

**Terms of Reference for the GBV Sub-Working Group
(Refugee Response Coordination Moldova)
September 2023**

I. Background

The conflict in Ukraine has caused unparalleled levels of displacement in Europe, impacting in particular the countries directly bordering Ukraine. Since 24 February 2022, when the Ukrainian conflict began, the Republic of Moldova (RoM) has received over 755,368¹ refugees, with the majority traveling directly onwards to other destinations in Europe. By January 2023, 108,824 refugees had remained in Moldova, the majority of whom are women and girls (64%)². Considering its own population size³, Moldova hosts the highest number of refugees per capita.

The risks of multiple forms of gender-based violence (GBV) increase in conflict and refugee settings, with women and girls disproportionately affected by displacement. Ukrainian refugees face multiple risks of GBV at all stages of displacement, prior to fleeing their home country, during flight, and while seeking refuge.

Findings from a joint GBV Safety Audit Analysis by UNHCR, UNFPA, and UNICEF⁴ conducted in June 2022, highlighted that Refugees in the Republic of Moldova, predominantly women and children, face various risks of GBV, including sexual exploitation and abuse (SEA). Heightened risks of GBV are common in displacement situations and Moldova, despite its warm reception of refugees and provision of services overall, is no exception. High levels of intimate partner violence have been documented in the region, including in both Ukraine and Moldova. Such violence is very much related to harmful culturally gendered norms. Incidents of conflict-related sexual violence have been reported in locations under military control in Ukraine. Risks of trafficking in persons for the purpose of sexual exploitation have also been reported by those fleeing Ukraine, including at border points, and at other times during their journey. Risks of GBV are also related to unsafe conditions in certain contexts, reduced ability to meet basic needs, separation from protective networks, and limited access to protection support. Furthermore, GBV survivors face challenges in seeking assistance due to cultural barriers, which affect both refugee and non-refugee survivors. Access to support is also hindered by displacement-related barriers, such as a lack of awareness of available services and a lack of trust in the capacity of services to provide quality support that meets refugee needs.

Recommendations resulting from the finding of the Safety Audit include:

¹ Data as of 23 January 2023: <https://data.unhcr.org/en/situations/ukraine/location/10784>

² Ibid.

³ Total population of 2,620,495 in 2020 <https://data.worldbank.org/country/moldova>

⁴ GBV SWG Safety Audit: <https://data.unhcr.org/en/documents/download/95741>

- Entry points for access to survivor-centered GBV services should be diversified and based on the preferences of the community, in particular the most at-risk groups.
- Information and awareness should also target frontline workers in the response who have a crucial role as entry points.
- Adolescent girls, LGBTIQ+ persons and members of the Roma community face heightened risks requiring enhanced engagement and should be considered key stakeholders in the refugee response.
- Service providers should adapt their programs to meet the needs of these populations and actively engage them in response activities, ensuring that principles of diversity and inclusion guide their actions.

Response strategy and priority

There is a significant need for live-saving specialized GBV prevention and response programming, including clinical management of rape, referral pathways, safe entry points for disclosure, safe spaces, and the provision of psychosocial support as well as community outreach and awareness raising. Effective GBV coordination and interagency planning ensuring coherent and efficient multi-sectoral interagency action will be prioritized. Conducting regular gender and trends analysis will be essential to continue to monitor and anticipate the needs. Particular attention will be paid to GBV risk mitigation across all sectors, in particular border crossings, reception centers, Refugee Accommodation Centers (RACs), transit points and transport hubs, private accommodation and transportation, and cash distribution. The provision of dignity kits, as well as cash, will be an important element of GBV risk mitigation and interagency coordination will be essential. Supporting existing national systems to increase capacity and available services, including capacity development, adapting and expanding services, and reducing access barriers, will be at the core of the response. Training frontline staff and service providers on safe disclosure and referrals, as well as the Code of Conduct in addition to strengthening specialized services, will be a priority. Working closely with local actors and in particular women-led organizations, including those led by refugee women and girls and organizations of persons with disabilities is another priority.

Coordination modality

The GBV Sub-Working Group (SWG) is part of the Refugee Coordination Structure under the Refugee Coordination Model, which provides the overarching framework for coordination.

II. Objective

The GBV SWG is a coordination body with the objective to strengthen GBV prevention, risk mitigation, and response in emergency settings and works to facilitate multi-sectoral interagency action. It aims to ensure a coherent, coordinated, and effective GBV prevention, risk mitigation, and response approach through the mobilization of relevant government agencies, international organizations, UN Agencies, national and international non-governmental organizations (NGOs), civil society networks, national refugee-led organizations, and refugee women-led organizations. The GBV SWG will deliver on the six

core functions of GBV Coordination: support service delivery, inform high-level humanitarian decision-making, plan and implement sub-sector strategies, monitor and evaluate performance, build national capacity in preparedness and contingency planning, and support robust advocacy.

The GBV SWG develops and implements the GBV strategy within the broader protection strategy and ensures the integration of GBV into the Refugee Response Plan (RRP). The aim of the coordination is to identify and bridge gaps, increase predictability, and consolidate the capacities of actors aiming at sustainability. The GBV SWG works to ensure that services are in place for a multi-sectoral GBV response, that GBV prevention is strengthened and advocates for and supports the integration of GBV risk mitigation strategies in other sectors in line with the Inter-Agency Standing Committee (IASC) GBV Guidelines. The GBV SWG coordinates with national coordination bodies and structures. It also ensures a coordinated approach with field-level coordination mechanisms where applicable.

III. Guiding Principles and Approaches

The members of the GBV SWG are guided by the Protection Principles⁵. The GBV guiding principles for GBV coordination and programming are safety, respect, confidentiality, and non-discrimination. Application of these principles at all times is mandatory. They serve as the foundation for all humanitarian actors when coordinating and implementing GBV-related programming. Programming and coordination adhere to human rights-based and community-based approaches. All actors directly or indirectly engaged with survivors must ensure a survivor-centered approach, and the following guiding principles⁶:

- Respect by treating survivors with dignity, ensuring their participation, and respecting their decisions.
- Confidentiality by respecting survivors' right to privacy and ensuring that any information about them should only be shared with their informed consent, and in line with data protection principles.
- Safety of the survivor and others, such as her/his children and people who have assisted her/him, being of primary concern at all times.
- Non-discrimination by treating everyone based on their needs alone.

IV. Core Functions⁷

Responsibilities of GBV SWG members include but are not limited to:

a. Coordination platform, Assessment, Decision, and Planning processes

- Provide a platform for sharing information, coordination, and support on activities, gaps, and immediate needs.

⁵ Humanitarian Charter and Minimum Standards in Humanitarian Response

⁶ GBV Minimum Standards, *supra* note 15, pp. xi; 2-9

⁷ At the onset of an emergency, TORs may focus on urgent responsibilities and can be reviewed after 6 months

- Coordinate GBV activities and act as an advisory body for all newly initiated and ongoing GBV activities to ensure complementary programming and avoid duplication.
- Conduct specific GBV needs assessments and gap analysis and safety audits to inform priorities and identify gaps, including in service delivery, engage in field missions, and ensure inclusion of GBV considerations in planning and implementation of interagency assessments.
- Liaise with relevant working groups and other relevant bodies to ensure that GBV issues are integrated into the emergency response efforts, including refugee response plans, strategies, and appeals.
- Inform higher-level decision-making in line with the RCM and contribute to planning processes, such as the RRP.
- Engage with the PSEA network to ensure PSEA is mainstreamed during planning, policy development, and programming.
- Liaise with the Disability & Age Task Force in order to ensure inclusion is mainstreamed within GBV actors' strategy and activities.

b. Prevention and response

- Conduct and regularly update a service mapping and relevant actors engaged in the GBV response.
- Establish and update GBV referral pathways.
- Advocate for safe and ethical collection, management, and dissemination of case management data according to global GBV information management standards, including establishing Information-Sharing protocols (ISPs).
- Support partners to ensure safe and ethical referral and case management systems are in place to enable survivors to access services that address their physical, emotional, psychological, social, legal, and protection needs.
- Strengthen the technical capacity of service providers and community-based structures in safe and ethical referral and GBV response.
- Develop communication materials to ensure access to reliable information
- Coordinate awareness-raising and information-sharing activities on GBV.
- Promote and coordinate GBV prevention activities.
- Support monitoring and evaluation frameworks for GBV prevention and response (including Activity Info reporting).
- Work closely with the PSEA Network co-chairs to ensure a harmonized approach to prevention and mitigation activities and support of victims/survivors.

c. Capacity Development and Technical Guidance

- Ensure that applicable inter-agency GBViE minimum standards are applied.
- Assist in providing and creating relevant tools.
- Provide technical support, guidance, and training (including to national authorities, NGOs, local organizations as well as other sectors on GBV risk mitigation).

- Coordinate and support training, capacity building, and technical support on GBV prevention and response.

d. Advocacy

- Collect and raise GBV issues and trends regularly to inform the GBV SWG's advocacy strategy.
- Advocate for designated funding for prevention and response to GBV.
- Develop and disseminate key advocacy messages on GBV response and risk mitigation in the refugee response crisis.
- Coordinate the planning of joint advocacy activities.
- Deliver systematic leadership on GBV in strategic decision-making and advocacy fora at all levels by coordinating with a wide range of partners including donors and government counterparts, to ensure that GBV services are recognized as life-saving and prioritized in funding decisions and response planning.

V. GBV Sub-Working Group Structure

a. Leadership Arrangement

The GBV SWG will have a co-leadership structure of UNHCR and UNFPA. UNHCR, as the global lead on coordination in refugee settings, is responsible for supporting the GBV Sub-Sector in line with the refugee coordination model, and UNFPA as the global leader of the GBV Area of Responsibility (GBV AoR) is responsible for providing technical guidance on GBV. The co-chairs will oversee the development, endorsement, and implementation of the GBV Work Plan, ensure close and effective collaboration with other working groups, and represent the sector at the Protection Working Group.

b. Secretariat

The co-chairs will jointly serve as the secretariat for the GBV SWG. The co-chairs will agree on a division of labor in providing secretarial support and in the implementation of coordination work of the GBV SWG. Both UNHCR and UNFPA will appoint/designate staff to undertake or support the coordination structure. The secretariat will follow up on decisions of the GBV SWG as well as coordinate and implement and report on the Annual Workplan.

c. Membership

Membership is only recognized for each organization that has formally expressed interest to join the GBV SWG and follows GBV guiding principles. Membership is open to all organizations working on prevention and response to GBV. National NGOs and local organizations, including and in particular those led by women and refugees, are particularly encouraged to participate and contribute to the effective functioning of the GBV SWG. Member organizations should identify primary and alternate focal points who will regularly attend the GBV SWG meetings.

VI. Arrangements for meetings

The GBV SWG will meet on a monthly basis on a hybrid modality (online/in person). “Ad hoc” meetings may be called by the Co-Chairs, or at the request of other members of the GBV SWG, when necessary to address urgent issues. A draft agenda will be circulated to members at least one day in advance, giving the members the opportunity to suggest additional agenda items. Draft minutes of meetings will be circulated within three days of the meeting.

VII. Amendments

These Terms of Reference are a working document and may be altered to meet the emerging needs of all members by the agreement of the majority of the members. It is recommended to be reviewed every six months.

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