii with a focus on how to refer women with children and victims to the maternal center.

Violeta Terguta UNFPA, informed that the draft of the National program on preventing and combating violence was ready and the next step was the approval of the document.

Valentina Bodrug-Lungu, President of Gender-Centru, stated that last week the Government approved the National Program for the implementation of Resolution 1325 regarding peace and security. In the future, a presentation on this topic could be made at the GBV SWG meetings.

Ludmila Mititelu, Ministry of Labour and Social Protection, updated that there were 3 programs under approval at the Ministry of Labour and Social Protection: 1) Promoting and ensuring equality between women and men for the years 2023-2027; 2) Piloting regional integrated services for victims of sexual violence; 3) The National Program

	<p>regarding the prevention and combating of violence against women and violence in the family for the years 2023-2027.</p>	
<p>Updates from the GBV SWG</p>	<p>The co-chairs updated on the contingency plan update process and highlighted that last year around May a Contingency Plan was developed to ensure coordination and availability of support to refugees in case of any escalations. The Protection working group and sub-working groups developed the concept of Emergency Protection Units comprised of focal points from general protection, child protection to be deployed in RACs and border areas as well as any identified locations according to the contingency scenarios. There was a template that each sector would have to work on to identify the short-term interventions needed to be implemented in case of scale up in the response. And then there was a longer-term interventions and activities. After developing that sheet the gaps and priorities to be identified. The timeline for finalizing the contingency planning by the sectors is in mid-April, and then a dedicated meeting for discussing that template, available services and needs to scale up those services in case of activation of the Contingency plan to be held.</p> <p>Sean Sager, UNHCR, informed about the planned meeting on 31 March for the Protection working group and sub-working groups and task forces to discuss the way forward for updating the Contingency plan.</p> <p>The co-chairs thanked the participants and communicated that the next GBV SWG meeting to be held on 27 April and there would be a separate communication on the contingency planning process</p>	<p>The next GBV SWG meeting is planned for 27 April</p> <p>All presentations from the meeting will be shared with the Minutes.</p>