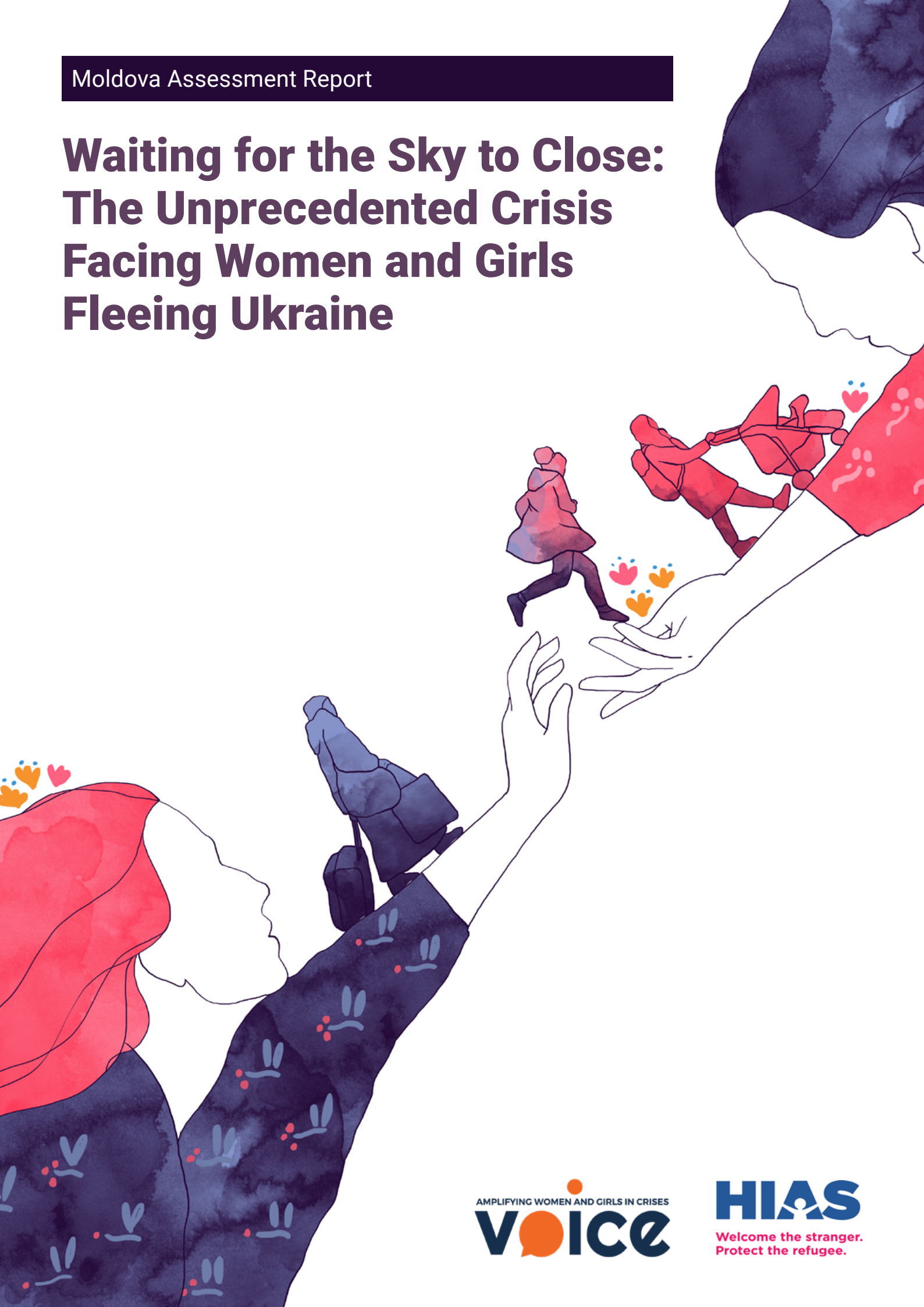


# Waiting for the Sky to Close: The Unprecedented Crisis Facing Women and Girls Fleeing Ukraine



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# I. Executive Summary



While there has been an outpouring of public and private support for those fleeing Ukraine, the largely ad hoc and gender-blind response cannot meet the basic needs and protection concerns of forcibly displaced persons (FDPs)<sup>1</sup> and host communities in Moldova. Duty-bearers—(including international non-governmental organizations (INGOs) and the United Nations (UN)— have so far failed to adhere to their own global commitments to localization of the humanitarian response, including systematically creating ways for women and girls to design and lead responses and incorporating their views into all phases of the operational management cycle.<sup>2</sup> With few exceptions, dedicated funding

for sexual and reproductive health (SRH) and services for violence against women and girls (VAWG) has failed to materialize. Instead of the multi-year flexible funding that local women- and girl-led organizations need, these overworked frontline groups find themselves chasing grants that may cover one to three months of total costs. In this way they are made to take on humanitarian work they are not necessarily trained for,<sup>3</sup> which ultimately derails their core missions.

In every armed conflict, men’s violence against women and girls increases rapidly and stays elevated long after the fighting stops. Like the other countries bordering Ukraine, Moldova is facing an unprecedented refugee crisis of women and children displaced by the war. Urgently-needed, gender-sensitive violence prevention and risk mitigation measures are trailing behind the response. Women’s rights organizations (WROs)

<sup>1</sup> The term forcibly displaced persons (FDPs, or forced migrants) used here, is an imperfect one, that includes FDPs and asylum seekers, as well as some economic migrants. Some foreigners living in countries neighboring Ukraine are technically economic migrants rather than FDPs or asylum seekers; however this is a gray area depending on whether their movement was forced by a loss of livelihood related to the conflict, or other causes.

<sup>2</sup> The Operational Management Cycle (OMC) for refugee emergencies or the Humanitarian Programme Cycle (HPC) for internally displaced persons emergencies, refer to a series of actions to help prepare for, manage and deliver humanitarian response.

They provide entry points for working with and for women and girls at every stage and across all clusters/working groups.

<sup>3</sup> We must acknowledge that refugee crises in the region are not new, considering the displacement caused by the previous conflict in Ukraine in 2014.

in Moldova have been responding to the needs of forcibly-displaced women and girls since the war began, and these localized WROs are best-positioned to design, build, and provide the creative solutions necessary. Local organizations have comprehensive strategies that can absorb the refugee response if provided the flexible funding and specific technical support needed to apply critical gender-based violence (GBV) services to the refugee crisis. These organizations are asking for recognition of their expertise and for the requisite funding to utilize their knowledge in continued response to this crisis, while not losing sight of—and continuing to meet the needs of—Moldovan women and girls.

Instead, a familiar structure is developing: a top-down, unequal relationship between capable local actors and international humanitarian agencies. This arrangement always fails women and girls, even by these agencies' own standards.<sup>4</sup>

Women and girls are not consulted in the design of the very aid that is being developed for them, and WROs are alienated from humanitarian coordination structures and are expected to do more than ever, with little or no extra funding. VOICE witnessed this familiar scenario play out in relation to the international humanitarian community's response to COVID-19, where yet again the humanitarian aid sector—despite its commitments to crisis-affected populations—contributed to denying women and girls their rights to participation, consultation, and services, and in some cases subjected them to its own types of violence.<sup>5</sup>

In addition, there are a number of actors and organizations playing a vital role in the humani-

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<sup>4</sup> Including the World Humanitarian Summit's Grand Bargain and Core Commitments to Women and Girls; the Sphere standards; the IASC GBV Guidelines; the Minimum Initial Services Package (MISP); and others.

<sup>5</sup> We Must Do Better: A Feminist Assessment of the Humanitarian Aid System's Support of Women- and Girl-Led Organizations during the COVID-19 Pandemic. VOICE, 2021, [https://voiceam-](https://voiceamplified.org/voice-research-report-we-must-do-better/)

itarian space that may not have traditional humanitarian or crisis experience,<sup>6</sup> and therefore, may not have the more nuanced GBV and broader protection experience. These entities are strongly encouraged to engage expertise to navigate and implement GBV and other protection regulations, policies and strategies, and to strongly consider and integrate the related assessment recommendations included in this report.

Through a new partnership between VOICE and HIAS, and as part of a six-country assessment in the region, VOICE conducted an 8-day rapid assessment in Moldova to assess the needs of women and girls affected by the war in Ukraine and the needs of WROs and groups responding to the emergency. The top three concerns reported by women and girls included: (1) trafficking (including sex trafficking, the trafficking of children, and trafficking for exploitative labor); (2) family separation, unaccompanied minors, and the need for family reunification; and (3) access to cash, trusted services, and accurate information.

The assessment also revealed: high levels of sexual exploitation and abuse (SEA), and other forms of GBV; protection concerns related to shelter and unsustainable housing (often heightening the risk of exploitive labor); and a lack of access to decent work. Overall, (FDPs) in Moldova lack access to GBV services, reproductive health-care, mental health and psychosocial support (MHPSS) services, and legal services and information. On top of this, Roma and LGBTQIA+ communities face additional discrimination and protection concerns.

Forcibly displaced women are running out of financial resources, and consistent access to cash assistance and sustainable housing remains out of reach for most. This is a disaster in the making that can be avoided. By providing holistic and

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[plified.org/voice-research-report-we-must-do-better/](https://voiceamplified.org/voice-research-report-we-must-do-better/)

<sup>6</sup> These entities include private businesses, for-profit international for-profit organizations and other international contractors.

accessible cash assistance, some of the major protection concerns that most women face—such as accepting exploitive labor, engaging in sex work, and falling prey to trafficking or SEA—will be prevented.

Local organizations that mobilized and responded from day one of the war are exhausted, stretched past capacity, and underfunded, with almost no money being provided through the emergency response for core programmatic needs.

At the time of the assessment, many organizations had been approached by or were receiving refugee response funds from INGOs; but they say these funds are too restrictive and more reflective of international priorities than local needs.



In spite of this, WROs and civil society organizations (CSOs) are developing innovative service provision models, especially around the specific protection concerns of women and girls. The WROs met with demonstrated high levels of integrity, and many explained that they would rather turn down funds than be “exploited and brought further from their original mission and work.”

Early in the crisis response, WROs were on the frontlines of providing cash assistance due to the lack of alternative mechanisms. One WRO director reported that they used their emergency funds to provide funds to families.






At the registration office in which women may be standing in line for hours, the team observed individuals who are likely posing as volunteer

Early in the crisis response, WROs were on the frontlines of providing cash assistance due to the lack of alternative mechanisms. One WRO director reported that they used their emergency funds to provide funds to families.

Women and children are the face of the FDP crisis, and are on the front lines of the conflict. The crisis requires locally driven, tailored responses through which women’s organizations should influence the humanitarian response.



# Moldova-specific Recommendations

ICON KEY			
 <p>United Nations (UN) Entities</p>	 <p>European Union (EU)</p>	 <p>Host Country Governments</p>	 <p>Government of Ukraine</p>
 <p>Feminist Philanthropy/ Feminist Funds</p>	 <p>Member State Donors</p>	 <p>LNGO (Local Non Governmental Organization)</p>	 <p>INGO (International Non Governmental Organization)</p>

- **Prioritize funding for mobile GBV responses to serve the hardest-to-reach women and girls, including those in un-registered shelter sites and in more rural communities.** Identify and fund local WROs that are already providing mobile responses or who are positioned to do so. Through mobile GBV service delivery, a host of issues for women and girls can be addressed, and case managers and community mobilizers can ensure the sharing of good information and referral resources. Such responses have been initiated by local GBV actors, but to date have not been funded.





- **Provide urgent, flexible, longer-term financial support to WROs and CSOs, including general operating support, to ensure they can continue to respond to the emergency and are stronger post-emergency.** Allow WROs and CSOs to determine the best way to spend their funding to support the FDP response, as well as to maintain sufficient levels of support to the Moldovan population.



- **Work with established Moldovan WROs, CSOs, and domestic violence shelters who are already responding to the crisis to ensure a locally-led response to GBV and to the needs of women and girls.** Support them to develop creative initiatives to prevent and respond to GBV and to lead efforts around volunteer safety, ensuring that volunteers are vetted and trained.



- **Engage with Moldovan NGOs, and particularly WROs, as equal partners in the FDP response, and integrate them more holistically and co-creatively into the response.** At a minimum, initiate a rapid consultation process with WROs and CSOs to hear their suggestions for alternatives to the current humanitarian coordination regime. Invite local groups to take co-leadership of coordination, and provide them funds to take on the work.



- **Provide cash-based assistance to FDPs through a co-designed, systemized approach in concert with WROs and in accordance with the specific needs of women and girls.**



- **Provide services to Roma FDPs equal to the standard of services for all other FDPs in adherence with global humanitarian standards.**



- **Increase funding and support for initiatives that serve LGBTQIA+ communities (both forcibly displaced and Moldovan), which require nuanced support strategies.**



- **Ensure all responses are developed and implemented with a social cohesion lens to mitigate current and potential backlash against FDPs**, as tensions are already rising within Moldovan communities and creating larger stabilization issues. Provide access to services and support needed by Moldovan citizens as well as FDPs.



- **Engage FDPs in meaningful and decent work<sup>7</sup> surrounding the FDP response, where their language and other skills are relevant and applicable to the FDP crisis.** Ensure protective mechanisms are in place to prevent exploitative labor and labor trafficking.



<sup>7</sup> The International Labor Organization defines “decent work” as sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men. <https://www.ilo.org/global/topics/decent-work/lang-en/index.htm>.

- **Conduct mapping related to where FDPs are; the services they have access to; and the conditions of their accommodations to identify risks and vulnerabilities.** This is particularly crucial for those in private shelters and homes where exploitation may be a higher risk.



- **Build upon existing networks through which FDPs are sharing information**—including informal channels such as Facebook groups and Telegram chats— to spread reliable and essential information.



# **II. Assessment framework overview**



## A. Working in partnership to support Women's Rights Organizations

VOICE and HIAS<sup>8</sup> share a vision of supporting women's rights organizations (WROs) and women's groups across the region to lead on the Ukraine humanitarian response.

The partnership aims to help WROs, local civil society organizations (CSOs), and informal groups to shape humanitarian response, recognizing the unique impact of humanitarian emergencies on

<sup>8</sup> HIAS, the international Jewish humanitarian organization that provides vital services to refugees and asylum seekers, has been helping forcibly displaced persons find welcome, safety and opportunity for more than 130 years. Currently working in more than 17 countries, HIAS is responding to the war in Ukraine through its core programming areas, including Economic Inclusion, Mental Health and Psychosocial Support, Legal Protection, and Prevention and Response for GBV, with a focus on violence against women and girls and individuals identifying as LGBTQIA+.

women, girls, and other at-risk groups in all their diversity. It is critical that humanitarian actions—both within Ukraine and regionally—build upon the advances in gender equality and women's empowerment made by Ukrainian and regional women's rights activists, women-led groups, and CSOs.

In addition to supporting direct service delivery by local organizations, HIAS and VOICE together will continue to advocate for the need to support WROs with un-earmarked crisis funds.

### About VOICE

VOICE believes that the humanitarian sector must deliver on its promise to protect women and girls—and that women and girls themselves must lead that revolution. We are confronting one of the world's oldest and most widespread human rights abuses: violence against women and girls (VAWG). We challenge traditional, ineffectual methods of addressing VAWG in humani-

tarian emergencies, with a proven but chronically underused resource: the leadership of women and girls themselves.

VOICE's approach, steeped in women's rights practice, offers something new and necessary in the fight to end violence against women and girls. We are working toward a world where girls and women are respected leaders in designing and implementing solutions to eradicate violence—both in their communities and within the halls of power. Ultimately, VOICE's goal is greater direct resourcing of local women's organizations and their solutions to address violence. We help meet the needs of women- and girl-led organizations in a growing number of countries, including Afghanistan, Bangladesh, Colombia, Hungary, Iraq, Moldova, Myanmar, Pakistan, Poland, Romania, Slovakia, South Sudan, Syria, Ukraine, the United States, Venezuela, and Yemen.

## B. What we did

VOICE's approach to this assessment is steeped in international best practices and centered on WROs identified through our network. Our focus on WROs is grounded in the recognition that these organizations are and will always be the first to respond, and have the most creative and timely solutions to address the risks of women and girls.

The VOICE assessment team spent 8 days in Moldova conducting this rapid assessment, which focused on the needs of women and girls affected by the war in Ukraine and the needs of WROs, CSOs, and groups responding to the emergency.<sup>9</sup>

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<sup>9</sup> The overall assessment framework was envisioned and conducted by a team of VAWG and women's rights activists and practitioners from Eastern Europe and Ukraine; seasoned gender-based violence in emergencies (GBVIE) technical specialists; a conflict-medicine/nurse practitioner sexual and reproductive health

During the assessment, the following key informant interviews (KIIs), focus group discussions (FGDs), and site observations were conducted:<sup>10</sup>

- ▶ 31 KIIs with: 7 heads of local organizations and networks; 2 forcibly displaced women; 1 female police officer; 3 shelter/site managers; 3 volunteers; 6 UN agency staff members; 2 member state humanitarian funders; 3 INGOs; 1 private company; and 3 local community members
- ▶ 2 FGDs with a total of 11 forcibly displaced women, ages 18 - 55
- ▶ 8 site observations at: 2 refugee accommodation centers; 3 non-accredited accommodation centers; 1 border crossing; 1 bus depot in proximity to a 72-hour transit camp; and 1 train station

All information shared was treated as confidential to ensure principles of Do No Harm. Through the assessment, the team was able to develop a clear picture of cross-cutting risks for VAWG across the emergency response and how they are interlinked with access to essential services.

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(SRH) expert; LGBTQIA+ practitioners and activists; a trauma-informed stabilization expert; and VOICE Leadership Team members, including the Executive Director and the Emergency Response Director. This dynamic team brought global, regional and local expertise together with a range of language skills and deep connections to Ukraine and Eastern Europe—building from years of VOICE's work in the region and from the specific and unique expertise of the assessment team.

<sup>10</sup> Questions were focused around the following areas of inquiry: concerns for women and girls at border crossings and while on the move; overall safety concerns in their current location; any discrimination specific groups have experienced or have been witnessed to have experienced; GBV risks for women and girls (including sexual exploitation and abuse); availability and accessibility of facilities and services; cash assistance, cash distributions, access to cash, and remaining levels of financial resources; shelter sites and private accommodations and the risks and concerns of each; legal documentation and access to legal services; access to health services, including sexual and reproductive health services such as the clinical management of rape, abortion, and pre- and post-natal care; access to good and decent work; and language accessibility through existing service provision.

## C. Limitations

Due to the rapid nature of data collection in a complex and fluid environment, this was a rapid needs assessment and not intended to be a comprehensive risk and needs assessment. There were limitations of time, areas covered (the assessment team did not travel to the Pridnestrovian Moldavian Republic), COVID-19 pandemic precautions, and safety and security concerns. The approach was grounded in and directed by adherence to ethical considerations, which at times prevented interviews and discussions from happening. In many instances, the level of visible trauma was such that it would not have been ethical to ask different protection questions. Information was challenging to obtain in Moldova, and while official numbers

and data were triangulated, it was almost impossible to find consistent and reliable sources of information.

In interviews across the five border countries assessed (Hungary, Poland, Romania, Moldova and Slovakia), forcibly displaced Ukrainian women were often reluctant to share or ‘complain,’ and they expressed gratitude for the support they were receiving. This raises the question of whether women were under-reporting instances and risks of violence.

## Map of Ukraine



# **III. Moldova background information**



## A. The humanitarian emergency in Moldova

Moldova is a small country with a population of 2.6 million. As of May 13, 2022, more than 460,000 forcibly displaced persons (FDPs) have come into and through Moldova since February 24, 2022.<sup>11</sup> Moldova and Poland are currently hosting the largest number of FDPs from Ukraine, with 412 and 450 FDPs per 10,000 inhabitants, respectively. As of May 4th, 2022, about 94,783 Ukrainian FDPs reside across the different regions of Moldova. As with all of the other border countries, the majority of FDPs are women and children. Inter-agency documents state that 64% of all FDPs hosted in Moldova are female; 51% are children.<sup>12</sup> However, unlike in other border countries, more men have been able to bribe their way across the Odessa border into Moldova.<sup>13</sup> At the time of the assessment there was a notable increase in the number of undocumented children—it is estimated that at least 2% of children are separated or unaccompanied—<sup>14</sup>and women’s organizations were working closely with the authorities on this issue. With the added strain on the government and communities hosting an unprecedented influx of FDPs, tensions with the host communities were already beginning to emerge. The cost of living is rapidly increasing, price gouging and shortages are occurring, and differences of opinion about the war are becoming inflamed.

<sup>11</sup> “Operational Data Portal”. Ukraine Refugee Situation, UNHCR, May 14, 2022. <https://data2.unhcr.org/en/situations/ukraine>

<sup>12</sup> Moldova Refugee Response, Inter Agency Update #14 (30 April-4 May). Moldova Refugee Inter-Agency Coordination, May 13, 2022. <https://reliefweb.int/report/moldova/moldova-refugee-response-inter-agency-update-14-30-april-4-may>

<sup>13</sup> Ukrainian men ages 18 to 60 have been banned from leaving the country, in anticipation that they may be called to fight.

<sup>14</sup> Ukraine Situation - Moldova :Terms of Reference of Child Protection Sub-Working Group. The Child Protection Sub-Working Group, May 5, 2022. <https://data2.unhcr.org/en/documents/details/92512>

**“We are a small country, with a big heart.”** — Executive Director of a local organization in Moldova



If Odessa is taken over by the Russian military, it is estimated that between 1 to 2.3 million additional FDPs who have been under heavy attack will come into and through the major corridor of Moldova. The systems and structures of Moldova, as well as the international community, are not prepared for such an influx of people; as reference, the entire population of Kiev is the same size as Moldova. The Moldovan government has been running out of money for the response, and complicated politics between central and municipal governments results in a lack of coordination across the state’s response.

Aid money has suddenly been flowing in to respond to the crisis, but local organizations need to be supported for the long term. CSOs that have

been bearing much of the burden of humanitarian response say that their realities are not being understood or catered to.

FDPs entering Moldova with resources are generally on their way to a third country; this follows a labor migration pattern that predated the war. The 94,783 FDPs who remain tend to have fewer resources and are likely the most vulnerable with nowhere else to go. Many elderly Ukrainian women are being left alone and without resources or support in Moldova, while their daughters and grandchildren move onwards into Europe.<sup>15</sup> There is even a government-run facility for elderly women responding to this crisis. Several FDPs who were staying in Moldova said they were waiting until the war was over, and wanted to be close to Ukraine so they could go home. Because women can move freely in and out of Ukraine, some are ferrying goods<sup>16</sup> into Ukraine and crossing the border regularly — creating a host of protection concerns.

## B. The Government of Moldova

The Moldovan Government is newly elected and is generally seen as progressive compared to the former pro-Russian administration. The President, Prime-Minister, and Minister of Interior are all women. Prior to the FDP crisis, the government began making gender a priority in policy; however, given the scope and scale of the crisis, it has only been able to focus on basic needs. The Republic of Moldova acceded to the 1951 Convention relating to the Status of Refugees and

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<sup>15</sup> A HelpAge Rapid Needs Assessment of Older Refugees in Moldova on March 10, 2022, estimated that 10% of those interviewed (105) were traveling alone. Additionally, 62% of older people reported that they are traveling with children. See more at: <https://reliefweb.int/report/ukraine/moldova-rapid-needs-assessment-older-refugees-10-march-2022>

<sup>16</sup> The goods themselves can create protection concerns if they are restricted goods such as certain medicines and ammunition.

its 1967 Protocol; the 1954 Convention relating to the Status of Stateless Persons; and the 1961 Convention on the Reduction of Statelessness.<sup>17</sup>

The Refugee Directorate, part of the Bureau for Migration and Asylum within the Ministry of Internal Affairs, is responsible for registering asylum-seekers and conducting refugee status determination procedures; granting, reviewing, and withdrawing protection; registering applicants for statelessness status and conducting statelessness determination procedures; implementing integration programs; and managing state financial assistance to FDPs<sup>18</sup>. Although the Moldovan law provides asylum-seekers with various types of protection — such as granting refugee status; international humanitarian protection and temporary protection (in cases of mass influx); and political asylum, temporary protection has never been granted, and no official figures on asylum granted by the Moldovan President are provided.<sup>19</sup> While temporary protection status (TPS) is technically in effect, it is not currently clear how it is applied, and FDPs lack information on their legal status.

## C. Pre-existing prevalence of GBV in Moldova & existing legal frameworks

Prevalence of gender-based violence (GBV), including intimate partner violence (IPV), was high in both Moldova and Ukraine prior to the influx of FDPs. Despite recent developments in anti-trafficking legislation,<sup>20</sup> Moldova strug-

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<sup>17</sup> "How to Apply for Asylum." *UNHCR Moldova*, <https://help.unhcr.org/moldova/how-to-apply-for-asylum-in-moldova/>

<sup>18</sup> "How to Apply for Asylum." *UNHCR Moldova*, <https://help.unhcr.org/moldova/how-to-apply-for-asylum-in-moldova/>

<sup>19</sup> *Convention and Protocol relating to the status of refugees*. UNHCR. [www.unhcr.org/3b66c2aa10.pdf](http://www.unhcr.org/3b66c2aa10.pdf)

<sup>20</sup> In 2021, the government passed an amendment to include trafficking victims as beneficiaries of state-guaranteed legal aid. Moreover, in 2020, the government increased the penalties for sex and labor trafficking, stipulated in Articles 165 and 206 of

gles with significant human trafficking issues. Government reports are impeded by overall insufficient resources and inadequate funding, along with the complicity of low-level officials and a deficiency of qualified personnel to assist victims. Moldovan women and girls are exploited by traffickers operating in Romania and Moldova with counterfeit passports, in trafficking networks operating across Europe. There is no procedure to conduct labor inspections in Transnistria, while the undocumented population—including the Roma community—within Moldova remains at risk of exploitation.

The COVID-19 pandemic severely impeded anti-trafficking efforts. While the number of identified victims decreased in 2020 compared to previous years, the strategies of traffickers changed and online recruitment increased. Most victims come from rural areas with less access to quality education. Reports also show a high risk of re-victimization due to insufficient services provided by the Moldovan state.

Moldova recently became the 35th State to ratify the Council of Europe Convention on Combating Violence Against Women and Domestic Violence, known as the Istanbul Convention—making it the second country in Eastern Europe to ratify, after Georgia. The Convention entered into force in Moldova on the 1st of May, 2022.<sup>21</sup> According to the Convention, Moldova is obliged to establish protection and support mechanisms to respond to violence against women, such as organizing enough shelters for survivors of GBV, including domestic violence; creating crisis centers for survivors of sexual violence; organizing free round-the-clock helplines; and implementing a program of psychological counseling and medical care.

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the Criminal Code.

<sup>21</sup> “The Republic of Moldova Ratifies the Istanbul Convention”, *Council of Europe*, January 31, 2022, <https://www.coe.int/en/web/istanbul-convention/-/the-republic-of-moldova-ratifies-the-istanbul-convention>

The Convention also contains specific provisions for refugee and migrant women and girls. It introduces the possibility of granting migrant women survivors of domestic violence an autonomous residence permit, where their residence status is independent of the status of their partner who uses violence. It requires governments to recognize GBV as a form of persecution within the meaning of the 1951 Refugee Convention, and a criterion to be considered when women and girls seek international protection in Europe.<sup>22</sup>

## D. Overall healthcare system in Moldova

The healthcare system within Moldova can be characterized by a general lack of resources, including funding and personnel.<sup>23</sup> While the system has improved in recent years, primary healthcare and access to preventive medicine are poor.<sup>24</sup> In combination with the fact that Moldova has a closed pharmacy system, the country has significant health inequities. Information about and access to mental healthcare services is limited due to the lack of specialists in Moldova. Medical services for people with reduced mobility and physical disabilities are also limited. According to one WRO Director, refugees have reported that state health institutions do not want to provide medical examinations and often send them to private services. There are also serious problems for patients with oncological problems, and other illnesses which need special treatment.

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<sup>22</sup> “Here’s Why the Istanbul Convention Saves Lives.” *Amnesty International*, 11 Oct. 2021, [www.amnesty.org/en/latest/news/2021/05/heres-why-the-istanbul-convention-saves-lives](http://www.amnesty.org/en/latest/news/2021/05/heres-why-the-istanbul-convention-saves-lives)

<sup>23</sup> Khan Burki, Talha. “Enormous challenges for the Moldovan health-care system”. *The Lancet*, vol. 8, n.o 2, November 2019, pp. 138-39, [https://doi.org/10.1016/S2213-2600\(19\)30446-1](https://doi.org/10.1016/S2213-2600(19)30446-1)

<sup>24</sup> “Better Health Care for Moldovans”. *The World Bank*, February 28, 2012. <https://www.worldbank.org/en/news/feature/2012/02/28/moldova-better-health-care-for-moldovans>

With the massive influx of people fleeing Ukraine, Moldova is now experiencing its own crisis. With limited resources to provide for its own people, the influx is taxing already weak systems, and international humanitarian assistance is not keeping up.<sup>25</sup>

At the onset of the refugee crisis in Moldova, the World Health Organization identified a lack of humanitarian health supplies; the need for water, sanitation and hygiene (WASH) facilities;<sup>26</sup>

<sup>25</sup> Brzozowski, Alexandra. "Moldova approaches 'breaking point' over Ukraine war next door". *EURACTIV*, March 7, 2022, <https://www.euractiv.com/section/europe-s-east/news/moldova-approaches-breaking-point-over-ukraine-war-next-door/>

<sup>26</sup> "Prioritizing refugee health in the Republic of Moldova through better water, sanitation and hygiene". World Health Organization Regional Office for Europe, March 29, 2022, <https://www.euro.who.int/en/health-topics/health-emergencies/pages/news/news/2022/03/prioritizing-refugee-health-in-republic-of-moldova-through-better-water,-sanitation-and-hygiene>

and the need for health screening at points of entry and at refugee camps/centers. They noted crowded conditions at border crossings which could increase the risk of spread of disease. They also reported that the Government must be supported on readiness to roll out the vaccination program for polio and measles (noting sufficient stock is available in Moldova), and designated hospitals must be provided with emergency health supplies by the Ministry of Health.

Public healthcare is free for Ukrainian FDPs, and no insurance is needed. The website [domopoga.gov.md](http://domopoga.gov.md) lists various private medical centers and laboratories that provide services for Ukrainian FDPs, but it is not clear if such services are free, or only up to a certain amount. Prescribed medicines must still be paid by FDPs, and it was noted that certain reproductive health services may require private pay.



# IV. Findings



WROs and forcibly displaced women reported that they are most concerned about trafficking, harassment, and other forms of violence; family separation; and access to cash, essential services, and information.

The complexity of this response demands the international community go beyond the often simplistic humanitarian discourse on GBV to different ways of thinking about power, violence, male privilege, movement building, and healing. Like other parts of the report, this Findings section is informed by an intersectional feminist analysis of violence as deeply rooted in women's oppression and an understanding of how it intersects with race, antisemitism, class, sexual orientation, and gender identity. It is hard to deny, three months after the war in Ukraine started—with a response to over 2 million people, 90% of whom are women and children—that there is a failure of duty-bearers (including INGOs and the UN) to adhere to their own global commitments to localization of the humanitarian response to women and girls, including systematically creating ways for them to design and lead responses and incorporate their views into all phases of the humanitarian programme cycle. It is critical that the international community understands the trade-off women will continue to face, if urgent action is not taken, between their own safety and well-being and the ability to meet their most basic needs.

## A. Needs and risks of women's organizations, groups, and collectives

### Funding

Most WROs, CSOs and local NGOs are underfunded, with no money provided through the emergency response for core programmatic needs, such as staff salaries. Many of their do-

nors have shifted to a refugee response without due attention to holistic operational costs which are needed to maintain the operational integrity and existence of these organizations. At the time of the assessment, many organizations were approached by or had received response funds from INGOs; however, these funds were restricted and did not account for overall organizational needs.

In some cases, organizations were expected to launch a humanitarian response without support for additional personnel. One organization was told that packaging of food for distribution should be done by volunteers, because "that is how it is done" in the funders' (western) country. In other cases, funds were not provided for the fuel needed to deliver the assistance to the different district centers in rural areas. Some organizations were hesitant to accept funds that were so highly restrictive, while others were left out of the funding envelopes completely.

One WRO reported that funding is often provided by the international community on the condition of attending trainings on technical areas, which are often already that organization's area of technical expertise. Even in a time when international humanitarian actors are supposed to be focused on localization, some WROs said they would rather turn down funds than be "exploited and brought further from our original mission and work."

In spite of this, WROs are developing innovative service provision models, especially around specific protection concerns for women and girls. One of these models includes the positioning of mobile GBV case management systems and mobile trafficking protection units at the borders. This idea had been brought to a UN entity, and a decision related to its funding was pending at

the time of the assessment. Another proposed approach is linking food distribution parcels with information packets related to trafficking, and partnering with smaller local organizations to increase distribution in harder-to-reach areas. Support is needed to help develop these WRO-led structures.

Refusing to be ignored or mistreated, some local organizations have invested time and human resources (which equates to financial resources) to communicate to coordination structures how they want to be engaged, and have set firm boundaries around their work, their language, and how they intend to contribute to the coordination structures. This dynamic was especially present within the GBV sub-working group. One WRO said, “UNHCR needs to show up with humility, curiosity and respect for the important work that local organizations have been doing.”

Moldovan WROs have built relationships with security forces and have been involved in delivering anti-trafficking training(s) for them. These WROs will continue to be on the ground long after international organizations have returned home, and yet they were not integrated into training sessions planned by INGOs (such as the Interpol training of border guards). In many examples, international support has been provided in half-measures and not strategically. Local organizations have a strong understanding of the needs of the crisis, as well as effective response strategies to meet these needs; they have been on the frontlines of this crisis and have been providing services, volunteering, and stepping up to support those in need. Many also have strong regional networks which could help inform the international community, particularly given the regional nature of the crisis. In spite of this, these organizations have been largely sidelined.

COVID-19 has placed a strain on organizations providing services for women who experience violence, and yet these organizations are still striving to meet the demand of the Moldovan

people. There have been discussions around how there could have been more learning from the pandemic; the well-being of staff working on domestic violence and other forms of GBV was a key area of focus, and this likely needs to be reinvigorated with the current FDP crisis. WROs need support to renew their commitment to staff well-being. They have asked for support and additional training on crisis communications, trauma-informed approaches, psychological first aid, gender-based violence in emergencies (GBViE) programming, and case management. There is also a desire to work more on the FDP response, but this has been a massive burden on existing structures, especially with unsustainable funding mechanisms may only last for three months.

Women’s organizations in Moldova should be the ones driving the charge, and they must have the support to do so. Partnerships with international actors should be co-creative, rather than top-down.

## **B. Trafficking and other GBV risks**

The situation in Moldova is rapidly unfolding, and women and girls are at a high risk of multiple forms of GBV. Trafficking is visible and happening in Moldova and at the border points, and trafficking networks are often highly sophisticated and operate faster than the authorities. There is an increasing risk of sexual exploitation and abuse (SEA) as more actors come into the response,<sup>27</sup> with one WRO director stating several incidents have already been reported, with no vi-

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<sup>27</sup> Sexual exploitation and abuse by humanitarian actors is a prominent issue in humanitarian emergencies and has received increasing attention over the last several years, as noted and reviewed in The New Humanitarian’s article published on February 11, 2021, “Then and Now: 25 Years of Sexual Exploitation and Abuse. A timeline of repeated scandals, reform, pledges and impunity.” published in the New Humanitarian. <https://www.thenewhumanitarian.org/feature/2021/2/11/25-years-of-sexual-exploitation-and-abuse>



sible effort to address. As of the assessment, no volunteers working with FDPs had been trained on the prevention of sexual exploitation and abuse (PSEA). The lack of services to address GBV is not due to a lack of desire from local organizations due to a lack of funding. WROs are a significant driving force behind anti-trafficking efforts in Moldova.



Some of the trafficking is happening prior to crossing the border into Moldova. Within Moldova, Interpol and Europol are working with and training the local police forces. There are three border crossing points (Palanca, Giurgiulești and Leușeni) and one exit border crossing, along with three transit locations and a temporary placement. Major protection concerns were described by key informants and visible on both sides of the border crossings, as well as in the gap between the reception centers/bus depots/transit camps and the actual border.

While there were UN-marked buses at one of the border crossings waiting to take people to the bus depot and 72-hour transit camp, there is a 3.5 kilometer gap between the crossing and the reception center where traffickers could pick

up women and children. At the time the team was conducting their observation at the Palanca Border Crossing close to Odessa, there were only a few families and individual women observed to be coming into Moldova, while weeks before there were thousands crossing. Some women were waiting for trusted friends or family members to pick them up, while many cars with male drivers were seen prowling and offering rides to young women. Except for the UN-marked buses, there was no visible presence of volunteers, NGOs, INGOs or police between the border and the bus depot/transit camp. If thousands of people were to start crossing at this border site again, the existing protection concerns would be greatly exacerbated.

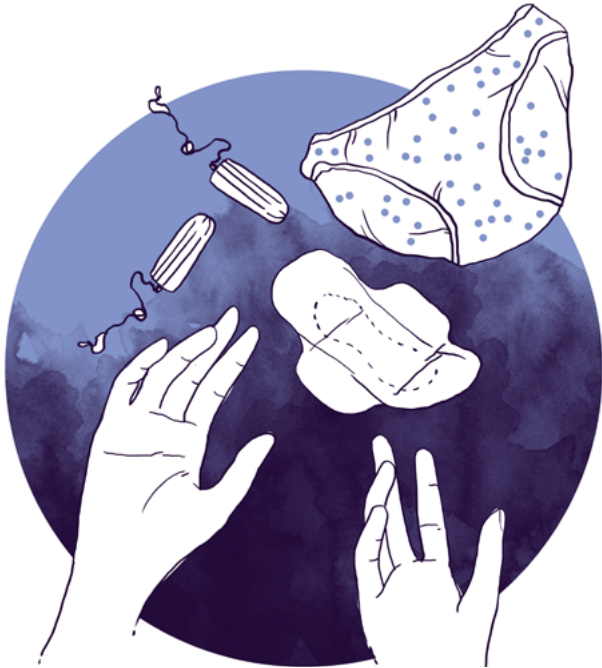
During the assessment, the team also learned from WROs that there are incidents of harassment of volunteers by police, which is especially concerning given their role in supporting the refugee response and in addressing violence against women and girls.

## C. Shelter and sustainable housing risks

Safe and sustainable shelter is out of reach for most FDPs, and there are no longer-term solutions being presented. There are three types of housing/shelters in Moldova: refugee accommodation centers (RACs), private-run centers (most often hotels or sanatoriums across Moldova), and individual private homes offered by Moldovan citizens. There are 120+ RACs across the country and countless unregistered and privately-run shelters.<sup>28</sup> It is unclear how many FDPs are living in private accommodations or where these accommodations are located; however, ac-

<sup>28</sup> As of May 4th, 90 centers authorized by the Government were functional with a capacity of 7,383 persons, and are currently hosting 4,326. See more at: [https://reliefweb.int/sites/reliefweb.int/files/resources/REACH\\_MDA\\_Factsheet\\_RAC-Weekly-Needs-Monitoring\\_2022-05-04\\_EN.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_MDA_Factsheet_RAC-Weekly-Needs-Monitoring_2022-05-04_EN.pdf)

According to the World Food Programme,<sup>29</sup> over 90% of people who fled into Moldova from Ukraine are living with host communities in Moldova. Beyond this limited data, there is an overall lack of information on where FDPs are staying, who is providing which services, and what the needs and gaps in services are.



The RACs lack many essential services, especially those targeting women and girls. There is a lack of legal assistance that would help women make informed decisions and access advice and support. Entry points are not restricted, and there is nothing in place to ensure only qualified, trained and vetted staff and volunteers are able to reach the interiors of shelter sites—allowing easy access to those looking to prey on women and children. There are no women- and girl-safe spaces where women and girls might feel safe to disclose violence or risks of violence, and where appropriate services and support could be provided. RACs have little security, and while staff is working very hard, there seems to be little

direction or training, including on PSEA. People allegedly representing travel agencies were coming to several shelter sites offering free or cheap flights abroad, with unknown motives.

In private-run facilities and individual homes, women and girls have limited or no access to services and assistance of any kind, and there is a high risk of exploitation. Many FDPs staying in hotels or rented accommodations are subject to price increases as supplies dwindle, while others are temporarily housed by Moldovans citizens for free. Some of the privately-run centers are unregistered, raising concerns that they may be purposefully not registering so that they can exploit women. Others are understood to be unregistered for confidentiality and safety reasons to protect survivors or groups that would be at risk if named, which is likely a good practice, given the context. When meeting with people running private and unregistered shelter sites, some said they do not register because they wanted to be selective of who stays in their shelter and for how long. One of these sites was understood to be engaging in forced labor, and their lack of registration was assumed to allow for this exploitation.

Forced labor was also visible and present in some private shelters housing women and children, and this was presented as ‘volunteering.’ Women and children must ‘volunteer’ all day long, every day, washing dishes, with maybe one day off in a month; many were requesting lotion because their hands were becoming raw from dishwashing. While the women were away ‘volunteering’ from morning to night, teenage daughters were watching small children.

However, most respondents said that their basic needs were being met and they did not desire to change the situation. These sentiments might be influenced by a reluctance to complain and a fear of losing what little support they have.

Women and girls need sustainable and protected accommodation, both temporarily and

<sup>29</sup> Ukraine Situation: WFP Moldova Factsheet, March 2022. <https://reliefweb.int/report/moldova/ukraine-situation-wfp-moldova-factsheet-march-2022>

longer-term.<sup>30</sup> Moldovan organizations say they want to develop a comprehensive housing response, but they lack data on where and how many FDPs are staying, particularly those in private accommodations. Moldovan organizations do not trust that INGOs or multilateral organizations will create a comprehensive picture of the situation, and they reported feeling largely sidelined even though they have been on the front lines of the response.

## **D. Lack of cash-based assistance, livelihoods, and access to decent work**

Members of the Commission for Emergency Situations of Moldova decreed, for the period of the state of emergency, that citizens of Ukraine have the right to work without obtaining a residence and work permit.<sup>31</sup> With a high rate of unemployment in Moldova, many FDPs still cannot find jobs that pay a decent salary and are not exploitative. Many Moldovans work more than one job to make ends meet, and a significant number of Moldovans move further into Europe to gain better employment opportunities.

Most FDPs are women with small children or elderly people who want to work but also want to return to Ukraine as soon as possible. This can

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<sup>30</sup> Inter-Agency Operational Update - Ukraine Situation Response. UN. March 13, 2022. [https://moldova.un.org/sites/default/files/2022-03/Ukraine%20Situation%2C%20Inter-Agency%20Update%20Moldova\\_Final.pdf](https://moldova.un.org/sites/default/files/2022-03/Ukraine%20Situation%2C%20Inter-Agency%20Update%20Moldova_Final.pdf)

<sup>31</sup> Their employment will be carried out during the state of emergency on the basis of an urgent individual labor contract and an identification number assigned to citizens of Ukraine when crossing the border, as well as a copy of an identity card (Ukrainian ID documents are valid). The employer must notify the National Employment Agency within 5 days from the date of employment. Obtaining temporary protection status (TPS) gives refugees additional benefits when it comes to the labor market. For instance, having received this status, FDPs automatically fall into the category of official unemployment and can take advantage of the training(s) and courses of the National Employment Agency of Moldova.

create hesitation on the part of employers to hire people who might not stay. Several organizations were already employing Ukrainian FDPs; however, these jobs are primarily linked to specific refugee- and crisis-related projects and likely short-term. Lack of childcare for women creates an additional obstacle for employment, as do language barriers in some cases. Russian is spoken widely in Moldova, and given many FDPs are from predominantly Russian-speaking areas of Ukraine (such as Odessa), the language barrier is reduced; however, the Romanian language is still widely spoken throughout the country.<sup>32</sup>

Because the majority of FDPs will be unable to obtain decent work in Moldova in the near term, they will need financial assistance. Forcibly displaced women are running out of financial resources, and every day they remain in Moldova without a coordinated response to meet their needs is another day in which risks to their safety grow. While cash assistance is meant to be the hallmark of this humanitarian response, so far it remains out of reach for the majority. Without the resources to support their basic needs, women and their families are reliant on volunteer support, assistance from individual citizens, and local organizations that are exhausted, and underfunded. This is a disaster in the making that can be avoided. By providing holistic and accessible cash initiatives, some of the major protection concerns that most women face — such as accepting exploitive labor, engaging in sex work, and falling prey to trafficking or SEA— will be prevented.

UNHCR and its local partners are providing grants for certain FDPs for 2,200 MDL (approximately \$116 USD) per person per month, with renewal grants for FDPs remaining in the country<sup>33</sup>.

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<sup>32</sup> Moldovans' 'native' language is Romanian; however, unlike in Romania, many Moldovans are proficient and/or fluent in Russian.

<sup>33</sup> "Cash assistance programme for refugees in Moldova". UNHCR Help Moldova, May 2, 2022, <https://help.unhcr.org/moldova/cash-assistance-programme-for-refugees-in-moldova/>



However, the assessment team found many were not aware of any cash assistance provided. While conducting an FGD at one site, the team observed long lines and crowds forming around a cash registration site outside supported by an INGO. This crowd then moved toward another building, and we were told it was to obtain a QR code for cash distribution that later would be accessible from a bank. The scene was chaotic as people rushed from one area to the other, with children in hand or in strollers, and a surprising and perhaps concerning number of men were in the mix. Other women interviewed were aware that there was some possibility for cash assistance, but this was sourced through information shared through trusted Facebook groups, and they worried about long lines and crowds and having to wait days at a time.

Early in the crisis response, WROs were on the frontlines of providing cash assistance due to the lack of alternative mechanisms. One WRO director reported that they used their emergency

funds to provide funds to families. Their methodology was data-driven to identify recipients, with 107 families receiving assistance.

## **E. Lack of access to accurate information**

FDPs lack consistent and reliable information on available services and support. Many registered shelter sites have an overwhelming amount of information delivered via hand-written notes and flyers, which include unvetted/out of date information on access to services, dubious offers of transportation to other countries, work opportunities in different locations in Europe, and offers for private accommodations.

The government launched the [dopomoga.gov.md](https://dopomoga.gov.md) platform to provide official and consolidated information about legal protective status, housing (specifically refugee centers), access



to healthcare and education, other rights and benefits, and contacts of volunteers. While it is a well-structured site covering almost all relevant spheres, according to interviews and focus groups, informal networks— such as Facebook groups, Telegram chats and Viber chats— remain the main sources of information for FDPs, especially when they search for information on local matters.<sup>34</sup> This likely means that vulnerable, marginalized, or elderly people cannot access these networks due to technology barriers. While these informal networks risk spreading misinformation, they are also the most trusted channels, and should be availed of by agencies supporting FDPs.

## F. Reproductive health and GBV services

Some services for survivors of violence exist in Moldova, as exemplified by the 27-member national coalition Life Without Domestic Violence, which is already responding to the crisis and is ready to expand. The scale of GBV services for women and girls is not proportionate to the current crisis, however. Essential services are needed, including shelters for women experiencing or in flight from violence; interventions for trafficking, such as protection at border crossings and at all shelters; mobile GBV services to engage women and girls in activities to understand their risks and where to turn to for help; access to psychosocial support and mental health care for survivors; services for the clinical management of rape (CMR); and comprehensive healthcare that is supportive of survivors and meets their needs in a safe and confidential way.

<sup>34</sup> The [dopomoga.gov.md](http://dopomoga.gov.md) was not mentioned by any of those interviewed and the assessment team only learned of the site much later and therefore it is unclear the extent to which the site is known.

Sexual and reproductive health services also remain largely inaccessible in Moldova.<sup>35,36</sup> While the government did approve country-wide CMR protocols on March 30th, 2022, it is unclear whether these are actionable and whether providers can implement them. UN personnel said that post-exposure prophylaxis for rape is only available in hospitals, and no providers had yet been trained.<sup>37</sup>

FDPs do not have access to postnatal and antenatal care, abortion, and contraceptives. Abortion is technically legal, but access is limited.<sup>38</sup> Current law establishes that medical and surgical abortion is legal up to 12 weeks of pregnancy by request, and thereafter with permission of the Ministry of Health, when medically indicated.<sup>39</sup> During the COVID-19 pandemic, access to abortion care was expanded to allow telehealth consultations for women to receive prescriptions for medical abortion, significantly improving access to care. It is unclear if this access will include FDPs.<sup>40</sup>

<sup>35</sup> According to the UNFPA's Sexual and Reproductive Health (SRH) Rapid Needs Assessment, there are 24,972 women refugees of reproductive age and 1,755 pregnant refugee women. In the next three months, 585 refugee women will give birth; 29 women will experience life-threatening complications. See more at: <https://reliefweb.int/report/moldova/moldova-refugee-response-inter-agency-update-14-30-april-4-may>

<sup>36</sup> UNFPA and the National Health Insurance Company in Moldova announced that Ukrainian refugees who remain in the territory of the Republic of Moldova would be able to access a full range of sexual and reproductive health care services like the Moldovan population. See more at: <https://moldova.unfpa.org/en/news/free-reproductive-health-services-ukrainian-refugees-republic-moldova>

<sup>37</sup> There are over 300 primary health centers and 9 hospitals across the country. Three GBV/CMR centers are being developed in the hospitals: 1 in the north in Balti, 1 in Chisinau, and 1 in the South.

<sup>38</sup> Comendant, Rodica, et al. *Achievements in sexual and reproductive health and rights*. The World Health Organization, 2016, [https://www.euro.who.int/\\_data/assets/pdf\\_file/0020/330095/9-Achievements-SRHR-abortion-Moldova.pdf](https://www.euro.who.int/_data/assets/pdf_file/0020/330095/9-Achievements-SRHR-abortion-Moldova.pdf)

<sup>39</sup> "Moldova introduces new National Safe Abortion Standards". *ASTRA Network*, October 8, 2022. <https://astra.org.pl/moldova-introduces-ne-national-safe-abortion-standards/>

<sup>40</sup> "Bringing sexual and reproductive health services to young people across the Republic of Moldova". World Health

## G. Mental health and psychosocial support

The assessment team observed mental health and psychosocial support (MHPSS) services provided by international organizations in government-run centers, generally for children. Women have access to psychologists if needed in these centers; however, when asked, forcibly displaced women seemed to fear the stigma around needing it. There was no MHPSS support visible in private centers. WROs were quite concerned about the need to provide MHPSS support for forcibly displaced women—particularly those in private accommodations who may be socially disconnected from other women and other services. Many expressed the desire to figure out how to provide these services, and the need for funding to do so.

**“She has grown a lot at this time. She’s keeping it all inside.”** — KII with forcibly displaced woman, speaking about her 16 year old daughter

The staff and volunteers— who have largely been the frontline responders to the FDP influx— are exhausted emotionally and physically, both from the long hours of responding to the crisis but also from constant requests for meetings and for information. Although they can provide MHPSS in their own mission and cultural context, they say they need training to respond appropriately in the humanitarian context. One organization said that they would need support in developing

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Organization Regional Office for Europe, October 15, 2020, <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2020/10/bringing-sexual-and-reproductive-health-services-to-young-people-across-the-republic-of-moldova>

procedures for staff care in the context of the war and pandemic.

## H. Double discrimination against populations of concern

Roma, LGBTQIA+, people of color, and other marginalized people who already face discrimination across the region are likely to be those most greatly impacted by the current crisis.

The LGBTQIA+ community faces discrimination in the patriarchal societies of both Moldova and Ukraine. Moldova lacks national anti-discrimination policies to combat discriminatory attitudes and behaviours towards lesbian, gay, bisexual and transgender persons.<sup>41</sup> Activists and lawyers are working to get LGBTQIA+ persons out of Ukraine through underground networks. The situation is particularly challenging for trans women with male identity documents, as well as for trans men who were already able to change their documents.

As in neighboring countries, the Roma community is deeply discriminated against in Moldova and lacks documents and access to services. Roma families are often brought to specific Roma shelter sites, and this was explained as a way to ease tensions in more ‘mixed’ sites. To validate the separation service providers claimed that Roma “are different and don’t respect rules.” At one of the Roma shelter sites visited, there were between 10-14 people per room with mixed families. Overall, while they do have access to some medical and psychological services, the support and services of these sites appear to be of a much lower quality than those of non-Roma sites.

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<sup>41</sup> Mier, Atria, and Henar Jaar. Rapid Gender Analysis: Moldova - Ukrainian Crisis. ActionAid, April 27, 2022, <https://reliefweb.int/report/moldova/ukraine-situation-moldova-actionaid-rapid-gender-analysis-27-april>

**“We waited until the last minute [to leave], and there was heavy shelling, and she lost her document.”** – shared by Roma family about their 77-year-old grandmother

Many Roma and other Ukrainian FDPs do not have passports or other identification documents— which heightens their risk of trafficking. Roma families said that when they tried to go to the Ukrainian Embassy to apply for documents lost while fleeing were told they needed to go back to Ukraine to get their documents. Others were told they could not obtain documents because the offices inside Ukraine were not operational; and many men were sent away and told they should not have left Ukraine in the first place but should go back and fight.



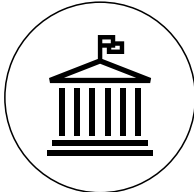


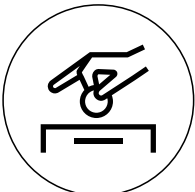


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# **V. Recommendations and ways forward**

These regional recommendations are foundational for the UN, Donor/Member States, the European Union, philanthropy, host country governments, INGOs, and local NGOs to implement. They are complementary to the country-specific recommendations included in this report.

ICON KEY			
			
United Nations (UN) Entities	European Union (EU)	Host Country Governments	Government of Ukraine
			
Feminist Philanthropy/ Feminist Funds	Member State Donors	LNGO (Local Non Governmental Organization)	INGO (International Non Governmental Organization)

## 1. Ensure a gender-sensitive humanitarian response by supporting women’s movements across the region

A commitment to sustaining the gains for women and girls made in previous decades must underpin all programming for internally displaced persons (IDPs) in Ukraine and FDPs in border countries, with robust challenges to the inevitable patriarchal backlash. For a gender-sensitive humanitarian response to be successful, women’s and girls’ organizations and other feminist and gender justice groups providing specialist services must be supported to sustain their networks, systems of solidarity, and collective peer care.

### Recommendations:

- **Fund programming tailored to the specific needs of the women and children fleeing Ukraine, as well as host communities in all border countries and beyond.** Funding should prioritize the prevention of and res-



ponse to trafficking and GBV, as well as access to healthcare, childcare, CVA and education. Funding must be flexible enough to support the core operations of WROs to ensure their stability both during and after the current emergency.

- **Design programs that will not rely on women and girls to provide unpaid or underpaid labor.** In most parts of the world, women are socially expected to care for other people in their homes, families and communities. Emergency program interventions must be built in ways to reduce the burdens of unpaid care work on women and girls, making every effort not to exploit them further. Make this a core principle of all programming, and ensure donors understand this as well.



- **Support local/national feminist priorities,** ranging from legal reforms and political participation to gender mainstreaming in public policies, ending VAWG, economic empowerment, and more. Look from a systemic perspective at how to best support local activism and political agendas of women's rights, feminist, and LGBTQIA+ organizations.



- **Understand the linkages between emergency response and women's rights movement-building work.** Donors who fund movements (rather than emergency response) need to understand that organizations' emergency response activities are inextricably connected to their movement-building work. Conversely, donors who fund emergency response and not women's rights work need to understand that to divorce funding from this reality will have major shortcomings in the outcomes of the response. The localization agenda must be supported and adhered to, cou



pled with a critical lens that deeply understands why funding and linkages across the Humanitarian-Development Nexus<sup>442</sup> are essential to the goals we share of alleviating suffering and meeting humanitarian **needs, while strengthening existing systems and structures long term.**

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<sup>442</sup> The Humanitarian-Development Nexus is the concept of increased collaboration between organizations working in short term humanitarian aid and long term international development promoted since 2016. Strand, Arne. "Humanitarian-development Nexus". *Humanitarianism*. Leiden, The Netherlands: Brill, 2020. [https://doi.org/10.1163/9789004431140\\_049](https://doi.org/10.1163/9789004431140_049); and Stamnes, Eli. "Rethinking the Humanitarian-Development Nexus". *Norwegian Institute of International Affairs*, vol. 24, 2016, <https://ethz.ch/content/dam/ethz/special-interest/gess/cis/center-for-securities-studies/resources/docs/NUPI-Rethinking%20the%20Humanitarian-Development.pdf>.

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## 2. Fulfill commitments to localization by shifting power to women-led organizations

Localization became a formal part of the mainstream humanitarian reform agenda through its inclusion in the 2016 Grand Bargain, a major reform agreement between humanitarian actors. The localization agenda is focused on increasing local actors' access to international humanitarian funding, partnerships, coordination spaces, and capacity building.<sup>443</sup> Localization is one key to upholding the rights of women and girls in emergencies, as local women's responses are often more relevant and effective than external ones.

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<sup>443</sup> Robillard, Sabina, et al. *Localization: A «Landscape» Report*. Feinstein International Center Publication, Tufts University, December, 2021. <https://fic.tufts.edu/publication-item/localization-a-landscape-report/>.

### Recommendations: Ethical partnership

- **Engage with local organizations and WROs as equal partners toward the enhanced protection of FDPs.** The meaningful participation of women and girls, including those from marginalized groups, should be facilitated in all decision-making processes, including in planning, coordination, implementation and monitoring.



- **Ensure WROs and other local actors are part of the (re)design of coordination structures from the beginning.** Structures should complement local efforts rather than create parallel processes, which traditionally keep power in the hands of UN entities and INGOs.



- **Avoid treating women's groups as homogeneous,** and understand groups' intersectional diversity based on age, religion, ethnicity, sexual orientation, disability status, etc.



- **Enable women-led organizations and activists as leaders and change-makers at all decision-making platforms,** including them within the cluster system, the UNHCR Refugee Response Plan, and all coordination structures. UN agencies and INGOs should take action to employ staff members who understand how to engage women-led organizations in a positive and productive manner.



- **Provide access to technology and address other barriers to WROs' participation.**



The VOICE-UNICEF [Partnership Assessment Guide \(PAG\)](#) provides an intersectional and feminist approach to partnership building that leverages both the resources that large funding agencies can bring, as well as the local presence and specialized knowledge that women-led organizations provide. Developed through a consultative process with women leaders in Afghanistan, Bangladesh, Kenya, Liberia, Sri Lanka and South Sudan, it provides a blueprint for a new format of partnership that centers the roles of groups and organizations that are often marginalized due to arbitrary criteria.

- **Hire bilingual coordinators to enhance locally-led coordination structures.** This not only enhances localization, but is also important for government and private shelters to ensure quality service delivery in health and psychosocial support. The coordinator can act as an interlocutor between the international and local actors.



- **Support and promote safe spaces (virtual or actual) for staff and volunteers in women- and girl-led organizations to meet, share experiences, and support each other.**

Ensure these are focused on care for staff and volunteers and not implementation of activities, and ensure they are regular and prioritized events.



## Recommendations: Funding

- **Increase stable and predictable funding for GBV programming, and support its expansion and accessibility by FDP women and girls.**

This will help civil society actors respond more effectively to all forms of GBV, including sexual violence, intimate partner violence, trafficking, and SEA.



- **Provide flexible, multi-year, and unrestricted funding to local women-led organizations, including WROs, feminist organizations, and those who have been responding to the crisis in Ukraine. Include allocations for organizational strengthening and support to keep organizations sustained and healthy.**

Organizations need to be trusted to determine how to spend funding according to evolving needs; just as INGOs and UN entities prefer unearmarked core funds, WROs and networks need access to the same funding flexibility. Funding and resources for WROs must be ring-fenced from the beginning and used to bolster the work these organizations are doing, especially at a time when the region's women's rights movements are facing historic threats. Include funds to reimburse WROs for costs they have incurred since the beginning of the crisis, allowing them to backdate expenditures as needed.



- **Fund both registered organizations and unregistered groups who are providing critical and urgent frontline response and services.** Supporting the sustainability of local response directly impacts the quality and scope of FDP crisis response.



- **Make it easier for WROs to access funding by reducing bureaucratic and administrative burdens.** Decrease the amount of paperwork required, and make funding mechanisms available in relevant languages as well as English so that English proficiency is not required (e.g., in Poland surrounding this emergency response, make funding mechanisms available in Polish and Ukrainian). Establish definitions and criteria for tracking against these commitments.<sup>44</sup>



<sup>44</sup> *Feminist Humanitarian System Building Block I: Advancing Gender-Transformative Localization*. Women Deliver, 2018, [https://womendeliver.org/wp-content/uploads/2019/09/WD\\_Humanitarian-Paper-WEB.pdf](https://womendeliver.org/wp-content/uploads/2019/09/WD_Humanitarian-Paper-WEB.pdf)

- **Invite WROs to lead on defining their scope of work, and take care not to incentivize 'NGO-ization'<sup>45</sup> of local groups,** which threatens to derail them from their core missions. WROs should be asked what they need and what roles they would like to play as partners in the coordinated response. Work with them to unpack any unintended risks that could come with their participation.



<sup>45</sup> 'NGO-ization' refers to the professionalization, bureaucratization, and institutionalization of social movements as they adopt the form of nongovernmental organizations (NGOs), which often leads to the de-politicizing of their social movements.

- **Convene current and potential grantees to discuss ways that donors (INGOs, international organizations, government/donor entities, and philanthropists) can sus tain-**





**bly fund local, women-led, and other feminist groups and organizations.** These convenings should be non-burdensome to grantees, using approaches they agree on. Topics should include how donors can work to level the playing field.

- **Make emergency funds accessible so that WROs can redistribute aid to women at greater vulnerability.**



### 3. Address gaps in the protection of women and children

Given the unparalleled levels of funding that have gone into this response, along with the high level of humanitarian access to the border countries, it is paramount that essential life-saving protection interventions –detailed below– are prioritized and strengthened.

#### Recommendations:

- **All Call to Action on Protection from Gender-based Violence in Emergencies<sup>46</sup> (CTA) partners –especially donor/member states and international organizations– should continue to strengthen donor accountability to the Road Map<sup>47</sup> to promote increased transparency around what each government/donor entity is investing in GBV or, at minimum, the efforts they are undertaking to influence their investments so that they are applied to GBV response and prevention efforts.**



<sup>46</sup> The Call to Action is a multi-stakeholder initiative specifically aimed at driving change and increasing accountability of the humanitarian system on its response to GBV in emergencies.

<sup>47</sup> *The Road Map* is the Call to Action's overarching guiding framework that sets out common objectives, targets, and a governance structure to ensure that pledges are translated into concrete and targeted action on the ground. [www.calltoactiongbv.com/what-we-do](http://www.calltoactiongbv.com/what-we-do)

- **Incorporate the views and contributions of FDPs into program monitoring to ensure Accountability to Affected Populations (AAP),** which all coordination systems (clusters/working groups), INGOs, and UN agencies have endorsed commitments to. In the preparatory stage, ensure that: women and girls participate in discussions on indicators and targets; mechanisms are developed for girls and women to provide feedback safely; and findings are used and disseminated. Anonymous feedback is also a key component of the prevention of SEA. Feedback can be collected by installing complaint boxes, distributing feedback forms, offering a website to visit or a toll-free number to call or text, and other means.<sup>48</sup> Communication with affected people should come through their preferred and trusted channels and media. Ensure participatory program design and continuous monitoring to ensure the response adapts to meet changing protection needs.



<sup>48</sup> Paragraph redacted from: IASC, *With us & for us: Working with and for Young People in Humanitarian and Protracted Crises*, UNICEF and NRC for the Compact for Young People in Humanitarian Action, 2020.

- **Bring a gender power analysis to all interventions to expose the specific risks and vulnerabilities of women and girls within the response.** Design interventions and policies that take into account women’s and girls’ greater exposure to SEA, trafficking, and other protection concerns. Ensure the specific risks faced by double-marginalized groups of women and girls —such as women and girls with disabilities, LGBTQIA+, and Roma— are taken into account and advocated for.



- **Increase action to regulate unofficial transportation in the region to limit risks of SEA and trafficking.**



- **Support governments to collect and responsibly share FDP demographic data** disaggregated by age, gender, origin, and other factors to strengthen PSEA, anti-trafficking, and integration efforts. Lobby governments to collect and share data on FDP movement and aid delivery.



- **Expand implementation of and compliance with the existing Humanitarian Country Team Framework on Protection from Sexual Exploitation and Abuse (PSEA).** Maintain the inter-agency community-based complaints mechanism, and disseminate information to both host and FDP communities on what PSEA is, what their rights are, and how they can access the complaints mechanism. All actors in humanitarian response, including staff and volunteers, must be aware of their responsibilities and obligations related to PSEA, including reporting cases of SEA and maintaining adherence to codes of conduct. INGOs, local NGOs, and women's organizations should be engaged to monitor the risks of SEA, with specific attention to women and girls.



\* with a focus on UNHCR

- **Institutionalize the use of the [Guidelines for Integrating GBV Interventions in Humanitarian Action](#), the [Interagency Minimum Standards for GBV in Emergencies Programming](#), and the [Interagency Standing Committee Gender Handbook for Humanitarian Action](#) to inform service delivery.**



- **Host governments should be pressured to treat third country nationals, people of color, LGBTQIA+ people, and the Roma community fairly and without discrimination, in-**



cluding in accessing safe accommodation; providing adequate reception conditions; and receiving protection and integration support if unable to return to their countries of origin.



## 4. Improve access to essential services

As lack of access to essential and life-saving services is directly correlated with safety and security risks, all actors must take action to meet FDP reception and integration needs—including needs for healthcare, psychosocial support, safe accommodation, cash and voucher assistance, livelihoods support, and education. As discussed above, an effective response must be grounded in local CSOs and especially WROs by investing in their capacity to scale existing services.

### Recommendations: Overall

- **Each border country government should develop long-term, gender-informed strategies for response to the Ukrainian crisis, with participation of WROs, feminist groups, local NGOs, INGOs, and the EU.** In recognition of limitations of government response capacities across the different countries, the international community should help close gaps in life-saving services, including those listed below.



- **Systematize translation and interpretation services across border countries.** The lack of interpreters has been cited as a barrier in all service categories. Translators can be sourced from inside all border countries, as well as within the Ukrainian population, and could provide jobs that are desperately needed.



- **Border countries should consider the creation of humanitarian hub facilities where services can be co-located to reduce bar-**



riers to access, especially for protection, health, and MHPSS.

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- **Address legal constraints that inhibit those who entered border countries before February 24, 2022 (both Ukrainians and third-country nationals) from being eligible for TPS.**



- **Raise awareness among journalists, human rights documentation organizations, and government entities on survivor-centered principles and approaches to prevent them from doing unintentional harm.** This should include the importance of taking every action to protect survivors who choose to go public; and the risks of prioritizing support and care for conflict-related sexual violence (CRSV) over other forms of GBV. All actors should be guided by people with expertise on GBV in emergencies, including CRSV.



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## Recommendations: Health, reproductive health, and GBV services

- ▶ **Ensure medical care and reproductive health services are accessible, free and holistic.**
- ▶ **Facilitate the use of multinational medical NGOs and local volunteer services to help create direct pathways for FDP patients to obtain primary medical care.** Ideally, medical service delivery can be co-located with major FDP reception and shelter locations, as well as supported by mobile clinics at smaller shelters and apartment complexes. This will also decrease the amount of emergency room utilization and decrease emergency needs.
- ▶ **Protect and enhance reproductive health services through ring-fenced funding,** in recognition of their essential and life-saving functions for women and girls. Build capacity of reproduc



tive health services to include responsive and survivor-centered GBV services, and ensure the provision of menstrual hygiene materials.

- ▶ **Offer additional training and education on the clinical management of rape (CMR) to providers, referral services, and volunteers working with sexual assault survivors.** Include information on the difference between forensics evidence gathering for instances of rape (i.e., ‘rape kits’), and the medical and mental health service provisions involved in CMR.
- ▶ **Employ Ukrainian medical personnel who have been displaced.** Process and permit transfer of licensing and accreditation from Ukraine for medical and mental health personnel, educators, and other essential staff in short supply. Ministries of Health should establish prescriptive permissions for foreign providers and medical INGOs to increase equitable access to medication.
- ▶ **Ensure testing and vaccinations for communicable disease (including COVID-19 and tuberculosis) are widely available at shelter sites and public areas.**
- ▶ **Establish dental clinics to provide services free of charge.**
- ▶ **Explore models of outreach or mobile services to reach those confined at home.**

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## Recommendations: Mental health and psychosocial support

- ▶ **Continue to provide comprehensive information related to trafficking risks, access to basic services, registration processes, legal rights, and other essential information** through the distribution of flyers, informational posters, and government websites.



- ▶ **Provide direct and ongoing training to mental health providers and volunteers on recognizing risk factors for trafficking, as well as how to safely intervene and report.**
- ▶ **Create safe spaces for women —particularly those in private accommodations— to gather** to build healthy social connection and support, as well as to share comprehensive information on risks and protection issues.
- ▶ **Provide technical capacity in trauma/crisis psychological response, including specialized rapid training on trauma/crisis intervention.**

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## Recommendations: Food, shelter and sustainable housing

- ▶ **Operationalize immediate programming to address the food insecurity of FDPs in the region.** Work with women’s organizations to mitigate negative coping mechanisms and prevent risks of violence to women and girls in relation to their increased insecurity due to not being able to meet their basic needs.
- ▶ **Develop and support strategies for long-term accommodations across all border countries.** Government-run reception centers need to provide more long-term accommodations and establish them as shelters following international standards.
- ▶ **Advocate for all shelter managers —whether hosting FDPs in a house, local business, hotel, or elsewhere— to adhere to this GBV AoR [guidance note](#),**<sup>49</sup> which aligns with international standards and considers the GBV and protection risks of women, girls, and other marginalized groups. The guidance note advises why and how to be aware



<sup>49</sup> Michelis, Ilaria. *Supporting Women and Girls Fleeing Ukraine: Guidance and Tips for Private Accommodation Hosts*. GBV AoR HelpDesk, April 13, 2022, [https://www.sddirect.org.uk/media/2485/gbv-aor-helpdesk\\_guidance-and-tips-for-private-accommodation-hosts-20042022.pdf](https://www.sddirect.org.uk/media/2485/gbv-aor-helpdesk_guidance-and-tips-for-private-accommodation-hosts-20042022.pdf).

of power dynamics, to provide basic emotional support, and to link to support services.

- ▶ **Ensure secure shelter facilities by conducting resident registration and restricting access to public visitors.**
- ▶ **Provide basic training for shelter volunteers on GBV risk reduction and PSEA.**
- ▶ **Ensure appropriate spacing of cots (in line with SPHERE standards), quantity of handwashing stations, and available COVID-19 testing.**
- ▶ **Provide regular information sessions for all residents on shelter plans, programs, and where to report complaints and find available support.**
- ▶ **Provide access to job counseling and labor market information.** Establish programs for FDPs to obtain new professional skills needed in the labor market.

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## Recommendations: Cash and voucher assistance

- ▶ **Ensure that any cash assistance is coordinated with the Cash For Protection Taskforce in Ukraine and Neighboring Countries,<sup>50</sup> and is distributed equitably without discrimination against any groups of FDPs, with simple and convenient procedures.**
- ▶ **Blend CVA with other services (such as health or protection).** This has been shown to be more effective than standalone interventions.
- ▶ **Follow best practices for reducing risks of GBV in cash programming.** Agencies should assess and mitigate the risks from cash assis-



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<sup>50</sup> Contact information and situation analysis can be found [here](#).



tance using The Cash Learning Partnership [Programme Quality Toolbox](#).<sup>51</sup>

- ▶ **Sensitize women on how to access CVA.** Some may struggle without accompaniment to distribution points, particularly the elderly or disabled and those caring for them.
- ▶ **Design cash and voucher disbursements to meet the needs of all household members, including children and older people.**

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<sup>51</sup> "Programme Quality Toolbox". CALP Network, <https://www.calpnetwork.org/resources/programme-quality-toolbox/>. Accessed May 17, 2022.

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## Recommendations: Livelihoods support

- ▶ **Address any legal barriers to the right to work that FDPs are facing.**
- ▶ **Improve and enhance all control of work conditions for FDPs in accordance with host country labor legislation to reduce risks of sexual and labor exploitation.**
- ▶ **Continue efforts to relocate and create new Ukrainian businesses in border countries to create jobs for FDPs and host communities.**



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## Recommendations: Access to information

- ▶ Ensure information platforms for refugees include detailed information on how to access services, including locations, phone numbers, and related social media platforms. Ensure those providing services have clear information related to how FDPs can access verified services to facilitate information-sharing with refugees.
- ▶ **Develop localized information platforms that support information-sharing to specific**



**geographic areas**, particularly in cases in which the refugee response is decentralized to local governments.

- ▶ **For all platforms, include information for how refugees can file complaints and grievances, who they can call, and or where they can go in emergencies—including for incidences of SEA.**
  - ▶ **Verify information that is physically posted in shelters or other places accessed by FDPs, and remove unverified information that could increase risk of trafficking and exploitation.**
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## Recommendations: Education

- ▶ **Integrate all displaced children into the host country's education system to ensure their educational attainment remains in accredited institutions.** Ministries of Education should work with local and international NGOs to meet the specific needs of displaced children in the areas of language, trauma recovery, parental/guardian engagement, and any catch-up or readiness support. If online learning is needed or preferred, then access to appropriate technology should be a focus.
- ▶ **Coordinate any and all education responses with the Education Cluster.**<sup>52</sup>



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<sup>52</sup> For contact information and situation analyses, see: <https://www.educationcluster.net/Ukraine>.

# VI. Annex



AMPLIFYING WOMEN AND GIRLS IN CRISES  
**VOICE**

**HIAS**  
Welcome the stranger.  
Protect the refugee.