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Office in Moldova**

Project: Addressing violence against women in the Republic of Moldova: exploring and learning from local solutions project (#00104477)

Project Evaluation Report

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ABBREVIATIONS

ATU	Autonomous Territorial Unit
CETA	Common Elements Treatment Approach
CSO	Civil society organization
EEA	Economic empowerment activities
GBV	Gender based violence
LAP	Local Action Plan
LPA	Local Public Administration
MDWG	Multi-disciplinary Working Group on countering GBV
SDG	Strategic Development Goal
VAW	Violence against women

EXECUTIVE SUMMARY

The **main accomplishments** of implementing the project in ATU Gagauzia include:

- The local community in Chirsovo was mobilized to take part in the Situational analysis exercise, the results of which served the basis in start planning the local response to GBV through taking part in the participatory community discussions, public hearing, and resulted with developing and approval (December 2019) of the Local Action Plan on combating GBV (LAP) in Chirsovo. The Chirsovo model of participatory planning later on served as a model for similar actions – developing and implementations of the LAPs in additional 11 settlements of Autonomous Territorial Unit (ATU) Gagauzia of the Republic of Moldova;
- The local public administrations have approved the membership of the Multi-disciplinary Groups on Counteracting GBV (MDWG) that have been officially established on regional (ATU Gagauzia) level but also in 11 settlements of Gagauzia (including Chirsovo village). The successful model developed and piloted in Chirsovo was scaled up in these additional settlements, including developed /approved by LPAs Job descriptions and Regulations on the activity of MDWGs;
- The capacity of the regional and local public administration was strengthened to understand the phenomenon of GBV, national and international legal framework in addressing it, including through enhanced local multi-disciplinary response to domestic violence cases. In this way, due to provided basic trainings for the MDWGs members, the targeted trainings for the specific categories of specialists but also due to a follow-up coaching support on operational levels, the Local Public Administrations (LPAs) and the MDWGs members in all project target regions have been capacitated in addressing GBV cases and strengthened the local/regional mechanisms of cooperation on the local level to address comprehensively violence against women (VAW), including by applying into practice the principles “survivor of GBV should be placed in the center of all efforts”, “do not harm” and “leave no one behind”;
- The community awareness raising activities within the regional annual campaign “16 days of active actions against gender based-violence” have been successfully implemented and contributed to sensibilization of the target communities and LPAs in understanding the GBV and the need of strengthening the regional response to address it;
- Due to lobbying efforts on the regional level, the local public authorities in Chirsovo allocated the building and the regional authorities of ATU Gagauzia allocated the fundings for the refurbishing and continuous budgeting of the services of the established (December 2020) regional Safe Space for survivors of GBV;
- The work undertaken in Chirsovo demonstrates successful adaptations of local GBV best practices, also adapted to the pandemic context, documented and replicated in other 11 localities to identify and protect GBV vulnerable survivors during health emergencies, including within the opened Safe Space;
- The Mobile Outreach Service created under Safe Space allows reaching out vulnerable and disadvantaged beneficiaries in rural and remote areas (20 villages in ATU Gagauzia), reducing their out-of-pocket expenses (including transportation costs) and increasing service accessibility for the survivors of GBV in ATU Gagauzia. This is an innovative adaptation to the pandemic context in the Gagauzia region operating since mid-2021 as an extension of the Safe Space within a 150 kms radius. Furthermore, the outreach services continuously increase survivors’ workforce participation and producing economic benefits for the communities;
- The costing exercise conducted throughout the project course implementation allowed to monetise the costs of interventions on the local and regional levels in ATU Gagauzia, in helping

the local and regional authorities to understand and better plan the needed interventions following their (inter)national commitments in addressing effectively the GBV, gaining data on the Safe Space Mobile Outreach Services costs for the future eventual replicating to achieve greater benefits are modest compared with the potential cost of no GBV prevention, and likely to decrease overtime with additional beneficiaries reached, making/arguing it as a worthwhile inversion for local authorities in Moldova;

- The economic empowerment activities supported due to project and extra-project possibilities, allowed ensuring the sustainability of the rehabilitation efforts within the Safe Space allowing the economic reintegration of women placed in this facility.

The project operated in ATU Gagauzia serves the basis and opening for further support of the regional/local authorities by the donors and international community in addressing effectively the GBV in this specific region.

I. PROJECT CONTEXT

I.1. General country background and local context

In Moldova, 6 out of 10 women from the rural regions are subjected to psychological domestic violence and 4 out of 10 women aged 15-49 y.o. suffered from physical or sexual domestic violence during their lifetime¹.

The 2019 OSCE-led Survey on Violence Against Women “Well-being and safety of women”² identified the following major shortcomings regarding the response to gender-based and domestic violence: 1) social norms and attitudes contribute to inequality and a high prevalence of physical and psychological violence; 2) violence against women is underreported to the police and other organisations, as there is a lack of trust in the institutions that should provide support and services to victims; 3) specialized services for women survivors of violence are lacking and need to be improved, including for disadvantaged groups of women. The results of the survey clearly indicate that domestic violence is still a widespread phenomenon in Moldovan society. Notably, 40 percent of women stated they have experienced physical and/or sexual violence at the hands of a partner or non-partner since the age of 15. 22 percent reported that they experienced a form of physical violence at the hands of an adult before they were 15 years old, usually slapping and beating, mainly by their parents, The survey also shows that victims rarely report experiences of violence, due to a number of barriers such as shame, fear, and distrust of the police and healthcare professionals, as well as a lack of support with regard to the provision of housing and financial aid.

The *Report of the findings of Research of Legal Framework on Gender Based Violence and Domestic Violence in the Republic of Moldova*³ (2019) provides that 60 percent of social services are covered by civil society organisations. Victims’ contributions to covering attorney’s fees exceed by four times the state’s contributions. The main gaps are in the provision of social assistance for victims of domestic

¹ <http://antiviolența.gov.md/fapte-si-cifre/>

² OSCE-led Survey on Violence Against Women “Well-being and safety of women”, 2019, available at: <https://www.osce.org/secretariat/413237?download=true>.

³ Prevention, Protection and Prosecution of the Gender-Based Violence in Eastern Partnership countries, Report of the findings of Research of Legal Framework on Gender Based Violence and Domestic Violence in the Republic of Moldova, Gender Network of Eastern Partnership Civil Society Forum, Chisinau, 2019. https://eap-csf.eu/wp-content/uploads/Report-EN_2019.pdf

violence; economic empowerment and social housing; mental health and long-term psycho-social support; and access to state-funded legal counselling and representation in court.

The assessment of COVID-19 impacts on gender roles in Moldova⁴ revealed that around 60% of respondents believing that family responsibilities are mostly the women's obligation. Consequently, there are two main challenges: on one hand, there is the constraint and moral pressure exerted by society, and on the other hand, women are willingly accepting the traditionally 'prescribed' roles. Stereotypes are more present among the age group of 30-44 years: 76% of them believing that a man must support financially his family, while 67% believe that women should spend most of their time taking care of the family and households. Most members of the Moldovan society believe that women are capable to get involved in politics, but at the same time, they consider that their involvement should not be at the expense of their families or others in their care⁵.

The Republic of Moldova ranks 28th out of 156 states according to the 2021 Global Gender Inequality Index ranking Report developed by the World Economic Forum⁶. The quality of the gender statistics produced by the National Bureau of Statistics of the Republic of Moldova is ensured by observing the Fundamental Principles of the Official Statistics (approved by the UN Economic Commission for Europe in 1992 and the UN / Statistics Commission in 1994), as well as through the Law on Official Statistics. However, limitations still exist, the national wide representative study on domestic violence cases was organized back in 2010⁷, and some of the gender-sensitive indicators have not been available since 2016 and/or earlier, and there is very small non-homogeneous range of sex disaggregated indicators⁸. The FGDs and individual interviews with service providers and beneficiaries of the Safe Space conducted within the final project evaluation exercise also confirmed still widespread patriarchal views, even of the high level regional authorities in ATU Gagauzia but also among the community people.

The national study revealed that during the COVID-19 lockdown periods in Moldova, many women became more vulnerable both from the economic but also from the social point of view. The findings suggested that in order to minimize the negative economic effects of the pandemic crisis, more investment is needed into the economic empowerment programs for women survivors of domestic violence and other vulnerable women, given that the rapid reorganization of the labor markets and the economy exercises overall more negative impact specifically on women, also due to the „traditional” gender roles distribution in the public and private spheres of live⁹.

The COVID-19 pandemic made the personnel of the Safe Space to adapt quickly to the safety requirements and realities, adopt the reaching out activities; the capacity building activities delivered by the project experts as well other coordination activities between the project management and regional ATU /local authorities adopted to the online format, and the face-to-face activities were organized followed the recommendations of the National Commission on Emergency Situation in Moldova. ATU Gagauzia report the lowest level of vaccination among population in the Republic of Moldova¹⁰.

4 UN Women, CPD, Assessment of COVID-19 impact on gender roles, 2021 UN Women, CPD, Assessment of COVID-19 impact on gender roles, 2021

⁵Child's Care, Women's employment and the impact of COVID-19: the case of Moldova. UNWOMEN/UNECE, 2021, p.22:
https://moldova.unwomen.org/sites/default/files/Field%20Office%20Moldova/Images/Publications/2021/RAPORT_CHILDCARE_ALL_0710.pdf

⁶ https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

⁷ <https://moldova.unwomen.org/sites/default/files/Field%20Office%20Moldova/Attachments/Publications/2017/08/Report%20-%20Violence%20Against%20Women%202011.pdf>

⁸ https://eeas.europa.eu/sites/default/files/country_gender_profile.pdf

⁹ http://lastrada.md/pic/uploaded/RAPORT_VIOLENTA_COVID_2020.pdf

¹⁰ <https://msmps.gov.md/comunicare/comunicate/evolutia-situatiei-epidemiologice-si-a-procesului-de-vaccinare-impotriva-covid-19-in-perioada-26-decembrie-2021-2-ianuarie-curent/>

In Moldova, there are a large number of non-state actors working actively on gender equality and women's empowerment. A variety of activities, including diverse topics such as training for empowerment and awareness-raising of women, promoting gender-sensitive legislation, building shelters for battered women, as well as advocacy for women's rights have been taken up by women's groups and organisations with increasing effectiveness and impact in the recent past. The main platform in promotion of gender equality and prevention of GBV is the National Coalition "Life without domestic violence" - a national network of 23 non-governmental organisations and public institutions whose mission is to promote the rights of women and children, victims of domestic violence and reduce violence in the family and society¹¹. The Safe Space, as a public institution, have applied to join this national network of organizations to be able to continuously benefit from the capacity building activities for its staff and future fundraising perspectives to supplement the current activities on rehabilitation and reintegration of survivors of GBV in the region.

Chirsovo village, in ATU Gagauzia joined the UNDP led global project in 2018¹² piloting new participatory approaches to reduce GBV locally.¹³ The project, funded by the Government of the Republic of Korea, supports communities to define their own solutions from the identification of the local drivers of violence and sustainable financing to design and implement GBV local action plans, and UNDP is supporting this process.¹⁴ In this pilot project, regional and local authorities have embarked on a process to localize the National GBV Strategy with the support of UNDP by establishing local coordinating and financing mechanisms to develop, implement and sustain a participatory Local Action Plans¹⁵.

The Gagauzia region was previously poorly covered by the national capacity building of the stakeholders in the field of addressing the GBV, and the lacked the services/infrastructure/mechanisms of addressing the GBV cases. The project came to supplement the efforts of the central level authorities (from capital city), regional authorities of ATU Gagauzia (Comrat city) and local authorities/LPAs in 11 settlements of ATU in strengthening the mechanisms of addressing GBV cases and work on prevention and prosecution of such cases.

I.2. National legislation and policies to address GBV

The country has duly undertaken legislative reforms to tackle violence against women¹⁶. The Law on Prevention and Combating domestic violence was passed in 2007. The Act No. 196/2016 introduced emergency restriction orders by amending Act No. 45- XVI of 2007 on Preventing and Combating Domestic Violence, and Act No. 71/2016 prohibits the use of sexist language by amending the Law on the Press, the Law on Advertising and the Audiovisual Code.

Since 1993, the Republic of Moldova is party to the UN Convention on the Rights of the Child. It has ratified two Optional Protocols: on the involvement of children in armed conflict (in 2004) and on the sale of children, child prostitution and child pornography (in 2007). In 2012, the country acceded to the

11 Country Gender Profile: Republic of Moldova. August 2021, p.20: <https://stopviolenta.md/>

12 [Addressing violence against women in the Republic of Moldova](#): exploring and learning from local solutions UNDP project 2018 – 2020

13 UNDP Global Project: Ending gender-based violence and achieving Sustainable Development Goals

14 Lang, J., Ghani, F., Stern, E., & Remme, M. (2019). [Briefing Note on Planning and Paying for Local Action Plans to Address Gender-based Violence](#). UNDP and United Nations University, International Institute for Global Health.

15 2021 [Local Action to End Gender-based Violence in Moldova Summary Brief](#) UNDP and United Nations University, International Institute for Global Health (UNU-IIGH).

16 https://www.coe.int/en/web/democracy/newsroom/-/asset_publisher/XpxicDtFK3Js/content/ending-misconceptions-about-the-convention-on-preventing-and-combating-violence-against-women-and-domestic-violence/16695?inheritRedirect=false

Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse.

The Republic of Moldova has also made efforts to improve its institutional and policy framework aimed at accelerating the elimination of discrimination against women with the *National strategy on preventing and combating violence against women and domestic violence (2018–2023)* and the Action Plan for its implementation (2018–2020).

The CEDAW Committee however noted with concern, in its 2020 concluding observations on the Republic of Moldova’s periodic report, the high prevalence of GBV against women in the country, including domestic violence and economic and psychosocial violence, stressing in particular the limited enforcement of the legislative framework to combat gender-based violence due to insufficient resource allocations¹⁷.

The Republic of Moldova signed the Istanbul Convention on 6 February 2017, followed by a process of aligning national legislation with the provisions of this treaty. With legislation on domestic violence and its implementation increasingly in line with international standards, the Istanbul Convention was approved by the Moldovan Parliament and ratified on 14 October 2021. On January 31, 2022, the Permanent Delegation of the Republic of Moldova to the Council of Europe proceeded with formalities so that the Istanbul Convention is expected to enter into force on May 1st, 2022.

I.3. Efforts on localizing of the National GBV Strategy

The project lined into the process of taking into account subnational contexts in the achievement of the 2030 Agenda. The localization relates both to how the SDGs can provide a framework for local development policy in Gagauzia ATU and to how local/regional governments can support the achievement of the SDGs through action from the bottom.

While the SDGs are global, their achievement depend on regional/local public administrations and community people’ ability to make them a reality in their settlements. All of the SDGs have targets directly related to the responsibilities of local and regional governments, particularly to their role in delivering basic services. That is why local and regional governments play an important role in achievement of 2030 Agenda, with a focus on those furthest behind.

The project served as a platform that supported the on-the-ground delivery of activities directly or indirectly promoting several SDGs, also serving as a convergence point between regional and local governments, national government, community-based organizations, businesses, other local actors, and the United Nations system. The local leaders (Mayors) of 11 settlements who proactively supported the ATU regional administration’s appeal to take use of the project’s opportunities to promote gender equality and tackle all forms of VAW on local level, collaboratively sharing solutions, unlocking bottlenecks and implementing strategies that advance the SDGs at the local level. Specifically, those 11 settlements supported the idea to strengthen the local multi-agency cooperation in addressing GBV as part of the activities stipulated into the National Action Plans to the National Strategy on prevention and countering VAW and domestic violence for **2018-2023**.

II. PROJECT BACKGROUND AND IMPLEMENTATION APPROACH

¹⁷ Concluding observations on the sixth periodic report of the Republic of Moldova; Draft prepared by the Committee [CEDAW/C/MDA/CO/6].

II.1. Project objectives and expected results

The main objectives of the project “Addressing violence against women in the Republic of Moldova: exploring and learning from local solutions project” include:

- Provide support in designing a Local Action plan for prevention and response aligned with the national policies in Moldova in a participatory manner;
- Provide support in developing sectoral referral mechanisms including standard operating procedures for community police, local governments and local social service providers for cases of VAW, describing the roles of each and ensuring a coordinated and a joined-up approach;
- Implement, evaluate and cost the respective referral mechanism and local action plan to support replication and scale up;
- Strengthen the capacity of local key service delivery institutions to planning for the enforcement of service provision for VAW survivors: strengthening systems of service provision – health services, legal and psychological counselling;
- Raise public awareness to support prevention and disclosure of GBV cases.

The main expected project results included:

Component 1: A local adaptation of the National Strategy on prevention and combating violence against women and domestic violence for 2018-2023 is piloted in the community of Chirsovo, Comrat district

- Duty bearers trained and capacitated on national standards with regard to address GBV, to elaborate and implement Local Action Plan (LAP);
- Sectoral referral mechanisms including standard operating procedures is developed and implemented;
- Both, the elaborated local plan and referral mechanism are evaluated implemented and costed;
- At least 200 women from the pilot community have access to the created service and trained professionals;
- Raised awareness among opinion and decision-makers and wider society about the GBV issue – with at least 3,000 persons covered by awareness-raising activities.
- One functional social non-reintegration service providing assistance to victims of GBV;
- At least 3 trained staff members and 3 professionals from local institutions providing services to victims of GBV.

Component 2: Advocacy for implementation of policies and laws on VAW in Moldova

- State Legal Aid system to provide timely and quality legal support to the victims is strengthened.

Please find below the main finding related to the project implementation in ATU Gagauzia, including the lessons learned, challenges and good practices/opinions documented.

II.2. Localization of SDGs

The pilot project in Moldova was designed in line with the SDGs and its intervention areas aimed to advance SDG achievement. Looking through the prism of SDGs and the nationalization of the goals, the Situational analysis, conducted at the project initiation stage in Chirsovo village, has established linkages between SDG 5 and other SDGs such as: SDG 3 (Good health and well-being), SDG 4 (Quality education), SDG 8 (decent work and economic growth) and SDG 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels)¹⁸.

The project activities, through the prism of gender sensitive SDG' nationalized indicators, preliminarily discussed with local stakeholders on the project initiation stage and suggested by the community people, are presented below:

- The creation of local Multi-disciplinary Group on countering GBV (MDWG) in Chirsovo village and other 10 target villages is in full concordance with the 5.2 target of the SDG 5, with the linkages with the targets 3.5 of SDG 3 and targets 8.2; 8.5; and 8.10 of SDG 8;
- Awareness raising activities are enrolled around the targets 5.2; 4.7; 16.1 and 16.2;
- Creating the regional Safe Space converge towards SDG's 5.2 target, with linkages in the SDGs 3, 8 and 16;
- As the reintegration process of survivors of GBV cannot be realized without the economic empowerment, these conducted activities help women and their families to obtain economic independence and break the circle of violence. The income generating activities are in close relationship with the targets 8.2; 8.5 and 8.10 from the dedicated SDG 8.

Specifically, the project touched upon the following SDG in Moldova:

- **SDG3** (Good Health and Well-Being): The project supported the local authorities in a selected number of settlements from ATU in conducting the International No Alcohol Day (October 3rd), given the reported connection between the consumption of alcohol and committing acts of domestic violence and sexual abuse. The action was cooperatively supported by the local network of shops retailing/selling the alcohol products in the UTA settlements;
- **SDG5** (Achieve gender equality and empower all women and girls): Based on the Situational analysis conducted in Chirsovo/regional level, in following the main pillars of the National GBV Strategy, the Local Action Plan to address GBV was developed. Based on the piloted LAP in this village, the **Model community-level Action Plan on countering GBV V** (see *Annex 6*) has been developed and further used for similar documents development by other LPAs in additional settlements of ATU Gagauzia. In this way, the developed LAPs on addressing GBV assured the translation of the political agenda into development objectives and tangible results, and give an overall framework for development (use of existing resources, services, corresponding financial needs, etc.) and aimed to coordinate the work of local and other spheres of governments in addressing VAW. The project field of intervention relates to ending gender disparities, eliminating VAW and girls' lives, and securing equal participation and opportunities for women.

¹⁸ See the report on the Situational Analysis as well as the link re: SDGs: <https://sustainabledevelopment.un.org/?menu=1300>

- **SDG10 (Reduced Inequalities):** The project supported the regional authorities in ATU Gagauzia, LPAs in Kirsovo and other settlements in organizing awareness raising activities within the annual international campaign “16 Days of active actions against GBV”, involving youth and community people. The campaigns engaged the participation of a range of stakeholders, increasing the amount of knowledge and views. The crowdfunding campaign on fundraising for the Safe Space allowed also promote the message supporting the regional ATU’ policymakers and stakeholders for moving toward broader and more robust social protection systems;
- **SDG17 (Partnerships for the Goals):** To support Governments in in fostering the community response to GBV, the project helped the LAPs to compile in 2021, based on good practices learned, the Methodological Notes “5 Steps to Address Domestic Violence: Participatory Planning at the Local Level”. The Methodological Notes is designed to inform the authorities about the participatory planning in addressing GBV on local level, to address the corresponding questions “Where to start?”, “What steps are needed?”, “Why should Mayors contribute to the implementation of the national legislation on counteracting domestic violence?”, “How to institutionalize the MDWGs for addressing GBV?”, “Who should be attracted at the local level and what resources are needed?”, “How to implement the Situational Analysis?”, “How to implement the participatory planning and LAP?”, “How to evaluate the LAP? And plan further”, so that the Mayors will be more informed and motivated to scale up the existing good practices of the community-based initiatives to address effectively GBV.

The main idea of economic empowerment of women activities which the pilot put in practice since 2020, allowed Chirsovo-based Safe Space to be an innovative combination of economic empowerment and professional skills development, prevention and response work with the entire community. The Safe Space allowed implementing the vocational classes (computer literacy) focused primary on survivors of domestic violence, that allowed their further employment.

II.3. Project implementation approach and stages

The following **approaches** were considered and applied within the project in Moldova:

- ***Evidence-based and tailored to community interventions***– Situational analysis conducted at the initial stage of the project implementation in Chirsovo village, helped to collect evidence-based information on local level and better planning of project interventions on community level, in line with the country policies in the field;
- ***Innovate, Survivor-centered*** approaches applies a human rights-based\human-centered design process engaging survivors and service providers in developing the programming that ensures that survivors’ rights and needs are first and foremost. This approach is kept in the parallel to all project activities, including in its target component part - opening of the Safe Space in Chirsovo;
- ***Vertical and horizontal integration*** was pursued within the project also in Moldova, due to the fact that many countries have national policies and frameworks to end GBV and achieve SDG target 5.2, but there is often a gap between normative commitments and the lived experiences of women and girls. At the same time, there is a wealth of local level experiences that can be better used to inform national and regional practices and policies. The project’s efforts to localize national policies and international commitments, predominantly through its “Planning and Paying” pilot in the Republic of Moldova, represents a promising way to localize national policies on the one hand, while also bringing local solutions to national scale on the other.
- The ***planning and paying approach*** was adapted in Moldova through participatory techniques for creating customized Local Action Plan (LAP). It engaged diverse group of local actors from the

government and civil society in the design, implementation, monitoring and evaluation of the local action plans. The local stakeholders ensure LAPs are grounded in community realities (including social norms and trends), they anticipate points of support and resistance within their communities, and craft strategies to respond accordingly. Participatory planning also brings rights to the forefront, as those affected by GBV can exercise their right to create solutions to problems they experience firsthand. The vertical proliferation of the legislation of the Republic of Moldova related to countering violence against women (VAW) is ensured via adoption of the Regional Action Plan of ATU Gagauzia to implement the National Strategy 2021-2023 on implementing National Strategy on prevention and combating VAW and domestic violence, but also of the similar local Action Plans adopted in Chirsovo and other target settlements of Gagauzia.

- ***Diversified partnerships approach*** entailed engaging multi sector actors, the traditional and new ones. By expanding both the type and number of partners engaged in GBV prevention and response (and offering spaces for their ongoing and meaningful engagement), the GBV and SDGs project has fostered high levels of political commitment and political will so essential for the sustainable social transformation. Its new and untraditional partnerships will enable the project to significantly broaden its reach and institutionalize multisectoral action. In this way, the GBV and SDGs project brought together diverse individuals, including representatives from outside the traditional “GBV” sectors and community members. Through a process of co-design, these actors jointly created a local GBV action plan. Providing opportunities for diverse stakeholders to meaningfully come together, exchange ideas and jointly take decisions, the project strives to encourage broad political buy-in and opens new opportunities for community women.
- ***Empowerment through participation*** approach was ensured through participatory planning and implementation of LAP activities. This helps to ensure the voices of those most marginalized and impacted by violence have a say in decision making. These processes not only empower participants, but also have the additional positive effect of strengthening capacities of the community-based stakeholders, which is a goal of this project in and of itself. In the Republic of Moldova, the stakeholders engaged in developing the LAP developed skills and knowledge of key areas such as referral mechanisms and identification of women and children subjected to violence. Linking research with action, through critical reflection and engagement of community-based actors and people of Chirsovo and other target settlements, allowed getting people more involved in the community planning processes and LAP implementation. The good practices applied in Chirsovo in developing and implementation of the LAP was undertaken by other settlements of Gagauzia district.
- ***Increased mobilization through cost-sharing*** - the practice of cost-sharing in project activities implementation has been an effective strategy applied in Moldova to build local ownership, cultivate buy-in and plant the seeds of organizational culture shifts. In many cases, cost-sharing has also been used to overcome sectoral siloes. In addition to the institutional arrangements, committed local public administration, through the institutionalized Multi-disciplinary Teams and LAPs have also expressed their support to end GBV. In one particularly moving example in Moldova, a young married couple encouraged all of their wedding guests to donate to the pilot-established women's Safe Space, in lieu of wedding bouquets. This is an extension of a broader crowdfunding campaign which has mobilized funds from citizens in Moldova needed for refurbishing the Safe Place. The crowdfunding campaign allowed to collect funds for the opening the Safe Space but also opening the future direct support measures to the beneficiaries of the Safe Space.

- The other key principles and approaches applied in programming included *ownership, transparency, continuity, gradualism, flexibility, responsiveness, and a conflict-sensitive, win-win* approach. The project was ensured the buy-in of key actors on both sides from the earliest stages (ownership and transparency) to the stage of mobilization of the local public authorities in implementing the national legislation on countering GBV in Gagauzia region. The project managed to build on the momentum and entry points created at the initial project stage, and the political will of the central authorities to intensify the efforts in the field in ATU (continuity). During the implementation of activities, elements of joint work were introduced gradually (gradualism). This approach, foreseen from the outset was very helpful as the development context and political developments were volatile, especially at the time of the local/regional elections, and ensured the scale up of the activities, besides Chirsovo village, also in other 10 target settlements of Gagauzia district.

The project conventionally was divided into three **stages** – the first one on piloting the participatory planning and multi-agency community response to GBV in Chirsovo, and second stage of scaling up the experience (including institutionalizing and capacity building of the members of the MDWGs) in 10 settlements of UTA Gagauzia, and the third stage (not covered by this report, supported by other external donor) – scaling up it to the other dozens of settlements of ATU Gagauzia, in due coordination with the regional authorities and Social Protection Department.

The current Report covers the efforts evaluation at the end of the second stage of the project realization in ATU Gagauzia.

III. EVALUATION EXERCISE METHODOLOGICAL NOTES

III.1. Evaluation Timeframe

The final evaluation of the project “Addressing violence against women in the Republic of Moldova: exploring and learning from local solutions” implemented in Chirsovo village and ATU Gagauzia, Republic of Moldova reflects the evaluated activities conducted in Moldova within the project time frame March 2018-January 2022.

The evaluation exercise was conducted in February-March 2022. The evidence-based data collection within the individual interviews with respondents and FGDs with service providers/stakeholders have been ensured by the Sociological campaign *iData* subcontracted by UNDP Office in Moldova, in the period February 24 – March 09, 2022. The information reflected in the corresponding minutes has been triangulated with the data collected by the national consultant from the rest of respondents and from the secondary data analysis, with analysis reflected in the current Report. The drafting of final report was envisaged by the same national expert who previously conducted the base-line (situational analysis) as well as the mid-term project evaluation.

III.2. Evaluation aims and tasks

The final evaluation aims at identifying the main project achievements, challenges, lessons learned (including identification of good/innovative practices) and recommendations for the further developments in the field of countering GBV in the region.

Based on the evaluation aim, the following **evaluation tasks** have been proposed:

- to review the project activities conducted in the target communities during the above-mentioned timeframe;
- to identify the key results, challenges, lessons learned during the reviewed period taken through the prism of members of the Multidisciplinary Team members, key regional/local stakeholders, staff of the established Safe Space facility, programme/project staff and consultants;
- to develop recommendations to be further considered in the planning of the corresponding activities in the ATU Gagauzia to address VAW within large scale (inter-)sectoral programmes.

The evaluation will bring the light to the overall project impact both on strengthening the regional authorities' response to VAW (policy/advocacy and coordination level) but also local response (direct support and referral mechanisms) that ensure the most excluded groups and/or communities where violence spikes are provided the resources and opportunities needed to address and respond to violence given their unique circumstances.

III.3. Evaluation methods and tools

The following **methods** have been applied to collect the evidence-based information laying the basis of the final project evaluation exercise:

- individual interviews with the regional authorities (stakeholders from the regional Directorate of Social /Health Care Protection, regional authorities, etc.) – **(4 interviewees)**;
- Individual interviews with the staff of the Safe Place – **(4 interviewees)**;
- Individual interviews with the beneficiaries of the Safe Place who have been identified/referred by other agencies/stakeholders- **(4 interviewees)**;
- Individual interviews with heads/representatives of MDWGs from Chirsovo and other ten targeted communities (Comrat, Congaz, Dejghinja, Ciok-Maidan, Ciadir-Lunga, Baurci, Cazaklia, Copciac, Vulcanesti, Cismichioi) – **(11 interviewees)**;
- Individual interviews with the project staff and consultants – **(3 interviewees)**;
- Focus group discussions with representatives of MDWGs from the targeted communities (social workers, educators/teachers and school psychologists, law enforcement) – **(3 separate FGDs)**;
- Secondary analysis of the information available about the project documentation and implemented activities.

The individual interviews have been organized in observance of the developed tools such as:

- *Guidelines for conducting FGDs*¹⁹ (see **Annex 1**);
- *Guidelines for conducting interviews with stakeholders*²⁰ (see **Annex 2**) and
- *Guidelines for interviewing service beneficiaries of Safe Space/MDWGs* (see **Annex3**).

The secondary analysis included scrutinizing of *Project Results Framework, Timeline of project activities 2018-2021, Situational Analysis report, Local/regional Action Plans, Trainings Report (2018-2021)*, minutes of the MDWG meetings, Annual progress reports, publications, with corresponding updates related to the *Mid-term Evaluation report*. These documents and current report reflects the actions in

¹⁹ The guidelines previously used within the base-line/situational analysis should be adapted by the national consultant (at the beginning of 2022) to focus on the specific roles, capacity building aspects, key results, challenges and lessons learned by the targeted specialists

²⁰ The guidelines previously used within the mid-term evaluation have been adapted by the national consultant (at the beginning of 2022) to focus on the key results, challenges and lessons learned

response to the changes in legislation, adoption to the pandemic and general project but also other regional/local context of the targeted communities.

IV. PROJECT IMPLEMENTATION APPROACH, KEY RESULTS, CHALLENGES AND LESSONS LEARNED

IV.1. Situational Analysis

During the *Inception phase* of the project, the following start-up activities were conducted: project launching event, selecting of project team members and the national consultants, initiation of discussions with Mayoralty of Chirsovo village and conducting the first meetings with representatives of Mayoralty of Chirsovo village, meeting with regional authorities and national counterparts, shaped the framework of the project, fine-tuned the directions of future actions, and helped to identify the modalities of interventions. Thus, the first initial *Coordination meeting* was organized in Chirsovo village on *June 20th* 2018 among various stakeholders and deputy head of Bashkanat of Gagauzia. The field workers/stakeholders, academic field, CSOs, specialists from ATU Gagauzia and community people had another chance, on *July 05th*, to discuss and prioritize the needs of the community, but also eventual contribution on behalf of the regional authorities as related to the prevention of GBV, protection of the victims and prosecution of the perpetrators. The project team has developed the drafts of *Annual Work Plan* and *Budget plan* covering the entire period of the project operations as well as an annual work plan for 2018.



A situational analysis, which actively involves local community members, was a critical step to inform participatory action plans. In order to collect evidence-based information at the local level, a *Situational analysis* was conducted in Chirsovo village between August and September 2018. Seven focus group discussions were conducted with 59 community members, 23 interviews with public front-line workers, and 8 interviews with female survivors of domestic violence. The Guideline for the FGDs was based on the Social Vignette²¹ approach.

The data were collected to determine the GBV related policies, attitudes, and practices of key institutions and actors of Chirsovo, the extent and quality of services for survivors of violence, types of and risk factors for GBV, survivors' needs and preferences for assistance and support, as well as awareness of existing legal frameworks including the national strategy and action plan. FGD' participants were recruited



21 Vignettes are short stories that depict relevant situations and invite participants to comment on the acceptability or commonality of the scenarios, and they are especially useful when paired with structured questions that probe different aspects of social and gender norms.

according to the following criteria: gender and education; occupational status; family status in order to ensure heterogeneity of the sample. The thematic analysis was thematically grouped around the community attitudes and practices regarding GBV; knowledge on the rights and legislation by ordinary people and stakeholders; existing local resources for direct support to victims; organizations' capacity assessment; training needs assessment of stakeholders and recommendations for improvement of the community response to GBV. All interviews/discussions were conducted in Russian, transcribed minutes further translated into English (available upon request).

A local situational analysis conducted in 2018 as part of the UNDP pilot project in Chirsovo village revealed that:

- Intimate partner violence is estimated to be high (although underreported) with several severe injuries registered by the local police;
- The analysis revealed that domestic violence often happens as result of - and is perpetuated by - a combination of harmful norms, attitudes and behaviors; alcohol abuse; mental health problems and household poverty;
- There are serious gaps in GBV response services for survivors on the target community level:
 - service providers require specialized training in addressing GBV cases in the community, including local referral mechanisms for the protection of survivors;
 - survivors do not have access to a safe confidential space, counseling or mental health support services in the region;
 - there is no alternative accommodation (shelter) nor day counseling services available for survivors in the locality;
- Recommended areas for action included raising public awareness to prevent GBV; providing protection to survivors; training service providers in preventing and responding to GBV; and prosecuting GBV offenders;
- The Situational analysis revealed a general poor awareness among community members of the types, causes and consequences of GBV, lack of capacities of service providers to address GBV cases and ensure multi-agency cooperation and lack of specialized services responding to survivors of GBV at the local level;
- The local state agencies were almost inactive in identification of GBV and mutual referral of GBV victims for comprehensive coverage of all those needs revealed by them. Thus, survivors of GBV in Chirsovo face serious obstacles in accessing support services due to non-active stakeholders, absence of local referral mechanisms for protection of the victims and absence of specialized services responding to victims' needs on local level;
- There was very limited awareness among community members, service providers and local authorities of national level policies and laws to promote gender equality/address GBV;
- Identified barriers to reporting GBV included a lack of dedicated safe spaces and anonymity for disclosing violence, community stigma towards survivors of GBV, survivors not having medical insurance, and that the closest specialized service for GBV victims is located 100 km away;
- Particular local challenges were identified, including the fact that most of the national documents and materials (i.e. school-based curriculums) around GBV are in Romanian, and not translated into Russian, the language used in Chirsovo. To facilitate local partners' access to national documents, the project has allocated financial resources for translating them into Russian;
- There were no initiatives or attempts identified to localize the National GBV Action Plan or set the multi-agency cooperation mechanism in Chirsovo, unlike in other parts of Moldova;
- The process of conducting a Situational analysis in itself was found to be an intervention, by initiating public discussion on violence and opening dialogue with key institutional actors;
- The Situational analysis critically informed identified priorities for the LAP including the need to address risk factors for GBV as well as alcohol abuse and poor mental health, to have a local Safe

Space to ensure dedicated, empowering responses for survivors of GBV, to raise community awareness of national level policies and laws to prevent GBV, and to implement activities to shift harmful social norms and prevent occurrence of GBV.

Please refer to separate to the *Situational Analysis Report* for more details.

IV.2. Capacity building

The *Training needs assessment exercise* conducted within Situational Analysis in Chirsovo but also within the meetings of the regional authorities before launching the capacity building events brought to the light the fact that (at the beginning of the project) the local stakeholders lacked knowledge and had no clear attributions on promotion of gender equality/addressing GBV. The major part of stakeholders was not previously taking part in the specialized trainings, and have insufficient level of knowledge on the GBV phenomena, legislation/regulatory acts, unaware about their obligations in implementing the attributed by the law tasks in the field. They lacked practical experience in providing counselling to victims/survivors of GBV, applying victim-centered approach and ethical standards, and were not used to cooperate with each other including referring victims/survivors for the provision of the comprehensive support.

The opportunity to organize the capacity building activities was offered due to the additional project year that allowed deepening impact and amplify positive changes in the lives of constituents, communities and structures with which projects have been working. The capacity building activities allowed raising awareness on the GBV issues on the local/community levels, scale-up promises practices ethically and effectively, and finally ensure sustainability of the interventions.

During 2018-first two months of 2022, a total number of **14** trainings with a total number of **466** participants (from Chirsovo and other settlements of ATU Gagauzia) took part in these capacity building events. The participants included the mixed categories of specialists (e.g. trainings for the members of the local Multi-disciplinary groups) but also narrow-targeted trainings for specific groups of specialists such as social workers, teachers, health care workers etc.) and also coaching meeting for members of LPA from 10 localities within ATU Gagauzia to facilitate the work on the interagency response to domestic violence cases and developing the local and regional measures to support survivors of domestic violence.



In November 22, 2018 the UNDP Moldova project team has organized and conducted a study-tour to Drochia district, for the members of MDWG from Chirsovo. The overall purpose of this study-tour was to introduce the professionals from ATU Gagauzia into the types of social services rendered to its beneficiaries, to get acquainted with the experience and best practices of other similar organizations, to understand the way and mechanisms of operation in GBV cases. Drochia district is the first district in Moldova which has a very active (similar) MDWG at the district level, lucky for being invested with



a service for assisting victims of domestic violence another separate service for assisting aggressors, with the financial support from the Ministry of Health and Social Protection of Moldova. The study-tour aimed at visiting of *Social Centre for survivors of Domestic Violence and Human Trafficking*, visiting of *Social Centre for behaviour correction of DV aggressors* and meeting with representatives of local MDWG from Drochia district. Besides visiting the Social Centre, the host CSO "Artemida" from Drochia shared with counterparts the corresponding SOPs, working tools and methodologies.

Besides the basic training provided to the staff of the Safe Space, additional follow-up on-job training have been arranged for them within the leading centers providing assistance to survivors of human trafficking, domestic and sexual violence (adults and minors).

"We have got the basic trainings, but we were eager to see how the other Centers apply the knowledge into the practice. So UNDP arranged for the staff of Safe Space the exchange of experience and 2 weeks on-job training within the National Center for Assistance and Protection (of GBV survivors). We had the possibility to see how they work in real regime, how they document and refer the cases to other specialists... it helped us a lot to understand the internal mechanisms of work." (Interview with Psychologist of the Safe Space, February 24, 2022)

The capacity building activities in 2020 included also trainings for the staff of the Safe Space – on the basics of running such institution and applying CETA model (Common Elements Treatment Approach). CETA model is based on evidence-based treatments for depression, anxiety, substance use and trauma and stress related disorders, and proved to be effectively applied in other countries²². At the end of summer 2020, the certified international experts in the field from Ukraine and USA have provided 12 days training, with a follow-up coaching support to allow 8 training participants (including 4 staff members of the Safe Space), that allowed the professionals to gather useful skills on rehabilitation of the survivors of violence and abuse, to be further applied in their respective services (Centers) from various regions of Moldova.

"CETA is a super model to be used by professionals in the field, and it is an innovative model for Moldova. The target beneficiaries reveal the effect of this approach after two months of working with (trained) specialists – who work with (jointly analyze) their thoughts, feelings and actions, so we can see the transformations. The survivors of violence understand how to work with disruptive thoughts and making it productive.. It influence positively the actions of our beneficiaries... I was impressed by the professionalism of our CETA trainers. The model proved to be effective, and the supervisor of this model continuously helps to our specialists to refine the skills in addressing the beneficiaries' problems".
(Interview with Director of Safe Space, February 24, 2022)

"CETA is a very effective intervention model. Even the trainees report the internal positive changes, not talking about our beneficiaries. It allows to solve many issues that our beneficiaries face, that impede their effective rehabilitation after the traumatic experiences, and contribute to their effective reintegration in the society".

(Interview with social worker of the Safe Space, February 24, 2022)

According to the director of the Safe Space, the internal debriefing with each employee is conducted on monthly basis – the evidence on participation in the process of gaining of new knowledge/skills development is analyzed as well as the needs for additional capacity building, so that the director of the Safe Space is further searching the possibilities to provide/cover such additional capacity building needs due to external partners' possibilities. The national legislations and standards for provision of the services for survivors of violence require that each staff member of the social service undergo 40 hours of capacity building activities on annual basis. According to director of the Safe Space, this indicator is reached for

²² <https://www.jhsph.edu/research/centers-and-institutes/global-mental-health/talk-therapies/common-elements-treatment-approach/>

the staff members, however, there is also a need for further capacity building (see challenges and recommendations).

Overall, all participants of the above-mentioned trainings and study tour to Drochia mentioned that the knowledge they got was very useful for their effective professional activity. Most of them mentioned that the trainings not only changed their opinion on the phenomena of VAW, but help to understand better how they can interfere in such cases. The most demanding knowledge was on behalf of the school psychologists taking part in 2-day training on identification and work with child survivors of violence. Half of them do not have the background of a psychologist, and expressed the “hunger” of capacity building in the field related to their daily activity in school.

One of the topics of interest is conflict resolution between parents and adolescent as a way to prevent violence against children. The school psychologists trained within the project capacity building program, have been informed about the importance of paying more attention to support developing the parenting skills on building the non-violent relationships with their children, and its aspects were included in the capacity building events. This topic is a good opportunity to integrate in/make a synergy between the newly established Safe Space and the school psychologists –e.g. Safe Space’s psychologist could make discourses at the parents’ meetings, cooperate with school directors/personnel in identifying domestic violence cases etc.

Additionally, 10 coaching & support meetings with the LPA from 10 localities within ATU Gagauzia have been provided to the social workers and other members of the Multi-disciplinary Working Groups from the newly established target regions to facilitate the identification of GBV survivors and improve the mechanisms of the inter-agency cooperation for the direct assistance and protection. The most recent coaching meeting was organized on February 11, 2022 and covered practical aspects related to identification and addressing cases of domestic violence, cooperation with the Safe Space in concrete case and referrals, and developing the LAPs on the local /community levels.

The members of MDWGs had a possibility to exchange the experiences/information on their own approaches applied in addressing the GBV cases in their respective communities, within the periodic capacity building events organized for them in the framework of the project.

“Beside the trainings provided, beside many theoretic information provided, the trainees (members of MDWGs from 10 villages) got to know how the activities of our counterparts are organized, it was very useful for us...it was a feat support in building our professional skills” (Teacher, participants of the FGD, March 02, 2022)

As a follow-up action after the trainings, also mentioned during the interviews with the interviewed school teachers and psychologists mentioned that after the training received on the aspects of DV against children, they have developed an info-corner for the parents where provided information about the consequences and harm of violence against children. A mini-session about inadmissibility of applying violence against children as an “education” method was also provided by the trained educators during the meetings with parents in kindergarten. The parents were informed that all suspect cases of violence against children should be reported by educators to local police. The trained teachers were also resulted with thematic educational school activities conducted in local gymnasium and lyceum in Chirsovo (see below).

“We have got to know much information that transformed our perception about domestic violence, about the survivors of violence, made us to understand that the local specialists need to react quickly to the domestic violence issues, sometimes to take life-saving decision””.

(Post-training questionnaire filled in by the training participant of the Training “Strengthening inter-agency cooperation and measures to counteract domestic violence on local level”, Comrat, 17 June, 2021)

It should be mentioned that the absolute majority of stakeholders expressed their willingness and openness to take part in the comprehensive trainings (highly supported in this decision by local public administration) both on the topics of the joint interest/competence but also connected to their specific field of intervention as related to GBV. The vast majority of trainees mentioned that the trainings were useful and the provided knowledge was done in a professional way, with developing the practical skills in the field. In this way, the initial trainings were supplemented with the follow-up and in-depth trainings for the separate categories of respondents as well as coaching meetings organized online during the pandemic outbreak as well as individual phone coaching meetings were provided on behalf of the national consultant.

The follow-up phone individual consultations to social workers were provided by the UNDP National consultant to specialists from 10 settlements on aspects related to developing the LAP, identification of GBV cases, addressing the specific needs of beneficiaries, mechanisms of referrals, standard operational procedures on dealing with domestic violence and other BGV cases, including minors. This effort was supplemented on behalf of the specialists of the Safe Space who are in direct contact with the social workers from the regions and also conduct mobile visits to the villages, providing free legal, psychological and social assistance to survivors of violence and coaching the local authorities in addressing the domestic violence cases, in line with the provisions of the national legislation.

The following conclusions may be drawn as a result of the delivered trainings and in line with the several categories of the analysis:

- **Relevance:** There was a high degree of interest/impressive number of the state workers representing various structures and position ranks who were willing/took part in the capacity building events speaks about the existence of the considerable pool of specialists ready for professional development and understand better how to promote the rights of GBV victims of violence in Chirsovo and other 10 target regions from ATU; they revealed their readiness to build on their capacity in the field. This means that the purpose of the planned capacity building events in target villages remains valid, fully supported by local public administration and pertinent. The content of the trainings was developed in line with preliminary conducted exercises on the *Training Needs Identification* and the individual interviews with stakeholders. The analysis of the post-training questionnaires also confirmed that the topics were relevant to the needs of the target groups. All participants mentioned this unique opportunity that they were able to take part in such thematic trainings conducted in the region, due to lack of any other available opportunities including on hearing the good international practices in counteracting GBV including participatory planning. Importantly, the trainees gained theoretical, practical knowledge to identify the cases of violence against women, and address such with use of the victim-centred and multi-agency and “do not harm” approach;
- **Efficiency:** The comparative analysis of the *Pre/Post training questionnaires* revealed the increased level of understanding by the participants of the phenomena of domestic violence (the main type of GBV) and the specific fields of interventions and the high degree of satisfaction with the gained knowledge in line with the taught topics. The level of training participants’ involvement was high, the atmosphere was friendly and the trainees were comfortable to share their opinions. Given the generally widespread gender stereotypes in the rural sites of the region, the current trainings served also in helping participants to reconsider their own opinion on domestic violence and perceive it as infringement of the human rights, and starting their openness

to work in the field. The trainings were organized online during the COVID-19 outbreaks, that caused certain limitations in organizing face-to-face meetings. E.g. the practical exercises on multi-agency approach was hard to arrange effectively, so that the trainings were focused on the theory. Instead, the phone coaching informational support was provided to the state workers by the project consultant that allowed the continuous coaching support to MDWGs, also in person as soon as the pandemic restrictions were pivoted back to in-person communication;

- **Effectiveness:** All trainees mentioned satisfaction with the methodology, content and hand-out materials within the training. The participants self-evaluated 80% increase (average) of their knowledge on various topics included into the agendas. The participants also expressed their gratitude that all trainings and handout materials were presented /handed over to them in the Russian language, that directly influenced their effective perception of the thought material (since the previously organized trainings were either conducted in Romanian that they do not duly comprehend, either the trainer did not speak fluently the Russian);
- **Sustainability:** Given the fact that there were no similar trainings organized during the last three years in the region, and the gradual undertaking of the ownership of the planned activities to address GBV in the village, the current capacity building opportunities for the Chirsovo and other villages' stakeholders plays an important role in the whole ATU Gagauzia region. However, in order to obtain the sustainable results, i.e. the rights-holders are empowered to claim their rights, continuous coaching meetings should be done to continue strengthening the existing capacities of the local stakeholders so that they gain trust from the beneficiaries/able to identify such, strengthen multi-agency cooperation on survivors' protection and form the public opinion on the issue/conduct reaching out activities. More coaching and follow-up activities are needed for the trainees to be able to apply it on the practical level. As requested by trainees themselves, more trainings and coaching meetings were organized by the project in order to ensure the sustainability of the gained knowledge, involving participants from various agencies, - it allowed facilitating and strengthening the cooperation on the local and regional levels.

"I used to take part in the trainings organized for the members of the institutionalized MDGWs in Comrat, these were very interesting trainings on counteracting domestic violence.. It was interactively and the information was provided in an accessible way.. The trainer was dedicated, she knew very well the topic, including the legislation, that we have to refer to while documenting the referring of domestic violence cases.. I have learned that the ad hoc meetings should be organized quickly, and really, we should act immediately to address the identified domestic violence cases, we need to respect the national legislation in the field" (Interview with deputy Mayor, member of MDWG of Kongaz village, February 24, 2022).

The topics of the trainings were identified via conducted (as a part of the Situational Analysis) capacity building needs assessment exercise and consultations with the regional and local authorities.

More details (trainings methodology, agendas, participants' lists etc.) are presented in a separate **Report on the Trainings**, submitted to/available at UNDP Moldova.

IV.3. Institutionalization and operationalization of the Multi-Disciplinary Working Groups

The experience in many countries revealed the problem that the national action plans to address GBV reflect international commitments to gender equality but are often not well translated at the local level in terms of contextual realities and resources. UNDP pilot in Moldova applied participatory approaches with multi-sectoral stakeholders to develop LAP defining local priorities and solutions to address GBV, and designed to increase public accountability for existing commitments, and attract local financing solutions.

The local action plans developed in Chirsovo and other settlements of ATU Gagauzia aimed to meaningfully involve the most vulnerable to GBV and connect GBV prevention and response with other community priorities, including localized efforts to achieve sustainable development goals.



In Chirsovo village that served a pioneer settlements to foster the multi-agency cooperation model in the regions, and following the *Situational Analysis* results and recommendations, also during the follow-up meeting with participatory discussion of the findings on November 11, 2018, a team of 13 local specialists, from organizations mandated to implement the *Law No. 45-XVI on Preventing and Combating Family Violence, National Strategy and intra- and inter-Instructions*, but also based on the provisions of the Law on local public administration #436 as of 09.03.2007, the decision was made to institutionalize a Multi-disciplinary Working Groups on addressing GBV (MDWG).

Thus, through the Decree of the Chirsovo Council #50-H/X as of 09.10.2018, and its annexes:

- the membership of the MDWG, and its Coordinator (Social Assistant worker) was established;
- the job descriptions of each MDWG member (earlier elaborated during the consultative meetings on 19.09.2018 with national consultant) were approved;
- the Regulation of MDWG activity and the LAP 2019 were approved;
- the Responsible for the overseeing the work of MDWG (the Mayor) was appointed.

“The members delegated to the membership of the MDWG are specialists with longstanding experience in their fields and have the perception/have been trained what should be done to improve the situation of the village citizens. It is impossible to solve the issues of domestic violence by only one specialists, it is important to act in a team.. the decisions are also taken in a team, it helps a lot in some complicated cases of VAW, so the responsibility for the taken decision is a shared one.

(Interview with member of Regional MDWG, February 24, 2022)

“We have the MDWG in our village and it should be mentioned that the cooperation is quite effective between the Mayoralty, social worker, educators from kindergarten, school specialists and police. All act effectively and the response to GBV cases is coordinated one. This MDWG have united our efforts, each specialists is not alone anymore in solving some difficult issues. Even the community citizens became mobilized in helping the families in difficult situations, they call and ask how they can help – “Where can I bring the things (humanitarian support products). What is the age of the children?”, so people became more proactive, they started to believe that we together can make a change in the life of our citizens»
(Teacher, Participants of the FGD, March 02, 2022)

“There is good connection between the created MDWG and the Safe Space. As a member of the MDWG in our village, I come to the ad-hoc meetings of the MDWG so that we carefully consider each case when the support is needed to a concrete survivor of violence, and the possibility to refer to the services of the regional Safe Space’
(Interview with social worker, March 01, 2022).

The aim of the proposed pilot initiative was, on one side, to help *localize* the National Strategy on prevention and combating VAW and DV for 2018-2023, by designing, implementing and evaluating

a Local Action Plan to address GBV, in a selected multi-ethnic community (Chirsovo village), piloting it and further scaling up in other 10 target regions of Gagauzia.

In order to proliferate the National GBV Strategy, the good practice of developing and piloting the LAP in Chirsovo, but also capacity building of stakeholders and lobbying efforts at the Bashkanat levels, have been undertaken that helped to gradually allow bringing to the agenda of the regional authorities the need to develop and approve the Regional Action Plan for counteracting GBV and domestic violence.

Such Regional Action Plan have been developed in a participatory manner enabling the regional authorities to approve it. The established on regional ATU Gagauzia level MDWGs to address GBV, have been helped by the UNDP national expert to understand the need in developing such, and guide in developing the draft Regional Action Plan. The Regional Action Plan on countering GBV in ATU Gagauzia 2021-2023 reflects the main content parts of the National Action Plan to National Strategy on prevention and combating VAW and DV for 2018-2023 – awareness raising, protection and assistance of survivors of violence, prosecution of perpetrators and strengthening the proliferation of the national policies and multi-agency cooperation (see **Annex 4**). The Region Action Plan was developed due to the initiative of UNDP Pilot project. It has been passed to the regional ATU Gagauzia authorities for approval, just before the change of the membership (re-selection) of the new regional administrative council, followed by the COVID-19 outbreaks in this specific region. As a result, additional efforts are needed to lobby the final approval of the Regional Action Plan, on behalf of the new members of regional administration. Hopefully, the change of membership in the regional administration did not influence negatively on already set local actions plans and activities on the community level and within the Safe Space service.

At the project start, the practices of cooperation and referral of violence survivors among stakeholders in ATU were generally uncommon in the region. As mentioned above, there were limited capacity building activities targeting stakeholders /state service providers in ATU Gagauzia on addressing GBV in the region, compared to other parts of the Republic of Moldova.

During 2019-2020, the similar MDWGs have been institutionalized, with methodologic support on behalf of the project but also support on behalf of the regional authorities, in 10 additional settlements of ATU Gagauzia (the copies of Mayoralties' decisions are available upon request). In due cooperation with the regional authorities (Bashkanat and Social Protection Department of ATU Gagauzia), the project provided support in building capacity of the members of the institutionalized MDWGs to identify and address GBV on the local level.

“I work as the Ombudsman person during the last 14 years, and only the last couple of years we can see that all specialists started to work actively – including police and social workers – all are aware about their duties and procedures that they have to follow to address domestic violence cases. In many villages, the MDWG have been established to address comprehensively the GBV cases” (Interview with Ombudsman person, March 01, 2022)

“I strongly believe that such MDWGs should continue its activities in the villages. The survivors of violence should be helped to go out of the cycle of violence and they should be provided with the needed support so that they are not marginalized.. the women survivors of violence may feel very bad and rejected by the relatives, so that the local authorities should come to help her immediately, so we offer such help, through our MDWG”. (School Psychologist Participants of the FGD, March 02, 2022)

According to MDWG Regulations, the meetings are arranged on quarterly basis, and cover also the aspects of direct support to survivors of domestic violence/GBV cases, inclusively with due support on behalf of the Safe Space personnel.

“We closely cooperate with LPA in the villages, and social workers working under Mayoralties and subordinated to the Social Care Department evaluate the risks and refer the survivors of violence to the needed services. The cooperation with police generally has improved on the local and regional levels, during the last three years period, also due to the project support. The victims of domestic violence is less reluctant now to call 112, and now they are not so scared to talk about their experiences, this is because they understand that they are not rejected in their difficult situation and that they can get support”.

(Interview with Deputy Head of Health Care and Social Protection Department of ATU Gagauzia, March 1, 2022)

Important steps towards achieving the project objectives – including localizing the national strategic framework in the field of GBV have been achieved through participatory planning. Thus, during the follow-up meetings among MDWG members, a Local Action Plan on counteracting GBV in Chirsovo for 2019 was drafted and discussed during a public hearing meeting held on November 30th, 2018. More than 30 community members, representing various social and professional categories (including survivors of domestic violence, ethnic minorities, parents of persons with disability) took part in the participatory planning exercise. A separate thematic meeting among 31 pedagogues from Lyceum and Gymnasium preceded the event of community participatory planning so that their inputs and recommendations were incorporated into the Local Action Plan. The Local Action Plan was designed for the year 2019 and reflected the structure of the National Action Plan (2018-2020) of the National Strategy on Prevention and Combating violence against women and domestic violence.

Thus far, complex participatory community discussions and action planning has been conducted, involving inputs from the multiple stakeholders, local people and survivors of violence. As result, the LAP 2019 was approved, which matched the provisions of the National Strategy on Prevention and Combatting VAW 2018-2023, and committed concrete steps to be undertaken for the medium term towards combatting GBV at the local level. The Local Plan 2019 reflected the identified local priority areas of interventions (confirmed by finding of the Situational Analysis) like addressing risk factors including alcohol and poor mental health, to have a safe space for survivors of GBV, and to raise community awareness of GBV to shift harmful social norms. It was a first initiative in the country to localize the national plan on the community level approved through community discussions. Importantly, the LAP included important sections such as *Timeframe*, *Responsible member* of MDWG/organization and *Performance indicators*. Introducing these sections into the structure of the LAP allowed to distribute tasks among concrete members of MDWG, enhance their responsibility to fulfil the task in due time, and evaluate the progress in line with the set (target)indicators, earlier realistically developed and approved in a participatory way.

The ongoing monitoring and evaluation to document lessons learned and outcomes of the planning and paying efforts was organized and documented, also within the meeting of the regional MDWG. Within the final evaluation exercise, several focus group discussions and semi-structured interviews were conducted with UNDP staff and participating stakeholders to summarize the lessons learned and generate practice-based knowledge, to be also useful in the scaling-up process of multi-disciplinary approach in addressing GBV in ATU Gagauzia.

The data collected within the mid-term and final project evaluation indicate that participatory planning processes enabled meaningful engagement and contextually relevant programming, including adapting to the COVID-19 pandemic. Important lessons learned included how to establish and support multi-sectoral participatory planning processes that incorporate diverse women's voices; how to conduct situational analyses identifying local GBV drivers, community strengths and weaknesses, and use such analyses and global evidence to inform the development of local GBV action plans; and how to advocate for local sustainable investment in GBV prevention and response.

The meetings with specialists and beneficiaries of the Safe Space revealed the recommendation to extend the good practices of setting the MDWGs to other communities of ATU Gagauzia – so that all 28 settlements will institutionalize such teams and address effectively GBV, considering also the good practices from the settlements where such MDWGs already exists.

According to interviewed specialists-members of the MDWGs, the busiest and most hard to get involved in the direct activities of the MDWG/LAPs proved to be health care workers – due to the pandemic situations, they were very busy in their medical institutions and sometimes guaranteed due to the inquired health status. The most active proved to be state social workers who are responsible (in line with the provision of the national legislation) for coordinating the main bulk of local-level activities related to the arrangements of the issues on rehabilitation and reintegration of survivors of GBV.

IV.4. Development and approval of LAPs

During the initial project phase, based on the previous findings/developments, the project also envisaged mobilizing the local community Chirsovo in designing, implementation and evaluating the LAPs, costing analysis of efforts, establishment and institutionalization of the Safe Space in Chirsovo – a regional service combined with counseling opportunity for local community people, also based on the good international practices in the field adopted in Moldova (CETA model). The economic empowerment activities were launched in 2020 in Gagauzia district.

A public hearing of the Findings of the Situation analysis study was organized in Chirsovo on 30.11.2018, and was meant to inform both, the project and the decision makers from regional and local level but also the ordinary citizens from Chirsovo about the situation, visions, cultural patterns and beliefs of citizens regarding the GBV issues and discuss the possible interventions on the community level. The public hearing served effectively both in raising awareness of the community members on the situation and needs but also to meditate in a participatory way on the future interventions for the effective counteracting of GBV on community level. In this way, the findings of a Situational analysis helped to inform a participatory action plan to address GBV in Chirsovo village, Republic of Moldova. The Situational analysis proved to be an effective research tool/instrument for project planning on community level. The documented good practices of this approach was also presented on October 24, 2019 to the Sexual Violence Research Initiatives Forum in Cape Town, South Africa²³, a worldwide forum presenting the good practices from all the continents.

The period between August-September 2018, had a special dynamic, characterized by interventions at both local and regional level, incorporating research events and capacity building activities, but also

²³ Participation of UNDP Moldova with presentation “Findings of a situational analysis to inform a participatory action plan to address GBV in Chirsovo village, Republic of Moldova” (6th Global Conference on Violence Against Women, Cape Town, South Africa, 21-25 October 2019).- see agenda of the Conference at: <https://www.svri.org/forums/forum2019/innovations.html#> (page 30)

informing the citizens from Chirsovo about the negative effects of GBV. Also, during this period, due to the project's interventions at the local level, the transformation from a passive approach to an active one regarding GBV issues was achieved, both by the local authorities, civil society and citizens. In this regard, the elaboration of the LAP for preventing and combating GBV reflects the new situation, where both citizens and authorities combine their efforts to identify solutions to the stringent local problems. The LAP reflect the pillars of the National Strategy to Prevent GBV and counteract domestic violence 2018-2023. The model Community-level Action Plan on countering GBV in Chirsovo is presented in **Annex 5**.

“MDWG develop the Annual Work Plan, and one of the stipulated activities is the activity of the MDWG whose members fulfil their functional obligations in addressing GBV cases, and implement their Job Instructions... It facilitates the coordinated response and cooperation on the local level, since all activities are interconnected with others”. (Interview with social worker, February 24, 2022).

The local community Chirsovo was mobilized in designing, implementation and evaluating the LAPs, costing analysis of efforts, establishment and institutionalization of the Safe Space in Chirsovo – a regional service combined with counseling opportunity for local community people, also based on the good international practices in the field adopted in Moldova (CETA model). The economic empowerment activities were launched in 2020 in Gagauzia district.

“At the regional ATU level, we have developed the Regional Action Plan to address GBV. The activities of the MDWGs is a part of the this regional Action Plan, as a . Этот план был составлен как часть составляющей национального плана по республике, который будет в ближайшее время утверждён и в этом плане не указаны все проблемы... указаны дирекции действий... это план утверждается на 4 года. Да, этот план называется «...по работе секторального сотрудничества по определённым людям, по определённым структурам. Поэтому там прописано кто чем должен заниматься, какие полномочия.... У каждого есть в работе направление феномена домашнего насилия. Да, этот план хороший, мы ознакомились с проектом этого плана.” Specialist of the Social Protection Department, Comrat, participants of the FGD, March 1, 2022

Another example of this is the openness of the Local Council from Chirsovo village was allocation of the adequate premise for the future service (Safe Space) and the availability of regional authorities to participate in this dialogue. Since the GBV issues still remains a sensitive subject in the region, multiple lobbying efforts were needed to ensure that the dialogue reached the success, and the premise is allocated for setting the Safe Space.

Given the fact that the activities have been stipulated in the Regional and LAPs, the corresponding Departments have been monitoring the activities of the specialists involved in implementing these activities on the community level.

“The pedagogies from all communities took part in the online training on legislative and practical measures to address the cases of violence against children, organized by UNDP. Later on, during the methodical meetings with psychologists, pedagogues and with deputy heard of the educational institutions we double check whether the pedagogues are implementing the corresponding Instructions, we check it during our monitoring visits to schools.. each school psychologist is mandated to cover the topic of inadmissibility of applying GBV violence, and the pedagogues are sensibilized on this task already” (Interview with Head of the Unit for Methodological Support to School Psychologists, Department of Education of ATU Gagauzia, March 02, 2022)

The LAPs contributed to more targeted efforts of the specialists in addressing prevention of GBV through awareness raising activities in educational institutions (schools, kindergartens, youth extra-curricula activities), identification of domestic violence cases and organizing assistance and protection of survivors

of violence (women and children), and fostering inter-agency cooperation in the field, both on regional and local/community levels in ATU Gagauzia.

IV.5. Conducting awareness raising activities about the GBV issue

The awareness rising is essential to inform and sensitize the public about the GBV issue. For the first time in Chirsovo, during December 25 to December 10, 2018 the “16-days of active actions against GBV” campaign was organized. The main events of the campaign included theater performance based on real stories of victims, lessons in senior classes of Chirsovo schools for educating zero tolerance for GBV, also, an essay and drawings contest with slogan “*A happy family- a family without violence*”. Also, during the campaign, a special event was held, involving both the participation of local authorities as well as the associative sector and the general public: under the generic “Chirsovo undertakes to eradicate violence”, two activities namely Public hearing of the Final Assessment Report and Participatory planning of a LAP successfully carried out on November 30, 2018. The “16-days of active actions against GBV” campaign finished on December 10th, with the launching of new initiative – national crowdfunding campaign - with the scope to supplement the budget for the reconstruction work of the future Safe Space.



A **premiere of the theater performance** “*I won’t let hope die*”, based on real stories of DV survivors from ATU and staged in Russian language, with fragments in Romanian, Gagauz and Bulgarian performed by the Coliseum Arts Center, took place in Chirsovo village on 28.11.2018, and a second staging took place in Taraclia on 02.12.2018. After each performance, a psychologist (from the Rehabilitation center from Chisinau) moderated the debate, to decipher the multiple forms of violence and convey messages about prevention and combatting of GBV. The spectators admitted that they were “taken from their own comfort zone” by what they heard at the performance, - the phenomenon of violence was brought from the abstract into the private life, and by this, the public became aware of it and more ready to act. Around 700 people from Chirsovo and Taraclia have watched the piece²⁴. On 28.02.2019 the theater performance was for the first time played in Chişinău, gathering about 300 spectators. All collected money resulted from tickets selling, were donated for refurbishing of the Sepe Space. It was preliminarily mediated in (national, regional) mass-media and numerous journalists (including on-line media)



²⁴ The video pice about the premiere of the theater performance could be accesed here: https://www.youtube.com/watch?v=nYVMJKPVVUI&list=PLW8fTWcbumlfOrz-z3XKss3XUV8Ca_4f5&index=11&t=0s

contributed their time to promote the theater performance event and other messages for crowdfunding purpose.

On November 26 and December 5, 2018, the **thematic drawing and essay competition** “A happy family is a family without violence” took place in the lyceum and gymnasium from Chirsovo. Awarding ceremony of the best works of students, participants of the competition took place in the festivity’s hall of the local lyceum. In the essay competition for 9 - 12 classes, 22 students have participated. The event finalized with a concert, organized by the children from these schools from Chirsovo.

“The conducted awareness raising activities have sensibilized the community people, the specialists are being told about GBV cases that was not the case several years ago. In Gagauzia, the mentality of local people is very traditional, and there are many gender stereotypes that make people to tolerate and even justify domestic violence. Hopefully, the specialists tell people not to tolerate the violence, they encourage survivors to address for help, facilitate access to the needed assistance, irrespectively of who is the survivor”. (Interview with Deputy Head of Health Care and Social Protection Department of ATU Gagauzia, March 01, 2022)

Additionally, during the *16 days Campaign of Activism against gender-based violence*, 9 senior classes of Chirsovo schools conducted in 2019 **personal development lessons** for educating zero tolerance to GBV and cultivating/building non-violent relationships. Therefore, the idea to organize such lessons as a part of the LAP, was already pretested successfully in 2018. The topics covered during lessons included definition and types of GBV ", areas and the consequences of violence in our lives, nonviolent problem-solving skills development, addressing the situations of domestic violence, building attitudes in relation to the problem of violence. The drawing contest followed and the best works of children were prized during a special ceremony organized on 05.12.2018 in Lyceum in Chirsovo. A total number of 31 teachers were involved and co-organized the lessons, and the total number of 152 school-children took part in these lessons, out of which 91 girls and 61 boys.

“Any child can come anytime to the school psychologist and get the consultation. Even the mother of the pupils can talk to the school psychologists about the irregularities happen in the family. We are distributing the leaflets about the available help to survivors of violence. They got to know about the Helpline, about the other available services in the region. It is very good that in many villages we have a MDWG, they can provide the complex support to the family”.

(Interview with school deputy director, participants of the FGD, March 02, 2022)

“Our specialists already understood, that domestic violence is a cyclic phenomenon, and there is no need to mediate in family violence cases. We need to talk to women-survivors of violence, since they tend to keep in secret the happened things. There is a need to facilitate their access t psychologists, they need to be convinced that domestic violence is dangerous and that she need to escape from this”

(Specialist from the Health Care Department of ATU Gagauzia, participant of the FGD, March 1, 2022)

“We observe the overall increased awareness among the community people – the social workers tell about support measures available for survivors of domestic violence, about the Safe Space”.

(Social worker, participant of the FGD, March 1, 2022)

The alcohol abuse as a negative push-factor for DV and negative impact on family members was a part of local campaign that kept the attention of the community population, organized on 02.11.2019, **the World No Alcohol Day**. The staff of commercial facilities (shops, pharmacy etc.) in Chirsovo but also in other villages of ATU Gagauzia, joint by placing in these the posters (printed by UNDP Moldova) “Alcohol abuse can destroy your family/Alcohol abuse-DV-Divorce” and flyers. The project communication

specialist conducted preliminary debriefing with the commercial/shop agents and owners, to explain the aim of social campaign and seek their cooperation. In some shops, the store assistants were suggesting to buyers to substitute alcohol with other non-alcohol shopping. This created the interest to the problem of alcohol abuse that cause violence and destroy families²⁵. The Mayors of the villages also supported the idea and contributed to convincing the shops owners to take part in this social campaign. It is clear that refusal to sell the alcohol for one day did not contribute to solving the problem of alcohol abuse, but it had a resonance in raising awareness of the community leaders, members of MDWGs and ordinary community people. The interviewed within mid-term evaluation exercise local specialists pointed out the need to continuously pay attention to alcohol abuse and connected issue contributing to DV, and improve the existing mechanisms for facilitating free-of-charge access of drinkers to the services of Alcoholic Abusers' Rehabilitation Centers in the region.

Only in 2019, the project activities were promoted and reflected in **244** publications of various mass media resources. The vast majority are press releases and written stories published with the help of Communication national consultant. One radio broadcast was organized on Radio Free Europe which is also broadcasted on the National TV²⁶. The separate Report on Awareness Raising activities was prepared by the National Public Relations consultant.

IV.6. Reduction of vulnerability to GBV via women economic empowerment activities

The members of institutionalized MDWG confirmed that the lack of economic opportunities in rural regions makes women dependent on their perpetrators and vulnerable to repeated violence. The specialists consider that every repeated case of domestic violence needs ten-fold efforts and resources to ensure the rehabilitation/reintegration of persons. The decreasing of vulnerability of population to domestic violence phenomenon is one of the prevention measures that argue for the need to supplement the rehabilitation services with follow-up economic empowerment activities.

In terms of secondary prevention (prevention of the repetitive situation in the family of persons addressing for help to services), the project economic empowerment part is innovative in the region, since the previously organized programs in the region were not primarily focusing on increasing the livelihood options of women victims of violence from the rural communities. The economic empowerment activities (EEA) were offered at Safe Space to support the economic reintegration of women and other disadvantaged groups through a local CSO formed by project beneficiaries. EEA can potentially ensure vulnerable groups' economic independence to break the cycle of violence, particularly when used in combination with social empowerment, and can also mitigate triggers of violence related to financial stress in households. The survivors of GBV can be provided with job places either run by themselves or run by other women in community.

The following work was conducted by EEW UNDP consultant at the UNDP Moldova, such as:

- Setting up and discussion of the working mechanism of the women economic empowerment component for the project along with the analysis and clarification of the stages for the achievement of the mentioned component during the implementation of the activities of the Project. In the context of the reality existing in the development of the associative sector in the village of Chirsovo, the opportunities to initiate the activity of an NGO in the locality of Chirsovo

²⁵ <https://www.md.undp.org/content/moldova/ro/home/presscenter/pressreleases/2019/campanie-de-ziua-mondial-fr-alcool--riti-s-ii-pierzi-familia-dac.html>

²⁶ <https://www.youtube.com/watch?v=JwIyMh2xepU>

were studied as well as the existence of active CSOs in the community was analyzed in order to know the specificity of the public activities that were carried out in the village. The meetings with the representatives of the Chirsovo LPA to accumulate information on community development in the last years, as well as informing the decision-makers from the Mayorality Office about the provisions of the EEA within the Project and identifying the necessary actions to achieve this component's objectives in this village were organized (April 2019);

- Conducting mini-study of the social-economic situation in Chirsovo for the years 2015-2018, specifying the aspects on the Gagauzia ATU and the particularities for the situation in the mentioned community (see the separate Report available in English) (April 2019);
- The model of the Financial Report for the use of the resources offered by the CSO Project "Inspiration" was elaborated in order to carry out the activities of offering the grants to the potential beneficiaries of the Project, detailing the necessary information for each beneficiary and the expenses related to the logistics of the activities carried out. The modules for the training in the field of business planning were developed (July-August 2019);
- The training was organized for 20 participants and individual consultations and support were offered for those who wanted to develop a business plan and who started completing the applications for participation in the competition. Initially 14 people wanted to participate. Of these, 2 people refused on the grounds that their ideas are expensive and require investments over \$10,000. The individual work continued with the persons who elaborate business plans in order to participate in the competition (see the separate Report on Economic Empowerment activities supported through the project).

“The economic empowerment of women survivors of domestic violence is very important. The specialists of the Safe Space understand that the women survivors in most cases are economically dependent on their abusers. After leaving the Safe Space, there is a risk that she will be dependent again on them. The perpetrators always tell our women beneficiaries (survivors of domestic violence) “You will come back to me on your knees”. That is why our specialists help these women to get a job and become independent economically, become repeatedly our beneficiary”

(Interview with member of the Regional MDWG, March 01, 2022).

The Safe Space specialists, in their capacity of the mobile team travelling to the communities in ATU Gagauzia, have been involved in provision of information on the economic empowerment opportunities for rural women, both survivors of GBV and women at risk. They informed the women about the existing opportunities, helped to prepare the CV and submit to potential employers, to apply to the state Job Insertion Office in Comrat city, and access the vocational trainings.

“I know that the Safe Space help the rural women to find the jobs in the region; they communicate with the potential employers, with the advertisement agents. They also collaborate with Employment center, in case the women survivors are placed at Center, they help with arranging their kids to local kindergarten. This is very important support they offer to women, since this category of women require logistic support in employment.”

(Social worker, Participants of the FGD, March 1, 2022)

The project supported the local entrepreneurs in Chirsovo to initiate the small business, and encouraged to further employ the women-survivors of GBV and women at risk of VAW.

„As a local entrepreneur, I took part in the competition for getting the Small Grant for the small business opening in Chirsovo village. Together with other interested entrepreneurs, I attended the introductory

meeting, we consulted the UNDP specialists on wrapping up the proposa.. I applied the idea to open the Fly Yoiga small business. I have got the approval to use the adacent to Safe Space premise, in the neighbourhood.. I won the grant! So all necessary equipment was bought. Since the Safe Yoga , We are placed in the same building whre the Safe Space is , so the doors of our Fly Yoga is close to Safe Space, I told that the dorr of our services are always open for women-beneficiaries of this Safe Space ”.
(Individual interview wirh woman-entrepreneur, beneficiary of small grants for opening a small business in Chirsovo, March 09, 2022)

“Due to mobile service offered by the Safe Space staff, it was a unique opportunities for many community people to get a consultation about the employment opportunities. Some people even do not have money to travel to the city to look for employment possibility, they do not know whom to address to get a counseling support. Through this mobile services, we stayed close to the most vulnerable citizens, primary rural women, we helped them to get a new perspectives in their lives”.
(Interview with Director of the Safe Space, February 24, 2022).

Given the coincidence of terms of starting operating the small grants by the winners within the economic empowerment project activities direction, with the COVID-19 pandemic start in Moldova, some activities have been postponed, specifically, procurements of the equipment, that caused the delayed start of the businesses.

“We faced the lockdown and we could not ensure the inter-border shipment of the ordered equipment.. it was difficult, it was postponed. All customs were closed.. But finally we got the equipment and started to work, involving women from the target group”.
(Interview with entrepreneur-beneficiary of the project, Chirsovo, March 09, 2022)

“I think that such small grants opportunities are excellent for the rural people. The entrepreneurs are supported by national experts, they are supported to start a small business... The young people-entrepreneours have a possibility to start a small business in Moldova, they will start it here and not leave abroad, they will support their families. Thanks to the project support, our entrepreneurship works successfully already 18 months. I am very happy to be able to make happy other project beneficiaries and community people, and my family is also happy, we move forward our business. (Interview with entrepreneur-beneficiary of the project, Chirsovo, March 09, 2022)

The Safe Space also provided the professional courses on computer literacy for women from nearest villages. For this purpose, the professional trainer was hired and conducted classes in the premise of the Safe Space. The graduates of these classes had further a possibility to find a job in the nearest cities of ATU Gagauzia.

“There are many vocational schools in Gagauzia that did not pass the accreditation process requirements here in Comrat. So women willing to get vocational training should travel to Cahul, Chisinau or other places, but there is language barrier since most of classes there are tought in Romanian language and not in Russian/Gagauz language. Our vocational classes were close to women’s home, in the language they speak”. (Interview wit Director of the Safe Space, February 24, 2022)

IV.7. Establishment and operation of the regional-level service (Safe Space) for violence survivors

Through the decision of the local Council, at the beginning of 2019, the LPA from Chirsovo allocated the building for the future Safe Space, in accordance with the initially set technical standards for such type of social service. The donated building for the Safe Space was valued at 2,500,000 lei, or 141,000 USD. After one-year long lobbying efforts of the Project management staff and Chirsovo LPA, the regional authorities contributed 1,580,000 lei (84 000 USD) by toward the Safe Space renovations, and committed

to cover the Safe Space running costs (estimated between 615,000-870,000 lei, equivalent to 35,000-50,000 USD per year, including the staff salaries for 2 social workers, a psychologist and a lawyer) from 2021 onwards, when it becomes a Public Institution.

The Safe Space (Centre for Assistance of survivors of Intimate Partner Violence) is conceptualized as a rehabilitation 24-h/7-d support service for women and their children, with possibility also in offering (certain days of weeks) the counseling to community members - the first of its kind in Moldova and a premiere in ATU Gagauzia. Compared to other shelter models targeting survivors of GBV, the Safe Space, allowed applying the therapeutic CETA approaches that works well both in primary and secondary prevention of triggers of domestic violence, but also combine it with reaching out of its services in the communities where MDWGs identified the cases when survivors needed direct counseling and support, including in economic empowerment and response. In 2021, the Safe Space got the preliminary Accreditation Certificate of this service, following the procedure of getting the 5 years accreditation certificate from the National Social Services Accreditation Agency acting under Ministry of Labor and Social Protection of Moldova.

“The Safe Space fully responded to my needs. I want to thank its staff to the kind attitude, for sheltering me and my kids, for feeding us... At the beginning I was scared when I was taken to this place, but very soon I felt comfortable there. The fact that I benefited from the services of this Center, has changed positively all my life. I do not know what would happen to me and my children if I had no such great opportunity to come here”.

(Beneficiary of Safe Space, 36 y., mother of 4 children)

“At the beginning, before opening this Safe Space in Chirsovo village, there were a lot of warries on behalf of the community people.. Some people were misinformed, there were manipulation of the information about the objectives of the Center.. But as soon as it started its activity, all understood that it is an important service in the region. Thanks to the fact that the building roof (that is common for other school premises) was repaired, now all other premises in this building are used for extra-curricular school activities, there is lot of beneficiaries the project brought to our community, thanks to UNDP and regional authorities”.

(School Deputy director, participants of the FGD, March 02, 2022).

“It is very important and needed service, this Safe Space for survivors of GBV... I am convinced that such Center are needed and there should be more such centers in the country”.

(School psychologist, participants of the FGD, March 02, 2022)

The crowdfunding campaign was also serving to raise awareness and engage additional potential partners in conducting regional activities for GBV prevention with the support of the national and regional press. Additionally, a charity fair was conducted on April 23, 2019 to support the fundraising campaign, which was attended by 10 journalists, bloggers and singers/musicians. They auctionized cloths and outfits from personal belongings and donated the collected funds for the Safe Space. After the event, the joinalists from other mass media channels, in the period 24.04.2019-03.05.2019, promoted filmed messages from the national stars encouraging to donate money for the Sefe Space. The campaign managed to mobilize multiple public persons (TV stars, human rights defenders, artists) who, in their turn, encouraged people to donate for Seif Space. Some donation came from Moldovan diaspora in Canada, Belgium and France; 82 persoans donated through online platform www.sprijina.md various sums from 100 to 1000 lei, among these 43 are women, 11 men, and the other preferred to stay anonimous. A group of pensioners from Holercani village (Dubăsari region) donated a part from their pensions, and a just-married couple from Chisinau asked their wedding guests to donate instead of byung traditional flowers, for the Seif Space in ATU Găgăuzia. The crowdfunding campaign allowed raising up 74,537 lei (4,250 USD) by October 2019 and these funds will be used to procure the furniture for the Safe Space.

In January 2020, the construction works of the Safe Place were finalized. The premise fully corresponds to the requirements of the building designated for shelter services, including for people with disability. The first floor is designated mostly for counseling with specialists and the second floor can accommodate 18 beneficiaries (women and their children) in 7 rooms.

UNDP Moldova has committed to financing the running costs of the Safe Space for the first year (2020) estimated at 352,000 lei (20,000 USD), and the funds were allocated by Bashkanat for the following years. The ATU regional administration has institutionalized the Safe Space as the Public Institution. It is worth mentioning that, similarly to other shelters for GBV survivors registered as public institutions in Moldova and financed from the budgets of local public administrations, the activists among the staff of the Safe Space, as a registered CSO can fundraise for its activities in future, to eventually supplement the state funds.

“The psychologist, a social worker and a lawyer provide the services in the Safe Space. The conditions are very good for the beneficiaries. The Safe Space is placed strategically very comfortably – it is on the main regional road, it is in the immediate proximity to the school, kindergarten, Health Care Center, Police and Mayoralty. The Center security is perfect, all is arranged. The women can cook there, they get the products and all necessary for the living. The kids have a place to play. All is arranged and managed perfectly in this service/building.” (Social worker, FGD participant, March 01, 2022)

“We are proud of being able to change to a better turn the lives of our beneficiaries. We had a case referred by one MDWG, a case of a woman who suffered from domestic violence on behalf of her mother-in-law – the latter took her grandchild and refused the mother to take care of the child. The mother had in past some issues, she suffered from divorce with her husband, who left the country. The decision was made by the MDWG to place the mother and the child in the Safe Space. The social worker had to help the woman to learn how to take care of her child, to cook, to do other important things for her child. Her mothership instinct revived, so the child and the mother stuck together, and the mother found the sense of life. The mother was extremely happy to be reunited with her child; she was scared that someone could take her child again. After three months of staying in our Center, the psychologist gave the positive declaration to the LPA that the mother is capable to take care of her child. We helped her to find a living space in the neighbor village, and in other three months we helped her to arrange the child to the kindergarten, and found the job place for the mother. The mother and the child are currently happy, everything is OK in their life.”

(Interview with director of the Safe Space, February 24, 2022).

“Until the Safe Space was opened, the police officers had many problems with ensuring security to the women survivors of domestic violence. There were even cases when we were to offer overnight our work rooms at police station, we arranged folding beds there for these women and their kids, that was not actually a good solution, but we had no alternatives for placement. The women had no place to go, had no safe place to stay. Only in case of serious injuries, we could arrange the women to hospital, but the security issue still remained the problem. We are very happy to have a Space Safe now, where women and their children have all conditions to stay calmly there and importantly, they have the specialized staff ensuring the rehabilitation and reintegration support. On the other side, the police officers work with perpetrators to ensure that such violent acts are not repeated anymore.”

(Interview with police officer, Comrat, March 02, 2022)

“There were many cases when the women were to bear the violence because they had no place to go. Thanks Gov and thanks to your project, the survivors of violence have not a place to go – we refer such women with children to the Center in Chirsovo...They get there a qualified immediate help. After returning home, we take care to monitor her situation, and offer social support, whenever needed”.

(Social worker under the Mayoralty or Ciadir-Lunga city, Participant of the FGD, March 01, 2022)

“I would like to say “Thank You” to the donors who supported the idea to create the Safe Space in ATU Gagauzia. This is a substantial and continuous support, with long-term effect, that covers the needs of our

beneficiaries, the beneficiaries of the Social Protection Department.. Altogether we managed to lobby the Regional Public Administration to allocate the budgeting for the continuous activity of the staff of this Safe Space... We are trying now to increase the budget lines for some envisaged costs such as covering the costs of the food of the babies, diapers, since the assistance to babies till 1 y.o. was not initially envisaged in this center.. The Center's staff managed to establish effective cooperation with other similar Centers, and refer the beneficiaries there who have the special needs”.

(Interview with Deputy Head of the Health Care and Social Protection Department of ATU Gagauzia, March 1, 2022)

The Safe Space staff was trained to apply Common Elements Treatment Approach (CETA) approach as a mental health support to violence survivors as a sustainable solution to the limited mental health resources. The psychologist at the Comrat University, school workers, youth center workers and psychologists from other shelters in Moldova took part in the CETA training. All participants have been supervised (by their trainers-supervisors) to offer CETA counseling as part of this pilot and are now accredited CETA trainers.

For this purpose, the training service providers to deliver vital psychological support to GBV survivors that addresses the underlying causes of GBV by adapting the CETA, will be applied to the Moldovan context for the first time. CETA is an integrated treatment programme that effectively addresses multiple co-existing problems (depression, trauma, substance abuse, aggression) concurrently in families impacted by violence. CETA has been applied in several low-and-middle income countries with limited mental health infrastructure and workforce (e.g. Zambia and Ukraine). In some countries CETA was shown to significantly reduce physical and sexual violence against women and alcohol abuse among men and women. Following the work visit of project staff and experts to Kiev where both CETA model authors and practitioners from USA and Ukraine met Moldovan team, the CETA training materials were adapted to the Moldova context, the training was organized, followed by ongoing support to trainees from Ukrainian colleagues trained/certified in CETA. Due to delayed (because of COVID-19 pandemic outbreaks) CETA training sessions, the first results on its implementation will be observed at the beginning of 2022 only. The innovative component of the Safe Space would be a combination in one building of the traditional shelter package of non-stop services designated to DV survivors (second floor) and counseling services (including CETA model) to be offered to ordinary community people, in certain days of the week (first floor).

“The CETA model proved to be a positive practice, applied in Moldova in our Safe Space. It allows to work with unproductive thinking of our beneficiaries. It helps to diminish the depressive mood emotional tension. We learned through this model, to convert the unproductive thoughts to the productive ones, so our beneficiaries feel much better after the consultations”.

(Interview with Director of the Safe Space, March 02, 2022)

“I like the way the psychologist discussed with me. It somehow turned my bad mood and my negative thoughts to the positive ones... she helped me to think positively and stay results-oriented in solving my problems, to stay motivated. Since I started to communicate with the staff of the Safe Space, I became more self-confident, I learned how to manage my emotions, inclusively in communicating with my former husband.”

(Interview with woman-beneficiary of the CETA Program/Safe Space, 43 y.o., mother of 3 children)

Since its opening, the Safe Space enlarged its personnel with one position of the lawyer, who however is offering just counseling to the beneficiaries. The representation of the beneficiaries' interest in the court is done through referral of the cases to the advocates to the office of the State Guaranteed Legal Aid, with whom the cooperation was established earlier. The only staff member that is currently lobbied to be opened/supported through the local government budget is the position of the psycho-pedagogue for being able to work with children placed in the Safe Space.

“We do not have the position of the psycho-pedagogue in our Center. Usually the kids placed in the Center reveal the social dis-adaptation, and they also need support, like their mothers. Many children need additional efforts on behalf of this kind of specialist to be able to develop their social skills, to help them reach the level of social and psychological maturity similar to their peers.. the school children usually have issues with learning, so the pedagogues help them with homework, they work with the children until their mother is going to rehabilitation sessions or work outside the center”.

Interview with psychologist of the Safe Space, February 24, 2022).

“The Safe Space need one more specialist – psycho-pedagogue, to be able to work closely with the children of the beneficiaries, who are often also traumatized because of their experiences in the violent families.”
(Interview with the specialist of the Health Care Department of the ATU Gagauzia, FGD participant, March 01, 2022)

“I am very proud that such Safe Space service was launched in Chirsovo, and this is a regional center. I wish to thank UNDP Office in Moldova for this project, we worked together several years to bring to life this idea. There were some impediments, but finally we did it! I would like to express my gratitude to all the UNDP project team... also because they chosen Chirsovo village to open such Center, I am very pleased for that. My thanks go also to specialists, experts who come to Chirsovo – they allocated enough time to get to know with our village, with our community people.. we are glad and happy to get such support.”
(Interview with Mayor of Chirsovo, February 24, 2022)

At the moment of conducting Final project evaluation, the Safe Space was undergoing the procedure of its services accreditation, one of the requirements of the Labor Inspection being the development of the package of documents for internal security policy, personal data protection, that also requires the changes in the internal regulation.

It is worth mentioning that the Safe Space service in ATU Gagauzia, like many other shelters for survivors of GBV in Moldova, since the start of the war humanitarian crisis in Ukraine, have accepted many women/children refugees fleeing from this country. In this place, they got all needed assistance, through direct support on behalf of the personnel of the Safe Space and due to the other governmental programs in Moldova supporting the refugees from Ukraine. There are always places available for the survivors of GBV, too.

IV.8. Costing of local interventions

A costing exercises rounds were conducted through in January 2019 to November 2021 to collect information on the resources required to support implementation of the regional and local activities, partially supported by the project. The Tool for data collection was prepared by the international experts and included two Excel lists, one on the salaries of the state workers (members of MDWG and other LAP), consultants, contractors time, contribution of volunteers, and another Excel file with collection of data on the total cost of partners contribution, what other resources were used implementing the LAP, etc. The costs spent for the LAPs 2018 and 2019 will but also other activities on regional/community levels were recorded to observe the benefits of the LAPs/assess the value for money of the investment across multiple sectors and stakeholders. In this regard, the value for money of investing in the plan to inform resource allocation and encourage buy in from additional payers will be documented and used for good practice replication on national scale.

See a separate project-delivered **Report on Costing and Paying** for participatory action on countering GBV in Moldova.

IV.9. Challenges faced by service providers

The following challenges have been reported by the police officers, social workers, psychologists and pedagogues in provision of direct support to women and children survivors of GBV in the target project regions of ATU Gagauzia:

- Still bureaucracy measure to accept child survivors of violence in ATU Gagauzia and other parts of Moldova;
- The absence in ATU Gagauzia/South of Moldova of the Center for Family Perpetrators' Behavior Correction. In absence of such services, in some cases the women-beneficiaries are subjected to the repeated violent acts upon return from the Safe Space;
- The perpetrators-alcohol users represent the danger for the women and children-survivors of violence, however, the current legislative and practice measures are not addressing the possibility to effectively address this issue in the Republic of Moldova. The police officers are not aware of the existence in Moldova of the Centers for perpetrators' behavior correction, and not all of them understand correctly the mission of such service;
- The current system of punishment of the family perpetrators is not effective. The administrative penalties are still applied by the police officers in Gagauzia; the penal cases are open rarely, and many of them are closed by the judges. The psychological assistance towards victims of violence is hard to prove in Gagauzia, due to the lack of authorized psychologists whose written declarations could be accepted in the court proceedings. The duration of consideration of the cases related to domestic violence may last longer than 18 months (the time limit for consideration of the evidence). There is no transparency in the reasons for closing the cases on domestic violence judged in the courts of Gagauzia. In spite of the fact that the medical forensic examination for the victims of declared violence should be free of charge, the survivors sometimes are charged for this (about 12 Eur), and because of this – many refuse to undergo the procedure, so that the police officers cannot document the acts of violence and the perpetrator stays unpunished. The current punishment measures applied to the family violence perpetrators is insufficient, it should be tightened up and preferably (according to interviewed specialists) to criminal liability.
- The specialists are not always feeling responsible in fulfilling their obligation in addressing the reported cases of violence. Except police, other specialists rarely undergo through the special internal investigation for delayed response or inaction in such cases.
- Most informational materials and legislative acts that reach the specialists and population in ATU Gagauzia are in Romanian (not Russian) language, that create difficulties in understanding the text. The language barriers also exist among the service providers who may not understand the language and the needs of their beneficiaries speaking in Romanian.
- There is a lack of information on the existing phone counseling numbers of the services, accessible/non-stop and in Russian language.
- Due to bureaucracy in state health care system, the beneficiaries who get the medicines from the state (free/state compensated) can only get it in the medical institutions where she/he is registered, and it is hard to get it if, e.g., the beneficiaries of the medicines is moving to the Safe Space or other living settings.
- The difficulties in keeping the confidentiality about the beneficiaries receiving support from many specialists, especially on the community level.
- The survivors of domestic violence still often retract their declarations at the police and in the court. Some specialists, often those who have not yet been trained in addressing domestic violence issues, tend to mediate in cases of domestic violence.

- There is big work overload in the activity of the police officers – one officer may serve 5000 citizens, - it creates difficulties in the ability to take part in the meetings of the MDWGs, and conduct regular monitoring visits to the households of the survivors of domestic violence.
- The journalists in ATU Gagauzia need more capacity building in gender-sensitive approach in reflecting the issue of VAW, it sometimes stigmatizing for the women survivors of violence; the secrecy of Safe Space settlement is not always respected by the journalists.
- The citizens of some remote villages in ATU Gagauzia may not be aware about the existence of Safe Space and other available services in their region.
- The reintegration of women-survivors of domestic violence is challenged by the limited state-offered social support measures. In most cases, the women survivors of domestic violence have no place to go, they are unemployed and have no money to cover the costs of the renting. There system is state-offered social housing in Moldova is undeveloped.
- During the pandemic context and when the children are placed in the Safe Space, not all children had access to the electronic devices to be able to continue their study online.
- The children placed in the Safe Space lack stationary, books to be able to continue their study.
- The staff of the Safe Space lack capacities to work with children-survivors of violence; there is no specially dedicated staff member (social pedagogues) to be able to work professionally with the children;
- There is insufficient finances allocated by the local and regional authorities for countering domestic violence. During the pandemic outbreaks, the priority is given to the health care urgencies and the social issues are not prioritized.
- The mechanisms of child protection in cases when the parents are perpetuating violence against their children is not well defined in ATU Gagauzia.
- There is still widely spread gender-based stereotypes in ATU Gagauzia, that contribute to domestic violence cases and the high level of tolerating such cases especially in the rural communities.
- There is a lack of psychologists in the regions, and the lack of understanding the mission of these specialists on behalf of the community people.
- The state offered services on behalf of the advocates are not skilled enough to lobby the interests of the survivors of violence in the court, and the survivors/the shelters have no possibility to pay for such high-quality legal assistance services.
- The members of MDWGs are not always able to update the lists of available services for GBV survivors, they face difficulties in referring/documenting correspondingly the “non-standard” cases of violence.
- Some Mayors in ATU Gagauzia (especially out of project regions) prioritize solving infrastructure-related issues instead of addressing the social needs of the community people. The Mayors are the most busy specialists so it is hard to enroll them in the capacity building trainings on addressing domestic violence issues; they tend to look through the prism of stereotyped attitude to this problem.
- Some survivors of domestic violence are not motivated enough to cut the cycle of violence and start the independent life; the time offered for sheltering is not enough to ensure the effective rehabilitation. There are no social flats to offer them temporarily the long-term housing.
- The MDWGs in the communities and on the regional level face difficulties in referring the cases of psychological domestic violence. Since the Safe Space is a public-run service, the administration of the Safe Space is obliged to ensure the evidence on targeted support, e.g. on suffered violence, that is much difficult in cases of psychological assistance and self-addressees.
- The children aged up to 1 y.o. are not eligible for placing at the Safe Space;
- The limited spaces in the Mayoralty office does not offer possibility to the social workers to stay in a separate room to be able to talk confidentially about their situation. There is no possibility to

talk openly about the domestic violence cases, especially it refers to the small communities where victims prefer to keep in secret their situation;

- COVID-19 pandemic made the specialists involved in direct assistance to survivors of GBV, including members of MDWGs and of the Safe Space, to adapt to the realities and ensure that the personnel and beneficiaries of their services stay safe. The services mobilized themselves and got essential support being provided with the protection equipment and hygienic stuff, and also conducting the quick tests to shorten the quarantine time. Some interactive trainings have been postponed, and transferred to online format. Another challenge, also connected with pandemic outbreak was related to postponing of the CETA training, and transfer of part of the training in the online format.
- One of the challenges pointed up by the CETA model trainees was getting enough clients to come for CETA at the Safe Space – because the staff was so busy, but also given stigma of seeking mental health support, especially in a small village where people who were sometimes do not feel anonymous in addressing for help. This was also a limiting opportunity for these facilitators to be accredited in due time/ by the end of the pilot in CETA.

V. CONCLUSIONS AND RECOMMENDATIONS FOR THE WAY FORWARD

Based on the evidence collected through the individual interviews with social workers (under Mayoralties, Safe Space, Department of Health and Social Protection under regional public administration of ATU Gagauzia), pedagogues (schools, kindergartens, Education Department under regional public administration of ATU Gagauzia), police officers (community-level police and officials from the Police Department under the regional public administration of ATU Gagauzia), health care specialists (under Health Care Center/Hospital on community/regional level and Department of Health and Social Protection under regional public administration of ATU Gagauzia), psychologists (school and Safe Space), Mayors and deputy heads of the LPA (community level), the following conclusions and recommendations have been compiled as presented below:

Conclusions:

- The project allowed applying the bottom-up approach in addressing the needs of the survivors of GBV in ATU Gagauzia on one hand, and ensured the proliferation of the national legislation on countering GBV on the other hand. The local community in Chirsovo was mobilized to take part in the Situational analysis exercise, the results of which served the basis in start planning the local response to GBV through taking part in the participatory community discussions, public hearing, and resulted with developing and approval of the LAP on combating GBV in Chirsovo. The Chirsovo model of participatory planning later on served as a model for similar actions – developing and implementations of the LAPs in additional 11 settlements of Autonomous Territorial Unit (ATU) Gagauzia of the Republic of Moldova;
- The local public administrations have approved the membership of the Multi-disciplinary Groups on Counteracting GBV (MDWG) that have been officially established on regional (ATU Gagauzia) level but also in 11 settlements of Gagauzia (including Chirsovo village). The successful model developed and piloted in Chirsovo was scaled up in these additional settlements, including developed /approved by LPAs Job descriptions and Regulations on the activity of MDWGs;
- The capacity of the regional and local public administration was strengthened to understand the phenomenon of GBV, national and international legal framework in addressing it,

including through enhanced local multi-disciplinary response to domestic violence cases. Due to provided basic trainings for the MDWGs members, the targeted trainings for the specific categories of specialists but also due to a follow-up coaching support on operational levels, the LPAs and the MDWGs members in all project target regions have been capacitated in addressing GBV cases and strengthened the local/regional mechanisms of cooperation on the local level to address comprehensively VAW, including by applying into practice the principles “survivor of GBV should be placed in the center of all efforts”, “do not harm” and “leave no one behind”. The analysis of the Pre- and Post-trainings questionnaires revealed an average 80% increase in the knowledge and skills of the trainees.

- The community awareness raising activities within the regional annual campaign “16 days of active actions against gender based-violence” have been successfully implemented and contributed to sensibilization of the target communities and LPAs in understanding the GBV and the need of strengthening the regional response to address it;
- Due to lobbying efforts on the regional level, the local public authorities in Chirsovo allocated the building and the regional authorities of ATU Gagauzia allocated the fundings for the refurbishing and continuous budgeting of the services of the operationalized regional Safe Space for survivors of GBV;
- The work undertaken in Chirsovo demonstrates successful adaptations of local GBV best practices, also adapted to the pandemic context, documented and replicated in other settlements to identify and protect GBV vulnerable survivors during health emergencies, including within the opened Safe Space;
- This project has enabled for the first time the localization of the National GBV Strategy in Moldova through the participatory development of the GBV LAP incorporating input from key local stakeholders including the local government, service providers and the community in line with ‘leaving no one behind’ approach. At core, the pilot in Chirsovo demonstrates how to localize a national GBV plan, develop, strive to implement coordination mechanisms, adapt innovative intervention models to achieve impacts on health, social welfare, justice, education, and economic development of the concrete community. The pilot in Chirsovo generates new knowledge and understanding on how to localize a national GBV plan with maximum participation and meaningful community engagement, and how to adapt evidence-based intervention models in new settings (Situational analysis feeding the LAP), but also establishing the costs of participatory planning and the value for money of intervention models;
- The technical team from the global project and the national consultants provided essential support for designing effectively the participatory planning process, continuously provided recommendations for the overall design of the local plan combining appropriate response activities. To ensure that the project is run effectively, the project ensured the monitoring, evaluation and learning component. From the operational point of view, UNDP made sure that activities are being implemented in a smooth manner and proper actions being taken in advance. The innovative elements, such as localization and implementation of the *National Strategies on promotion of gender equality and prevention of GBV* through institutionalized MDWGs&LPAs, conducting crowdfunding campaign for the establishment of a Safe Space in Chirsovo, conducting (in the multiethnic communities) the awareness raising activities on GBV, were successfully pilot-tested/implemented. The pilot in Chirsovo laid the foundation for an innovative evidence-based approach to eradicating GBV in ATU Gagauzia, through scaling up the MDWGs and applying LAPs in additional 10 settlements of the district;
- Assessing experiences and outcomes of participatory planning and paying for local GBV action plans across multiple settings provided a unique contribution in terms of understanding what works to prevent GBV at the local level. This comparative review also uniquely prioritized practice-based knowledge, which helped to highlight the influence of contextual challenges and adapted responses to develop and implement local GBV action plans. In Moldova, the local

action plan included a Safe Space that adapted the mental health CETA methodology and was able to support Ukrainian refugees with CETA services in response to the crisis in Ukraine. This qualitative evaluation unpacks how different sectors, civil society and women's rights organizations shaped local planning processes and outcomes and offers important implications regarding best practices for participatory planning;

- The Mobile Outreach Service created under Safe Space allows reaching out vulnerable and disadvantaged beneficiaries in rural and remote areas (20 villages in ATU Gagauzia), reducing their out-of-pocket expenses (including transportation costs) and increasing service accessibility for the survivors of GBV in ATU Gagauzia. This is an innovative adaptation to the pandemic context in the Gagauzia region operating within a 150 kms radius around Safe Space. Furthermore, the outreach services contribute to facilitating access to the employment possibilities for women survivors of violence and women at risk of violence and continuously increase survivors' workforce participation and producing economic benefits for the communities. The economic empowerment activities supported due to project and extra-project possibilities, allowed ensuring the sustainability of the rehabilitation efforts within the Safe Space allowing the economic reintegration of women placed in this facility;
- The costing exercise conducted throughout the project course implementation allowed to monetise the costs of interventions on the local and regional levels in ATU Gagauzia, and helps the local and regional authorities to understand and better plan the needed interventions following their (inter)national commitments in addressing effectively the GBV, gaining data on the Safe Space Mobile Outreach Services costs for the future eventual replicating to achieve greater benefits are modest compared with the potential cost of no GBV prevention, and likely to decrease overtime with additional beneficiaries reached, making/arguing it as a worthwhile inversion for local authorities in Moldova.

Recommendations:

- The procedures for documenting and referring cases of child survivors or witnesses of violence should be improved, with building capacities of the child-protection specialists from ATU Gagauzia and other parts of Moldova;
- There is need to establish in ATU Gagauzia /South of Moldova of the Center for Family Perpetrators' Behavior Correction, based on already existing (piloted) models in the Republic of Moldova. This service should be interconnected with the current service for supporting survivors of domestic violence - the Safe Space from Chirsovo;
- There is need to address the issue of creating the systematic approach towards provision of rehabilitation measures to alcohol users – inclusively improve the legislative and normative framework in Moldova – as one of the push factors contributing to domestic violence acts, as declared by the specialists from ATU Gagauzia;
- There is a need to closely monitor the implementation of the legislation of the Republic of Moldova as related to realization into the practices the violence survivors' rights as well as the measures applied by the justice system in considering the domestic violence cases in the courts and the current system of punishment of the family perpetrators in ATU Gagauzia, with due involvement of the Ombudsmen Offices from Chisinau and Comrat cities;
- There is a need to publish and distribute the informational materials targeting the specialists and population in ATU Gagauzia in Russian language, about the existing services for survivors of GBV, train the journalists on gender-sensitive reflection of the GBV topic in the Gagauzia mass media sources. The specialist/service providers may need step-by-step leaflets describing their involvement in addressing the domestic violence cases, in due respect of the national legislation and international good practices in the field;

- The multiple trainings helped the local stakeholders including members of MDWGs to gain essential knowledge to re-think the phenomenon of GBV, learn relevant information to support their GBV prevention and addressing GBV cases. The provided trainings served as the “opening” for the building the capacity of the key state agencies (front-line specialists who may be in contact with GBV survivors) and who are authorized to promote and protect women’s rights to live free from violence. The greater capacity and enhanced skills of MDWG members to prevent and respond to GBV resulted in abilitating them in planning of the LAPs. According to the post-training questionnaires and the interviewed specialists, there is a need for more follow-up on-job trainings/short debriefing sessions to allow strengthening the gaining knowledge into the practice, especially for social workers from the whole Gagauzia regiona. A special attention could be paid on considering the possibility to invest more support in building the local referral networks for the assisting and protection of GBV victims, through supporting further the operating mobile team of the Safe Space. There is need to conduct the continuous capacity building activities for the service providers, including sharing the experiences with other parts of Moldova; the capacity building activities should including the coaching and follow-up joint monitoring visits (with the senior staff from the regional corresponding departments, with expert support of independent national experts);
- The continuous efforts are needed for community mobilization to conduct activities, even to a smaller extent, including those that do not require financial means or modest funding.
- The Safe Space staff need coaching support and supervising support in prevention of the burn out syndrome in direct provision of services to survivors of GBV; the specialists of the Safe Space need to continuously take part in the trainings to further build their capacity in various fields of interventions;
- The Safe Space should be equipped also with special bed for persons with disabilities;
- The specialists capacity should be strengthened to allow certification of the specialists-psychologists in ATU Gagauzia to be able to issue the evidence/conclusions on the psychological trauma for the survivors of psychological violence in the survivors, required/recognized in the courts;
- The LAPs are currently being replicated in other settings across the ATU Gagauzia, informed by experiences of the pilot in Chirsovo village; these annual LAPs should be supported further by the existing resources in the region, and reflect the provisions/tasks stipulated in the National Strategy on Prevention and Combatting Violence against Women (2018-2023)
- There is a need for more separate training for the staff members of the future Safe Space, specifically on psycho-social support to survivors of domestic violence, including via exchange of experiences with other shelters from Moldova.
- The selected persons-beneficiaries of the EEA grants may need continuous coaching support, and new activities may be further supported for the Safe Space beneficiaries to enable their successful economic reintegration.
- The efforts should be further supported to raise awareness/visibility to the community on the VAW issue, galvanize public support and support of regional ATU authorities, and share the good practices on national/international level were effective in terms of communication planning, messaging and the selected media channels.
- The lack of economic opportunities in rural regions makes women dependent on their perpetrators and vulnerable to repeated violence. Since the decreasing of vulnerability of population to DV phenomenon is one of the prevention measures, the economic empowerment activities need to be continuously offered at Safe Space to support the economic reintegration of women and other disadvantaged groups, including through the small businesses’ opportunities, coaching support to entrepreneurs to ensure its smooth implementations. In case of economic empowerment support offered to Safe Space beneficiaries, this support should be further

monitored to ensure that the survivors of domestic violence stay safely in the relationships with (former abusive) partner;

- The costing exercise allows identifying the real costs and contributions from the all involved actors in GBV prevention and response, however, more efforts will be needed to ensure the sustainability of this stepped-up inter-sectorial local actions, by bringing more stakeholders and payers to the table and demonstrating the societal and multi-sectorial value of investing in interventions to address GBV on the community and regional levels;
- The SVRI Global Forum can be further used as a platform for sharing the identified good practices of the current project in Moldova.

ANNEXES

Annex 1. FGD guidelines

Guidelines for conducting FGD

Facilitator's name:	
Name of the person who wrote the minutes of FGD and contact phone nr.:	
List of the authorities (no names) participated and organizations/localities they represent:	
Date and location where FGD is conducted:	

Introduction

Good morning/day/evening. I am glad to greet all of you in our meeting. I thank you for your time dedicated and for joining us to speak up about your experience on the project. My name is __and I represent the sociologic company iData, hired by UNDP Office to document the experiences in the region of the specialists, providing direct support to survivors of GBV, such as survivors of domestic violence.

We are conducting meetings with various specialists in in ATU Gagauzia to hear about the successes, challenges and good practices they apply in their direct work with survivors. Taking into account your experience, that is very valuable for us, we have planned this meeting with you to get information from the first hands.

Our discussion will be confidential and we will not be referencing in the our papers and report to the data which could identify you as participants of the FGD, so you can be open to speak up.

Your opinion is very important to us, and if you agree, I will be recording our discussion to make it easier for me not to omit some important things in the process of our discussion when noting your recommendations. After writing down the minutes of the FGD discussion, which will be excluding your personal data, I will erase the audio record and will not convey it to the third parties.

*Certain questions will be asked during the meeting and it is important for all of us to understand that **there are no correct and incorrect answers**, there are only different opinions. It is very important for us to hear different opinions. I would like you to share your opinion even if it is different from others'*

opinions and it is very important for us to respect the opinions of other participants. I would like you to be maximum candid during the discussion, since only this way we can understand the problems and find solutions to them.

Also, I would like to ask you to keep confidential the discussion today and not to discuss the issues with the third parties for others to be confident that everything is confidential and be calm when expressing their thoughts. Participation is, indeed, voluntary, and you may choose not to answer the questions you find inappropriate.

Please, ask if you have any questions. Can we start?

Supplementary (warm-up) questions

Let us get familiar – please, tell your name, position, organization and how long you are in this position?

THE MAIN FDG QUESTIONS:

1. What was the UNDP Moldova pilot's proudest achievement(s)? For instance, overcoming a specific challenge, bringing a new partner on board, developing new skills, capitalising on a new opportunity, etc.
2. What are the needs of the survivors of GBV in ATU? What needs are met and which not yet met, why? How has the safe space contributed to meeting these needs if at all?
3. What does **good quality** services involve? What needs to be done to improve the quality of services provided by every type of specialist? What can you recommend to the specialists- service providers for the existing services to be responding to needs of violence survivors? How do you think, to what extend today the service providers (and police officers) are ready to provide quality services? - *Why do you think so? What needs to be done to ensure that the survivors of violence are enjoying access to prompt assistance and protection? (for police officers: how to ensure the effective prosecution of domestic violence cases? For pedagogues: how to ensure the effective identification of child abuse/violence and protection of child survivors)?*
4. How would you assess accessibility of the existing services? How can we make the existing services more **responsive** (отзывчивые) in solving beneficiaries' needs in safe, confidential way? How could the UNDP project help service providers to improve the current system of service provision and quality of their services? How can the regional ATU increase their support to the service providers?
5. How well the beneficiaries are aware of the existing services (their availability, location and what services precisely can be received) in your opinion? How can be improved awareness on and accessibility of the services for the potential service receivers (for police: what about awareness about the Protection orders and prosecution of abusers)?
6. Based on your observations, how would you assess coordination and interaction of the various structures at the local level in regard with direct aid/protection to the victims? (*Why it is happening this way?*) What are challenges and risks associated with provision of certain types of services (for police: protecting survivors and prosecuting perpetrators) including via multi-disciplinary cooperation? What could be done to improve responsibility of the service providers in regard with referral and provision of the quality services?

7. What are the main challenges specific to certain service providers/police officers delivering assistance to survivors of violence (related to procedures, resources, capacities etc.)?
8. What good approaches and good practices can you mentioned as applied in the service provision of Safe Space as part of the local action plan? (Probe: economic empowerment, CETA)
9. What factors helped multi-disciplinary team members understand the contextual situation and supported the decision-making processes leading to the development of the local action plan? Probe: What information was collected and shared, how was it discussed and how participants arrived at a collective solution?
10. What deliberate efforts were made by you/the multi-disciplinary team during the planning process to ensure and enable meaningful engagement across stakeholder groups? (e.g. efforts to build trust, engagement and relationships with key stakeholders; training and empowerment of community women leaders and women grassroots social organisations to contribute to the planning process). Probe: What were the main facilitators in managing the relationship with state local authorities?
11. Can you share any examples of how the participatory planning process leveraged partnerships, attracted donors and/or resources, and (if applicable) replicate pilot initiatives? Please specify if these efforts expand beyond the project period (i.e. after 2021).
12. What advice would you give to others wanting to undertake a similar participatory planning process? Probe: What improvements do you think the multi-disciplinary team planning process could be undertaking?

This is all what I wanted to discuss with you.

I would like to thank you once more; your opinions are very valuable for us. You can also ask your questions now.

Comments\notes (Including on the results of observations) of the facilitator:

Annex 2. Interview Guidelines with MDWG members

GUIDELINES for the interviews with service providers

[Introductory part – aim of discussion, informed consent, the technicalities]

[The perception of service-related specific needs/expectations and tangibility of service]

1. In your opinion, what are the **needs of the beneficiaries** related to service(s) you (as a specialist) provide? Do you think the safe space has helped address these needs? How so? What needs cannot be covered in ATU Gagauzia, why?

2. What are the **expectations of your beneficiaries** who address for the first time to you (as a specialist)?
3. Do you think that the service(s) (provided by you/your organization) address these needs and expectations?
 Yes; **NO**; **it is hard for me to say/do not know**

Please provide arguments and/or examples when the needs and expectations were/were not met and explain the existing gaps (if such). What should be done to assure the coverage, to the maximum possible level, of the beneficiaries' needs related to your field of intervention?

4. How well your direct **beneficiaries are aware** about the provided service(s)? What activities are being conducted by your organization to ensure community awareness of your services and increase demand for these services?

[the accessibility and provision of service(s)]

5. How do you evaluate the physical accessibility of service for all your beneficiaries (physical accessibility of/into the premise of service provider including those placed in state building, possibility to call/book the visit, possibility for beneficiaries from remote areas to travel/address physically)?

Do you think your work schedule (working days/hours, waiting time, offered counseling time) is beneficiary-oriented or not?

- Yes**; **NO**; **it is hard for me to say/do not know**

What service providing organization you think are less accessible for your beneficiaries? What could be improved to make the service(s) more accessible for all categories of beneficiaries?

6. What are the general (beneficiary- and non-beneficiary-related) problems you (as a specialist or organization) face in provision of your service?

Do you think that access to some services was more difficult for beneficiaries under the burden of COVID-19 pandemic?

- Yes**; **NO**; **it is hard for me to say/do not know**

How was it in case of your organization – (where there any break in provision of services)?

For Director and staff of the Safe Space:

7. What is your motivation for joining Safe Space as staff and staying with it? How you evaluate the received trainings opportunities? How you evaluate the support provided by the project staff/experts?
8. In your opinion, what is the overall impact of the opened services of the Safe Space for the survivors of GBV in the region? How are the services perceived by women attending the safe spaces and why? Any recommendations to improve the Safe space services provision?
9. What are the benefits, challenges and the risks of in provision of the adapted mobile services? What are the challenges but also benefits for survivors and the specialists of your Safe Space in provision of such services to survivors of GBV? Can you consider the mobile services provision as good practice (why/argue)? How has the mobile services worked (for beneficiaries/personnel) under pandemic circumstances?
10. Tell us about the successes and challenges in using the CETA model in rehabilitation of the Safe Space beneficiaries? Can you tell me about your perceptions of the CETA training and supervision process? What needs to be improved in its operation in Moldova?
11. What are the main challenges and good practices applied in service provision by the Safe Space service? What are the challenges and risks associated with provision of certain types of services including via multi-disciplinary cooperation?
12. What lessons learned should be taken into consideration in the next step for the scale up of the Multidisciplinary teams in ATU Gagauzia? What capacity of the members of the MDTs need to be further addressed/developed?

13. How has the Safe Space services adapted in response to COVID-19 pandemic? (Probe: What were the new priorities and how were these decisions made? What key adaptations did you make to your local action plan or safe space implementation as a result of COVID-19?)

[the attitudes and practices re: service provided]

14. In case you made referral of beneficiaries to other service providers, was it a positive or negative experience (pls provide examples). What should be improved in multi-disciplinary provision of services? Were there any issues related to provision of your service to beneficiaries- *please describe*.
 Yes; **NO**; **it is hard for me to say/do not know**
What should be improved?

[the perception of quality of provided service]

15. What criteria do you use to ensure **quality** of service(s) of your counterpart (e.g., your colleague working in similar organization from other village providing the same service)?
- **Probe with all respondents if not spontaneously mentioned:** trained/qualified service providers, existing resources, standards, risks assessment, in- and post service complaint mechanisms etc.
For Center Director: What are the challenges related with accreditation of the shelter?
 - **Probe for the state social workers, health care staff, police, school teachers** only if they are not spontaneously mentioned: Are you aware about the specific Instructions related to your field of intervention regarded to addressing DV cases and prevention of DV? When did you learn about it?

Capacity building:

16. Have you participated in the capacity building events related to assistance to survivors of GBV? If yes, what organization provided it? Was it useful (how it helped you in your work of direct assistance/protection of survivors)? What kind of knowledge of skills you feel that need to develop related to the effective assistance to survivors?
17. In your opinion, what can be done to make the voices of beneficiaries of services better heard by service providers?

[Challenges, approaches and good practices:]

18. What are other challenges you face in your work in direct assistance and provision of services (For Directia Asistenta Sociala: What are the main challenges in implementing national policies on assistance and social protection of GBV survivors)?
19. What are the risks associated with provision of certain types of services including via multi-disciplinary cooperation, and how these can be diminished?
20. (For Center staff: Can you evaluate as a good practice the service provision the mobile services? What about the adapted CETA model of services?)

Perceptions of local action planning through the multi-disciplinary team

21. Which financing sources or stakeholders are funding the multi disciplinary team's local action plan and safe space activities? Probe: roughly how much is each financing source contributing to GBV-related activities? Over what period?
22. In your opinion, how did the participatory process of the multi-disciplinary team impact the local action plan and its effectiveness? Probes: Can you share any examples of the most significant changes influenced by the plan/safe space intervention? Which expected changes were met, and why?
23. In your opinion, did the planning process ensure meaningful participation of key and diverse stakeholders? Probes: What steps/approaches were taken to ensure meaningful participation across stakeholders? (e.g.

efforts to build trust, engagement and relationships with key stakeholders; training and empowerment of community women leaders and women grassroots social organisations to contribute to the planning process)

Other comments on behalf of interviewers or citations from the interview:

Date of conducting interview: _____; **Place of conducting interview:** _____ **Interviewer's initials:** _____
Interviewee's age/sex: ____;
Category of specialists: social worker; health care staff; teacher; police; Center's staff _____; **lawyer;** other (indicate) _____; **District/city of the interviewee' work place:** _____

Annex 3. Interview Guidelines with beneficiaries of Safe Space/MDWGs

GUIDELINES for the interviews with service beneficiaries

[Introductory part – aim of discussion, informed consent & technicalities]

[The perception of service-related specific needs/expectations and tangibility of service]

-to beneficiaries-survivors of domestic violence:

1. When you addressed/met for the first time to service providing organization/specialist, what were your **expectations** (specify the service/specialist and expectation(s))?
2. Do you think that the service(s) provider(s) met your expectations and covered your needs?
 Yes; **NO;** **it is hard for me to say/do not know**
Please provide arguments why your needs and expectations were/were not met. What should be done to assure the coverage, to the maximum possible level, of the beneficiaries' needs?

-to beneficiaries with kids only:

3. What are your **expectations** from the service provider related to specific needs of your child(ren) (Probe for those sheltered in Center: arrangements to kindergarten, school, addressing health problems?)

-to all kind of beneficiaries:

4. How did you find out about the service(s) you used?
Do you think that most (your) community members know about this/these service(s)?
 Yes; **NO;** **it is hard for me to say/do not know**
What could service providing organizations do to ensure community awareness of their services and increase demand for these services?

[the accessibility and provision of service(s)]

-to beneficiaries-survivors of DV:

5. How do you evaluate the physical accessibility of service(s) you have addressed (including those placed in state buildings, and Safe Space)? How much time and costs did it take you to travel to the service? Was the service' work schedule (working days/hours) suitable for you?

What could be improved to make service(s) more accessible for its beneficiaries? (probe: police, social worker, health care, psychologist)?

6. Do you think that access to some services was more difficult for beneficiaries under the conditions of the increasing burden of COVID-19?
 Yes; NO; it is hard for me to say/do not know

How was it in your case?

For beneficiaries who were reached by the Mobile team: How was your experience being reached out by the team of specialists (what did you like, were there any challenges e.g. connected with confidentiality etc.)?

[the attitudes and practices re: provided service, factors impacting the quality of services]

-to all kind of beneficiaries:

7. Was the service (provided by organization) helpful?
 Yes; NO; it is hard for me to say/do not know

What did you like the most in the provided services? What could be improved? Would you recommend this/these service(s) to other survivors of DV?

(for beneficiary of CETA model: how did you like the approach of the specialist? What did you like and what would you wish to see done differently? How did you find out about CETA? What motivated your engagement with this approach?)

8. In case you were referred by one service provider to another one, was it a positive or negative assistance experience (please provide details. What should be done to improve the cooperation between different specialists covering various needs ?

-to all kind of beneficiaries (all questions below):

[the attitudes and practices re: service provided perception of quality of provided service]

9. In your opinion, what is a **service of good quality** provided by an organization?
 10. Do you think that the organizations you addressed during the last 12 months was **responsive** (отзывчивый) in solving your needs (indicate which service(s)):

Service provider- e.g. Safe Space/social worker under Mayoralty etc Укажите в этой колонке поставщика услуг (тип специалиста и организация), которыми воспользовался бенефициар:	<input type="checkbox"/> strongly agree; <input type="checkbox"/> rather agree; <input type="checkbox"/> rather disagree; <input type="checkbox"/> strongly disagree; <input type="checkbox"/> it is hard for me to say/do not know
	<input type="checkbox"/> strongly agree; <input type="checkbox"/> rather agree; <input type="checkbox"/> rather disagree; <input type="checkbox"/> strongly disagree; <input type="checkbox"/> it is hard for me to say/do not know
	<input type="checkbox"/> strongly agree; <input type="checkbox"/> rather agree; <input type="checkbox"/> rather disagree; <input type="checkbox"/> strongly disagree; <input type="checkbox"/> it is hard for me to say/do not know
	<input type="checkbox"/> strongly agree; <input type="checkbox"/> rather agree; <input type="checkbox"/> rather disagree; <input type="checkbox"/> strongly disagree; <input type="checkbox"/> it is hard for me to say/do not know

11. Do you think that the organizations you addressed during the last 12 months was able to convey **confidence** to you?

Укажите в этой колонке поставщика услуг (тип специалиста и организация), которыми воспользовался бенефициар:	<input type="checkbox"/> strongly agree ; <input type="checkbox"/> rather agree ; <input type="checkbox"/> rather disagree ; <input type="checkbox"/> strongly disagree ; <input type="checkbox"/> it is hard for me to say/do not know
	<input type="checkbox"/> strongly agree ; <input type="checkbox"/> rather agree ; <input type="checkbox"/> rather disagree ; <input type="checkbox"/> strongly disagree ; <input type="checkbox"/> it is hard for me to say/do not know
	<input type="checkbox"/> strongly agree ; <input type="checkbox"/> rather agree ; <input type="checkbox"/> rather disagree ; <input type="checkbox"/> strongly disagree ; <input type="checkbox"/> it is hard for me to say/do not know
	<input type="checkbox"/> strongly agree ; <input type="checkbox"/> rather agree ; <input type="checkbox"/> rather disagree ; <input type="checkbox"/> strongly disagree ; <input type="checkbox"/> it is hard for me to say/do not know

12. How can voices of beneficiaries of services be better heard by the service providers?

Other comments on behalf of interviewers or citations from the interview:

Date of interview: _____; Place/method of interview: _____ Interviewer's initials: _____

Interviewee's age: ____/sex: __; Village/District/city of origin: _____;

Marital status: fiance; bride; married; divorced; separated; widow; other _____;

The interviewee is a mother or father of (nr.) ____ children;

Other details on specific needs of interviewed beneficiary: _____

Annex 4. Regional Action Plan on countering GBV in ATU Gagauzia 2021-2023

ПЛАН ДЕЙСТВИЙ

АТО Гагаузии на 2021-2023 годы по внедрению

Национальной стратегии по предупреждению и борьбе с насилием в отношении женщин и насилием в семье (2018-2023 гг)

Общая задача 1. ПРЕДУПРЕЖДЕНИЕ НАСИЛИЯ В ОТНОШЕНИИ ЖЕНЩИН И НАСИЛИЯ В СЕМЬЕ ПОСРЕДСТВОМ ПРОДВИЖЕНИЯ НУЛЕВОЙ ТЕРПИМОСТИ К ДАННОМУ ЯВЛЕНИЮ В ЦЕЛЯХ ЕГО УМЕНЬШЕНИЯ В РЕСПУБЛИКЕ МОЛДОВА						
Конкретная задача 1.1. Искоренение стереотипов и предубеждений о явлении насилия в отношении женщин и насилия в семье посредством информирования, осведомления и поощрения сообщения о случаях насилия						
№ п/п	Действия	Срок реализации	Соответствующие расходы / тыс. леев	Ответственные	Партнеры	Показатели выполнения
1.1.1.	Осуществление кампаний по информированию широкой общественности о явлении насилия в отношении женщин и о насилии в семье (в том числе рамках международной кампании «16 дней активных действий против гендерного насилия»)	2021-2023	**; *(ПРООН)	-Органы местного публичного управления I, II уровня; -Управление полиции;	Учреждения средств массовой информации; международные организации; некоммерческие организации;	Количество ежегодно проведенных национальных кампаний; количество ежегодно проведенных местных кампаний; количество разработанных и распространенных информационных материалов; количество случаев насилия в отношении женщин и насилия в семье, сообщенных в компетентные учреждения
1.1.2.	Разработка и распространение информационного материала для жертв насилия в семье о процедурах и услугах по защите и помощи (в том числе посредством соц.сетей);	2022-2023	*; **	Управление здравоохранения и социальной защиты (Региональный центр помощи жертвам насилия в семье)	Некоммерческие организации; международные организации; учреждения средств массовой информации	Количество разработанных и распространенных информационных материалов
Конкретная задача 1.2. Развитие и укрепление профессиональных компетенций человеческих ресурсов в области предупреждения и борьбы с насилием в семье на основании общего видения на государственном уровне начального и непрерывного обучения всех специалистов, участвующих в предупреждении и борьбе с насилием						

1.2.1.	Внедрение тематики по предупреждению и борьбе с насилием в отношении женщин и насилием в семье в ежегодные секторальные планы профессионального развития органов, наделенных компетенциями в данной области	2022-2023	**;	Управление здравоохранения и социальной защиты;	Офис Омбудсмана; Некоммерческие организации; Международные организации	Ежегодно утвержденные секторальные планы;
1.2.2.	Проведение обучающих тренингов в области противодействия насилию в семье для социальных работников, полицейских, врачей, учителей и др. членов multidisciplinary групп в области предупреждения и борьбы с насилием в семье	2021-2023	**;	Управление здравоохранения и социальной защиты; Управление полиции; Главное Управление образования; Органы местного публичного управления I, II уровня;	Некоммерческие организации; Международные организации	Количество специалистов, обученных своим соответствующим компетенциям в противодействии насилию в семье
Конкретная задача 1.3. Увеличение эффективности мероприятий по предупреждению посредством раннего реагирования специалистов и продвижения поведения без насилия в межличностных отношениях						
1.3.1.	Разработка и внедрение программы, предназначенной для раннего предупреждения агрессивного поведения в межличностных отношениях в рамках Регионального Центра помощи жертвам насилия в семье	2021-2023	**;	Управление здравоохранения и социальной защиты (Региональный центр помощи жертвам насилия в семье)	Международные организации; Некоммерческие организации	Количество пользователей /консультаций в рамках программы
Конкретная задача 1.4. Укрепление системы образования в целях обеспечения обучения молодого поколения с учетом ценностей относительно равенства между женщинами и мужчинами и культуры неагрессивного межличностного общения						
1.4.1.	Проведение педагогами гимназических и лицейских образовательных учреждений внеклассных мероприятий по освещению тематики культуры неагрессивного межличностного общения в рамках семейных отношений	2022-2023	**	Главное Управление образования	Некоммерческие организации; международные организации	Количество проведенных внеклассных мероприятий; проведенные конкурсы рисунков
Общая задача 2: УКРЕПЛЕНИЕ МЕХАНИЗМА ЗАЩИТЫ И ОКАЗАНИЯ ПОМОЩИ ЖЕРТВАМ НАСИЛИЯ В ОТНОШЕНИИ ЖЕНЩИН И НАСИЛИЯ В СЕМЬЕ						
Конкретная задача 2.1: Развитие специализированных услуг для жертв насилия в отношении женщин и насилия в семье в соответствии с международными стандартами и обеспечение доступности услуг						
2.1.1.	Обеспечение функциональности	2021-2023	**	Управление	Некоммерческие,	Функциональная услуга;

	регионального Центра помощи для жертв насилия в семье;			здравоохранения и социальной защиты	международные организации	Ежегодное количество бенефициариев
2.1.2.	Создание службы комплексных услуг для жертв сексуального насилия	2023	*	Управление здравоохранения и социальной защиты; Управление юстиции	международные организации	Функциональная услуга;
Конкретная задача 2.3. Продвижение экономических возможностей женщин и их социально-экономической независимости						
2.3.1.	Содействие трудоустройству жертв насилия в семье	Ежегодно	**; *	Агентство Занятости; Управление здравоохранения и социальной защиты (Региональный Центр помощи жертвам насилия в семье);	Поставщики специализированных услуг для жертв насилия в семье; органы местного публичного управления; частный сектор; некоммерческие организации	Разбивка данных по критерию пола относительно профессионального обучения и трудоустройства
Конкретная задача 2.4. Усиление реагирования системы здравоохранения на случаи насилия в семье						
2.4.1	Развитие услуг по консультированию в рамках коммунитарных центров психического здоровья для субъектов насилия в семье, жертв сексуального насилия; разработка информационных стендов о последствиях насилия в семье для здоровья в коммунитарных центрах здоровья	2022-2023	**; *	Управление здравоохранения и социальной защиты	коммунитарные центры психического здоровья; коммунитарные центры здоровья	Число жертв, получивших помощь; Количество установленных коммунитарных информационных стендов
Общая задача 3. ПОВЫШЕНИЕ ЭФФЕКТИВНОСТИ ПРОЦЕССА РАССЛЕДОВАНИЯ И СУДЕБНОГО ПРЕСЛЕДОВАНИЯ АКТОВ НАСИЛИЯ В ОТНОШЕНИИ ЖЕНЩИН И НАСИЛИЯ В СЕМЬЕ						
Конкретная задача 3.1. Обеспечение незамедлительного и эффективного вмешательства уполномоченных органов для обеспечения защиты жертв насилия в семье						
3.1.6.	Ежегодный анализ практики применения и исполнения мер защиты жертв насилия в семье	2021-2023	**; *	Управление внутренних дел;	Некоммерческие организации	Число жертв под защитой; отчеты, опубликованные на официальной веб-странице УВД

Конкретная задача 3.2. Обеспечение ответственности и ресоциализации агрессоров посредством развития услуг и механизмов надзора						
3.2.9.	Разработка концепции, утверждение механизма финансирования и специализированной услуги по коррекции поведения семейных агрессоров в АТО в целях обеспечения территориального охвата данным видом услуг	2022-2023	**	Управление здравоохранения и социальной защиты; Управление полиции; Главное Управление финансов АТО	Органы регионального публичного управления; некоммерческие организации; международные организации	Разработанная концепция и механизм финансирования
Конкретная задача 3.3. Обеспечение эффективных мер помощи и доступа к правосудию для жертв насилия в семье, в том числе для жертв сексуального насилия						
3.3.3.	Обучение параюристов в целях их ознакомления со спецификой помощи, оказываемой жертвам насилия в семье, и обмена наилучшим опытом	2022	**; *	Национальный совет по юридической помощи, гарантируемой государством (офис в г.Комрат)	Некоммерческие организации; международные организации	Количество обученных параюристов
Общая задача 4. ОБЕСПЕЧЕНИЕ ИНТЕГРИРОВАННЫХ ПОЛИТИК В ОБЛАСТИ ПРЕДУПРЕЖДЕНИЯ И БОРЬБЫ С НАСИЛИЕМ В ОТНОШЕНИИ ЖЕНЩИН И НАСИЛИЕМ В СЕМЬЕ, ОСНОВАННЫХ НА МНОГОСЕКТОРАЛЬНОМ СОТРУДНИЧЕСТВЕ И СБОРЕ ДАННЫХ						
Конкретная задача 4.1. Интегрирование области предупреждения и борьбы с насилием в отношении женщин и насилием в семье в секторальные политики и выделение соответствующих финансовых средств на внедрение смежных мероприятий						
4.1.3.	Ежегодное планирование финансовых средств органами местного публичного управления и региональными административными органами, в соответствии с их функциональными компетенциями	2022-2023	**	Исполнительный Комитет; Органы местного публичного управления I, II уровня;	Некоммерческие организации	Размер запланированных / выделенных / израсходованных финансовых средств; секторальные субпрограммы, специализированные на предупреждении и борьбе с явлением насилия в семье
Конкретная задача 4.2. Консолидация реагирования на национальном уровне и межсекторальное сотрудничество в случаях насилия в семье						
4.2.1.	Ежегодный сбор статистических данных о случаях насилия в семье	2021-2023	**	Соответствующие Управления; УВД; Управление Юстиции	Органы местного публичного управления I, II уровня; поставщики социальных услуг	статистические данные, ежегодно собираемые
4.3.3.	Регулярное проведение (один раз в	2021-2023	**	Органы местного	Региональный Центр	Количество

	квартал) заседаний МТГ, и обеспечение межсекторального механизма вмешательства в случаи насилия в семье и его предупреждения			публичного управления I, II уровня; Управление здравоохранения и социальной защиты	помощи жертв насилия в семье	зарегистрированных / принятых решений в отношении случаев насилия в семье
Конкретная задача 4.4. Консолидация систем сбора, анализа и распространения секторальных статистических данных и обеспечение регулярного мониторинга динамики феномена насилия в отношении женщин и насилия в семье						
4.4.3.	Проведение исследования на региональном уровне, отражающего динамику явления насилия в семье и оценки потребностей специалистов в повышении потенциала	2023	*	УВД; Управление здравоохранения и социальной защиты; Органы местного публичного управления I, II уровня	Международные и общественные организации	Проведенное исследование
Конкретная задача 4.5. Создание эффективного механизма мониторинга внедрения политик и национального законодательства в области предупреждения и борьбы с насилием в отношении женщин и насилия в семье						
4.5.1.	Заключение меморандума о сотрудничестве между Региональным центром помощи для жертв насилия в семье и другими организациями и структурами, уполномоченными в области предупреждения и борьбы с насилием в семье, в процессе предоставления услуг по защите / помощи жертвам насилия в семье	2021	**	Региональный центр помощи для жертв насилия в семье	Органы местного публичного управления; некоммерческие и международные организации	Количество подписанных меморандумов

4.5.2.	Разработка процедур по мониторингу и оценке реализации <i>Регионального Плана по реализации Национальной стратегии по предупреждению и борьбе с насилием в отношении женщин и насилием в семье на 2021-2023 гг.</i> при участии гражданского общества	2023	**; *	Многопрофильная территориальная группа	Международные и общественные организации;	Функциональная система мониторинга и оценки
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Примечание:

Расходы, связанные с внедрением мероприятий, помеченных одной звездочкой (*), означают финансовые средства, покрытые за счет доноров.

Расходы, связанные с внедрением мероприятий, помеченных двумя звездочками (**), означают рассчитанные финансовые средства, которые будут определены или запланированы органами власти.

Annex 5. Model community-level Action Plan on countering GBV

Утверждаю:	Ознакомлен и ответственен за распространение Плана членам <i>Многопрофильной территориальной группы по предупреждению насилия в семье и др. видам насилия:</i> _____
Примар населенного пункта: _____	Руководитель Многопрофильной территориальной группы: социальный ассистент Примэрии нас.пункта: _____

ГОДОВОЙ ПЛАН ДЕЙСТВИЙ Многопрофильной территориальной группы по предупреждению насилия в семье и других видов насилия в населенном пункте _____ на _____ год

№	Мероприятие	Время	Ответственный, партнёры	Показатели выполнения
I. МЕРОПРИЯТИЯ ПО ПРЕДУПРЕЖДЕНИЮ НАСИЛИЯ В СЕМЬЕ И НАСИЛИЯ ПО ОТНОШЕНИИ К ЖЕНЩИНАМ ПОСРЕДСТВОМ ПРОДВИЖЕНИЯ НУЛЕВОЙ ТЕРПИМОСТИ К ДАННОМУ ЯВЛЕНИЮ В ЦЕЛЯХ ЕГО УМЕНЬШЕНИЯ				
1.	Участие членов МТГ в ежегодной кампании (мероприятий) по информированию общественности о явлении насилия в отношении женщин и о насилии в семье (совместная разработка концепции Кампании 16 дней активных действий против гендерного насилия вместе с местными НПО).	25 ноября-10 декабря	<ul style="list-style-type: none"> • <i>Мобилизация специалистов:</i> Примар с.Кирсово; • <i>Мобилизация членов сообщества:</i> все члены МТГ • <i>Экспертная помощь/ресурсы:</i> ПРООН, местное/региональное НПО 	<ul style="list-style-type: none"> • Количество мобилизованных участников кампании; • Количество распространённых информационных материалов
2.	Добрачное консультирование молодых пар по аспектам правовых отношений в браке и последствий дисфункциональных отношений в браке	январь-декабрь	<ul style="list-style-type: none"> • секретарь Примэрии, принимающие заявления о регистрации брака; 	<ul style="list-style-type: none"> • Количество проконсультированных пар; • Количество розданных брошюр
3.	Участие педагогов лицея и гимназии в освещении тематики равенства между женщинами и мужчинами и культуры неагрессивного межличностного общения в рамках внеклассных мероприятий, и организация конкурса рисунков	Ноябрь-декабрь	<ul style="list-style-type: none"> • педагоги из лицея /гимназии 	<ul style="list-style-type: none"> • Количество проведённых лекций; • Организованный конкурс рисунков
4.	Организация уроков в рамках куррикулы лицея и гимназии с целью культивирования нетолерантного отношения и предупреждения всех видов насилия	Апрель-май, октябрь-ноябрь	<ul style="list-style-type: none"> • педагоги из лицея, гимназии 	<ul style="list-style-type: none"> • Количество проведённых уроков
5.	Участие воспитателей дошкольных учреждений в организации тематического родительского собрания с целью предупреждения и пресечения насилия в семье по отношению к детям	Сентябрь-октябрь	<ul style="list-style-type: none"> • Воспитатели детских садов 	<ul style="list-style-type: none"> • Количество проинформированных родителей
II. УКРЕПЛЕНИЕ МЕХАНИЗМА ЗАЩИТЫ И ОКАЗАНИЯ ПОМОЩИ ЖЕРТВАМ НАСИЛИЯ В ОТНОШЕНИИ ЖЕНЩИН И НАСИЛИЯ В СЕМЬЕ				
6.	Развитие и укрепление профессиональных связей членов МТГ в сотрудничестве с командой <i>Центра по</i>	Январь-декабрь	<ul style="list-style-type: none"> • <i>Содействие и координация со специалистами:</i> социальный ассистент 	<ul style="list-style-type: none"> • Количество выявленных бенефициариев;

	реабилитации пострадавших от насилия в семье в с.Кирсово - перенаправление для оказания помощи и консультирования			<ul style="list-style-type: none"> • Виды оказанной помощи, согласно выявленным потребностям
7.	Выявление, разработка совместного индивидуального плана помощи для обратившихся жертв домашнего насилия, включая их перенаправление к соответствующим специалистам <i>Многопрофильной территориальной группы</i>	Январь-декабрь	<ul style="list-style-type: none"> • Представители МТГ 	<ul style="list-style-type: none"> • Количество выявленных и получивших помощь пострадавших; • Количество перенаправленных бенефициариев к специалистам, в т.ч. специалистам Центра
8.	Содействие получению социальной помощи, социальное сопровождение включая трудоустройство и перенаправление пострадавших в <i>Офис по бесплатной юридической помощи</i> в г.Комрат, и другие специализированные услуги	Январь-декабрь	<ul style="list-style-type: none"> • Все члены МТГ 	<ul style="list-style-type: none"> • Количество выявленных пострадавших от насилия; • Количество перенаправленных пострадавших от насилия;
III. ПОВЫШЕНИЕ ЭФФЕКТИВНОСТИ ПРОЦЕССА РАССЛЕДОВАНИЯ И СУДЕБНОГО ПРЕСЛЕДОВАНИЯ АКТОВ НАСИЛИЯ В ОТНОШЕНИИ ЖЕНЩИН И НАСИЛИЯ В СЕМЬЕ				
9.	Обеспечение эффективного вмешательства уполномоченного местного правоохранительного органа для обеспечения защиты жертв насилия в семье. Содействие в разработке плана оценки рисков для жертв насилия в семье и бенефициариев <i>Центра поддержки женщин</i> , и его реализации. Выдача ограничительных ордеров и Защитных предписаний	Регулярно	<ul style="list-style-type: none"> • Участковый милиционер 	<ul style="list-style-type: none"> • Количество обращений со стороны пострадавших; • Количество выданных Ограничительных ордеров и Защитных предписаний; • Количество поставленных на учёт семейных агрессоров; • Количество перенаправленных пострадавших для получения комплексной помощи.
IV. ОБЕСПЕЧЕНИЕ ИНТЕГРИРОВАННЫХ ПОЛИТИК В ОБЛАСТИ ПРЕДУПРЕЖДЕНИЯ И БОРЬБЫ С НАСИЛИЕМ В ОТНОШЕНИИ ЖЕНЩИН И НАСИЛИЕМ В СЕМЬЕ, ОСНОВАННЫХ НА МНОГОСЕКТОРАЛЬНОМ СОТРУДНИЧЕСТВЕ И СБОРЕ ДАННЫХ				
10.	Регулярное проведение (один раз в квартал) заседаний МТГ, и обеспечение межсекторального механизма вмешательства в случаи насилия в семье и его предупреждения (принятие решений по индивидуальным планам бенефициариев, разработка совместных действий по работе с сельчанами касательно сферы деятельности социальных/медицинских работников)	Ежеквартально	<ul style="list-style-type: none"> • <i>созыв</i>: Примар/соц.ассистент; • <i>документирование заседаний</i>: один из членов МТГ (назначается руководителем по принципу ротации) • <i>Экспертная помощь</i>: ПРООН/НПО 	<ul style="list-style-type: none"> • Протоколы заседаний; • Списки участников
11.	Разработка и обсуждение Плана действий на следующий год	декабрь	<ul style="list-style-type: none"> • <i>Разработка</i>: все члены МТГ, <i>обсуждение</i> при координации руководителя Многопрофильной территориальной группы; • <i>Экспертная помощь</i>: ПРООН 	<ul style="list-style-type: none"> • Утверждённый План мероприятий на 2021 год