

# Joint Action to Strengthen Human Rights in the Transnistrian Region of the Republic of Moldova

## 1. Situation Analysis

### 1.1. General context

Transnistria is a territory located between Ukraine and Moldova. *De jure* a part of Moldova, it has had *de facto* independence since the early 1990s. In 1990, the region announced its intention to succeed from Moldova to become the Pridnestrovian Moldavian Republic (PMR). Between 1990 and 1992 at least 700 people were killed in fighting between Transnistrian separatists and Moldova. In a 2006 referendum that was not recognized by the international community, 97 percent of the people in the region voted for independence and expressed support for a plan to eventually joining Russia.<sup>1</sup> The population is approximately half a million, with 32% being Moldovan, 29% Ukrainian, 30% Russian, and 9% other ethnic minorities.<sup>2</sup>

As a result of its disputed status, the Transnistrian region of the Republic of Moldova has been excluded from major human rights developments occurring within the international human rights system during the past two decades. None of the UN Treaty Bodies have received sufficient information on human rights in the Transnistrian region to include recommendations on Transnistria, as part of their roles as the arbiters and interpreters of international human rights law.

During the mission of United Nations High Commissioner for Human Rights, Navi Pillay, to the Republic of Moldova in November 2011, a broad range of parties, including the Government of the Republic of Moldova, the *de facto* authorities from the Transnistrian region, as well as civil society representatives emphasized the need for further particular attention to the human rights situation in the region. The UN High Commissioner stressed the overarching goal of promoting human rights for all; hence the necessity to have access to and work with all those who are in effective control of a territory in order to reach out to people in need.

A major breakthrough was achieved in October 2013 when the UN was able to facilitate participation of NGOs from the Transnistrian region in the shadow reporting in Geneva on CEDAW, and for the first time in a UN Treaty Body recommendation, to ensure recommendations mainstreamed Transnistria throughout.

The High Commissioner's visit in late 2011 provided the opening for in-depth follow-up, including acceptance by a broad range of parties – the Government, *de facto* authorities and civil society on both banks, on the need to increase the information available about human rights in the region. That was reiterated when new *de facto* leaders entered power in December 2011. In March 2012, Thomas Hammarberg (then recently-retired Council of Europe Commissioner for Human Rights) was hired by the UN Resident Coordinator Office as Senior UN expert. In February 2013, he

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<sup>1</sup> <http://jurist.org/paperchase/2013/02/un-releases-first-human-rights-report-on-transnistria.php>

<sup>2</sup> <http://www.olvia.idknet.com/ol37-09-05.htm>

produced a report with 38 recommendations, based on four missions to the Transnistrian region. A principal finding of the Hammarberg Report lay in the fact that 20 years of isolation had left significant weaknesses in knowledge of human rights among Transnistrian actors.

The first recommendation of the Report was that the Transnistrians should develop their own human rights action plan, using the process to continue engaging people after Hammarberg's missions. The de facto authorities undertook this as an internal exercise across departments, which resulted in a plan requiring investments. Step by step, however, greater understanding is being built on what the human-rights based approach entails. Requests for support are increasingly about accessing knowledge and experiences.

Areas where the de facto authorities expressed openness are related to people with disabilities, HIV/AIDS and gender. This proposal reflects on the HIV/AIDS response tackled by UNAIDS, UNDP, WHO and UNODC that also contributes to trust building and has potential both to expand networks across the River Nistru, and provide openings to work on other issues such as minorities and discrimination.

## **1.2. UN work in the Transnistrian region**

From 2007 UN has implemented various programmes in the Transnistrian region, including the Drought Response - a major humanitarian intervention; projects addressing community needs, including the region in nation-wide interventions related to domestic violence and human trafficking etc. From 2013, the EU-UNDP Support to Confidence Building Programme included also cooperation with WHO and UNICEF in the field of perinatal care and immunizations, as well as UN Women to address gender mainstreaming issues.

There has been a cooperation agreement between the Tiraspol AIDS Center as the subnational institution coordinating the HIV response in the region, and UNAIDS, initiated in 2011 and building upon positive prior cooperation. In the framework of this agreement, a survey in general population and Integrated Bio-Behavioural Survey in people who inject drugs have been implemented, the foundations for the subnational M&E system have been laid and capacity building for stakeholders has been undertaken.

The United Nations – Republic of Moldova Partnership Framework 2013-2017 (UNPF) “Towards Unity in Action” expresses the collective determination of the Government of the Republic of Moldova and the UN to work together to enable Moldova to address major national development challenges and meet its international human rights commitments. Responding to a request from Government, it advances UN reform through greater unity in UN action.<sup>3</sup> Outcome 1.3 of the UNPF supports effective promotion and protection of human rights, gender equality and non-discrimination with particular focus on marginalized and vulnerable groups. The UNPF Action Plan commits to follow up the recommendations of the Hammarberg report.

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<sup>3</sup> UN Team in Moldova consists of: FAO, IFAD, ILO, IOM, OHCHR, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UN Women, WHO and UNESCO; World Bank and IMF; and regionally-based agencies IAEA, ITC, UNCITRAL, UNCTAD, UNECE, UNEP, UNIDO and UNODC.

### 1.3. Specific human rights issues - Right to health - HIV/AIDS

Of all regions of the Republic of Moldova, Transnistrian region (TR) is facing a number of most pressing health care issues. In particular, it has the worst epidemiologic profile in terms of HIV and TB in the Republic of Moldova, as corroborated by latest National AIDS Program data (2013): HIV incidence was 46.91 per 100 thousand people in TN vs. 13.68 in the rest of the country, while HIV prevalence was 463.25 in TN vs. 129.89 per 100 thousand elsewhere. TN counts for about one-third of the total number of HIV cases and HIV related deaths reported to date by the RM, and for almost half of all AIDS cases, being indicative of late diagnosis and delayed access to care. Throughout Moldova and within the Transnistria region, the most affected by the epidemic are particular key populations, as people who inject drugs, sex workers (SW), men having sex with men (MSM), as well as migrant workers and their partners/families. Thus, evidence indicates high HIV risks among people who inject drugs: consistently high HIV prevalence rates registered in the framework of the integrated bio-behavioural study (IBBS) (23,9% in 2012 and 12.1% in 2009 in Tiraspol). In Ribnita, where an IBBS was first conducted in 2012, the HIV prevalence among IDUs constituted 43,7%.

This high HIV prevalence is even more conclusive whilst comparing them to HIV prevalence rate in general population in Moldova – below 1%. Evidence to substantiate higher HIV risks among sex workers and Men doing Sex with Men (MSM) are not available in that region as epidemiological surveillance is not conducted, their very existence and behaviours are not recognized due to high stigma and discrimination, and criminalization of sex work. If using as a proxy, the HIV prevalence rates on the right bank, than we could estimate at least 5 % of HIV prevalence among SW and MSM in TN.

Furthermore, there has been a poor dialogue : (i) across the two banks of the river except some limited-scale exchange of data and shared Global Fund financed activities; (ii) across health services within TN (poor links and referrals between HIV, TB and drug addiction services); and (iii) between civilian and prison sectors. Within the latter, many life-saving interventions are either lacking entirely or are of a limited scale, while in other outdated practices are prevailing. International human rights standards underpinning work in the area of HIV and TB, especially related to the key populations, need to be studied, understood and applied in the TN.

During her November 2011 mission to the Republic of Moldova, United Nations High Commissioner for Human Rights Navi Pillay visited the Transnistrian region and stressed the importance of having no gaps in the international law system of human rights protection. Following up her mission and its conclusions, the UN engaged Thomas Hammarberg to act as Senior Expert on Human Rights in the Transnistrian Region of the Republic of Moldova. Following one year of intensive research, Senior Expert Hammarberg produced a comprehensive report on his findings, which was released in February 2013. As concerns TB and HIV prevention, treatment, care and support service area, Senior Expert Hammarberg warned on major breakdowns and infringement of the right to highest attainable standard of health and other rights to basic healthcare, particularly bringing at forefront lack of HIV/TB/drug addiction prevention, treatment, and care and support services in community and in prisons.

Most recently, on May 20th, 2014 Michel Kazatchkine, UN Special Envoy on HIV in EECA and Jean-Elie Malkin, UNAIDS Regional Director, visited the Transnistrian region. During the visit, the openness for collaboration has been reiterated, and most important the willingness to scale up existent services for those most at risk, including to populations not covered so far, as SWs and MSMs; to adhere to international standards; to adopt innovative approaches and as a result, to start reversing the epidemic.

## 2. Justification

High HIV and TB morbidity and mortality rates place these infections at epidemic stage in Moldova, its Eastern region (Transnistria) being several times more affected. The situation in the Transnistrian region in that area has punitive legislation in place criminalizing drug use and sex work; allowing for state-level discrimination etc. Capacities are also underdeveloped, including decision makers' capacities to address the problems in a multisectorial and integrated approach (weak dialogue within sectors, among sectors); poor health staff competencies and specialised knowledge due to lack of access to international standards and good practices. The services are mostly based on outdated standards and normative frameworks, they are fragmented and do not meet the basic need of the patients. Additionally, HIV and TB are mostly affecting the most vulnerable groups of populations, which are highly stigmatized and not recognised and addressed by public policies, limiting their access to services. Prisons are lagging behind in basic healthcare provision and public health approaches; even basic life-saving interventions are missing.

The project proposes to address these issues from several perspectives:

- improve the *dialogue and collaboration* of responsible authorities from different sectors (health, social, prison and civil sector) on both banks to promote and adopt integrated service approach in the region;
- improve *knowledge of decision-makers* and health professional to use human rights principles and commitments and international standards to eliminate existing normative barriers impeding access to services for key populations and the general population, thereby fighting stigma and discrimination towards HIV most affected and vulnerable populations; and
- build *knowledge and competencies* of health, prison, civil society personnel on integrated HIV/TB/drug addiction through trainings, site visits and through providing access to international standards and best practices.

UN collectively is best positioned to tackling a number of health related issues in a region direly lacking investments in human resources, health infrastructure, as well as evidence-based practices and knowledge. Besides the specific agency mandates guiding the work in technical areas, UN has started to scale up its activities in the Transnistrian region over the last couple of years, building good relationships with those responsible on health regionally and with various local stakeholders locally, both in civil and prison settings. It has the experience of organizing joint activities in TN in this field (needs assessment for the comprehensive subnational HIV M&E system; capacity building for representatives of various sectors on strategic planning for the HIV response; first regional workshop on integrated care for HIV/TB/IDU with civilian and prison sectors in September 2011;

Joint Assessment of National HIV Strategy (NSA) in June 2011, development of the HIV application to Global Fund in 2014 etc.)

It is worth mentioning that the project will impact the quality of service provision, especially as it is focused on capacity building, but also will contribute to the extension of the services for most at risk populations. Provision of life-saving services - harm reduction services for most at risk populations (injecting drug users, sex workers, men doing sex with men (syringe and needle exchange services, condom distribution, information, education, communication, VCT, rapid test provision), as well as provision of ARV/treatment for Republic of Moldova, including Transnistria region, is covered through Global Fund grants. Being in country from 2003, Global Fund assisted Moldova to run the harm reduction projects as prevention measures, to create and consolidate laboratory capacities, to put the first patient on ARV treatment and to rapidly scale up access to it, ensuring all those who address the medical service get the treatment, to ensure treatment follow up and adherence to treatment, care and protection etc.

The latest country application has been developed at the beginning of 2014 to cover the period of 2015-2017 based on new funding model. The proposal sent to the Global Fund was designed to ensure continuity of life-saving interventions and the transition towards Government taking over.

The current project activities are proposed to complement Global Fund (GF) financial resources and to add value to existent provided services on one hand, while GF resources are expected to cover any additional life-savings need if there is a boost of services requirement.

### 3. Scope and Strategy

This particular project will focus on providing support to ensure universal equitable access to quality, integrated and rights-based HIV prevention, treatment and care services for most at risk populations in the civilian and prison sectors of the Transnistrian region.

**Specific objectives** are streamlined around:

1. *Promote best international practices and standards on HIV integrated care in the region*
2. *Advocate for pharmacotherapy with methadone as the policy to address drug addiction in the region*
3. *Raise public awareness to combat stigma and discrimination of most affected populations to HIV*

1. **Promote best international practices and standards on HIV integrated care in the region /** Contribute to the overall effort of the TN de facto authorities in providing **integrated** prevention, treatment and care of HIV/TB in key populations/most at risk populations, including people who inject drugs (PWID), sex workers (SW), Men having sex with Men (MSM), migrant workers and their partners/families;

The main approach to achieve the first objective is **to jointly expose health authorities and health professionals from prisons and civil society** on both banks of the Nistru River to best practices, including the existing regional UNAIDS, WHO and UNODC knowledge hubs. It is worth mentioning that civil society representatives will be included and involved in the proposed activities, to ensure they manage to effectively collaborate with public and governmental authorities; to strengthen

their capacities to advocate for equitable and rights based services; and in their role of service providers to offer qualitative and effective services. The Moldovan knowledge, experience and skills will be also used whenever possible to ensure the objective is achieved and to strengthen the confidence among both banks of the river. Practically, making the experience available to the Transnistrian region will be built through international experts, site –visits and trainings on addressing in an integrated way the most vulnerable populations at HIV; harm reduction and its components: needle exchange programme, testing and counselling, Opioid Substitution Treatment (OST), TB, Antiretroviral therapy (ARV) etc.

During various meetings with TN health and justice institutions for the last half of the year (including the one with Michel Kazatchkine, UN Special Envoy on HIV and Jean-Elie Malkin, UNAIDS Regional Director), TN side expressed openness and commitment to move things on integrated care in HIV, TB and addiction. Thus, HIV is reiterated to be the field, the *de-facto* authorities are interested in maintaining and consolidating the collaboration. This opportunity is to be harnessed and the capacities of those with influence to change the existent status-quo will be improved.

## **2. Advocate for pharmacotherapy with methadone as the policy to address drug addiction in the region**

Pharmacotherapy with methadone to address health, social and juridical needs of the drug users is one of the most effective international practice and standard recommended jointly by UNAIDS, WHO and UNODC. Drug use disorders are associated with an increased risk of other diseases such as HIV/AIDS, hepatitis, tuberculosis, suicide, overdose deaths and cardiovascular diseases. Drug dependence treatment should become a part of the mainstream health care and social welfare system, without discrimination with respect to other chronic general and mental health disorders. Moldova owns one of the best regional practices on providing opioid substitution therapy in civil sector and a world best practice in prison sector in the field<sup>4</sup>. Still, there is a lot of reluctance in Moldova to extend the service and even more reluctance in Transnistria region to initiate this intervention. TN region's unwillingness is mainly fuelled by looking at East, where the drug use is approached in an aggressive, punitive way and where drug use is highly criminalised. The latest meeting with of health de facto authorities with J-E Malkin, UNAIDS regional Director and M. Kazatchkine, UN Special Envoy on HIV/AIDS in EEACA region on May, 20<sup>th</sup>, 2014 opened the door for methadone substitution therapy and the interest and engagement to start the dialogue on the subject was encouraged<sup>5</sup>.

Practically, it is proposed to advocate for the pharmacotherapy with methadone for Transnistrian region by creating a twining platform with Belarus. The platform is supposed also to enrich each part – Moldova and Belarus practices and knowledge in the field, to get maximum benefit from each part's experience. Belarus has been chosen as most appropriate country taking into account its good practice in the field and due to its reinforced message on improving, extending and sharing

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<sup>4</sup> [http://www.huffingtonpost.com/michel-d-kazatchkine/is-moldova-leading-the-way-to-better-drug-treatment-in-eastern-europe-and-central-asia\\_b\\_4731043.html?utm\\_hp\\_ref=tw](http://www.huffingtonpost.com/michel-d-kazatchkine/is-moldova-leading-the-way-to-better-drug-treatment-in-eastern-europe-and-central-asia_b_4731043.html?utm_hp_ref=tw)

<sup>5</sup> Report of mission to Tiraspol, Moldova May 20, 2014, UN Secretary-General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia

experience with other countries<sup>6</sup>. Most important justification is related to the credibility Transnistria is giving to Belarus, as being part of the common zone with Russian Federation (which is totally against) and thus providing additional argument for Tiraspol to be open and to accept the intervention.

### **3. Raise public awareness to combat stigma and discrimination of most affected populations to HIV**

The interventions under the first two objectives are supposed to address indirectly high stigma and discrimination of those most affected to HIV, including the ones already living with the disease. A separate objective is still being set to address the issue, including among health workers, who are highly stigmatising most at risk populations to HIV and thus decreasing access to basic health, education, social and other services. The report of mission to Tiraspol confirms it: “While de facto legislation prohibits stigma and discrimination, in practice it is high even in health settings due to lack of knowledge. For example, HIV-positive women in childbirth are segregated in special rooms with equipment marked with ‘HIV’ in health settings due to an outdated and non-repealed de facto regulation by MoH. This stigma and discrimination prevents people from going to formal health settings and highlights the importance of confidential services through NGOs”<sup>7</sup>.

Public awareness events for both banks of the river around specialised international days, media events, information materials and trainings for health workers are among the interventions programmed to achieve the objective.

#### **Proposed Approach**

The action will be implemented through the recently established UN Multi-Donor Trust Fund under the guidance of the UNRC, Human Rights Advisor to the UN Country team and leveraging the expertise of UNAIDS as leading agency and its co-sponsors within the UN Country Team. The proposal has been developed based on thorough and detailed needs assessment carried out through field visits in the region, as well as discussion with key stakeholders and region’s de-facto authorities. The proposed interventions are technical in nature and independent of any political considerations, being consistent with the core mandates of UNDP, UNAIDS, WHO, UNODC, and independent of considerations of the legal status of the territory. The given HIV/AIDS proposal follows a number of approaches, as described below.

Given the scope of the health care issues in place in TR, tackling the above problems would require a complex and cross-sector approach.

Building on the experience available on the right bank, UN Agencies in cooperation with Transnistrian de-facto authorities and specialized CSOs will support strengthening the integrated

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<sup>6</sup> [http://www.belta.by/ru/all\\_news/society/Opyt-Belarusi-po-primeneniju-zamestitelnoj-terapii-budet-polezen-drugim-stranam---Klark\\_i\\_671007.html](http://www.belta.by/ru/all_news/society/Opyt-Belarusi-po-primeneniju-zamestitelnoj-terapii-budet-polezen-drugim-stranam---Klark_i_671007.html)

<sup>7</sup> Report of mission to Tiraspol, Moldova May 20, 2014, UN Secretary-General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia

health care approach to HIV / TB / drug dependence services provided to key populations. It will be based on best regional and international available practices, and as per the internationally-accepted recommendations and evidence.

The **Rights Based Approach** is employed throughout the project. Guided by the United Nations General Assembly Resolution 48/141, which is about protection of all human rights for all, the project will work with the *de facto* authorities (duty bearers) in the Transnistrian region to reach out to people in need. The action will emphasize the responsibility of the duty bearers to respect, protect and fulfil human rights and cooperate with international human rights mechanisms. Due consideration will be paid to ensuring that rights-holders are capacitated to know and claim their rights.

**Stigma and discrimination**, as one of the main barrier to fulfil the rights and to access the services by those most in need, is a pillar to be approached through the entire proposal. It is also emphasised in a separate objective: a) to ensure it is addressed programmatically and in a measurable way and b) that it contributes to change attitudes and practices towards tolerant and equitable ones.

**Civil society representatives from TN will be actively involved** in the project implementation to strengthen collaboration with their partners from the public sector and to increase their capacities and competencies to advocate, as well as to provide qualitative and equitable services.

Whenever applicable, national counterparts from the right side of the river shall be involved, as a **confidence building measure** for the ongoing CBM activities in other areas, aiming at settling the Transnistrian dispute. Joint working visits to selected sites shall improve the dialogue between the civilian and prison sectors of Transnistria, on the one hand, and the counterpart services from the right side of the river.

UN will learn from the experience of other ongoing health projects in TN to guarantee smooth implementation, and best fit with the reforms and activities under way. All activities shall be coordinated with the national counterparts from the right side of the river.

## 4. Key Activities

UN will focus on implementing the proposed agenda by undertaking the following activities under each of the objectives:

### 1. Promote best international practices and standards available in the area of HIV integrated care in the Transnistrian region

*1.1 Organize a working visit to Switzerland for a mixed delegation, including both banks high-level representatives from the prison and NGO sectors (about 10 participants). It is aimed to access best practices on prison health.*

Switzerland is the country which succeeded to decrease HIV and viral hepatitis incidence and prevalence dramatically after implementing the comprehensive package of harm reduction services for prisoners. The expertise of UNODC will be used to coordinate, link and manage this intervention. UNODC is the convening agency for addressing HIV prevention, treatment, care and support among People who use drugs and People living and working in prison settings ensuring evidence based drug treatment standards.

The intervention is aimed to contribute to create synergies among both banks of the river, to encourage Moldovan partners to extend and to improve the quality of the services. As for Transnistrian part it is expected to expose it to those practices and to convince them to start implementing HIV prevention, treatment and care services for the inmates.

***1.2 Organize a joint working visit to a TB treatment site to Estonia, Tallinn for a mixed delegation of high-level representatives from the prison and NGO sectors of Moldova, including TN region (about 10 participants);***

Estonia owns best practices related to TB control. The practices are especially valuable in relation to their integrated approach providing to the final beneficiary the entire spectrum of services: TB, HIV prevention and treatment, as well as addressing the drug addiction when present.

***1.3 Organize a joint working visit to the WHO Knowledge Hub for Harm Reduction (Vilnius, Lithuania);***

It is expected to gather high-level representatives from the prison and NGO sectors, from both banks of the river (about 10 participants). The model is to be studied especially from the perspective 1) of new harm reduction interventions programmed to be implemented on both banks of Nistru River since 2015 from Global Fund resources – pharmacies, mobile units; as well as 2) from the perspective of ensuring the interventions' sustainability – which is an important aspect to be solved by both parts.

***1.4 Support to align the existent policies to best practices and standards.***

To make use of the given expertise and practices, partners will be sustained to review and align the existent policies and standards to the international recommended ones, especially addressing prison health, harm reduction and TB/HIV integrated care. Human Rights Advisor to the UN Country team expertise is to be leveraged and used to ensure the documents reflect requested adjustments.

***1.5 Organise a 2 days' workshop to present, discuss and ensure consensus on the aligned standards and practices.***

The event will gather specialists from prison, TB, HIV and drug services, as well as civil society representatives, UN partners around the table to ensure dialogue, cooperation and preliminary approval of the documents by all partners.

***1.6 Organize a set of 3 trainings 1) on human rights based approach in tackling HIV/TB and working with IDUs and other key populations 2) on the modern management of HIV infection 3) in modern management of TB for 20 health specialists from both banks of the river involved in each training.***

**The value and efficiency of the field visits to study best experiences and trainings are undeniable, especially if thinking of the benefits they will bring:**

- 1) Exposing specialists to best practices on integrated HIV and TB care available in the region;

- 2) Increasing confidence among the specialists from both banks of the river
- 3) As an important output of the visit, align the policies to best international practices
- 4) Improve capacities of the specialists which will definitely contribute to increased quality of service provision
- 5) Improve cooperation between representatives of prison institutions and specialized NGOs
- 6) Indirectly, ensuring the stigma and discrimination of health specialists is reduced, especially through the visits and also knowledge that is gained

## **2. Advocate for pharmacotherapy with methadone as the policy to address drug addiction in the region**

The second objective is mainly thought as creating a **twinning platform** between Moldova and Belarus to make use of the existent experiences in the countries, as well as the willingness of the countries to extend and improve their existent programmes both in civil and prison sectors. The platform will be used as an advocacy element for the Transnistria, where the intervention is missing. It will definitely contribute to create partnerships, increase confidence and fight stigma and discrimination towards injecting drug users highly stigmatised on both banks of the river.

The following activities are proposed to be organised:

**2.1 Organise a joint working visit to Belarus, Minsk for the OST (opioid substitution treatment) of prison and civil staff, including high level health authorities from both banks of the river (about 10 participants);** As described above the visit has to increase capacities and change experience for participants from Moldova and Belarus and advocate the intervention for the specialists from Transnistria.

**2.2 Organise an advocacy two-day' workshop on OST substitution with the participation of Belarus expert to promote the OST intervention as a treatment of addiction tool for injecting drug users.** The workshop is thought to finalise with a road map to describe clear future steps on the implementation of the Opioid substitution therapy in Transnistrian region.

**2.3 Organise a series of trainings using TreatNet tool developed by UNODC** for the narcologists from Transnistrian region. UNODC expertise is to be used to ensure the implementation of the activity.

The feasibility of the intervention is strengthened by the latest dialogues with Transnistrian health de facto authorities, as well as the dialogue which started already with Belarus partners on the issue. There is a high interest and openness to support the intervention, especially openness from Transnistrian partners to start preparing the region for the implementation of OST.

## **3. Raise public awareness to combat stigma and discrimination of most affected populations to HIV**

**3.1 Elaboration of information, education, communication materials on HIV and TB prevention for health workers, police/militia, social workers**

**3.2 Organize joint cross-river awareness media events around international and national specialised days/events, as well as disseminate continuous information through mass media and through events organized by public institutions and NGOs (at least 2 joint events).**

## **Project Beneficiaries**

The project aims at, but is not limited only to, local public health authorities from Moldova, including Transnistrian region both at regional and district levels, health care providers rendering specific health care services in general, and HIV / TB / IDU and other key populations care, in particular, relevant decision-makers, civil society, and general population.

a) Direct beneficiaries – main counterparts – health and/or prison *de facto* authorities (both regional and district ones), health services’ managers of different levels and health professionals from HIV / TB / IDU, specialized NGOs and other key populations relevant sectors.

b) Indirect beneficiaries – all people with HIV, TB, IDU, other key populations and their partners/ family members, other community representatives, general population.

## **5. Expected Results**

### **Under objective 1**

- Knowledge and competencies of key stakeholders to provide integrated HIV/TB/drug addiction treatment in civil sector consolidated
- Knowledge and competencies of key stakeholders to provide integrated HIV/TB/drug addiction treatment in prison sector consolidated
- *De facto* authorities review the normative framework and draft amendments to ensure international standards are reflected into HIV prevention, treatment and care provision

### **Under objective 2**

- The twinning platform between Moldova/Transnistria and Belarus created and consolidated;
- Road map on future steps to implement opioid substitutions therapy developed;
- Competences to provide OST service to drug users created;
- The OST service extended in Moldova civil sector;

### **Under objective 3**

- Tolerant attitudes towards most in risk populations and HIV persons developed;

### **The following targets are planned to be achieved:**

- 30 high level decision makers from civil and prison sector, including representatives of civil society representatives from both banks of Nistru River support the implementation of comprehensive package of quality integrated care for HIV / TB and IDUs and other key populations;

- 60 health specialists (epidemiologists, lab staff, narcologists, TB doctors, infectionists, staff from civil society) improved their capacities;
- 20 stakeholders aware about the proposed normative modifications;
- 7 high level decision makers from civil and prison sector, including representatives of civil society representatives from both banks of Nistru River adherent to OST scale up and implementation;
- A road map developed to implement OST in Transnistrian region;
- 15 narcologists capacitated to provide OST to drug users;
- 2 awareness events to fight stigma and discrimination organised on both banks of the Nistru River.

**Timeframe: July 2014 –December 2015**

**Total Budget: 214,985 USD**

## 6. Reporting, Monitoring and Evaluation

The reports will be submitted to donor after clearance by the Project Steering Committee. Annual narrative progress report and the final narrative report, to be provided no later than three months (31 March) after the end of the calendar year.

The Multi-Partner Trust Fund (MPTF) Office will:

- Prepare consolidated narrative and financial progress reports, based on the narrative consolidated report prepared by the lead agency and the financial statements/reports submitted by each of the Participating UN Organizations in accordance with the timetable established in the MoU;
- Provide those consolidated reports to each donor that has contributed to the Joint Programme Account, as well as the Steering Committee, in accordance with the timetable established in the Administrative Arrangement (no later than three months (31 March) after the end of the calendar year, as per the MoU).
- Provide the donors, Steering Committee and Participating Organizations with:
  - Certified annual financial statement (“Source and Use of Funds” as defined by UNDG guidelines) to be provided no later than five months (31 May) after the end of the calendar year;
  - Certified final financial statement (“Source and Use of Funds”) to be provided no later than seven months (31 July) of the year following the financial closing of the Joint Programme.

As the project receives financial support through an MDTF it will be subject to monitoring and evaluation as agreed in the United Nations – Republic of Moldova Partnership Framework 2013-2017 “Towards Unity in Action”, and specifically in Chapter Six of its Action Plan. As such, the

Project will follow UN standards in terms of internal planning, monitoring and reporting procedures, which include quarterly plans and reports, a Performance Monitoring Framework, the latter to be developed in a participatory manner, involving all stakeholders during the initial project implementation stage.

**Monitoring and Evaluation:** Project regular monitoring will be undertaken based on the Monitoring and Evaluation Plan (M&E Plan), which will be approved by the Project Steering Committee. M&E Plan will be adjusted as per requirements of UN, and its key partners, Parliament and the Government. Its main goal will be to ensure continuous feedback on implementation, early identification of potential problems to facilitate timely adjustments to Project operation, and implementation in accordance with the overall strategic plan for the Project. Also, Monitoring, having its emphasis on systematic assessment at the Project level, provides the basis for making decisions and taking actions, and it is indispensable in providing information and data for evaluations. This process will be based on data collection, and it is essential that such data and information is accumulated in an organized and planned manner in accordance with the M&E Plan. As part of the M&E Plan the Project will be subject to an Annual Review within the framework of the UNPF Annual Review process and in accordance with UN Standards and the UNPF Monitoring and Evaluation Plan.

**Audit:** The project will be audited in compliance with UN Agencies (UNDP; UNAIDS; WHO and UNODC) internal policy on audit, in accordance with the Framework for auditing MDTFs which has been agreed to by the Internal Audit Services of Participating UN Organizations and endorsed by the UNDG in September 2007.

## 7. Risk Log

#	Description of risk	Category	Impact & Probability  (1-low-5-high)	Countermeasures / Management response	Date identified	Status

#	Description of risk	Category	Impact & Probability (1-low-5-high)	Countermeasures / Management response	Date identified	Status
1.	Political Instability related to regional developments, including the developments in Ukraine, having Transnistria at the border	Political	I: 4 P: 2	HIV demonstrated to be a neutral subject and there was consistent commitment towards new approaches and initiatives. In case, there is an emergency the programme is to be revised by the organizations which are part of the project: UNDP, UNAIDS, UNODC and WHO.  The programme will take into account the specific political setting that will exist in the region at the moment of implementation.  The implementation of the activities will be planned and approached with caution, including the timing, visibility and presentation issues.		
2.	Activities may be delayed due to the regional context, and perception towards confidence building approach	Operational / Medium	I: 3 P:3	The programme team will ensure that the local administration is informed on an on-going basis about the aims and the activities planned, including inviting them to the events. All activities have to remain non-political. Formalization of the participation of Transnistrian organizations should be kept to a minimum in order to avoid potential problems and remain non-contentious.  Importance of confidence building approach will be explained and since all activities will be planned and implemented in an impartial manner, buy-in from stakeholders on both sides will be sought off.		
3.	Lack of engagement on behalf of TN stakeholders	Operational/ Medium	I: 3 P:2	Prior consultations were in place to guarantee a buy-in on behalf of TN beneficiaries. Continuous engagement with key stakeholders will be ensured, as well as mobilisation of local resources to promote the local ownership of the results of the implemented project.		
4.	Different financial systems in the Transnistrian region	Operational / Medium	I:2 P:2	Financial flows to Transnistrian banks for TN NGOs and social institutions have facilitated delivery of activities. UN will continue to further explore the issue of higher incurred costs for transfers and currency exchanges.		

## 8. Management Arrangements

The Project will be managed as a Joint Programme using the pass-through fund management modality within the “Towards Unity in Action” Multi-Donor Trust Fund in Moldova.

The UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA). Donor’s contributions will be channelled for the programme through the AA. Each participating UN organization receiving funds will sign a standardized Memorandum of Understanding with the AA.

The Administrative Agent will:

- Establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds received from the donor(s) pursuant the Administrative Arrangement. This Joint Programme Account will be administered by the Administrative Agent in accordance with the regulations, rules, directives and procedures applicable to it, including those relating to interest;
- Make disbursements to Participating UN Organizations from the Joint Programme Account based on instructions from the Steering Committee, in line with the budget set forth in the Joint Programme Document.

The MPTF Office will charge administrative agent fee of one per cent (1%) of the total contributions made to the Joint Programme

The Participating UN Organizations will:

- Assume full programmatic and financial responsibility and accountability for the funds disbursed by the AA.
- Establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.
- Each UN organization is entitled to deduct their indirect costs on contributions received according to their own regulation and rules, taking into account the size and complexity of the programme. Each UN organization will deduct 7% as overhead costs of the total allocation received for the agency.

The Direct Implementation Modality (DIM) will be used. According to this modality the Project is implemented using Implementing Partners’ (UN Agencies) operating, procurement, human resources and other procedures that are compliant to the best international standards and contain sufficient safeguards against potential corruption or misuse of funds. The implementation and monitoring of the project activities will be carried out by each agency in accordance with its applicable regulations, rules, directives and procedures.

## 9. Legal Context

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement (SBAA) between the Government of Moldova and UNDP signed on October 2, 1992.

The executing agency(s) agrees to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided hereunder this Project Document do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via [http://www.un.org/sc/committees/1267/aq\\_sanctions\\_list.shtml](http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml). This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

The Donor reserves the right to discontinue future contributions if reporting obligations are not met as set forth in this Arrangement; or if there are substantial deviations from agreed plans and budgets. If it is agreed among the Donor, the Administrative Agent/Fund Manager and the concerned Participating UN Organization under the Arrangement that there is evidence of improper use of funds, the Participating UN Organization will use their best efforts, consistent with their regulations, rules, policies and procedures to recover any funds misused. The Participating UN Organization will, in consultation with the Steering Committee and the Administrative Agent/Fund Manager, credit any funds so recovered to the Joint Project Account or agree with the Steering Committee to use these funds for a purpose mutually agreed upon. Before withholding future contributions or requesting recovery of funds and credit to the Joint Project Account, the Administrative Agent/Fund Manager, the concerned Participating UN Organization and the Donor will consult with a view to promptly resolving the matter.

### Annexes:

**ANNEX 1: Project Budget and General Timeline**

**ANNEX 2: Expected Results – Logical framework (log frame)**