# Emergency Inter-Agency Referrals Package for Moldova

April 2022

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## 1. Introduction

The Emergency Inter-Agency Referrals Package for Moldova describes guiding principles, and procedures in the response to protection cases of those affected by the Ukraine situation living in urban contexts, camps and/or other settlements/collective centers. The advised operating procedures have a focus on Ukrainian refugees but include information on services for other refugees or the host population where available.

The package includes the national-level referral pathways for protection, gender-based violence, and child protection cases, and introduces the Inter-Agency referral form for Moldova together with the guiding principles for case management and case management flowchart. While there are ongoing efforts to map the district and regional level activities and assistance programs, this package focuses on the national services.

The Referral Pathways Task Force in Moldova has created an Inter-Agency referral form (IARF) which is recommended to be used by all humanitarian organizations working in the refugee context in Moldova when facilitating Inter-Agency case referrals and to document referrals in accordance with minimum standards. The use of the form is intended to ensure predictability and standardization in referrals by harmonizing information relevant to cases and recommended services.

The referral pathways have been created in the first month, March 2022, at the onset of the Ukraine response with the collaborative efforts of the Referral Pathways Task Force under PWG, GBV SWG, and CP SWG. Acknowledging the dynamic nature of services provided in Moldova, the referral pathways will be updated and revised periodically for ensuring up-to-date information provision on services.

#### 2. Definitions and Terms

#### People

**Caregiver**: a paid or unpaid helper who routinely looks after a child, or an adult requiring assistance as a result of illness, disability or mobility restrictions.

**Child**: any individual under the age of 18, irrespective of local definitions of when a child reaches adulthood.

**Child at risk**: a child falling under any of the following categories: child victims of violence; neglected children; children victims of vagrancy, begging, and prostitution; children without parental care and supervision because their parents are not at home for unknown reasons; orphans; living in the streets, have run away or been expelled from home; children with parents refusing to fulfill their parental duties regarding the child's growth and care; children abandoned by their parents; children with parents who are deprived of their legal capacity by a court decision.<sup>1</sup>

**Child with disabilities**: a person with disabilities under the age of 18.

**Guardian**: a person with legal responsibility for ensuring that a child receives care, accommodation, education, healthcare, and other services that they need and are entitled to.

**Persons with disabilities**: persons who have long-term physical, mental, intellectual, or sensory impairments which in combination with various barriers may hinder their full and effective participation in society on an equal basis with others.

<sup>&</sup>lt;sup>1</sup> According to Article 8 of the 140 numbered Law in Moldova

**Survivor**, **victim**: a person who is, or has been, subject to harm. The term 'survivor' implies strength, resilience, and the capacity to survive. The term 'victim' has protective implications, as it implies the victim of an injustice that we should seek to redress. People who have experienced harm may choose different terms to describe their experience.

**Unaccompanied child**: a person under the age of 18 who is separated from both parents and is not being cared for by an adult who by law or custom has the responsibility to do so.

Child separated from parents: child without parental care in cases when parents are absent, abroad, the child is taken from parents because of an imminent danger for his/her life or health, and when the child has the status of child without parental care on a temporary or permanent basis.<sup>2</sup>

**Orphan**: a child, both of whose parents or caregivers are known to be dead. In some countries, however, an orphan is defined as a child who has lost one parent or caregiver.

## **Services and procedures**

**Best interest determination**: a formal process designed to determine the course of action which will best serve a child's interests, in particularly important decisions affecting the child. The process should facilitate adequate participation of the child without discrimination, involve decision-makers with relevant areas of expertise, and balance all relevant factors to assess the best option.

**Case management**: a structured process for providing help to an individual who is at risk of harm or who has been harmed.

**Case manager**: the person who leads a case management process.

**Child-friendly space**: a safe space offering supervised activities, games, and informal education to help children affected by an emergency help children return to a normal routine.

**Child protection**: actions taken to prevent and respond to violence, exploitation, and abuse of children.

**Confidentiality**: an ethical principle that restricts access to and dissemination of information, maintained through sharing only what is necessary to those involved in the survivor's care with the survivor's permission.

**Informed consent**: freely given and reversible agreement or permission-based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents and caregivers are typically responsible for giving consent for their child to receive services until the child reaches the age of 18.

**Informed assent**: the expressed willingness to participate in an activity or receive services. For younger children who are too young to legally give informed consent, but old enough to understand and agree to participate in an activity or receive services, the child's "informed assent" is sought.

Family reunification, family tracing: the process of locating and reuniting separated family members.

Mental health: not just the absence of mental diseases or disorders, but a state of well-being in which an individual realizes their own abilities and can cope with the normal stresses of life and contribute to their community.

**Psychosocial support**: any type of local or outside support that aims to protect or promote psychosocial well-being and prevent or treat mental disorders.

**Referral**: the process of directing a client to another service provider because s/he requires help that is beyond the expertise or scope of work of the current service provider.

**Referral pathway**: a mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal support.

<sup>&</sup>lt;sup>2</sup> According to Article 3 of the 140 numbered Law in Moldova

**Women-friendly space**: a place where women can go to feel safer, access information and support, participate in activities, build their networks and strengthen relationships with peers.

## Forms of harm

**Child labor:** work that deprives children of their childhood, their potential and their dignity, and that is harmful to their physical and/or mental development. It refers to work that is mentally, or morally dangerous and harmful to children or interferes with their schooling.

Early marriage, child marriage: a marriage in which one or both spouses are under 18 years old.

**Family separation**: family members becoming separated from one another as a result of forced displacement.

**Forced marriage**: a marriage in which one or both parties have not personally expressed their full and free consent.

**Gender-based violence**, **GBV**: any harmful act against a person, including sexual and gender minorities. based on socially perceived differences between females and males.

**Neglect:** persistently failing to provide for, or secure for a child, their basic physical, developmental or psychological needs, whether deliberately, or through carelessness or negligence.

**Refoulement**: the practice of forcibly returning a refugee or asylum seeker to a country where they are likely to face persecution.

**Sexual exploitation and abuse, SEA**: forms of gender-based violence that have been reported in humanitarian contexts, specifically alleged against humanitarian workers. Sexual exploitation is any actual or attempted abuse of a position of vulnerability, unequal power, or trust, for sexual purposes. Sexual abuse is actual or threatened physical intrusion of a sexual nature, whether by physical force or under conditions of inequality or coercion.

**Sexual violence**: using force, the threat of force or coercion to impose acts of a sexual nature on an individual or to cause an individual to engage in acts of a sexual nature.

**Trafficking of persons**: recruiting, transporting, transferring, sheltering, or receiving any person for the purpose of exploitation, even if this does not involve violence, deception, or coercion.

## 3. Guiding Principles for Inter-Agency Case Referrals

**Do no harm** - conduct actions, procedures and programs in a way that does not place persons at further risk of harm, including as a result of unintended consequences.

**Safety & security** - take actions to ensure the physical and emotional safety of individuals who have experienced or are at risk of violence, abuse, exploitation or neglect. The physical safety of the individual should be prioritized above all other actions or referrals. Safety and security considerations should also be considered when presenting referral options to an individual, to the extent that frontline staff can reasonably be expected to be aware of relevant risks.

**Confidentiality** - protect and do not disclose personal information provided or collected in relation to any individual and ensure that information is processed (recorded, stored, organized) and transferred to a third party (i.e. service providers) only with the individual's explicit consent to be taken after informing the individual on the reasons of process and he rights entitled.

**Non-discrimination** - promote an inclusive and non-discriminatory approach to the persons, irrespective of their nationality, race or place of residence.

**Survivor-centered approach** - create a supportive environment in which each person of concern's rights are respected and in which the person is treated with dignity and respect.

## 4. Advised Basic Operating Principles for Case Referrals

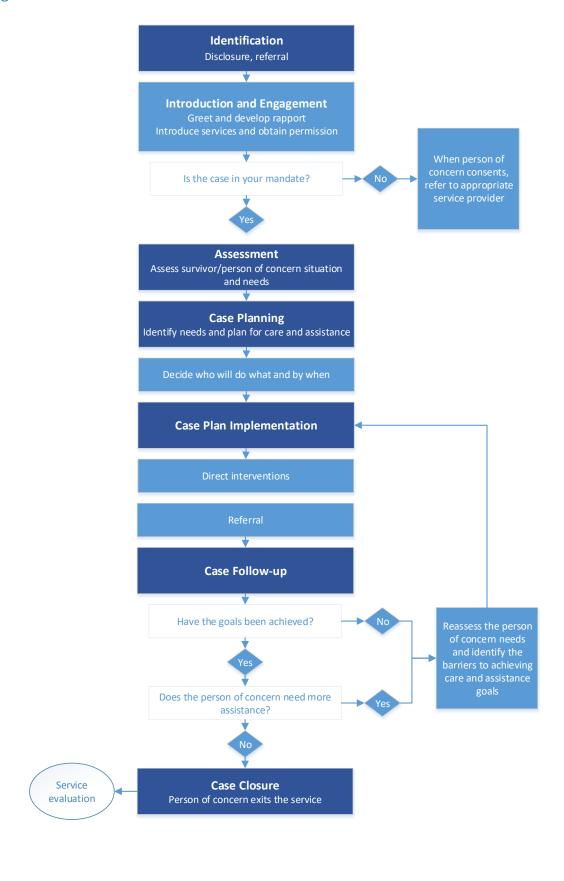
In essence, case management consists of six parts: identification, assessment, case planning, implementation, follow-up, and case closure. Please follow the below-listed steps for successful case management:

- When identified (by disclosure or referral), introduce yourself and explain your organization briefly.
   Verify existing case records if the case has been assisted before.
- If the case falls under your organization's mandate and your area of expertise, proceed to the assessment of case needs. If the case does not fall under your organization's mandate and consents to it, refer the case to the appropriate service provider using the <a href="Inter-Agency referral form">Inter-Agency referral form</a>. Prior to the referral, contact the service provider and make sure the case fits their eligibility/intake criteria unless the specific type of referral is commonly undertaken with the service provider.
- During the initial assessment, identify the needs, resources, and strengths of the case and determine the areas needing support. Ensure privacy of interviews and avoid stigmatization.
- If the assessment suggests assistance, create a record for the case and prepare a case plan involving the steps, interventions, actors, and deadlines to reach the case goals.
- Implement and follow up on the actions listed in the case plan consulting and informing the case in each step.
- If you observe any obstacles in reaching the case goals, reassess the case plan and consider referring the case to an organization that provides the needed services. Before the referral, seek the consent of the case for referral providing information about available services and explaining the referral process to the individual and/or caregivers. If the case consents to the referral, share information on a need-to-know basis, respecting the information sharing restrictions the case may request. Keep in mind that the case may prefer to contact the suggested organization directly, in this case, provide the service provider contact details.
- If the case plan is successfully implemented and the case does not need further support, proceed to case closure. Keep in mind that the new needs may be identified and the case may need longer assistance than the predicted period in the case plan. In this case, update the case plan and assess supporting the case further.
- If the case is closed, evaluate the services provided to identify the lessons learned and best practices.

In order to make the referrals in a confidential manner, follow these steps:

- Fill out the <u>Inter-Agency Referral Form</u> for each case separately,
- Encrypt or password-protect the referral form as it will contain identifiable and potentially sensitive
  information about an individual (visit <u>this link</u> for password protecting Word files), if need be create
  an encrypted and zipped file for supporting documents about the case (visit <u>this link</u> for encrypting zip
  files),
- Draft an email with a short description of the case (without any identifiable information) outlining the
  purpose of the referral and including the attachment of the encrypted, zipped folder. The individuals
  copied in this e-mail should be as limited as possible, the addressees could include the caseworker as
  well as the supervisor of the caseworker.
- In a second e-mail, send the password to the caseworker. Alternatively, the password can be sent via a different communication channel such as SMS/WhatsApp/Telegram.
- The receiving caseworker should acknowledge the receipt of the referral by replying to your email.

## Case management flowchart



## 5. General Protection Referral Pathways

## Identification of protection need and cases

General service providers, UNHCR, Blue Dots, or other partners and registration services, including borders, or community members identify protection a case or need.

Person in need of a specific service approach refers to a medical/health or case manager/psychosocial "entry point" for support.

#### Immediate response

- Provide a safe and caring response,
- Respect the confidentiality and wishes of the affected person,
- Provide information about available case management services,
- If agreed and requested by the case, obtain informed consent and make referrals
- For survivors of sexual violence, ensure immediate (within 72 hours) access to medical care.

Medical/health care	Case management (including immediate psychosocial support)	Hotlines and Helpdesks
National Emergency Hotline Police, ambulance, firemen office@112.md Tel: 112  Medpark International Hospital Emergency medical services for Ukrainians & those having residence permits from Ukraine Tel: 79 22 40 40, Address: Andrei Doga 24 str, Chisinau Working hours: 24/7  Clinic Dentus-Dentino Free emergency dental care for Ukrainians & those having residence permits from Ukraine Tel: 68 713 712, 68 300 002 Address: Gh. Asachi 4 str, Chiṣinău  Magnifik Nord Medical Center Urgent medical consultations Tel: 231 85 555, Address: Decebal 125 str, Balti Working hours: 8:00-15:00	UNHCR Case management & Protection Desks (in Chisinau, Cahul, Causeni, Balti, Donduseni, Ungheni, Orhei) Yasemin Sener, mdachprot@unhcr.org Tel: +373 78 403528 Languages: Romanian, Russian, English	Bureau for Migration and Asylum 0800 01527 (for calls from Moldova) +373 22 820 007 (for calls from Ukraine) Languages: Romanian, Russian  Hotline for persons with disabilities – Keystone 0800 10808 Languages: Romanian, Russian  Anti-trafficking Hotline – La Strada 0800 77 777 (free calls from Moldova) +373 22 23 33 09 (calls from abroad) Languages: Romanian, Russian  Gender-based Violence Hotline – La Strada 08008 8008 (free calls from Moldova) +373 22 24 06 24 (calls from abroad) Languages: Romanian, Russian  Child Helpline 116 111 Languages: Romanian, Russian  UNHCR Call Center 0800 800 11

## If the affected person wants to take legal action, or if there are immediate safety and security risks to others:

Consider accompanying the survivor to the protection, police, security, or legal services for information and assistance.

Protection, Security, Police		Legal Assistanc	e Counsellors		
Border Police of the	e Republic of Moldova	Ţ.	Advocates (LCA/CDA)		
Tel: +373 22 259 7	•	Svetlana Jioara	•		
		Svetlana.jioara@	ocda.md		
Single National Em	ergency Call Service	Tel:+373 605 7			
Police, ambulance, f	<u> </u>	Languages: Ron	nanian, Russian, English		
office@112.md			,, <b>-G</b>		
Tel: 112		NGO Stimul			
		Str. Ghioceilor 1	I. Ocnita		
			Oxana Pasecinaia		
		opasecinaia@st	opasecinaia@stimulmd.org		
			moldovastimul@inbox.ru		
			Tel: +373 69538496		
			Languages: Ukrainian, Russian		
		Languages. On the	annan, Rassian		
After immediate response, follow-up and other services  Over time, and based on the survivor's choices, the pathway can include any of the following:					
Health Care	Mental health and	Protection, safety, and	Shelter/	Basic needs (Cash, NFIs)	
	psychosocial support (MHPSS) services	justice	accommodation	and other services	
			I		

moldovastimul@inbox.ru Tel: +373 69538496				
Languages: Ukrainian, Russian				
-	oonse, follow-up and othe ased on the survivor's cho		ude any of the following:	:
Health Care	Mental health and psychosocial support (MHPSS) services	Protection, safety, and justice	Shelter/ accommodation	Basic needs (Cash, NFIs) and other services
National Agency for Public Health (ANSP) MD-2028, str. Gh. Asachi 67a, Chisinau anticamera@ansp.g ov.md Tel: 0 800 12300  Hotline of the Ministry of Health Vaccinations, HIV prevention, closest family doctor/ health center 022721010 www.vaccinare.gov .md	Children's Emergency Relief International CERI Moldova Trauma-based counseling lan Forber Pratt lan.forberpratt@cerikid s.org Irina Rotaru@yahoo.com Tel: +373 22624440, 22624441  Partnership for Every Child M Kogalniceanu str, 75 v.3, 7 Daniela Mamaliga dmamaliga@p4ec.md	Central Drept al Avocatilor /Law Center of Advocates (CDA/LCA) legal counseling and assistance V. Pircalab str, 8 Svetlana Jioara Svetlana.jioara@cda.m d Tel: +373 68585444  Child and Family Empowerment Association AVE Copii Family tracing and reunification Str. Constantin Stere 1 Mariana lanachevici	CARITAS Moldova Accommodation to persons with disabilities Elena Ajder Str Musatinilor 1 Tel: OG9126972  Centrul Speranta Accomodation for persons in wheelchairs Bd. Traian 12/2-2 Chisinau Lucia Gavrilita luciagavrilita@gmail.c om Tel: 79775500	Cash UNHCR Cash Assistance for refugees For appointments: https://help.unhcr.org/meldova/cash-assistance-programme-for-refugees-in-moldova/ For referrals: margot.durin@crs.org Languages: Romanian, Russian, English  WFP Cash assistance for host communities Tel: + 373 60865841
Centrul Republican Experimental Protezare, Ortopedie si Reabilitare - CREPOR Disability specific needs No. 1 Romana Street Chisinau Giulieta Popescu Tel: +373 22 263011	Tel: +373 22925076  Child Community Family Str. A. Puskin 16 nr 5-6 Liliana Rotaru Liliana.rotaru@ccfmold ova.org Tel: +373 22 24 32 26  Terre des Hommes Str. Nicolae lorga nr 6 apr 3 Elena Madan Elena.madan@tdh.ch	m.ianachevici@avecopi ii.md Tel: +373 22 23 25 82 GenderDoc-M LGBT+ refugees Strada Valeriu Cupcea 72/1, Chisinau 2021 info@gdm.md Tel: +37360491200	Moldova for Peace Access to services Iilianenescu@gmail.co  M Vlada Ciobanu moldovapentrupace @gmail.com Tel: +37378848749 Languages: Romanian, Russian, English  IOM 30 days Airbnb Accommodation	WeWorld Cash, MHPSS, Disability and age-specific needs Viviana Cobzaru Viviana.cobzaru@weworl .it Tel: +373 78937278  NFIs Center for support and development of civic initiatives Resonance Basic needs supplies for children and families. Leisure activities, materia

Tel: +373 22 23 8039 assistance

#### IOM

Provision of referrals to higher-level health care, including coverage of the cost of treatment & transportation, MHPSS referrals Violina Nazaria Vnazaria@iom.int

#### AO "Initiativa Pozitiva"

Comprehensive services for women with drug addiction mun. Chişinău, str. Independenții 6/2 I.marandici@initiativ apozitiva.md

Tel: 79708779

### HelpAge International

Refugee older persons and other vulnerable persons, MHPSS Banulescu-Bodoni 57/1 ASITO Building offices 431 & 433 Chisinau, MD-2005 Tatiana Sorocan Tatiana.sorocan@helpa ge.org

Tel: +373 22 225098

Asociatia Obsteasca Fiecare Contribuie Pentru Schimbare Adapted minibus for 11 persons Victoria Secu victoriasecu@fcps.md

Tel: +373 68474000

office@fcps.md

For single-headed households and households without income, PSN prykhystok@iom.int +373 (0) 68 42 9446 Str. Manoylova 36/16 Tiraspol Alexandr Goncear civicinitiatives@gmail.com Tel: +373 69 30 00 76

#### **Keystone Moldova**

Mobile team service for persons with disabilities, housing services, nutrition Sfantu Gheorghe, 20. Str. Chisinau Ludmila Malcoci/Diana Tudose Imalcoci@khs.org
Tel: 069501709
079421888

#### **Association MOTIVATIE**

Supported employment services, accessibility
Mircea cel Batrin 42/2 no.
1 ap. Chisinau, MD-2075
lachim Ludmila
office@motivation-md.org
ludmila@motivationmd.org
Tel: 067300450
069654316

## Moldova for Peace,

Distribution of different NFIs, information on community support, Tel: 080080011

# UNHCR and IOM EU Air Transfers

countries and temporary protection
For more information: https://help.unhcr.org/moldova/eu-air-transfers/
Tel: 0800 015 27

Free flights to selected EU

For urgent cases needing air transfers:
Adraiana Ysern Zarranz ysernzar@unhcr.org

Tel: 069998421

Dopomoga Moldova https://dopomoha.md/

## 6. Gender-Based Violence (GBV) Referral Pathways3

**Non-GBV frontline workers** are encouraged to refer survivors to GBV case management organizations as a first point of entry, detailed information on steps to safely handle disclosure and refer survivors is available here: <a href="https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV\_PocketGuide021718.pdf">https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV\_PocketGuide021718.pdf</a>

**GBV actors** on the referral pathway have committed to uphold GBV guiding principles including the survivor-centered approach and have the capacity to receive a referral of refugees and provide quality services in accordance with the GBV Minimum Standards <a href="https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL\_.pdf">https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL\_.pdf</a>

#### **DOs**

- DO believe the survivor.
- Reassure the survivor that this was not their fault
- DO provide practical care and support (e.g. offer water, somewhere to sit, etc.).
- DO listen to the person without asking questions.
- DO be aware of and set aside your own judgments.
- DO respect the right of the survivors to make their own decision.
- Provide reliable and comprehensive information on the available services and support to survivors of GBV
- Do inform survivors of rape about clinical management of rape and importance to access them within 72 hours
- Do ensure the best interest of the child is given priority when family/guardian make decisions on behalf of the child. Preferably, the accompanying adult should be selected by the child
- Obtain informed consent of the survivor before any referral
- DO refer the case confidentially to appropriate GBV focal point

#### **DONTs**

- DO NOT pressure the survivor into providing information or further details.
- DO NOT doubt or contradict the survivor.
- DO NOT investigate the situation or provide advice
- DO NOT mediate between the survivor and the perpetrator or a third person (e.g. family).
- DO NOT write down or share details of the incident or personal details of the survivor
- DO NOT assume you know what a survivor wants or needs. Some actions may put the survivor at further risk of stigma, retaliation, or harm.
- Once a GBV referral has been made, DO NOT ask for extra information or contact the survivor directly

# ALWAYS PRACTICE THE SURVIVOR-CENTERED APPROACH

- PRIORITIZE the needs, wishes, and decisions the survivor expresses
- ENSURE the survivor makes ALL decisions about accessing services and sharing information regarding their case
- NEVER blame the survivor
- Be patient, be a GOOD LISTENER, and be NON-JUDGEMENTAL
- DO NOT share ANY information with other actors without obtaining informed consent from the survivor

**Identification of GBV cases** 

<sup>3</sup> GBV Referral Pathway has been prepared by the GBV Sub Working Group in Moldova and finalized on 06/04/2022.

Survivor tells family, friend, community member, general service provider, focal point, social worker or at refugee registration services.

That person accompanies survivor to the health or case manager/psychosocial "entry point".

Survivor approaches a medical/health or case manager/psychosocial "entry point" for support.

#### Immediate response

- Provide a safe, caring environment and respect the confidentiality and wishes of the survivor
- Provide reliable and comprehensive information on the services and support available to the survivor
- If agreed and requested by survivor, obtain informed consent and make referrals
- When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority.

  Preferably, the accompanying adult should be selected by the child
- Accompany the survivor to assist them in accessing services
- For survivors of sexual violence ensure immediate (within 72 hours) access to medical care

Medical/health care	Case manager (including immediate psychosocial support): Adults (over 18)	Case manager (including immediate psychosocial support): Children (under 18)
Emergency number 112	Case management by NGOs:	For child survivors:
Healthcare Facilities at the national level within which currently the Survivors of Rape can access Post- Expose Prophylaxis for preventing HIV	La Strada Women's GBV helpline, Hot line: 08008 8008, Tel: +373 22 24 06 24, trustline@lastrada.md	Guardianship authorities Please see Annex #1.
Dermatological and Communicable Diseases Hospital Chişinău, str. Costiujeni, 5/1 Tel: 022794179  National Resource Center on Youth Friendly Health Services "Neovita" Chisinau, str. Socoleni 19; Tel: 022463728, 022406634	Casa Marioarei, Chișinău, social assistance and psychological counselling Tel: +373 22 725 861 cmarioarei@gmail.com Veronica Cernat 69065646, Elena Burcă elburca@yahoo.com, Tel: 069333260, 069333261	National Centre for Prevention of Child Abuse (CNPAC), Calea lesilar 61/2, Chisinau psychological counselling for children Tel: 22 758 806, 22 756 778, Iulia Gheorghies, igheorghies@cnpac.md, Tel: 69203016, office@cnpac.org.md  Child and Family Empowerment Association "AVE Copiii", Str. Constantin Stere 1, Mariana lanachevici, m.ianachevici@avecopiii.md, Tel: +373 22 23 25 82

If adult survivors or child survivors / caregiver want to pursue police / legal action, or if it is in the best interest of the child, or if there are immediate safety and security risks to others:

• Possible to accompany survivor to police / security or to legal assistance / protection officers for information and assistance with referral to police

Protection, Security, Police	Legal Assistance Counsellors
Emergency number 112	State guaranteed legal assistance, Chisinau Regional Office 1 Alecu Russo str., bl. "1A", office. 32, 34, 36, 37, Chisinau, Tel: (+373) 0(22) 49-69-53, 49-63-39, 31-00-65; ot_chisinau@cnajgs.md

C.A. "Women's Law Centre"

Tel: +373 22 811 999 Mobil: +373 68 855 050,

office@cdf.md , eleonora.grosu@cdf.md Free legal advice line: 0 800 800 00

## After immediate response, follow-up and other services

• Over time, and based on survivor's choices, the pathway can include any of the following:

Over time, and based on survivor's choices, the pathway can include any or the following.				
Health Care	Mental health and psychosocial support (MHPSS) services	Protection and safety actors (including GBV safe shelters)	Law enforcement, legal and justice actors	Cash assistance and non-food items (NFI)
National Agency for	Community Mental	Shelters for survivors of	Refugee and Asylum	Cash Assistance:
Public Health	Health Support	GBV:	Seeker Legal	
(ANSP), Health	Centers:	Casa Mărioarei,, Chișinău,	Support:	UNHCR and CRS/CARITAS: for
service access and COVID information,	CCSM BOTANICA	shelter, social assistance and psychological	Bureau for Migration and Asylum,	refugees including
MD-2028, str. Gh.	(CHISINAU) -	counselling	Chisinau, bd. Stefan	GBV survivors
Asachi 67a, Chisinau,	Address: Chisinau	Tel: +373 22 725 861,	cel Mare si Sfant, 75,	For information:
anticamera@ansp.go	municipality, 28/1	cmarioarei@gmail.com,	migratie@mai.gov.md	https://help.unhcr.o
v.md	Independenței	Veronica Cernat	Tel: 0 800 015 27/	rg/moldova/ro/prog
Tel: 080012300	street;	Tel: 69065646,	for international calls	ramul-de-asistenta-
	Tel: 022 929788	Elena Burcă	+37322820007	in-numerar-pentru-
Rehabilitation Centre		elburca@yahoo.com,		refugiatii-in-
for Victims of	CCSM BUIUCANI	Tel: 069333260,	Centrul de Drept al	moldova/
Torture "Memoria,	(CHISINAU) -	069333261	Avocatilor/Law	For referral of GBV
Chisinau Access to	Address: Chisinau		Center of Advocates,	survivors: Margot
health	municipality, 24 Ion	Centre for Assistance and	Legal aid and	Durin,
services/medication	Creanga street; Tel: 022 741738	Protection of Victims in	counselling, V.	margot.durin@crs.or
for refugees with chronic health	Tel. 022 /41/30	Chisinau mun., temporary shelter	Pircalab str, 8, Tania Kebak	<u>g</u>
conditions. Chișinău,	CCSM CENTRU	social assistance	taniakebak@gmail.co	Non-food items:
Ludmila Popovici	(CHISINAU) -	psychological counselling	m +37379586779,	Tron rood reems.
milapopovici@yahoo.	Address: Chisinau	legal advice,	Svetlana Jioara,	Moldova for Peace
com Andriana	municipality, 11a V.	Tel: +373 22 927 174,	svetlana.jioara@cda.	distribution of
Zaslavet	Dokuceaev street;	shelter_team@cap.md	md, 68585444	different NFIs,
zaslavet1985@gmail.	Tel: 022 731440			information on
com		UNHCR and IOM	Police stations:	community support,
Tel: +373 22 273	CCSM CIOCANA	EU Air Transfers	POLICE	080080011
222	(CHISINAU) -	Free flights to selected EU	DIRECTORATE	
Mobil: + 373 79 704	Address: mun.	countries and temporary	Chisinau, mun,	
809	Chisinau, 23 Uzinelor Street;	protection For more information:	6,Tighina street, Chisinau,	
	Tel: 022 477253	https://help.unhcr.org/mo	Tel: +373022254705	
	161.022477233	Idova/eu-air-transfers/	+373022254805	
	CCSM RÎŞCANI	Tel: 0800 015 27	+37369101233	
	(CHIŞINĂU) -	For referral of GBV	10,00,101200	
	Address: mun.	survivors:	Police Stations:	
	Chișinău, str.	Adraiana Ysern Zarranz	POLICE	
	Socoleni 19;	ysernzar@unhcr.org	INSPECTORATE	
	Tel: 022 464965	Tel: 069998421	CENTER, Chisinau,	
			mun	
	Youth Centers	Charity Center for	40, Bulgara street,	
	Psychosocial	refugees (CCR) tel: +373	Chisinau,	
	support:	(0)22212576 / +373	Tel: +37367720593	
		(0)60565694	+37362102755	

YK "NEW" (National Resource Center for Youth Friendly Health Services), Chisinau mun., 19 Socoleni street, inside the 10th Polyclinic (side entrance) 022 46-37-28

YK "SINDBIODAN" Chisinau Municipality, 1G Costiujeni Street, et 1, cab.1,2,3. 022 90-22-47; 022 90-22-46 YK "CIOCANA" Chisinau Municipality, 80 Vadul lui Voda Street CCD, 2nd floor; 022 02-31-26

YK " ACCEPT" Chisinau mun., Str. 31 August 63, et. 6; Tel: 022 274-357

YK "BOTANY" Chisinau Municipality, 28 Independence Street CMF no. 2, et.1 cab. 111-114. 116; 022 66-06-76

YK "FRIENDS" Chisinau Municipality, 24 Ion Creanga Street CMF 4, et.1; 022 71-93-03 022-71-93-02

**Child Survivors:** National Centre for **Prevention of Child Abuse** (CNPAC), Calea lesilar 61/2, Chisinau psychological counselling for children Tel: +373 22 758 806; +373 22 756 778. Iulia Gheorghies, igheorghies@cnpac.md, Tel: 69203016, office@cnpac.org.md

**Survivors of Trafficking:** La Strada Anti-trafficking and Safe Migration Hotline (8am - 8pm): 0800 77 777 (free calls from Moldova) +373 22 23 33 09 (calls from abroad) hotline@lastrada.md

Centrul de asistență și protecție a victimelor și potentialelor victime ale traficului de ființe umane din Chisinău. shelter services,, Chișinău, Rodica Moraru-Chilian, Centre Manager, coordonator.snr@msmps. gov.md shelter team@iom.md, 0(22) 55-30-42, 55-84-41, (+373 22) 72 72 74

**Survivors of Torture: Rehabilitation Centre for Victims of Torture** "Memoria, Chisinau legal advice, psychological and medical counselling, 44 Ismail str. Chisinău, Ludmila Popovici milapopovici@yahoo.com or Andriana Zaslavet zaslavet1985@gmail.com Tel: +373 22 273 222 Mobil: + 373 79 704 809

**LGBTQI+ Survivors: GENDERDOC-M**, PSS, legal support, shelter, safe

## POLICE **INSPECTORATE** BOTANICA.

Chisinau, mun, 9/3, Cuza Vodă street, Chisinau, Tel: +373521100 +373550090: Mobile: 060033397

**POLICE INSPECTORATE** BUIUCANI, Chisinau, mun 12. Calea lesilor street. Chisinau

Tel: +373740238; +373746855:

Mobile: 062102757

**POLICE INSPECTORATE CIOCANA**, Chisinau, mun

3/1 Voluntarilor street. Chisinau Tel: +37322471153 +3732247020; Mobile: 068668803

POLICE **INSPECTORATE** RISCANI, Chisinau, mun 5/1 Miron Costin street. Chisinau

Tel: 22446100

space, access to health	
care (including PEP)	
Str. Valeriu Cupcea 72/1	
Chişinău, 60491200,	
info@gdm.md,	
anastasia.danilova@gdm.	
md	
Survivors with	
Disabilities:	
Keystone Moldova, Sfantu	
Gheorghe , 20 str.,	
Chisinau, Ludmila Malcoci,	
lmalcoci@khs.org,	
69501709	

## 7. Child Protection Referral Pathways

## Step 1: Identification of child protection cases

General service providers, UNHCR, or other partners and registration services, including borders, or community members identify child protection case.

Child or caregiver goes directly to case manager or child helpline for support.

## **Child Helpline**

116 111

Languages: Romanian, Russian

#### Immediate response

- Provide a safe and caring response,
- Respect the confidentiality and wishes of the child / caregiver,
- Provide information about available case management services,
- Facilitate referral to relevant case management services when child/caregiver assents/consents,
- For child survivors of sexual violence, ensure immediate (within 72 hours) access to medical care,
- In case of immediate safety or security risk to the child, consult child protection case manager to determine child's best interest (see below-Step 3).

## Step 2: Case management services/protection service providers

coop _ cooc management	μ. σ.	, providence		
GBV against children,	Children at risk	Children separated	Children with	Children without
including sexual	including victims of	from parents/	disabilities	documentation
violence	violence, neglect and	Unaccompanied and		
	exploitation	separated children		
Guardianship authorities	Guardianship authorities	Guardianship	Keystone	Law Center of
Please see Annex #1.	Please see Annex #1.	authorities	Moldova, Sfantu	Advocates
		Please see Annex #1.	Gheorghe, 20 str.,	(LCA/CDA)
National Centre for	Child and Family		Chisinau, Ludmila	Svetlana Jioara
Prevention of Child	Empowerment	UNHCR	Malcoci,	Svetlana.jioara@cda.
Abuse (CNPAC),	Association "AVE	Child protection case	<u>lmalcoci@khs.org</u>	<u>md</u>
Calea lesilar 61/2,	Copiii",	management	Tel: 69501709	Tel:+373 605 748 48
Chisinau	Child protection case	mdachcpu@unhcr.org		Languages:
psychological	management, SNF		Temporary	Romanian, Russian,
counselling for children	Str. Constantin Stere 1,	Child and Family	placement center	English
Tel: 22 758 806,	Mariana lanachevici,	Empowerment	for boys with	
22 756 778,	m.ianachevici@avecopiii.	Association "AVE	mental disabilities	UNHCR
Iulia Gheorghies,	<u>md</u> ,	Copiii",	Orhei	Child protection case
igheorghies@cnpac.md,	Tel: +373 22 23 25 82	Child protection case	cp.orhei@anas.md	management
Tel: 69203016,		management, SNF	Tel: 23528871	mdachcpu@unhcr.org
office@cnpac.org.md	Rehabilitation and Social	Str. Constantin Stere		
	Protection Center for	1 Mariana lanachevici	Temporary	Children's
Child and Family	Children at Risk	m.ianachevici@aveco	placement center	Emergency Relief
Empowerment	Taraclia	piii.md,	for girls with	International CERI
Association "AVE	cr.taraclia@anas.md	Tel: 22 23 25 82	mental disabilities	Moldova
Copiii", Str. Constantin	Tel: 29424594		Hincesti	Trauma-based
Stere 1, Mariana		Temporary	cp.hincesti@anas.	counseling
lanachevici,		placement center for	<u>md</u>	Irina
m.ianachevici@avecopiii.		children separated	Tel: 26922362	Rotaru@yahoo.com
<u>md</u> ,		from their parents		Tel: +373 22624440,
Tel: +373 22 23 25 82		Soroca	Day rehabilitation	22624441
		cp.soroca@anas.md	center for	
		Tel: 23030581		

	children with disabilities Criuleni cz.criuleni@anas. md Tel: 24822029	

## **Step 3: Referral to other services**

Refer to service below if:

- Child/caregiver wants to receive protection, legal or police services
- There are immediate safety and security risks to others
- It is in the best interest of the child because of:
  - o Immediate safety or security risks to the child that require protection or police assistance
  - Risk of imminent forced or early marriage
  - Severe neglect
  - o Sexual exploitation and abuse by humanitarian personnel
  - Children requiring Best Interest Determination (BID) UNHCR

o Children re	equiring Best Interest Determin		
Health care	Child Psychosocial support	Security, Alternative Care, and	Other basic services
	including in Blue Dots	Justice	
Pediatrica	MHPSS	National Emergency Line	Cash
Free emergency	Children's Emergency	112	
medical consultations	Relief International CERI		UNHCR
& assistance to	Moldova	Border Police of the Republic of	Cash Assistance
families with children	Trauma-based counseling	Moldova	For appointments:
from Ukraine	Irina Rotaru@yahoo.com	Tel: +373 22 259 717	https://help.unhcr.org/mold
Tel: 022 911 500,	Tel: +373 22624440,		ova/cash-assistance-
Address: Miorița 3/5,	22624441	Alternative Care for	programme-for-refugees-
str., Chișinău/ Mircea		unaccompanied children: Local	in-moldova/
cel Batrin 42 bd,	Blue Dot Palanca, (P4EC)	Guardianship Authorities	For referrals:
Chișinău,	Virgiliu Hangan 079626964	(Annex 1)	margot.durin@crs.org
www.pediatrica.md	Blue Dot Palanca		Languages: Romanian,
	Tel: 060154010	Transportation for UASC at border	Russian, English
KinderMed		areas:	
Free emergency	Blue Dot Otaci,	AVE Copii or Local Guardianship	UNHCR and IOM
medical consultations	(CCF Moldova)	Authorities	EU Air Transfers
& assistance to	Natalia Faureanu		Free flights to selected EU
families with children	069495184	For shelters for women & children	countries and temporary
from Ukraine	Blue Dot Otaci	victims of violence, please see the	protection
Tel: 022 111 060	Tel: 060380037	GBV referral pathway.	For more information:
022 111 061   078	161. 000000007		https://help.unhcr.org/mold
222 060   079300025	Blue Dot Moldexpo,		ova/eu-air-transfers/
Address: Vasile	(Terre des Homme)		For children needing air transfers:
	Tatiana Zaloj 069265735		
Alecsandri 87 str, Chisinau	_		mdachcpu@unhcr.org
Chisinau	Blue Dot Moldexpo RAC		Transportation
Life without	Tel: 068755277		Transportation, Accommodation and
Leukemia NGO	Blue Dot Moldexpo CBI		Education services
	location Tel: 068766228		Education services
Helping children with leukemia			Dopomoga Moldova
Tel: 60497733,	National Centre for		https://dopomoha.md/
60200523	Prevention of Child Abuse		пиръ.// иороппопа.ппи/
00200323	(CNPAC),		
National Resource	Calea lesilar 61/2, Chisinau		
Center on Youth	psychological counselling		
Friendly Health	for children		
Thendry Health	Tel: 22 758 806,		

Services "Neovita" Chisinau, str. Socoleni 19 Tel: 022463728, 022406634	22 756 778, Iulia Gheorghies, igheorghies@cnpac.md, Tel: 69203016, office@cnpac.org.md	

## 8. Inter-Agency Referral Form

## CONFIDENTIAL: Please restrict access to this document and keep it stored safely.

Note: Please share the filled-out referral form with the person of concern and receiving agency and keep a copy for the organization's internal records and follow-up.

Referring agency		
Agency/organization:	Name of the Staff:	
Phone:	Email:	
Location:	Date of referral:	
Receiving agency		
Agency/organization:	Name of the Staff:	
Phone:	Email:	
Location:		
Person/case information		
Name:	Phone:	
Address:	Age:	
Gender:	Nationality:	
Main language spoken at home: Other languages the survivor is comfortable speaking and receiving information in:	ID number:	
If the person/case is a child (under 18)		
Name of primary caregiver:	Relationship to child:	
Contact information for caregiver:	Is child separated or unaccompanied?	
	☐ Yes ☐ No	
Caregiver is informed about referral?   Yes   No (If no, explain)		
Background Information/Reason for referral and services already provided		
Has the person/case been informed of the referral?	Has the person/case been referred to any other organization or received any other services?	
☐ Yes ☐ No (If no, explain below)	☐ Yes ☐ No (If yes, explain below)	

Services requested			
☐ Mental Health Services	☐ Protection Services	Shelter	
☐ Psychosocial Support	Legal Assistance	☐ Transportation	
☐ Social Services	☐ Education	☐ Cash/Material Assistance	
☐ Medical Care	Livelihood Support	Nutrition	
		Support for children born as a result of SEA	
Please explain any requested services:			
Consent to release information. (Read with the persons/case/ caregiver and answer any questions before s/he signs below. Sign on behalf of person/case/caregiver if consent is given verbally and survivor/caregiver cannot sign.)			
I,(person/case name), understand that the purpose of the referral and of disclosing this information to(name of receiving agency) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider,(name of referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.			
Signature of responsible party (persons/case or caregiver if a child):			
Date (DD/MM/YY):			
TO BE FILLED OUT IF PERSON/ CASE IS A CHILD OVER 14 (UNDER 18)			
Assent to release information. (Read with survivor/ person of concern/ caregiver and answer any questions before s/he assents, additional to caregiver's above consent. Sign on behalf of person of concern/caregiver if consent is given verbally and survivor/caregiver cannot sign.)			
I,(person/ case name), understand that the purpose of the referral and of disclosing this information to(name of receiving agency) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, (name of referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.			
Date (DD/MM/YY):			
Details of Referral			
Any contact or other restrictions?   Yes   No (If yes, please explain below)			
Referral delivered via: Phone (eme Person	ergency only) 🗌 E-mail 🗌 Electroni	cally (e.g., App or database) 🗌 In	

# Contact us

## **Referral Pathways Task Force Leads**

## **Yasemin Sener**

Protection Officer UNHCR, Moldova Senery@unhcr.org

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