



United Nations
M O L D O V A

Human Rights in the Transnistrian Region of the Republic of Moldova

PROJECT PROPOSAL
UNDP/OHCHR/UNAIDS

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1. SITUATION ANALYSIS AND BACKGROUND

1.1. General context

The breakaway region of Transnistria poses a silent threat to the stability of Moldova. Located in a strip between the Nistru River and the eastern Moldovan border with Ukraine, the region has historically accounted for one third of the country's total industrial production and almost the entire energy production. After violent clashes and a ceasefire agreement in 1992, the official peace process had been comparatively dynamic, including some basic consensus on the broad parameters for negotiations.

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 November 2011 mission to Moldova of United Nations High Commissioner for Human Rights, Navi Pillay, a broad range of parties, including the Moldovan Government, 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. This visit provided the opening for in-depth follow-up, including acceptance on the need to increase the information available about human rights in the region, also showed by the new de facto leadership that 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 produced a report with 38 recommendations, based on four missions to the Transnistrian region. The Hammarberg Report established that 20 years of isolation had left significant weaknesses in knowledge of human rights among actors in the region. Its first recommendation was that the region should develop a 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. Gradually, greater understanding was being built on what the human-rights based approach entails, as requests for support from the region are **increasingly about accessing knowledge and experiences**.

The commitment of the Transnistrian side to work on the implementation of Hammarberg's recommendations was recently confirmed during a series of bilateral meetings with the UN

organisations and with the UN Resident Coordinator, while a press statement indicating the main directions of cooperation was published on de facto foreign affairs website (23 September 2015)¹.

Subsequently, in an official letter addressed to the UN Resident Coordinator on November 18th the de facto authorities reiterate their high appreciation of the work done by Mr. Hammarberg and requested support in the establishment of a joint coordination platform to monitor and implement the recommendations of the UN Senior Expert. As an initial step, the de facto authorities have undertaken complex stock taking exercise for reviewing and assessing the current implementation status and requested technical and expert support to address implementation of the pending recommendations in a concerted and comprehensive manner.

1.2. UN work in the Transnistrian region and specific human rights issues

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.² 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.

Further to the entry points opened by the Hammarberg report, UN Agencies have identified three key areas where de-facto authorities have expressed openness and which were considered feasible for implementation. Work on **people with disabilities, HIV/AIDS and gender** (each tackled by 3-4 agencies together) were considered with strong potential both to expand networks across the River Nistru, and provide openings to work on other issues such as minorities and discrimination. A UN **Multi-Donor Trust Fund** was set up to generate additional resources to be flexibly deployed behind opportunities, and initial funding was mobilized for all three key areas in the amount of US\$ 481,000 (Netherlands for disabilities (\$50,000 USD), Sweden for HIV/Aids (\$214,000) and Liechtenstein for gender (\$217,000)).

1.2.1. Rights of Persons with Disabilities

Challenges:

The soviet legacy of marginalization and exclusion of persons with disabilities and older persons from mainstream society has led to their institutionalization in segregated facilities out of the sight and mind of the general population. In total, there are 6 large residential social protection facilities for adults and more than 50 facilities for children with disabilities located on both banks of the river Nistru. These adults and children with disabilities have been placed in institutions because the system of education, health and social protection as currently designed are based on the assumption that specialist services cannot be provided in inclusive settings. There are no alternative frameworks for providing health care and person centred support for empowering

¹ <http://mfa-pmr.org/en/vil>

² 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.

individuals to continue their lives in the community, long-term hospitalization and institutionalization being at the moment the only available option. However, even with the basic support structures and accessibility in place, most persons with disabilities should be able to live independently in the community and it is their right to do so.

There is a close link between guardianship and institutionalization, as many adults are placed in long-stay institutions or hospitals by their legally-appointed guardians against their will or through the lack of informed consent. Studies also show that guardianship can be used by families to 'remove and place' unwanted family members with mental or intellectual impairments in institutions. Review of legal capacity regulations should therefore form part of the transition to community-based services and guardianship needs to be replaced with individualized support in making decisions, in line with the Convention for the Rights of People with Disabilities (CRPD).

The total number of children in residential care only in the Transnistrian region is estimated at over 1,100. Many of these children are there because they are classified as children with special needs or uneducable. Most could return home if support services and individualized educational curricula were provided in mainstream schools and if parents were given additional support. The effect of child institutionalization has clearly demonstrated that institutions are a wholly inadequate method of caring for children who are separated from their families. Moreover, basic human rights cannot be assured within institutions. The human rights abuses reported to have systematically taken place behind the walls of the institutions require urgent interventions for deinstitutionalization and creation of models of supports and services to ensure independent community living, social inclusion and participation.

As observed by the Special Rapporteur on the Rights of Person with disability in her preliminary statement on her mission to Moldova, including the Transnistrian region, in September 2015, one main issue that permeates the whole society and influences the way that persons with disabilities are perceived therein is the strong prevalence of the medical model of disability. This approach focuses on defining a person's defect and separating those that are 'healthy' or 'normal' from those that are 'unfit' – resulting in exclusion and segregation, objectifying attitudes and forced interventions. Instead of enabling persons with disabilities to exercise rights such as work, this approach actually certifies many of them as unable to work, an approach completely inconsistent with the international human rights framework.

With the adoption of the UN Convention on the Rights of Persons with Disabilities (CRPD) under which the *de facto* governance of the Transnistrian region undertook unilateral commitments and other human rights instruments, institutionalization and segregation are not regarded only as poor policy but acknowledged as a most severe form of human rights violation. Below is the list of the relevant international human rights commitments undertaken in written or verbally by the *de facto* authorities:

- Universal Declaration of Human Rights (1948), UN Genocide Convention (1948), International Covenant on Civil and Political Rights (1966), International Covenant on Economic, Social and Cultural Rights (1966), European Convention on Human Rights (1950) together with the commitment to align the internal normative framework with these international human rights standards – as per *de facto* MFA web-site at <http://mid.gospmr.org/ru/tdt>;

- Recommendations of the UN Senior Expert Thomas Hammarberg (2013), standards of the UN Convention on the Rights of Persons with Disabilities (2006) and recommendations of the UN Special Rapporteur on the Rights of Persons with Disabilities (made during her visit in September 2015) – as per *de facto* MFA verbal commitments during the meetings with the UN delegations on 14 September 2015 (<http://mid.gospmr.org/ru/zdt>) and lately on 24 February 2016 (<http://mid.gospmr.org/ru/Lbf>).

Related Activities

In September 2015, the UN Special Rapporteur on the Rights of Persons with Disabilities visited Moldova, including its Transnistrian region, where she met the *de facto* authorities and visited a number of institutions for persons with disabilities, and now is expected to provide a detailed feedback and recommendations before the UN Human Right Council meeting in March 2016. The Special Rapporteur signalled a need for a paradigm shift and complex reform, including legal capacity reform, deinstitutionalization, inclusive education, etc.

In the last week of March 2016 the UN Assistant Secretary General for Human Rights, Mr. Ivan Simonovic, visited Moldova. In the framework of this visit on 31 March 2016 he paid a visit to Tiraspol, where he met the *de facto* president, *de facto* minister of foreign affairs and *de facto* ombudsperson. During the meeting the interlocutors reconfirmed the preparedness for extended work on human rights on the left bank, with a strong focus on rights of persons with disabilities, on the basis of Thomas Hammarberg's recommendations.

In 2014-2015 OHCHR worked in the Transnistrian region to empower and strengthen the regional network of parents with children with disabilities, as well as to empower Roma population. During 2015, an interesting precedent was created, namely the establishment of the ***Accessibility Evaluation Committee in the Bender municipality*** – in which persons with disabilities participate on an equal footing in the local construction authorization processes to develop, implement and monitor accessibility standards. This initiative allowed for a more structured and comprehensive approach to the advancement of the rights of persons with disabilities in the Transnistrian region under the overall framework of Thomas Hammarberg's recommendations.

All the concrete activities implemented within the project together with high-level advocacy ensured by the OHCHR and the United Nations Special Rapporteur on the rights of persons with disabilities created an important momentum for further work on advancing the rights of persons with disabilities in the Transnistrian region.

1.2.2. Violence against Women

Challenges

Every second woman in Moldova has suffered different forms of domestic violence (DV) from the age of 15 upwards. Despite improvements in recent years, the situation in the Transnistrian (TN) region might as well be worse, and requires urgent attention. Presently, there are no effective frameworks in the region to prevent domestic violence and protect victims, who are frequently left without any psychological support and legal assistance, while enforcement personnel is not prepared to handle cases of DV in the interest of the victim. Recommendations to address DV

issues were made by the UN Working Group on Discrimination against Women in its report to the UN Human Rights Council, as well as by the UN Committee on the Elimination of Discrimination Against Women (CEDAW) in October 2013. The Hammarberg report also mentioned the need to establish readily accessible physical shelter with capacity to receive a victim on short notice, alone or with children with matching a need of those who have to flee an abusive family member.

Following up to the Hammarberg report, the Moldovan Prime Minister Iurie Leanca officially called to address these recommendations in his speech to the UN General Assembly in September 2013. At the same time in November 2013, de-facto TN authorities issued an Action Plan on the implementation of the Hammarberg recommendations, where responding to domestic violence problem and establishment of the safe-place for women appeared as one of nine approved priorities. Additionally, the idea of creating a shelter was suggested as a top priority by at least 20 NGOs across the conflict divide following participatory discussions and needs assessments³. Detailed consultations followed with key stakeholders from both sides, including de-facto authorities in health, social protection, interior, local authorities and experts. The seriousness of this issue prompted the need for a comprehensive approach that would provide concrete and sustainable benefits for vulnerable women from a breakaway region, threatened in their livelihood and dignity.

Related Activities

An integrated response is required to address the issue of domestic violence and human trafficking in a comprehensive, people-centred, prevention-oriented manner. Some immediate actions were taken following the Hammarberg report, with the support of the Liechtenstein Government. A temporary shelter was opened in a rented house (too small for the region's needs, for a population of about 250,000 women), as a first step in the way of establishing a fully operational shelter. A framework of services has been initiated, as a result of a partnership between local NGOs (Resonance) and UN Agencies (UNDP, IOM and OHCHR), but it must be sustained and improved. The temporary shelter has formed a team (8 persons) and had the capacities of its staff built, through trainings, exchanges with 6 similar shelters operating on the right bank (in Chisinau, Cahul, Balti, Drochia, Edinet and Causeni); for induction, detailed 2-weeks internships being organized. Three regional centers in Rybnita, Slobozia and Grigoriopol were created in the second half of 2015 to ensure outreach to local communities, identifying, assisting and referring cases of domestic violence. Through these centres, the newly created services can reach the entire TN region, serving as regional hubs. Overall, 120 persons (73 women and 47 children) have received assistance – psychological support, legal consultations, food supplies, professional orientation, as well as 3 women being supported to find a job. Finally, a campaign to raise awareness regarding issues of domestic violence was conducted, using and adapting two video spots, developed within a joint project addressing the entire country (by La Strada).

Since the intervention supported by Liechtenstein Government is finalizing in 2015, it is of paramount importance to ensure continuity and build on the existing momentum and good results

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<http://www.md.undp.org/content/dam/moldova/docs/Project%20Documents/Blueprint%20social%20and%20humanitarian%20aid.pdf>

achieved. Creating from scratch a new service, which was not yet accepted and fully internalized by the society, needs time and investment in nurturing it; therefore, a long-term approach should contribute to achieving sustainable results.

1.2.3. Right to health – Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons

Challenges

The Transnistrian region continues to face a number of most pressing health care issues. In particular, it has very severe epidemiological profiles in terms of HIV and TB, as corroborated by latest National AIDS and TB Programmes data (2015)⁴. The 3rd Millennium Development Goals Report states that Moldova has failed to fulfil the MDG6, with regards to HIV and TB. Transnistria 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.

Several studies found that only about half of those estimated are tested and know their results (about 17,500 estimated cases and only about 9,400 cases registered), which actually indicates on low testing rates. Out of those estimated to live with HIV, only 20% are receiving treatment. These statements are valid for the HIV responses on both banks of the Nistru River; however, the Transnistria region is the most affected one.

One of the key reasons refers to a concentrated type of HIV epidemics, among the populations at risk, such as injecting drug users (IDUs), sex workers, men who have sex with men (MSM) and the bridge populations, such as sexual partners or clients etc. These are very hard to reach populations, not covered by prevention services. Estimates show that out of key populations, only about 5% are covered with testing, treatment, care and support programs. Since 2015 in the Transnistrian region within some of the prevention programs, implemented by the NGO “Zdorovoe Budushee” (under Global Fund grant) basic services for those most at risk, including sex workers and MSM, have been piloted. Furthermore, people who inject drugs do not benefit from one of the most essential prevention and treatment program, such as medically assisted treatment with Methadone.

Latest epidemiological data show a *feminization* of the epidemic - the number of women infected heterosexually has risen. Since 2010, more women than men or nearly equal numbers of women and men were registered. Thus, the epidemic in the region is more complex, than just a concentrated one, because of two factors: 1) due to relatively many female PWIDs who usually engage in commercial sex to finance their drug use and spread HIV as sex workers, and 2) a probably hidden MSM upsurge which contributes to the male HIV cases. This explains that the number of men sexually infected has risen also significantly⁵.

⁴ HIV incidence was 46.9 per 100 thousand people in Transnistria vs. 13.7 in the rest of the country, while HIV prevalence was 463 in TR vs. 130 per 100 thousand elsewhere.

⁵ Ulrick Laukamm-Josten “Support to perform HIV epidemiological analyses in the Republic of Moldova”, December 2014

The same situation, at possibly worse levels, is characteristic for the left bank, due to a lack of sufficient and efficient preventive programmes for sex workers and MSM. The programmes do not address gender specific needs of the sex workers, women who inject drugs, as well as those gender-specific of MSM especially related to service provision and their rights on both banks. The project will address the issue in a separate objective. It is important to mention that on the right bank a gender specific HIV assessment on legal and normative framework was performed in 2015 (see annex 2). This assessment is to be performed on the left bank. The results will be used to inform the gender mainstreaming in all HIV related policies on both banks. This experience will be replicated for the left bank and gender mainstreaming, as well as gender specific measures will be proposed to be implemented for the entire country – both banks.

One more barrier to accessing existent services and to enjoying a qualitative life relate to stigma and discrimination. A comparative study on the topic found that the acceptance of people living with HIV in 2010 was about 5.4% versus 1.3% in 2014 on the right bank. While no research has been done on the left bank on the topic, the situation could be similar or worse, considering the lack of work on the matter in the past and the general human rights and public health situation in the region.

There are also increasing concerns regarding practices of compulsory and forced medical treatment combined with detention against people suffering from alcoholism and drug dependency. The intention to designate one hospital facility for involuntary isolation and treatment for certain categories of TB patients might discourage potential cases from seeking examination and treatment, undermining the ambition to detect and start treatment as early as possible.

Furthermore, systemic miscommunication is observed, at several levels - *across the two banks of the Nistru River*, except some limited-scale exchange of data and shared Global Fund financed activities; *across health services within the Transnistria region* (poor links and referrals between HIV, TB and drug addiction services); *between civilian and prison sectors*.

Within the latter, many life-saving interventions either lack entirely or are of a limited scale, while otherwise, outdated practices are prevailing. International human rights standards and those gender specific underpinning work in the area of HIV and TB, especially related to the key populations, need to be studied, understood and applied in the region.

Related activities

In 2015, a joint pilot project on Human Rights and HIV was implemented with the support of the Swedish Government, focused on providing assistance 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.

It included activities aimed to familiarize specialists with best international practices and standards on HIV and TB integrated care; to create partnerships among different services, mainly within the health sector (such as HIV, TB, drug dependence treatment, prisons); as well as to raise awareness with regards to combating stigma and discrimination in Transnistria region, while building confidence in HIV and TB responses across the conflict divide.

The implemented pilot project has launched the dialogue with the health and prisons de-facto authorities and sensitized their attitude towards comprehensive HIV and TB responses from the human rights lens. This openness of the Transnistrian region for change is clearly shown in recent communication between UN implementing agencies and de-facto authorities, as well as in the existent SWOT/road map document.

The change envisages several perspectives, such as *a partnership and cross-sector approach* (links were consolidated among health service providers; among prisons and health sector, leading also to increased understanding of the need to involve law enforcement authorities to achieve tangible results); *developing new services*, including the one on strengthening prevention programmes among those most at risk, preparation of initiation of opioid dependency treatment etc.; *alignment of the legal and normative framework to the international standards*, based on the assessments of barriers to the laws and norms and gender assessments; *building bridges between authorities and civil society* openness to *actively fight against stigma and discrimination*, which is currently a major impediment in accessing critical services.

The current proposal, follows up to the achieved progress, and aims to consolidate these elements of openness and trust, building on the tangible results achieved during the pilot interventions, existent opportunities and lessons learnt.

1.3. Lessons Learnt

During the implementation of the initiatives described above, as well as during other interventions carried out by UN agencies in the Transnistria region, several lessons have transpired, and are hereby presented to inform future programming:

- As an overall lesson, it can be argued that when the project is developed in a participatory and inclusive manner, and the initiative is led by the RC within a joint UNCT framework and coordinated with the government and the de facto authorities, the Moldova experience shows that even in times of political instability and economic crisis, donor funded projects can catalyze major reforms and advance realization of human rights in targeted areas. To maximize the upcoming opportunity and confront emerging challenges, the project was coordinated with the civil society organisations on the left and right banks of Nistru and the de facto authorities in the Transnistrian region. The Transnistrian de facto authorities have reiterated their commitments to work on the implementation of the Hammarbergs recommendations in September 2015.
- Similarly, UNCT Moldova through its human rights department, despite not having a mandate to pursue case work, can play an important role in supporting the effective use of emblematic individual cases to promote and protect human rights. Without substituting the judicial or quasi-judicial authorities, UN assisted and advised actors in the Transnistrian region to pursue redress of human rights abuses in line with international human rights norms and facilitated access to international human rights mechanisms. This is also an effective tool to mobilize authorities in developing and enforcing reforms, regardless of the political recognition or the legal status of a territory.
- Mobilisation and empowerment of self-advocates and initiative groups of persons otherwise marginalized or excluded from the decision-making processes is an important strategy to ensure

that the project results are reaching to the most vulnerable identities and groups. The successful creation of these networks on the right bank of the river Nistru opened the door for the formal establishment of those networks as officially registered NGOs and associations, which ensures a high degree of sustainability of those project activities. The project logically focused on the direct beneficiaries; however, the context analysis and needs assessments suggested that a broader focus, including work with civil society, mass media, schools, and the de-facto authorities is necessary. This would help overcome the challenges referred to as lacking understanding of basic human rights concepts and principles, lacking regulatory frameworks necessary for adequate protection of human rights and redress mechanisms, institutionalization and deep economic struggles.

- To achieve best results when working with victims of human rights violations -in this case minority groups, victims of discrimination- implementing partners and/or consultants are preferably selected among organizations/individuals being part of, or already working with the target communities. Within a project implemented with the support of the Embassy of the Kingdom of Netherlands, the main partner was an organisation of persons with disabilities. With UN facilitation, it managed to establish tight cooperation with the local public authorities, thus anchoring the outcomes of the project within the local development policies and creating commitment to the project from local authorities. The successful implementation of the accessibility project in the Bender municipality has huge replication potential.
- Within its previous engagements in the Transnistrian region, the UN team has made strategic use of the visits of international human rights experts and special procedure mandate holders. This should be considered an excellent practice for several reasons. The visits of Special Rapporteurs and other experts were effectively used to raise the general attention of the rights of groups of persons vulnerable to discrimination and human rights abuse. They were also used to seek the receiving authorities' enhanced commitment to the issues addressed and to specific project activities. In addition, written contributions by visiting experts (recommendations, guidelines, press statements) were used after their departure to keep up the momentum around specific rights and rights deficits, discussed with the authorities during the visits of the experts.
- UN is one of the few actors raising the concerns of those who are unable to speak out and works to promote the role of civil society and their recognition and greater acceptance by de facto authorities in the Transnistrian region. The adoption of a law on alternative civilian service and to grant amnesty to those who were previously sentenced for conscientious objection to military service serves as a concrete example of change facilitated by UN intervention.
- Joint activities, as study visits, trainings, exchanges, involving Chisinau (and other right-bank) specialists, as moderators for the joint activities or as participants, represent a good bridge for building confidence among technical staff across the divide;
- The experience of the HIV project showed that to ensure implementation of change and staff commitment, involvement of senior management (at least de-facto head of sectors) is needed. At the same time, every activity needs to be considered thoughtfully, and the involvement of senior administrative staff from de-facto authorities weighed with a thorough risks assessment.

- Another lesson referred to the selection of the place for exposing Tiraspol representatives to international standards and best practices. For a sensitive policy, such as use of methadone in the health sector, the Belarus experience, considered a good example, was accepted easier locally.
- Establishing dialogue with law enforcement authorities and civil society is a strong advantage for the smooth implementation of the comprehensive package of services for HIV/AIDS prevention among those most at risk and vulnerable groups.
- In general, the population from the Transnistrian region perceive domestic violence as a private issue, which should be discussed or considered publicly, the level of overall acceptance of domestic violence issue, being stronger than on the right bank. Therefore, significant efforts should be invested in awareness raising campaigns both at region's level, but also at the local community one.

1.4. Success Factors

Building on shared needs and priorities

UN interventions so far have been successful in the region because they were **based on priorities and development needs of both sides**. Ideas and projects were not imposed but closely coordinated with both sides. As soon as this crucial ingredient goes sideways, project work tends to stumble. It is of paramount importance to coordinate projects on both sides, carefully inform the stakeholders and not to try cutting corners, which leads in the opposite direction – lack of trust. Projects that are transparent, open and that people understand and have the necessary buy-in, have better chances of being understood and of leading to change. Experts and civil society leaders need to be involved to a far great extent in conceptualizing and defining areas for project work. This will ensure the necessary fine-tuning and “matching” ideas with reality. The success of the program depends on the degree to which it meets the priorities of the sides.

➤ Practical approach

Projects need to be very practical, not theoretical, and the **applied nature of these** is a crucial ingredient of success, as it makes people interested. The idea is to help stakeholders determine their development priorities and then offer to them creative implementation scenarios that would stay away from difficult political issues that lead to deadlocks (as both sides are not willing to make concessions, fearing that they could later be used as “precedents”). The sides need to be prompted to generate new ideas and areas, as without this contribution, it will be difficult to maintain the pace of work in the future.

➤ In-depth understanding of the operating environment

An **in-depth knowledge and understanding of the operating environment** is needed, as this will determine what is possible and what is not possible at any given stage. Even though UN interventions themselves are not political, they depend on the political environment and are sensitive to changes within that environment. (For example, the TN authorities are currently under pressure from the opposition for allegedly being “too open to the overtures from Moldova and the West”, which, allegedly, may jeopardize TN's position in the future talks. This has an impact on what can and cannot be done). Careful management is required in this regard

➤ Invest in capacities development

It is of paramount importance to enhance the capacity of organizations from both sides for joint project work, as it is quite limited and close to exhausting itself. The capacity to absorb large joint projects needs to be enhanced.

➤ **Realistic expectations-** Tasks and objectives should be realistic and refrain from raising expectations that cannot be fulfilled. Overambitious goals may tip off the balance the wrong way.

2. SCOPE AND STRATEGY

The project is grounded in the United Nations human rights-based norms and standards and pursues strengthening of the effective exercise of human rights by people residing in the Transnistrian region through fostering improvement of the regulatory and institutional frameworks in the area of disability, gender based violence and HIV, PWIDs and people in prisons.

The action will be implemented through the **UN Multi-Donor Trust Fund** being framed around three inter-linked components (rights of persons with disabilities, women in vulnerable situations, and HIV/AIDS) which are led by Office of the High Commissioner for Human Rights, UNDP, and UNAIDS. These components have been identified following a series of visits paid by UN professionals in various field in Transnistria and discussion with key stakeholders and region's de-facto authorities. The proposed three components are also based on the comparative advantages of respective UN agencies, as a result of normative and operational capacities, ready-to-go expertise available as a result of competencies of UNCT Moldova. In addition, the identified components are selected outside any political process, consistent with the mandates of UNDP, OHCHR and UNAIDS. They are aiming to advance Moldova's progress towards the achievement of Sustainable Development Goals 16 (Peace, Justice and Strong Institutions), 5 (Gender Equality), and 3 (Good Health and Well-being)

2.1. Intervention Rationale and Theory of Change

2.1.1. Non-discrimination and social inclusion of children and adult persons with disabilities

At the level of vision, the Universal Declaration of Human Rights requires that equality and a full spectrum of human rights be guaranteed to all people, women and men, girls and boys, around the world, including for women and men with disabilities. UN standards (UN Convention on the Rights of Persons with Disabilities and World Health Organization standards and definitions) define disabilities as barriers in interactions between certain features of human body ("impairments") and features of the society/environment s/he lives in. Thus the rights-based approach to work on persons with disabilities, seeks to obtain a situation when all people, women and men, girls and boys, regardless of their health status and condition, and regardless of their impairments, enjoy full equality and the full spectrum of their human rights in their personal development and search for self-fulfilment.

Under this conceptualization of disabilities the project seeks to work on persons with entire spectrum of disabilities – physical, sensory, intellectual, mental, developmental, psychosocial and nonvisible disabilities. The work on the *de facto* normative framework will focus on:

- accessibility, reasonable accommodation and inclusion of persons with physical and sensory disabilities;

- legal capacity, deinstitutionalization, reasonable accommodation and inclusion of persons with intellectual, mental, developmental and psychosocial disabilities.

Community interventions will also seek to create inclusive environment for people with disabilities of all types.

The major impediments in attainment of this ideal situation in the Transnistrian region are (based on 2013 observations and recommendations of Thomas Hammarberg, and latest 2015 preliminary findings of the UN Special Rapporteur on the Rights of Persons with Disabilities):

- *The lack of a rights-based understanding among the broader society and duty-bearers of the concept of disability and of the rights of persons with disabilities;*
- *Normative and institutional frameworks incompliant with the UN standards in the field of rights of persons with disabilities;*
- *A “patronizing” and objectifying approach to persons with disabilities (viewing persons with disabilities as passive “objects of care”, requiring patronizing by “fully-able” people), resulting into substituted decision-making for persons with disabilities, dependent living, isolation, segregation and institutionalization of persons with disabilities.*

The intervention philosophy is seeking to build on the progress and experiences already achieved on the right bank and internationally, as well as the first steps already undertaken in the past and the declared willingness of the local authorities to address this issue. Major interventions to address the above key causes of the present situation are planned to be:

- *Empowerment of the rights-holders* – persons with disabilities, their groups and organizations – by their internal capacity development, building relations and partnerships with other organizations and authorities in the region, but also with similar type of organizations across the Nistru-river;
- *Capacitation of the duty-bearers* – de facto authorities – activities to make them understand, internalize and apply the rights-based understanding of disabilities by developing compliant normative and institutional framework;
- *Support in development and piloting of Convention-compliant community services and facilities for persons with disabilities;*
- *Awareness raising among broader range of opinion and decision-makers and wider society about the rights-based concept of disabilities.*

The five main outcomes the project aims to achieve are as follows:

- 1) Organizations of persons with disabilities (women and men with disabilities) empowered to take action in protection and advancement of non-discrimination and their fundamental human rights as per the international standards;
- 2) *De facto* authorities of central and local level, ombudsperson’s office, other specialized *de facto* authorities and institutions trained and capacitated on international standards with regard to rights of persons with disabilities;
- 3) *De facto* normative framework reviewed and adjusted – to the furthest possible extent – in line with the international standards with regard to rights of persons with disabilities (as amendments to *de facto* laws, regulations and/or as executive order, operational guides, etc);

- 4) Convention-compliant community services developed and piloted to provide a successful model to be multiplied and scaled-up at the next stages;
- 5) Raised awareness among broader range of opinion and decision-makers (*de facto* MPs, local authorities, media, etc) and wider society about the rights-based concept of disability.

2.1.2. Enhancing gender equality and combating violence against women

The current intervention will address protection and empowerment needs of vulnerable women in TN region, especially domestic violence victims through the development of totally new services – a Residential Women Centre (Crisis Shelter) and Women’s Safety & Prevention Services in the region, contributing both to victims rehabilitation, but also to their economic empowerment. Development of the services will be coupled with strong capacity development and awareness-raising components, setting up a platform for interaction of professionals across the conflict divide.

Specific problems addressed are the lack of information on domestic violence impact, high tolerance to DV among society in general and professionals, lack of capacity and knowledge to deal with victims of DV and address their specific needs, very incipient service provided to victims of DV and limited knowledge about the service; lack of network of services in the region (outside main cities); limited opportunities for reintegration and social inclusion of women, victims of DV

The support provided to the vulnerable groups affected by violence or negatively affected by migration and possible experience of human trafficking throughout the project will ensure the reintegration of those in crises, and the social inclusion of the vulnerable groups left behind, into their communities, improving the propensity for long-term development in the region. Once maintained, these services will continue to support victims throughout the whole cycle of rehabilitation, from the identification to integration. A schematic approach to the theory of change behind this component is presented in **Annex 1**.

In response to the above outlined challenges, several key issues will be addressed:

- Combating negative consequences of the Domestic Violence phenomenon: The project will address protection and empowerment needs of vulnerable women in TN region, especially Domestic Violence and Human Trafficking victims through the institutionalization of totally new services - Residential Women Centre (shelter) and Women’s Safety & Prevention Services (regional hub) in the region, contributing both to victims’ rehabilitation and to their economic empowerment (insertion in a Labour Market).
- Addressing root causes of Domestic Violence: Since Domestic violence tends to remain a hidden, but serious problem in the region, there is a need to develop a local awareness raising campaign to support prevention and disclosure of domestic violence. As a result, the project will contribute to develop a new attitude against DV phenomenon.

2.1.3. Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons HIV/AIDS

This component is looking to deliver a change that could be defined as a scaled up access to quality and integrated prevention, treatment and care services for people affected and living with HIV,

those most at risk to HIV infection – sex workers and men doing sex with men, and people who inject drugs including people in prisons. As a desired change - all those identified groups have better access to OST, to accessible and affordable testing by implementing innovative (rapid testing) and communitarian (through NGOs) and cost-efficient testing – a change (an outcome) to be firstly ensured on the left bank and strengthened on the right bank). Several enabling factors are proposed to be addressed by the project to ensure the success to the change: stigma and discrimination, including work with LEAs (law enforcement authorities on both banks with focus on Transnistrian region), gender and human rights perspective. All activities undertaken within the project are meant as confidence building measures between two banks left and right and the specialists from CSOs, prisons, medical and LEAs. In order to achieve the desired change, several preconditions have been identified, as a result of a mapping process (1) comprehensive services to HIV are available, drug dependency treatment services are accessible; and HIV services for inmates are improved and integrated in community and prisons 2; HIV prevention, treatment care and support respond to HR and gender needs; early HIV testing is accessed by most at risk to HIV populations through NGOs, and stigma and discrimination as the most severe barrier to access services is addressed and reduced – related to objective 6. All those preconditions are aimed to underpin the achievement of the ultimate long term goals. Clear interventions, as preconditions for intermediate outcomes were identified and prioritised. They are mostly responding to the normative and policy framework adjustments, capacity building exercise and consolidation of partnerships, including with civil society from both banks. Some of the components are based on the assessment of services and of the stigma index. The assumptions serving as the basis of this intervention were also thought on and formulated: it is assumed that commitment from the health and law enforcement *de facto* authorities is present; commitment to cooperate and to closely work with civil society and professionals from the right bank are already present (they were worked on during the pilot phase in 2015); the interest for new interventions is voiced by *de facto* authorities. A schematic approach to the theory of change behind this component is presented in **Annex 1**.

2.2. Implementation Approaches

The implementation will follow a number of approaches, as described below.

The **Human Rights Based Approach** is the key normative and conceptual basis of 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. An equally important consideration will be given to ensuring that rights-holders are capacitated to know and claim their rights. Activities under this project could facilitate the activation of UN human rights tools in towards the closure or minimizing of the existing human rights and ensure sustained/systematic involvement of Special Procedures Mandate Holders of the Human Rights Council and coordinated follow-up. Human rights engagement has a significant potential not only to address human rights issues but also in a wider sense to open the space and support inter-related political, security, development and humanitarian efforts.

The **confidence building approach** will also be deployed, involving both banks. The approach will be to take on the doable and to leverage early progress in some areas to advance in other more

complex ones. The project will encourage the creation of partnerships and coordination among duty bearers and CSOs in such areas as rights of persons with disabilities; social inclusion; healthcare; human rights monitoring. The project would contribute to establishing good practices and ways of addressing human rights in protracted conflicts (expected to be further developed under this project) that will be shared with other UN, EU, OSCE facilitated forums/processes dealing with contested territories/protracted conflicts in the South Caucasus, Ukraine, etc.

The project will encourage **transferability of positive practice** from the right bank and elsewhere. Capacity-building of CSOs and other relevant actors is a key approach of the project. Only by building sustainable capacities, actors in the region will be able to effectively respect, protect and fulfil human rights.

2.3. Coordination and Synergy with other interventions

2.3.1 Non-discrimination and social inclusion of children and adult persons with disabilities

In developing the project proposal, OHCHR has conducted a mapping exercise aimed at identifying civil society organizations and initiative groups working on disability related issues. Subsequently, the National Human Rights Officer conducted meetings with the representatives of six organizations representing the interests of persons with disabilities, including Disabled People's Organizations, namely the World of Equal Opportunities (Bender), Alye Parusa (Dubasari), Tsvetik Semitsvetik (Dubasari), OSORC (Tiraspol), TASDI (Tiraspol), Common Home (Tiraspol) and one initiative group of women and men with disabilities from Bender, Tiraspol, Slobozia, Varnita and Ribnita to identify the main directions of work and the context within which different interventions related to advancing the rights of girls and boys, women and men with disabilities are carried out.

The intervention has been also discussed with the NGO Keystone Moldova, a potential receiver of a European Commission Confidence Building Measures grant for the development of a new social service aimed at preventing institutionalization in the Transnistrian region.

The OHCHR team has also met with the de facto authorities and visited a number of institutions for children and adult persons with disabilities in the context of the UN Special Rapporteur's on Rights of Persons with Disabilities visit.

According to the collected evidence, there is no overarching policy framework for ensuring reforms aimed at enhancing respect for the rights of persons with disabilities and social inclusion. The institutional framework in the Transnistrian region is rooted in the medical model of disability and heavily reliant on segregation and social exclusion. Moreover, civil society actors operate in isolation and rarely coordinate their interventions. This fragmentary approach and lack of coordination weakens their efforts and impedes the deployment of broader catalytic changes at the level of disability related policies, normative framework and their implementation.

As articulated in the Theory of Change, the project is the first comprehensive intervention aimed at fostering commitment at the level of the decision makers in the Transnistrian region for human rights-oriented reforms in the area of disability and facilitating the establishment of multidimensional cooperation, cross-river knowledge exchange and development based on best practices existing on both banks. The intervention aims at building bridges between the reform

initiatives deployed on the right bank and including the Transnistrian stakeholders on all disability related capacity building platforms, such as:

- The disability determination reform platform – created under the auspices of the Ministry of Labour with the involvement of the Ministry of Health and bringing together the expertise and resources provided by the World Health Organisation, UNICEF, UNDP, OHCHR, Keystone Moldova, Centre of Legal Assistance for Persons with Disabilities;
- The Working group on deinstitutionalization of children and adults with disabilities – coordinated by the Ministry of Labour, involving directly the Ministry of Health, Ministry of Finance, the representatives of the State Chancellery and Prime-minister's Office, as well as UNDP, OHCHR, UNICEF, WHO, the Czech Development Agency, EU Delegation, SDC, NGO People in Need, NGO Keystone Moldova and the coalition of Disabled People's Organizations;

2.3.2. Enhancing gender equality and combating violence against women

Specifically in the area of combating violence against women, the International Organization for Migration (IOM) is also involved for a while now, especially with regards to women at risk of trafficking or victims thereof. Within the Support for vulnerable population affected by migration or in unsafe situation in Transnistria Project, IOM, through its identified partners, granted direct assistance to (potential) victims of human trafficking and victims of domestic violence, as follows:

- Through the *NGO Vzaimodeistvie* from Tiraspol - maintaining the hotline on migration and counter-trafficking and trust line on domestic violence;
- Through the *NGO Jenskie Initsiativy* from Tiraspol - direct assistance of victims of HT or/and DV through psychological and juridical support, procuring the food, medications, restoring the legal documents.

Over the recent years, UNDP and IOM have complemented each other and this helped to avoid any overlaps or doubling of activities. Good cooperation and reciprocal information will further ensure that doubling of resources and activities is avoided.

2.3.3. Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons

The project is well harmonised and coordinated with other initiatives in the country. The main donor in HIV, TB and drug dependency field is the Global Fund to fight AIDS, TB and Malaria (GF). The Global Fund is focusing on providing life-saving services – treatment, prevention and support and care (However, in recent years Moldova became a non-priority country, as per Global Fund funding policy based on the diseases burden and economic development – Moldova is a high burden HIV and severe TB burden country and a lower middle income country (World Bank classification). The Global Fund coordinates and oversees its grants through the National Coordination Council (both UNAIDS and UNODC are council members; UNAIDS is also part of the Experts Oversight Committee). On a regular basis, UNODC and UNAIDS hold consultation meetings with all relevant stakeholders and implementing partners including GF and CSO representatives to ensure that scopes and activities correspond to most recent needs and to avoid duplications of efforts and ensure complementarity. Furthermore, there are several complementary areas, like stigma and discrimination reduction through communication campaigns, which showed to be very

successful if all country partner efforts are concerted and directed to promote coordinated messages. The GF New funding Model grant covers the period 2015-2017. The Council of Europe has finalised its activities related to HIV and TB in 2015. Thus, this particular project covers the adjustment of legislative, normative framework, human rights and gender, capacity building, promoting OST and communitarian testing which are either non-existent or in a piloting phase. It also proposes creating and consolidating partnerships with prisons and police in the Transnistria, region which is an absolutely new initiative. The project is based on implementing new interventions and partnerships and complements the areas which will enable the achievement of country HIV response as a whole.

2.4. Project Components

The programme will be implemented through the following components:

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities:

The entire action on the rights of persons with disabilities in the Transnistrian region will be implemented in the framework of a broader OHCHR program on promotion of human rights in the Transnistrian region, which is expected to be co-funded by other donors (e.g. European Union).

OHCHR will lead a coordination platform of development partners on the rights of persons with disabilities in the Transnistrian region to maximize synergy and combined effect of joint actions. As mentioned above, the major interventions will be:

- *Empowerment of the rights-holders* – persons with disabilities, their groups and organizations – by their internal capacity development, building relations and partnerships with other organizations and authorities in the region, but also with similar type of organizations across the Nistru-river;
- *Capacitation of the duty-bearers* – de facto authorities – activities to make them understand, internalize and apply the rights-based understanding of disabilities by developing compliant normative and institutional framework;
- *Support in development and piloting of Convention-compliant community services* and facilities for persons with disabilities;
- *Awareness raising among broader range of opinion and decision-makers and wider society* about the rights-based concept of disabilities.

The five main outcomes the project aims to achieve are as follows:

- 1) Organizations of persons with disabilities (women and men with disabilities) empowered to take action in protection and advancement of non-discrimination and their fundamental human rights as per the international standards;
- 2) *De facto* authorities of central and local level, ombudsperson's office, other specialized *de facto* authorities and institutions trained and capacitated on international standards with regard to rights of persons with disabilities;
- 3) *De facto* normative framework reviewed and adjusted – to the furthest possible extent – in line with the international standards with regard to rights of persons with disabilities (as amendments to *de facto* laws, regulations and/or as executive order, operational guides, etc);

- 4) Convention-compliant community services developed and piloted to provide a successful model to be multiplied and scaled-up at the next stages;
- 5) Raised awareness among broader range of opinion and decision-makers (*de facto* MPs, local authorities, media, etc) and wider society about the rights-based concept of disability.

Specific objectives:

- 1.1 Empower organizations of persons with disabilities and local communities to **develop access to specialized and mainstream services to persons with all types of disabilities** by developing their design and delivery modalities, and by promoting measures that will increase availability and affordability, and thus developing a rights- and community-based model to addressing the needs and rights of women/girls and men/boys with disabilities;
- 1.2 Support the **transformation** of the *de facto* policy and normative framework, including social protection, with regard to **people with disabilities** - with particular focus on women with disabilities - moving **from segregation and institutionalization model to inclusive community-based model** in line with the human rights based approach;
- 1.3 Promoting attitude changes at different levels of society through **awareness raising**, while promoting supportive and empowering attitudes;

A detailed description of the activities and work modalities related to these objectives are provided in the section Key Activities below.

To mention, OHCHR in addition to the present project proposal OHCHR has submitted a complementary project proposal under EU Call for Proposals on Confidence Building Measures to seek match funding for a more comprehensive program implementation, but also for addressing a wider range of human rights issues in the Transnistrian region under the Thomas Hammarberg framework (in addition to the ones addressed in the present proposal).

Implementing partners: OHCHR (lead), UNDP, UNICEF, WHO

Indicative budget: 330,000 USD

Component 2: Enhancing gender equality and combating violence against women:

Specific objectives:

- 2.1. Provide support in the establishment, institutionalization and functioning of a more **complex social reintegration/rehabilitation service**, including the establishment of a shelter for the victims of violence and human trafficking and two regional hubs
- 2.2. Strengthen the **capacity of key service delivery partners** to promote and protect women's rights to life free from violence and those of the victims of the human trafficking
- 2.3. Contribute to a **sustainable reintegration/empowerment of vulnerable women**, including victims of domestic violence on the labour market, through the regional hubs.
- 2.4. **Raise public awareness** to support prevention and disclosure of DV and HT instances.

Implementing partners: UNDP, IOM, OHCHR (expert support)

Indicative budget: 330,000 USD

Component 3 /Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons): Ensure universal access to quality and integrated prevention, treatment and care services for people living with HIV, people who inject drugs and people in prisons on both banks, with the focus of the Transnistrian region

Specific objectives:

- 3.1. Increase access to a comprehensive package of services for PWIDs, including drug dependency in community
- 3.2. Improve comprehensive package of service for people living with HIV and people who inject drugs in prisons through addressing normative framework, political commitment of prisons and health authorities
- 3.3. Support implementation of international standards, pursuing human rights and gender mainstreaming into HIV normative framework
- 3.4. Increase the access of the most at risk HIV populations to HIV Testing and Counselling through building capacities of NGOs and strengthening the dialogue between NGOs, health, and LEAs on both banks of Nistru river
- 3.5. Establish a sustainable dialogue with law enforcement authorities with regards to a communitarian policing approach in working with most at risk populations, such as PLWHIV and PWIDs and ensure referral services from police to harm reduction programmes
- 3.6. Raise public awareness to combat HIV and drug dependency related stigma and discrimination.

Implementing partners: UNDP, UNAIDS, UNODC (in kind WHO and expert support from OHCHR)

Tentative budget: 330,000 USD (Initially Planned – If additional funding approved by SIDA for Sub-Component 3.5 – 388,000 USD) * additional 8,000 to cover operational costs

Component 4 (cross-cutting): Platform for Human Rights - Coordination and Monitoring

Under this component the establishment of coordination and monitoring platforms is envisaged so that there is a better chance that implementation will be successful and sustainable. UN implementing agencies shall actively engage with and co-opt participation of civil society organisations to encourage human rights advocates and emergent initiative groups to lead in promoting human rights oriented reforms.

Specific Objectives:

- 4.1. Coordinate effectively all the regional stakeholders in the process of implementing the present project and in advancement of Thomas Hammarberg's recommendations;
- 4.2. Coordinate the efforts of the development partners in advancement of Thomas Hammarberg's recommendations.

This Component has a cross-cutting nature contributing to successful achievement of substantial objectives and targets under the above three Components.

Implementing partners: OHCHR (lead), UNDP, UNICEF, WHO, UNAIDS, UNODC, IOM

Indicative budget: 40,000 USD

Monitoring, evaluation and reporting – 35,000 USD

Total direct implementation – 1,100,000 USD (1,150,000 USD with additional HIV/AIDS component)

GMS7% + MPTF 1% - 88,000 USD (92,000 with additional HIV/AIDS subcomponent)

Total budget: 1,188,000 USD (1,242,000 USD with additional HIV/AIDS subcomponent)

3. KEY ACTIVITIES

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities: **330,000 USD:**

The description below provides details on the main planned activities to be funded under the present project proposal, as well as under a complementary project proposal submitted by OHCHR under EU Call for Proposals on Confidence Building Measures to seek match funding for a more comprehensive and larger scale program implementation.

Key Activity 1 – Engaging and empowering organisations of persons with disabilities and self-advocates, with focus on women with disabilities, in promoting human rights oriented reforms (75,000 USD)

- Provide support in establishing an **alliance of disability rights organisations**, which will perform independent monitoring, and build capacities to advocate, monitor and interact with national implementation and international oversight bodies;
- Facilitate the participation of organisations of persons with disabilities, particularly of women with disabilities, in the process of deinstitutionalisation development of the strategy on reducing reliance on institutions and transition to community based services for persons with disabilities;
- Develop a grant/social contract scheme to stimulate and support the creation and development of peer support services for social inclusion, to be implemented by **organizations** representing people with disabilities; this activity will be performed via a coalition of persons with disabilities from the left and rights bank of the Nistru-river to ensure capacities transfer.

Key Activity 2 – Training and capacitation of *the facto* authorities of central and local level, specialized *de facto* authorities and institutions on international standards with regard to rights of persons with disabilities (10,000 USD)

- Trainings and practical workshops with elements of experiential learning (a ride in a wheel-chair, day with your eyes closed, role plays) on the international human rights standards with regard to persons with disabilities.

Key Activity 3 – Review and adjustment of the *de facto* normative framework in line with the international standards with regard to rights of persons with disabilities, facilitation of the operational framework for social inclusion of persons with disabilities (80,000 USD)

- Study on the compliance of the *de facto* normative-regulatory and institutional-operational framework related to the persons with disabilities with the international human rights standards, and identification of the regionally-acceptable international best practices;
- Facilitate the establishment and functioning of the implementing and coordination mechanism for matters relating to the implementation of the CRPD, including within the *de facto* central administration in the Transnistrian region, with due consideration to the Disability Persons' Organizations participation – entry point Article 33 para.1 CRPD;
- Situational analysis of the implementation of social inclusion and deinstitutionalization policies and reforms, identifying barriers and agreement on strategies (short term, long term) and policy options to overcome these barriers. Set forth guidelines for implementing and monitoring;
- Support the enforcement and implementation of a comprehensive strategy / roadmap on reducing reliance on institutions and transition to community based services for women/girls and men/boys with disabilities;
- Provide technical expertise for improving the **disability assessment methodology** and targeted **policy on accessibility, provision of medical and social services at community level** to support independent living;
- Support the development of a template action plan for transforming individual institutions for reducing reliance on institutions and transition to community based services for persons with disabilities, with a focus on two areas: 1. measures to prevent new cases of institutionalization and 2. measures aimed at bringing back to the community those people who are currently in institutional care and supporting their independent living (learning from the similar approach developed at the right bank);
- Provide consultancy on transforming 1-2 institutions and developing regulations for piloted community-based services for persons with disabilities (see Activity 4 below);
- Capacity development and training of professionals and staff working with persons with disabilities in state institutions while moving from institutional to community-based services in order to sustain the provision of quality services in the community (in 1-2 pilot institutions): Evaluating educational needs of staff in institutions and other stakeholders engaged in the process, planning the content of training; delivery of the trainings and workshops, study visits to the community services developed by LPAs on the right side of the river;
- Organize a study visit to another country (for instance, Sweden) for relevant *de facto* officials and persons with disabilities from the supported Alliance of Persons with Disabilities to learn best practices in ensuring social inclusion of persons with disabilities, provision of

community-based services for support in decision making and exercising legal capacity, participation in education and employment.

Key Activity 4 – Development and piloting of CRPD-compliant community services in 1-2 communities to provide a successful model to be multiplied and scaled-up at the next stages (75,000 USD)

- Mobilization and empowerment targeted pilot communities to develop an understanding of the CRPD and acceptance for the proposed development of community-based services for persons with disabilities;
- Assistance and support in piloting community services developed as a result of the implementation of the transformation plans (see Activity 3 above). The assistance and support will come primarily as procurement of goods and services to eventually renovate and equip relevant facilities (such support will be provided through contracting relevant services and through a contract/grant to a local NGO). It is important to stress that under the given operational context in the Transnistrian region the non-infrastructural interventions can only take place if associated with a solid package of infrastructural support.

Key activity 5 – Raising awareness on the international human rights framework related to women/girls and men/boys with disabilities and making the case for transitioning from institutional care to community based services and social inclusion (20,000 USD)

- Contracting consultancy to ensure on-going awareness-raising and project visibility – **10,000 USD**;
- Developing and implementing a strong awareness-raising campaign in anticipation of transition from institutional setting for persons with disabilities to the community-based setting and servicing - to prepare public opinion for the transformation - **10,000 USD**.

The actions under this Activity will be organized in close conjunction with the organizations of persons with disabilities from both banks of the Nistru-river.

Coordination, management and administrative costs of the program on persons with disabilities - **70,000 USD** - inclusive of:

1) Implementation team with costs as follows:

- **Project Manager** – 1,900 USD / month (proforma costs) x 24 months = 45,000 USD;
- **Regional Coordinator based in Transnistria** – 1,325 USD / month x 24 months = 31,800 USD;*
- **Coordinator on Empowerment and Mobilization of Persons with Disabilities** – 1,325 USD / month x 24 months = 31,800 USD;*
- **Project Assistant** - 1,175 USD / month x 24 months = 28,200 USD;

Quality Assurance as per OHCHR framework:

- **National Coordinator of OHCHR Moldova** (programmatic quality assurance) – 2,375 USD / month x 20% (dedicated time share) x 24 months = 11,400 USD;
- **Finance and Administrative Associate of the OHCHR Moldova** (operational support and quality assurance) – 1,375 USD / month x 20% (dedicated time share) x 24 months = 6,600 USD;

Sub-total: 154,800 USD

It is important to mention that collaboration with the *de facto* authorities is very time-consuming as these authorities require detailed coordination with them of every single action and element of the project (dates and times of ALL events, terms of reference of all consultants, names of involved individuals, etc-etc). This type of coordination modality requires – in addition to the general Project Manager – a regional coordinator based in the Transnistrian region to facilitate all such communications and coordination on the ground.

Empowerment and Mobilization of Persons with Disabilities is a complex activity requiring special skills and time. Since such empowerment and mobilization are a critical element of the program a separate specialist will be required to perform this task (the project will seek that this specialist be a woman or man with disability).

2) Office running costs as follows:

- Office rent and utilities – 600 USD / month x 24 months = 14,400 USD
- Office equipment (computers, printer/copier, etc) and furniture – 7,000 USD
- Office consumables - 50 USD / month x 24 months = 1,200 USD
- Transportation costs for the project team to/from Transnistrian region - 150 USD / month x 24 months = 2,600 USD

Sub-total: 26,200 USD

TOTAL: 181,000 USD

The above costing refers to a consolidated program on the rights of persons with disabilities in the Transnistrian region inclusive of the present project proposal (with component on persons with disabilities making up 330,000 USD) and project proposal submitted additionally by OHCHR under EU call for proposals on confidence-building measures (match budget of 450,000 Euro). Hence coordination, management and administrative costs of this bigger program on persons with disabilities are hereby proposed to be shared in the following proportion:

~ 40% (70,000 USD) – out of funding provided by the Swedish Government under the present project proposal;

~ 60% (111,000 USD) - out of prospective EU funding.

In case of failure to secure match funding from EU the positions marked with an asterisk () will be transformed into part-time consultancy positions, the share of the involvement of the OHCHR country office quality assurance staff will be reduced to 10%, and the levels of positions of the project manager and project assistant will be downgraded – in total to not exceed the amount of 70,000 USD.

The entire Component on Persons with Disabilities will be implemented drawing from the positive experience of the similar ongoing reforms at the right bank, and by constant experience-sharing between the two banks. Also the project will draw on successful experiences of UN Women in work with women with disabilities at the right bank.

Component 2: Enhancing gender equality and combating violence against women – 330,000 USD

1) Support the development, institutionalization and functioning of social reintegration services / centre (crisis shelter and redesign of the social support scheme) for the victims of violence and human trafficking (USD 184 000)

- Equip (basic furniture only, refurbishment of the building will be financed from the EU funded Support to Confidence Building Measures) the social reintegration centre (Shelter) in Tiraspol and support the Centre's maintenance during the 2016-2017 (wages to personnel, communication procurement expenses, office expenses, utilities expenses, beneficiaries' maintenance expenses ((meals (adults&children), clothes (adults&children), supplies for personal hygiene (adults&children))), transportation costs))) during 2016-2017.
- Provide technical advice and further development of the Centre's and regional hubs' financing mechanisms, functioning regulations and rules for social reintegration service/centre (shelter), including relevant outreach to particularly excluded groups of women, such as older women, women with disabilities, rural women and single mothers.
- Provide technical advice and guidance to service providers and shelter administration including in development of services to immediately address needs of victims of domestic violence, human trafficking and other forms of violence against women.
- Support at local level of minimum 2 *Women's Safety & Prevention Services* for women and girls - victims of domestic violence (wages to personnel, rent and office expenses, transportation costs, VET and Labor Market costs ((vocational trainings for beneficiaries, scholarships, wages co-financing)

Establish a partnership with 2 local NGOs, in order to transfer the management of regional hubs, to the local NGOs

2) Strengthen the capacity of key service delivery partners to promote and protect women's rights to life free from violence and those of the victims of the human trafficking (USD 25,000)

- Strengthen capacities of 15 professionals from specialized services (such as Shelter, regional hubs and also services developed by other NGOs, like *Jenskie Iniiatiivi* and *Interaction*) to provide qualitative services in matter of Combating Domestic Violence (Case Management; Psychosocial counselling; Referrals to local resources, etc.,) through trainings

3) Empower and contribute to sustainable reintegration of vulnerable women, including victims of domestic violence on the labour market, through enhancing opportunities for training and employment/self-employment. (USD 15,000)

- Provide professional orientation to 80 victims of Domestic Violence, and /or Human Trafficking and at-risk persons.
- Facilitate professional training for 20 beneficiaries and employment for 40 beneficiaries during the period of 2 years, through the regional hubs.

4) *Raise public awareness to support prevention and disclosure of the instances of VaW and HT and support the empowerment of victims (USD 30,000)*

- Support the organization of awareness raising campaigns and joint events at the local level (involving the right bank) on domestic violence and human trafficking
- Exchange of experience with the colleagues from the right bank, on efficient response and operation of key stakeholders addressing violence and human trafficking including visits to the right bank.

Do you think it will be opportune to organise annual Forums on Anti DV and Anti Trafficking to coordinate and discuss jointly with CSOs, authorities probably donors and international experts accepted by de facto authorities? Component 2 will focus directly on assisting the victims of domestic violence and/or human trafficking together with their children. In particular, in order to respond efficiently and promptly to the needs of victims, two types of services will be developed – the **Residential Women Centre** (Shelter) and **Women’s Safety & Prevention Services** (non-residential). The Shelter will include two stages of services: **Emergency housing** and **Transitional living facility**. First stage emergency housing is a 24-hour **Emergency Shelter** that is set up to meet women’s and their children’s need for immediate protection and care when fleeing abusive situations, being accessible 24 hours a day, every day of the year. The second stage is a **mid-term, transitional living facility** coupled with support programs for women and their children – victims of domestic violence and human trafficking. With the help of support services, residents will commence the process of transitioning to independent, violence-free lives, and achieving economic independence (two key elements of the human security concept being reflected here: provision of **livelihoods** and right to live in **dignity**).

Since this will be a totally new service in the region, the beneficiaries will be redirected to the shelter by the Women’s Safety & Prevention Services which will be located territorially in the North and Centre of the Transnistria region. NGOs, local authorities, police, and health institutions will also be empowered to recommend the placement of victims in the shelter. The project aims to create only one such service with a placement capacity of 10 to 15 family units, making a total of 25-35 places. According to the Council of Europe recommendations regarding the number of places for victims of domestic violence or human trafficking per 10,000 inhabitants, the shelter’s places will represent around 60% of the recommended number of places.

The other type of services - Women’s Safety & Prevention Services (non-residential) - will provide non-residential support of any kind (psychosocial counselling, legal or other information and advice, practical support, court accompaniment, etc.) to women victims of gender based violence and their children. These services will identify, assess and redirect severe cases of violence to the shelter and also will provide advocacy and counselling to women that might not need accommodation but require other specialist support and advocacy. For women which cannot leave the home or is not required to do this, the Services will provide continuous support and assistance

regarding safety planning, psychological counselling, legal information, court support, counselling and links to support groups. The project aims to create 2 such Women's Safety & Prevention Services, located in the North and Centre of the region.

Besides direct assistance to victims, the Women's Safety & Prevention Services will be involved in disseminating information regarding the domestic violence phenomenon through Mobile Teams which will go once per week in one of the district's locality. The advantages of such type of services is that on the ground level, the specialists could: *i)* reach remote areas; *ii)* inform population and authorities about existing services; *iii)* train other local specialists to identify signs of violence and to intervene; *iv)* help the authorities in elaborating and implementing local plans to combat Domestic Violence; and *v)* to refer cases to the shelter and/or other services.

An important partner in implementing the project will be the local **NGO Resonance**, which is one of the leading NGOs in the Transnistria region working with gender issues, protection of women's rights and empowering vulnerable communities, carrying out different types of sociological surveys. In 2013, Resonance was the first CSO from the left bank who engaged, together with other CSOs from the right bank, in the review of the Republic of Moldova by CEDAW. It has served as a partner in establishing the temporary shelter and has significant experience in preventing and combating violence against women and/or human trafficking, having a well prepared team of experts and service providers.

Resonance will be responsible for creating and managing, based on grants provided by UNDP for a total of up to 169,000 USD, of the Residential Women Centre (Shelter), and will engage in administering the created service after the end of the project for a long period of time.

To implement all activities and achieve the expected results, the project will additionally engage a number of local NGOs by organizing an open competition, as follows;

- **Two local NGOs** will be selected to run the Women's Safety & Prevention Services, which will provide ongoing support and assistance regarding safety planning, psychological counselling, legal information, finding accommodation, psychological counselling and links to support groups.
- **Five local NGOs** will be selected as part of awareness raising campaign and will receive support in developing local social marketing campaigns which will be used to foster community climates that promote zero tolerance against Domestic Violence (including trainings and grants). Moreover, these NGOs, in close collaboration with local authorities, will be empowered to develop a 3-5 years Domestic Violence Prevention Action Plan;

The activities will focus on building the capacity of local NGOs, together with local authorities to prevent and combat the consequences of Domestic Violence. It will focus on increasing the capacity of the relevant specialized professionals (doctors, police officers, local authorities' representatives) as well as working with the private sector for the economic reintegration of the beneficiaries.

As a result, we expect that project activities will bring cumulative effect of a change in outlook, beginning with the second year of the project. The preconditions for such change are the project elements themselves as well as the actors needed to produce the change: the victims, the social care professionals, the local administration, the political decision-makers and society in its entirety.

When we speak about the project elements, we expect that the activity of the Shelter and the regional hubs will generate interaction at regional level between specialists in the field, domestic violence victims and specialists from related areas (health care, social protection, law, education). Such interaction will in turn generate a certain information/awareness-raising flow that will favor the attitude change. At this level, we speak about change both on a personal level (among specialists) and on an institutional level (adaptation and the interaction of health care, social protection, education and other institutions with the newly created entities).

For their part, the NGOs involved in carrying out the local information campaigns will interact with the local public decision-makers as well as with the administration's institutions in various areas: health care, social protection, law-enforcement, cultural and education institutions. Such interaction will also produce certain effects and a certain information flow that will help to bring about the change in outlook.

All project activities will be implemented in partnership with local authorities and non-governmental organizations and wherever possible, the Government bodies in Moldova responsible for the relevant legislation and the de-facto authorities in TN who can develop relevant procedures will be engaged.

Component 3: - Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons 388*,000 USD:

1) Increase access to comprehensive package of services for PWIDs, including drug dependency in community . (USD 52,400)

1.1 Study visit for 10 high level authorities, decision makers and specialists from both banks to Minsk learn the Belarus Model in providing services to PWIDs, including the integration of services.

1.2 Support the adjustment and approval of local regulations to incorporate drug dependency treatment, as an HIV prophylaxis tools and prepare the set of documents and regulatory frameworks to pilot drug dependency treatment in TN. Local and international consultants to ensure the framework adjustment.

1.3 Targeted capacity building of 7 drug dependency and infectious diseases specialists from both banks to ensure piloting and scaling up of drug dependency treatment on both banks. Training will be conducted on spot, at the OST distribution sites.

1.4 Ensure adequate functioning of the new 4 OST sites by providing equipment (safe, computer, desk, chair, refurbishment, window metal protection bars and metal doors, water cooler, transportation)

The first component is based on the results achieved during the pilot phase of this project from 2015 - the results of the advocacy for the opioid substitution therapy. It materialised into several impact changes. For Moldova, in 2015, it became possible to extend the OST program after 10 years pilot phase, from 2 locations covered with OST services to 5 (new specialists were exposed to best practices, trained on service provision and technically assisted to adapt the mechanism, clinical protocols etc.). During the first phase of the project the interest of de facto specialists and authorities was increased to initiate drug dependency treatment. A common informal Moldova

(including TN) and Belarus platform was created to exchange experience, practice, and mutual support. The Belarus platform was essential in raising the interest to de facto authorities, as this was a convincing example of people-centred, evidence-based policies, and is proposed for continued use in the 2016-2017 project phase. At the end of 2015 a road map was developed. Thus, the scope of the upcoming intervention will be the implementation of the road map on OST drug dependency treatment and assistance initiation, the road map was developed by the medical and CSOs specialists from TN (see annex 3). Since TN authorities saw a potential in using the Belarus model to eventually twine the experience, both authorities and specialists will be further exposed to drug dependency programs and OST in Belarus. The Belarus drug dependency treatment experts will be also involved in normative framework development and adjustment, with the objective to progress from displays of interest to service provision. The activities planned for the 1st year of the project will build on the capacities of the key specialists and improve the knowledge and will serve to sensitize the authorise in order to reinstate the dialog about the necessity of a drug dependency treatment program in TN. Activities planned for the 2nd year of the project will continue with sensitising authorities, ensure the availability of normative framework and specialized and logistical support to initiate OST in TN.

The Component aims to have several OST sites (4 units: 2 in TN and 2 on the right bank) functional by the beginning of 2018. Although on the right bank OST is being implemented since 2004, the number of people in treatment is extremely low, under 1% of total estimated size of PWIDs have undergone the OST treatment. Amongst barriers identified in scaling up OST services was the geographical extension, which is considered amongst the main barriers. On the right bank OST is available in 5 cities/districts only out of 35 districts. Furthermore, it will be very important to open an OST site in Rezina city/district (right bank on the border with the left bank), offering a possibility for the left bank patients to travel for the treatment. After the support that will be provided by SIDA to ensure the opening of the 4 new sites, GFATM and local health authorities will cover the costs for Methadone substance on a regular basis and salaries for the medical personnel who will be prescribing and distributing OST.

The scope of the entire HIV component is also to enhance confidence building measure between the two banks specialists and enhance the collaboration between authorities, specialists and CSOs, therefore when possible joint activities will be organized.

2) Improve comprehensive package of service for people who inject drugs in prisons through addressing regulatory framework, political commitment of prisons/health authorities (USD 45,000)

2.1 Assessment of the package of services in TN prisons to identify major challenges and adjustments to be included. Ensure the adjustment and approval of normative and policy frameworks. An International consultant and local consultants will be contracted to ensure the assessment and implementation.

2.2 A Capacity building training for 20 medical personnel and CSOs in comprehensive package of services management in prisons from both banks.

2.3 A 5 days study visit to Switzerland for 6 decision making authorities and specialists to look at the best models in providing integrated services to inmates. Unlike in the community, there are just

few countries in the world that provide an extensive and comprehensive package of services in prisons. Amongst best practice countries in the world is Switzerland. The delegation will include both representatives from prisons and CSOs. The goal of the planned activity is to effectively take over best practices on prison health, including harm reduction and drug dependency treatment approaches from Switzerland prisons. The visit will also serve as a lobby and advocacy tool when returning home with regards to the adjustment of legal provisions which limit access of inmates to health services in prisons.

The second component is aimed to improve and scale-up the comprehensive package of services on HIV and drug dependency services in the Transnistria region prisons through capacity building, exposure and adjustment of existent policies to international best practices and service integration. The comprehensive package of services, recommended by UNODC, UNAIDS and WHO for prisons comprises of 15 interventions, amongst which treatment, care and support services on HIV/TB/Viral Hepatitis and drug dependency are included⁶. Unlike in the community where TB and HIV services are highly divided, to a certain extent it is easier to achieve integration of services in closed settings, therefore activities in prisons will be focusing on integration of HIV and TB.

In order to understand the needs on the prisons in TN an assessment will be undertaken by an international expert. As a follow up to the finding local consultant will be contracted to adjust the existent normative framework and propose further steps to the authorities in the implementation of the best practices. In the meantime, in order to ensure the openness from the side of the authorities, a study visit to a best practice country in prisons will be conducted. Also, the capacities of prisons and NGO personnel working with inmates will be built in parallel to be ready and ensure the implementations of the recommendations once the last ones are formulated.

The second component will enhance the partnership between de facto authorities and CSOs. It is an added value to the success, especially as NGOs have special peer to peer approaches to services. They are also in the role to identify the problems of the final users and to bring and to advocate for their correct solving by the authorities.

The provided technical support under this component will improve those services provided by the prisons authorities, covered from the financing of the local government and GFATM. GFATM covers the costs for salaries and maintenance costs of local NGO, and GFATM is financing the treatment of HIV and TB provided in prisons, with the procurement of tests and medicines.

3) Support implementation of international standards, pursuing human rights and gender mainstreaming into HIV normative framework (USD 35,000)

⁶ For some please see: https://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf, 1) Information, education and communication, 2) Condom programs, 3) Prevention of sexual violence, 4) Drug dependence treatment, including opioid substitution therapy, 5) Needle and syringe programs, 6) Prevention of transmission through medical or dental services, 7) Prevention of transmission through tattooing, piercing and other forms of skin penetration, 8) Post-exposure prophylaxis, 9) HIV testing and counselling, 10) HIV treatment, care and support, 11) Prevention, diagnosis and treatment of tuberculosis, 12) Prevention of mother-to-child transmission of HIV, 13) Prevention and treatment of sexually transmitted infections, 14) Vaccination, diagnosis and treatment of viral hepatitis, 15) Protecting staff from occupational hazards.

3.1 Gender assessment of HIV policies and practices in the Eastern region of the country. The right bank experience from 2015 on that will be replicated on the left bank.

3.2. Workshop to present the results of gender and Legal Assessments and to design a road map on mainstreaming human rights and gender, as well as implementation framework of those into the HIV response - involving stakeholders from both banks

3.3. Revision, adjustment and approval of the normative framework in line with the international standards as per the road map recommendations

3.4. Exposure to best practices in one of the EECA countries on gender mainstreaming for at least 10 specialists from both banks (to be decided)

3.5. 2 Policy dialogues to ensure the implementation of the road map on gender. The policy dialogues (2) will be organised to discuss and achieve a consensus on changes operated to the appropriate public policies (selected within the gender assessment exercise).

The third component is actually envisaging gender and human rights mainstreaming. In 2015, the gender assessment of HIV response was performed in Moldova with the support of UNAIDS and UNODC. Since the component follows a confidence building approach, twining good approaches and models from the right bank is among the component overall objectives. It is proposed to have the same methodology assessment performed in the Eastern region. The results are to be jointly presented and yearly HIV work plans developed in 2017 (the plans will look at policies, services, budgets and M&E frameworks). It also aims to review existent policies and to ensure HR and gender is holistically mainstreamed, as well as mechanisms and service adjusted to gender needs. UN women will be involved for the review of the assessment, as well as in the further programming processes, due to the agency mandate, expertise and skills.

4. Increase the access of the most at risk HIV populations to HIV Testing and Counselling through building capacities of NGOs and strengthening the dialogue between NGOs, health, prison and LEAs (35 000 USD)

4.1. Capacity building of NGOs on both banks on the communitarian testing and ensuring proper normative framework to refer persons to health services. Although on the right bank the service was piloted in 2015, the service is still understaffed and need support to become functional one.

4.2 Study visit to one of the Baltic States to get aware about the best practices on communitarian testing, collaboration between NGO sector and public institutions. Baltic States are a best practice example in developing collaboration between CSOs and state authorities with the scope of implementing HIV testing.

4.3 Ensuring sustainability of the communitarian testing through advocating for availability of testing from domestic funding (a training on advocacy and fundraising for the civil sector) is the intervention that is supposed to develop on an integrated mechanism - cooperation between NGOs and authorities, from the right bank model.

4.4 Strengthen the integrative approach through policy dialogues with NGOs, health, prison and LEAs

4.5 Innovative medical waste management equipment to ensure safe disposal of needles and syringes collected through harm reduction program in civil sector on the right bank.

One medical waste management equipment is proposed to be procured for the right bank. In order to ensure the sustainability of the project, the use of the equipment and regulations will be provided through a Ministry of health disposal. The maintenance of the equipment will be ensured by the health institution, where it will be set. The capacity building will be provided by the economic agent who will deliver the equipment.

The fourth component looks at the main epidemiological problem which is late diagnosed HIV patients (more than 60% on both sides) and to ensure the people are reaching the service as early as possible. As the epidemic is concentrated among those most at risk – IDUs, sex workers and MSM, this component is based to ensure universal access to communitarian testing through NGOs to all those who need the service. The NGOs are the ones providing basic harm reduction prevention services, and they are to be the entry point for testing people and accompanying them to health services. It will be achieved through capacity building, policy dialogues of those envisaged (health, police, justice, NGOs), referral mechanism development, improving testing algorithm. One of the interventions focuses on innovative medical waste management – procuring the equipment to ensure safe disposal of needles and syringes collected through harm reduction projects for the right bank. This component, similarly to the previous ones, will follow the confidence building approach between specialists from both banks and medical specialists with CSOs.

5) Establish a sustainable dialogue with law enforcement authorities with regards to a communitarian policing approach in working with most at risk populations and ensure referral services from Police to harm reduction services (36 000 USD)

5.1 A 4 days study visit to Austria for 10 police officers from both banks on services provision for PWIDs and police's role. The model developed by UNODC on working with LEAs is in particular based on Austrian best practice. Austrian LEAs have made a strong commitment to assisting PWIDs by ensuring "medical triage" on spot assistance for drug related criminal actions and providing not only referral to Harm Reduction services but also accompanying PWIDS to the service providers.

5.2 One capacity building 3 days training for 20 police officers from both banks on Law Enforcement on and harm reduction. If not jointly, the trainings will be held separately for LEAs groups from separate banks, however following the same training modules and methodology developed by UNODC.

5.3 Regulatory framework adjustment to ensure that police participates in Harm Reduction activities (including national experts and TWGs) and personal security and safety when interacting with vulnerable groups at work. Local consultants will undertake the given task.

The fifth component will firstly ever address Law Enforcement Agencies (LEA)/Police from the region to approach services for people who inject drugs from the communitarian perspective or

approach. LEA from the right bank already developed policies to provide public health approach towards people who inject drugs. This experience will be extended and applied in the Transnistria region. The assumption is that there will be the same openness of police authorities, as the one demonstrated by de facto health and justice authorities. Normative and policy framework, capacities and partnerships will be addressed. It is a first piloting step, to include a communitarian police approach in the region. Capacity building activities might be organized separately for both groups, if agreement is not reached on joint training participation. However training is based on the unique methodology developed by UNODC and therefore the same quality and level of knowledge will be ensured.

For this component SIDA will be the main donor. UNODC will provide in-kind contribution with international expertise. Salaries of police officers are covered by the administration of the Law Enforcement Authorities.

6) Raise public awareness to combat HIV and drug dependency related stigma and discrimination (USD 60,000).

The total amount is actually covering the Stigma Index Assessment (around USD 20 000). The estimation was performed on the basis of the last Stigma Index exercise provided in 2010 on the right bank. The other amount is supposed to cover 3 on-line and media campaigns, covering media, schools and public authorities per year – 1) drug dependency day (6000 USD per year), Commemoration day (7000 USD per year) and 1st of December (7000 USD per year). It is proposed to have small grants for NGOs around a unique theme and goal, with the focus on those from TN. As used, the NGOs are organizing activities for young people in schools, universities, mass media etc.

6.1 Stigma index assessment implemented on the left bank, based on the right bank model and identifying the stigma and discrimination myths, prejudices etc.

6.2 Organizing informational campaigns on HIV and drug dependency stigma and discrimination reduction around Commemoration Day, WDD, 1st of December. The campaigns are integrated with the ones organised by NGOs on the right bank, as a confidence building measure and as used in 2015 phase of the project.

The sixth component addresses the main barrier which impedes people to access services – stigma and discrimination. Stigma and discrimination is related to people thinking, attitudes and behaviours, which is extremely difficult to address and involves long lasting processes. To be more efficient and focused it is proposed to have a Stigma index assessment performed in the Transnistria region, based on UNAIDS methodology. Such assessments are regularly performed on the right bank. NGOs skills will be used to implement it. The results will inform the further communication campaigns. This is the only one component which is co-financed by other donor – Global Fund. As management, it is based on sub-granting to NGOs. The quality is ensured - as the UN management and procurement rules are used. Global Fund is also auditing and evaluating the programmatic, financial and M&E capacities of these NGOs. The same ones are invited and involved by that project.

Component 4 (cross-cutting): Platform for Human Rights - Coordination and Monitoring - 40,000 USD

Under this component the establishment of coordination and monitoring platforms is envisaged so that there is a better chance that implementation will be successful and sustainable. UN implementing agencies shall actively engage with and co-opt participation of civil society organisations to encourage human rights advocates and emergent initiative groups to lead in promoting human rights oriented reforms.

The Platform is proposed to have a complex structure, including thematic and functional chapters/forums (largely echoing the structure of the Thomas Hammarberg's recommendations), including:

- Rights of persons with disabilities
- Gender equality and freedom from gender based violence
- HIV/ AIDS, PWIDs and people in prison settings

Each chapter is planned to run autonomously its activities – all of them under the overarching umbrella and framework of global Sustainable Development Goals and universal human rights standards – coordinated by the Platform's general assembly and standing executive secretariat (to be supported at the first stages of its operation by the project).

The members of the Platform will be representatives of civil society, community leaders, human rights and legal professionals from both banks of the river – united by the general overarching objective of advancing global Sustainable Development Goals and universal human rights standards in this part of the world.

The executive secretariat of the Platform is planned to be provided by an NGO or group of NGOs as per decision of the Platform members.

Additionally, the project aims at establishing a joint regular platform of the international partners to coordinate efforts on advancing human rights in the Transnistrian region (similar to other development partners' coordination platforms and mechanisms in Moldova) under the overall umbrella of Thomas Hammarberg's recommendations. Under this platform the partners will meet on a quarterly basis and will communicate electronically to follow-up on human rights developments and progress in the region. The project will provide critical and early warning analysis of human rights violations, support the international community and other partners throughout their engagement and secure a streamlined and coordinated response of the international community to potential, emerging or existing human rights issues in the Transnistrian region.

4. BENEFICIARIES

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities

Women/girls and men/boys with disabilities, central and local de-facto authorities, staff of the institutions for persons with disabilities, Disability Persons Organisations, CSOs and CBOs, mass media and local stakeholders, specialized public institutions.

Component 2: Enhancing gender equality and combating violence against women

Vulnerable women (victims and potential victims, including Roma) will be **benefiting directly** from the project interventions, receiving psychological support, as well as assistance for socio-economic reintegration.

Professional from various related fields, as well as service providers working with victims of domestic violence will be involved in activities raising their skills and capacities, so that the service provided by them are improved. NGOs from both banks working on gender issues and prevention of domestic violence will be capacitated, sharing experience and best practices among themselves, contributing to an environment of trust. All activities will be closely coordinated with victims of domestic violence and human trafficking and at-risk persons, in particular women and children from the TN region of Moldova.

Other stakeholders:

- domestic violence aggressors, who are personally motivated to resolve the problem and want to apply for services;
- legal, psychological and health service providers working with victims of domestic violence;
- NGOs from both banks working on gender issues and prevention of domestic violence;
- local authorities and de-facto specialized institutions.

Component 3: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons

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

a) Indirect beneficiaries – all people with HIV, PWIDUs, people in prisons other key populations and their partners/ family members, other community representatives, general population

b) direct beneficiaries –main counterparts – health and/or prison *de facto* authorities (both regional and district ones), law enforcement authorities/police, health services' managers of different levels and health professionals, specialized CSOs and other key populations relevant sectors.

Component 4 (cross-cutting): Platform for Human Rights - Coordination and Monitoring

Direct beneficiaries under this Component will be:

- representatives of civil society, community leaders, policy-makers, human rights and legal professionals from both banks of the river;
- development partners working on human rights in the Transnistrian region.

5. EXPECTED RESULTS

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities

- *De facto* authorities of central and local level, ombudsperson's office, other specialized *de facto* authorities and institutions trained and capacitated on international standards with regard to rights of persons with disabilities (at least 100 relevant responsible officers);
- Organizations of women and men with disabilities empowered to take action in protection and advancement of non-discrimination and their fundamental human rights as per the international standards, in particular through establishment of the regional Alliance of Persons with Disabilities with established close collaboration ties with the similar organizations and alliance form the rights bank of the Nistru-river;
- *De facto* normative framework reviewed and adjusted – to the furthest extent possible – in line with the international standards with regard to rights of persons with disabilities (as amendments to *de facto* laws, regulations and/or as executive order, operational guides, etc);
- At least 50 women and men, as well as children with disabilities from the pilot 1-2 communities have access to a range of inclusive CRPD-compliant community services developed and piloted to provide a successful model to be multiplied and scaled-up at the next stages;
- Raised awareness among broader range of opinion and decision-makers (de facto MPs, local authorities, media, etc) and wider society about the rights-based concept of disability – with at least 100,000 persons covered by awareness-raising activities.

Component 2: Enhancing gender equality and combating violence against women

- One functional social reintegration service/centre and two non-residential services providing assistance to victims of DV and HT in the Transnistrian region
- At least 15 trained staff members providing social services
- At least 3 trainings, aimed to strengthen capacities of key stakeholders (both, governmental and nongovernmental entities, from both banks), to protect and assist various socially marginalized groups provided
- Continuing emergency assistance and economic reintegration for women, victims of domestic violence and/or human trafficking, through receiving opportunities for training and employment/self-employment, during the 2016-2017.
- The following results will be achieved through the social services activities:
 - 80 victims of DV and HT are supported and rehabilitated, out of which:
 - 60 are mother-child couples;
 - 20 women are professionally trained

- 40 women are employed,

Component 3: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons

Outcomes

- 2 HIV policy documents gender and HR sensitive and mainstreamed (year working plan for HIV in Moldova and 1 in Eastern region)
- 3 assessment reports – Gender, Stigma index and of comprehensive package of services in prisons inform the policy making process to mainstream gender and HR
- Testing algorithms (1 document) +referral mechanism (1 document)
- Environment secured through safe innovative waste management equipment provided to prisons and communitarian services of 100% medical waste produced by harm reduction projects by 2017
- Stigma and Discrimination decreased in health institutions
- Output level
- 20 high level decision makers from prison sector support the implementation of comprehensive package of quality integrated care for HIV and PWIDs
- At least 10 high level decision makers from Law enforcement from Eastern region support harm reduction and have the capacities to ensure personal security and safety at the workplace
- 2000 inmates enjoy better access to HIV comprehensive services in prisons
- 60 health specialists (epidemiologists, lab staff, drug dependency, doctors, communicable diseases specialists, staff from civil society) gained skills to provide qualitative and friendly services to their beneficiaries
- 4 OST sites are piloted and extended in TN (2 units) and Moldova (3 units)
- 50 PWIDs from both banks are enrolled in the OST treatment
- Public awareness on drug dependency, prevention of HIV stigma and discrimination in health care settings raised and cover about 5000 persons from key populations and 200 health staff
- 200 beneficiaries referred to Harm Reduction programs through law enforcement authorities by the beginning of 2018
-

Component 4 (cross-cutting): Platform for Human Rights - Coordination and Monitoring

- At the least 20 members (institutions and organizations from both banks of the river) of the Cross-River Human Rights Platform, meeting at least on a quarterly basis, and ensuring general coordination of project (and Th.Hammarberg's recommendations-related) activities;
- Quarterly meetings of development partners working on human rights in Transnistria ensuring general coordination of interventions in the region.

6. GENDER ASPECTS

The proposed project activities will take into account gender dimensions and will aim to provide data on results achieved disaggregated by gender. The project is sensitive about the importance of the participation of women on equal terms with men in all aspects of conflict prevention, peace-building, post-conflict transition and reconstruction processes

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities

Gender dimension is integrated into the Component in the following ways:

- Through empowerment of rights-holders with special focus on women with disabilities to ensure that their distinct voice is strong and heard across the Nistru-river;
- Through inclusion of gender dimension into all study and analysis activities of the disability component (as no such data from the region are available at the moment);
- Through planning the outcomes of the Component in gender-disaggregated manner and making sure that among its beneficiaries at least 60% are women, thus contributing towards a more equitable gender balance in enjoyment of development benefits;

In addition we will make sure that among the staff and consultants engaged into implementation of this Component at least 50% will be women, including women with disabilities.

Component 2: Enhancing gender equality and combating violence against women

Component 2 is specifically centered on issues of gender and advancing gender equality as an absolute majority of victims of domestic violence in Transnistria are women. By setting up the shelter, the project will help to meet the recommendations of the UN Human Rights Expert in Transnistria Thomas Hammarberg concerning the creation of a physical space to assist victims of domestic violence, Both the shelter and the regional non-residential services will seek to address some of the most pressing needs of the domestic violence victims and namely the need for refuge, safety and physical integrity of the victims and their children, as well as for recovery, psychological support and legal support.

Human security: The collaboration between specialists from right and left banks of Nistru River, also joint working on the common cases, will contribute to the reduction of mistrust between people and to general confidence building.

The other project components will also come in strong to develop mechanisms of legal protection that should primarily benefit women, and their implementation could lead in a matter of 3-5 years to macro-systemic changes.

Component 3: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons

The project will address gender aspects in a separate objective. It is important to mention that on the right bank a gender-specific HIV assessment on legal and normative framework was performed in 2015 with the support of UNAIDS and UNODC. This assessment is to be replicated on the left bank, and the results will be used to inform gender mainstreaming in all HIV related policies on both banks. It is planned to present the results of the assessments from both banks jointly and develop work plans (the plans will look at policies, services, budgets and M&E frameworks). It also

aims to review existent policies and to ensure HR and gender is holistically mainstreamed, as well as mechanisms and service adjusted to gender needs.

Component 4: Regional Human Rights Coordination Platform

The project will ensure that within the coordination platform women will be represented at least in the proportion of 50% across all levels of the Platform, and that specific focus is made on articulating and addressing gender-sensitive needs in the work of the Platform.

7. ENVIRONMENTAL SUSTAINABILITY

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities

The works under the project will be implemented with due consideration to potential **environmental effects**, and with a view to reducing or eliminating any potential environmental damage.

Component 2: Enhancing gender equality and combating violence against women

All construction works shall be performed in conformity with national environment protection legislation, in a manner that maximally preserves green spaces and has a reduced impact on the environment. Solutions to find environmentally sustainable heating options for the premises in winter will be sought.

The project will pass the Environmental and Social Screening Procedure standard for UNDP projects, and be implemented in conformity with UNDP policies to ensure environmental sustainability .

Component 3: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons

The proposed project activities address environment safety issues of waste produced as the result of implementation of harm reduction projects (through 6 projects in 17 community territories and 13 prisons on both banks of the Nistru River. Innovative medical waste processing equipment for the safe disposal of needles and syringes collected through harm reduction program sites is proposed to be procured in 1 unit¹ (one for the right bank), as the majority of harm reduction projects are based on the right bank. This equipment will ensure decontamination and effective rendering of the medical waste transforming it for further recycling and waste processing. For about 19 years of harm reduction implementation, this problem was always present and solved through burning of needles and syringes or other non-friendly to environment methods. The equipment will serve to increase the effectiveness of the comprehensive package of services in civil sector and prisons and enhance the safety and security of personnel and volunteers while operating the Needle and Syringe program.

8. VOICE AND PARTICIPATION

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities

One of the specific objectives of this component is the empowerment of women/girls and men/boys with disabilities to become key actors in the disability rights reform in the Transnistrian region, but also in the broader social/public life and development in the region.

Organizations of persons with disabilities are key project partners under this Component and will have a direct voice in steering implementation and in actual implementation of the project (through the regional Alliance of Persons with Disabilities to be developed under this project).

Representatives of organizations of persons with disabilities will be invited to join Project's Steering Committee to steer implementation of the project.

All activities of this Component will be consulted and implemented with direct engagement of organizations of persons with disabilities (as participants to the relevant meetings and events).

Component 2: Enhancing gender equality and combating violence against women

As a temporary shelter for victims of domestic violence is now in place in the Transnistrian region, its beneficiaries will be involved in the process of adjusting the design so as their opinion is taken into account and the center meets the real needs of the beneficiaries. Their opinion as to how the shelter should be designed and how it should be equipped will be asked at meetings with representatives of the implementing team. The beneficiaries will take part in evaluating the social services provided and in negotiating any changes. To this effect, the Shelter's Rules of Functioning will contain provisions guaranteeing the beneficiaries' right to participate in making decisions in matters relating to service provision, the center's programs and its daily activities. In addition to the RoF, a set of Minimum Quality Standards will be developed for the Center that will include the rights and obligations of the service beneficiaries. Following positive practices implemented in other countries, one such Quality Standard or an analogue (e.g. the Charter of Beneficiaries' Rights) will explicitly set out the rights and obligations of the beneficiaries, including their right to take part in decision-making.

Component 3: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons

It has to be emphasized that civil society is one of the most important stakeholders in this project. The piloting phase, allowed joint groups of specialists, including civil society representatives from both banks of Nistru to be part of capacity building activities. In 2015 for the first time a partnership and referral between CSOs and drug dependency medical services in Transnistria was established. However, the most important achievement was to ensure the access of NGOs providing HIV prevention and care and support services to prisons, after 4 years of CSOs having their access banned to prisons. It also materialized into several joint collaboration agreements between civil society partners and health and justice de facto authorities for 2015 and 2016. At the end of 2015, a round table to programme HIV response for 2016-2017 gathered at the same table NGO representatives, development partners and high level de facto authorities, therefore, recognizing civil society as equal partner for programming, implementation and M&E processes.

Moreover, the proposal to have a Regional coordination Council and invite CSOs, was amongst de facto Minister of Health's proposals for the 2016-2017 working plan. It is imperative to have the voice and participation of CSOs as one of the project implementation approach. The implementing agencies UNAIDS, UNODC will ensure that CSOs will be part of all project implementation phases: programming and oversight (to advocate that CSOs are part of Regional Coordination Council); partnership consolidation (including CSOs in policy dialogues with police, as the existent practice of involving CSOs to dialogue with health and justice de facto authorities); implementation; capacity building (NGOs to be part of all study visits, trainings, round tables), assessment (Stigma index based on NGOs skills, knowledge and leadership, as well as involved in gender assessment); evaluation.

Component 4: Regional Human Rights Coordination Platform

The scope and nature of the Platform is to ensure voice and participation of all relevant stakeholders, including most vulnerable women and men (most notably from among the beneficiaries of all 3 components of the present project), in transformations processes facilitated by the project.

9. STAKEHOLDER OWNERSHIP

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities

Under this Component the project will build the local ownership in three complementary ways:

- a) Through early engagement of the de facto **central authorities** into defining the parameters and framework of the policy and normative transformations required by the UN standards with regard to rights of persons with disabilities;
- b) Through engagement of the de facto **local authorities** into designing community activities and services required by the UN standards with regard to rights of persons with disabilities;
- c) Through direct empowerment and co-implementation of the project jointly with the organizations of persons with disabilities.

The de facto authorities demonstrated their commitment to the above project ideas in several ways:

- By unilaterally in written committing to the following international human rights standards: Universal Declaration of Human Rights (1948), UN Genocide Convention (1948), International Covenant on Civil and Political Rights (1966), International Covenant on Economic, Social and Cultural Rights (1966), European Convention on Human Rights (1950) together with the commitment to align the internal normative framework with these international human rights standards – as per de facto MFA web-site at <http://mid.gospmr.org/ru/tdt>;
- By accepting and committing to follow recommendations of the UN Senior Expert Thomas Hammarberg (2013);
- By welcoming the standards of the UN Convention on the Rights of Persons with Disabilities (2006) and recommendations of the UN Special Rapporteur on the Rights of Persons with

Disabilities (made during her visit in September 2015) – as per de facto MFA verbal commitments during the meeting with the UN Special Rapporteur on the Rights of Persons with Disabilities on 14 September 2015 (<http://mid.gospmr.org/ru/zdt>);

- By accepting the key directions of the proposed project during the latest meeting with the UN Resident Coordinator / UNDP Resident Representative, UNDR Deputy Resident representative, OHCHR National Coordinator on 24 February 2016 (<http://mid.gospmr.org/ru/Lbf>), and meeting with the UN Assistant Secretary General on Human Rights, Ivan Simonovic, on 31 March 2016 (<http://president.gospmr.ru/ru/news/evgeniy-shevchuk-politicheskie-raznochteniya-mezhdu-tiraspoem-i-kishinevom-ne-dolzhen-sozdavat>).

Component 2: Enhancing gender equality and combating violence against women

From the outset, the project will focus on building local capacities to ensure the successful creation of new services in the region. Ownership will be ensured by reconfirming the engagement of de facto relevant authorities (social protection, health, and interior) as well as relying on further developing the capacity of partner NGOs. Considering that the *de facto* administration in Tiraspol has committed itself to implementing the recommendations contained in the Hammarberg Report, (1, the maintenance and the provision of medical care to prisoners, providing them with social support and rehabilitation; 2) the maintenance of detainees in detention centers; 3) the development of medical care; 4) social inclusion of people with disabilities; 5) de-institutionalization of child care system; 6) provision of pensions for citizens; 7) the development of the judicial system; 8) combating domestic violence; 9) combating trafficking in persons.) it has expressed interest to cooperate with UN in setting up a Shelter to protect and assist victims of Domestic Violence. The partner NGO Resonance, selected on a competition basis to establish the temporary shelter in the previous project, has already signed cooperation agreements with the region's *de facto* health care and social protection authorities. Moreover, a public building has been identified (formerly an outpatient establishment for children) to accommodate the future Shelter. The local administration has committed to transfer it for administration to the partner NGO for no charge. The offered building represents an essential contribution by the *de facto* administration, without which the project's mission would have been compromised. In a letter sent to the UN Resident Coordinator in Moldova, the *de facto* administration has pledged to fully fund the Shelter beginning with the 3rd year of its work.

Component 3: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons

The ownership of the project is guaranteed by the nature of the project. It mostly addresses regulatory and policy changes, which once approved by the de facto authorities on the left bank, impose standards/practices for programs/services implementation. Skills and competences, based on best international practices are also to be used by beneficiaries, either by those from public institutions or from NGOs. The only issue is related to high migration of staff, especially among public servants. The tactic is to form at least several specialists, and to have follow up reports, presentations so that all involved ones benefit.

Moreover, a fundraising and sustainability training is planned to be organized, so that the project beneficiaries are able to access local or donors' resources.

Component 4: Regional Human Rights Coordination Platform

The scope and the nature of this Component is to develop the ownership over the project results among the key stakeholders – de facto authorities, civil society organizations and ultimate rights-holders – women and men from vulnerable groups. It is expected that by the end of the project implementation it will be the Regional Human Rights Coordination Platform in control of the project outcomes and continuity.

10. 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 (MDTF). The UNDP Multi-Partner Trust Fund (MPTF) 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 (UNDP, UNAIDS and OHCHR) 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 (UNDP, UNAIDS and OHCHR)** 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.

UNDP will act as the Programmatic Lead Agency in the project and will coordinate activities related to the Project and will be responsible for submission of consolidated Project’s narrative annual and final reports based on submissions received from UNAIDS (lead agency for Component 3) and OHCHR (lead agency for Component 1 and 4). The reports will be submitted to the donor after clearance by the Project Steering Committee. The Annual narrative progress report and the final

narrative report, are 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:

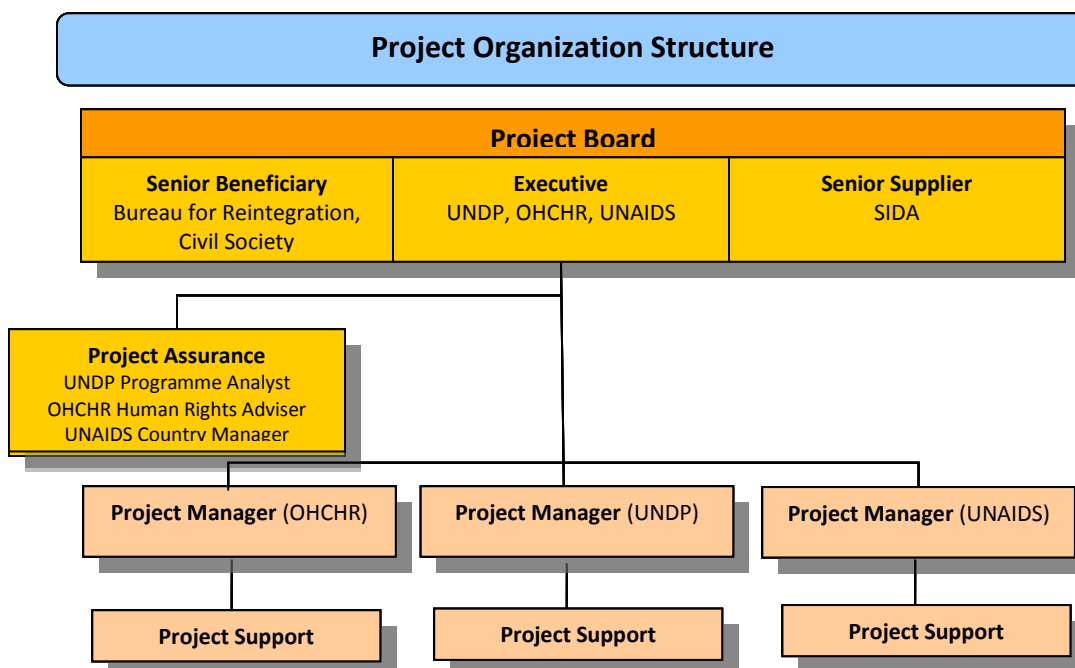
- Prepare consolidated narrative and financial progress reports, based on the narrative consolidated report prepared by the lead agency and the financial statements/reports submitted by each of the Participating UN Organizations in accordance with the timetable established in the MoU;
- Provide those 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.

The main Project authority will be the **Project Steering Committee (PSC)** that will take all decisions on project resources and amendments to the project Activity Plan, as necessary. The PST will be responsible for providing strategic guidance to the Project, overseeing progress, reviewing and approving of the Annual Project Reports, Project Work Plans, as well as the final Project Report. The PST will be convened at least twice per year, it will be chaired by UNDP and will comprise at least representatives of SIDA, UNDP, UNAIDS, OHCHR, Bureau for Reintegration, Ombudsman office and CSOs.

The Project Steering Committee approves all major plans and authorizes any major deviation from agreed Project work plans. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems between the project and any parties beyond the scope of the project.

Project Assurance: Assurance is a key element of the PRINCE2 management method, upon which the Project Management Arrangements are based. ‘Assurance’ is essentially an independent audit function, whereby the Project Steering Committee is able to monitor progress against agreed work plans. The Project Assurance role supports the PSC by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed. The Project Assurance is the responsibility of each PSC member. On behalf of the executive of the project, the function is delegated to the UNDP Programme Analyst, the OHCHR Human Rights Coordinator and, respectively, the UNAIDS Country Manager.

Each agency's project operations will be implemented through a **Project Support Team (PST)**. PSTs will ensure effective and efficient implementation of the Project. UNDP, UNAIDS and OHCHR Project Staff will be closely collaborating to ensure coordination and implementation of the project activities. The PSTs will ensure close coordination of the project activities and collaboration with other relevant programs, projects and initiatives. The PSTs will ensure results-based project management and successful implementation of the project, close monitoring and evaluation of project progress, observance of procedures, transparency and efficient use of funds, quality of works, and involvement of national and local stakeholders in the decision-making processes.



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.

11. MONITORING FRAMEWORK AND EVALUATION

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.

12.RISK LOG

Description of risk	Type and Category	Risk management actions
Volatile political and security environment, subject to unforeseen and sudden changes	Political/ High	<p>The programme will take into account the specific political setting that will exist in the region at the moment of implementation.</p> <p>The implementation of the activities will be planned and approached with caution, including the timing, visibility and presentation issues.</p>
Activities may be delayed due to the regional context, and perception towards confidence building approach	Operational /Medium	<p>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.</p> <p>Importance of confidence building approach will be explained and all activities will be planned and implemented in an impartial manner, focusing on concrete improvements in people's lives.</p>
Lack of engagement on behalf of TN stakeholders	Operational/ Medium	<p>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</p>

		results of the implemented action.
Limited interest from de facto authorities to implement joint confidence building activities	Operational / High	When planned activities for joint cooperation cannot be implemented, then other collaborative opportunities will be explored, in full accordance with principles of responsiveness and flexibility.
Possible threats to shelter beneficiaries' physical and psychological integrity from perpetrators	Safety/Medium	The Center will be equipped with video surveillance systems both outside and inside. Also, the Center will have a panic alarm button which will alert the police about any imminent threat. Conduct standards will be developed for both the staff and the beneficiaries. The Shelter will also have clear and accessible mechanisms in place to report cases of abuse and maltreatment. To prevent situations of beneficiaries suffering abuse or intimidation from aggressors outside of the Shelter, beneficiaries will be trained to use safety planning elements
Difficulties to working with NGOs in case the de facto authorities will adopt the new initiative on "foreign agents"	Operational/ Medium	The current initiative, as is, is more targeted at organisations doing "political work". The project will highlight the non-political character of the work and ensure local buy-in through permanent consultations locally
Unacceptance to piloting and scaling up of Opioid Substitution Therapy	Operational/High	The implementation of the activities will be planned and approached with caution, including the timing, visibility and presentation issues. Continuous advocacy and capacity building exercises will be undertaken for the de facto line authorities and specialists. The Belarus model will be promoted as a best practice example. Belarus model, although follow Russian policy in the regards to drug control, allows methadone implementation as part of the treatment and evidence based, scientific approach. The same model is foreseen for Transnistria, specialists and line authorities have agreed. In the case of refusal to implement OST on the left bank, one or two OST sites will be piloted on the right bank but close to the Transnistrian border, therefore ensuring that patients from the left bank have access to OST treatment. In the given political sensitive environment with regards to OST, two case scenarios will be implemented: Scenario A) TN authorities agree on the opening of 2 site in Tiraspol and Ribnita and Moldovan authorities scale up the existent services to Ribnita and Orhei; Scenario B) TN

		authorities refuse to open new OST sites by April 2018, therefore Furthermore, it will be very important to open an at least two OST site on the immediate border with the region in Rezina city/district to ensure the coverage for Ribnitsa district and in a second one in Varnita to ensure coverage for patient from Tiraspol and Bender (right bank on the border with the left bank), The B scenario will be offering a slight possibility for the left bank patients to travel for the treatment on the right bank.
Difficulties in adopting adjusted normative framework in prisons, in the case of elections and change of justice responsible authorities	Operational/ Medium	As a follow up of the assessment several adjustments to the existent legal framework in prisons will be proposed for adoption and implementation. As for 2017 elections are planned, the structure of the current de facto authorities might shift and might pose a challenge for perusing the initiated process. Continuous sensitization of authorities will take place, ensuring that all planned adjustments are implemented.
Logistical difficulties in organizing study visit to prisons in Switzerland	Operational Medium	Since previously the negotiation process with prisons authorities from Switzerland were already initiated, several questions in the planning process might arise. Swiss prison authorities are not always available to receive visitors and might require a pre-planning time of longer than 1 year. Therefore, in the case it is not possible to travel to Switzerland, which is the best practice in the world in the case of comprehensive package of services to HIV in prisons, it will be proposed to undertake a study visit to Spain, which also provides an extensive package of services to inmates and has achieved good results in reducing the burden of HIV and TB amongst inmates. The decision will be taken in order not to postpone the other 2 activities planned within the prisons component.
Resistance in organizing joint capacity building activities, especially for LEAs and prison participants from both banks	Operational/ Medium	When planned joint activities will not be possible to organize, other opportunities will be explored, including organizing separate training/study visits sessions for each bank, however ensuring the participants from both banks have gained same level of knowledge, following the same methodology.
Possible resistance to community-based services model for deinstitutionalized persons with	Operational/ Medium	A thorough preparatory work will be performed within the target community and with the staff of the transformed institutions to enable them

disabilities		to see the benefits for the parties involved
Elections in the region leading to change in priorities	Political /Medium	The implementation team will manage this risk through continuous communication with relevant stakeholders, supporting projects that are responding to pressing needs and/or that are selected in a participatory manner. In case of leadership changes, meetings will be set up early in order to present programme priorities, activities and intended results.
<u>Corruption risks during activity implementation</u>	<u>Operational / Medium</u>	<u>The implementation team will manage all processes that could be affected by corruption in accordance with anti-corruption policies of the UN agencies involved, including with regards to procurement activities, as well as through monitoring and quality assurance of grants provided to NGOs, etc.</u>
Different financial systems in the Transnistrian region	Operational / Medium	Financial flows to Transnistrian banks for TN NGOs and social institutions have facilitated delivery of activities. UN Agencies will continue to further explore the issue of higher incurred costs for transfers and currency exchanges.

13. 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. 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.

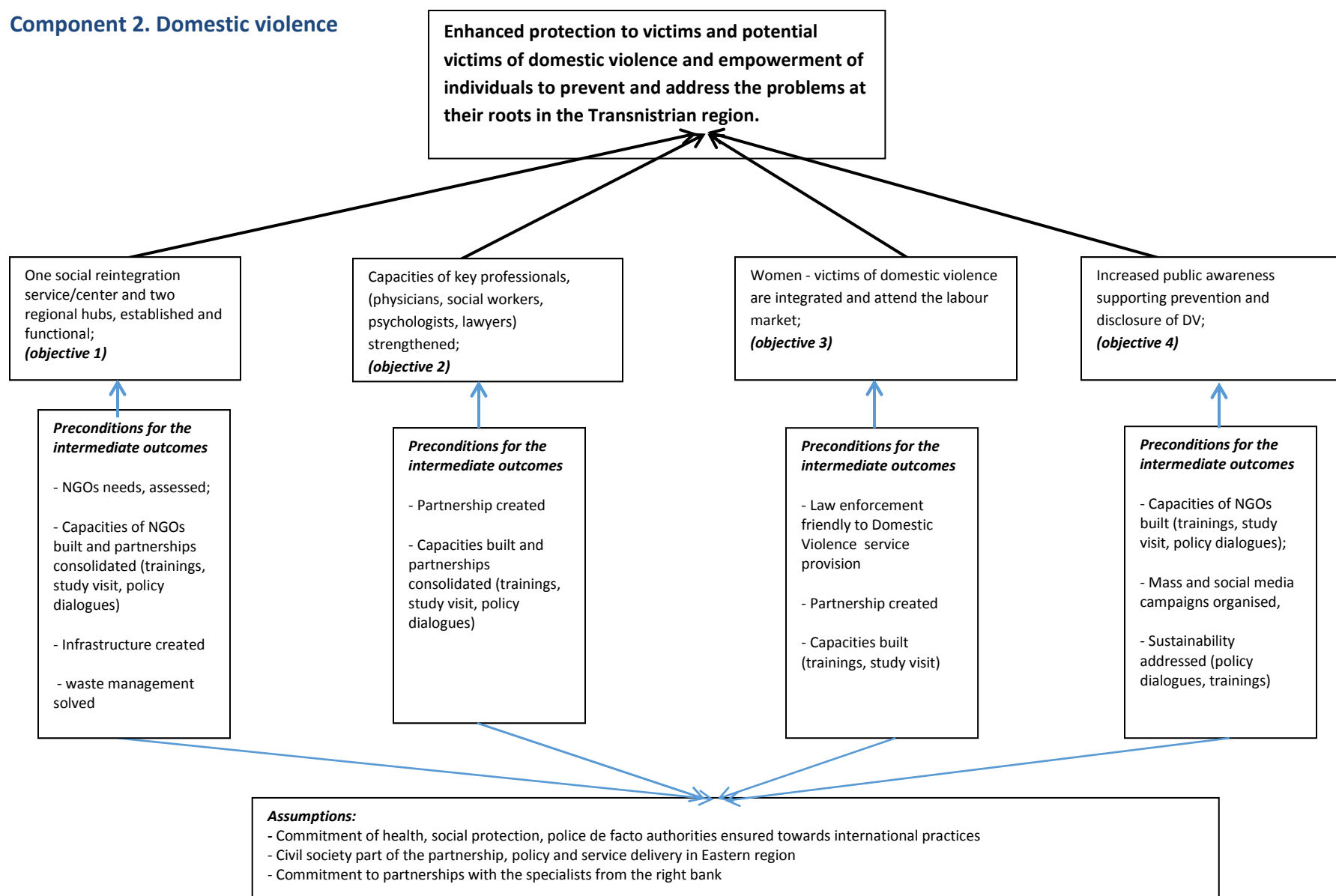
Annex 1 - Theory of Change Frameworks

Component 1: Non-discrimination and social inclusion of children and adult persons with disabilities

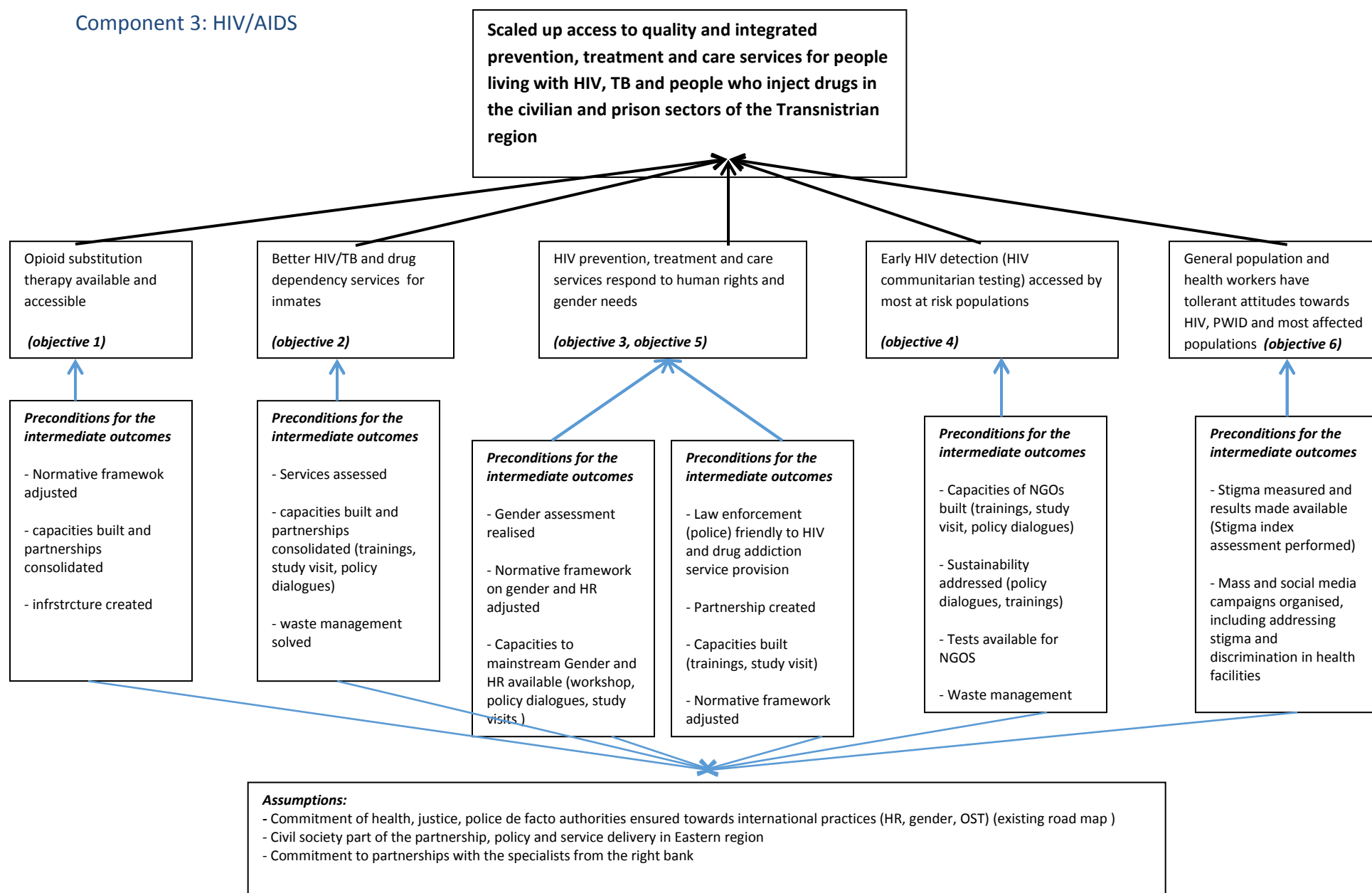
Overall Objective / Expected Impact	To achieve an increased number of women and men, as well as children with disabilities, enjoying the range of community-based services for ensuring the effective exercise of their rights on an equal basis with others (as per the UN human rights standards – Universal Declaration of Human Rights, two International Covenants, Convention on the Rights of Persons with Disabilities, Convention on the Rights of Child, etc)			
Major Problems	<p><i>The lack of a rights-based understanding</i> among the broader society and duty-bearers of the <i>concept of disability</i> and of the <i>rights of persons with disabilities</i>;</p> <p><i>Normative and institutional frameworks</i> <i>incompliant with the UN standards</i> in the field of rights of persons with disabilities;</p> <p>A “<i>patronizing</i>” and <i>objectifying approach to persons with disabilities</i> (viewing persons with disabilities as passive “objects of care”, requiring patronizing by “fully-able” people), resulting into substituted decision-making for persons with disabilities, dependent living, isolation, segregation and institutionalization of persons with disabilities.</p>			
Major interventions	<i>Empowerment of the rights-holders</i> – persons with disabilities, their groups and organizations – by their internal capacity development, building relations and partnerships with other organizations and authorities in the region, but also with similar type of organizations across the Nistru-river;	<i>Capacitation of the duty-bearers</i> – de facto authorities – activities to make them understand, internalize and apply the rights-based understanding of disabilities by developing compliant normative and institutional framework;	<i>Support in development and piloting of Convention-compliant community services</i> and facilities for persons with disabilities;	<i>Awareness raising among opinion-makers</i> and wider society about the rights-based concept of disabilities.
Corresponding Project	Objective 1.2. Empower	Objective 1.1. Support to transformation process of		Objective1.3. Promoting

Objectives and Outputs	<p>local communities to <i>create access to targeted and mainstream services to women/girls and men/boys with disabilities</i> by developing their design and delivery modalities, and by promoting measures that will increase availability and affordability, and thus developing a rights- and community-based model to addressing women/girls and men/boys with disabilities</p>	<p>policy and legal approach, including social protection, with regard to people with disabilities – with focus on women/girls with disabilities - from institutions into communities in line with the human rights based approach</p>	<p>attitude changes at different levels of society through <i>awareness raising</i>, while promoting supportive and empowering attitudes</p>
	<p><u>Intended Output:</u> Mobilized and empowered civil society, persons with disabilities and their families, with focus on women with disabilities, in two pilot communities which are able to act as agents of change in the implementation of the CRPD and CRC provisions on the ground;</p>	<p><u>Intended Outputs:</u> a) Increased commitment and institutional capacity of the de facto authorities and local governance to deliver under their obligations set through the CRPD and CRC b) CRPD-compliant services delivered in 1-2 pilot communities</p>	<p><u>Intended Output:</u> Raised understanding, knowledge and higher social awareness about the rights of persons with disabilities, to eliminate discriminatory barriers so that they participate fully in society <u>Indicator:</u> 100,000 CRPD-standards aware residents</p>

Component 2. Domestic violence



Component 3: HIV/AIDS



Annex 2 - Logical Framework

Component 1: Non-discrimination and social inclusion of persons with disabilities

INTENDED OUTPUTS	OUTPUT TARGETS FOR 2016-2017	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
<p>Objective 1.1 - Support the transformation of the <i>de facto</i> policy and normative framework with regard to people with disabilities - with particular focus on women with disabilities - moving from segregation and institutionalization model to inclusive community-based model in line with the human rights based approach</p> <p><u>Intended Outputs:</u> a) <i>De facto</i> authorities of central and local level, ombudsperson's office, other specialized <i>de facto</i> authorities and institutions trained and capacitated on international standards with regard to rights of persons with disabilities; b) <i>De facto</i> normative framework reviewed and adjusted – to the furthest possible extent – in line with the international standards with regard to rights of persons with disabilities (as amendments to <i>de facto</i> laws, regulations and/or as executive order, operational guides, etc).</p> <p><u>Indicators:</u> - Existence of policy and normative framework compliant with UN standards</p>	<p>- Policy and normative framework in place – to the furthest possible extent – (at minimum soft – Strategy/roadmap and/or guidelines endorsed by the <i>de facto</i> authorities); - At least 100 responsible officers and professionals (of which at least 60% - women) trained and capacitated in applying international standards with regard to rights of persons with disabilities.</p>	<p>Activity 1.1.1: Training and capacitation of the <i>de facto</i> authorities of central and local level, specialized <i>de facto</i> authorities and institutions on international standards with regard to rights of persons with disabilities</p> <ul style="list-style-type: none"> • Trainings and practical workshops with elements of experiential learning (a ride in a wheel-chair, day with your eyes closed, role plays) on the international human rights standards with regard to persons with disabilities. <p>Activity 1.1.2: Review and adjustment of the <i>de facto</i> normative framework in line with the international standards with regard to rights of persons with disabilities, facilitation of the operational framework for social inclusion of persons with disabilities</p> <ul style="list-style-type: none"> • Study on the compliance of the <i>de facto</i> normative-regulatory and institutional-operational framework related to the persons with disabilities with the international human rights standards, and identification of the regionally-acceptable international best practices; • Support to bringing the policy and normative framework in compliance with the UN standards with regard to persons with disabilities; follow-up visit of Thomas Hammarberg; • Support to development and implementation of operational plans on transition to rights-based model of addressing the situation of persons with disabilities; • Organization of a study visit to another country to learn best practices in ensuring social inclusion of persons with 	OHCHR (lead), UNDP, UNICEF, WHO	90,000 USD

<p>on persons with disabilities (to be measured through a study on this framework at the very first stage of project implementation);</p> <ul style="list-style-type: none"> - No. of responsible officers and professionals (of which % of women) capacitated in applying international standards with regard to rights of persons with disabilities. <p><u>Baseline:</u></p> <ul style="list-style-type: none"> - No policy, normative and institutional framework for implementation of rights of persons with disabilities compliant with UN standards on persons with disabilities; - 0 responsible officers and professionals (of which 0 women) capacitated in applying international standards with regard to rights of persons with disabilities. 		<p>disabilities, provision of community-based services for support in decision making and exercising legal capacity, participation in education and employment.</p>		
<p>Objective 1.2 - Empower organizations of persons with disabilities and local communities to develop access to specialized and mainstream services to persons with all types of disabilities by developing their design and delivery modalities, and by promoting measures that will increase availability and affordability, and thus developing a rights- and community-based model to addressing the needs and rights of women/girls and men/boys with</p>	<ul style="list-style-type: none"> - 5 empowered organization persons with disabilities (in addition to the “World of Equal Opportunities” from Bender); - One regional alliance of persons with disabilities established; - 5 community-based services/mechanisms for persons with disabilities 	<p><u>Activity 1.2.1</u> – Engaging and empowering organisations of persons with disabilities and self-advocates, with focus on women with disabilities, in promoting human rights oriented reforms</p> <ul style="list-style-type: none"> • Provide support in establishing an alliance of disability rights organisations, which will perform independent monitoring, and build capacities to advocate, monitor and interact with national implementation and international oversight bodies (through workshops and facilitated meetings); • Facilitate the participation of organisations of persons with disabilities, particularly of women with disabilities, in the 	<p>OHCHR (lead), UNDP, UNICEF, WHO</p>	<p>150,000 USD</p>

<p>disabilities</p> <p><u>Intended Output:</u></p> <p>a) Organizations of women and men with disabilities empowered to take action in protection and advancement of non-discrimination and their fundamental human rights as per the international standards and establish close collaboration with the similar organizations from the right bank of the Nistru-river;</p> <p>b) Women and men, as well as children with disabilities from the pilot 1-2 communities have access to a range of inclusive CRPD-compliant community services</p> <p><u>Indicator(s):</u></p> <ul style="list-style-type: none"> - No. of empowered organizations of women and men with disabilities; - Establishment of the regional alliance of persons with disabilities; - No. of community-based services for persons with disabilities developed; - No. of persons with disabilities (% of women and girls) enjoying the developed community-based services. <p><u>Baseline:</u></p> <ul style="list-style-type: none"> - 1 empowered organization persons with disabilities ("World of Equal Opportunities" from Bender); - No regional alliance of persons with 	<p>developed (in addition to the Accessibility Review within the Bender City Constructions Approval Committee);</p> <ul style="list-style-type: none"> - 50 persons with disabilities (of them 60% women and girls) enjoying the developed community-based services. 	<p>process of deinstitutionalisation development of the strategy on reducing reliance on institutions and transition to community based services for persons with disabilities (through facilitated workshops, roundtables, meetings, seminars with the <i>de facto</i> authorities);</p> <ul style="list-style-type: none"> • Develop a grant/social contract scheme to stimulate and support the creation and development of peer support services for social inclusion, to be implemented by organizations representing people with disabilities; this activity will be performed via a coalition of persons with disabilities from the left and rights bank of the Nistru-river to ensure capacities transfer. <p><u>Activity 1.2.2 – Development and piloting of CRPD-compliant community services in 1-2 communities to provide a successful model to be multiplied and scaled-up at the next stages</u></p> <ul style="list-style-type: none"> • Mobilization and empowerment targeted pilot communities to develop an understanding of the CRPD and acceptance for the proposed development of community-based services for persons with disabilities; • Assistance and support in piloting community services developed as a result of the implementation of the transformation plans. The assistance and support will come primarily as procurement of goods and services to eventually renovate and equip relevant facilities (such support will be provided through a local NGO). It is important to stress that under the given operational context in the Transnistrian region the non-infrastructure interventions can only take place if associated with a solid package of infrastructural support. In the context of deinstitutionalization, these learning sites could be used to gain experience about the development and implementation of innovative services and to develop the capacity to manage 	
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disabilities; - 1 community-based service/mechanism for persons with disabilities developed (Accessibility Review within the Bender City Constructions Approval Committee); - 0 persons with disabilities (% of women and girls) enjoying the developed community-based services.		larger-scale reform programmes.		
<p>Objective 1.3 - Promote attitude changes at different levels of society through awareness raising, while promoting supportive and empowering attitudes</p> <p><u>Intended Output:</u> a) Raised awareness among broader range of opinion and decision-makers (de facto MPs, local authorities, media, etc) and wider society about the rights-based concept of disability</p> <p><u>Indicator:</u> No. of region residents covered by awareness-raising activities.</p> <p><u>Baseline:</u> 0 region residents covered by awareness-raising activities.</p>	At least 100,000 region residents covered by awareness-raising activities	<p>Activity 1.3.1 – Raising awareness on the international human rights framework related to women/girls and men/boys with disabilities and making the case for transitioning from institutional care to community based services and social inclusion</p> <ul style="list-style-type: none"> Contracting consultancy services to ensure on-going awareness-raising activities in the region about the international human rights framework related to women/girls and men/boys with disabilities and making the case for transitioning from institutional care to community based services and social inclusion; Designing and running an awareness-raising campaign to the same end, once all the necessary technical arrangements are in place to prepare the public opinion for the transformation. 	DHCHR (lead), UNDP, UNICEF, WHO	20,000 USD

Component 2: Enhancing gender equality and combating violence against women

INTENDED OUTPUTS	OUTPUT TARGETS FOR 2016-2017	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
<p>Output 1 – Victims of Domestic Violence and Human Trafficking (HT) from Transnistrian region have improved access to complex social reintegration/rehabilitation service, including one shelter and two regional hubs; <i>The new created services help the women – victims of DV and/or HT and their children, to break the wheel of violence.</i> Baseline: 1.1. Lack of services (unities) for assisting victims of DV and HT; Indicators: 1.1 Number(?) of created services (unities) (one shelter and 2 regional hubs); What services?</p>	<p>1.1. At least one Shelter effectively established in Tiraspol, and functional; 1.2. Two regional hubs (Grigoriopol and Rybnitza) established and functional;</p>	<ul style="list-style-type: none"> - Equip (basic furniture) the Center based in Tiraspol and support the Center's maintenance during the 2016-2017. - Further development of the Center's financing mechanisms, quality standards, functioning regulations and rules for social reintegration service. - Provide technical advice and guidance to service providers and shelter administration including in development of services to immediately address needs of victims of domestic violence, human trafficking and other forms of violence against women. - Support at local level of minimum 2 Women's Safety & Prevention Services for support women and girls - victims of domestic violence. - Establish a partnership with 2 local NGOs in order to transfer the management of regional hubs, to the local NGOs 	<p>UNDP</p> <p>Health and Social Protection authorities on both banks of Nistru river</p> <p>Civil society organizations</p>	<p>184 000 USD</p>
<p>Output 2: The presence of professionals (in shelter, in two regional hubs, in services managed by other local NGOs) who can deliver qualitative services for victims of DV and HT <i>Increased number of professionals contribute to diminish the consequences of Domestic Violence and Human Trafficking (HT) phenomena</i> Baseline: 2.1. Lack of trained specialists, (case managers, psychologists, social workers, lawyers, PR specialists from the shelter, regional hubs and other</p>	<p>2.1 Strengthen the capacity of key service delivery partners (case managers, psychologists, social workers, lawyers, PR specialists from the shelter, regional hubs and other NGOs and also the representatives of de-facto ministry of Social Protection) to promote and protect women's rights to life free for violence</p>	<ul style="list-style-type: none"> - Strengthen capacities of 15 professionals from specialized services to provide qualitative services in matter of Combating Domestic Violence (Case Management; Psychosocial counselling; Referrals to local resources, etc.,) through trainings 	<p>UNDP</p> <p>Health and Social Protection authorities on both banks of Nistru river</p> <p>Civil society organizations</p>	<p>25 000 USD</p>

<p>local NGOs) to deliver qualitative services for victims of DV and HT;</p> <p>Indicators:</p> <p>2.1 15 specialists from service delivery institutions (shelter, regional hubs, other partner NGOs, representatives of de-facto ministry of Social Protection) trained;</p>				
<p>Output 3: Enhanced opportunities for, victims of DV and HT to attend the labour market</p> <p><i>Created opportunities are in line with the victims needs and contributes to economic empowerment of the survivors/victims</i></p> <p>Baseline</p> <p>3.1 Lack of specialists (social workers, psychologists), who applies vocational counselling techniques and tests</p> <p>Indicators</p> <p>3.1 Number (80) of victims professionally oriented</p> <p>3.2 Number (20) of women who graduated vocational courses</p> <p>3.3 Number (40) of women employed</p> <p>3.4</p>	<p>3.1 Capacity development of partner NGOs to develop and implement economically oriented programs for victims of DV and HT</p>	<p>Train 5 psychologists in order to use vocational counseling techniques.</p> <p>Train the psychologists in utilizing the psychological tests for career counselling and planning.</p> <p>Facilitate professional training for 20 beneficiaries and employment for 40 beneficiaries.</p>	<p>UNDP, partner NGOs, de-facto NEA, employers</p>	<p>15 000 USD</p>
<p>Output 4. The information and public awareness campaign produced effects among the general public, and generated public debate.</p> <p><i>Public awareness raised to support prevention/disclosure of DV and HT cases</i></p> <p>Baseline:</p> <p>4.1 Domestic Violence – a hidden social problem</p>	<p>4.1 Support the organization of awareness raising campaigns and joint events (involving the right bank) on DV and HT</p>	<p>– Train and support through the grant programme 5 NGOs in developing local social campaigns promoting zero tolerance against DV,</p> <p>- Empower 5 NGOs to develop local mid-term plans to prevent DV</p>	<p>UNDP</p> <p>Health and Social Protection authorities on both banks of Nistru river</p>	<p>30 000 USD</p>

<p>4.2 Relatively high tolerance of Domestic Violence phenomena among society.</p> <p>4.3 Lack of public debates regarding Domestic Violence phenomena.</p> <p>Indicators</p> <p>4.1 Number (5) of awareness raising activities carried out</p> <p>4.2 Number (5) of NGOs, trained to develop local campaigns</p>			<i>Civil society organizations</i>	
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Component 3: HIV/AIDS

INTENDED OUTPUTS	OUTPUT TARGETS FOR 2016-2017	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
<p>Output 1 – Increased access to comprehensive package of services for PWIDs, including drug dependency in community <i>Adjusted regulatory framework and extended OST on both banks of Nistru river leads to access of PWID to opioid substitution therapy</i></p> <p>Baseline:</p> <p>1.1 Weak understanding of OST benefits among decision makers on both banks</p> <p>1.2. Lack of normative acts to incorporate OST on the left bank</p> <p>1.3. Lack of knowledge and skills of health and NGO staff to provide OST on both banks of Nistru</p> <p>1.4. No OST available on the left bank. OST is partly available on the right bank, covering 4 cities/districts out of 35. Less than 1% of estimated number of PWIDs undergoes OST treatment.</p> <p>Indicators:</p> <p>1.2 1 specialists participated at the working visit on HIV/OST to Minsk</p> <p>1.3 A report including normative document adjusted to incorporate OST is prepared</p> <p>1.4 Ordinance at the level of health authorities is issued to pilot OST</p>	<p>1.1 10 Authorities and relevant specialists have increased knowledge with regards to Belarus practice on addressing public health policies on drug use</p> <p>1.2 A clear normative health treatment related regulation/ordinance in place on the left bank to enable OST, including basic guidance for medical specialists (Clinical Protocol) implementation</p> <p>1.3. All staff (at least 7 persons) skilled to provide OST in the new 5 OST sites (2 on left bank and 2 on right bank) as a result of the on spot trainings</p> <p>1.4. 4 new sites (2 on left bank and 2 on right bank) available and capacitated to provide OST for people who inject drugs</p>	<p>–Decision taking specialists have visited the HIV/OST facility to Minsk oblasti</p> <p>–Assesment of normative documents to incorporate OST is available</p> <p>– Organize on spot training on OST to ensure the opening of the new sites and prescription of methadone to the patients</p> <p>–Organize the logistical opening of 4 new OST sites, including local agreement with the medical institutions (internal ordinance) and procurement of methadone dispenser, computer, desk, chair, refurbishment, window metal protection bars and metal doors, water cooler, transportation</p>	<p>UNODC Health authorities on both banks of Nistru river Civil society organizations</p>	<p>52,4000 USD</p>

<p>1.5 4 medical personnel is able to provide OST in the new opened sites</p> <p>1.6 4 new OST sites opened</p> <p>1.7 As a final indicator we need to know the number of At least 50 beneficiaries are accessing the comprehensive package of services. OST sites and undergo opioid drug dependency treatment</p>				
<p>Output 2: Increased access to HIV services for 2000 prisoners <i>Improved normative framework and political commitment increase access to HIV prevention services for prisoners</i> Baseline: 2.2. Lack of needs assessment of HIV response in prisons 2.3. Weak integrated HIV and TB skills of prison and NGOs staff 2.4. the Total number of persons with HIV in prisons - 150 2.5. the Total number of persons in prison beneficiaries of services - 2000 2.6. what services are HIV treatment is available for persons with HIV . The retention in prisons - treatment rates are very low</p> <p>Indicators: 2.1 Assessment report shared with the prison authorities 2.2</p>	<p>2.1 Conduct the assessment in comprehensive package of services to HIV in TN prisons to identify major challenges and adjustments to be included (including on the normative framework)</p> <p>2.2 Improved the capacities of 20 Health and NGOs staff in providing qualitative integrated TB and HIV services for inmates</p> <p>2.4 Increased understanding of 6 decision making staff with regards to integrated services in prisons as a result to best practices exposure in Switzerland</p> <p>- Improved normative framework to increase access to HIV prevention and treatment services for prisoners – this is also important as only with the assessment the situation will not be changed.</p>	<p>- Needs assessment report in HIV comprehensive services in prison provided by the international consultant and includes holistic recommendations on improving and scaling up services to prisoners (including on the legal framework)</p> <p>- Organize a training on comprehensive HIV services for prisons and NGO personnel working in prisons</p> <p>- Organize a joint working visit on best practice Harm Reduction Services in prisons to Switzerland.</p>	<p>UNODC Justice authorities on both banks NGOs</p>	<p>45000 USD</p>

<p>2.3 20 NGO and prison staff trained in comprehensive services to HIV in prisons</p> <p>2.4 6 prison staff who participated at the working visit on comprehensive package of services in prisons to Switzerland or Spain</p> <p>2.6</p> <ul style="list-style-type: none"> - Integration of HIV and TB services will be available for all inmates. - NGOs will have access to prisons to ensure peer counselling and informative sessions for the inmates - Needle Syringe and Exchange program in prisons, financed by the GFATM will be scaled up 				
<p>Outcome 3. <i>Existent HIV programming policies are human rights based and gender sensitive, including M&E frameworks and budgets</i></p>	<p>3.1 The year working plan for 2018 on HIV control and prevention programme is gender and HR mainstreamed on both banks (by the end of 2017)</p> <p>Target: 2 documents – 1 for the right bank, 1 for the left bank</p>			
<p>Output 3 Human rights and gender mainstreamed into HIV normative framework on both banks</p> <p><u>Baseline</u></p> <p>3.1 Lack of gender assessment of HIV policies on the left bank</p> <p>1 existent on the right bank</p> <p>3.2 Lack of competencies to develop gender sensitive policies in HIV response</p> <p>3.3 Weak gender mainstreamed HIV</p>	<p>3.1 Nr (1) gender assessment of HIV response, present (baseline 1 – on the right bank) by the end of 2016</p> <p>3.2 Nr (25) specialists from both banks of Nistru river able to develop HIV gender sensitive policies and integrate HR&gender base approach in HIV normative framework</p> <p>3.3 Nr (10) specialists skilled to promote gender sensitive plans implementation as a result of the study visit</p>	<ul style="list-style-type: none"> - Conduct the gender assessment of HIV response in TN. The right bank experience from 2015 on that will be replicated on the left bank. - Organize a workshop to present the results of Gender and Legal Assessments and to design a road map on mainstreaming human rights and gender, as well as implementation framework of those into the HIV response - involving stakeholders from both banks 	<p><i>UNAIDS Health, justice, LEA authorities on both banks NGOs on both banks</i></p>	<p>35000 USD</p>

<p>programming policies</p> <p>3.4 Lack of skills to provide HR and gender sensitive services on both banks by all service providers in HIV response</p> <p>Indicators</p> <p>3.1 Number of gender assessment performed and implemented</p> <p>3.2 Number of specialists from NGOs and public sector able to develop gender and HR sensitive policies</p> <p>3.3 Number of HIV year working plans for 2017-2018 on both banks of Nistru river gender sensitive</p> <p>3.5</p>		<p>-Exposure to best practices in one of the EECA countries on gender mainstreaming for at least 10 specialists from both banks (to be decided)</p> <p>-Policy dialogues/2 workshops to develop the year working plans of both banks of Nistru river to ensure the implementation of the road map</p>		
<p>Outcome 4. Improved capacities of NGOs to provide HIV testing and normative framework ensured for the service</p>	<p>The testing algorithm and referral system on both banks of Nistru river reviewed (2 documents)</p>			
<p>Output 4. Increased access to communitarian testing of most at risk populations</p> <p><i>Improved skills of NGO service providers and increased availability on HIV rapid tests lead to increased access of most at risk populations to communitarian testing</i></p> <p>Baseline:</p> <p>4.1 Weak knowledge and skills of NGO service providers to realize communitarian testing</p> <p>4.2 Weak abilities of NGO sector to ensure sustainability of communitarian testing</p> <p>Indicators</p>	<p>4.1 Nr (30) NGOs representatives are able to provide communitarian testing on both banks</p> <p>4.2 Nr (8) specialists exposed to best HCT practices from the region through a study visit to Baltic states</p> <p>4.3 Nr (25) management staff of NGOs have fundraising skills</p> <p>4.4 % 100% of waste managed safely on the right bank</p>	<p>- Capacity building of NGOs on both banks on the communitarian testing and ensuring proper normative framework to refer persons to health services</p> <p>- Organize a study visit to one of the Baltic States to get aware about the best practices on communitarian testing, collaboration between NGO sector and public institutions</p> <p>- organize a training on advocacy and fundraising for the civil sector)</p> <p>- procurement of innovative medical waste management equipment to ensure safe disposal of needles and syringes collected through harm reduction program sites</p>	<p><i>UNAIDS Health authorities on both banks NGOs on both banks</i></p>	<p><i>40 000 USD</i></p>

<p>4.1 Number of NGOs representatives able to provide qualitative HCT (HIV communitarian testing)</p> <p>4.2 Number of specialists exposed to best HCT practices</p> <p>4.3 Number of NGO personnel who are able to get funds from public resources</p> <p>4.4 % of waste safely managed</p>				
<p>Output 5. LEAs participate in the referral process of vulnerable groups to harm reduction services</p> <p><i>Established sustainable dialog with law enforcement authorities with regards to a communitarian policing approach in working with most at risk populations and ensured referral services from Police to harm reduction services</i></p> <p>Baseline</p> <p>5.1 Lack of knowledge of LEAs related to comprehensive HIV/TB/ OST(?) prevention package</p> <p>5.2 Lack of normative guidance for LEAs to address public health needs of PWID</p> <p>Indicators</p> <p>5.2 10 LEAs participated at the working visit on Police Referral Services to Vienna, Austria</p> <p>5.3 25 police officers trained in Harm Reduction and personal security and safety</p> <p>5.4 Regulation developed and approved to incorporate safety and security at the</p>	<p>5.1 10 LEAs are sensitized in the field of Harm Reduction and referral services as a result of exposure to best practice LEAs communitarian approach in Austria</p> <p>5.2 20 LEAs are capacitated and have the necessary skills to ensure referral to Harm Reduction and personal safety and security while interacting with the vulnerable groups</p> <p>5.31 Normative document developed and approved to incorporate safety and security at the work place on the left bank and referral schemes to Harm Reduction for police officers</p>	<p>- Organize a study visit for police officers to Austria on Harm Reduction and referral schemes for police officers</p> <p>- Organize one training for police officers from both banks on Harm Reduction and Personal safety and Security while at work</p> <p>-Consultants to develop a Normative documents to incorporate personal safety and security and referral to Harm Reduction for vulnerable groups</p>	<p><i>UNODC LEAs, Health and Justice authorities, on both banks NGOs on both banks</i></p>	<p>36 000 USD</p>

work place and referral schemes to Harm Reduction for police officers				
Outcome 6 Stigma and discrimination of the PLWH decreased	Stigma index conducted (2016)			
Output 6 HIV and drug dependency related stigma and discrimination reduced <i>Public awareness raised to decrease HIV and drug dependency related stigma and discrimination</i> <u>Baseline</u> 6.1 Lack of Stigma index research on the right bank 6.2 High level of stigma and discrimination towards HIV on both banks which impede persons to exercise their rights 6.3 High level stigma among health personnel providing services to HIV affected or infected persons <u>Indicators</u> 6.1 Number of reports on stigma index 6.2 Number of population covered by the campaign 6.3 Number of staff tolerant towards beneficiaries	6.2.1 At least 5000 Persons covered by communication campaigns 6.2.2 200 health personnel providing HIV prevention, treatment and care services tolerant to their beneficiaries	6.1 Perform Stigma index evaluation 6.2 Organize joint Moldovan/Transnistrian awareness media events (6)	<i>UNAIDS Health authorities on both banks NGOs on both banks</i>	<i>60000 USD</i>
Effective management and implementation of the project	Overall targets: 1. Ensure 100% use of resources; 2. Timely implementation of planned activities; 3. Timely development and submission of work plans and progress reports;	<ul style="list-style-type: none"> nsuring efficiencies and synergies across components iaison with key stakeholders, and involvement of local and regional 	<i>UNAIDS/UNO DC</i>	Human Resources- <i>USD 98,400</i> Transport – <i>USD 1000</i> Local office

	<p>4. Deliver the programme in accordance with UNDP/UNAIDS/WHO regulations, rules, policies and procedures.</p>	<p>stakeholders and beneficiary communities in the decision-making processes</p> <ul style="list-style-type: none"> • reporting to MPTF and to the donor • monitoring and evaluation, communication and visibility • handle finance, administration, procurement and logistics • ensure results-based project management and successful implementation of the project activities • observe transparency and efficient use of funds, quality of works 	<p>rent –USD 19200 Other costs, services – USD 1000 Total operational costs –USD 119600</p>
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