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**CENTRUL DE DREPT  
AL FEMEILOR**

*Promovând împreună drepturile femeilor  
Advancing women's rights together*

**CAPACITY GAP ANALYSIS STUDY  
OF THE SERVICE PROVIDERS  
WORKING WITH WOMEN VICTIMS OF  
DOMESTIC VIOLENCE IN MOLDOVA**

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## EXECUTIVE SUMMARY

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The aim of the '*Capacity gap analysis study of the service providers working with women victims of domestic violence in Moldova*' was to undertake a detailed, thorough analysis of the capacities of service providers working with women survivors of domestic violence (i.e. maternal centers, shelters and other services) with the aim of providing recommendations for capacity building in the future.

There were 14 entities/centers that participated in the interview process with analysis conducted on 12 of the entities whose beneficiary groups included women survivors of violence and their children.<sup>1</sup> Of the 12 centers, half of them were established/began operation in or after 2007, while five were established/began operation in or after 2000, and one has been in operation since 1986. Eight of the centers surveyed are public institutions, while the remaining four are NGOs. The majority of the entities provide accommodation to women survivors of violence. Due to the lack of specialized legal aid or intervention centers in Moldova, all centers provide an array of services, in addition to accommodation. At the moment, the majority of the NGOs do not receive state funding. In practice, the majority of the public institutions also run NGOs, enabling them to accumulate both state and private funding, although two of the public institutions have experienced periods of non-operation for several months due to lack of state funding.

All centers appear to serve various beneficiary groups, including victims of trafficking. It appears that only two centers are focused on assisting women who are victims of intimate partner violence or domestic violence (IPV/DV) only, although in other centers victims of IPV/DV are the majority of the beneficiaries. The remaining centers serve a variety of groups, some even including men, and appear to address various societal problems, including mental health, homelessness, HIV/AIDS, crisis situations and single motherhood, among others. This is largely due to the lack of specialized services in Moldova. Some centers focus more on the well-being of children, rather than of women. Another problem contributing to lack of specialization is the dependency on local funds as the mayors' offices do not prioritize violence against women/domestic violence.<sup>2</sup>

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<sup>1</sup> The questionnaire for interviews and the subsequent analysis and capacity building was conducted utilising WAVE's 'Away from Violence' Manual which aims at providing guidelines for running a women's shelter, while at the same time producing various 'principles' applicable to women's service provision. As a result, only organizations that serve women survivors of violence were considered for analysis.

<sup>2</sup> Haller, Birgitt. (2013). Needs Assessment. [Special Service Agreement No. 2013-MOL68-BH].

While the monthly volume of beneficiaries accommodated in shelters appears to be somewhat similar in all centers, the annual budgets and the number of staff differ greatly. The majority of the centers, however, appear to have an annual budget (2014) of between 590,300 to 750,000 Moldovan lei.

The centers do not appear to always have the professionals necessary to support women suffering IPV/DV and their children. This includes psychologists, childcare workers, educational specialists and legal and/or medical professionals.

The types of services provided by the centers vary. All centers provide telephone counseling, face-to-face counseling and also networking. Services/activities such as crisis intervention, internal training of staff, follow up/evaluation and awareness rising are carried out by majority of the centers. There appears to be a lack of crucial services such as legal advice/aid. While most centers provide compensated legal advice/aid in the area of criminal and civil law, three do not offer legal services at all. Court accompaniment, although a crucial service for women survivors of violence, is not provided by all of the centers. The services appear to be lacking when it comes to access to the labor market and resettlement/housing support. At the same time, lack of these services may have more to do with the overall situation of social assistance in Moldova, especially in terms of lacking transitional housing.

#### *Gender-based approach to violence against women*

The question of whether an organization has a gender-sensitive approach to assisting women survivors of violence is important, but not always easy to establish. IPV/DV should be understood as a gendered phenomenon and this raises the question of whether men should be employees or beneficiaries at centers that support women survivors of violence and leaves the role of men in women's support centers up to debate. Women continue to be a marginalized social group and women are more likely to carry out unpaid work at women's organizations. As a result, positive discrimination in the form of prioritizing services for women survivors of violence and ensuring the majority of positions (including high level positions) at women's organizations are allocated to women is important.

Of the twelve centers surveyed not all 'strongly' perceived IPV to be gendered. At least five of the centers assist men as beneficiaries, and those centers appear less likely to agree that IPV is a gendered phenomenon. All centers prioritize women as beneficiaries, although only a small majority have a preference for providing services exclusively to women. In terms of staff at the centers, the majority of the employees are women, but women also compose the majority of the unpaid labor force.

### *Specialized service provision*

Women survivors of IPV/DV have complex needs that can only be met through specialized services. Furthermore, as all women come from various backgrounds and face different situations, their needs are different and require tailored support.

The majority of the centers that serve women survivors of IPV/DV are said to have specialized support. However, the centers pointed to a lack of financial resources, limited knowledge about IPV/DV among professionals and in society, an underdeveloped referral system and insufficient support from the police as challenges. The centers noted that services such as social aid, psychological support, legal advice/aid, accommodation, medical care and job related support are most often needed by women survivors of violence, but are not always provided.

### *Independence of services*

In order to meet the needs of women victims of violence, the entities providing support must stand on the side of the victim. This is only possible when the centers are independent and can work freely without control or interference from state, religious or other organizations that have real or perceived power.

The centers do their best to retain independence and stand on the side of the service users, although several have noted that their status as public institutions and dependency on district funding and other governmental agencies make independence difficult. For example, a center was not able to utilize state funding for medical assistance for an undocumented migrant woman, and could only support her through private donations.

### *Support for children*

Children of the women survivors of IPV/DV may experience violence directly, or indirectly by witnessing the abuse of their mother. As women survivors of IPV/DV often seek support together with their children, it is equally necessary to allocate staff, who are professionals trained and dedicated to working with children.

The presence of a person dedicated to working with children is not always guaranteed at the centers. At least two of the centers did not (at the time of the survey) have a specialist present. The centers have listed different methods in which support is provided to children, whether through a dedicated person or through various staff members. Where the centers are unable to meet the needs of the children, they work closely with others in the field for referral purposes. The support services most often utilized by children include school/kindergarten relocation,

group therapy/group work, art therapy, play therapy, and face-to-face counseling<sup>3</sup>. Generally, gaps are present in the provision of legal/judicial intervention and general childcare services. The centers expressed desire to establish or improve services for children.

### *Safety and security*

Women survivors of IPV/DV seek accommodation to escape violence and to hide from perpetrators. Especially in cases where the violence is severe or death threats are made, accommodation can be life-saving. For any entity accommodating women survivors, safety measures such as alarm systems or a direct line to the police are crucial, as are risk assessment and safety planning conducted by the staff with the beneficiaries.

Safety and security is an area in need of serious development. The majority of the centers have secret addresses, but lack the necessary technical or structural security. Conducting risk assessment or safety planning does not appear to be systematic or uniform among all centers. Poor police involvement in ensuring the safety and security of the centers has also been noted. Lacking financial resources is predominantly the cause of ineffective security and safety measures.

### *Training of and cooperation with law enforcement*

Cooperation with law enforcement is a crucial to ensure safety and security, and at the same time, collaboration between services and the police enables the transfer of knowledge and better understanding among the police of their role in protecting survivors from violence.

The majority of the centers cooperate with law enforcement and find this to be essential in order to operate safely and ensure the safety of beneficiaries and staff. There are different methods of cooperation, including signed protocols of cooperation, safety/security measures in place, or exchange of information. While police training is mandatory, effective and systematic implementation of the training is not always carried out in Moldova. = The police are said to have a lack of understanding of domestic violence in general or an attitude that results in uneasy cooperation. The centers would welcome a change in police attitude, development of a working protocol for intervention and an overall increase in funding to enable trainings to focus on the proactive role police can play in protection and to facilitate a collaborative attitude towards working with the centers.

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<sup>3</sup> For children above a certain age.

### *Confidentiality*

Confidentiality is crucial for women survivors of IPV/DV. This is especially important, where referrals are made to other organizations or agencies. Sometimes it may be necessary to share data with outside organizations, and women users must be made aware when this occurs

The majority of the centers collect data related to the beneficiaries' identity. There appears to be a high frequency of data transfer among the centers and other agencies due to the need to refer women to outside services, or women being referred from other agencies to the centers. The requirement to collect identity data depends upon the services provided. Data may be required to be transferred in cases where a minor is involved. Most commonly, data is transferred to law enforcement authorities or child welfare authorities, or otherwise as requested. While several centers mentioned having internal procedures for data transfer, some also noted utilizing existing government legal regulations. The challenges related to ensuring confidentiality include a lack of awareness of confidentiality regulations (also by the police).

### *Diversity and non-discrimination*

All services have to respect the diversity of service users and apply a non-discriminatory approach. All women survivors of violence regardless of status, background or situation should have access to service provision.

While half of the centers stated that they accept all women survivors of violence, the remaining six appeared to have placed some restrictions on access, whether through provision of medical certification or certification of victimization. Some factors mentioned that are limiting to access and may require referral to other specialist support included respiratory illnesses such as tuberculosis, mental illness, criminality or drug and/or alcohol addiction. The troublesome restrictions appear to be epilepsy, limited mobility, geographic area (based on district funding), as well as age related restrictions related to children.

### *Fair access and free of charge*

Fair access and free of charge entails that support is free, equitably distributed across regions, with one shelter place per 10,000 inhabitants. Services must be provided 24/7 and ideally the length of stay for accommodation should be unlimited or extensions of stay should be considered based on the individual situation.



The estimated accommodation capacity of all the centers stands at 181 shelter places and/or beds. Approximately, 175 shelter places are still missing in Moldova.<sup>4</sup> There is a wide geographic distribution of the shelters/centers throughout Moldova. In terms of accommodating women survivors of IPV/DV, while several centers prioritize this group, for other centers women survivors of IPV/DV do not compose a majority of the women accommodated. The length of accommodation varies, and in some centers it is only three months and sometimes extensions are not possible. Short stay is a problem in Moldova due to lacking transitional housing.

### *Advocacy and support*

As has been previously mentioned, there are various crucial services most often needed and utilized by women survivors of violence. Where they are not available in-house, the centers should have the ability to refer the survivors to quality services outside.

While the centers provide various services to women survivors of violence, there are still some gaps present, and where services are not available, in some cases, referrals were also not made to other services, likely due to the scarce availability of the services in Moldova. There was an overwhelming call by the centers to improve women's access to transitional housing as well as labor market services. Generally speaking, the environment for getting help in which women survivors of violence find themselves is complex (i.e. applying for a protection order, finding accommodation, accessing to financial aid) and the current state of service provision lacks capacity to simplify the process for the women.

### *Empowerment and autonomy*

The aim of all service provision for women survivors of violence is to empower them through ensuring information about and access to rights and entitlements. Women's right to autonomy and self-determination should be promoted to enable women to regain control over their lives. Furthermore, no unnecessary burdens should be placed on women accessing service provision, such as the requirement to report the violence to the police or to leave the violent partner.

All of the centers provide information to women about violence and its manifestations, whether in written form or through discussions. There also do not appear to be any undue requirements to fulfill in order to access service provision.

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<sup>4</sup> Based on the recommendation of 1 space per 10,000 inhabitants, which would call for 356 shelter places in total in Moldova.

### *Participation and consultation*

The participation of staff and beneficiaries and cooperation between them is crucial to ensuring sound decision-making, democratic structures and improvement of services.

The majority of the centers provide some methods for beneficiaries to provide feedback through regular meetings and discussions, evaluations, or anonymous complaints. Despite some feedback systems in place, the majority of the centers mentioned that the beneficiaries are often reluctant to share any negative experiences or to criticize the service provider. This may result from a real or perceived imbalance of power, where the women fear losing support should they initiate negative feedback. Equally, not making women aware of their rights on an equal level with their obligations may contribute to the real or perceived imbalance of power. In cases where the entities implemented an anonymous feedback process, it rarely resulted in objective feedback by the beneficiaries.

### *Holding perpetrators accountable*

The majority of the centers strongly agree that there is no excuse for domestic violence and that perpetrators are always responsible. At the same time a few statements appeared to reflect victim blaming attitudes or inability to provide alternative choices to survivors except for them to return to the aggressors.

### *Governance and accountability*

Governance and accountability is one of the most significant areas as the way a center is managed and functions reflects upon all other areas of the center, including service provision which impacts the beneficiaries.

The majority of the centers are medium-sized and it would generally be recommended to have ten full-time members of staff working at the entity. This is not generally the case at the centers, where the majority have fewer than ten staff members or staff working a combination of full-and part-time schedules. In a few of the centers, the number of staff members has actually decreased in recent years. The decrease in staff resulted in loss of service provision. Insufficient staff to cover current workload is a common concern in the centers. Lack/instability of funding are noted as primary obstacles to staff retention, as well as the 'many categories of beneficiaries' and lack of required professionals for the field of work. Working at centers supporting women survivors requires not only professional skills but also a level of resiliency. In terms of salaries, there are nearly no two centers, where two of

the same professionals receive the same level of pay. As the philosophy of some of the centers is preference for on-the-job training, staff retention is crucial to avoid inefficiencies. While the centers appear to do their job in terms of fiscal responsibility, they are often faced with unexpected budget cuts and unstable funding causing them to rely on emergency funds established for continuity (although presence of those is rare) or to refocus their attention on fundraising.

### *Coordinated response*

Women's services are embedded in a network of institutions and services which can be supportive, therefore, service providers may need to involve other institutions in order to assist women survivors of violence. These often include governmental/state agencies and other services/NGOs. As a result, networking often takes place on these two levels.

There is one network focusing on combating violence against women/domestic violence in Moldova – the National Coalition “Life without Violence” as well as the National Referral System. Cooperation with state agencies such as the police, prosecutors, courts, migration authorities and youth/child protection services is common, although the agencies appear to lack specialized units on domestic violence. Cooperation with unemployment services, social services and counseling is also common. Cooperation, while necessary, sometimes presents obstacles due to institutional principles present or bureaucratic decision making processes. Multi-agency work is common in Moldova; however, some deficiencies include a lack of coordination mechanisms such as a chair person or protocols to guide the process of the multi-agency work.

### *Privacy and individuality*

To enable women to recover from traumatic experiences, it is essential to create an environment which offers opportunities for solitude and rest.

Most of the centers provide individual family rooms, but not all. In some centers, women survivors of violence and their children are not always able to gain access to a private environment at a time in their life, where they are most likely to need it.

### *Data collection and research*

The majority of the centers collect data on service users, but are less likely to collect information related to the number of women, who had to be turned away due to limited capacity of the center. The collected and collated data is utilized for internal and external purposes such as evaluation of gaps, development of strategies for improvements and establishing a better understanding of service user needs.

*Needs of the service providers*

The centers expressed a variety of needs, most of which, in order to be met will require commitment from the state in form of sufficient and sustainable funding of the services. The centers providing services to women survivors of violence are in need of improving the quality and specialized nature of their services for beneficiaries (as well as the establishment of a comprehensive set of services), and at the same time creating an environment for the employees working at the centers that enables professional growth and incentives. In order to improve in both areas, in addition to theoretical capacity building, the centers are in need of structural improvements, such as renovations, and additional space for conducting certain activities and carrying out services. The centers would additionally welcome improvements in cooperation with other institutions that work with survivors or to which survivors are referred, and increased knowledge about domestic violence/gender-based violence among all relevant professionals.

## INTRODUCTION

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### *Objectives*

Due to the limited amount of systematic national-level evaluation of available support options in Moldova for women survivors of domestic violence, the goal of the '*Capacity gap analysis study of the service providers working with women victims of domestic violence in Moldova*' is to undertake a detailed, thorough analysis of the capacities of service providers working with women survivors of domestic violence (i.e. maternal centers, shelters and other services). This objective is accomplished both by looking at institutional/organizational capacities and to some extent by assessing the services provided to their beneficiaries in order to evaluate the quality of support options available to women victims of domestic violence and the centers' coordination with the public support system. While there is wide-spread quantitative knowledge about the services available in Moldova, there is little information about their quality, the challenges the centers face in order to provide quality services, and ways to improve their quality in the future. Therefore, the overall goal of the study has been to provide a reliable overview and recommendations through a capacity assessment based on systematically collected data of the current situation of services as relates to quality, and to utilize the findings to provide recommendations in line with international standards.

### *Methodology*

The tasks leading up to the publications of the draft report '*Capacity gap analysis study of the service providers working with women victims of domestic violence in Moldova*' were as follows: 1. Development of a questionnaire addressing quality of individual entities/service providers to serve as basis for interviews conducted by the national consultant, 2. Piloting of the questionnaire with one of the entities/service providers, 3. Interviews conducted by the national consultant of 14 entities/service providers, 4. Structured analysis of interview findings, 5. Drafting of the report.

The questionnaire was designed by Women against Violence Europe (WAVE) in coordination with the Women's Law Centre based on the standards presented in the WAVE Manual '*Away from Violence: Guidelines for Setting Up and Running a Women's Shelter*.' The standards and principles described in the manual are applicable to shelters and to a large extent to other organizations supporting women survivors of violence and include such principles like - working from a

gendered understanding of violence against women – supporting survivors in a way that is independent from external influence (i.e. state control, religious principles) – effective management of the center – participation of survivors in the establishment of services – presence of diversity and non-discrimination, among other standards and principles that enable empowerment and support for survivors of violence.

Following the development and agreement upon the scope, structure and content of the questionnaire, the questionnaire was tested in one entity to determine whether any adjustments were necessary. With the final version of the questionnaire and translation of the English version into Romanian, the national consultant set out to conduct interviews with the 14 entities that work in the area of violence against women, the majority of which provide services for women survivors of violence and their children. The interviews were conducted between 28 June 2014 and 16 July 2014.

Upon completion of the interviews and data collection, the findings from the questionnaire were translated into English and provided to the international consultant (WAVE), who analyzed the collected data and drafted the resulting report with support provided by the Women's Law Centre.

It should be noted that while 14 entities/service providers were interviewed, only 12 were included in the analysis due to the fact that two of the entities did not fit the criteria of providing services to women survivors of violence and their children, as one mainly works with male aggressors and the other supports children only.

## *Structure*

The report design aims to inform the reader with a structured format to first provide the EXECUTIVE SUMMARY, followed by INTRODUCTION and BACKGROUND INFORMATION about the available services for women survivors of violence in Moldova as background to the subsequent PROFILES OF SERVICE PROVIDERS, where general information about the scope of service provision, beneficiary groups and operational capacities is provided. Information about each Entity/service provider is presented individually. The profiles of the entities are numbered 1–14 and are referred to by their number (ex. O1, O2) in the main section of the report. It should be noted that no particular meaning was assigned to the organized sequence (1–14) in which the entities are presented in the profiles. Subsequently, the most substantial part of the draft report is the CAPACITY ASSESSMENT that combines the findings from the individual questionnaires completed during interviews with the entities, and highlights the most important findings in a general sense, in the

following areas: *gender-based approach to violence against women, specialized services provision, independence of services, support for children, safety and security, training of and cooperation with law enforcement, confidentiality, diversity and non-discrimination, fair access and free of charge, advocacy and support, empowerment and autonomy, participation and consultation, holding perpetrators accountable, governance and accountability, coordinated response, privacy and individuality, data collection and research, and needs of service providers.* The draft report ends with RECOMMENDATIONS developed based on the findings of the capacity assessment and the needs of the entities.

## BACKGROUND INFORMATION<sup>5</sup>

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In total, there were 14 entities that participated in the interview process. Their randomly assigned numbers, names, types of entity, and location are included in the section PROFILES OF SERVICE PROVIDERS. Of the 14 entities, four are maternal centers, five are shelters (one of the shelters is also an advocacy NGO and another also has a maternal center), and three are advocacy NGOs. While it will be seen that several of the maternal centers and shelters have also established an NGO on their premises, they are primarily public institutions and are organized as such, with the establishment of NGOs to serve predominantly the purpose of enabling sustainability through collection of additional funding from international donors.

The entities surveyed for this study have provided 'positive advocacy and services for domestic violence survivors' over the years. Despite this, there are numerous gaps that continue to exist in terms of service provision in Moldova. Historically, the maternal centers were created to prevent child abandonment and have gradually started to also include women survivors of trafficking and domestic violence as categories of beneficiaries. The centers aim to primarily support young women with children, who may be in a crisis situation and who would likely have no other options for accommodation. All of the entities provide various services (i.e. accommodation, legal aid/advice, counseling) to survivors of violence and to other beneficiaries, as well as being active in the field of violence prevention and protection from violence (i.e. trainings, lobbying, networking).

Quantitatively speaking, the existing services for survivors of domestic violence are not sufficient and lack shelter capacity, especially in light of significantly high prevalence of violence against women in Moldova and keeping in mind that not all the services are specialized to support women survivors of violence only. An estimated 40% of women have experienced physical violence by an intimate partner in their lifetime, while an estimated 60% have experienced psychological violence.<sup>6</sup> Qualitatively speaking, there is a great need present to improve capacities of the existing services, for example, in the area of legislation/protection orders. Certain standards and principles such as observance of confidentiality, independence or non-discrimination are sometimes lacking in the service provision as well. The limited observance of such principles stems from a variety of combined and contributing factors, including historical factors, inadequate funding and lack of specialization of the services on domestic violence, among others.

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<sup>5</sup> The information provided in this section is largely based upon data from: Advocates for Human Rights et al. (2012). Implementation of the Republic of Moldova's Domestic Violence Legislation – A Human Rights Report.

<sup>6</sup> Women against Violence Europe (WAVE). (2013). Country Report 2012: Reality Check on Data Collection and European Services for Women and Children Survivors of Violence – A Right for Protection and Support. Pg. 185.



The overview of surveyed entities, type of entity, location, shelter capacity and average monthly beneficiaries is as follows. From the overview, it can be seen that the services shown below that provide accommodation have an estimated capacity to provide shelter for 181 survivors of violence in Moldova, an estimated 175 places are still missing<sup>7</sup>. It should also be noted that as not all entities providing accommodation are specialized for survivors of domestic violence, the shelter capacities are therefore allocated to a variety of beneficiaries.

**Table 1: Entities surveyed in the capacity assessment**

Name of entity	Location	Type of entity	Main service	Shelter capacity	Average monthly beneficiaries
1. Cahul Maternal Centre	Cahul	Public entity	Maternal centre	24	24–25
2. Centre of Protection and Assistance for Victims of Trafficking in Human Beings and Potential Victims	Chisinau	Public entity	Shelter	24	40 <sup>8</sup>
3. Casa Marioarei	Chisinau	NGO	Shelter <sup>9</sup>	21	83 <sup>10</sup>
4. Women's Law Centre	Chisinau	NGO	Advocacy	n/a	65 <sup>11</sup>
5. Maternal Centre 'Pro Familia'	Causeni	Public entity	Maternal centre	19	19
6. Shelter: Centre 'Parent-Child Couple'	Cornesti	Public entity	Shelter	17	14
7. Assistance and Counselling Centre for Family Perpetrators	Drochia	Public entity	Perpetrator Program	-	
8. International Centre for Protection and Promotion of	Chisinau	NGO	Advocacy	n/a	- <sup>12</sup>

<sup>7</sup> Based on the Council of Europe Convention on preventing and combating violence against women and domestic violence Explanatory Report Article 23 (Shelters) stipulating 1 shelter place per 10,000 inhabitants. With Moldova's estimated 3,559,497 inhabitants, there is a need for at least 356 shelter places in the country.

<sup>8</sup> Includes beneficiaries receiving non-residential services.

<sup>9</sup> The organization is also an Advocacy NGO, but its primary service is a shelter.

<sup>10</sup> Includes beneficiaries receiving non-residential services.

<sup>11</sup> The number includes 15 beneficiaries and 50 persons receiving training.

<sup>12</sup> Center 'La Strada' operates 3 helplines: Child's Telephone since June 2014, Confidence Hotline, Secure Migration Hotline. Up to 16 July 2014, the Child's Telephone received 181 calls. In 2013, Confidence Hotline received 1,297 calls. In 2013, the Secure Migration Hotline received 5,121 calls.

Women's Rights 'La Strada'					
9. Maternal Centre Ariadna	Drochia	Public entity	Maternal centre	30	10
10.Honour and Rights of the Contemporary Woman	Balti	NGO	Advocacy	n/a	30
11.Pro Femina' District Maternal Centre	Hancesti	Public entity	Maternal centre	20	18
12.Shelter: Centre of Family Crisis SOTIS	Balti	Public entity	Shelter	19	18
13.Maternal Centre of the Temporary Shelter and Child Rehabilitation Centre	Balti	Public entity	Maternal centre and Shelter	7 <sup>13</sup>	10
14.National Centre for Prevention of Abuse against Children CNPAC	Chisinau	NGO	Advocacy	-	

<sup>13</sup> Refers to the number of women, who can be accommodated. There are separate spaces also allocated to children.

## PROFILES OF THE SERVICE PROVIDERS

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### 1. Cahul Maternal Centre | Public entity that supplies public services<sup>14</sup> | Cahul town

The center has been in constant operation since its establishment in 2007. The center's office hours are daily (including holidays) from 8:00 a.m. until 17:00, while service provision is offered 24 hours per day. **On average, the center provides services to 24–25 persons per month during the winter and 10–12 persons during the summer.** Half of the clients are women and half are children. The data is based on records kept by the center. The target groups of the center are women (18 years or above) with their children or women without children, who are also either victims of IPV, DV (sexually abused), potential trafficking victims, single mothers, women with HIV/AIDS, women with mental health issues, women affected by homelessness, and young women in crisis situations. The center also provides support to children (accompanied by their mothers) with HIV/AIDS. **The most typical service users for the center are women who are a combination of the following: survivors of IPV or DV, who have children and are affected by homelessness, while a minority are also women who are survivors, who are single mothers, or who experience mental illness or are in a crisis situation.**

There are a total of eight persons working at the center, including five women employed full-time and three women employed part-time working at the center, with no men employed and no volunteers to support the work of the center. The persons employed full-time are three social workers, a night guard and a psychologist (a position vacant at the time of the interviews). The persons employed part-time are a nurse and a pedagogical assistant. The center does not currently have a lawyer present. The staff assists all target groups and beneficiaries of the center. **The services and activities provided in-house include admission, accommodation, telephone counseling, face-to-face counseling, support for children survivors, training for staff (internal), social reintegration, medical assistance, follow-up/evaluation, data collection/research, networking, food provision and support in accessing financial aid.** Services not provided are emergency helpline available 24/7, legal advice and legal aid, court accompaniment, access to the labor market, and resettlement/housing support. The main source of funding for the center is public funds from the government of Moldova. Private sources of funding include humanitarian aid only such as clothes, diapers or hygiene packages. The center cooperates with NGOs in the community to organize cultural activities for its clients. **The center also utilizes volunteer work. Based on**

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<sup>14</sup> Until 2013, the organization served also as premises for a non-profit organization (NGO)

available data, the annual budget for the year 2013 was 532,000 Moldovan lei, with observed annual increases. In 2014, it was 621,600 Moldovan lei.

2. **Shelter: Center of Protection and Assistance for Victims of Trafficking in Human Beings and Potential Victims** | Public entity that supplies public services<sup>15</sup> | Chisinau municipality

The center has been in constant operation since its establishment in 2001. The center's office hours are daily (including holidays) from 7:30 a.m. until 17:00, while service provision is offered 24 hours per day. **On average, the center provides services<sup>16</sup> to 40 persons per month. The clients are women (48%), men (6.5%) and children (45.5%).** The target groups of the center are women (18 years or above) with their children as well as women without children, who are also either victims of IPV, DV, potential trafficking victims and trafficking victims (main group), single mothers and migrants in difficult situations, women with mental health issues, and women affected by homelessness. The center also assists men (18 years and above), who are victims of trafficking or victims of violence. Children, both accompanied and unaccompanied, who are victims are also assisted by the center. **The typical women service users for the center are victims of DV (16.5%), victims of trafficking (17.5%), women with mental health issues (20%), young women in crisis situation (13.5%), girl children with their mothers (14.5%), or persons facing a combination of those including other problems (11.5%).** While during the first six months of 2014, only 8.5% of the clients were also victims of intimate partner violence, this type of client is usually higher in number. The data is based on records kept by the center.

There are a total of 18 persons working at the center, 13 women employed full-time and two women employed part-time and two part-time women international volunteers, with three men also employed full-time and no men working as volunteers to support the work of the center. The full-time employees are two psychologists, nine social workers, one medical doctor, one nurse and one lawyer. There is also a psychiatrist present, however, he/she is not paid from the organizational budget, but instead by the International Organization for Migration (IOM). Each staff member appears to be assigned different groups of beneficiaries, with the psychologist serving all groups. The center does not have a childcare worker. **The services provided in-house include admission, accommodation,**

<sup>15</sup> In order to accumulate financial resources, the organization also serves as a premise for non-profit organization (NGO): 1. National Centre for Training, Assistance, Counselling and Education of the Republic of Moldova ('in short CNFACEM')

<sup>16</sup> Example of services provided for 200 beneficiaries (129 new persons and 71 returning) from January – June 2014: repatriation assistance, shelter, social assistance, medical services, psychological assistance, legal aid and vocational training.

telephone counseling, face-to-face counseling, crisis intervention, psychotherapy, legal advice and legal aid (criminal law, civil law – protection orders, compensation), court accompaniment, support for children of victims, internal trainings for staff, external trainings (police, others), outreach (ex. rural areas), access to the labor market, resettlement/housing support, access to financial aid, medical assistance, follow-up/evaluation, awareness-raising, lobbying (including contribution to CEDAW Shadow Reports), networking, and nutrition. The center does not provide an emergency helpline 24/7. The center receives public funding from the government of Moldova, private funding (for example from international organizations and donors), and is supported by international volunteers.<sup>17</sup> The public and private funding is project based. **Based on available data, the annual budget for years 2010–2014 has steadily increased. It was 461,100 lei in 2010 and steadily increased to 2,865,800 lei in 2014.**

3. **Shelter: Casa Marioarei** | Non-governmental organization that supplies services | Chisinau

The organization has been in constant operation since its establishment in 2000, although the center's official opening was in 2004. The organization's office hours are Monday through Friday from 9:00 a.m. until 17:00, while service provision is offered 24 hours per day, including weekends and holidays for women accommodated in the shelter. No new beneficiaries can be accepted outside of office hours. **On average, the organization provides services<sup>18</sup> to 83<sup>19</sup> persons per month. The clients are women (40%) and children (60%). The target groups of the organization are women with children (18 years or above), who are victims of IPV and/or DV.** Children assisted at the organization are accompanied by adult women, who are also assisted at the organization. The data is based on official records of the organization, however these records do not classify beneficiaries by category. The most typical service users for the organization are victims of IPV and/or DV with their children.

There are a total of 13 persons working at the organization, five women employed full-time (100% working hours) and eight women employed part-time (80% working hours). While there are currently no volunteers working at Casa Marioarei, the organization is connected to a network of 80 volunteers (legal practitioners) working in the region (about 20 of whom are men). There is one full-time psycho-

<sup>17</sup> International volunteers appear to be preferred as volunteers from the Republic of Moldova appear to have 'low incentives'.

<sup>18</sup> Services include day services as well as accommodation.

<sup>19</sup> According to the answers in the questionnaire, there are approximately 1,000 beneficiaries of day and/or accommodation services per year.

pedagogical specialist, two social workers, two social assistants, one part time lawyer/legal practitioner, a psychologist and a nurse. The staff works with women and their children. **The services provided in-house include admission, accommodation, telephone counseling, face-to-face counseling, crisis intervention, legal advice and legal aid (criminal law, civil law – protection orders, compensation), court accompaniment, support for children of victims, internal trainings for staff, external trainings (police, others), outreach (ex. rural areas), social reintegration, access to the labor market, resettlement/housing support, access to financial aid, medical assistance, follow-up/evaluation, awareness-raising, lobbying (including contribution to CEDAW Shadow Reports), and networking.** The organization does not provide legal advice or aid in the area of migration issues (visas), or 24/7 emergency telephone line. The organization receives no public funding from the government of Moldova, instead relying on private donations from international organizations and/or donors, as well as support from volunteers. Additionally, the organization does fundraising in the form of sales and receives donations of clothes, food, furniture, and hygiene products. **Based on available data, the average annual budget for years 2010–2014 has steadily increased. It was USD 60,000<sup>20</sup> in 2010 and steadily increased to USD 120,000<sup>21</sup> in 2014. As of 2012, Casa Marioarei has been funded by the Oak Foundation, explaining the steady increase in funding.**

4. **NGO: Women's Law Centre** | Non-governmental organization that supplies services | Chisinau

The organization has been in constant operation since its establishment in 2009. The organization's office hours are Monday through Friday from 9:00 a.m. until 18:00. Legal aid only is also provided on Saturdays and Sundays. Service provision is offered 24 hours per day. **On average per month, the organization provides services to 15 persons and conducts training to 50 persons. The clients are women (99%) and children (1%), with only rarely men (2 cases between years 2012–2014).** The target groups of the organization are women (18 years or above) with their children (as well as women without children), survivors of IPV and DV, as well as victims of rape or forced abortion. Other target groups include women with mental health issues and women affected by homelessness. Men that are assisted are victims of domestic violence. Children assisted are also victims of domestic violence or victims of other forms of violence. **The most typical service users for the organization are**

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<sup>20</sup> Approximately 838,789 Moldovan lei based on 29.8.2014 exchange rate

<sup>21</sup> Approximately 1,677,578 Moldovan lei based on 29.8.2014 exchange rate

**women victims of IPV (90%), DV (5%), or women victims of other forms of violence (5%). The data is based on records kept by the organization.**

There are a total of ten persons working at the organization, six women employed full-time and four women employed part-time. There are no men working at the organization. The part-time employees are a psychologist and five lawyers assisting women victims of violence and women victims of domestic violence, respectively. The organization does not have a childcare worker or a social worker (however, these professions may not be necessary based on the mandate of the services provided by the organization), and **the services provided in-house include telephone counseling, face-to-face counseling, crisis intervention, psychotherapy, legal advice and legal aid (migration issues, criminal law, civil law – protection orders, compensation), support for children of victims, internal trainings of staff, external trainings (ex. police, other), outreach (ex. rural areas), social reintegration, access to financial aid, follow-up/evaluation, data collection/research, awareness raising, lobbying (including contribution to CEDAW Shadow Report), networking and other (consultation on the law and gaps in legal framework).** The organization does not provide a 24/7 emergency telephone line, but makes referrals to other services, including shelters, access to the labor market, resettlement/housing support or medical assistance, and psychological assistance to children. However, some of these services may not be within the mandate of the services provided by the organization. The organization does not receive public funding from the government of Moldova, only private funding from international organizations and/or donors, and is supported by volunteers. **Based on available data, the annual budget for years 2010–2014 has steadily increased. It was USD 1,350<sup>22</sup> in 2010 and steadily increased to USD 212,790<sup>23</sup> in 2014.**

##### 5. **Maternal Center ‘Pro Familia’** | Public entity that supplies public services<sup>24</sup> | Causeni town

The center has been in constant operation since its establishment in 2007.<sup>25</sup> The center’s office hours are Monday through Friday 8:00 a.m. until 17:00, while service provision is offered 24 hours per day, including on weekends and holidays. **On**

<sup>22</sup> Approximately 18,872 Moldovan lei based on 29.8.2014 exchange rate

<sup>23</sup> Approximately 2,974,766 Moldovan lei based on 29.8.2014 exchange rate

<sup>24</sup> The organization serves as premises for a non-profit organization (NGO), Tighina Association of Psychologists’

<sup>25</sup> According to the questionnaire, the organization began its work in 2007, although financing began in 2011.



average, the center provides services to 19 persons per month. The clients are women (51%) and children (49%). The target groups of the center are women (18 years or above) with their children, who are victims of IPV or DV, single mothers, affected by homelessness or in a crisis situation, or women (18 years or above) without children, who are victims of IPV or DV. Children are assisted only when accompanied by the women also receiving assistance at the center. The majority of women assisted are victims of IPV (90%) or DV (1%). They also have a combination of other issues such as facing homelessness or being young and experiencing a crisis situation. The data is based on records kept by the center

There are a total of 12 persons working at the center, eight women employed full-time and two women employed part-time, as well as five part-time women volunteers. There are also two men working full-time at the center. The full-time employees include five social workers and one nurse, while the two part-time employees are a psychologist and a pedagogical specialist. All persons work primarily with women, while the psycho-pedagogical specialist also works with children. The center does not have a childcare worker or a lawyer. **The services provided in-house include admission, accommodation, telephone counseling, face-to-face counseling, crisis intervention, psychotherapy, court accompaniment, internal trainings for staff, external trainings (police, others), outreach (ex. rural areas), social reintegration, medical assistance, follow-up/evaluation, awareness-raising, lobbying (including contribution to CEDAW Shadow Reports), and networking.** The center does not provide legal advice or aid, a 24/7 emergency telephone line, access to the labor market, resettlement/housing support, and access to financial aid. The center receives public funding from the government of Moldova, private funding (for example from international organizations and donors), and is supported by volunteers. The private funding comes from the International Organization for Migration (IOM). **Based on available data, the annual budget for years 2010–2014 has steadily increased. It was 454,700<sup>26</sup> Moldovan lei in 2010 and steadily increased to 750,000<sup>27</sup> Moldovan lei in 2014.**

#### 6. **Shelter: Center ‘Parent–Child Couple’** | Public entity that supplies public services | Cornesti town

The center has been in operation since its establishment in 2008. For three months in 2013, the center was not operating due to renovations. The shelter was created by the local authorities at the rayon level. The center’s office hours are Monday through Friday 8:00 a.m. until 18:00, while service provision is offered 24 hours per

<sup>26</sup> 340,000 Moldovan lei for core operations and 114,700 Moldovan lei for other projects

<sup>27</sup> 623,000 Moldovan lei for core operations and 127,000 Moldovan lei for other projects



day, including on weekends and holidays. **On average, the center provides services to 14 persons per month. The clients are women (29%) and their children (71%). The target groups of the center are women (18 years or above) with their children, who are victims of IPV or DV, or are single mothers.** Children are assisted only when accompanied by the women also receiving assistance at the center or girls (ex. 14 years of age), who give birth after being admitted to the center. The entirety of those assisted are victims of IPV (100%<sup>28</sup>), who are also single mothers. The data is based on records kept by the center.

There are a total of seven persons working at the center, five full-time employed women and two part-time employed men. There are no volunteers. The full-time employees include four social workers and the two part-time persons are a psychologist and a lawyer. All persons appear to be working with the women only. The center does not have a childcare worker. **The services provided in-house include admission, accommodation, telephone counseling, face-to-face counseling, legal advice and legal aid (criminal law, civil law – protection orders, compensation), court accompaniment, support for children of victims, access to financial aid, internal trainings for staff, outreach (ex. rural areas), social reintegration, awareness raising, lobbying (including contribution to CEDAW Shadow Reports), and networking.** The center does not provide legal advice or aid in the area of migration issues, a 24/7 emergency telephone line, access to the labor market, resettlement/housing support, and access to or medical assistance. The center receives public funding from the government of Moldova,<sup>29</sup> and private funding (for example from international center and donors) that is project based. **Based on available data, the budget for 2014 was 540,400 Moldovan lei. Data for previous years (2010–2013) was not available.**

7. **Assistance and Counseling Center for Family Perpetrators** | Public entity that supplies public services<sup>30</sup> | Drochia town

The center has been in constant operation since its establishment in 2012. The center's office hours are Monday through Friday from 8:00 a.m. until 20:00. **On average per month, the center provides services to 17 persons. The clients are men (100%). The target groups of the center are men (18 years or above), who are perpetrators of violence.**

There are a total of six persons working at the center, two women employed full-time and two men employed full-time, and two part-time employees (woman and

<sup>28</sup> One of the women assisted was also affected by homelessness.

<sup>29</sup> Directorate for Social Assistance and Family Protection (DASPF)

<sup>30</sup> The organization serves as premises for non-profit organization (NGO) 'Artemida'

man), along with one Peace Corps volunteer. The full-time employees are a psychologist, social worker and a lawyer, while one of the part-time employees is a nurse. All professionals work with the perpetrators of violence. **The center provides telephone counseling, face-to-face counseling, crisis intervention (within the community), legal advice and legal aid (criminal law, civil law – protection orders, compensation), trainings (internal and external), outreach (ex. in rural areas), social reintegration (i.e. access to education), access to the labor market, access to financial aid (for families), medical assistance, follow-up/evaluation with the families, data collection/research, awareness-raising, lobbying (for victims of violence), and networking (with services for victims of violence).** The center receives public funding from the government of Moldova, private funding from international organizations and/or donors, and is supported by volunteers. **Based on available data, the annual budget for years 2013–2014 shows yearly increases. It was 300,000 Moldovan lei in 2013 and was 600,000 Moldova lei in 2014 (half from the state budget and half from private funds).**

8. **NGO: International Center for Protection and Promotion of Women’s Rights ‘La Strada’** | Non-governmental organization that supplies services | Chisinau

The organization has been in constant operation since its establishment in 2001. The organization’s office hours are Monday through Friday 8:00 a.m. until 18:00. Hotline service provision for ‘Secure Migration’ is offered Monday through Saturday 8:00 am – 20:00. Outside of those hours, there is an answering machine to take incoming calls. The ‘Confidence’ hotline dedicated to victims of violence operates 24 hours per day, and as of July 2014, the ‘Child’s Telephone Line’ operates 24 hours per day. **On average, the ‘Secure Migration’ hotline receives 427<sup>31</sup> calls per month. The ‘Confidence’ hotline receives 108<sup>32</sup> calls per month, and the ‘Child’s Telephone Line’ received 181 calls in June related to 114 cases.** At the moment the ‘Secure Migration’ hotline appears to receive the largest volume of calls of which 32% come from women and 68% come from men. **The target groups of the organization are women (18 years or above) with their children and women without children, who are victims of IPV or DV, victims of trafficking, single mothers, women with HIV/AIDS, women with mental health issues, women affected by homelessness, elderly women in a crisis situation, young women in a crisis situation, and migrant women in a crisis situation. Men experiencing the above mentioned situations are also a target group. Children target groups include potential victims of trafficking in**

<sup>31</sup> Based on 2013 data showing 5,121 calls of which 83 cases related to trafficking in human beings and exploitation.

<sup>32</sup> Based on 2013 data showing 1,297 calls of which 625 cases were related to domestic violence. 1,170 calls were from women, and 127 from men.

**human beings and exploitation, both sexual and commercial.** The majority of women assisted are victims of DV (87%) and IPV (13%). The data is based on records kept by the organization

There are a total of 27 persons working at the organization, 11 women employed full-time and 13 women employed part-time, as well as 20 women full-time volunteers and five part-time volunteers. There are also three men working full-time at the organization and six men full-time volunteers and two part-time volunteers. The full-time staff includes nine psychologists, two educators/psycho-pedagogues, and three lawyers/legal representatives. The persons are assigned to all target groups. The organization does not have a childcare worker or social workers, however, due to the nature of service provision, these positions may not be necessary for the organization. **The services provided in-house include telephone counseling, emergency helpline 24/7, face-to-face counseling, crisis intervention, psychotherapy, legal advice and legal aid (all areas), court accompaniment, support for children of victims, internal trainings for staff, external trainings (police, others), outreach (ex. rural areas), social reintegration, follow-up/evaluation, data collection and research, awareness raising, lobbying (including contribution to CEDAW Shadow Reports), and networking.** The organization does not provide accommodation, access to the labor market, resettlement/housing support, access to financial aid or medical assistance, but does make referrals to organization that provide such services. The organization receives public funding from the government of Moldova for the 'Child's Telephone Line' only. This funding is contract based. Other funding includes private donations from international organizations/donors that is project based. The organization is also supported by volunteers. The organization has a 'continuity fund' to ensure sustainability of operations. **Based on available data, the annual budget for years 2010–2014 has been variable. It was EUR 312,500<sup>33</sup> in 2014, down from EUR 418,566<sup>34</sup> in 2013, but up from EUR 91,612<sup>35</sup> in 2012. In 2011 and 2010, the budgets were EUR 229,427<sup>36</sup> and EUR 352,379<sup>37</sup> respectively.**

#### 9. **Maternal Center Ariadna** | Public entity that supplies public services<sup>38</sup> | Drochia

The center has been in operation since its establishment in 2006 with a six month break in operation in 2011 due to lack of financing at that time. The center began

<sup>33</sup> 5,748,011 Moldovan lei according to currency conversion data on 31.8.2014

<sup>34</sup> 7,698,950 Moldovan lei according to currency conversion data on 31.8.2014

<sup>35</sup> 1,685,078 Moldovan lei according to currency conversion data on 31.8.2014

<sup>36</sup> 4,219,996 Moldovan lei according to currency conversion data on 31.8.2014

<sup>37</sup> 6,481,531 Moldovan lei according to currency conversion data on 31.8.2014

<sup>38</sup> The organization serves as premises for non-profit organization (NGO) 'Artemida'

operating as a public institution only in 2012. The center's office hours are Monday through Friday 8:00 a.m. until 17:00, while service provision is offered 24 hours per day, including on weekends and holidays. **On average, the center provides services to nine to ten<sup>39</sup> persons per month. The clients are women (35%) and children (65%). The target groups of the center are women (18 years or above) with their children, who are victims of IPV or DV or trafficking in human beings, or are in a difficult situation. Women (18 years or above) without children, who are victims of IPV or DV or trafficking in human beings are also a target group. Children who are victims of violence are also a target group and assumed to often come accompanied by their mothers. The majority of women assisted are victims of IPV (10%) or DV (80%) or women in difficult situations (10%). At the same time, the data show that the center has assisted women who are affected by homelessness or who are victims of trafficking. The data is based on records kept by the center.**

There are a total of nine persons working at the center, seven women employed full-time, one woman employed part-time, one man employed part-time, as well as one full-time woman volunteer. The full-time employees include one psychologist, one educator/pedagogical specialist, one social worker and one lawyer. All persons work with women and children. The center does not have a childcare worker. **The services provided in-house include admission, accommodation, telephone counseling, face-to-face counseling, crisis intervention, legal advice and legal aid (criminal law, civil law – protection orders, compensation), court accompaniment, support for children of victims, internal trainings for staff, external trainings (police, others), outreach (ex. rural areas), social reintegration, access to the labor market, resettlement/housing support, access to financial aid, medical assistance, follow-up/evaluation, data collection/research, awareness-raising, lobbying (including contribution to CEDAW Shadow Reports), and networking. The center does not provide legal advice or aid in the area of migration issues or a 24/7 emergency telephone line. The center receives public funding from the government of Moldova, private funding (for example from international organizations and donors), and is supported by volunteers (from Peace Corps). The private funding is received towards by the NGO side of the center and sometimes provides supplementary financing. Based on available data, the annual budget for years 2012–2014 has varied. It was 614,300<sup>40</sup> Moldovan lei in 2014, 737,600<sup>41</sup> Moldova lei in 2013 and 350,000<sup>42</sup> Moldovan lei in 2012.**

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<sup>39</sup> Based on data showing that the organization provides services to 110 persons annually (40 victims of violence and 70 children).

<sup>40</sup> Includes state funding and NGO side supplementary funding

<sup>41</sup> Includes state funding and NGO side supplementary funding

10.NGO: Honour and Rights of the Contemporary Woman | Non-governmental organization that supplies services | Balti town

The organization has been in constant operation since its establishment in 2000. In 2012, the organization was fully operating with the support of volunteers only, due to lack of funding. The organization's office hours are Monday through Friday 9:00 a.m. until 18:00, while service provision is offered also Monday through Friday 9:00 a.m. until 18:00 and 24 hours per day on weekends and holidays. **On average, the organization provides services to 30 persons per month. The clients are women (50%), men (47%) and children (3%). The target groups of the organization are women (18 years or above) with their children, who are victims of IPV or DV, victims of trafficking, single mothers, elderly women in a crisis situation or young women in a crisis situation; as well as women (18 years or above) without children, who are victims of IPV or DV, victims of trafficking, women affected by homelessness, and elderly women in a crisis situation. Men are also assisted at the organization, most of whom are young men.** Children appear to be assisted only when accompanied by an adult also receiving assistance at the center. The majority of women assisted are victims of domestic violence (50%), elderly women in a crisis situation (15%), young women in a crisis situation (10%), victims of trafficking (10%), victims of IPV (10%) and single mothers (5%). The data is based on records kept by the organization.

There are a total of six persons working at the organization, three women employed full-time women and one women employed part-time, as well as 15 part-time women volunteers. There are also two men working part-time at the organization, as well as 15 men working as volunteers part-time. There is one part-time psychologist, one part-time social worker and one part-time lawyer. All persons appear to be assigned to various groups of beneficiaries, including victims and persons in a crisis situation. The lawyer appears to be working specifically for victims of trafficking in human beings and victims of domestic violence. The organization does not have a childcare worker. **The services provided in-house include telephone counseling, face-to-face counseling, crisis intervention (together with the police), legal advice and aid (migration issues/visa, criminal law, civil law – protection orders, compensation), court accompaniment, external trainings (police, others), social reintegration, access to the labor market, follow-up/evaluation, awareness-raising, lobbying (including contribution to CEDAW Shadow Reports), networking, mentoring and occasionally classes on entrepreneurship.** The organization does not provide a 24/7 emergency telephone line, or accommodation, but makes referrals for resettlement/housing support, and medical assistance. The

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<sup>42</sup> Includes state funding and NGO side supplementary funding

organization also did not mention provisions for internal trainings for staff. The organization does not receive public funding from the government of Moldova, only project-based private funding from international organizations and donors, and is supported by volunteers. **Based on available data, the annual budget for years 2010–2014 has varied. It was EUR 55,000<sup>43</sup> in 2014, EUR 25,000–30,000<sup>44</sup> in 2013, volunteers only in 2012, EUR 60,000<sup>45</sup> both for 2011 and 2010.**

**11. 'Pro Femina' District Maternal Center** | Public entity that supplies public services | Hancesti town

The center has been in constant operation since its establishment in 2008. The center's office hours are Monday through Friday 8:00 a.m. until 16:00, while service provision is offered 24 hours per day, including on weekends and holidays. **On average, the center provides services to 18 persons per month.** The clients are women (50%) and children (50%). **The target groups of the center are women (18 years or above) with their children, who are victims of IPV or DV, victims of trafficking, single mothers, women with mental health issues, women affected by homelessness, elderly and young women in a crisis situation, migrant women in a crisis situation, or cases where there is risk of child abandonment, as well as women (18 years or above) without children, who are victims of IPV or DV, young women in a crisis situation, women in their last term of pregnancy, who are graduates of the residential institutions.** Children are assisted only when accompanied by the women also receiving assistance at the center. The majority of the women assisted have a combination of reasons for receiving assistance, including being in a crisis situation, being affected by homelessness and being single mothers. It appears that more women victims of domestic violence rather than intimate partner violence are assisted (30% against 10%). The data is based on records kept by the center.

There are a total of nine persons working at the center, four women employed full-time and four part-time, as well as one part-time male employee. A social worker is one of the full-time employees. There is a part-time psychologist, part-time educator/pedagogical specialist and a part-time medical doctor. All persons appear to be assigned to work with all the beneficiaries. The center does not have a childcare worker or a lawyer. **The services provided in-house include admission, accommodation, telephone counseling, face-to-face counseling, crisis intervention, psychotherapy, court accompaniment, support for children of victims, internal trainings for staff, social reintegration (i.e. language, access to education), access to**

<sup>43</sup> 1,004,764 Moldovan lei according to currency conversion data on 01.09.2014

<sup>44</sup> Between 456,707-548,048 Moldovan lei according to currency conversion data on 01.09.2014

<sup>45</sup> 1,096,062 Moldovan lei according to currency conversion data on 01.09.2014



the labor market, resettlement/housing support, medical assistance, follow-up/evaluation, awareness-raising, lobbying (including contribution to CEDAW Shadow Reports), and networking. The center does not provide legal advice or aid or a 24/7 emergency telephone line. Legal advice was provided in 2009, but has not been offered since then. The center receives public funding from the government of Moldova and private funding in the form of donations (i.e. clothing, gifts). **Based on available data, the annual budget for years 2010–2014 has steadily increased. It was 208,000 Moldovan lei in 2010 and steadily increased to 590,300 Moldovan lei in 2014.**

**12. Shelter: 'Center of Family Crisis SOTIS' | Public entity that supplies public services<sup>46</sup> | Balti municipality**

The center has been in constant operation since its establishment in 2008. The center's office hours are Monday through Friday 8:00 a.m. until 16:30, while service provision is offered 24 hours per day, including on weekends and holidays. **On average, the center provides services to 18 persons per month.** The clients are women (44%) and children (56%). **The target groups of the center are women (18 years or above) with their children or women without children, who are victims of IPV or DV, victims of trafficking in human beings, single mothers, women with HIV/AIDS, elderly women in a crisis situation, young women in a crisis situation and migrant women in a crisis situation.** Children are assisted only when accompanied by the women also receiving assistance at the center. The entirety of those assisted are victims of IPV (100%), but may also face a combination of other issues such as being victims of DV, trafficking in human beings or other issues. The data is based on records kept by the center.

There are a total of 15 persons employed at the center, 12 women employed full-time and two women employed part-time, as well as five part-time women volunteers. There is also a man working part-time at the center. The full-time employees include two psychologists, three social assistants, one nurse, and two social workers. There is one part-time lawyer at the center. All persons appear to be working with all the beneficiaries (women and their children). The center does not have a childcare worker. **The services provided in-house include admission, accommodation, telephone counseling, face-to-face counseling, crisis intervention, psychotherapy, legal advice and legal aid (civil law - protection order, compensation), internal trainings for staff, external trainings (police, others), social reintegration, access to the labor market, medical assistance, follow-up/evaluation,**

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<sup>46</sup> The organization serves as a premises for non-profit organization (NGO) 'Logos'

**awareness-raising, lobbying (including contribution to CEDAW Shadow Reports), and networking.** The center does not provide legal advice or aid in the area of migration/visa issues or criminal law, a 24/7 emergency telephone line, court accompaniment (but makes referrals) and resettlement/housing support. The center also does not provide support for children victims of violence. The center receives public funding from the local public administration, private funding (for example from international organizations and donors) that is project based, and is supported by volunteers. **Based on available data, the annual budget for years 2010–2014 has steadily increased. It was 526,900 Moldovan lei in 2010 and steadily increased to 740,400 Moldovan lei in 2014.**

**13. Maternal Center of the Temporary Shelter and Child Rehabilitation Centre |**  
Public entity that supplies public services<sup>47</sup> | Balti municipality

The center has been in constant operation since its establishment in 1986 and the Maternal Center on the premises of the shelter for children was established in 2004 under the jurisdiction of the Ministry of Health. The center's office hours are Monday through Friday 8:00 a.m. until 18:00, while service provision is offered 24 hours per day, including on weekends and holidays. **On average, the center provides services to ten<sup>48</sup> persons per month.** The clients are women (12%) and children (78%). **The target groups of the center are women (18 years or above) with their children, who are victims of IPV or DV, victims of trafficking, single mothers, women with HIV/AIDS, women with mental health issues, women affected by homelessness or in a crisis situation (elderly women, young women, migrant women). Women (18 years or above) without children are a target group only when experiencing mental health issues or when affected by homelessness. Children are also a target group.** The majority of the women assisted by the shelter have a combination of situations, including many who are affected by homelessness or who are single mothers, while also experiencing IPV, although this does not appear to be the primary reason why women are assisted at this center. The data is based on records kept by the center.

At the Maternal Centre there are eight persons employed: one psychologist, one educator, one nurse, one doctor and four social assistants. All persons appear to be working with different groups of beneficiaries and the educators are generally assigned to work with children. The center does not have a childcare worker, however, as mentioned above the educators are assigned to children. **The services**

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<sup>47</sup> The organization serves as a premises for non-profit organization (NGO) ,Protection and Perspective for Women and Children'

<sup>48</sup> Based on information provided on annual number of beneficiaries (approximately 100 children and 12-14 women). It is noted that the beneficiary volume is higher in the winter time.



provided in-house include admission, accommodation, telephone counseling, face-to-face counseling, crisis intervention, psychotherapy, legal advice (civil law – protection order), court accompaniment, support for children of victims, internal trainings for staff, social reintegration, medical assistance, follow-up/evaluation, and networking. The center does not provide legal advice in the area of migration/visa issues, criminal law or compensation and does not provide any legal aid, a 24/7 emergency telephone line, access to the labor market, resettlement/housing support, but does make referrals to financial aid services. The center receives public funding from the government of Moldova, namely the Ministry of Health and private funding (for example from international organizations and donors) and is supported by volunteers. **Based on available data, the average annual budget for years 2010–2014 of the whole institution that includes also the Maternal Centre has steadily increased. It was 7,620,300 Moldovan lei in 2010 and increased to 14,298,100 Moldovan lei in 2014.**

**14. National Center for Prevention of Abuse against Children CNPAC** | Non-governmental organization that supplies services | Chisinau

The organization has been in constant operation since its establishment in 1998. The organization's office hours are Monday through Friday from 9:00 a.m. until 18:00. **On average per month, the organization provides services to 50<sup>49</sup> child victims and their families. The primary target group and clients are children, more specifically abused children (0–18 years of age).** The data is based on records kept by the organization.

There are a total of 17 persons working at the organization, 12 women employed full-time and one man employed full-time, as well as four women employed part-time and four volunteers. The staff includes three psychologists, four social workers and one lawyer. **The services provided in-house include telephone counseling, face-to-face counseling, crisis intervention, psychotherapy, legal advice and legal aid (migration issues, criminal law, civil law – protection orders, compensation), support for children of victims, internal trainings of staff, external trainings (ex. police, other), outreach (ex. rural areas), social reintegration (ex. access to education), follow-up/evaluation, data collection/research, awareness raising, lobbying (including contribution to CEDAW Shadow Report), and networking.** The organization does not receive public funding, only private sources of funding such as from international organizations or donors and relies upon the support from volunteers. **Based on available data, the annual budget for years 2010–2014 has**

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<sup>49</sup> Based on annual data provided. The organization serves approximately 600 children victims and their families on an annual basis.

varied. It was 1,278,274 Moldovan lei in 2010 and steadily increased to 2,531,653 Moldovan lei in 2014, however, the 2014 budget has been decreased since 2013.

## CAPACITY ASSESSMENT

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### *Gender-based approach to violence against women*

The gender-based approach of any organization is difficult to measure as any organization has both a general philosophy of the organization, and also the individual views and perspectives of each staff member. According to the 'Away from Violence Manual' women's services, more specifically those also providing accommodation, should provide services to women survivors of violence and their children only. (Although there are various feminist perspectives on the role of men in women's organizations and women's service provision, the idea that men may work with children in order to instill positive images of men in children is generally accepted, although it is controversial to accept men in leading positions at women's organizations.<sup>50</sup>) There are various feminist perspectives on the role of men in women's organizations and women's service provision. It is generally accepted that men can have a positive role, for example by working with children and being positive male role models for children, but allowing men to occupy leadership positions is much more controversial. At the same time, women staff members also serve as positive role models to women survivors of violence to show them a positive image of independent women.

The issue of providing services to men or accepting men as staff at women's organizations and women's services is an issue of great debate. Women have always been at the forefront of the fight against violence against women, not only as human rights defenders, but also as survivors of violence, and the women's movement over the last decades has spent enormous energy to address numerous aspects of violence against women, while involving all relevant stakeholders from various sectors of society and on an international level. The problem of violence against women has been brought to the forefront by women and women's organizations have been established by women. As intimate partner violence disproportionately affects women, the question to ask is whether assisting men takes away resources from assisting women, and whether hiring men as staff takes away a position that could be filled by a woman, especially in light of the fact that many more women than men spend free and unpaid time doing volunteer work at women's organizations. It may appear imbalanced to fill existing paid positions with men, while mostly relying upon women to work unsalaried. A final question would

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<sup>50</sup> Women against Violence Europe (WAVE). (2004). *Away from Violence: Guidelines for Setting Up and Running a Women's Refuge*. Pg. 46.

be whether certain women survivors of violence (ex. sexual violence) would have a preference for receiving support from women or men?

Of the 12 entities, five 'agreed strongly' that intimate partner violence is largely gendered and that is disproportionately affects women, and that 'violence against women is rooted in historically unequal power relations between women and men, which have led to domination over, and discrimination against women by men and to prevention of the full advancement of women.' The remaining eight entities only 'somewhat agreed' that this is the case. Five of the entities are open to providing services for men. Entity O12 for example, provides only day services for men, but not accommodation. The entities providing services to men are less likely to 'strongly agree' that there is a gender dimension to intimate partner violence. At the same time, however, all entities are said to prioritize women as beneficiaries.

When asked whether services should be provided to women only, only four of the entities 'strongly agreed', three 'somewhat agreed', while two 'strongly disagreed' and three 'somewhat disagreed.' This question may have also been understood differently by different entities, for example O2 stated that it strongly disagreed because there is a need to provide services to perpetrators as well. It shows that a small majority (7 of 12) of the entities have a preference towards focusing service provision on women only.

In terms of hiring men as staff members, it appears that there is a general consensus that men should be allowed to fill positions at the entities, with certain comments made such as, 'In cases of sexually abused women, we employ women only' or 'Men do need employment as well and they may provide assistance, however, salaries are too small here.' At all the entities where both women and men are employed, there is clearly a higher proportion of women employed than men, and a much greater number of volunteers are also women. In the seven entities where there are women and men employed as well as volunteers present, in total there are 136 women volunteers and 43 men (see SECTION 1: GENERAL INFORMATION). While the entities are open to providing men with paid positions, they rely heavily on women rather than men to volunteer their time and resources.

### *Specialized service provision*

Specialized services for women survivors of violence (DV/IPV) are created specifically to meet the needs of the target group. Services may be further tailored in order to meet the needs of women depending on their age, migration status, physical mobility, and educational or employment background. The purpose of specialized services is that they specifically address problems faced by women survivors of

violence (DV/IPV) and are therefore not likely of value to any other group of beneficiaries or to the general population. An example of a specialized service may be face-to-face counseling, where the psychologist/counselor or social worker works with the survivor of domestic violence in order to determine what existing material or human resources (family, network of friends, co-workers, job/educational skills) she could utilize in order to begin a new life free from violence. It is often recognized that women who experienced DV/IPV are survivors largely due to strategies they have adapted/resources organized in order to survive, minimize or avoid the violence. This intrinsic resourcefulness is often utilized for the woman to gain independence and confidence.

Similarly, discussing the issue of DV/IPV as gender-based violence with women survivors of violence is important because learning about the gendered nature of violence allows women to recognize it in the future and develop strategies to resist it. Other services such as legal advice/aid, court accompaniment, or accommodation may also need to be specialized for survivors of DV/IPV, because of different legal frameworks applicable to DV/IPV, as well as the likelihood that women needing accommodation often also have children with them, making the need for a private family space greater.

While the majority of the entities reported having specialized support for women survivors of DV/IPV, they rarely pointed to having further individualized support for specific groups of women (ex. elderly, disabled, migrant). It was not clear from the comments made by O2, whether the services for DV/IPV really are specialized as a note was made that they are 'identical to services provides to victims of trafficking in human beings.' Data in the questionnaire for O10 continuously makes reference to victims of trafficking in human beings as a target group of survivors of domestic violence/intimate partner violence for which the services are further customized. This is likely due to the link recognized in Moldova between domestic violence and trafficking in human beings, with victims of domestic violence at risk of becoming victims of trafficking in human beings.

As mentioned previously, the entities O3, O4, O5, O6 and O12 primarily assist survivors of DV/IPV, and most (with exception of O6) have noted they provide specialized services for DV/IPV. Three entities (O6, O11, O13) were shown to have general services offered for all types of services provided by the entity. Despite this, it is still likely that (at the very least) the legal advice/aid offered (only by O6 and O13) can be to some extent considered specialized for survivors of DV/IPV as separate legislation (protection orders) exist to address domestic violence. Most commonly listed obstacles to provision of specialized services included: lack of

financial resources, limited knowledge about DV/IPV among all stakeholders (victims and society in general), an underdeveloped referral system, the existence of stereotypes and prejudices, and insufficient support from the police. While one entity (O12) also listed women survivors' hesitancy to 'make radical' changes as an obstacle, this may equally be reflective of women's perception of support offered to them on their journey out of violence, as well as societal perceptions about women's roles in society.

When asked about the services most often accessed by women survivors of IPV/DV, the most common answers included social services/aid, psychological support, legal advice/aid, accommodation, medical care, and job related skills. Entity O12 additionally noted that the beneficiaries need assistance organizing documents for themselves and their children.

Overwhelmingly, the need for vocational training to enable women's access to the labor market was noted by the entities surveyed. Additional ideas for improving economic empowerment included small grants for entrepreneurial activities. Entities that lacked capacity to provide legal advice/aid or medical services noted that these are much needed services for survivors of DV/IPV. Lack of financial resources, lack of physical space and lack of specialists were issues noted as obstacles to providing these services.

### *Independence of services*

Retaining independent service provision means that the rights and needs of beneficiaries are always the primary consideration by the entity providing the service. Women's services should be preferably outside of the influence of state authority, as well as religious groups or other institutions.

While the majority of the entities surveyed stated that they operate in a manner which is independent (especially all NGOs), O1, O2 and O6, stated that they are not independent because of their status as a public institutions and because of their dependency upon the district council or other governmental body. Entity O6 did note that even though it is dependent upon the district directorate of social assistance and family, it does provide services to beneficiaries in an individualized way. Entity O2 noted that it is unable to utilize state funding for medical services that undocumented beneficiaries at the center may need, and instead must use private donations to conduct medical interventions.

All entities have noted that they may take part to some extent in court proceedings, such as by representing the beneficiaries in court. The question, however, referred to whether the entities are legally obligated to testify in court proceedings that may

involve the interest of the service user. Entity O5 noted, for example, that this is done only when in the interest of the beneficiary. Entities O12 and O13 stated that this is not required of them. The majority appear to refer to their presence in court as being supportive or of interest to the beneficiary, while O11 noted that depositing evidence at court/testifying by the entity is done in cases where the 'beneficiary violates the regulation' and they are summoned to court.

### *Support for children*

The majority of the entities have at least one staff member dedicated to working with children who come with their mothers and who are survivors of DV/IPV. Entity O1 is said to have a dedicated staff member, however, it also notes that all staff members work with children. In O8, the center provides a specialist hotline for children, hence there are a total of nine staff members dedicated to working with children. In O4, children who are younger than nine and are survivors of abuse, including sexual abuse, are not assisted directly at the center. Entity O6 mentioned having a child specialist at some point (psycho-pedagogical specialist), but not at the time of conducting the questionnaire, and O5 reported not having one at all. In O10, only the psychologist is dedicated to working with children.

Whether the entities have a staff member or not, the majority of them provide most of the services to children that are listed in the questionnaire: support with school/kindergarten relocation, group therapy/group work, art therapy, play therapy, other educational/recreational activities, face-to-face counseling (although some offer this for above certain age groups only), crisis intervention, general child care, support with legal/judicial intervention, and support with mother-child relationship. Generally, where there is a gap in service provision it refers to general child care and legal/judicial intervention. External activities such as awareness-raising in school or training of educational professionals are not often conducted by the entities. All entities are aware of other organizations/places/services to refer children to, if necessary, including CNPAC, DMPDC and others, while noting that other specialized services may sometimes also have low capacity to assist the children.

The services most often utilized by child beneficiaries are listed to be various forms of therapy or psychological assistance and in a few cases support with the mother-child relationship. Almost all entities mentioned the desire to have specialized therapies for children (ex. group, art, sand and anatomical doll therapy) and at the same time the ability to offer children more options for sports and recreational activities. Entity O10 mentions that providing children with group therapy and recreational/educational activities would also enable another method of recognizing

issues present in each child, which would further assist the work of the psychologist. Overwhelmingly, it is the lack of funding, supplies and lack of space/premises that prohibits the entities from providing the desired services for children.

### *Safety and security*

Women survivors of violence often seek shelter accommodation not only to escape the violence, but also to hide from a violent perpetrator. Safety and security measures enable victims and equally the staff working at the centers/shelters to be protected from violent perpetrators. For this section, only data from entities that provide accommodation has been analyzed (O1, O2, O3, O5, O6, O9, O11, O12, O13).

Based on the answers provided by the entities, security generally appears to be an underdeveloped area. While, the addresses for all of the entities are kept secret, some of them lack technical security precautions. Entities O2, O3, O12 appear to have the best security measures in place in comparison to the other entities. They mostly lack a secured garden and grated windows. Entities O1 and O5 appear to have the lowest security profile. In O1, for instance, there is no alarm system or technical monitoring system, and the only technical security O5 has is an alarm system which is not working at the moment. The common deficiencies in O6, O9, O11, and O13 are technical monitoring systems and grated windows. Additionally, they all lack at least one of the following: alarm system or direct line to police.

All of the entities do risk assessments through general discussions, questions or questionnaires except for O5. Most of the entities develop a safety plan at least in one way. However, O1 and O5 did not specify whether they develop a safety plan.

Lastly, O3, O5, O6, O9, O11 and O13 noted that the main obstacle in the way of implementing the safety and security precautions is lack of financial resources. Entity O1 also states that there is little interest by the police to assist the entities in retaining a secure environment.

### *Training of and cooperation with law enforcement*

All of the entities cooperate with law enforcement and find this to be essential in order to operate safely and ensure safety of victims and staff. Only O13 states that cooperating with law enforcement is not essential for their entity<sup>51</sup>.

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<sup>51</sup> O13 appears to mostly accommodate children, and significantly fewer women in comparison.



All of the entities use at least one method to cooperate with law enforcement, except O13. The most common methods are briefings/exchange of information and ongoing communication. Entities O2, O3, O4, O8, O9, O10 and O12 also conduct regular trainings on DV/IPV and have established protocols/agreements for cooperation with police. Five of the entities use direct lines to the police as well as part of security measures. Entity O9 is the center that uses the most methods with some additional methods such as expert working group for streamlining the implementation of the protection orders. In contrast, O5 uses only one of the methods which is ongoing communication.

Ten of the centers, not including O11 and O13, state that law enforcement officials receive trainings on DP/IPV. Training of police in Moldova is mandatory and requires no less than 40 hours of education. It is noted incoming police officers get training, and the trainings are conducted on a regular basis. At the same time, in general, there are still significant deficiencies in police training and conduct in Moldova.<sup>52</sup>

When discussing obstacles, seven entities emphasized the attitude of the police and low knowledge/understanding they have of domestic violence. They stated it is important to increase the number of trainings about gender and violence in order to make the police use an appropriate approach with victims. Additionally, O9 noted the possible benefits of common trainings with different professionals, where O12 remarked that certain medical institutions fail to observe confidentiality. Generally, the entities would welcome a change in police attitude, development of a working protocol for intervention, multidisciplinary team trainings and an increase in funding in the area of training and cooperation with law enforcement to ensure police are proactive in their approach and have a collaborative attitude towards working with the centers.

### *Confidentiality*

In order to protect the woman's rights and integrity, it is necessary that the woman can choose which information about her is relayed to the outside. The woman should also be informed, when her right to confidentiality may be limited, for example, when her life or health are at risk.

All of the entities (except for one) possess some form of written internal regulations/procedures related to transfer of information/data privacy related to service users. Entity O12 for example, noted that it has an internal document, while

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<sup>52</sup> Haller, Birgitt. (December 2013). Needs Assessment: Special Service Agreement No. 2013-MOL68-BH

O11 stated that it follows the legal regulations applicable. A couple of the centers noted that the regulations refer only to the method of archiving data. Entity O5 noted that it has a contract (presumably with the beneficiary) regarding confidentiality of data. All entities (except for one) inform the beneficiaries about the regulations/procedures related to data privacy/or data protection present.

Most commonly, the majority of the entities collect the following information related to the potential beneficiaries' identity: first and last name, age, date of birth, address, name of employer, residency status, and history of violence. Although at least five of the entities collect the social security number of the potential beneficiary, this appeared to be the least likely piece of information to be collected. Because some of the entities appear to be those that victims are referred to, O6 and O13 mentioned that this data is collected by the agencies originally visited by the victims. Entity O8 (mainly a helpline/counseling/information service) collects data related to beneficiaries' identity only when it is necessary to make a referral to another service. Entity O12 stated that data related to age/date of birth is required prior to providing the service of accommodation.

There are a variety of answers regarding whether collection of identity-related information is required prior to providing services. For example, O1 and O11 collect the data of all beneficiaries, except for victims of violence. Entity O10 stated that it does require provision of identity-related data, but also it stated that it does not provide accommodation. At least five of the entities require identity-relevant data prior to service provision, although one noted that collection of such data for provision of psychological assistance/counseling is not a prerequisite.

Several of the entities participate in the transfer of data about beneficiaries to other authorities or organizations: in cases of referral (O4, O10), anonymous figures sent to the Ministry of Labor and Social Protection and Family (O3), in cases where minor child is involved (O12), upon receipt of request (O13), or in other cases. Information transfer to other organizations/authorities may be required in order to provide service, to provide accommodation, or whenever such data is requested by a relevant authority/institution/organization. Most commonly, data is communicated to law enforcement authorities or child welfare authorities. Other authorities/organization to which data is transferred include: medical institutions, NGOs, IOM, or local administrative bodies. All of the entities that transfer data to other organizations/institutions also notify the beneficiary in the event this happens.

While there were no major obstacles noted regarding ensuring confidentiality of service users, O3 noted that they are not aware of regulations on duration of data retention. Other issues relate the beneficiaries themselves disregarding confidentiality regulations, intrusiveness of media organizations, or police in rural areas not observing confidentiality of the beneficiaries. O2 noted that it has experienced cases, where women did not wish to give information related to their identity, however, the Ministry of Labor and Social Protection and Family requires registration data to be transferred.

### *Diversity and non-discrimination*

All services have to respect the diversity of the service users and apply a non-discriminatory approach. This includes acceptance of and service provision for all women victims of violence regardless of status, background or situation. There may be certain situations, however, where another specialized service may be more appropriate, for example, where the service user may have other serious problems such as drug or alcohol addiction. This is especially applicable for services that also provide accommodation for women and children.

Out of the 12 entities, six have stated that they place no restrictions on the type of service users that may access services, including accommodation. At the same time, at least six entities require the potential beneficiary to provide certain documentation such as medical examination or certificate of victimization. Most often, it is a medical examination that is required. Entities O2, O5, O6, O9, O11, O12 require that either prior to or during the accommodation, the (potential) beneficiary receive a medical examination or provide one beforehand. Interestingly, O9 requires that the potential beneficiary receive a certificate from a family doctor prior to receiving service (likely accommodation). This may place additional burdens on women (especially in cases of undocumented status), and especially that O9 is said to provide medical assistance in house. For O11, the women are often referred through 'La Strada' or the Ministry of Labor Social and Family Affairs, and hence the women may already be required to undergo certain examinations or provide documentation prior to admission to O11.

While for several centers, the constraining factors to providing service to women include respiratory infectious diseases such as tuberculosis. Additionally, women with mental illnesses appear to be restricted from accessing services, although it was not noted whether women with mild mental illnesses and/or those receiving treatment would still be prohibited from accessing the centers' services. Alcohol and drug addictions are stated as possible constraining factors for several entities, with one center pointing out that there are other specialized services offered to women

experiencing addiction. The most worrisome restrictions appear to be relating to epilepsy and limited mobility (O1), and geographic area (O12), due to limits based on district funding. Entity O11 disclosed there having been a possible case of age discrimination in the past. In a previous section (SECTION 3: SPECIALIZED SERVICES) O12 noted that women with ‘criminal problems’ may also be limited from service provision, without further explanation.

Language does not appear to be an issue with other languages that may be used by beneficiaries including Russian because typically there are staff members present that are able to accommodate women with these languages. ‘Limited language skills’ was not marked by any of the entities as a constraining factor.

#### *Fair access and free of charge*

Fair access and free of charge entails that support is free of charge, equitably distributed across regions with one place per 10,000 inhabitants. Services must be provided 24/7 and ideally the length of stay for accommodation should be unlimited or extensions of stay should be considered based on the individual situation of the woman survivor of violence. For this section, only data from centers that provide accommodation has been analyzed (O1, O2, O3, O5, O6, O9, O11, O12, O13).

Each center providing accommodation to women has between 19 to 30 beds for women and children victims of DV/IPV. While some centers disaggregate the number of beds allocated to women and children, others are aggregated and accept persons as they arrive. For example, in O1, where there are a total of 24 beds, only ten of those are dedicated to women. The Istanbul Convention calls on 1 family place per 10,000. As a result, in order to calculate the actual number of family places available, only beds allocated to women should be counted. This would mean that for centers, where segregated data on beds for women and children is available, there are only between seven to ten family places per shelter. For O13, for example, it is stated that there are seven beds for women and 90 for children. Based on Moldova’s population, about 356 shelter places are needed in order to fulfill the recommendations under the Istanbul Convention.<sup>53</sup> While the sufficiency of geographic/regional distribution is difficult to investigate critically, two of the shelters are in Chisinau, two in Balti and the remaining in Cahul, Causeni, Cornesti/Ungheni, Hancesti and Drochia. The centers appear to be evenly geographically distributed, with centers running from the south (Cahul) to the north

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<sup>53</sup> Women against Violence Europe (WAVE). 2014). Country Report 2013: Reality Check on European Services for Women and Children Survivors of Violence – A Right for Protection and Support? Pg. 150.

of Moldova (Drochia) and with one in the western corner of the country (Cornesti/Ungheni) and one in the east (Causeni).

The centers accommodate between 12<sup>54</sup> to 44 women annually, depending on the center. There were also anywhere between eight to 70 children accommodated with their mothers in one year's time, depending on the center. All data provided by the center is said to be based on records. When asked to provide further data on the number of women victims of DV/IPV, who were accommodated in a year's time, the numbers decreased at all centers but one (O3), reflecting the fact that many centers do not have women survivors of DV/IPV as a sole target group. The numbers of women survivors of DV/IPV accommodated were between three to 44 women in a year's time. In O13 for example, there were a total of 15 women accommodated, but only three of the women were there primarily due to DV/IPV. This may point to the fact that women survivors of DV/IPV and their children are not prioritized by the centers, are not targeted by the centers, or do not approach the centers for support.

Subsequent questions asked about women and children in general as well as women and children survivors of DV/IPV who could not be accommodated at the centers due to lack of space. While the majority of the centers provided significantly low numbers of women and children turned away and stated the data came from records kept by the centers, one center provided a range (i.e. 4–5 women) and claimed the estimate came from the records. While it appears that anywhere between zero to 15 women and zero to 21 children in general have been turned away in a year's time (of which zero to five women were survivors of DV/IPV and zero to five children were survivors of DV/IPV accompanying their mothers). It may be possible, however, that women survivors of DV/IPV are not aware of services available to them through these centers and if the centers are not advertised especially for women survivors of DV/IPV, it is unlikely that they will be approached by this particular target group. Entity O2 mentioned that the women unable to be accommodated are 'sent to partner organizations or religious organizations,' although it does not further specify whether those organizations are also able to provide accommodation to the women.

In terms of free-of-charge service provision, all entities provide services without payment required from beneficiaries. Access is possible 24/7 in the majority of the shelters, with at least one person being on call or remaining overnight at the center. The allowed length of stay is between three months and a year, depending on the center. Three months is significantly too short a time for women to be able to move

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<sup>54</sup> O6 accommodated six women in the first six months of 2014.

onto a new life free from violence. While the majority of the centers stated that they are able to extend the stay period for the women and their children, two have said this was either not a possibility (O11) or has not happened yet (O1). There are various reasons why extensions of stay may be granted, but generally, it is considered in cases where the woman is unable to find alternate housing, continues to suffer significant trauma from the violence she experienced or is not yet independent enough in order to leave the facility. As transitional housing is for the most part non-existent in Moldova, all entities appear to collaborate with various institutions, authorities and organizations (including religious organizations) to try to find housing for the women following their stay in the shelter. However, it has been emphasized throughout the questionnaires that finding substitute housing for women survivors of DV/IPV is next to impossible in Moldova.

### *Advocacy and support*

The purpose of this section was to determine which services not offered in-house are provided through the method of outsourcing or referral to other organizations, ensuring that beneficiaries are still able to receive a combination of support and care, even if these are not always available on the centers' premises. The entities were further asked to reflect upon the services that they believe are most useful/needed by the beneficiaries as well as which services they would like to be able to provide to the beneficiaries in the future. Lastly, the entities were asked to comment on obstacles they face to being able to provide the necessary services.

While all the entities provide a wide range of services and refer the beneficiaries to other organizations for services they do not provide, there are still certain gaps present, where services are neither provided in-house nor on referral. In several entities where legal advice/aid was not offered in the area of migration issues/visa or criminal law, the services were also not outsourced/referred. This may, however, be due to the fact that such services are not widely needed/requested by the beneficiary groups at these centers. Other services not offered and lacking referral included those related to social reintegration (i.e. language, education) as well as access to the labor market. This may also be more reflective of availability of such services outside of the center rather than the center simply not making referrals. A few of the entities also failed to mention that they make referrals to a 24/7 emergency line. As a national helpline exists that operates 24/7 (i.e. Trust Line) all services that do not answer incoming calls 24/7 should be able to refer any potential callers to the Trust Line. Entities O12 and O13 did not appear to provide certain services such as specialized support for children of the survivors, court accompaniment, resettlement/housing and access to financial aid, and equally failed

to mention that attempts are made to refer beneficiaries to other places to get the missing service.

As regards services deemed most useful, the usual (legal advice/aid, psychological assistance/counseling, vocational training) were mentioned as well as others including: on-going assistance/post-monitoring, combination of services, individualized support, training of staff, awareness raising activities, issuance of identity documentation. These answers are very significant as they recognize that women survivors of violence need not only customized support, but also a variety of services at once. In line with customized support, O2 additionally mentioned the difficulty of properly assisting women survivors of DV/IPV, when they are residing jointly in a center also accommodating victims of trafficking in human beings, as the women victims of DV/IPV may actually consider migration as a way to escape her situation of violence, believing that she is not likely to become a victim of trafficking herself. Lastly and likely reflecting the frustration of many front-line staff with society's lack of knowledge and recognition of DV/IPV, the need for awareness raising was also mentioned.

Furthermore, there was an overwhelming call to improve women's access to transitional housing or permanent housing post stay in the shelter. Recognizing that full independence equally requires economic independence and social integration, the need to improve services in the area of life skills, vocation training, and access to the labor market was continuously mentioned. At the same time, recognizing the currently existing level of complexity women survivors of domestic violence must navigate in order to gain not only freedom from violence, but independence from justice, the need for an intervention center based in a proactive approach, where women are assisted following police intervention, was also noted.

Currently, the services are limited and unable to institute any of the desired changes largely due to lack of funding, which is significantly the most commonly stated obstacle to implementing improvements. The overall institutional frameworks are also to blame, more specifically the weak networking of organizations in the field of combating violence against women, the inability of NGOs to receive funding from the state despite their ongoing work to support the state in meeting its international human rights obligations, and the still weak response from the police in relation to effectively implementing the protection orders for victims of DV/IPV.

### *Empowerment and autonomy*

The aim of all service provision for women survivors of violence is to empower them through ensuring information about and access to rights and entitlements. Each

woman's right to autonomy and self-determination should be promoted to enable women to regain control over their lives.

As part of the work of women's services, it is important that the centers provide information to women survivors about gender-based violence (gender and violence), violence against women, domestic violence and intimate partner violence. Additionally, information regarding the various forms in which violence manifests itself, should be provided (ex. harassment, economic violence, social isolation, psychological violence).

In general, all of the information discussed above is provided by all of the entities in written and verbal way as well as in another language –in all cases it is Russian. However, O6 does not provide verbal information, O11 does not provide written information. None of the entities specify, whether such information is provided in written form to visually impaired women. Additionally, the women beneficiaries do not need to fulfill certain requirements (i.e. leave their partner, bring formal criminal charges, apply for a protection order, provide proof of violence) in order to access accommodation or other services at the centers.

### *Participation and consultation*

The participation of staff and beneficiaries and cooperation between them are crucial to ensuring even decision-making and democratic structures. Additionally, healthy involvement of staff and beneficiaries and cooperation enables diverse points of view and experiences to become expressed and translated into an overall improvement of service provision.

When asked to explain how service users are involved in improving the services offered, many entities referred to allocation of tasks such as cleaning the premises and organizing events. Several mentioned holding regular meetings or discussions with service users, where their wishes could be discussed. Entity O5 mentioned that the beneficiary is asked to bring forth her needs and an individual action plan is elaborated together with the beneficiary. Other methods included completion of questionnaires or evaluations.

Various methods of enabling service users to evaluate the centers were mentioned, most commonly, service users are invited to a discussion about their experiences with service providers and/or are able to file a complaint. Most centers also offer the possibility to complete a written evaluation. Entity O12 offers the possibility to drop off anonymous comments in a box set up for this purpose.



When asked about challenges the entities face to ensure service user participation, the responses were largely negative, showing on some level, a gap between the service users and the staff providing the services. Most often, the comments included that beneficiaries are unwilling to speak negatively about the center, afraid to share their opinion, or they are not willing to take part in an evaluation/discussion. A beneficiary's reluctance to speak against an center which offers her accommodation and other crucial services may be a common occurrence, however, it may be magnified, when there is a strong perception of imbalance of power on the part of the beneficiary: for example, when (upon accessing service) the beneficiary is informed of her obligations, but not made aware of her rights. Several entities hoped to improve the area of beneficiary involvement in the future and O8 was in the process of developing a staff evaluation system through an external expert (presumably for internal use in the future). Entity O2 has pointed to the fact that external supervision may be most suitable to monitoring service user satisfaction, as monitoring of any input/feedback by the service providers has proved to be subjective in the past. Entity O4 expressed the desire to develop a standard questionnaire for the evaluation of services.

#### *Holding perpetrators accountable*

While all entities but one 'strongly agree' (one 'somewhat agrees') with the statement that 'there is no excuse for violence, more specifically violence against women, including domestic violence and intimate partner violence...and that the perpetrator is always responsible...' at least five of the entities stated that women are 'encouraged' to return to their violent partner. This may not necessarily mean that entity encourages it, but that the response relates to the general support environment in which victims may find themselves. Entity O8 mentions that women are encouraged to return to the perpetrators but that is because 'they are not ready to make a decision, and there exist no support services for them.' This may be a general statement referring to the situation in Moldova rather than referring to the way in which the center itself supports victims.

On the other hand, several centers provided the following statements, when asking to comment as to why women would be 'encouraged' to return to the perpetrator: 'when the woman is responsible enough and has her part of guilt for the occurred act of violence' or 'whenever the partner changes or wishes to change' or 'following their discussion with their partner and there being no other alternatives for the woman.' While most of the entities appear to agree that there is no excuse for violence, victim-blaming attitudes continue to prevail.

### *Governance and accountability*

Governance and accountability is one of the most significant areas as the way an organization is managed and functions reflects upon all other areas of the organization, including service provision and has an impact on the beneficiaries.

All of the entities surveyed are managed by a director and equally operate on a team basis, where each person or certain persons have designated areas of responsibility and individual decision making ability in their area of expertise, while any decisions that impact the center as a whole are made jointly. Some positive aspects mentioned as related to this type of management model included: efficient and analytical (jointly) decision making, democratic style management, employee inclusiveness and input, certain level of independence, accountability, and team work. An important point mentioned by one of the entities is that such a model enables employees to feel responsible towards their work and the center. One center pointed out that middle level management is important, because persons coordinating certain tasks/services/areas have more in-depth knowledge and expertise about their area of work. While, there were a few negative comments regarding this format of management, some concerns included decision-making that is too dispersed, or in cases, where communication among the staff is limited, reaching a decision may require too much time.

The total number of staff members differs greatly at the entities from seven to 158 staff members in 2014. As the majority of the centers that provide accommodation have a medium-sized capacity, typically ten or more full-time staff members are preferred. It appears to be rare that ten full-time staff members are present at the medium-sized centers, with the majority having a combination of full-time and part-time staff, and only O2, O5, O12 and O13<sup>55</sup> having at least ten or more full-time staff members. Where data on the number of staff were available for the period 2010–2014, it appears that in at least four centers, the number of staff members has decreased, and in the remaining, it was stable or increased. One center commented on the fact that there is still a need to increase the number of staff members. Another center mentioned that they are at risk of losing specialist staff members, presumably due to the funding situation. At least four centers indicated a decrease in their capacity to provide certain services in the last five years. For one center, this was the provision of legal advice/aid, which is an especially crucial service for women survivors of violence as it enables their access to justice. Six of the centers estimated that the current level of staff is sufficient in order to meet the current work-load, while five mentioned it was slightly insufficient and one

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<sup>55</sup> O13 has a significantly higher capacity than the remaining organizations.

mentioned that it was significantly insufficient. One center specifically mentioned that the professions of psychologist and social worker are understaffed. It appears that for many of the centers, the current situation is also reflective of the past five years. Lack of funding and/or instability of funding are overwhelmingly quoted as the reason for insufficient staff time to cover the work load. Additionally, problems such as 'many categories of beneficiaries', lack of required specialists or staff turnover are mentioned.

In terms of the professionals working at the centers, some of the minimum and desired requirements include certifications, educational background, work experience, knowledge of languages as well as personal characteristics that include empathy, sensitivity and an ability to work with victims, women and children. Additionally, items such as job dedication and willingness to learn were mentioned. It was clear from the job descriptions that a certain level of sacrifice was also required such as the ability to work on a volunteer basis for a certain amount of time, or the ability to handle stress. And while, in majority of the entities, all or at least most employees seem to fulfill the requirements listed under the job descriptions,<sup>56</sup> the pay does not appear to be equal among all entities, commensurate with the skill level required or proportional in comparison to the difficulty entailed in working with highly traumatized victims. There are nearly no entities, where two of the same professions (ex. psychologists, social workers) receive the same pay. While for some, the pay appears to be at least similar, there are still great disparities to be noted, where in some centers, the same professions with the same level of work experience have a difference of anywhere between 1,000–4,000 Moldovan lei per month in salary. Issues related to commensurate staff salaries had been mentioned throughout the different sections of the questionnaire by various entities. It also appears that the most common time period for staff members to remain in their jobs is one to three years,<sup>57</sup> followed by four to six years, with the oldest standing center O13 having many staff members present for more than six years. The philosophy of some of the entities reflects that on-the-job experience is of greater value than fulfilling the professional background listed in the advertised job description, and for this reason, employee retention is all the more important.

As regards financial management of the entities, all appear to have directors and accountants/financial managers, in charge of budget related work and financial

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<sup>56</sup> In some cases, where there are discrepancies present between desired skills and actual skills, the organizations have preference for on the job training.

<sup>57</sup> Some of the organizations have been established in the recent years (ex. last five years).

decision-making. With the exception of one center (O1), most have some policies in place to guide financial management, however, these appear to be diverse, ranging from policy directed by relevant state authorities to what appears to be the actual coordination of financial management of the center by state authorities. Several of the entities have acknowledged experiencing either unexpected budget cuts or a shortage of funds. While two centers have utilized 'continuity or savings funds' to counteract the adverse funding situation, some noted that it created stress within the center and impacted the beneficiaries/service provision, causing the center to look for additional funds and in one case, there was need to utilize volunteer time to continue operations. All entities have managed to balance their budgets by the year-end, despite difficulties. Furthermore, all entities appear to be required to adhere to financial regulations such as the provision of annual financial and/or activity reports, as well as external or internal audits. This may all differ for each entity depending on their donor types and projects they are involved in.

Some common obstacles to effective financial management that have been identified included: uncompetitive salaries, partial financing by the state, delay in transfer of funds, bureaucratic procedures, dependency on service user funds, amendments/changes to legislation regarding funding of maternity homes<sup>58</sup>, and lacking donor funds towards supervision/monitoring. Some common changes desired in order to overcome obstacles to effective financial management included: development of strategic and annual plans as well as performance indicators and monitoring/reporting thereof; knowledge of risk management; improved human resource management; observance of ethics; integrity and transparency within the institution; sharing of developed specialist expertise; evaluation of organizational needs; development of standard methodology; increase in budgets; incentive remuneration; diversification of financing agencies/donors; and creation of reserve funds.

Related to human resource management, all the entities have some internal police, regulation guidelines, or policy adopted from state authority regarding the management of human resources. It appears that the director is the most commonly the person responsible for the area of human resource management, with only one center noting it has a human resource manager present at the center. Some of the shortcomings noted however included: lack of a standard staff evaluation questionnaire, improvement in job descriptions needed, lack of funding for external evaluator, lack of specialist in human resource area, the need to address staff turn-over and low salaries.

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<sup>58</sup> The rules applicable to private entities are now also applicable to maternity homes.

All of the entities provide internal training to staff members. Most of the trainings are mandatory, done at least at the beginning of employment and continued regularly or depending on availability or need. Most of them last between eight and 40 hours, and are both theoretical and hands-one, with only two centers providing a theoretical background only. All aim to increase the knowledge of (incoming) staff, allow employees to familiarize themselves with their area of work, or to build to the capacity of the employees. The trainings differ greatly in content and depend on the centers and presumably also on the profession. Several entities (not all) mention that domestic violence, or work with victims, are topics covered in training, with at least two entities providing services to women also training employees on behavior of or working with perpetrators of violence. Only three entities have specific topic on the dynamics of domestic violence and assisting victims. Several entities also mention cooperation with different authorities and the utilization of the referral system as a topic of internal training.

With the exception of three entities (O6, O11, O13), the majority of them provide training to staff on violence against women, conducted by internal staff and/or external experts. Several entities have noted that in addition to their regular staff, they also work closely with consultants or international experts. Generally, the trainings of violence against women cover at least domestic violence, but frequently all forms of violence. The trainings appear to have begun as early as in the year 2000 for some and as late as the year 2012. This is also dependent on the year of establishment of the center, although several entities have not had trainings of violence against women since the start of operation. In addition to providing the training, which is more often mandatory and regularly conducted or whenever available, the staff (whenever possible) join relevant meetings or conference related to the topic of violence against women.

### *Coordinated response*

Women's shelters are embedded in a network of institutions and services which can be supportive, therefore, service providers may need to involve other institutions in order to assist women survivors of violence. These often include governmental/state agencies and other services/NGOs. As a result, networking often takes place on these two levels.

In order to reach out for help, women survivors of violence, are likely to contact the police, or find information about available support options through other means, such as the national women's helpline, on the internet, informational pamphlets or

media. Two centers (including O8<sup>59</sup>) did not name the national women's helpline as a likely place where women might initially reach out for information about support options available. The most commonly accessed information channels included the police or internet, although only one center was able to provide an example of website, where a woman might access such information. While it was widely mentioned that informational pamphlets or media (television, radio) may also serve as sources, the comments in the questionnaires indicate that these are likely not regularly accessible informational sources.

There appear to be two active networks of organizations working in the area of victim support, some formal and some informal, which include, National Coalition 'Life without Violence'<sup>60</sup> and the National Referral System.<sup>61</sup> The main themes of focus for the network appear to be fighting violence against women/domestic violence, as well as provision of quality services to victims of violence. The goals of these networks appear to be similar such as exchange of information, cooperation/referral, improvement of quality of services, lobbying (ex. for signing and ratification of the Istanbul Convention), common standards, and the promotion of international standards. While most of the entities are part of these networks and are said to derive benefits (ex. good lobbying force, easier to raise awareness, capacity building, increased knowledge about violence, possibility to take part in trainings, improved assistance to victims, possibility for transfer of resources) it is not clear to what extent the existence of multiple networks may also serve as an unintentional obstacle towards unity.

Although not many entities listed any obstacles to taking part in any of the network(s), the diversity of the centers, lack of mechanisms for decision making processes and different levels of participation, the need to travel in order to take part in network activities, were mentioned as some hindrances to effective participation in networking. In addition to those networks, several entities have mentioned being part of additional networks, especially international ones such as the WAVE Network (Women against Violence Europe) and La Strada International. While it is positive for the entities to have access to wider European networks, this can also have negative side effects since European-wide networks involve countries

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<sup>59</sup> O8 runs what is considered the national women's helpline

<sup>60</sup> The National Coalition "Life without Violence" has been established in 2012 by 13 organizations, providing services to women and children victims of IPV/DV. The Declaration of Principles of the National Coalition was signed in April 2013. The Coalition is currently developing its bylaws and decision making mechanism.

<sup>61</sup> The National Referral System is a response system that coordinates referral and services for victims. It was originally established to aid trafficking victims and in 2008 was officially expanded to serve victims of domestic violence.

that may have different or even competing priorities, and organizations from countries outside of the EU may feel 'invisible' in such international networks.

In terms of cooperating with national authorities or other organizations, based on the answers provided, it appears that the centers are well connected to other institutions and agencies, with which they work together in order to assist beneficiaries. These include: police, the prosecutor's office, courts, migration authorities, and youth/child protection. Not all entities also cooperate with unemployment services, social services, counseling or housing services. This may be partly due to the fact that these services are either offered in-house or are not available/good quality on referral. In previous sections of the questionnaire, the centers mentioned that assistance with employment would be a desirable service to offer women survivors of violence. It is also mentioned by majority of the entities that cooperation with police especially is frequent, as is cooperation with youth/child protection agencies, but for the most part, the frequency of cooperation with various institutions/agencies depends on the center and to some extent, it is clear that the centers are closely intertwined with all the mentioned institutions/agencies. It appears that the least frequently collaborated with institution are migration authorities.

At the same time, it does not appear that many of the institutions have specialized units dedicated to dealing with violence against women and are most likely only to receive institutionalized trainings. Based on data provided in the questionnaire, it is clear that cooperation is not always easy and some challenges include: strict adherence to institutional principles, bureaucratic approach, lack of understanding of domestic violence (including discriminatory attitudes) and dynamics of violence, delayed decision-making and the need for increased training of relevant professions. Desired improvements include: an increase in the number of entities and diversification of services that offer assistance to different victims,<sup>62</sup> development of specialized centers for victims of domestic violence and specialized units within agencies, training and awareness raising of violence among relevant agencies, ensuring quality standards for service provision (i.e. accommodation), ensuring proper implementation of protection orders, development of an official network of service providers with data accessible on internet to avoid beneficiaries from accessing numerous centers, as well as improved cooperation among organizations/NGOs, including in the form of agreements.

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<sup>62</sup> At this point, no single organization is able to assist victims throughout the entire process.

In certain cases, it was mentioned that cooperation with the institutions/organizations is mandatory, when assisting women survivors of violence and/or their children (ex. DASPF, police, MMSPF, Ministry of Justice, National Referral System, IOM, Ministry of Education, Permanent Secretariat for Combating Trafficking in Human Beings, and the mayoral district). According to the centers, such reporting to these institutions allows for more efficient handling of cases and the beneficiaries are always informed about the transfer of data.

Lastly, the cooperating organizations and agencies exchange information with each other about individual cases most often in form of multidisciplinary groups, and in some cases as interdepartmental committees. All of the entities surveyed are also part of these multi-agency cooperation systems, with the most common format for exchanging of information and decision-making being regular meetings. Less often a coordinating agency exists that chairs the meetings or cooperation protocol in place to guide the process of the meetings.

### *Privacy and individuality*

To enable women to recover from traumatic experiences, it is essential to create an environment which offers opportunities for solitude and rest. In the shelter, there should be a room for each woman and her children and no more than two women should share the same bathroom. For this section, only data from entities that provide accommodation has been analyzed (O1, O2, O3, O5, O6, O9, O11, O12, O13).

The centers offer a capacity of anywhere between 17 and 30 persons. Entity O13 has the capacity for 97 persons, however, only seven places are for women and 90 for children, hence the center does not in general house families, instead just children. As a result, some aspects of privacy and individuality may not be applicable, when children, instead of individual families are mostly accommodated. Six of the nine centers have private rooms available to women and their families, while the remaining three do not. For example, in O5, three of the rooms are shared, and in O9, there may be up to four women or families per room. While all shelters have a limited capacity, with only one center noting it has reserve space available, at least six of the centers have been obliged to accept women/families despite operating at full capacity. For O13, it was noted that winter-time is usually when this occurs. The largest accommodation rooms per center are anywhere between 12 to 20 square meters. For example, in O9, women/families do not have private accommodation and the largest room is 12 square meters. This was noted as a challenge, and the



center wishes to have more rooms in the future to ensure privacy and individuality for the women.

One of the centers (O2) accepts male victims of violence into the shelter, while none of the other centers do. Entity O2 accommodates women and men on different floors and has both rules related to behaviors and use of bathroom facilities. Most of the centers, with exception of O11, possess some set of rules or information regarding the use of joint bathroom facilities. The centers each has between two to ten bathrooms. Entity O13 with capacity for 97 persons only has two bathrooms, while O3 can accommodate 21 persons and has only two bathrooms.

This information paints a picture, where not only is it still accepted in at least one center to house women and men in the same facility, but also where women and their children are unable to utilize a private environment at a time in their life, where they would most likely be in need of it.

### *Data collection and research*

The majority of the entities collect data on service users and data is stored both in paper files and electronic database. All entities stated that the method of data storage allows for collation of all service user data by categories. It is rarer that the entities collect data on services users that approached the center, but had to be turned away. Entities O2, O3, O6, O8 do not collect data on persons who were not able to approach service provision. Entities O9 and O13 stated that they have always provided service (presuming without having to turn persons away), so the data they collect focuses on service users.

Regarding the question of whether the collected data is utilized for any internal or external purposes, the centers give different answers. Entities O2 and O3 did not state anything in this section. Entity O13 is the only one that does not utilize the data with any kind of purpose. In contrast with O13, O8 utilizes the data for every kind of internal and external purposes. Entities O1, O4 and O5 use the data for internal purposes such as evaluation of organizational gaps, developments of strategies for improvements, establishing better understanding of service user needs, general periodic reviews. It would not be wrong to say that these purposes are the most common ones among the centers. Entities O4, O6, O9, O10 and O11 utilize the collected data for at least one external purpose whereas O1 and O12 do not share the data with external bodies at all. In general the preference would be to utilize the collected data both internally and externally, as well as always collect data on the number of persons, who could not be assisted due to lack of space or resources.

### *Needs of the service providers*

The following is a summary of the main topics of concern/needs for improvement as related by each of the surveyed entities, and the relevant section numbers of the questionnaire, where the issues were addressed. The corresponding questionnaire sections are listed in (parenthesis):

O1: The center's concern is mostly about the governance and accountability (SECTION 15) in the form of increasing their staff's knowledge and skills as well as increasing the number of staff and improving the service quality. The focus is on improving the qualification of employees and better conditions at the work. Furthermore, attention is focused on collaboration with external bodies (SECTION 16). Another stated desire is extension of the center's capacities (SECTIONS 10, 17).

O2: The center's main focus is on improvement of the working conditions (SECTION 15) such as better finances, an increase of salaries, ongoing training of the employees and collaboration among institutions for exchange of experiences (SECTION 16).

O3: The center's main focus is on improving support for children (SECTION 5), trainings with the law enforcement as well as staff and victims (SECTIONS 7, 12, 15), creating a work environment that enables victims' participation (SECTION 13), improving work conditions for staff related to their rights, and additionally team building activities (SECTION 15).

O4: The center notes a range of concerns: financial sustainability (SECTION 15), partnership with law enforcement bodies (SECTION 7) and networking within the institutions (SECTION 16), consolidation of data base (SECTION 18), training and development of knowledge of staff and development of the standards of the center. The main concern is the positive development of the center itself.

O5: The center focuses on improvement of methods and techniques to use in their relation to service users (SECTIONS 3, 11, 12, 13 and 15), collaboration among institutions, centers, study visits (SECTION 16), trainings within the institution (SECTION 15) and improvement of work conditions such as salaries and support for the employees (SECTION 15).

O6: The center's main concerns are training of the staff on domestic violence issues (SECTION 3, 15), support for children (SECTION 5), cooperation with the other institutions and exchange of experience (SECTION 16), improvement in the building for a better service (SECTION 1, 3, 10, 17) and financial support (SECTIONS 1, 15).

O8: The center's main concerns are financial support to increase the service quality and the services they provide (SECTIONS 1, 3), trainings within the center and with the other bodies (SECTIONS 7, 15, 16), cooperation and exchange of the experiences (SECTION 16) and enhancement of the professionals within the institution (SECTION 15).

O9: The center's main concerns are training of the staff (SECTION 15), better physical conditions in the work place both for the staff and service users (SECTIONS 6, 15, 17), development of victim programs (SECTION 3) and financial support (SECTIONS 1, 15).

O10: The center's main concerns are the training of volunteers and staff (SECTIONS 1, 15), cooperation, exchange of experience (SECTION 16), increasing the number of staff and housing services (SECTIONS 1, 3, 15), data collection for a general understanding of society (SECTION 18), improvement in physical conditions and the properties they have (SECTIONS 1, 17) and financial support (SECTIONS 1, 15).

O11: The center's main concerns are (hiring?) additional professionals (SECTION 1, 15), improvement in the physical condition of the building both for services the staff (SECTIONS 1, 3, 15, 17), cooperation and exchange of experiences (SECTION 16), and trainings with and for the staff, service users (SECTIONS 13, 15), support for the children (SECTION 5) and financial support (SECTIONS 1, 15).

O12: The center's main concerns are services for survivors (SECTION 3), support for children (SECTION 5), improvement in the physical conditions of the buildings and additional accommodation (SECTIONS 1, 10, 17), support for children (SECTION 5), cooperation and networking (SECTION 16), trainings and supervision activities (SECTIONS 7, 15) and financial support (SECTIONS 1, 15).

O13: The center's concerns are improvement in the physical condition such as more rooms for children, victims and staff, more work grounds (SECTIONS 1, 5, 17), financial support (SECTIONS 1, 15), trainings for the staff (SECTION 15) and networking (SECTION 16).

In summary, all of the centers are aware of gaps related to governance, they all noted that their services must match the need of the service users and that the staff must be skilled and trained sufficiently to meet the demands, needs and rights of victims. The focus has been heavily on items relevant to SECTION 15 (governance and accountability) as well as SECTION 1 that addressed budgets and staff. Secondly, almost all of the entities (except O3 and O9) shared their willingness and need for more collaborating and networking which is relevant to SECTION 16. Thirdly, many of the entities noted that their institutions need some physical

improvements in terms of room for staff, more housing for service users, and more activity areas both for women and children, and activities for children. Except O1, O3 and O5, all stated that they need more financial support to build a better atmosphere both for the staff and the service users. Rightfully, the centers are concerned about the economic and physical problems with their centers and structures and recognize the impact this has on their ability to provide quality service provision.

The table below provides a synopsis of the sections/areas of concern, under which the issues mentioned by the entities, can be allocated. The areas most often referred to included (from most frequently mentioned to least frequently mentioned): governance and accountability, coordinated response, general questions (including budget/staff), specialized services, privacy and individuality, support for children, training of and cooperation with law enforcement, fair access and free-of-charge services, participation and consultation, data collection and research and lastly, safety and security.

Table 2: Needs of the service providers per area of concern

Questionnaire sections	Area of concern	O1	O2	O3	O4	O5	O6	O7	O8	O9	O10	O11	O12	O13	O14	Total
Section 1	General questions (including budget/staff)						X		X	X	X	X	X	X		7
Section 2	Gender-based approach to violence against women															0
Section 3	Specialized services					X	X		X	X	X	X	X			7
Section 4	Independence of services															0
Section 5	Support for children			X			X					X	X	X		5
Section 6	Safety and security									X						1
Section 7	Training of and cooperation with law enforcement			X	X				X				X			4
Section 8	Confidentiality															0
Section 9	Diversity and non-discrimination															0
Section 10	Fair access and free	X					X						X			3

	of charge															
Section 11	Advocacy and support					X										1
Section 12	Empowerment and autonomy			X		X										2
Section 13	Participation and consultation			X		X						X				3
Section 14	Holding perpetrators accountable															0
Section 15	Governance and accountability	X	X	X	X	X	X		X	X	X	X	X	X		12
Section 16	Coordinated response	X	X		X	X	X		X		X	X	X	X		10
Section 17	Privacy and individuality	X					X			X	X	X	X	X		7
Section 18	Data collection and research				X						X					2

## RECOMMENDATIONS

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### *Recommendations for the government of Moldova*

- Determine the state government and local government level entities responsible for funding of support services for women victims of IPV/DV and their children.
- Commit to make available the funding necessary for support services for women victims of IPV/DV and their children, run by public institutions and women's non-profit organisations (NGOs).
- Utilise existing funding models from the European Union Member States to structure funding for support services for women victims of IPV/DV and their children.
- Consider specialization of support services for women victims of IPV/DV and their children, in order to overcome challenges faced by the existing centers, when providing support services to multiple groups of beneficiaries.
- Consider establishment of specialized units on violence against women, including IPV/DV within relevant state agencies.
- Develop common standards of specialized service provision for women victims of violence and their children, in cooperation with service providers, taking into account the human rights and the needs of beneficiaries. This should include admission, risk assessment, safety planning, length of stay, and all other relevant areas (gender-based approach to violence against women, safety and security, confidentiality, coordinated response, diversity and non-discrimination, and others).
- Support, including financially, the network coalition building process to enable the support services for women victims of IPV/DV and their children to function effectively as a referral network, taking into account the existing National Referral System operated by the Ministry of Labour, Social Protection and Family.
- Support multi-agency work and cooperation between government agencies and women's NGOs, including trainings, to strengthen capacities of all relevant stakeholders playing a role in supporting women victims of IPV/DV and their children.
- In order to enable the fulfilment of the principle of 'fair access and free of charge', consider international human rights documents (ex. 1. Council of Europe Convention on preventing and combating violence against women; 2. Council of Europe Taskforce to Combat Violence against Women, including Domestic Violence Recommendations; 3. General Recommendation 19 by the Committee on the Elimination of Discrimination against Women) and the within

enshrined obligations and recommendations regarding availability of specialized support services for women victims of violence.

- Consider piloting/development of other models of services<sup>63</sup> to address the needs of victims of IPV/DV, such as intervention centers for victims of IPV/DV, developing social housing, and supporting economic empowerment of victims.

### *Recommendations for national coalition to support building capacity of service providers*

- Prioritize improvements in the following areas: Improving financial sustainability, improving working conditions for staff, provision of specialized services, support for the children of women victims of IPV/DV, training and cooperation with law enforcement, governance and accountability, coordinated response, and privacy and individuality.
- Develop a short-term and long-term strategy (in collaboration with support service providers) in the form of a capacity building plan that includes goals, activities (including specific examples), sources of guidance, time-frames, indicators to measure achievement of goals, as well as institutions to be involved to help realize the activities. **Consider the specific area recommendations (below) for service providers and take them into account in the capacity building plan to avoid redundancy.** The capacity building plan may include the following:
  - Determine the main target group of beneficiaries for support services, including gender priority.
  - Determine core and minimum level and type of specialized service provision to be provided for the main target group of beneficiaries in-house and upon referral, as well as with involvement of external experts/consultants.
  - Develop, where necessary, templates for protocols of cooperation with relevant referral agencies/authorities to be utilised by support services.
  - Develop or build upon existing training modules for law enforcement and initiate institutionalized training for law enforcement in cooperation with women's service providers/NGOs.
  - Determine activities outside of core service provision to be of value to the service providers (ex. networking, attendance at international/regional conferences, awareness-raising activities/campaigns, education in schools, study visits).

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<sup>63</sup> Haller, Birgitt. (December 2013). Needs Assessment. [Special Service Agreement No. 2013-MOL68-BH]



- Plan and conduct study visits to learn best practices (ex. to Austria) for representatives of support services in Moldova to visit specialized support structures and learn about support options and methods available for women victims of IPV/DV and their children, including realization of principles of specialized service provision (ex. diversity and non-discrimination, independence, among others) in practice.
  - Develop informational tools for women victims of IPV/DV and their children such as a website with information about gender-based violence, available support service options, and information about rights under domestic violence legislation, and informational brochures for police officers to provide to women victims of IPV/DV during interventions.
  - Support development of network-wide harmonization of data collection and research by support services that includes protocols and methods of data collection (ex. counting methods, data storage, data publishing, collation and reporting).
  - Consider utilizing existing literature, including publications made available through WAVE<sup>64</sup> on training of professionals, running a women's shelter, multi-agency cooperation, risk assessment, data collection and role of the healthcare system in responding to gender-based violence.
  - Develop sustainability methods and determine other sources of funding, outside of government funding.
  - Consider establishment of a network-level sustainability fund along with procedural and transparency regulations.
  - Support service providers in organizing relevant trainings and knowledge exchange meetings/seminars.
- Develop a lobbying and advocacy plan (in collaboration with support service providers) for sustainability of support services. **Consider the specific area recommendations (below) for service providers and take them into account in the lobbying and advocacy plan to avoid redundancy.** The lobbying and advocacy plan may include the following:
- Consider most effective lobbying and advocacy methods such as organization of events, conference, usage of social media, and/or other activities.
  - Lobbying for the signing and ratification of the Council of Europe Convention on preventing and combating violence against women and domestic violence. Consider utilizing existing campaign strategies/materials developed within the Coordinated Efforts<sup>65</sup> project.

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<sup>64</sup> [www.wave-network.org/content/wave-publications](http://www.wave-network.org/content/wave-publications)

<sup>65</sup> [www.potpisujem.org](http://www.potpisujem.org)

- Lobbying for sustainable state government and local level funding by studying examples of funding strategies from European Union Member States and good practice examples.
- Develop a costing exercise to determine annual budgets needed by support services for women victims of IPV/DV to present to state government and local government officials for funding. The costing exercise should, among others, involve a tabulated salary scheme for professionals working in service organizations based on educational level and years of experience.
- Lobby for the establishment of specialized units within most frequently cooperated with agencies.
- Lobbying for the establishment of new specialized support services for victim support, transitional housing and economic empowerment options for victims of violence.
- Consider utilizing existing monitoring research related to Moldova's implementation of domestic violence legislation in lobbying activities.

### *Specific area recommendations for service providers*

Some of the below provided recommendations are related to recommendations issued above for the national coalition to support building capacity of service providers, and therefore the recommendations issued for the national coalition should also be taken into account by the service providers. **Hence any related activities should be harmonized and built-upon from those carried out by the national coalition, in order to avoid redundancy.**

#### Gender based approach to violence against women

- Reflect upon the role of men as employees and/or volunteers in support services.
- Organize trainings with external experts on gender-based violence and international human rights documents related to gender-based violence/violence against women.

#### Specialized service provision

- Organize trainings on implementation of the Law on Protection from Domestic Violence in the Republic of Moldova.
- Focus on strengthening available services most often utilized by women victims of IPV/DV and their children, and determine services to develop in the future.

- Organize knowledge exchange and sharing of best practices with other centers in Moldova on the topic of supporting women victims of IPV/DV and their children.

#### Independence of services

- Determine obstacles currently present at the centers that prohibit independent advocacy for the rights and needs of the beneficiaries and elaborate means to overcome the obstacles.

#### Support for children

- Organize knowledge exchange and sharing of best practices with other centers in Moldova on the topic of supporting children of victims of IPV/DV.
- Focus on strengthening available services in the centers most often utilized by children of women victims of IPV/DV, and determine services to develop in the future.

#### Safety and security

- Organize knowledge exchange and sharing of best practices with other centers in Moldova on the topic of cooperation with law enforcement for purposes of establishing safety and security, as well as safety planning and risk assessment.

#### Training of and cooperation with law enforcement

- Organize and contribute to training initiatives for law enforcement.
- Develop cooperation protocols with law enforcement based on Law 45 that include aspects such as police informing victims of available services, confidentiality, submitting reports about carried out interventions.

#### Confidentiality

- Organize trainings on relevant and applicable regulations related to data transfer and confidentiality in Moldova.
- Ensure notification of all beneficiaries of their rights and obligations related to confidentiality.

#### Diversity and non-discrimination

- Consider and revisit current procedures and practices in place related to admission/acceptance of beneficiaries to ensure that any requirements such as documentation or limits placed on admission/acceptance are not discriminatory.
- Determine any obstacles present to ensuring diversity and non-discrimination and elaborate on means to overcome them.

#### Advocacy and support

- Determine the type of services that are needed by the main target group and that are currently missing or limited, and options for providing them in-house or upon referral.
- Develop cooperation protocols with various agencies, especially with housing and employment services.

#### Empowerment and autonomy

- Elaborate on and establish rights and obligation of center beneficiaries.

#### Participation and consultation

- Determine the role of women beneficiaries at the center (ex. take over certain tasks at the center, serve as mentors to new beneficiaries, other).
- Determine most effective and beneficiary favourable methods of providing feedback, taking part in evaluation of services provided.

#### Holding perpetrators accountable

- Increase awareness among professionals working the centers and the beneficiaries, who are victims of violence, about perpetrator accountability in all forms of violence against women, including IPV/DV.

#### Governance and accountability

- Determine the desired and/or necessary structural improvements that are needed within the center (ex. improved safety and security, improved physical working space, improved privacy for accommodated beneficiaries, additional facilities, other). The results can be implemented into a network costing exercise.
- Determine the type and number of professionals needed at the center in order to effectively provide services to current and future beneficiaries, as well as the role and duties of volunteers (including the number of volunteers needed). The results can be implemented into a network costing exercise.
- Develop annual operational and activity plans (including related to core service provision and other activities of the center and its staff) and the associated annual budgets. The results can be implemented into a network costing exercise. The annual operational and activity plan may include the following:
  - Organize trainings for staff on gender-based violence (including dynamics of IPV/DV) and practical aspects of work with women victims of IPV/DV and their children, as well as trainings related to specific professionals and/or areas of work.
  - Organize management level trainings on topic of risk management, fundraising, supervision/monitoring.

- Organize and carry out team building events (ex. two days per year) that include time for discussion of improvements and future planning. This should include determining obstacles present due to organizational management structure in place and finding ways to overcome the obstacles.
  - Organize and carry out ‘knowledge exchange’ workshops/seminars with other centers in Moldova.
- Develop human resource protocols that relate to staff management, staff training, ethics, staff evaluation, compensation, automatic compensation increase, performance indicators, and two-way staff evaluations, among others.
  - Develop protocols of cooperation with educational institutions for referrals of professionals and/or volunteers.
  - Develop ideas for incentives for staff retention.
  - Organize knowledge exchange and sharing of best practices with other centers in Moldova on development and maintenance of continuity/sustainability funds.

#### Coordinated response

- Determine gaps and obstacles to cooperation and elaborate means to overcome obstacles.
- Consider the organization of any trainings with external experts on topics of gender-based violence and international human rights documents related to gender-based violence/violence against women, as well as any other trainings related to practical support to victims of IPV/DV, to be done in collaboration with other relevant state agencies/organizations.

#### Privacy and individuality

- Ensure respect for privacy and individuality to the extent possible of all beneficiaries, including women victims of IPV/DV and their children accommodated in shelters.

#### Data collection and research

- Collect data on the number of women victims of IPV/DV and their children, who could not be supported at the centers, especially for accommodation, due to lack of space and/or resources.



