



Gender-based violence in the Republic of Moldova in the context of the humanitarian crisis produced by the war in Ukraine

ASSESSMENT REPORT

CONTENT

ACKNOWLEDGEMENTS	3
ABBREVIATIONS	4
EXECUTIVE SUMMARY	5
1. INTRODUCTION	17
1.1. Purpose, aim, and objectives	17
1.2. Location and methodology	17
1.3. Terminology	18
1.4. Ethics and safety considerations	18
1.5. Challenges and limitations	19
2. CONTEXT ANALYSIS	20
2.1. Humanitarian context	20
2.2. GBV risks and data	21
2.3. GBV services and coordination for refugees	22
2.4. Women's Rights in Moldova	22
2.5. Gender based-violence in Moldova	23
2.6. Role and needs of women's civil society	26
3. FINDINGS	27
3.1. GBV safety, protection, and well-being concerns, risks and needs	27
3.1.1. Priority safety and protection concerns and needs	27
3.1.2. GBV concerns	33
3.1.3 Risk and protective factors	35
3.2 Community protection strategies and mechanisms	38
3.2.1. Strategies to improve safety, protection, and well-being	38
3.2.2. Economic coping strategies and barriers	39
3.2.3. GBV risks associated with current economic strategies	40
3.3 Availability and gaps in services promoting health, well-being and resilience	41
3.3.1. GBV services	41
3.3.2. Mobile services	41
3.3.3. Psychosocial support services	42
3.3.4. Economic support services	43
3.4 Opportunities to strengthen protection and well-being and mitigate GBV risks	43
3.4.1. Opportunities for improving economic inclusion and psychosocial support	43
3.4.2. GBV risk mitigation by stakeholders	44
3.4.3. Support and resources required by local women's organizations supporting GBV survivors and other vulnerable women and girls	44
4. RECOMMENDATIONS	46
ANNEXES	50
Annex 1. FGD participants	50
Annex 2. KII participants	52
Annex 3. III participants	52
Annex 4. Key GBV Standards and Resources Referenced in the report	53
BIBLIOGRAPHY	54

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Any initiative must satisfy a specific need, valid for a particular moment. If the message is delayed or the need is not correctly identified, the interaction is missed because the agendas of the beneficiary and the provider are parallel, with no chance of connection.

This was the credo with which we undertook this assessment, and we would not have succeeded without the support of all those who agreed to be part of this process.

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ABBREVIATIONS

CEDAW	The Convention on the Elimination of All Forms of Discrimination Against Women
CoE	The Council of Europe
CRSV	Conflict-related sexual violence
CP	Central public authorities
CSO	Civil society organizations
DV	Domestic violence
EU	European Union
FGD	Focus group discussions
GBV	Gender-based violence
GE	Gender equality
GREVIO	Group of Experts on Violence Against Women and Domestic Violence
GTF	Gender Task Force
HT	Human Trafficking
II	Individual in-depth interview
IOM	International Organization for Migration
IPV	Intimate partner violence
KII	Key informant interview
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
LPA	Local public authorities
NEA	National Employment Agency
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organization
OSCE	Organization for Security and Co-operation in Europe
PSEA	Prevention of Sexual Exploitation and Abuse
RAC	Refugee Accommodation Centre
SV	Sexual violence
SEA	Sexual Exploitation and Abuse
SWG	GBV Sub-Working Group
TFVAW	Technology-facilitated violence against women
TP	Temporary protection
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United National High Commissioner for Refugees
WHO	World Health Organization

EXECUTIVE SUMMARY

The Russian war against Ukraine continues to have a significant impact on neighboring countries, including Moldova. Early in the crisis, gender-based violence (GBV), including conflict-related sexual violence (CRSV), intimate partner violence (IPV), sexual exploitation/abuse (SEA), and trafficking, was identified as a significant protection issue facing women and children fleeing Ukraine. Moldovan authorities responded promptly to the needs of displaced people fleeing the war and a number of services and programs have been put in place by the Government of Moldova, UN agencies, and NGOs to respond to GBV and offer protection to refugees.

Coordination and working groups have been established to address GBV, bringing together representatives of central and local authorities, and international and local organizations. Different stakeholders have undertaken efforts to expand GBV services and raise awareness about GBV. However, despite awareness-raising efforts, the number of reported cases of GBV remains low. As a result, more than a year since the start of the war, and despite numerous international and national organizations implementing GBV projects, there is very limited quantitative or qualitative data illustrating the nature and extent of GBV experienced by refugee women and girls in Moldova.

For this reason, a year on from the start of the war in Ukraine, VOICE and HIAS partnered in an assessment to generate a deeper understanding of the safety and well-being situation of refugee women living in Moldova. This is a second assessment, [the first undertaken](#) by VOICE at the beginning of the crisis, and is part of our ongoing efforts to draw attention to and address GBV in the context of the Ukrainian crisis response. The first, a rapid assessment undertaken in the summer of 2022, focused on three issues: the GBV situation and risks of refugee women during displacement, including at border crossing points; the situation for

women in temporary accommodation centers, and funding needs of women's rights organizations supporting displaced Ukrainian women.

The aim of this second assessment was to understand the GBV-related safety and protection situation of refugee women and vulnerable host community women, including elderly women, adolescent girls, disabled women, roma women and LGBTIQ+ people in Moldova. The assessment focused on the intersection of GBV and economic and psychosocial needs in order to inform HIAS and VOICE integrated multi-sectoral programming and continued support to Moldovan partners to promote women's safety, protection, and well-being.

The assessment was undertaken during March and April 2023, with fieldwork conducted over the course of four weeks in Chisinau, Criuleni, Ungheni, and Hancesti in the Central region, Balti, Soroca and villages in the Drochia district in the North, and Cahul and Cantemir district in the South of Moldova.¹ A total of 115 people participated in the assessment, of which 104 were women either displaced from Ukraine or from the host community, and 11 of whom were representatives of relevant organizations and local public authorities (LPA).

The situation in Moldova one year on

Unlike the previous study, the findings from this assessment relate to the situation of both refugee women and vulnerable women from host communities. In the case of refugee women, the assessment focused predominantly on those settled in rural and urban settlements. Some data was collected on women accommodated in temporary placement centers; however, these centers were not a primary focus of the assessment due to the decrease in numbers of refugees

¹ The inclusion of additional areas during the assessment was undertaken in order to reflect the location, willingness, and ability to participate of refugee women.



living in these centers as a result of social and economic integration of Ukrainian refugees occurring after one year living in Moldova. The first assessment focused on potential risks to refugee women in the immediate future, in particular those related to shelter and safe and stable housing, access to adequate information about available services, and difficulties related to employment.

After more than a year, some of those same risks and issues persist, while at the same time, new challenges are also emerging. There are still gaps in the dissemination of information on humanitarian protection and services for refugee women in Moldova. All too often, women are either simply unaware of their rights and entitlements to humanitarian protection and assistance, or have inadequate or even incorrect information. While the number of people staying in temporary placement centers is continually decreasing, according to the latest data² 58 centers accommodating 2500 people remain active. The strategy for transition from life in the centers to integration into the community is still under development. It involves community support programs, including cash for rental assistance and financial aid to both refugees and their host families. Cash assistance therefore remains an essential service for refugees.

² Data provided during the meeting of the Commission for the coordination of activities in the field of Migration and Asylum from 06.05.2023.

The introduction of Temporary Protection (TP) by the Government of the Republic of Moldova, effective 1 March 2023, supersedes all previous provisions for Ukrainian refugees living in Moldova. TP grants temporary protection status to displaced persons from Ukraine as an exceptional measure, affording protection, rights to work and access to services to persons who meet the eligibility criteria. However, those who do not obtain this legal status are no longer able to access a range of basic services, or to be formally employed. Obtaining TP comes with challenges for refugees. For example:

- 60%³ refugees are unable to meet the mandatory requirement to prove their residence/home address;
- People of Roma ethnicity mostly have only birth certificates, which do not include sufficient data to qualify for TP. Obtaining additional identity documents such as a Ukrainian identity card or passport is a lengthy process;
- Elderly people, people with disabilities and those with low mobility for other reasons are unable to travel to the offices of the General Inspectorate of Migration to apply for TP. Although there are mobile teams that offer this service, accessing it requires an online application and many women have no mobile devices and the information

³ According to the evaluation data carried out by the Congress of Ukrainians from Moldova

materials are not adapted to the needs of people with hearing or vision impairments.

While TP should in principle provide greater security for refugees, challenges associated with obtaining it are making refugees vulnerable. For example, while the National Employment Agency gives the figure of (only) 1100 Ukrainian refugees being employed, the Congress of Ukrainians report that the actual number of Ukrainian refugees employed is much higher, however they are not reflected in official employment data as those not able to obtain TP are forced to work in the informal economy, putting them at risk of exploitation.

While psychological support was less of a priority for women from Ukraine at the beginning of the war, when they were primarily concerned with meeting basic survival needs, finding food, shelter, and security, one year on, psychological support has become a priority. Depression, anxiety, and post-traumatic stress disorder are common, requiring intensive mental health interventions. The longer the war lasts, the more the psychological problems deepen. The perpetual stress women experience, due to their connection to the alarm systems operating in Ukraine combined with the guilt they feel in relation to those who stayed in their home country (such as their husbands and elderly parents who refused to leave), have led to ongoing exposure to traumatic events and high levels of distress and depression.

Furthermore, new gender roles and expectations of refugee women as head of the family and sole provider of income are additional stressors. Out of necessity, women have taken on these roles which require them to develop new coping strategies. The psychological pressure on women is high, and is influencing not only their own well-being, but also relationships within the family.

All these factors have a potentially harmful impact on the safety and well-being of refugee women and their children. This includes increasing the risk of GBV, including sexual exploitation to meet basic needs, and labor exploitation in cases of informal employment.

Common issues facing displaced women across contexts

In addition to this assessment, VOICE undertook assessments on the situation of displaced Ukrainian women living in Poland and Romania.⁴ A number of similarities are apparent across settings that it is worth highlighting. In relation to domestic violence, though refugee women in Moldova and Romania experience lower levels of physical domestic violence, some continue to be subjected to emotional and psychological abuse from their husbands who remain in Ukraine. Moreover, women are concerned about the impact the war will have on men's mental health and behavior in the long term, fearing increased levels of domestic violence when they return home at the end of the war.

Even after they have reached the 'safety' of a new country, refugee women across the countries discussed a generalized fear of harassment when going about their daily activities, including when going out shopping or walking alone at night. This fear causes them to adopt protective behaviors, such as restricting their movement at night.

Language is a major barrier to generating a feeling of comfort and safety as refugees are not easily able to access information and services, report abuse or violence to authorities, or to connect to other women in their new home. Language barriers also impede their access to education, employment opportunities, health-care services, and to as well as the cultural, social, material and resilience factors that facilitate adjustment and adaptation to life in border countries.

Refugee women suffer from the multiple burdens of responsibility for securing the safety and well-being of their children and other family members, separation from their loved ones, and limited ability to integrate into the host community. Women interviewed spoke about essential economic and psychosocial needs, including employment, safe spaces and social connection.

Across countries women share an aspiration

⁴ The assessment undertaken in Romania had similar objectives, while in Poland the focus was on identifying availability and gaps in services for Ukrainian women.



for economic independence to meet their basic needs. Economic independence provides security, confidence, and an ability to provide for themselves and their children. Women also highlighted that employment is key to realizing their rights and autonomy over their own time, lives, and bodies. Economic security is a known protective factor against GBV, including domestic violence. Safe and fair employment is therefore crucial for women's integration, well-being and protection. While it is true that not all refugee women want to work, the barriers to employment should be reduced for those who wish to, including enabling those with training and qualifications to work in jobs that reflect their skills. Many Ukrainian refugee women have masters degrees, or professional qualifications as accountants, photographers, nurses, teachers, civil servants, senior managers, and business women. However, women are forced to take whatever work they can to survive, including high rates of work in the informal sector, which constitutes a general risk for women in terms of exploitative pay and conditions, as well as presenting risk of GBV. Language classes and training to help transfer qualifications could reduce barriers to the labor market for these women.

Promoting community involvement and leadership of displaced women has proven important in developing culturally competent programming. The assessment highlighted the need for dedicated women and girls' safe spaces that build upon pre-existing groups formed by women and delivered organizations that women know and trust. While these self-help and mutual support groups formed by women are positive coping strategies, there is also a need for specialized psychological intervention for those women struggling with mental health issues which are growing over time in displacement.

Specific cohorts of women and girls face specific challenges in all three countries. This include LGBTIQS+ women, Roma women and adolescent girls. Because of fear of harassment, LGBTQIA+ refugee women conceal their identity. They live in a state of constant vigilance and suspicion, driven by fear they will be outed. As a result, they do not disclose their sexuality to authorities and NGOs and feel excluded from humanitarian assistance and support services, as many safe spaces and events are advertised for mothers and children, and information about the LGBTQIA+ events may be in the local language instead of Ukrainian or Russian.

Roma women and girls in all three countries face distinct challenges due to double discrimination they face because of their gender and their ethnicity. While they are more vulnerable to protection risks, including GBV, they are less likely to seek or receive appropriate response from authorities or services and specific attention to their needs and rights is required. The responsibility placed on adolescent girls to look after younger siblings while their parents are at work is also a significant concern across contexts. Such responsibilities can limit girls' educational opportunities, expose them to additional stress, and increase their vulnerability to GBV.

KEY FINDINGS FROM THIS ASSESSMENT

General safety, protection and well-being needs

The assessment found that there are both similarities and differences in the safety and protection needs of refugee women and vulnerable groups of Moldovan women. Safety and protection risks are linked with women's identities and circumstances. For example, women with disabilities or with disabled children, Roma women, elderly women⁵ women with young children, girls, and LGBTIQ+ people are particularly vulnerable to safety and protection threats, including GBV. Where refugee women live is also linked to safety and protection.

Priority safety and protection needs identified by displaced women include access to resources and services to meet their basic needs, including food security, medical care, counseling, employment and legal advice. Poor access to this assistance is caused in part by lack of accessible humanitarian assistance distribution points in district centers and villages, including on applying for [TP](#), without which, refugees are no longer eligible for a range of services and support provided by the government. It is also caused by lack of information. Inadequate access to resources, services and information about humanitarian services, assistance and entitlements are risk factors for GBV. The assessment found there is a pressing need to improve information dissemination to safeguard

refugee women's safety, protection and well-being in line with requirements set out in the [IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#) (the GBV Guidelines).⁶ Women urgently need information on humanitarian protection and the new temporary protection rules introduced by the government, social welfare and assistance available, available medical services, including youth-friendly healthcare services, and humanitarian assistance available through different organizations.

Stability of accommodation is also an issue. Conflicts frequently occur between displaced people in Refugee Placement Centers, cases of physical and sexual violence against displaced girls and women by displaced Ukrainian men have also been reported. As a result, some women have sought alternative accommodation, such as private rentals, even if they do not have enough money to pay high rents.

A number of factors were identified that increase, or conversely, decrease women's safety. Some are specific to particular groups, while others are relevant to all the groups of women who participated in the assessment – both displaced and local women. Targeting programs to reduce risks and amplify protective factors will be critical moving forward to build greater safety and protection for diverse groups of displaced and Moldovan women.

GBV risks

Interpersonal conflicts, verbal abuse, discrimination, and hate speech against refugee women and children are a daily occurrence. There are

⁶ The Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action were developed to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, implement, monitor and evaluate essential action for the prevention and mitigation of GBV across sectors of humanitarian action. The guidelines aim to reduce risk of GBV by implementing GBV prevention and mitigation strategies across all areas of humanitarian response from pre-emergency through to recovery stages; promote resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at risk of GBV to access care and support; aid recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

⁵ Women who are over 60 years old

instances of sexual harassment and assault, with young women, and especially young Roma women, being particularly vulnerable. Other [forms of GBV](#) reported by displaced women and girls include physical violence, psychological abuse, and economic abuse by family or community members. Although experiences of sexual harassment and rape have been reported to services by refugee women, they have not been officially recorded. Women are reluctant to report, indicating a clear need to create an enabling environment for women to disclose sexual and other GBV and receive support, and to implement preventive measures within humanitarian services, such as accommodation services, in line with GBV risk mitigation guidance and good practice as set out in the [GBV Guidelines](#).

In terms of domestic violence GBV risks, Moldovan women seem to face higher rates of physical domestic violence than displaced women because Ukrainian women are generally separated from their partners. However, it is clear that spouses/partners of refugee women continue to perpetuate psychological and emotional abuse, remotely exerting coercive control. This has led to many refugee women, including those who are fearful of the impact of the war on their husbands' use of violence when they are reunited, wishing to separate from their husbands. All groups of women are reluctant to disclose domestic violence; providing appropriate and safe avenues for them to do this is critical. Consideration must be given to finding ways to enable women, including Roma women, to safely disclose and seek help for domestic violence. Consulting with Moldovan organizations with expertise in supporting domestic violence survivors, as well as with Ukrainian women with expertise in this area should be the first step in doing this.⁷

⁷ See also the Gender-Based Violence Disclosure Toolkit: Responding to Gender-Based Violence Disclosure in Humanitarian Settings (2022) which provides guidance on how to safely, ethically and appropriately support and respond to disclosure of GBV in contexts impacted by displacement and other humanitarian crises. Available at: https://bpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/1/2391/files/2022/12/English_GBVDisclosureToolkit_221115.pdf and The Interagency GBV Case Management Guidelines (2017), which has a chapter dedicated to working with survivors of intimate partner violence. Available at: http://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

Strategies and mechanisms for protection and well-being

Women are taking steps to improve their own safety, protection and well-being and the positive measures they are using should be supported. As elsewhere, refugees and local women restrict their movements to keep safe, particularly at night. Strategies for supporting women's greater freedom of movement within accommodation centers and communities should be explored.

Women have also formed support groups and networks to share information, connect, socialize and support each other. The groups started as a way to discuss the situation at home in Ukraine, share experiences of living in Moldova, find solutions to problems, and provide mutual support. Some groups operate online and include people from across a district, whereas others are smaller face-to-face groups. Groups have been established by women specifically for the purpose of improving women's safety, protection, and are a valuable community asset and resource. Moving forward, every effort should be made to support and not undermine these initiatives, as set out in the [Interagency Minimum Standards for Gender-Based Violence in Emergencies Programming](#) and Interagency [Mental Health and Psychosocial Support Minimum Standards Package](#), which both recognize the need to identify and promote community-based support, self-help and resilience strategies, including by supporting groups and networks that promote healing and recovery.⁸

Volunteering in different roles and organizations is proving to be an effective psychosocial well-being strategy, giving women purpose and meaning through helping others. Some displaced women who were victims of domestic violence in Ukraine have established new lives in Moldova and do not intend to return to abusive partners in Ukraine when the war ends. GBV specialists who were interviewed identified numerous cases of displaced GBV survivors who have rebuilt their lives and intend to remain in Moldova.

⁸ The objective of the Minimum Standards is to establish a common understanding of what constitutes minimum GBV prevention and response programming in emergencies.

Employment is the preferred economic coping mechanism reported across the demographic groups of women who participated in this assessment. Some groups, including women with disabilities and older women, are less able to access employment, while Roma women were reported to not be able to access employment at all due to discrimination. Civil society organizations (CSOs) providing employment support are the most critical resource for supporting displaced and disabled women's economic inclusion. While wage subsidies are available to encourage employment of people with disabilities, women are generally not aware that this incentive exists. Displaced women are highly motivated to engage in economic activities, including paid employment, skills training, upgrading their qualifications, or starting a business. Addressing barriers women face in accessing these options will be key to promoting their economic inclusion and enhancing their safety and well-being. Accessing economic support is a [minimum standard](#) for addressing GBV in humanitarian contexts. Supporting women's and adolescent girls' access to and control over economic resources can enhance resilience, reduce vulnerability, mitigate the risk of GBV in emergencies, and help ensure that the needs of women, girls and their families are met. Access to education, vocational training and skills development can promote self-sufficiency, empowerment and resilience.⁹

Service gaps and barriers

The social protection system of Moldova has had to cope with the dual challenge of continuing to ensure the safety and protection needs of Moldovan women and girls, while at the same time, providing support, protection and GBV services to displaced women from Ukraine. Thus, women's CSOs as well as government institutions and international agencies have had to adjust their services to meet the needs of displaced people as well Moldovan nationals. Women's CSOs have engaged in humanitarian assistance to GBV survivors from the outset,

⁹ See the Interagency Minimum Standards for Gender-Based Violence in Emergencies Programming, available at: https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimum%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf

undertaking needs assessments of displaced women and service providers, and implementing a series of projects to address those identified needs.

While there has been some money available for GBV prevention and response, the priorities have been dictated from the top down, and do not always correspond to local needs and realities. Funding decisions have not been based on the expertise of local and feminist stakeholders, and as a result, there has been no demonstrated understanding of the need or effort to invest in women's organizations and movements to prevent and respond to GBV. This is contrary to localization commitments and to good practice in GBV in emergencies, recognizing localization of humanitarian response should focus on strengthening capacity and providing resources and tools for local and national women's movements to define local priorities for addressing GBV. As noted in the [minimum standards for GBV in emergencies](#), investing in local women's organizations will not only ensure that GBV services are sustainable and viable in the longer term, but that resources are transferred to local women's organizations who are best placed to catalyze action on GBV and ensure the long-term sustainability of services post emergency.

GBV services are concentrated in Chisinau or district centers, and are almost nonexistent in the villages. Psychological services for displaced people are provided in specialist centers, as well as by mobile teams. Some CSOs have hired Ukrainian psychologists and mental health experts to provide psychosocial support services both within the centers and also in communities. Civil society organizations participating in this assessment highlighted the quality and effectiveness of treatment and care provided by Ukrainian psychologists. They also recognize the importance of providing ongoing psychological support for displaced Ukrainians to help them cope not only with the trauma they have experienced due to the war, but to prevent and treat the anxiety and other mental health issues that displaced women and children are increasingly developing as a result of the uncertainty and challenges of displacement. While there are some psychosocial support services

available, they are fragmented, usually offered within short term projects, and are limited in terms of geographical coverage. Community social workers were identified as a significant potential resource for enhancing well-being at the community level.

Since the beginning of the war in Ukraine, the teams have provided a wide range of services to displaced people living in rural communities. Mobile teams are reported to provide an effective and efficient service to displaced women and children, however there were some concerns over lack of coordination and overlap of activities. In the absence of coordination between the various organizations providing mobile information and other services to displaced people, there has been duplication of activities. This has resulted in competition between service providers and inappropriate services at times. More effective coordination of activities

and services is required between organizations and/or relevant professionals to reduce to improve the relevance and quality of services.

Various national, international, and governmental organizations are offering economic support services for refugee women. However, the greatest challenge is the lack of jobs in rural areas, which is also a problem for Moldovans. Moreover, while there are some employment and skills training opportunities for displaced women, there are few for Moldovan women, who were described as "being in the shadows." This, and other findings highlighted above and discussed in more detail throughout this report, point to key strategies that HIAS and other other humanitarian actors could employ to better support the safety, protection and well-being of Ukrainian women displaced in Moldova and their Moldovan sisters.



Recommendations

















				
United Nations Entities	Central public authorities	Local public authorities	Local Civil society organizations	International organization / iNGOs

These recommendations are made based on findings from the assessment and address issues and needs identified by those who participated, and are particularly aimed at informing HIAS and VOICE programming in Moldova. They will no doubt be of value by other national and international actors implementing GBV and related assistance programs in Moldova.

A key principle underpinning these recommendations is that of integration through development of collaborative and inclusive activities for both displaced and Moldovan women. Delivering services for both groups will not only help improve women's safety, protection and well-being, it will promote mutual learning, solidarity and cultural exchange, and prevent resentment by local women, who currently feel they are left "in the shadows."

RECOMMENDATIONS FOR IMPROVING SAFETY AND PROTECTION

Information, education, awareness raising and coordination

- Develop and disseminate relevant informational materials about GBV and available services, in printed and digital format, to refugee and other vulnerable women.¹⁰ Use existing programs, such as MHPSS, as an entry point for engagement and information-sharing on GBV.   
- Deliver information and awareness-raising sessions for displaced women on GBV, focusing on IPV, SV, including SEA, legal frameworks and protections and available services.   
- Strengthen local coordination and the capacity of public authorities, women's organizations, and service providers to prevent and respond to GBV.¹¹   
- Train staff of frontline organizations and implementing partners, including LPA representatives, on GBV, gender sensitivity and gender equality.    
- Provide support for displaced women to learn Romanian.   

¹⁰ For guidance on developing and delivering information and awareness materials, see guidance note on community engagement and awareness-raising in the GBV Minimum Standards and the relevant section of the GBV Disclosure Toolkit.

¹¹ The Handbook for Coordinating GBV Interventions in Emergency Settings (available at: https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf) may have some valuable information, however it will be important to build on and not undermine local coordination and referral structures.

Personal development programs

- Develop specific programs to address social isolation, encouraging the integration and connection of people within and among vulnerable groups.
- Implement personal development and education programs for women to build self-confidence and self-esteem, addressing issues including GBV, sexual and reproductive health, and personal skills, to support economic independence and empowerment.
- Develop and implement education programs specially designed for adolescent girls, young women, and Roma women, focusing on gender equality, gender stereotypes, sexual harassment, sexual consent, financial literacy and effective communication skills.¹²



RECOMMENDATIONS TO STRENGTHEN COMMUNITY PROTECTION STRATEGIES

Economic empowerment programs¹³

Economic empowerment should comprise two mutually reinforcing strategies:

- (i) personal development (see above); and
- (ii) professional development, employment support, and/or entrepreneurship support to help restore women's confidence, and facilitate their integration into society.

- Undertake a market analysis to understand what types of jobs are available for women, and what jobs women want to do. The results should form the basis of economic empowerment programs for displaced women and other vulnerable girls and women in Moldova according to their needs and skills, not only in Chisinau but also in other administrative-territorial units.
- Implement economic empowerment programs in collaboration with organizations with sector-specific expertise, including business incubators, social business centers, etc.



¹² See for example IRC's Girl Shine Life Skills Curriculum for working with adolescent girls that focuses on 6 topic areas and up to 48 sessions for life skill group meetings. Available at: <https://gbvaor.net/sites/default/files/2019-07/Girl%20Shine%20Life%20Skills%20Curriculum%20IRC%202018.pdf>

¹³ See the following resources for guidance on economic interventions to empower women and reduce GBV risks in emergencies: Child Protection in Crisis Network, Women's Refugee Commission and UNICEF, Empowered and Safe: Economic Strengthening for Girls in Emergencies (2014). Available at: <https://www.womensrefugeecommission.org/images/zdocs/Econ-Strength-for-Girls-Empowered-and-Safe.pdf>. International Rescue Committee EASE (Economic and Social Empowerment) Implementation Guide (2014). Available at: https://gbvresponders.org/wpcontent/uploads/2014/07/001_EAE_Implementation-Guide_English.pdf. Women's Refugee Commission CLARA: Cohort Livelihoods and Risk Analysis Guidance (2016) <https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/document/download/1363>; and Cohort Livelihoods and Risk Analysis (CLARA) Tools (2016). Available at: <https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/document/download/1231> and WRC A Double-Edged Sword: Livelihoods in Emergencies Guidance and Tools for Improved Programming (2014). Available at: <https://womensrefugeecommission.org/resources/download/1046>.

- Provide advice and mentorship in specific professional fields to help refugee women leverage and utilize existing qualifications to obtain employment.



- Implement relevant training to facilitate women's employment as well as the initiation of income-generating activities, with specific topics based on research on employment opportunities.



- Provide information, employment support and training for women that do not have vocational training and wish to enter a profession. Once trained, provide ongoing support and guidance to find employment.



- Provide medium-term guidance, counseling, mentorship, legal advice and small start-up funding for those women who wish to start a business, including advice on obtaining citizenship for those who are eligible.



Psychosocial well-being of children

- Develop extracurricular activities and programs for children from rural areas in existing community spaces, such as libraries and schools, to support connection and resilience.



RECOMMENDATIONS TO IMPROVE ACCESS TO SERVICES TO PROMOTE WELL-BEING AND RESILIENCE

- Create safe spaces for displaced and local women experiencing domestic violence and other forms of GBV where they can receive information about GBV and available services, including psychosocial support. Integrate these safe spaces with other HIAS programs.¹⁴











- Create women's groups at the community level to enable women to meet and collectively discuss and take action on issues they face, such as employment challenges, gender- and age-based discrimination, aging, GBV, and to provide peer, social and mutual support.









- Provide individual and group psychological counseling via mobile teams, as well as in safe spaces for vulnerable women, including older women, experiencing stress, anxiety and mental health concerns.



¹⁴ For good practice guidance on establishing and managing safe space for women and girls in humanitarian settings see IRC and IMC Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings (2019). Available at: <https://gbvresponders.org/wp-content/uploads/2020/02/IRC-WGSS-English-2020.pdf>

-
- Support delivery of longer-term psychological assistance services for displaced women and vulnerable local women, including art therapy activities in the communities.  
-
- Provide training and support to frontline professionals working with GBV survivors to enhance their ability to respond to survivors and prevent vicarious trauma and burnout.    
-
- Establish partnerships with organizations serving particular groups of women in order to improve their access to services, for example, by partnering to deliver outreach/mobile services, establish referral protocols, and support coordinated actions for survivors.  
-

Recommendations to mitigate GBV risks

-
- Build internal capacity and that of other organizations providing services to refugees to mainstream GBV risk mitigation in line with good practice standards set out in the GBV Guidelines, including capacity to identify and address GBV risks that emerge in programs and services.   
-
- Strengthen capacity of service providers in PSEA, including development of organizational policy, building awareness of SEA among frontline workers, refugee women, and host communities, and ensuring confidential and accessible reporting mechanisms.¹⁵   
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¹⁵ See the Safeguarding Resource and Support Hub for Eastern Europe for more information and resources on SEA. Available at: <https://easterneurope.safeguardingsupporthub.org/>

I. INTRODUCTION

1.1. Purpose, aim, and objectives

This is a second assessment on safety, protection and well-being needs of Ukrainian women refugees living in Moldova undertaken by VOICE. It is a continuation of our efforts to draw attention to and address the GBV-related situation of women and girls in the context of the Ukrainian crisis response. As a rapid assessment in a dynamic environment, the first assessment was not intended as a comprehensive risk and needs assessment. Undertaken in the Summer of 2022, it focused on three issues: 1. the GBV situation and risks of refugee women during displacement, including at border crossing points; 2. the situation in temporary accommodation centers, and 3. funding needs of WROs and CSOs supporting refugee women.

This second assessment sought to obtain a deeper understanding of the situation for displaced Ukrainian women living in Moldova, including specific sub-populations, in urban and rural areas. Due to the consistently decreasing number of women living in accommodation centers, the assessment predominantly focused on women living in community settings.

The aim of the assessment was to understand the GBV-related safety and protection situation of refugee women and vulnerable host community women (elderly women, girls and young women, disabled women, roma women and LGBTIQ+ people)¹⁶, with a focus on the intersection of GBV and economic and psychosocial needs. The purpose of gathering this information was to inform HIAS and VOICE integrated multi-sectoral programming and continued support to Moldovan partners to promote women's safety, protection, and well-being.

The specific objectives of the research were to:

- Identify GBV safety, protection, and well-being concerns, risks, and related needs

of women and girls in locations where this information is not currently available.

- Identify community-based GBV protection strategies, mechanisms, opportunities, and resources for building women and girls' safety and protection and mitigating GBV risks, with a particular focus on economic strategies and psychosocial well-being.
- Assess availability of and barriers to GBV and other vital services, including those focused on economic inclusion and psychosocial well-being, and identify opportunities for strengthening access to services to promote resilience and well-being.

1.2. Location and methodology

The assessment was undertaken during March and April 2023, with fieldwork conducted over the course of four weeks between March 13 and April 14, 2023. The assessment took place in Chisinau, Criuleni, Ungheni, and Hancesti in the Central region; Balti, Soroca, and villages in the Drochia district in the North; and Cahul and Cantemir district in the South.¹⁷ The assessment focused on refugee and local women living in both urban and rural communities.

A total of 115 people participated in the assessment, of which 104 were women either from the host community, or displaced from Ukraine (**See table 1**) and 11 of whom were representatives of relevant organizations and local public authorities (LPA). Drawing on existing standards in the field of GBV assessments in humanitarian contexts and designed based on the assessment aims and objectives, the assessment utilized a qualitative method, analyzing both primary and secondary data, collected through desk review, focus group discussions (FGDs), key informant interviews (KIIs), and individual in-depth interviews (IIs). **Table 1.**

¹⁶ Elderly women are people who are over 60 years old and young women are considered to be people aged between 19 - 34 years.

¹⁷ The inclusion of additional areas during the assessment was undertaken in order to reflect the location, willingness, and ability to participate of refugee women.

Table 1.

Participants		FGDs	IIIs	KIIs	
Displaced women	63	57	6		
Local women	41	39	2		
Representatives of NGOs /LPA				11	
TOTAL	104	96	8	11	115

Data was collected via the following methods:

Review of secondary data, including analysis of the normative and regulatory framework pertaining to GBV in Moldova, information pertaining to the humanitarian context, analysis of statistical data, analysis of infrastructure, studies, research, and recent reports available relevant to the context;

FGDs with refugee women from Ukraine and with local women, including representatives of vulnerable groups (see Annex 1 for details);

KIIs with representatives of civil society organizations, social service providers, and representatives of LPA (see Annex 2 for details);

IIIs with refugee women and local women (see Annex 3 for details);

service mapping at national and regional levels (North, Central, South regions).

Three guides were developed to collect data (an FGD guide, an interview guide for representatives of services and organizations, and an interview guide for individual women), as well as a service mapping tool.

A total of nine FGDs were held with women displaced from Ukraine and women from the host communities, inclusive of older women, young women, women with disabilities, and women of the Roma ethnic minority. Eleven KIIs were undertaken with representatives of frontline GBV organizations providing multisectoral services and LPA, as well as eight IIIs with displaced Ukrainian women and women from the local community.

1.3. Terminology

This assessment used the term *displaced women* from Ukraine (and synonymously, the

term *refugee women*), as distinct from *refugee status*. As defined by the Law no. 270/2008 on asylum in the Republic of Moldova: “*displaced persons*– foreigners who had to leave their country or region of origin, unable to return in safe conditions due to the situation prevailing in that country and who may fall within the scope of Article 1 A of the Geneva Convention of July 28, 1951, relating to the status of refugees or other national or international instruments under which international protection is given, in particular: a) people who have fled areas of armed conflict or endemic violence; b) people at serious risk according to the Article 45 or who have been victims of a systemic or generalized violation of their rights.”¹⁸

This assessment uses the term *gender-based violence* (GBV) as defined in the [GBV Guidelines](#). The guidelines describe GBV as an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.” Around the world, GBV disproportionately affects women, girls and LGBTQIA+ persons. However, it is important to note that men and boys may also be victims of specific forms of GBV, in particular sexual violence.

1.4. Ethics and safety considerations

The assessment methodology and tools were developed in line with guiding principles and minimum standards for ethical and safe

¹⁸ Law no 270/2008, art.3 <https://www.refworld.org/docid/4a27c07b2.html>



practice in GBV in humanitarian settings¹⁹. Due to sensitivities associated with collecting information about GBV, all field research was conducted by staff experienced in working with GBV survivors who were also provided with additional training on 'do no harm' and on safely and effectively responding to GBV disclosure, in line with best practice in GBV-related information gathering and assessment. The survivor-centered approach guided all assessment activities. All staff participating in the assessment received refresher training on survivor-centered principles, responding to disclosure, and local referral pathways. A child protection and safeguarding protocol was put in place to respond to any disclosure of child abuse during assessment activities.

Informed consent was obtained from all participants. Participation was voluntary, with all participants informed about the purpose and issues to be discussed, and advised that they were free to withdraw from participation at any time. Potential risks during and after data collection were identified and addressed. No unintended negative consequences of the assessment activities were recorded.

1.5. Challenges and limitations

Recruitment of participants. It was challenging to recruit specific subgroups of people who fit a certain profile and to provide in-depth and

detailed information about GBV. Given sensitivities surrounding issues of sexual orientation and gender identity, in-depth data collection on the experiences of LGBTIQ+ people were not undertaken based on the advice and guidance of local experts representing LGBTIQ+ organizations. For the same reasons, no attempts were made to engage directly with women who are or have been in trafficking situations. In this regard, the data collection, analysis, and reporting of the experiences of LGBTIQ+ people were based on interviews with the local expert representing an LGBTIQ+ organization, who has more than 20 years of experience in the field.

Limited sample size. The number of FGDs, KIs and IIs conducted was based on the purposive sampling technique, and determined by the availability of services in each region, taking into account the geographical area of interest. Other factors influencing sampling included time available, the identification and recruitment of participants, the selection criteria, with the goal being the accumulation of qualitative data and not quantitative representativeness. However, the assessment attempted to overcome these constraints through data triangulation, synthesizing opinions and perspectives of community participants with those of specialists and experts interviewed, highlighting secondary data, and using service mapping. The level of the data satisfaction was a consistent one. The rapidly changing context is one of the limits of assessment of this nature that must be taken into account, especially when referring to specific content.

¹⁹ WHO ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies (<https://www.who.int/publications/i/item/9789241595681>) and Inter-Agency Minimum Standards for GBV in Emergencies Programming (<https://www.who.int/publications/i/item/9789241595681>; <https://gbvaor.net/gbviems>)

II. CONTEXT ANALYSIS

2.1. Humanitarian context

The Russian war against Ukraine has significantly impacted neighboring countries, including Moldova. Since the conflict began in February 2022, almost 810,000 Ukrainians fleeing the war have [entered Moldova](#), the highest per capita refugee influx to any country neighboring Ukraine. While the majority have continued on to other countries, over 108,000 Ukrainian refugees and around 6,000 third-country nationals, have [stayed in Moldova](#). A smaller number of refugees and asylum-seekers [from other countries](#) (around 750) and stateless persons (around 1,900) from over 40 different countries, including countries in eastern Europe, Africa, the Middle East, and Latin America, also currently reside in Moldova. Most refugees in Moldova are [women and children](#). Among those from Ukraine, 60% are female, 39% are children, and 22% are older [persons](#). They also include persons with disabilities, LGBTQIA+ individuals, and ethnic Roma.

On January 18, 2023, the Cabinet of Ministers approved the granting of [temporary protection \(TP\)](#) to displaced persons from Ukraine. TP is granted for a period of one year, starting on March 1, 2023, and ending on March 1, 2024. In order to obtain TP, refugees need proof of residency and/or home ownership, which makes it difficult for some people to obtain this status. Those who qualify for [TP status](#) have access to emergency assistance, free medical care, the right to work and employment support, education, social assistance measures, and for those in need—including women and GBV survivors—free accommodation.

Language barriers²⁰, lack of jobs (particularly outside urban areas), lack of information about employment opportunities, and care responsibilities for children and elderly

²⁰ Although both Ukrainian and Moldovan citizens speak Russian, refugees understandably do not wish to communicate in Russian.

[relatives](#) all impact [refugee women's](#) labor market participation. As a result, most refugees currently have no income and are depending on savings and humanitarian assistance provided by the government and other humanitarian actors for survival. Assistance provided includes [cash assistance](#) of approximately USD120 per month, legal assistance, psychosocial support, information and connectivity services, and transport. However, there is limited information available as to how well these and other services are reaching different cohorts of refugees, particularly vulnerable refugees, including [Roma people](#), [older people](#), undocumented people, etc. According to a [recent assessment](#), 68% of people surveyed said the income and support they were receiving was not enough to meet their basic needs. This rises to 100% for Roma respondents from Ukraine in Moldova.

At the beginning of the war, 135 [Refugee Accommodation Centres](#) (RACs) were established to provide accommodation to large numbers of refugees, and 58 RACs were still operating at the end of February 2023. Various institutions were able to open centers, including territorial social assistance structures, state enterprises, and public institutions subordinated to the central public authorities (CPA), level 1, local public authorities (LPAs), level 2 and non-commercial organizations or charitable missions. However, less than a quarter of refugees live in RACs, with the vast majority (approximately [87,000](#)) living in private accommodation in host communities, including in hotels, rented houses, with friends, family, or community volunteers. While some information is available about the situation of refugees living in RACs, little is known about the circumstances of refugees living in host communities. Given the higher levels of poverty and lack of services in rural areas of Moldova, where refugees are based, location is likely to have a significant impact on the types and amount of humanitarian assistance they are able to access. In addition to coping with a large refugee influx, Moldova is

affected by an unprecedented economic crisis and by security threats due to the war in Ukraine.

After more than a year, Ukrainian refugee women in Moldova still struggle with challenges in accessing sustainable and safe housing, access to information about available services, and employment. There remain gaps in the dissemination of information on humanitarian protection and services for refugee women in Moldova and all too often, women are either simply unaware of their rights and entitlements to humanitarian protection and assistance, or have inadequate or even incorrect information. While the number of people staying in temporary placement centers is continually decreasing, according to the latest data²¹ 58 centers accommodating 2500 people remain active. The strategy for transition from life in the centers to integration into the community is still under development. It involves community support programs, including cash for rental assistance and financial aid to both refugees and their host families. Cash assistance therefore remains an essential service for refugees.

The introduction of Temporary Protection (TP) by the Government of the Republic of Moldova, effective 1 March 2023, supersedes all previous provisions for Ukrainian refugees living in Moldova. TP grants temporary protection status to displaced persons from Ukraine as an exceptional measure, affording protection, rights to work and access to services to persons who meet the eligibility criteria. However, those who do not obtain this legal status are no longer able to access a range of basic services, or to be formally employed. Obtaining TP is difficult for many refugees. For example:

- 60%²² refugees are unable to meet the mandatory requirement to prove their residence/home address;
- People of Roma ethnicity mostly have only birth certificates, which do not include sufficient data to qualify for TP. Obtaining additional identity documents such as a Ukrainian identity card or passport is a lengthy process;

²¹ Data provided during the meeting of the Commission for the coordination of activities in the field of Migration and Asylum from 06.05.2023.

²² According to the evaluation data carried out by the Congress of Ukrainians from Moldova

- Elderly people, people with disabilities and those with low mobility for other reasons are unable to travel to the offices of the General Inspectorate of Migration to apply for TP. Although there are mobile teams that offer this service, accessing it requires an online application and many women have no mobile devices and the information materials are not adapted to the needs of people with hearing or vision impairments.

2.2. GBV risks and data

Early in the crisis, GBV—including conflict-related sexual violence (CRSV), intimate partner violence (IPV), sexual exploitation/abuse (SEA), and trafficking—was identified as a significant protection issue facing women and children fleeing Ukraine. Adolescent girls, LGBTQIA+ persons, and Roma women were identified as particularly vulnerable. [GBV risks in Moldova](#), as in other emergency contexts, are multifaceted and linked with the experience and phases of displacement. They include risks during movement across borders, unsafe accommodation, lack of income and inability to meet basic needs, and limited access to support and protection. These risks are created against the backdrop of pre-existing factors such as social norms condoning [GBV](#) and women's subordinate position in society. Isolation, differential power relations, and economic vulnerability make refugee women and girls particularly vulnerable to SEA and trafficking, as does their economic dependence and lack of resources to adequately meet basic needs.

Although GBV risks are well known and can be identified early, available information on the experiences of GBV faced by Ukrainian refugee women and children in Moldova is fragmented and inadequate. However, specialists in Moldova recognize that there are groups of displaced persons who are invisible and highly [vulnerable to trafficking](#), including children, Roma people, single women with children, GBV survivors, people with disabilities (mental, physical and sensory), and elderly people. These groups may not have been formally identified as “at-risk,” as trafficking remains a hidden phenomenon, because its victims are marginalized, their experiences not reported, and because of

continuous change in the practices of traffickers enabled through online recruitment.

Other [forms of GBV](#) reported by displaced women and girls include physical violence (beatings, restriction of movement, etc.), psychological abuse (blackmail, threat to take away children, humiliation, hate speech, etc.), and economic abuse (control over access to resources, financial control, etc.) by family or community members²³. Although experiences of sexual harassment and rape have been reported through services by refugee women, they have not been officially recorded.

2.3. GBV services and coordination for refugees

Moldovan authorities responded promptly to the needs of displaced people fleeing war from Ukraine, creating a Single Crisis Management Center to coordinate the assistance and protection provided by national and international stakeholders. A number of services and programs have been initiated since the start of the war by the Government of Moldova, UNHCR, other UN agencies, INGOs, and donors to respond to needs and offer protection to refugees from Ukraine. In addition to service delivery, coordination and working groups have been established to address GBV, bringing together representatives of central and local authorities, and international and local organizations, including the Moldova VOICE team. Key relevant coordination platforms are [The Gender Task Force](#) (GTF), coordinated by UN Women, and the Platform for Gender Equality, which has around 50 members, and the [GBV Sub-Working Group](#) (SWG), coordinated by UNHCR and UNFPA, which provides the overall framework for coordination.

Different stakeholders have undertaken efforts to raise awareness about GBV risks and services, including through disseminating videos and printed materials targeted to displaced women and children about [human trafficking](#) and [sexual violence](#) risks while on the move.

However, despite awareness-raising efforts,

²³ For more information: Analytical report Preventing and combating violence against women and girls in a humanitarian context https://lastrada.md/pic/uploaded/PCVF_report_analitic_2022.pdf

the number of reported cases of GBV remains low. As a result, more than [a year since the start of the war](#), and despite numerous international and national organizations implementing GBV projects, there is very limited quantitative or qualitative data illustrating the nature and extent of GBV experienced by refugee women and girls in Moldova. At the moment, there is also no comprehensive information about the mobile protection units providing services for vulnerable refugees residing outside of urban centers.

2.4. Women's Rights in Moldova

Moldova currently ranks 16th out of 146 countries in the [Global Gender Gap](#), having made substantial improvements over the last decade, climbing from 45th in 2012 and from 28th in 2021. At the same time, in 2023, according to the [Gender Equality Index](#), in six areas – politics, education, access to resources, perceptions and stereotypes, health, and the labor market – Moldova was estimated at 61 points out of 100, one point down from the previous year²⁴.

Successive Moldovan governments have made international and national commitments to promote [gender equality](#) and empowerment of women over the past three decades, including through ratifying the CEDAW Convention on April 28, 1994, and adopting *Law No. 5 on Equality of Opportunities of Women and Men*, on February 9, 2006.

In 2010, the first *National Program for Ensuring Gender Equality* was adopted, followed by several laws aimed at promoting gender equality in all spheres, including the 2012 *Law on Ensuring Equality*. Efforts have been made to promote gender equality in the security and defense sector, including through the approval of the [National Program for the Implementation of UN Security Council Resolution 1325 on Women, Peace, and Security](#).

In 2017, the first *Strategy for ensuring equality between women and men, 2017-2021*, and the associated Action Plan was approved. In April 2023, the [Program for promoting and ensuring equality between women and men in the](#)

²⁴ Gender Equality Index 2023. Trends regarding the level of equality between women and men in Moldova

Republic of Moldova for the years 2023-2027 and the Action Plan for its implementation were approved by the Government.

While there has been progress toward promoting gender equality through legislative measures in line with international commitments, women in Moldova still face discrimination and inequality in their social, economic, and political lives²⁵. Public attitudes and [perceptions about gender equality](#) in Moldova are still problematic: for example, over 60% of people believe that when women are employed in the workforce, they take away men's jobs. More than 90% of men and almost 82% of women believe that for a woman, the most important thing is domestic responsibilities, i.e., cooking and taking care of the household and children.

Structural gender inequalities are reflected in [data](#) on women's economic participation, access and control over assets, income and services, labor market participation, and in living standards and quality of life. Despite having higher education levels than men, women remain underrepresented in the labor market. The situation is exacerbated by the lack of early education and childcare services for infants up to the age of 3 years. Women are paid less than men, specializing in lower-paid, low-skilled occupations²⁶.

The Moldovan labor market is highly gender-segregated. The masculinization and feminization of professions according to industry and occupation still persist, with stereotypes inhibiting men from working in feminized fields and vice versa widespread.

In Moldova, as elsewhere, women bear a disproportionate burden of domestic and care responsibilities, with women and girls over 10 years old spending more time per day than men on childcare and household chores and less time on sports and recreational activities. [Unequal care responsibilities](#) are one of the main reasons for women's lower labor force participation. [Lower labor force participation and labor](#)

²⁵ The legislative framework for equality between women and men is in line with international commitments. However, implementation lags behind, and women still face discrimination and inequality in social, economic, and political life.

²⁶ The concept regarding the development of the new National Program regarding gender equality for the years 2023-2027.

market inequality mean that women in Moldova experience higher poverty rates than men, with women in rural areas particularly impacted; [the poverty rate among rural women](#) is 15.6% compared to 4.8% among urban women.

In addition to rural women, other groups of women in Moldova, including women with disabilities, LGBTIQ+ women, and Roma women, face higher levels of inequality and disadvantage due to multiple and intersecting [forms of discrimination](#) and exclusion. These groups experience higher levels of poverty and poorer access to services such as healthcare.

2.5. Gender based-violence in Moldova

Prevalence

Patriarchal [attitudes and gender inequality](#) and violence-enabling norms, including those that entrench women's subordination, also underpin widespread and systematic violence against women in Moldova. Three in four women (76%) believe that violence against women is common. According to the first national study [Violence Against Women in the Family](#), carried out by the National Bureau of Statistics in 2010 (published in 2011), the total prevalence rate of lifetime violence by an intimate partner (psychological, physical, or sexual) from the age of 15 was 63%. A more recent study carried out by the [OSCE](#) in 2018 reported an even-higher prevalence rate of 73%. Another increase—from 60% to 71%—was also recorded in relation to lifetime intimate partner psychological violence. Two in five Moldovan women (40%) have been subjected to physical and/or sexual violence by a partner or non-partner since the age of 15, and one in ten women reported that they suffered from economic violence at least once in their lifetime.

The highest [prevalence of violence](#) was reported by rural women, older women, and those who were separated. Rural women's experience of higher levels of GBV is believed to be due to stronger adherence to inequitable gender norms and associated [gender roles](#), lower education levels, and women's greater economic dependence on men in rural areas,

a situation likely to be exacerbated by current economic pressures.

According to the first [national analytical study on femicide](#) in Moldova, published in 2022, the most widespread form of femicide is the murder of women and girls in the context of family violence by an intimate partner or family member. In rural areas, women are at greater risk of murder in the context of family violence, with poverty and women's financial dependence being contributing factors.

In terms of sexual violence, data from the same studies show that 19% of women have been subjected to intimate partner sexual violence. One in five women report experiencing sexual violence from a non-partner, one in ten women has been affected by stalking, and almost half of the women (49%) and almost two-thirds (62%) of young women indicate that they have been sexually harassed. In [research undertaken with Moldovan men](#) on their use of violence, 18% admitted that they used force to have sexual relations with their current partner.

Moldova is known as both a source and destination country for [human trafficking](#). While there is no reliable data available, women survivors of domestic violence, other vulnerable Moldovan women, and refugee women are recognized as particularly at-risk of trafficking.

As elsewhere, in Moldova, there is an increase in technology-facilitated violence against women (TFVAW) in Moldova. According to the Group of Experts on Violence Against Women and Domestic Violence ([GREVIO](#)), online and digital violence against women and girls is catalyzed through the amplification of sexism online, further entrenching gender inequality. Sexist language, harassment, persecution, posting of non-consensual intimate material, and blackmail are among the forms of violence against women and girls using technology.

Policy and legal context

Ratification of the Istanbul Convention. In February 2017, the Republic of Moldova signed the Council of Europe *Convention on Preventing and combating violence against women and*

domestic violence (the Istanbul Convention)²⁷.

Four years later, in October 2021, it was formally ratified by the Parliament, entering into force on May 1, 2022. [Ratification](#) means that Moldova is obliged to establish minimum protection and support mechanisms to respond to GBV, including access to specialist services and ongoing support and counseling. The Government submitted the first country report ([baseline report](#)) on the status of the implementation of the convention to GREVIO in October 2022.

Domestic violence. In 2007 the Parliament of the Republic of Moldova adopted *Law No. 45*, which addresses the prevention and combating of family violence. The law establishes the institutional framework for addressing family violence, detailing the responsibilities of relevant authorities. In July 2016, *Law No. 196* was passed, amending 12 relevant acts pertaining to preventing and combating violence. This law established a new legal instrument to protect women experiencing domestic violence, namely the Emergency Restraining Order.

In 2018, the government adopted [The National Strategy on Preventing and Combating Violence against Women and Domestic Violence 2018-2023](#). Aligned with the four pillars of the Istanbul Convention—namely, prevention, protection, prosecution, and coordinated policies—the Strategy was a first for the Republic of Moldova.

Human trafficking. Although Moldova has a robust framework for managing migration and combating human trafficking, the country does not have sufficient capacity for the identification, investigation, assistance, and protection of victims of trafficking. This is due in part to the evolving and changing nature of and factors influencing [trafficking in the region](#). Although the [National Strategy to Prevent and Combat Trafficking in Human Beings 2018-2023](#) was a significant improvement over previous anti-trafficking policies, experts recommend adopting more comprehensive measures to address emerging trafficking trends and risks.

²⁷ Currently, the Istanbul Convention has been signed by 45 of the 47 member states of the Council of Europe (Azerbaijan and the Russian Federation have not signed), with the Republic of Moldova becoming the 35th member state to ratify the convention.

Sexual violence. Several forms of [sexual violence](#) are criminalized in the Republic of Moldova, including rape, other violent acts of a sexual nature, sexual harassment, sexual intercourse with a person under the age of 16 years, perverse actions, and enticing a minor for sexual purposes. The [Criminal Code](#) qualifies sexual crimes as dangerous acts committed with intent, which cause sexual harm or impact the victim's honor and dignity. In November 2022, the Parliament approved *Law No. 316*, which improves the safeguarding of the rights of victims of sexual and family violence. This law provides updated definitions of *rape*, *consent*, and *non-consensual sexual action*.

On March 23 2023, the [Regional Integrated Service](#) for victims of sexual violence was launched, which aims to provide holistic, coordinated service for adult victims of sexual violence²⁸. At the same time, in April 2023, the Government approved the protocols of a new national sexual violence intervention team. Finally, survivors of domestic and sexual violence and human trafficking fall under Law No. 137, which provides for rehabilitation and compensation of crime victims. As of May 2023, the third round of consultation is underway on the draft National Program on Preventing and Combating Violence against Women and Family Violence 2023-2027.

Response to GBV survivors

While there are elements of a coordinated response to GBV in Moldova, particularly in urban areas, there remain gaps in holistic and best-practice service system responses for GBV survivors, which include: a comprehensive legal framework, system governance, accountability, and oversight, resources and financing, training and workforce development, monitoring and evaluation of the service system²⁹.

In the [Evaluation Report of the National Strategy to Prevent and Combat Violence Against Women and Family Violence 2018-2023](#), only 29.2% of actions on average have been implemented. Forty-one percent of actions aimed at developing policies to facilitate greater

multi-sectoral cooperation and data collection were achieved, while only one-quarter of actions aimed at public information and awareness about applicable laws were implemented, and justice system response/[prosecution actions](#) were rated at 31%. The lowest of all scores was given to protection activities, with only 20% of actions implemented.

Availability of support services, including specialist women's services. According to a mapping undertaken by the [IASC GBV Sub-Sector Working Group](#) in August 2022, a range of services are currently available for GBV survivors, including refugees, across Moldova, provided by the government, local women's organizations, and international humanitarian NGOs. The [existing services](#) do not have adequate geographical coverage, nor do they have the capacity to respond to crisis conditions or the special needs of certain groups of women. The lack of medical and psychosocial support services, the inadequate number of specialist workers, and the lack of capacity for multidisciplinary teams exacerbate the problem.

The financial resources allocated to specialist GBV services from the public budget are limited. Nine state-funded placement/specialist centers are currently active, and information and referral, psychological, legal, and counseling services are also offered by ten other CSOs throughout the country. There are no specific shelters for women from vulnerable groups, including refugees, disabled women, or women from ethnic minorities. Moreover, women who lack documentation are not eligible to receive any services. Most of the available services are crisis services and there are an inadequate number of services that provide longer-term support to survivors, including those required to ensure the [financial independence of GBV survivors](#).

2.6. Role and needs of women's civil society

Women-led civil society organizations and the feminist movement in Moldova have been instrumental in promoting gender equality, women's rights and empowerment, and action against GBV in Moldova. In addition

²⁸The draft government decision on the piloting of the regional Integrated Service for victims of sexual violence

²⁹ See UN Women, UNFPA, WHO, UNDP, and UNODC Essential Services for Women and Girls Subject to Violence Package for an overview of essential services to be provided by the health, social services, police, and justice sectors

to advocacy, women's organizations are key service providers for GBV survivors in the country. A [report estimating the economic cost](#) of gender inequalities in the Republic of Moldova revealed that over 60% of the costs related to services for GBV survivors are borne by civil society organizations, which are dependent on external financial resources.

At the national level, there are two networks that bring together organizations in the GBV field:

[National Coalition "Life without violence"](#) - a forum of service providers, public associations, and institutions working in the GBV field. Established in April 2014, it was registered as a legal entity in 2022. The 27 members of the Coalition contribute to the prevention and combating of violence at the national, regional, and local levels.

[Platform for Gender Equality](#) - a voluntary union that is an active and united voice for the promotion of gender equality. Launched on June 19, 2015, it currently has 44 members.

As a result of the forced displacement of women and children from Ukraine, the social protection system of the Republic of Moldova has had to cope with the dual challenge of continuing to ensure the safety and protection needs of Moldovan women and girls, while at the same time, providing support, protection and GBV services to displaced women from Ukraine.

Thus, women's civil society organizations as well as government institutions and international agencies have had to adjust their services to meet the needs of displaced people as well Moldovan nationals. [Women's civil society organizations have engaged in humanitarian assistance to GBV survivors](#) from the outset, undertaking needs assessments of displaced women and service providers, and implementing a series of projects to address identified needs. [Regarding funding](#), while there has been some money available for GBV prevention and response, the priorities have been dictated from the top down, and do not correspond to local needs and realities. Funding decisions have not been based on the expertise of local and feminist stakeholders, and as a result, there has been no demonstrated understanding of the need or effort to invest in women's organizations and movements.

III. FINDINGS

3.1. GBV safety, protection, and well-being concerns, risks and needs

3.1.1. Priority safety and protection concerns and needs

Representatives of organizations providing humanitarian assistance for displaced people reported that the safety and protection needs of women differ depending on their circumstances and factors such as age, health, and disability. They highlighted women with disabilities or severe health issues (such as cancer, diabetes, etc.), women with disabled children, older women, women with young children, girls, and LGBTIQ+ people as particularly vulnerable to GBV. They also advised that safety and protection needs differ depending on (i) where displaced women are located - whether in villages, urban areas, or Balti and Chisinau municipalities; and (ii) the type of accommodation they live in, whether in Refugee Placement Centers, Specialist Placement Centers, privately rented apartments, or in relatives homes.

Displaced women

Access to resources and services to meet basic needs: In relation to their priority safety, protection, and well-being needs, women participating in FGDs identified ongoing challenges meeting basic needs, including food security, medical care, psychological counseling, support finding employment and legal advice. Compounding the problem is a lack of accessible humanitarian assistance distribution points and procedures in district centers and villages, in particular where there have been large flows of displaced people. Women reported that they are not informed about assistance that is available through different organizations. Although they appreciate that there are many organizations providing assistance, including vouchers for clothing, medicine, etc., assessment

Box 1.



"In Chisinau, there are special distribution points for either clothing or hygiene products, etc. Cahul is a town, and the situation is dealt ok, while in the villages, it is absolutely dramatic as transportation is required from the village to the city. It is challenging for women to get to Cahul, not to mention Chisinau. Probably because we are far away, the aid doesn't reach the outskirts" (III_7).

participants identified a need for more accessible distribution points in their villages. The lack of accessible distribution points in areas where refugees are living means that women have to travel to Chisinau to obtain assistance, however, they cannot always afford the transport costs (see Box 1). The interviewed representatives of local authorities acknowledge there are problems in the management of humanitarian assistance and support for displaced people. They pointed out that they were overwhelmed with the situation, as there is no registration and monitoring system; consequently, when providing humanitarian assistance, the expected number of displaced people at a distribution point can double or even triple, so the authorities are unable to provide cash, non-food items and food to everyone who turns up. Some of the Refugee Support Centers have created databases of displaced people from Ukraine to track assistance; however, they require continuous updating. The representatives of LPAs acknowledge they know about the problems faced by displaced people, though they claim they are not able to solve them due to systemic issues, limited decision-making authority, organizational targeting criteria, and geographical coverage. Moreover, in certain cases, humanitarian aid is provided based on legal status, rather than on the individual's personal circumstances or vulnerability.

Representatives of organizations providing humanitarian assistance and support services reported some inappropriate behaviors from displaced people who collected food and non-food items from different villages and sent them to Ukraine, depriving other displaced Ukrainians from access to these resources. As one informant stated, *"we have noticed that many of the humanitarian aid given is sent to Ukraine to relatives left behind, including to husbands who are at war and for use by the army, meaning that other refugees do not benefit from the aid"* (KII_2).

Lack of information: FGD participants identified improved access to information as critical for reducing their vulnerability and improving their safety, protection and well-being. Displaced Ukrainians speak Russian, and some even speak Romanian, so the language barrier is smaller compared to other states. However, although both Moldovans and Ukrainians know Russian, this is not enough to get a job in Moldova—Romanian is the state language required by employers. Also there are refugees who avoid speaking Russian, as it's perceived as the language of the aggressor. Therefore, displaced women participating in the assessment outlined numerous challenges to coping without sufficient information, including threats to their safety and well-being. (See Box 2).

FGD participants reported that key information gaps for displaced people include information on available humanitarian assistance, job vacancies, medical care they are entitled to, programs specifically for displaced Ukrainians, and, more recently, information on eligibility for humanitarian protection. This problem is worse for specific groups such as Roma women. For example, one displaced Roma woman pointed out: *"we are not acquainted with official and accurate information about services and supports relevant to Roma people, so we have been looking for information on the Internet, and asking each other. Sometimes we stop looking because we cannot find the right information. This means often, we miss out on the help that is intended for us"* (FGD_6). The assessment found there is a pressing need to improve the availability of the following types

Box 2.



"In Chisinau, there are special distribution points for either clothing or hygiene products, etc. Cahul is a town, and the situation is dealt ok, while in the villages, it is absolutely dramatic as transportation is required from the village to the city. It is challenging for women to get to Cahul, not to mention Chisinau. Probably because we are far away, the aid doesn't reach the outskirts" (III_7).

of information to help improve women's safety, protection and well-being:

- humanitarian protection options in the Republic of Moldova and new rules brought in by the government (*"some meetings were done, but few"* [FGD_1]),
- social welfare and assistance available, including for people with disabilities (*"the information about social assistance and documentation related to disabled women is very poor. We have to seek help from the district. We are lucky if we find someone on the phone ready to explain it to us, but if we don't, we remain ignorant"* [III_9]),
- emergency medical care (*"there are cancer patients, people requiring urgent surgery and they do not know where to seek help"* [III_8]),
- general and specialist medical services, including youth-friendly healthcare services,
- humanitarian assistance available through different organizations (*"we lack information about all services available and support provided. It would be good if service providers would highlight how long their services and projects will run so that people can find alternatives in time"* [KII_12]).

The need to provide displaced people with information on relevant issues, including to combat rumors and misinformation, is still crucial. For example, FGD participants in Balti discussed false information they had received about Ukrainian authorities adopting a new law requiring Ukrainian refugees employed in

the Republic of Moldova to pay double the tax rate on their income. A few displaced women stressed, however, that displaced people should also take responsibility for providing accurate information to others. As one woman said, *“accurate information from official sources is imperative, we can share it via the multitude of refugee groups created on social networks. Currently, we are getting information via unofficial channels, word of mouth”* (III_7).

Safe and stable accommodation. IIs and FGD participants identified finding a safe and stable place to live as a current safety and security priority for displaced women. When deciding to leave Ukraine, few women thought that the war would last so long. As one woman said, *“we thought that everything would end quickly, in two weeks, but we have already stayed here for more than a year”* (III_6). Women from vulnerable groups that do not have money or legal documents are most often hosted in the Refugee Placement Centers run by Moldovan authorities. Displaced Roma women faced discrimination from other displaced Ukrainians, forcing Moldovan authorities to accommodate them in segregated centers.

Civil society organizations providing support to LGBTIQ+ people have created two specialist placement centers to ensure a safe and secure place to live for LGBTIQ+ people; one center for displaced people from Ukraine that can host up to 8 people and one for LGBTIQ+ people displaced from the Russian Federation, hosting up to 6 people. There are LGBTIQ+ people fleeing Russia because they condemn the war in Ukraine, and also because the rights of this community there are seriously violated. However, the situation of LGBTIQ+ people from the Russian Federation is complicated, as they cannot be classified as displaced people, and cannot benefit from services provided to Ukrainian nationals. Conflicts frequently occur between displaced people in Refugee Placement Centers, sometimes requiring police intervention. Moreover, cases of physical and sexual violence against displaced girls and women by displaced Ukrainian men have also been reported. As a result, some women have sought alternative accommodation, such as private rentals, even if they do not have enough

money to pay high rents (see **Box 3**).

The informal agreements with landlords who refuse to sign a lease to avoid paying taxes, constitutes a significant risk for sexual and other forms of exploitation for women when renting privately because without a lease they cannot benefit from rental subsidies provided by International Organization for Migration (IOM). Women FGD participants from a number of communities voiced their concerns about how much longer they will receive rent assistance from IOM and how they will afford their rent should the subsidies stop (**Box 4**). Some displaced women are living with Moldovan relatives. Sometimes in these situations, there are tensions due to the extended length of stay and the pressure this puts on households.

Stability of accommodation is also an issue. For example, in an FGD in Cahul district, the closure of the Refugee Placement Center within the State University was raised, and one participant advised *“it is not clear where we will live. Will it*

Box 3.



„The rent is very high. I have four part-time jobs, and still, it is not enough. The financial situation is unstable. Utilities are expensive. I needed to translate some documents, and they charged me 4000 lei. I refused. Fortunately, there is humanitarian aid that still saves us” (III_5).

Box 4.



„We have five children. Five girls. We worked hard to provide for their future, and now we have to start all over again. We left behind our home where we had everything – house, car, business. I benefited from the support provided by the IOM, which lay in paying our rent. It was a significant financial support. Since March, this support is not given anymore. I'm just terrified. I don't have a solution. I don't know what to do. I'm employed, I volunteer, I get involved in everything I can, but it is not enough for the monthly flat rent” (III_1).

be a long or short stay in this place?" (FGD_5).

Financial support. Ongoing financial support to meet basic needs, including food is another essential protection concern for displaced women. FGD participants revealed several challenges in accessing financial support including:

- Delay in provision of cash support to meet living costs (*"financial support from the UN was not provided since December. It was resumed only now"* [FGD_5]). This support is essential to displaced people as food costs are higher in Moldova than in Ukraine.
- Lack of ongoing financial support and running out of money (*"financial assistance is no longer provided as it was at the beginning"* [FGD_1]).

Unemployment. Unemployment is a safety, protection, and well-being risk for displaced women, who need to work, and want to find a job or start a small business. It was reported that both vulnerable women from Moldova, as well as displaced women from Ukraine, face significant challenges finding employment or starting a small business.

Humanitarian protection and assistance for vulnerable groups. A priority need for LGBTIQ+ refugees is the opportunity to access the humanitarian protection they are entitled to. The representatives from organizations working with LGBTIQ+ people interviewed also highlighted specific challenges in providing humanitarian assistance to displaced LGBTIQ+ people. They advised that while there are some good initiatives, the safety of LGBTIQ+ individuals are not taken into account. For example, while UNHCR provides support to LGBTIQ+ refugees, they cannot access it because identifying their sexuality or gender identity puts them in danger, particularly when *"they are required to disclose this information in front of other displaced people waiting to get assistance"* (KII_7).

Participants highlighted the complexity of the security and protection situation of women with disabilities, women with disabled children, and older people. Factors such as constraints they face leaving their home and lack of familiarity with the local healthcare system increase

their insecurity and lack of protection, and are impacting their physical and psychosocial well-being. Information provided by people with disability or their caregivers in FGDs indicate their most urgent needs are medication—in particular, medications for heart and other chronic diseases, and bandages for those that require them daily. The lack of wheelchair ramps in public places is an issue not only for displaced people from Ukraine, but also for local Moldovan with mobility disabilities.

Eligibility criteria for assistance: Displaced people housed in placement centers are unhappy that they do not receive humanitarian assistance such as vouchers for food, hygiene products, clothing, or medicine, which are only distributed by the local authorities to people living with host families and in rental accommodation. They stressed that placement centers host the most vulnerable groups of people, including those with disabilities and their caregivers, older people, mothers with multiple children, pregnant women, and Roma women.

Health care: The need for specialist medical care, including medications that are not available in Moldova, is another priority need. This issue was raised by displaced women in FGDs as well as by service providers interviewed, and is illustrated by one key informant: *"we had a case when the staff of the Diagnosis Center refused to provide medical services, although these were paid services, on the grounds that they were Ukrainians"* (KII_4).

Counseling and psychological support: Women participating in IIIs and FGDs highlighted the deep trauma caused by the war. As one woman stated: *"we lived happily in our country, our homes, and one day they plucked us off our land like a plant and displaced us here. For anyone, this is a reason for stress and deep trauma"* (III_7). For some women, the impact of trauma on their children was the trigger for leaving Ukraine. One shared, *"I realized that we had to run away from home when my 3-year-old daughter no longer said a word and my 14-year-old girl no longer slept at all, not at night nor during the day"* (III_1). The need for counseling as a priority issue was identified by nearly all displaced women. The ongoing

war and prolonged displacement have created further anxiety, exacerbating their trauma. Frustrations have increased stress levels, and women participating in the assessment reported having panic attacks, insomnia, irritability, nightmares, and flashbacks about the events they have experienced, including as witnesses of war crimes.

Psychological support was less of a priority to women at the beginning of the war, when they were primarily concerned with meeting basic survival needs, finding food, water and shelter, safety and security. However, now psychological support has become a priority. Depression, anxiety, and post-traumatic stress disorder are common, requiring intensive mental health interventions. According to professionals interviewed, while counseling is required to protect and support displaced women and their children, there are cultural barriers and stigma associated with going to a psychologist, so while refugee women *"bear the result of war traumas, and are stressed because their loved ones are still there while they are here, they do not feel comfortable with seeking long-term therapy"* (KII_4). Some displaced women acknowledge this challenge and try to explain the benefits of therapy to others.

LGBTIQA+ people have specific additional psychological support needs, particularly those who are partnered, because when a spouse is killed in the war, the partner is not able to recover their body because same-sex marriage is not recognized in Ukraine, compounding their grief and loss.

Other priority needs identified include enrollment of preschoolers in kindergarten, and overall improved access and equity in relation to children's enrollment in schools. Some women have continued their children's education online, while others would prefer their children to attend Moldovan schools.

Vulnerable Moldovan women and girls

This assessment found there are both similarities and differences in the safety and protection needs of vulnerable groups of Moldovan women and displaced Ukrainian women living in Moldova. This was affirmed by both key informants and women participating

in FGDs, with one person pointing out, *"I have noticed that issues faced by a refugee woman are quite similar to those faced by a local woman living in the community"* (KII_3).

Adolescent girls asked about their priority safety and protection concerns emphasized the need for information about GBV, domestic violence, relationships, and sex education. They wished these issues were discussed within families, as well as at school, with one person stating: *"it was weird for me that this subject was not addressed in school or in the family. Risks related to the lack of information on this subject are ignored"* (FGD_9). Young women FGD participants reported being aware of women and girls experiencing domestic and sexual violence in their communities. Participants reported that although some topics are included in the public school system curriculum, in particular within the *Personal Development* subject, teachers do not discuss these issues with the students; *"they skip the topics as they are ashamed."* According to the girls, more attention should be paid to picking teachers who can teach this subject; *"a kind and open person should be appointed to discuss these issues"* (FGD_9). The need to provide sex education in schools as a protection and safety strategy was repeatedly raised, with one girl stating: *"girls should know about all possible ways to protect themselves because many teenage girls get pregnant"* (FGD_9), and have information about institutions from which they can seek help.

Women with disabilities were reported to have low self-esteem in Moldova, with FGD disabled participants saying women with disabilities *"feel they are blamed and are insecure"*, *"are not always vocal"* and do not talk about their safety and protection needs, *"avoiding engaging directly with authorities."* However, some *"worry about the safety and protection of others, more than their own."* According to key informants who work with disabled people, ensuring the integration of these women into the community as well as their access to community services is a protection priority. Women with disabilities are more likely to face abuse and violence from family members, as well as community members. However, they often do not disclose

violence they experience because *"they fear that they will be punished for reporting certain things."* The need to empower women with disabilities to be *"more confident, to speak up and be heard"* was emphasized (KII_4). Another critical need for women with disabilities was reported to be access to medical care and treatment. Certain medical services are only provided by the Chisinau city. Further, women with mobility disabilities struggle with the lack of wheelchair ramps in public service buildings and the lack of accessible transport, which affects their well-being and protection.

Roma women in Moldova *"face double discrimination"* (KII_6) due to their gender and their ethnicity. They rarely report cases of abuse; one informant who is the head of an organization providing services to Roma women said that she knows only one case of a Roma woman reporting abuse being supported by one of the specialist GBV centers.

The most critical needs of **elderly women** are health-related. Older women FGD participants advised that they do not get adequate attention and care from healthcare workers, with one FGD participant stating: *"I cannot understand why the doctor or the nurse do not visit old people, bedridden people that can't leave their homes and go to the hospital. The social worker from the municipality comes twice a week to see how they are doing, but the old woman requires a doctor"* (FGD_7).

There are many old Moldovan single women in the Republic of Moldova whose children are abroad, and whose spouses/partners are deceased, who are at risk of physical, economic, and sexual abuse. One FGD participant reported *"cases where someone entered the house and killed the elderly resident,"* while another advised: *"in our village, a young man stole his grandmother's house"* (FGD_8). Women reported situations in their communities when old women were raped by young men, but they were too ashamed to disclose the assault. GBV specialists interviewed underlined the fact that old women hide physical, economic, and sexual violence committed by their spouses and children, with one person stating that *"every mother tends to hide her child's behavior because she believes that she is to blame for*

his behavior" (KII_1). The representative of an NGO providing services to elderly people said that they face various forms of violence and *"it is extremely difficult work in these cases."* Some forms of violence experienced by older women are extremely confronting (see Box 5).

LGBTIQA+ people in Moldova hide their gender identity and sexual orientation to protect themselves as homophobia and discrimination make them feel unsafe in public spaces. LGBTIQA+ people reportedly face aggression, discrimination, and hate in Moldova. Their priority needs are changed attitudes towards them in order that they can *"live without fear and feel free"* (KII_7), access to non-discriminatory medical care, and acknowledgement of LGBTIQA+ families.

Representatives of civil society organizations providing services and support to LGBTIQA+ people stressed that in 2022 they had not received any reports of anti-LGBTIQA+ abuse or hate, *"but not because it didn't happen, but because it simply was not reported to us"* (KII_7). It was reported, however, that this year there has been an attack on the headquarters of a civil society organization that provides services to LGBTIQA+ people. LGBTIQA+ people in rural areas, LGBTIQA+ teenagers and older people, LGBTIQA+ people living with HIV/AIDS and disabilities, and Roma LGBTIQA+ people all face greater discrimination due to their intersecting identities, and as a consequence, they *"are reticent to participate in both the LGBTIQA+ community and their own community"* (KII_7).

Box 5.



"We had a bedridden woman and her nephew to take her out for a walk, tied her to a board lifting her up forcing her to stay on that board"; "there are people who now punish their parents or mothers for something they have done in the past. We had such a case when the son, a businessman, gave his mother to drink water from a broken cup that had holes. He didn't want to allow the social worker even to light up the fire. I mean nothing, even the bare minimum support. We often have such cases when children refuse our help to make the women die sooner" (KII_1).

3.1.2. GBV concerns

Refugee women

Verbal abuse and harassment. Assessment participants reported that interpersonal conflicts, verbal abuse, and discrimination against refugees occur daily, including against children (**see Box 6**). Sometimes abusive and discriminatory behavior is demonstrated by representatives of local authorities and international organizations providing support to refugees (**see Box 7**). KIIs reported that cases of harassment and incitement to hatred are experienced most commonly by refugee women living in rural communities, with one representative of a service provider organization reporting, *“we were informed about many cases when people were throwing rocks in the windows of the houses where refugee women lived.”*

Sexual harassment and violence. Young women FGD participants reported cases of verbal sexual harassment by men when they were alone in the community. However, positively, bystanders reportedly intervened in these situations. While there have been cases of sexual assault and attempted rape against refugee women reported in several districts, there have not been many instances reported to authorities. Refugee women FGD participants identified young women and girls, women with disabilities and health issues, Roma women, and women that do not have money to provide for themselves are more likely to be subjected to sexual violence, including sexual exploitation.

Domestic violence. It was reported that

Box 6.



„We had such a situation when children were bullied in the trolleybus. The driver hearing the teenagers talking in Ukrainian put a patriotic Russian song and waved, in a demonstrative manner, a tiny Russian flag he had in the cabin. Moreover, he verbally abused the teenagers that were going to school. Children were affected by this situation and have required psychological support to cope with this” (III_1).

Box 7.



„There were situations when the representatives of the local authorities treated us not quite correctly, in some cases even aggressively. Sometimes even the local people proved a hostile attitude. There were people that blamed us for all issues they faced; that their standard of living had decreased, that absolutely everything had become more expensive, starting with food, that we are given everything for free, that we are a burden to them, etc.” (III_7)

displaced women are experiencing lower levels of domestic violence because they are alone with children, their husbands staying to fight in Ukraine. Some refugee women reportedly avoid disclosing domestic violence they experienced while in Ukraine. However, GBV specialists who participated in KIIs advised that many women they are supporting to cope with trauma caused by the war are also survivors of domestic violence.

When asked what has changed in their experience of domestic violence since they came to Moldova, refugee women FGD participants advised that being separated from their husbands during displacement has made them safer and reduced the rates of domestic violence.

One GBV specialist KII stated, *“refugee women reported cases of abuse from their husbands when they had to hide in the basements in Ukraine. Our psychologists provided assistance to one family where the mother and daughter were abused by a despotic father that didn't allow them to leave the basement. They stayed there four months being abused”* (KII_1).

One woman refugee who is a psychologist and qualified to provide psychological counseling to other women said that being displaced has provided women an opportunity to try to leave their violent partner. However, she also reported that although their spouses are physically absent, they continue to perpetrate psychological and emotional abuse and exert control over their wives remotely, using text messages or phone calls. This remotely perpetrated coercive

Box 8.



„Here are many organizations helping women from Ukraine. I am from Odessa, and it was more difficult for me there to settle issues related to my unsuccessful divorce. Here, it seems to me, I could have done this easier. Therefore, in a way, I feel that here there is an opportunity to receive support as a woman.” (III_5)

control and abuse is magnifying women's depression and other mental health problems, and is impacting their ability to cope and to integrate socially and economically. Their fear and anxiety are being further exacerbated by concern about the psychological impact of the war on their husbands, and the potential impact of this trauma on their husband's use of violence when they return to Ukraine.

This is, in fact, a key direct and indirect link between GBV and mental health consequences for refugee women. Women are aware that the war will impact men's violence when they reunite. Their own war trauma and that of their husbands both negatively impact women's safety and well-being. All the women we spoke with identified a need for psychological counseling. They pointed out that the depressive states persisting among women are becoming more acute as time goes by. When it became obvious that the war would last, the impossibility of influencing the situation and the need to solve problems arising in displacement have generated a general state of anxiety. Frustrations have increased the level of stress, women have panic attacks, insomnia, irritability, nightmares, flashbacks about the events experienced, including as witnesses of war crimes. As one expert put it *“women from Ukraine are very vulnerable, disoriented, and afraid. They came here to a foreign country; they don't know anyone. From what we know, cases of sexual violence on the territory of Ukraine have increased. Hence, they are afraid that there may be attempts of sexual abuse in Moldova as well”*. (KII_8).

Several women interviewed mentioned that there are more organizations providing support to women GBV survivors in Moldova than in pre-war Ukraine. They discussed participating

in workshops on domestic and sexual violence, and support groups for domestic violence survivors from Ukraine and Moldova, among other activities (see Box 8).

Data from FGDs and KIIs with GBV specialists providing psychological assistance to women suggest particular groups of women are at greater risk of GBV. Psychological, physical, and sexual abuse against girls and women in the Refugee Placement Centers, including in those managed by religious denominations, were reported. A number of refugee women FGD participants report having witnessed domestic violence incidents in placement centers and advised the perpetrators were Ukrainian men. The women reporting these cases believe that a reason for such cases of abuse lies in the fact that the large majority of displaced women more than one year do not have a job, do not study, *“they simply do nothing”* (FGD_3).

Vulnerable Moldovan women and girls

According to key informants participating in the assessment, there is a general increase in stress and tension in the community and in families since the war against Ukraine began. They reported that people are stressed, anxious and overwhelmed by everything that is happening around them. GBV specialists interviewed emphasized that *“women in Moldova have more protection and safety problems than Ukrainian women due to the high levels of gender-based violence”* (KII_2). In particular, they reported that Moldovan women do not report GBV, including domestic violence, to authorities, noting *“sometimes we identify the psychological and physical abuse of a woman only when we work with children”* (KII_11). Consequently, domestic violence victims do not receive the benefits from psychological counseling or other critical support or assistance. Women do not report violence to authorities, friends, and relatives due to myths and stereotypes surrounding GBV and GBV survivors, such as the 1. belief that the woman causes the violence and is to blame for what happens to her; 2. children must have a father; 3. it is a private family business; or 4. *the man is the head of the family and the woman must obey him*. This stigma and prejudice explain why *“only a few cases are identified, as women, as well as girls, do not speak up.”* It was

also noted that since the COVID-19 pandemic, more victims are reporting domestic violence and there are a greater number of referrals from courts when electronic monitoring or protective orders are violated. Women with disabilities were reported to face violence from their family members, as well as violence from male community members, with one woman highlighting how *“some (men) protect me, whereas others abuse me”* (FGD_8). Women with disabilities experience psychological, physical, and economic violence from their intimate partners, while girls are reportedly abused by men cohabitating with their mothers.

All of these concerns about GBV inevitably have a negative impact; exposure to various forms of violence, especially family violence, is directly related to their mental health, the consequences being exclusively negative and well known.

3.1.3 Risk and protective factors

During the assessment, a number of factors were identified that increase or decrease women's safety. Some factors are specific to particular groups, while others are relevant to all the groups of women who participated in the assessment—displaced and local women (See Table 1 for risk and protective factors common to both groups). Representatives of local authorities interviewed highlighted the importance of international and national organizations addressing risk and protective factors of vulnerable local women as well as displaced women, with one person interviewed noting, *“we are very happy that all kinds of support are being given to vulnerable families from our community as well as to refugees”* (KII_5).

Table 1.

Factors affecting safety of all women participating in the assessment

Risk factors	Protective factors
<ul style="list-style-type: none"> Inadequate responses to GBV by police Alcohol and drug use by the perpetrator Women's financial dependence on men, including victims' dependence on perpetrators 	<ul style="list-style-type: none"> Education about GBV Policies and measures to support vulnerable Moldovan women as well as refugees Community information campaigns The work of women's civil society organizations providing support and services Employment opportunities

Box 9.



“They are given these vouchers so often, whereas the local people are vulnerable and discriminated against. And as long as there's this incitement to hatred, these discussions among community members are also a destabilizing factor” (KII_4).

Displaced women

Particular groups of displaced women are at greater risk of violence, abuse and exploitation. These include women with young children, women with disabilities or those experiencing severe health issues, women with disabled children, unaccompanied girls, and women from areas of active conflict.

Risk factors include:

- lack of accurate information and knowledge about available services and supports;
- lack of integration into communities due to local resentment that displaced people receive more attention and support from authorities than do Moldovan communities (see Box 9);
- excessive alcohol consumption by displaced teenagers and adults;
- discrimination by some community members, civil society organizations, international organizations, authorities, including schools;
- propaganda by supporters of the Russian Federation;
- unemployment.

Simple things such as the absence of street lighting and the frequency of fireworks increase

Box 10.

„One man sexually assaulted girls, telling them he is a former prisoner convicted for rape. Refugee women reported the case, and we have discussed with officials dealing with migration to find him another accommodation" (KII_11).

Box 11.

„We choose to engage refugees themselves in providing support to refugees. It's a sense of solidarity between them, mutual help, understanding as there are cultural differences anyway" (KII_4)

Table 2.

GBV Risk and Protective Factors for Roma Women

Risk factors	Protective factors
<p><i>Refugee Roma women</i></p> <ul style="list-style-type: none"> ■ Discrimination and prejudice by other displaced people and RAC managers, leading to segregated accommodation ■ Low literacy levels, with 80% reportedly illiterate ■ Early marriage ■ Lack of parental capacity to supervise girls and ensure their participation in education ■ Adolescent girls entering relationships with older men who are abusive and manipulate and exploit them <p><i>Moldovan Roma women</i></p> <ul style="list-style-type: none"> ■ Lack of education for girls, including due to poverty (see Box 12) ■ Financial dependence ■ Gender inequitable cultural norms ■ Early marriage ■ Lack of trust in authorities and other community members ■ Sexualised stereotypes by non-Roma men 	<p><i>Refugee Roma women</i></p> <ul style="list-style-type: none"> ■ For adolescent girls: <ul style="list-style-type: none"> - Services, such as hotlines, to obtain information about their rights and get advice and support for GBV - Positive relationships with trusted adults, including parents, close friends, school psychologists, or teachers. - Education and training on how to protect themselves against GBV. <p><i>Moldovan Roma women</i></p> <ul style="list-style-type: none"> ■ School enrollment and participation ■ Skills to improve communication within families ■ Community mediators to support Roma communities ■ Government policies to ensure the security and access of all citizens regardless of color, ethnicity including Roma women

the stress of displaced women in Moldova trying to adapt. Some experts interviewed reported that displaced women feel unsafe all the time due to uncertainty about what is going to happen to them. They are specific risks within RACs. FGDs and interview participants both reported that Ukrainian men accommodated in these centers represent a safety threat for women. The accommodation of violent ex-prisoners in RACs was raised as a concern (see **Box 10**). Such cases have mostly been reported in the southern and central regions of Moldova as there are fewer male refugees living in Balti.

Protective factors were identified as:

- information and support centers operational in several districts;
- availability of legal advice; employment support;
- the opportunity to learn Romanian;
- knowing how to seek help for domestic violence or other GBV;
- availability of safe spaces;
- positive relationships with Moldovans;
- working or volunteering to provide services to other refugees (see **Box 11**);
- good communication with Moldovan authorities.

Table 3.
GBV Risk and protective factors for older women

Risk factors	Protective factors
<ul style="list-style-type: none"> ■ Isolation due to migration of children and others away from rural communities (see Box 13) ■ Lack of facilities and services in rural areas, including police and health services ■ Drug and alcohol abuse within the community 	<ul style="list-style-type: none"> ■ Availability of social services provided by government and CSOs ■ Social safety nets provided by local authorities ■ Support of neighbors

Box 12.



„Roma women and girls do not express their opinions. Few of them have an education. They do not engage in making decisions neither when their own fate is discussed. They don't know their rights, and men don't even imagine that they have any rights. Moreover, even when men are absent, nothing changes because relationship patterns and traditions are deeply rooted in the collective consciousness" (FGD_6).

Roma women. In addition to the above risk and protective factors, participants reported the following factors are specifically relevant to both refugee and Moldovan Roma women's protection and safety (see Table 2).

Older women. According to FGD participants, for older women, GBV risks are linked with both age and location, while protective factors are linked with community level services and supports, as seen in Table 3. (see Box 13).

LGBTIQA+ women and girls. Young LGBTIQA+ women in particular face high rates of

Box 13.



„I live on a small street, about 20 houses, and now there are 4 families on the entire street. Sometimes I have no one even to say Hello. Houses are abandoned, children left, I have some new neighbors, and that's it. My children are abroad, I live alone, and I have no one to call" (FGD_7).

psychological economic and physical violence within the family from their parents. Adults in this community most commonly experience psychological and physical violence in public spaces, such as on the streets or in parks. Factors that have protected LGBTIQA+ people from GBV in the Republic of Moldova are:

- Implementation of legal measures to ban incitement to discrimination in hatred or prejudice-motivated violence (Article 346).
- An increase in the number of civil society organizations and specialized workers supporting LGBTIQA people;
- Information and education to prevent and eliminate discrimination and ensure equality

Table 4.
Risk factors for ongoing GBV for survivors in Moldova

Risk factors
<ul style="list-style-type: none"> ■ Fear of disclosing violence and seeking help, including because they have nowhere to go. ■ Financial dependence on abusive partners. ■ Coercive controlling behaviors by perpetrators that isolate them and prevent them from participating in training or employment education. ■ Inappropriate responses from police who refuse to take action when men are violent to their intimate partners, but who charge women with violence if they defend themselves. ■ Inappropriate legal sanctions, including those which do not punish perpetrators and which penalize victims and children, such as fines for perpetrators. ■ Attitudes and social norms which condone domestic violence, stop people intervening and inhibit support to victims. ■ Lack of support services, and lack of information about what supports do exist.

- Successful cases of hate speech by politicians brought to the European Court of Human Rights by LGBTIQ+ people.
- Solidarity from other community members, including participation in the PRIDE parade over the last couple of years;
- Training provided to the police, psychologists, and local and central public authorities.

Moldovan GBV survivors. Moldovan women survivors of domestic violence and other forms of GBV are highly vulnerable, and KIs participating in this assessment wished to draw attention to specific risk factors that make it difficult to break the cycle of violence and abuse experienced by this group of women. (See Table 4).

Finally, the dynamic and changing nature of risk over time was highlighted, pointing to the need for ongoing assessment of the changing and dynamic risk and protective factors.

3.2 Community protection strategies and mechanisms

3.2.1. Strategies to improve safety, protection, and well-being

Displaced women

When asked about general strategies they use to improve their safety and protection, displaced women participating in FGDs reported a number of measures, as follows.

Restricting movement. Refugee women lock their doors and avoid going out of their rooms, if they live in accommodation centers, or leaving their apartments after 8 p.m. to keep safe.

Mutual support groups and networks. Displaced women have formed support groups and networks to share information, connect, socialize and support each other (see Box 14). The groups started as a way to discuss the situation at home in Ukraine, share positive and negative experiences of living in Moldova, find solutions to problems, and provide mutual support. Some groups operate online using social networking platforms, have multiple administrators and include people from across a district. For example, one group from Soroca

Box 14.



„We communicate and encourage each other. We use social media to communicate. If something bad happens, we find out about it immediately and act if necessary. I know some women that were afraid of even leaving the house. Together with the girls, we visited these families, taking them out for a walk; participating in joint events, socializing, encouraging them that tomorrow will be better” (III_6).

„Women try to stick together as a group here in the community, and I encourage and support them. They talk about sharing their job experience” (KII_3).

has a membership of 46 families, including 43 children. Its purpose is to collate and share all relevant information for displaced people, including providing updated lists of humanitarian organizations offering various types of support to meet basic needs, focusing on women from vulnerable groups that are not able to fight for their rights.

Displaced women have also organized themselves into smaller in-person groups and together attend free Romanian language courses and free sports activities, such as Taekwondo, which is greatly valued and is increasing their self-confidence. Some groups have been established by women specifically for the purpose of improving women's safety, protection, and well-being through enabling access to employment opportunities and education for children.

Volunteering. Volunteering in different roles and organizations is proving to be an effective psychosocial well-being strategy, giving women purpose and meaning through helping others. As one informant put it, “volunteering saves us. This is how we feel useful. We can also provide to others the support we benefited from at the beginning of the war” (III_3).

Separating from abusive partners. As mentioned earlier, some displaced women who were victims of domestic violence in Ukraine have established new lives in Moldova and

do not intend to return to abusive partners in Ukraine when the war ends. GBV specialists interviewed identified numerous cases of displaced women who are GBV survivors who have rebuilt their lives and intend to remain in Moldova.

Relocating to supportive communities. Some communities in Moldova are more supportive than others of refugees. For example, communities where there are higher levels of support for the Russian invasion of Ukraine are more hostile towards refugees, increasing displaced peoples' stress and insecurity and preventing their social and economic integration. Understandably, women who are able to choose to move to more supportive communities in order to feel safer are better protected.

Vulnerable Moldovan women and girls

Young Moldovan women similarly curtail their movements and adapt their behavior to feel safer. Young FGD participants advised they avoid walking at night, and if they have to go out at night, they only use well-lit public areas. Moreover, young women avoid people they perceive to be aggressive, including boys, as the following quote illustrates: *"I always avoid such people. I do not talk to boys."* They also teach themselves self-defense strategies using online resources, and some even carry objects to defend themselves, such as pepper and other sprays, or wear large rings on their fingers, in case they are attacked in the street.

Women with disabilities and older women. Women with disabilities and older women keep themselves safe by avoiding potentially threatening situations, avoiding things like going out or engaging with people in public. However, unlike other women from vulnerable groups, older women do call and rely on the police to protect them.

LGBTIQA+ people use two main safety strategies. Firstly, they do not speak about personal issues, including sexuality and gender to family, friends, healthcare workers or employers, and secondly, they migrate to countries with greater legal and social protections for people with diverse sexualities and gender identities.

3.2.2. Economic coping strategies and barriers

Employment was the preferred economic coping mechanism reported across the demographic groups of women who participated in this assessment. Some groups, including women with disabilities and older women, are less able to access employment, while Roma women were reported to not be able to access employment at all due to discrimination. Civil society organizations providing employment support are the most critical resource for supporting displaced and disabled women's economic inclusion. While wage subsidies are available to encourage employment of people with disabilities, women are generally not aware that this incentive exists.

Displaced women

Displaced women are highly motivated to engage in economic activities, including paid employment, skills training, upgrading their qualifications, or starting a business. The simplest and most common economic coping strategy used by women is employment. Some refugee women continue to work remotely online, while others are trying to find work online.

Women reported finding a job themselves, with the help of agencies such as the National Employment Agency (NEA), CSOs or other organizations, or with the help of community members. A number of challenges to employment for displaced women were identified as below:

- Lack of job vacancies for skilled workers (see Box 15).
- Poor access to information about job vacancies, as not all employers in Moldova

Box 15.



„There are very few skilled jobs in Moldova. All vacancies that are suggested to us refer to unskilled work. I have 20 years of experience as a marketing director. I am very sad I cannot do my job anymore. I could contribute a lot to the development of this sphere in the Republic of Moldova" (III_1)."

Box 16.



„I was very excited when they called me. When they saw I am a Roma person, they said they had no jobs anymore. This is discrimination when young Roma girls seek employment overcoming obstacles of their own community's traditions and face lack of trust" (FGD_6).

report vacancies to the NEA.

- Irregular working hours and no time off. Displaced women are usually offered jobs Ho.Re.Ca that do not have set regular hours, making childcare difficult. Discrimination, particularly affecting displaced and Moldovan Roma women, older women, women with disabilities, and LGBTIQ+ people (see Box 16).

Another economic coping strategy is undertaking training to obtain new or upgrade existing qualifications to secure employment. Interviewees reported that there are many training opportunities for upgrading skills available, but women do not seem to be interested in this option (see Box 17). Other data collected through this assessment confirms that a small number of displaced women have participated in two skills training courses provided by different

Box 17.



„Only 7 people, out of 80 refugees that were asked, agreed to participate in certain training that would improve their skills and could bring them earnings. The requests have increased with the introduction of the temporary protection" (KII_4).

Box 18.



„We often asked for Romanian language courses. We want to speak the language or participate in certain training to learn a new profession. As a result, we will be able to provide for ourselves and our children. But it is over a year, and still, this is not available in Cahul" (III_7).

institutions. Graduating from training of course does not guarantee employment. Starting a small business has proved challenging from a legal perspective, even for women seeking to transfer their business from Ukraine to Moldova, who have faced difficulties registering their business or obtaining professional certification. Other barriers to economic inclusion were identified as follows:

- Romanian language skills (see Box 18). This is particularly an issue for skilled refugee women who wish to work in the public sector and who speak Romanian, but do not have adequate language skills to undertake professional roles;
- Living outside major urban areas where most skills training and job opportunities are located; Lack of knowledge and information about the relevant legal framework related to establishing a business or other employment opportunities;
- Difficulties obtaining childcare and preschool enrollment for young children;
- Pay inequity between women and men and for Roma women, discrimination and even greater wage inequality.

3.2.3. GBV risks associated with current economic strategies

Women are vulnerable to GBV simply due to their subordinate position in society. However, the war has intensified this vulnerability, as they are forced to cope with new situations, and are determined to do this *“like a man”* in a foreign country. Women are therefore forced to take whatever work they can to survive, and this includes high rates of work in the informal sector, which constitutes a general risk for women in terms of exploitative pay and conditions, as well as presenting risk of GBV.

Displaced women

Illegal employment practices within the private and informal sectors in Moldova, including refusing to sign an employment contract, puts women at risk of discrimination, various forms of abuse, and violence. Assessment participants reported numerous cases, including physical violence against women employed informally (see Box 19). Some displaced women have had

Box 19.



„There was physical abuse from a quite well-known local businessman. Police officers know him, but the businessman tried to bribe them to keep us silent” (KII_3).

„There is a refugee woman that has 3 kids in our village living with her relatives. She was given a job in Chisinau as a cook. But in the end, she was cheated and was not paid. I am sure this is not a single case. All of them are now taking advantage of the situation of instability, and they could also traffic people from Ukraine, exploit them through work, lie to them, or force them to do something against their will” (III_8).

positive experiences, especially those working predominantly with female colleagues. As one interviewee put it: *“physical security is very important, as if something happens to me, who will take care of my child? Thanks to God, I haven't experienced abuse at the workplace, maybe it's due to the fact that all my colleagues are women and everything seems to be ok here”* (III_4). Assessment participants noted that Moldovan women also face workplace harassment, exploitation and abuse.

3.3 Availability and gaps in services promoting health, well-being and resilience

3.3.1. GBV services

Services for victims of domestic violence and other forms of GBV in Moldova are improving. Currently the following services are available for domestic violence victims:

- Services for reporting GBV, and obtaining information and referral to specialist service providers;
- Specialist GBV centers providing psychological counseling, legal advice, vocational and employment information.

Specialist services are concentrated in Chisinau and Balti municipalities and a few district centers. These services are delivered by government institutions, as well as civil society

organizations. Consequently, GBV specialists in civil society organizations and community social workers are well acquainted with available services, programs and projects for refugees provided by regional authorities and other organizations. Referral and information sharing mechanisms are updated regularly and functioning well, with *“refugees referred as close to their home as possible”* (KII_2). GBV survivors are able to access some services through placement centers, while others including legal advice and psychological assistance are often provided by mobile teams of specialists.

Civil society organizations are actively supporting and referring cases of GBV against displaced women when they identify them, with one informant giving an example of a case where the organization is *“helping her to talk, to deal with the situation, and to hold the perpetrator accountable”* (KII_3). It is noted that, the Moldovan health sector has undertaken preparedness measures, including equipping the gynecology departments in hospitals in Chisinau, to treat victims of conflict-related sexual violence among displaced Ukrainians.

3.3.2. Mobile services

A mobile support service, previously provided for people with disabilities in some districts in Moldova has now been expanded to serve displaced people. Operated by CSOs, the mobile team includes psychologists, legal advisors, and social workers, among others. Since the beginning of the war in Ukraine, the teams have provided a wide range of services to displaced people living in rural communities, including counseling, legal advice, vocational and employment support, referral of children to kindergartens and school, and provision of information. Mobile teams are reported to provide an effective and efficient service to displaced women and children, however there were some concerns over lack of coordination and overlap of activities, particularly in relation to provision of information sessions. Displaced women have a right to and a need for current and accurate information, provided on a regular basis due to constant changes (**see Box 20**). Key informants advised they had held quarterly information sessions on a range of topics;

Box 20.



„Due to the support of the International Center La Strada, we have informed the communities, conducted a survey, analyzed their needs, and discussed with refugees. We realized that this has to be done regularly. We have to provide them information, at the same time identifying their needs" (KII_4).

some reported they provided information about reproductive health and domestic violence, while others have shared information about GBV and trafficking, as they recognized these to be relevant issues, and that some displaced women were victims of abuse.

However, in the absence of coordination between the various organizations providing mobile information and other services to displaced people, there has been duplication of activities and a failure to design services based on needs, which are changing over time, and to ensure that information and services are delivered by those with required expertise. This has resulted in competition between service providers and inappropriate services at times. More effective coordination of activities and services is required between organizations and/or relevant professionals to reduce to improve the relevance and quality of services (see Box 21). When reviewing and coordinating services, organizations need to recognize that delivering GBV services, including information sessions on sexual violence, requires expertise in this area.

Box 21.



„It is fundamental that all events organized by government authorities as well as by non-governmental organizations are useful and really necessary for displaced women. Very often, we are invited to useless events organized only for the check mark, which is often discouraging" (III_5).

„We have to improve the joint support platform to avoid overlapping. Currently, there is the risk of doubling services and jobs." (KII_2).

3.3.3. Psychosocial support services

Psychological services for displaced people are provided in specialist centers, as well as by mobile teams. Services offered include both individual and group interventions, as service providers *"have seen the positive effect of group sessions, as refugee women understand that others have had similar experiences"* (KII_4). Some CSOs have hired Ukrainian psychologists and mental health experts to provide psychosocial support services both within the centers and also in communities. CSOs highlighted the quality and effectiveness of treatment and care provided by Ukrainian psychologists, with one informant reporting: *"we noticed that people are more open to her. She is a good professional as well. There is a great demand for her advice. She provides services in all district villages and I think this will continue"* (KII_4).

CSOs recognize the importance of providing psychological support services for displaced Ukrainians to help prevent the anxiety that displaced women and children commonly develop, particularly those not attending school and not socializing with other children. They have implemented programs accordingly, focussing on interventions to help women cope with the crisis, adapt to their circumstances and support their children to cope. The psychological and emotional needs of adolescents were identified as a priority as one informant explained: *"we had many cases of depression in adolescents as they have been deprived of their friends and homes and have to cope with new challenges. This is particularly the case for unaccompanied children who are here alone"* (KII_1).

Within RACS, child-friendly clubs, play-areas and recreation spaces were created and provide a range of services to children delivered by, *"psychologists, legal experts, English and Romanian language teachers"* (KII_11) as well as creative arts and recreational programs. However, fewer safe spaces and dedicated services have been established in RACS for women.

A small number of CSOs offer psychosocial support group sessions for women and children within the community to help them integrate and connect with women and children from

the local community recognizing “*that we have certain cultural similarities*” (KII_1). However, such activities to create relationships between Moldovan women and children and displaced women and children are ad hoc. Young women participating in FGDs communicated that they are aware of psychosocial support available to them through Youth Friendly Health Centers in district centers, but advised there is a need for similar services to be available to young women living in rural communities. They also highlighted a gap in information and support for GBV. A number of CSOs have created senior clubs for older women in several communities implementing activities such as “*sewing, crochet, dancing, singing classes*” (FGD_7). The assessment found that psychosocial support services are not easily available to vulnerable Moldovan women.

3.3.4. Economic support services

Displaced women

Various national, international, as well as governmental organizations are offering economic support services for refugee women. Economic opportunities for refugees and job vacancies are publicized in placement centers by the NEA and CSOs, as well as in communities. However, the greatest challenge is the lack of jobs in rural areas, which is also a problem for Moldovans.

Currently, while there are some employment and skills training opportunities for displaced women, there are few for Moldovan women, who were described as “*being in the shadows*” while “*refugee women are now considered the most privileged due to their access to various programs, training and participation in economic empowerment activities*” (KII_2). Although the displaced women appreciate the efforts by different organizations to support their economic inclusion, they resent constant requests by organizations to photograph them for publicity reasons. (see Box 22).

Box 22.



„For these organizations, it is about projects and money. For us, instead, it is the new reality of our life and the security of our children. Women are already reacting inappropriately to such requests. We are not the monkeys at the zoo to take a picture with us. Emotionally, this is very painful” (III_7).

3.4 Opportunities to strengthen protection and well-being and mitigate GBV risks

Displaced women are vulnerable and largely dependent on the financial and other humanitarian assistance provided by national and international organizations. However, there are positive examples of women's successful employment, start-up of small businesses, graduation from training courses and contribution through volunteering. A small number have managed to start new careers as social workers, bringing them income, as well as satisfaction and purpose in helping their fellow displaced Ukrainians.

Despite these success stories, there is a critical need to identify strategies to improve the well-being of other displaced women and girls, as well as vulnerable Moldovan women. In identifying these strategies, it will be important to consult with both groups of women and engage them in the design of strategies responsive to their needs as well as consider the realities of the local context.

3.4.1. Opportunities for improving economic inclusion and psychosocial support

The priority for strengthening economic and social protection is to support women to become financially independent. Doing this will require collaborative efforts in the following areas:

- Vocational education and training for women who do not currently have a vocation or wish to learn a new profession;
- Guidance and mentoring to find employment suitable for their skill level;

- Ongoing guidance and mentorship to establish and run a small business;
- Free legal advice about how to establish a business;
- Legal advice on obtaining Moldovan citizenship for those who may be eligible, such as those from specific regions that were previously Moldovan territories.
- These opportunities should be available in villages and rural areas as well as in urban locations.

While there are some psychosocial support services available for women—individual therapeutic services, group supports/programs/online support, etc.—they are fragmented, usually offered, within short term projects and limited in terms of geographical area covered. Community social workers are a significant potential resource for enhancing social protection at the community level. KII participants in this assessment emphasized that these social workers play a vital role in supporting displaced people to communicate with authorities and navigate life in another country. At the same time, informants underlined that successful integration of displaced women does not only depend on the authorities, but also on women's desire to integrate. As one person reported, lack of integration is *"not only the fault of Moldovan authorities, but also of those Ukrainians who isolate themselves and are reluctant to speak up about their needs and problems"* (KII_4).

Opportunities for enhancing psychosocial support for displaced women include:

Scaling up psychological counseling for isolated Ukrainian women and children, especially adolescent girls. Due to online education, only a small number of children have managed to make friends in Moldova as school-age children engaged in distance learning have no one to socialize with; Extracurricular activities for children in rural areas. Although there are libraries in some villages, not all of them have activities for children from Ukraine (**Box 23**);

Support groups/ clubs or women at community level to improve their communication, adaptation, and social integration.

Box 23.



„In cities, children benefit from extracurricular activities, guitar and piano lessons, gymnastics, etc. Children do not have such opportunities in the suburb we live. Such activities are beneficial to the harmonious development of refugee children, as well as for children from the Republic of Moldova" (III_1).

3.4.2. GBV risk mitigation by stakeholders

GBV risk mitigation should be undertaken in accordance with IASC GBV Guidelines, with support provided to stakeholders to conduct risk assessments and risk mitigation strategies specific to their programs and services. Minimum priority activities include:

- Providing women—displaced and from host communities—with information about GBV and their rights, including available services for accessing support;
- Training professionals, such as counselors, police, teachers, health workers and social workers engaging with women on how to safely and effectively identify GBV and respond to disclosure;
- building capacity of national and local stakeholders and organizations providing assistance and services to displaced women and children to integrate GBV risk mitigation in line with international standards to enable them to identify and address GBV risks within their programs and services.

3.4.3. Support and resources required by local women's organizations supporting GBV survivors and other vulnerable women and girls

This assessment identified the following needs of local organizations assisting displaced women and other vulnerable women and girls, including GBV survivors:

- Training for frontline workers, such as community social workers on communicating with and supporting GBV survivors as too often they do not know how to respond and what to do when abuse is disclosed to them. As a result, survivors

do not access services or pursue protection and redress remedies, leaving them at risk of further violence;

- Interventions for workers engaged in providing services to displaced women, children and other vulnerable people to support the wellbeing of professionals and prevent burnout;
- Funding to support expansion of activities, including information and discussion sessions for women, mobile and outreach teams providing information, counseling, legal assistance, etc., and recreational and creative programs such as art therapy to improve psychosocial well-being;
- Funding to support women's start-ups.

Funding for women's CSOs to deliver programs to support displaced women must be flexible, so that it is responsive to changing needs. Some specific program ideas identified for funding include:

- Establishing a holistic 'recovery center' for GBV survivors that includes crisis response as well as longer term support for recovery through a business incubator;

- Providing support for a social entrepreneur start-up;
- A dedicated community safe space center for Roma women as they do not currently have a safe space to meet, socialize and network. The safe space should provide psychosocial counseling, legal advice, mentoring and services for children.

IV. RECOMMENDATIONS














				
United Nations Entities	Central public authorities	Local public authorities	Local Civil society organizations	International organization / iNGOs

These recommendations are made based on findings from the assessment and address issues and needs identified by those who participated, and are particularly aimed at informing HIAS and VOICE programming in Moldova. They will no doubt be of value by other national and international actors implementing GBV and related assistance programs in Moldova.

A key principle underpinning these recommendations is that of integration through development of collaborative and inclusive activities for both displaced and Moldovan women. Delivering services for both groups will not only help improve women's safety, protection and well-being, it will promote mutual learning, solidarity and cultural exchange, and prevent resentment by local women, who currently feel they are left "in the shadows."

RECOMMENDATIONS FOR IMPROVING SAFETY AND PROTECTION

Information, education, awareness raising and coordination

■ Develop and disseminate relevant informational materials about GBV and available services, in printed and digital format, to refugee and other vulnerable women. ³⁰ Use existing programs, such as MHPSS, as an entry point for engagement and information-sharing on GBV.				
■ Deliver information and awareness-raising sessions for displaced women on GBV, focusing on IPV, SV, including SEA, legal frameworks and protections and available services.				
■ Strengthen local coordination and the capacity of public authorities, women's organizations, and service providers to prevent and respond to GBV. ³¹				
■ Train staff of frontline organizations and implementing partners, including LPA representatives, on GBV, gender sensitivity and gender equality.				

³⁰ For guidance on developing and delivering information and awareness materials, see guidance note on community engagement and awareness-raising in the GBV Minimum Standards and the relevant section of the GBV Disclosure Toolkit.

³¹ The Handbook for Coordinating GBV Interventions in Emergency Settings (available at: https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf) may have some valuable information, however it will be important to build on and not undermine local coordination and referral structures.

- Provide support for displaced women to learn Romanian.



Personal development programs

- Develop specific programs to address social isolation, encouraging the integration and connection of people within and among vulnerable groups.
- Implement personal development and education programs for women to build self-confidence and self-esteem, addressing issues including GBV, sexual and reproductive health, and personal skills, to support economic independence and empowerment.
- Develop and implement education programs specially designed for adolescent girls, young women, and Roma women, focusing on gender equality, gender stereotypes, sexual harassment, sexual consent, financial literacy and effective communication skills.³²



RECOMMENDATIONS TO STRENGTHEN COMMUNITY PROTECTION STRATEGIES

Economic empowerment programs³³

Economic empowerment should comprise two mutually reinforcing strategies:

- personal development (see above); and
- professional development, employment support, and/or entrepreneurship support to help restore women's confidence, and facilitate their integration into society.

- Undertake a market analysis to understand what types of jobs are available for women, and what jobs women want to do. The results should form the basis of economic empowerment programs for displaced women and other vulnerable girls and women in Moldova according to their needs and skills, not only in Chisinau but also in other administrative-territorial units.



³² See for example IRC's Girl Shine Life Skills Curriculum for working with adolescent girls that focuses on 6 topic areas and up to 48 sessions for life skill group meetings. Available at: <https://gbvaor.net/sites/default/files/2019-07/Girl%20Shine%20Life%20Skills%20Curriculum%20IRC%202018.pdf>

³³ See the following resources for guidance on economic interventions to empower women and reduce GBV risks in emergencies: Child Protection in Crisis Network, Women's Refugee Commission and UNICEF, Empowered and Safe: Economic Strengthening for Girls in Emergencies (2014). Available at: <https://www.womensrefugeecommission.org/images/zdocs/Econ-Strength-for-Girls-Empowered-and-Safe.pdf>. International Rescue Committee EASE (Economic and Social Empowerment) Implementation Guide (2014). Available at: https://gbvresponders.org/wpcontent/uploads/2014/07/001_EAE_Implementation-Guide_English.pdf. Women's Refugee Commission CLARA: Cohort Livelihoods and Risk Analysis Guidance (2016) <https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/document/download/1363>; and Cohort Livelihoods and Risk Analysis (CLARA) Tools (2016). Available at: <https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/document/download/1231> and WRC A Double-Edged Sword: Livelihoods in Emergencies Guidance and Tools for Improved Programming (2014). Available at: <https://womensrefugeecommission.org/resources/download/1046>.

- Implement economic empowerment programs in collaboration with organizations with sector-specific expertise, including business incubators, social business centers, etc.



- Provide advice and mentorship in specific professional fields to help refugee women leverage and utilize existing qualifications to obtain employment.



- Implement relevant training to facilitate women's employment as well as the initiation of income-generating activities, with specific topics based on research on employment opportunities.



- Provide information, employment support and training for women that do not have vocational training and wish to enter a profession. Once trained, provide ongoing support and guidance to find employment.



- Provide medium-term guidance, counseling, mentorship, legal advice and small start-up funding for those women who wish to start a business, including advice on obtaining citizenship for those who are eligible.



Psychosocial well-being of children

- Develop extracurricular activities and programs for children from rural areas in existing community spaces, such as libraries and schools, to support connection and resilience.



RECOMMENDATIONS TO IMPROVE ACCESS TO SERVICES TO PROMOTE WELL-BEING AND RESILIENCE

- Create safe spaces for displaced and local women experiencing domestic violence and other forms of GBV where they can receive information about GBV and available services, including psychosocial support. Integrate these safe spaces with other HIAS programs.³⁴



- Create women's groups at the community level to enable women to meet and collectively discuss and take action on issues they face, such as employment challenges, gender- and age-based discrimination, aging, GBV, and to provide peer, social and mutual support.



³⁴ For good practice guidance on establishing and managing safe space for women and girls in humanitarian settings see IRC and IMC Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings (2019). Available at: <https://gbvresponders.org/wp-content/uploads/2020/02/IRC-WGSS-English-2020.pdf>

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- Provide individual and group psychological counseling via mobile teams, as well as in safe spaces for vulnerable women, including older women, experiencing stress, anxiety and mental health concerns.
-



- Support delivery of longer-term psychological assistance services for displaced women and vulnerable local women, including art therapy activities in the communities.
-



- Provide training and support to frontline professionals working with GBV survivors to enhance their ability to respond to survivors and prevent vicarious trauma and burnout.
-



- Establish partnerships with organizations serving particular groups of women in order to improve their access to services, for example, by partnering to deliver outreach/mobile services, establish referral protocols, and support coordinated actions for survivors.
-



Recommendations to mitigate GBV risks

- Build internal capacity and that of other organizations providing services to refugees to mainstream GBV risk mitigation in line with good practice standards set out in the GBV Guidelines, including capacity to identify and address GBV risks that emerge in programs and services.
-



- Strengthen capacity of service providers in PSEA, including development of organizational policy, building awareness of SEA among frontline workers, refugee women, and host communities, and ensuring confidential and accessible reporting mechanisms.³⁵
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³⁵ See the Safeguarding Resource and Support Hub for Eastern Europe for more information and resources on SEA. Available at: <https://easterneurope.safeguardingsupporthub.org/>

ANNEXES

Annex 1.
FGD participants

No. / Code	The profile of participants	The number of participants - 96	Age of participants
FGD_1	Displaced women from Ukraine, North region/ mainly urban established in the communities, North region (Balti and Elizaveta village, part of Balti municipality)	12 participants	between 21 - 55 years (21-38 years – 6 women and 42-55 years – 6 women)
FGD_2	Displaced women from Ukraine, North region / rural area (Villages from Soroca district). <i>Characteristics:</i> they took refuge with their relatives in Moldova. They are married, came here with children. Higher education.	12 participants	between 30 - 55 years
FGD_3	Displaced women from Ukraine, Center region/ mainly urban (Criuleni district, different villages, including Criuleni town). Only two women took refuge with their husbands, in one case it was a family with disabled children.	12 participants	between 18 - 52 years (18-38 years – 6 women and 41-53 years – 6 women).
FGD_4	Displaced women from Ukraine, Center region / rural area (Boscană, Criuleni district). <i>Characteristics:</i> most of them are retired, came to Moldova with their spouses. Mature children either stayed in Ukraine or settled abroad.	12 participants	between 50 - 70 years
FGD_5	Displaced women from Ukraine, South region Cahul district/rural - the villages of Cahul district. <i>Characteristics:</i> women previously placed or/and who continue to be in RAC Cahul, including victims of GBV.	9 participants	between 32 - 63 years (32-43 years – 5 women and 53-63 years – 4 women)
FGD_6	Roma women (mixed group), North region / rural area (Villagees Gribova and Chetrosu from Drochia district) <i>Characteristics:</i> Two Roma women who are educated, married and employed. Five women are Roma refugees from Ukraine and are married, uneducated and unemployed at that moment. One is a local Roma educated (student), unmarried.	8 participants	between 18 - 55 years (18-30 years – 6 women and 45-55 years – 2 women)

FGD_7	<p>Older women, host community, North region (Balti municipality and villages near, including Elizaveta village)</p> <p><i>Characteristics:</i> retired women. Sources of income – pension and/or social allowances, beneficiaries of social services.</p>	11 participants	<p>between 55 - 77 years</p> <p>(55-62 years – 6 women and 64-77 years – 6 women)</p>
FGD_8	<p>Women with disabilities, Center region rural/urban area</p> <p>Criuleni district, different villages, including Criuleni town.</p> <p><i>Characteristics:</i> women with an accentuated or medium degree of disability, acquired since childhood. Sources of income–disability pension and social benefits. Physical (locomotor problems) and sensory (hearing, sight) or multi-functional types of disability. Only one person needed a companion, the rest were self-sufficient.</p>	8 participants	<p>between 24 - 46 years</p> <p>(21-32 years – 4 women and 41-46 years – 4 women)</p>
FGD_9	<p>Young girls, South region, rural area (Cahul district, different villages)</p> <p><i>Characteristics:</i> coming from disadvantaged families, they are students at vocational schools and colleges.</p>	12 participants	<p>between 15 - 18 years</p>

Annex 2.
KII participants

No.	Code	Current function	The institution/organization	Region
1.	KII_1	Executive Director	NGO CASMED	Balti
2.	KII_2	Executive Director	Balti Legal Clinic NGO	Balti
3.	KII_3	President	DACIA Youth Resource Center	Soroca
4.	KII_4	Executive Director	NGO Everyone contributes for Change	Criuleni
5.	KII_5	Head of Directorate	General Directorate of Social Assistance and Family Protection	Criuleni
6.	KII_6	President	NGO Roma Women's Platform	Chisinau
7.	KII_7	Program Coordinator	NGO GENDERDOC-M	Chisinau
8.	KII_8	Program Coordinator	NGO National Coalition «Life without violence»	Chisinau
9.	KII_9	Executive Director	NGO Center of Excellence in Entrepreneurship and Social Affairs	Chisinau
10.	KII_10	Executive Director	NGO Ophelia	Cahul
11.	KII_11	Head of Directorate	General Directorate of Social Assistance and Family Protection	Cahul

Annex 3.
III participants

No.	Code	Category of beneficiaries	The profile of participants	Region (Republic of Moldova)
1.	III_1	Refugee woman from Ukraine	Between 30 - 45 years old, married, educated, employed, 5 children	Balti / rural
2.	III_2	Refugee woman from Ukraine	Between 30 - 45 years old, married, educated, unemployed, 1 child	Soroca
3.	III_3	Refugee woman from Ukraine	Between 30 - 45 years old, married, educated, employed, 1 child	Chisinau, suburbia
4.	III_4	Local elderly woman from the Republic of Moldova	Between 60-75 years old, married, unemployed, with adult children	Hancesti
5.	III_5	Refugee woman from Ukraine	Between 30 - 45, divorced, educated, employed, 1 child	Chisinau
6.	III_6	Refugee woman from Ukraine	Between 30 - 45, married, educated unemployed, 2 children	Ungheni
7.	III_7	Refugee woman from Ukraine	Between 30 - 45, married, educated, unemployed, 2 children	Cahul
8.	III_8	Local woman with a disability from the Republic of Moldova	Between 25-30 years old, single, educated, unemployed, no children	Tartaul, Cantemir

Key GBV Standards and Resources Referenced in the report

Resource	Available at
Resources on GBV in Humanitarian Settings	
Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action (2015)	IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action GBV Guidelines.
The Handbook for Coordinating Gender-based Violence Interventions in Emergencies (2019)	https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf
The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming	Interagency Minimum Standards for Gender-Based Violence in Emergencies Programming
Center for Human Rights, Gender and Migration, Gender-Based Violence Disclosure Toolkit: Responding to Gender-Based Violence Disclosure in Humanitarian Settings (2022)	https://bpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/1/2391/files/2022/12/English_GBVDisclosure-Toolkit_221115.pdf
The Interagency GBV Case Management Guidelines (2017)	http://www.gbvim.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf
IRC, Girl Shine Curriculum	Girl Shine Life Skills Curriculum IRC 2018.pdf (gbvaor.net)
The Safeguarding Resource and Support Hub for Eastern Europe for more information and resources on SEA	https://easterneurope.safeguardingsupporthub.org/
IRC and IMC, Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings (2019)	https://gbvresponders.org/wp-content/uploads/2020/02/IRC-WGSS-English-2020.pdf
Resources for Economic Interventions to Empower Women and Reduce GBV Risks in Humanitarian Settings	
Child Protection in Crisis Network, Women's Refugee Commission and UNICEF, Empowered and Safe: Economic Strengthening for Girls in Emergencies (2014).	https://www.womensrefugeecommission.org/images/zdocs/Econ-Strength-for-Girls-Empowered-and-Safe.pdf
International Rescue Committee Economic and Social Empowerment (EASE) Implementation Guide (2014)	https://gbvresponders.org/wp-content/uploads/2014/07/001_EAE_Implementation-Guide_English.pdf
Women's Refugee Commission, CLARA: Cohort Livelihoods and Risk Analysis Guidance (2016)	https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/document/download/1363
Women's Refugee Commission, Cohort Livelihoods and Risk Analysis (CLARA) Tools (2016).	https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/document/download/1231

BIBLIOGRAPHY

1. Council of Europe. (2023). *Compatibility study of the legal and institutional framework of the Republic of Moldova with the provisions of the Council of Europe Convention on preventing and combating domestic violence on the digital dimension*.
2. Country Gender Profile. (2021). *Republic of Moldova, EU4 Gender Equality. Reform Helpdesk*.
<https://euneighbourseast.eu/news/publications/country-gender-profile-of-the-republic-of-moldova/>
3. GBV Sub Working group meeting presentations, 2022-2023.
<https://drive.google.com/drive/u/0/folders/12SXIMnem6oJQibg-CY4KBX8ONKT-t7UM>
4. Gender Equality Index. (2023). *Trends regarding the level of equality between women and men*
https://www.ipn.md/en/2023-gender-equality-index-presented-7967_1095659.html
5. Govt. Moldova. (2023). *Draft of the National Program on preventing and combating violence against women and family violence for the years 2023-2027*.
https://social.gov.md/wp-content/uploads/2023/03/Programul-VFF-si-VF_-15.03.2023_final.pdf
6. Govt. Moldova. REACH. UNHCR (27.02.2023). *Moldova Refugee Accommodation Centre (RAC) Monthly Needs Monitoring*.
<https://reliefweb.int/report/moldova/moldova-refugee-accommodation-centre-rac-monthly-needs-monitoring-update-27022023-enro>
7. Govt. Moldova. (2023). *The concept regarding the development of the new National Program regarding gender equality for the years 2023-2027*.
<https://social.gov.md/wp-content/uploads/2022/12/Concept-Program-egalitate-de-gen.p>
8. Govt. Moldova. (2023). *The draft government decision on the piloting of the Regional Integrated Service for victims of sexual violence*.
https://cancelaria.gov.md/sites/default/files/document/attachments/159_mmpps.pdf
9. GREVIO. (2022). *Report submitted by Moldova pursuant to Article 68, paragraph 1 of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Baseline Report)*. <https://rm.coe.int/state-report-on-moldova-grevio-inf-2022-23/1680a86207>
10. Help Age Moldova. (September, 2022). *Moldova: Needs Assessment of Older Ukrainian Refugees*.
<https://reliefweb.int/report/moldova/moldova-needs-assessment-older-ukrainian-refugees-14-september-2022>
11. International Center La Strada. (2022). *Evaluation of the National Strategy to Prevent and Combat Trafficking in Human Beings of the Republic of Moldova*.
https://lastrada.md/pic/uploaded/evaluation_of_the_National_THB_2022.pdf
12. International Center La Strada. (2023). *Evaluation report of the National Strategy to prevent and combat violence against women and family violence for the years 2018-2023*
https://lastrada.md/pic/uploaded/Raportul_de_evaluare_a_Strategiei_2018-2023.pdf
13. International Center La Strada. (2022). *Mapping of services existing in the Republic of Moldova for displaced people from Ukraine. Identification of risks of exploitation and human trafficking*, Research report.
https://lastrada.md/pic/uploaded/Mapping_of_services_existing_in_RM_en.pdf
14. International Center La Strada. (2019). *Peculiarities of Sexual Violence in the Republic of Moldova*.
https://lastrada.md/pic/uploaded/Peculiarities%20of%20SV%20in%20RM_EN.pdf
15. International Center La Strada. (2022). *Preventing and combating violence against women and girls in a humanitarian context*, Analytical report.
https://lastrada.md/pic/uploaded/PCVF_report_analitice_2022.pdf
16. International Center La Strada. (2020). *Trends in the evolution of human trafficking in the Republic of Moldova and external factors of influence*. Analytical report.
https://lastrada.md/pic/uploaded/Tendinte%20TFU%20rom_TFU.pdf
17. National Bureau of Statistics. (2011). *Violence against Women in the Family in the Republic of Moldova*.
https://statistica.gov.md/files/files/publicatii_electronice/Violenta/Raport_violen_fem_eng.pdf
18. National Coalition "Life Without Violence". (2022). *Annual Report*.
<https://stopviolenta.md/biblioteca/publicatii/409-raportul-anual-al-coaliiei-naionale-viaa-fr-violen-2022.html>

19. National Coalition "Life without Violence". (2023). *Evaluation regarding women, peace and the security framework in Moldova in the context of the refugee crisis and the war in Ukraine*.
20. National Coalition "Life without violence", Women's Law Center, IC "La Strada" and others. (2021). *Joint Submission to the U.N. Human Rights Council for Moldova's third's Universal Periodic Review*.
https://lastrada.md/pic/uploaded/UPR-Moldova-2021_eng.pdf
21. Norwegian Refugee Council. (February, 2023). *Hidden Hardship: 1 Year Living in Forced Displacement for refugees from Ukraine*.
<https://www.nrc.no/resources/reports/hidden-hardship/>
22. OSCE. (2019). *Well-being and Safety of Women for Moldova*.
https://www.osce.org/files/f/documents/2/1/424979_0.pdf
23. OXFAM. (2022). *Seeking Safety: Roma refugees in Moldova, Challenges and humanitarian needs*.
<https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621444/bp-roma-refugees-in-Moldova-261022-en.pdf>
24. UNHCR. (2023). *Temporary Protection in Moldova*.
<https://help.unhcr.org/moldova/temporary-protection/>
25. UNHCR. UNFPA. UNICEF. (August 2022). *Gender-Based Violence (GBV) Safety Audit Report*. Ukraine Refugee Response, Republic of Moldova.
<https://share.voiceamplified.org/index.php/s/aKWmqNspmkFSXf7>
26. UNHCR. (2022). *The 2022 Participatory Assessment Report for refugees, asylum seekers and stateless persons in the Republic of Moldova*.
<https://reliefweb.int/report/moldova/moldova-2022-participatory-assessment-report-refugees-asylum-seekers-and-stateless-persons-republic-moldova-enro>
27. United Nations Moldova. (2021). *Moldova Comprehensive Gender Assessment*.
https://moldova.un.org/sites/default/files/202206/ENG_Gender%20assesment%2028.04.pdf
28. Un Women. (2022). *A brief analysis on the Gendered Impacts of the crisis in Ukraine: a focus on Moldova*.
29. Un Women, UNFPA, WB. (2021). *Country report on gender equality. Republic of Moldova*.
<https://progen.md/wp-content/uploads/2022/06/ENG-RO-Raportul-de-tara-in-domeniul-egalitatii-de-gen.pdf>
30. Un Women. (2015). *Essential Services for Women and Girls Subject to Violence Package for an overview of essential services to be provided by the health, social services, police and justice sectors*.
31. Un Women. (2015). *Guidelines for the coordination and the governance of coordination processes and mechanisms for women and girls experiencing violence*.
<https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>
32. Un Women. (2023). *Liminal lives: Gender and diversity assessment of refugees from Ukraine in Moldova after one year of forced displacement*.
33. Un Women Moldova – Strategic Priorities, 2023-2027.
https://moldova.unwomen.org/sites/default/files/2023-03/handout_en_out_cor.pdf
34. War Child. (February, 2023). *Summary of Focus Group Discussions with Ukrainian Women in Moldova*.
<https://reliefweb.int/report/moldova/summary-focus-group-discussions-ukrainian-women-moldova>
35. WAVE. (2021). *Country Report*.
https://wave-network.org/wp-content/uploads/WAVE_Country-Report.pdf
36. Women's Law Center. (2021). *Evaluating the response of the criminal justice system to domestic violence cases*.
https://cdf.md/wp-content/uploads/2021/11/evaluare-raspuns-coordonat_ro.pdf
37. Women's Law Center. (2015). *Men and gender equality in the Republic of Moldova*.
38. Women's Law Center. (2018). *Monitoring of court proceedings on cases of family violence, sexual violence and human trafficking*.
https://cdf.md/wp-content/uploads/2021/11/CDF_Monitorizare_web_RO.pdf
39. Women's Law Center. (2016). *Report of costing of domestic violence and violence against women in Moldova*.
<https://moldova.unwomen.org/en/biblioteca-digitala/publicatii/2016/01/report-on-costing-of-domestic-violence-and-violence-against-women-in-moldova>
40. Women's Law Center. (2020). *The economic cost of gender inequalities in the Republic of Moldova*.
41. World Economic Forum. (July, 2022). *Global Gender Gap Report*.
https://www3.weforum.org/docs/WEF_GGGR_2022.pdf

