



## PROTECTION WORKING GROUP/DISABILITY TASKFORCE (DTF)

Meeting Details	
Date	18.11.2022
Time	11.00-12.00 am
Chair	Ludmila Malcoci, Executive Director, Keystone Moldova
Reporting	Ludmila Ciocan, DTF Secretariat Coordinator, Keystone Moldova
Email	<a href="mailto:lmalcoci@khs.org">lmalcoci@khs.org</a> ; <a href="mailto:lciocan@khs.org">lciocan@khs.org</a> ;
Agenda	
<ul style="list-style-type: none"> <li>• Opening remarks. Short updates: DTF activity</li> <li>• Mental health and psychosocial support (MHPSS) mapping – available services and service providers to support the refugees in Moldova</li> <li>• MHPSS service provision by Humanity and Inclusion</li> <li>• MHPSS service provision by the Consortium ICMH Psinclusion and Community Mental Health Center Botanica</li> <li>• MHPSS service provision by Federatia Familiilor pentru Unificare si Pace in Lume din Moldova (FFUPLM)</li> <li>• Q&amp;A, Concluding remarks</li> </ul>	
Information collection and relevant links	
Moldova operational data portal: <a href="https://data2.unhcr.org/en/situations/ukraine/location/10784">https://data2.unhcr.org/en/situations/ukraine/location/10784</a> MHPSS mapping: <a href="https://worldhealthorg-my.sharepoint.com/:x/g/personal/reapm_who_int/EQtN_gUe52IlkF4-IHmdqzEBhMDPMT6nKR0qQGwbdq07Xg?rttime=Y88q5Ubj2kg">https://worldhealthorg-my.sharepoint.com/:x/g/personal/reapm_who_int/EQtN_gUe52IlkF4-IHmdqzEBhMDPMT6nKR0qQGwbdq07Xg?rttime=Y88q5Ubj2kg</a>	
Participants	
<ul style="list-style-type: none"> <li>• Ludmila Ciocan, Keystone Moldova</li> <li>• Martina Gastaldello, OHCHR</li> <li>• Corneliu Tarus, IOM</li> <li>• Monica Vasquez, UNHCR</li> <li>• Viorica Culeac, UN Women</li> <li>• Tamara Ropot, UNHCR</li> <li>• Narsis Armani, INTERSOS</li> <li>• Mihaela Ciorba, CRS</li> <li>• Aurelia Isac, State Chancellery/ Cancelaria de Stat</li> <li>• Mariana Tocan, Ministry of Labor and Social Protection</li> <li>• Aida Arakelyan, HI</li> <li>• Arcadie Astrahan, ICMH Psinclusion</li> <li>• Andrei Esanu, FFUPLM</li> <li>• Galina Climov, AOPD</li> <li>• Maria Vremis, Palladium/D4I</li> <li>• Valentina Toporet, MOTIVATIE</li> <li>• Tatiana Ghidirmschi, LOW VISION</li> <li>• Diana Tudos, Keystone Moldova</li> <li>• Viorica Toarta, Palladium/D4I</li> <li>• Veaceslav Luca, IM Swedish Development Partner</li> <li>• Tatiana Cernomorit, OHCHR</li> </ul>	



**Summary of discussions and agreements/ action points**

Agenda	Discussion	Agreements/ Actions
<p><b>Opening remarks.</b> <b>Short updates:</b> <b>Disability Taskforce activity. Capacity building opportunities and needs</b> Ludmila Ciocan, Keystone Moldova</p>	<p>The identification of persons who need psychosocial support is a major problem, so we will talk about this today. WHO representatives will present the mapping of these services. Service providers have also been invited. It is important to discuss about identification of cases and referrals.</p> <p><b>Short Update:</b> The DTF is preparing the monthly report; so far, 5 organizations providing services to refugees have reported. About 500 persons with chronic diseases have had access to various types of services such as counselling; legal assistance; rehabilitation; provision of food, different medical and assistive devices, and hygiene items. Very few organizations are providing medication to people with chronic diseases.</p> <p><b>Less updates from local NGOs can be explained by fewer resources to provide services and by limited staff or lack of staff responsible for data management.</b> In the previous meeting, guidance was provided on answering Washington Group Questions on people with disabilities, and it was discussed with the Alliance of Organizations for Persons with Disabilities about capacity building on this topic. Training will be organized in December that will include a component related to the use of Washington Group Questions in identifying refugees with disabilities and in monitoring the interventions.</p> <p>All UN organizations have been working to finalize the Refugee Response Plan (RRP) for the next year; the narratives will be finalized this week. The conclusion is that <b>persons with disabilities have been included in the RRP.</b></p>	



	<p>Currently, the inter-agency is working on developing an interactive platform in order to map all services for refugees. UNCHR in partnership with UN Women is mapping all services in Moldova – organizations are invited to provide data on their services, if they have not done so yet.</p> <p>On 28 and 29 November, there will be a <b>course on humanitarian principles provided by the Norwegian Refugee Council</b>. It is very important to understand what are the principles of humanitarian aid because Moldova did not have this experience before.</p> <p>People in Need (PIN) offers <b>grants to CSOs</b> that aim to respond to the refugee crisis – Immediate support for refugees and host communities in Moldova. The maximum amount of the grant is EUR 20,000 and at least 50% of beneficiaries need to be refugees. The deadline for submission of projects is November 23.</p>	<p>Interested DTF members to register for training using the link <a href="https://docs.google.com/forms/d/e/1FAIpQLSdKGzLrM4eANJkSGSsa_pJxImP7XIsHgDEp3T0ka0F4NO_U3w/viewform">https://docs.google.com/forms/d/e/1FAIpQLSdKGzLrM4eANJkSGSsa_pJxImP7XIsHgDEp3T0ka0F4NO_U3w/viewform</a></p> <p>Interested NGOs to submit projects using the forms available at <a href="https://civic.md/anunturi/granturi/66983-people-in-need-moldova-raspuns-la-criza-refugiator-sprrijin-imediat-pentru-refugiati-si-comunitatile-gazda-din-moldova.html">https://civic.md/anunturi/granturi/66983-people-in-need-moldova-raspuns-la-criza-refugiator-sprrijin-imediat-pentru-refugiati-si-comunitatile-gazda-din-moldova.html</a></p>
<p><b>Mental health and psychosocial support (MHPSS) mapping – available services and service providers to support the refugees in Moldova</b> Maura Reap, MHPSS Consultant, WHO</p>	<p>Maura Reap works with WHO and is the co-chair of the MHPSS technical reference group. The other co-chair is a psychiatrist working with Mensana.</p> <p>In terms of access to medical and surgical assistance, this can be done through 112 and family doctors; primary health. Treatment can be received through family doctors. Services available for Moldovan and vaccinations are also available to refugees. Mental health services can be obtained through the national program. Family doctors can refer to oncologist. The Department of Social Assistance is the focal point for medical devices – can facilitate access to walking frames, crutches, wheelchairs, but medical devices are not for free.</p>	<p><b>Share the mapping tool with members of the DTF.</b> <a href="https://worldhealthorg-my.sharepoint.com/:x/g/personal/reapm_who_int/EQtN_gUe52llkF4-IHmdqzEBhMDPMT6nKR0qQGwbdq07Xg?rttime=Y88q5UbJ2kg">https://worldhealthorg-my.sharepoint.com/:x/g/personal/reapm_who_int/EQtN_gUe52llkF4-IHmdqzEBhMDPMT6nKR0qQGwbdq07Xg?rttime=Y88q5UbJ2kg</a></p>



**MHPSS Mapping:** with the mental health and psychosocial support reference group, 44 organizations participate. They do regular mapping to know who provides which services, and what services were available. Last mapping was done in October, with 22 organizations responding. The mapping is a Kobo sheet that partners are required to fill in.

Information includes:

- Organization
- Organization type (national or international NGO)
- Contact information
- Location (rayons included)
- Language
- Target population
- MHPSS activities
- Human resources
- Implementation (direct/indirect)
- Implementing partner
- Status of the programme (active or planned)

Another aspect is capacity building – a needs assessment was circulated to identify specific training needs. This tool will be shared with all WG/Taskforces members to be able to guide beneficiaries.

Only 200 refugees have requested assistance at Community Mental Health Centers in a half a year. They were seeking medicines for specific mental health issues. Many refugees that need outside counselling, are facing anxiety/depression do not seek public mental health services. The reasons could be lack of information, lack of trust in MHPSS, fear of stigmatization.

MHPSS is working on the methodology for an assessment of reasons because service providers have raised the issue that people are not coming and not utilizing the services. There have been different theories: stigma; they do not see the services; Ukraine has a long history of institutionalized health care so there is a lot of resistance.



<p><b>MHPSS service provision by Humanity and Inclusion</b> Aida Arakalyan, MHPSS and Protection Project Manager, Handicap International - Humanity and Inclusion</p>	<p>Humanity and Inclusion started their MHPSS activities in Moldova since May 2022, working in different areas. They are providing individual and group support; referrals; provision of information; needs assessment.</p> <p>They provide mental health within a continuum from poor to optimal mental health. They are working with persons with disabilities, different types of it: currently they have beneficiaries with various issues. They had a child with attention deficit and hyperactivity disorder, they could not give the diagnosis because they do not have a psychiatrist, but the social workers spoke with the mother about referral to the psychiatrist. A psychologist provided 8 sessions to the child, because the child was in distress. He was identified as child with special requirement to bring him to optimal mental health.</p> <p>Their challenges are: -no disaggregated data by disability -no psychiatrist, clinical psychologist</p>	
<p><b>MHPSS service provision by the Consortium ICMH Psinclusion and Community Mental Health Center Botanica</b> Arcadie Astrahan, Executive Director, ICMH Psinclusion</p>	<p>In the DTF previous meeting, there were two testimonials of refugees with disabilities, and they shared with us the fact that all the money from employment-related in Moldova are used to buy medicines. This feedback is vital to secure better access to medicines.</p> <p>This Consortium was created a year ago by a group of persons that were accessing the services of the Community Mental Health Center from Botanica long time ago. All services are provided by mental health community center, they have small and large scale grants.</p> <p>The first and most demanded services by refugees is the multi-disciplinary mobile team with psychiatrist, clinical psychologist, lawyers, social workers. This team is also requested to transport persons with severe mental disabilities and disorders, from the border crossing points to specialized institutions. Very often the team is asked to help. They have very strong medical expertise – 8 psychiatrist and over 60 staff members. They largely transpose their experience in Botanica center, which serves 200.000 people. They work with parents that have severe disorders, schizophrenia, personality disorder, and children. They also work with child protection organizations. They include all families in recovery services. They provide children with day-care services, speech therapy. They provide case management to include the person in the services. They also have a crisis center with several beds.</p>	



	<p>There are speculations in Moldova – they are trying to see why there is stigma, discrimination. May be they had to go out of big hospitals, institutionalization in the past.</p> <p>Some of the people who have anxiety do come to them and those with severe disorders do not. There is a problem with outreach. They have representatives in the northern part; southern and center.</p> <p>All of their consultations are provided free of charge. Their services include: <u>Rehabilitation center for addicts:</u> -Alcoholism -Drug addiction -Post-employment support -Social insertion enterprise</p> <p><u>Assisted employment:</u> -preparation CV, guidance -Working with employees -post employment support</p>	
<p><b>Psychological support for refugees</b> <b>FFUPL</b> Dr. Assistant Professor Andrei Esanu</p>	<p>Lessons learned:</p> <ul style="list-style-type: none"><li>• Psychological first aid does not need always psychologists to be involved – volunteers are trained on how to talk with refugees, to offer non-intrusive care and support.</li><li>• Always assess needs and concerns: How do refugees receive the services? What do they need? Through needs assessment, they found out about their issues with mental health.</li><li>• It is important to listen but not pressure people to talk, to comfort people and help them to feel calm.</li><li>• Involving refugees in shaping the services is critical: 8 of the staff are refugees.</li></ul> <p>The FFUPL team builds community and family support little by little. Only then, when they build trust, they provided psychological support.</p> <p>They do activities for children upon requests of mothers for a structured activity to reduce stress. They combine relaxation and joy with working for development of the child. Their partners are Catholic Relief Services and Psychologists Without Borders.</p>	



<b>Conclusion / AOB</b>	<p>Next meeting will be on 9 December.</p> <p>UNHCHR is doing the annual budget planning exercise and is asking to inform on whether there are need for persons with disabilities that can be included in their budget. Additionally, they have store winter jackets for adults and they can give them.</p> <p>The DTF Secretary suggests that the organization from Transnistrian region, OSORC, communicates on needs.</p>	<p>Inform UNHCR on any needs for persons with disability to consider in their annual planning.</p>
-------------------------	--	--