





Gender-Based Violence Sub-Working Group Moldova

Meet	ring Details					
Date	Fe	bruary 14	1 2024			
Time	2:0	00 - 3:30	p.m.			
Chair		na Nagnit tru Lupu,	schenko, UNFPA UNHCR			
Repoi	rting UN	IFPA				
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	<u>lu</u> r	u@unho	r.org			
Agend	da					
?	Introduction of members					
?	Presentation of the proposed (GBV SWG	i 2024 workplan			
?	Update on the GBV sub-sector	2024 RR	P indicators' guidance			
?	Brief on UNHCR's GBV safe dis	closure p	ackage			
?	Update on Temporary Protecti	on and R	efugee Accommodation Centres (RAC)	consolidat	ion	
?	Updates from members					
Inform	nation collection and relevant links					
GBV S	WG Google Drive					
Molde	ova: Gender-Based Violence (GBV) Su	b-Sector	Working Group Data Portal			
	AoR Ukraine - Map of GBV Services: E	ntry Poin	ts for GBV Referrals			
	CR GBV Safe Disclosure Package					
	ipants					
1.	Jana Nagnitschenko, UNFPA	11.	Laure Storne, UN RCO		19.	Renata Rusu, HelpAge
2.	Petru Lupu, UNHCR	12.	Marina Belevac, MMPS		20.	Katie Lampe, UNHCR
3.	Nemtov Nichita, UNFPA	13.	Tatian Budu, UNFPA		21.	Hannah McMillen, OSCE
4.	Olga Chisca, OSCE	14.	Ines Arnautovic, DRC Moldova		22.	Flore Rossi, UNICEF
5.	Marina Ileasevici, OSCE				23.	Alina Babacaev, INTERSOS







6.	Martin Kunze, Youth One World	15.	Roman Ceban, Member of the Secretariat of	24.	Sivkova Sara, UNHCR
7.	Vitalie Frecauteanu, UNDP		the Governmental Commission on	25.	Rebecca Oswago, Medicins du Monde
8.	Aliona Onofrei, HIAS		Migration and Asylum	26.	Sean Sager, UNHCR
9.	Fede Bagolin, WeWorld	16.	Luminita Avornic, Ministry of Health	27.	Cristina Catarev, General Inspectorate for Migration
10.	Casey O'Neil, CWS	17.	Elena Castravet, IOM		(IGM)
		18.	Daniela Misail-Nichitin, Minister of Internal	28.	Viorica Culeac, UN Women
			Affairs	29.	Ana Rimbu, Casa Marioarei

Summary of discussions and agreements/ action points

Agenda Item	Discussion	Agreements/Actions
Draft GBV SWG Workplan	The GBV Sub-Working Group is proposing a new 2024 work plan:	The GBV SWG work plan will be shared across GBV SWG members for further
Jana Nagnitschenko, UNFPA and Petru Lupu, UNHCR	 Objective 1: GBV survivors and persons at risk of GBV effectively access comprehensive multi-sectoral response services Comprehensive multi-sectoral quality specialized services are provided for survivors and persons at risk of GBV across Moldova and gaps in services are identified and addressed. This includes psycho-social support (PSS), legal counselling, case management, provision of referrals, distribution of dignity items. Responsibility is with GBV Sub-Working Group members. Localized GBV referral pathways are updated monthly and disseminated widely to GBV Sub-Working Group members for further circulation among frontline workers. Responsibility is with GBV Sub-Working Group co-chairs. National GBV case management procedures are strengthened Responsibility is with the Ministry of Labour and Social Protection (MLSP) and Agency on EVAW (lead), UNFPA (co-lead), UNHCR, UNICEF, UN Women, IOM, WHO and UNDP and CSOs. Objective 2: Cross-sectoral, governmental and community-based GBV and SEA risk 	inputs/suggestions.
	mitigation measures are in place and inform planning	







- Information materials on GBV are widely distributed and reach refugees and host communities across Moldova.
 Responsibility is with GBV Sub-Working Group members.
- GBV risks are reduced through joint risk mitigation workshops conducted with other sectors and sub-sectors.
 Responsibility is with GBV Sub-Working Group co-chairs.
- GBV assessments and safety audits are carried out to identify GBV risks, changes in the context and inform programming.
 Responsibility is with UNFPA and IOM. Other members which conduct assessments should coordinate with the GBV SWG and include it in the assessment registry.
- The Multi-Sector Needs Assessment encompasses aspects related to GBV Responsibility is with GBV Sub-Working Group co-chairs.
- Sectors receive technical guidance from the GBV Sub-sector to reduce GBV risks across their programmes.
 - Responsibility is with GBV Sub-Working Group co-chairs.
- Joint advocacy on mandatory reporting of GBV cases is conducted Responsibility is with UNFPA, UNHCR, WHO.

Objective 3: GBV roots and its underlying conditions and drivers are addressed through structured GBV prevention interventions.

GBV prevention activities:

 GBV Sub-sector members work in a coordinated manner to implement GBV prevention projects and activities aiming at addressing gender inequality and GBV roots. A tipsheet on how to develop/design a structured curriculum to carry out GBV prevention activities will be developed by the GBV SWG co-chairs.

Responsibility is with GBV Sub-Working Group members implementing GBV prevention activities.







Capacity strengthening:

- Development and implementation of a GBV capacity building plan for sector partners
 - Responsibility is with GBV Sub-Working Group co-chairs together with Protection WG.
- Sub-sector members and frontline workers are capacitated to safely handle and refer GBV disclosures as well as to reduce the risks of GBV in project implementation (GBV risk mitigation), and to provide services in line with standards (response)
 - Responsibility is with GBV Sub-Working Group co-chairs.

Coordination:

- The GBV response is localized to increase the participation and ownership of women-led organizations.
 - Responsibility is with GBV Sub-Working Group co-chairs.
- GBV is reflected in inter-agency documents and updates and is integrated in other sector's inputs to strategic RRP documents.
 Responsibility is with GBV Sub-Working Group co-chairs.
- Carry out meetings of the GBV Sub-Working Group bi-monthly or on an ad-hoc basis
 - Responsibility is with GBV Sub-Working Group co-chairs, in consultation with members.
- Update and review GBV Sub-Working Group ToR and Workplan.
 Responsibility is with GBV Sub-Working Group co-chairs, in consultation with members.
- Continue dissemination and mapping of resources relevant to the work on GBV and share widely among members.
 - Responsibility is with GBV Sub-Working Group members.
- Ongoing coordination with other sectors and sub-sectors.
 Responsibility is with GBV Sub-Working Group members.







2024 Refugee Response Plan (RRP) GBV Indicators Reporting Guidelines A guide was prepared to clarify reporting for partners under activity Info. The reporting will be done on a quarterly basis.

Jana Nagnitschenko, UNFPA and Petru Lupu, UNHCR

1. GBV awareness and prevention

Number of individuals reached with awareness-raising campaigns and interventions promoting gender equality and GBV prevention.

The unit of measure of this RRP indicator is a number.

- This indicator tracks the number of individuals reached with awareness raising campaigns and interventions, including activities, sessions, workshops, with the aim to promote gender equality and prevent GBV.
- Include in-person outreach activities, for instance, awareness raising information sessions in mobile or static service delivery points and safe spaces of any kind, or online information sharing, using trusted communication channels (vetted online platforms, websites, etc.). Ideally, partners should indicate whether activities were online or offline.
- Events, campaigns and sessions to promote gender equality and change behaviour and perceptions on GBV and its roots. In case of online events or campaigns, partners should count the number of unique meaningful interactions or users.
- When sessions on GBV prevention are carried out, information about services available, risks of GBV, including trafficking and other forms of GBV, should also be shared in case people wish to access services or get more information on GBV.

How to count:

In case of multiple awareness-raising activities with no possibility to avoid double-counting, the highest value of unique individuals during one awareness-raising campaign to be counted within the reporting period;







For the next reporting period please indicate again the highest value. The max value will be picked for the mid-year/year-end achievement.

Number of individuals reached with recreational social cohesion, curriculum-based activities, and structured information sessions focusing on GBV prevention.

The unit of measure of this RRP indicator is a number. These activities go beyond sharing information on GBV risks and services.

- Activities that fall further on the spectrum and aim to address harmful social norms and behaviour.
- Curriculum-based activities usually encompass several sessions or module which are part of one curriculum and which are attended by the same group of people.
- The impact of the activity and the change in the perception around GBV should be measurable.
- Activities that empower girls and women economically and socially: life skills programs, language or literacy classes, leadership trainings, vocational training, as well as more extensive livelihood and economic empowerment programmes for women and girls. These activities can take place within safe spaces or through collaboration between GBV and other sectors, such as livelihoods and cash. It is important to ensure proper coordination with other sector leads when implementing or supporting access to these activities.
- In depth information sessions on GBV and its causes and contributing factors; include comprehensive sessions on GBV core concepts, targeting both women and girls as well as men and boys.
- Implemented at community level, in person, in a safe space, following a proper risk assessment to ensure safe and effective implementation.







How to count:

- If targeted activities were implemented (e.g. curriculum-based activities, in-depth information sessions) with a participants list, count only unique new beneficiaries of the reporting cycle.
- In case, these were open information sessions or other activities with open participation, the same approach as for the awareness raising activities should be followed

2. GBV capacity building

Number of case workers that were trained on GBV specialized case management.

The unit of measure of this RRP indicator is a number.

• Number of caseworkers trained on GBV case management in line with standards and guidelines.

How to count:

Unique new case workers reached during the reporting cycle will counted as sum.

Number of humanitarian response actors and government personnel trained on GBV response.

The unit of measure of this RRP indicator is a number.

What to report:

 Number of humanitarian workers and government personnel trained on GBV response, including GBV core concepts, safe referrals, survivor-centered approach, GBV minimum standards, GBV and disability inclusion, Mental Health and Psychosocial Support, Clinical Management







of Rape, GBV Monitoring and Evaluation, GBV Information Management, and GBV and Data Protection.

How to count:

Unique new humanitarian response actors and government personnel reached during the reporting cycle will counted as sum.

Number of community members and volunteers that were trained on GBV and sexual exploitation and abuse risk mitigation.

The unit of measure of this RRP indicator is a number.

What to report:

- Number of staff of humanitarian national or international organizations or the government trained on GBV risk mitigation, including GBV core concepts, how to safely refer GBV survivors and how to identify GBV and SEA risks.
- GBV risk mitigation also encompasses actions taken to reduce the risk of GBV. In this sense, trainings conducted with programme mangers on how to design programmes to reduce GBV risks or avoid creating risks can also be counted under this indicator.
- GBV risk mitigation is the responsibility of all sectors, therefore, actions to reduce the risks of GBV, including trainings, should involve all sectors in the Refugee Response.

How to count:

Unique new community members and volunteers reached during the reporting cycle will counted as sum.

Number of humanitarian response actors and government personnel trained on GBV prevention.







The unit of measure of this RRP indicator is a number.

What to report:

- GBV and non-GBV specialists reached with capacity-building initiatives on GBV prevention, including but not limited to transformation of gender social norms and stereotypes, male engagement in GBV prevention and women and girls' empowerment.
- The professionals trained on GBV prevention would ideally be involved in programmes and projects aiming at promoting a culture of non-violence and respect for women, girls and other at-risk groups, including in schools.

How to count:

2 Unique new humanitarian response actors and government personnel reached during the reporting cycle will counted as sum.

3. GBV response

The following three indicators will be counted the following way: Unique new beneficiaries reached during the reporting cycle. In case tracking is done on the level of consultations, an estimation of individuals should be done based on the average # of consultations per person. Achievements will be presented as a sum throughout the year.

Number of individuals provided with psychosocial support

The unit of measure of this RRP indicator is a number.

What to report:







 GBV-related emotional support or psychological first aid; individual counselling; GBV case management, group counselling provided by social workers, trained case workers, community workers and psychologists.

Number of individuals provided with legal support related to GBV

What to report:

 Services that aim to address legal redress for survivors, provision of free or low-cost legal counselling; court representation; support through the monitoring of court cases and judicial processes; support to access reparations.

Number of individuals referred to multisectoral GBV-specialized and to non GBV-specialized services.

What to report:

- Referrals to other specialized GBV services, including shelter, health assistance, legal aid etc.
- Referrals to address other needs such as economic support, livelihoods, etc.

Number of items distributed to GBV survivors and persons at risk of GBV.

The unit of measure of this RRP indicator is a number.

What to report:

- Items distributed as part of a GBV response or mitigation measure to survivors or persons at risk of GBV.
- These items can include dignity kits, menstruation items, winter-related items.







How to count:

Total number of items distributed as of the reporting cycle. Achievements will be presented as a sum throughout the year.

Number of individuals who received cash as part of GBV response

What to report:

• Cash and vouchers as part of a GBV response with the aim to respond or reduce GBV risks, for instance, cash as part of GBV case management.

How to count:

Unique beneficiaries of the reporting cycle and year-to-date beneficiaries. Year-to-date is especially relevant for the residual caseload of the previous reporting cycle. For example, as of the beginning of the year, 100 beneficiaries received cash assistance, while 50 more got support in January. The year-to-date figure as of 31 January will 150 beneficiaries, while the reported # of beneficiaries will be 50. Achievement will be presented as a sum throughout the year

Number of GBV localization initiatives developed and achieved

The unit of measure of this RRP indicator is a number.

What to report:

- Grants to local women/refugee-led organizations or organizations working to reduce gender inequality and prevent GBV.
- Initiatives aimed at strengthening local capacity and ownership of the GBV response, including studies, assessments and other exercises led by women-led organizations.







How to count:

Total number of grants distributed and initiatives conducted during the reporting cycle. Achievements will be presented as a sum throughout the year.

4. GBV safety audits and assessments

Number of GBV safety audits conducted.

The unit of measure of this RRP indicator is a number.

What to report:

• GBV safety audits conducted with the purpose to identify and recommend mitigation measures to address GBV risks.

How to count:

Total number of safety audits conducted during the reporting cycle Achievements will be presented as a sum throughout the year.

Number of community consultations conducted to identify GBV/SEA risks.

The unit of measure of this RRP indicator is a number.

What to report:

- Ad-hoc consultations with community (including refugees and Moldovans), including during visits to Refugee Accommodation Centres and other spaces, to identify and recommend mitigation measures to address GBV risks.
- These can be done through key informant interviews, focus group discussions and/or surveys.

How to count:







Total number of consultations conducted during the reporting cycle. Achievements will be presented as a sum throughout the year.

Number of studies, surveys, and assessments on GBV conducted (response)

The unit of measure of this RRP indicator is a number.

What to report:

• Studies, surveys and assessments conducted related to the GBV response and provision of services for GBV survivors.

How to count:

Total number of unique studies etc. conducted during the reporting cycle Achievements will be presented as a sum throughout the year.

Number of studies, surveys, and assessments on GBV conducted (prevention)

The unit of measure of this RRP indicator is a number.

What to report:

• Studies, surveys and assessments conducted related to the GBV prevention, including GBV roots, gender stereotypes, gender discrimination; can include legal analysis.

What not to report:

GBV safety audits and other studies related to GBV response.

How to count:

Total number of unique studies etc. conducted during the reporting cycle Achievements will be presented as a sum throughout the year.







5. Advocacy and policy development

Number of GBV/SEA advocacy for risk mitigation initiatives, including meetings, advocacy notes and technical input, carried out with other sectors and government authorities.

The unit of measure of this RRP indicator is a number.

What to report:

 Any GBV risk mitigation initiative, including discussion/advocacy with government, authorities at the local level and different sectors aimed at reducing or avoid creating GBV risks; notes, documents and technical inputs to sectors on GBV risks and recommended mitigation measures.

How to count:

Total number of initiatives (number of discussions, drafted documents) conducted during the reporting cycle Achievements will be presented as a sum throughout the year.

The following two indicators will be counted the following way: Total number of initiatives (in line with the NAP on EVAW) conducted during the reporting cycle. Achievements will be presented as a sum throughout the year. Excluding capacity-building initiatives, development of distribution materials and awareness-raising campaigns.

Number of policy-level initiatives focused on strengthening systems on GBV (prevention)

What to report:

• Initiatives to strengthen national policies, laws to prevent GBV, including to develop, review, and promote policy-level initiatives on GBV prevention.







	Number of policy-level initiatives focused on strengthening	
	systems on GBV (response)	
	What to report:	
	 Initiatives to strengthen national policies, laws to respond to GBV, including to develop, review, and promote policy-level initiatives on GBV response and provision of services for GBV survivors. 	
UNHCR's GBV Safe Disclosure	UNHCR's safe disclosure package is available in English, Romanian and	
package	Russian.	
Petru Lupu, UNHCR	The GBV Safe Disclosure package is meant to be used as facilitation	
	material for in-person workshops targeting UNHCR and partners' frontline	
	workforce, who work across different sectors of the humanitarian	
	response, who are not GBV specialists, and who are in direct contact with	
	displaced and stateless persons.	
	Facilitators of the Package should be experienced GBV specialists.	
	It is recommended that facilitators adapt the content of the Package to	
	their context and audience before delivering the sessions without	
	changing the content of the slides.	
Update on Temporary Protection	1. Temporary Protection (TP) Update:	
and RAC consolidation	Extension of confirmation of cash/legal status to 29 February 2024.	
Sean Sager, UNHCR	Draft decision on TP extension:	
	 Article 2.1: Grants police the authority to carry out unannounced checks at self-declared places of residence of beneficiaries of TP; Article 4: Documents valid for entry to and exit from Moldova; Article 24.1: Inclusion of refugees as eligible to receive "patenta" Article 26 & 27: Expanded medical services to which TP beneficiaries will be eligible, including in particular compensated medicines and medical 	
	devices, and outpatient specialized medical care.	







Article 29: End of 45-day provision;
 Article 30: Vehicles for private use;
2. Refugee Accommodation Consolidation Update:
The closure of several RACs is ongoing under MLSP's leadership.
Relocation options for residents include the provision of rental assistance
for private accommodation or moving to other RACs.
Refugees continue to face difficulties in finding private accommodation as
private landlords do not want to rent to refugees. Another challenge will
be the payment of rent after 6 months and utility costs due to limited
employment options.
• In 2024, RAC Managers are involved from the beginning in the
consolidation process to ensure a buy-in, transparency and proper
transition.

• The vulnerability criteria is on a case-by-base basis.