

INDEPENDENT EVALUATION

The UNFPA 2nd Country Programme 2013-2017

REPUBLIC OF MOLDOVA

Final Report

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Abbreviations and Acronyms

A&Y	Adolescents and Youth
AAI	Active Aging Index
AES	Academy of Economic Studies
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual Reproductive Health
BOS	Business Operations Strategy (BOS)
CAWSiD	Centre for Assisting Women in Situations of Danger (CAWSiD)
CDA	Czech Development Agency
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDES	Center for Development in Education and Health
CNAM	Compania Nationala de Asigurari in Medicina / National Health Insurance Company
CNTM	National Youth Council of Moldova
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CS	Centrul de Sanatate / Health Centre
CSO	Civil Society Organization
DaO	Delivery As One UN
DEX	Directly Executed
DRC	Demographic Research Center
EECARO	Eastern Europe and Central Asia Regional Office (UNFPA)
EEIRH	East European Institute for Reproductive Health
EQ	Evaluation Question
ERG	Evaluation Reference Group
EU	European Union
EU-EECA	European Union - Eastern Europe and Central Asia
FGD	Focus Group Discussion
FP	Family Planning
GE	Gender Equality
GBV	Gender Based Violence
GDP	Gross Domestic Product
GP RHCS	Global Programme on Reproductive Health Commodity Security
HAI	Help Age International
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus / Virusul Papiloma Uman
IAPPD-EECA	International Advisory Panel on Population and Development for Eastern Europe and Central Asia
IARC	International Agency for Research on Cancer
IDU	Injecting Drug User
ILO	International Labour Organization
IOM	International Organization for Migration
IMAGES	International Men and Gender Equality Survey
IP	Implementing Partner
ICPD	International Conference on Population and Development
ITAB	International Technical Advisory Board
LGBT	Lesbian, Gay, Bisexual and Transgender
LMIS	Logistics and Management Information System
MA	Master of Arts
MARP	Most At Risk Population
MDG	Millennium Development Goal
MH	Maternal Health
MICS	Multiple Indicator Cluster Survey
MIPA/RIS	Madrid International Plan of Action on Ageing and its Regional Implementation Strategy
MoH	Ministry of Health

MoLSPF	Ministry of Labour, Social Protection and Family
MS	Ministerul Sanatatii / Ministry of Health (MoH)
MSM	Men who have Sex with Men
NBS	National Bureau of Statistics
NEX	Nationally Executed
NIDI	Netherlands Interdisciplinary Demographic Institute
NRHS	National Reproductive Health Strategy
NYS	National Youth Strategy
OECD-DAC	Organization for Economic Cooperation and Development – Development Assistance Committee
OMF	Oficiu Medicilor de Familie / Family Physician Office
OMT	Operations Management Team
OP	Older people
OS	Oficiu de Sanatate / Health Office
PAA	Platform on Active Aging
PHC	Primary Health Care
PHC	Population and Housing Census
PES	Post-Enumeration Survey
P&D	Population and Development
PEP	Post Exposure Prophylaxis for HIV
PLWH	People Living with HIV
PNC	Post Natal Care
PPH	Post-Partum Haemorrhaging
PSU	Psychoactive Substance User
QA	Quality Assurance
RH	Reproductive Health
RHTC	Reproductive Health Training Center
RM	Republica Moldova / Republic of Moldova
SCO	Screening Coordination Office
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goal
SSO	Societatea Stiintifico-practica a Oncologilor din Republica Moldova / Scientific Society of Oncologists in Moldova
SOP	Standard Operating Procedure
SPR	Standard Progress Report
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SUM	State University of Moldova
SWIT	Sex Worker Implementation Tool
SWOP	State of the World Population
TA	Technical Assistance
TFR	Total Fertility Rate
TOT	Training of Trainers
UBRAF	Unified Budget Results and Accountability Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNECE	United Nations Economic Commission for Europe
UNPF	United Nations-Moldova Partnership Framework
VAW	Violence Against Women
WAVE	Women Against Violence Europe
WLC	Womens Law Center
WP	Work Plans
YFHC	Youth Friendly Health Clinic
YFHS	Youth Friendly Health Services
YGI	Youth Gap Index

Key facts and figures

Key Facts and Figures		Source
<p>The Republic of Moldova is a landlocked country in Eastern Europe bordered by Romania to the west and Ukraine to the north, east, and south. The western border is formed by the Prut river, which joins the Danube before flowing into the Black Sea. In the east, the Dniester is the main river, flowing through the country from north to south. Most of the country is hilly. In the south, the country has a small flatland, the Bugeac Plain. The main cities are the capital Chişinău, in the centre of the country, Tiraspol (in the eastern region of Transnistria region), Bălţi (in the north) and Bender (in the south-east). Comrat is the administrative centre of Gagauzia.</p>		
Surface area	Moldova lies between latitudes 45° and 49° N and mostly between meridians 26° and 30° E. The total land area is 33,851 km ²	Geography of Moldova
Population		
Population (inhabitants)	3, 555,159 people (not including Transnistria region)	National Bureau of Statistics of Moldova; (NBS) - 2015
Urban population	1 507 265 people	NBS 2015
Population growth rate	-1.03%	The World Factbook, 2015
Government		
Type of government	Unitary Parliamentary Representative Democratic Republic	Constitution of Republic of Moldova 2000
<p>Key political events/dates: (1989) Romanian reinstated as official language; (1991) Independence declared from USSR; (1992) Membership in United Nations; conflict in Trans-Dniester region; (April 2009) elections result in civil unrest; (2014) Association Agreement with the EU signed; (2016) Formation of new government; Sources: World Atlas 2015</p>		
Seats held by women in national parliament	22 out of 101 seats, 21.8%	Parliament of Republic of Moldova website: www.parliament.md
Economy		
<p>(1992) Introduction of market economy; (1992 to 2001 economic crisis; (1993) Introduction of new national currency: (2001-2008) steady annual growth between 5% and 10% and increases in labor migration (Source: World Bank, 2014)</p>		
GDP per capita (PPP US\$)	2,238.9	World Bank, 2014
GDP growth rate	3.7%	National Bureau of Statistics of the Republic of Moldova, 2015
<p>Main industries Agriculture - production: vegetables, fruits, wine, grain, sugar beets, sunflower seed, tobacco, beef, milk; Industries - production: sugar, vegetable oil, food processing, agricultural machinery; foundry equipment, refrigerators and freezers, washing machines; hosiery, shoes, textiles Services: Telecommunications, cultural amusements and sportive entertainments, constructions, transportations and others.</p>		
Social indicators		
Human Development Index Rank	107 out of 188 countries	Human Development Report. UNDP, 2015
Unemployment	4.2%	National Bureau of Statistics of the Republic of Moldova, 2015
Life expectancy at birth	70.12	Index Mundi, 2015
Under-5 mortality (per 1000 live births)	16	World Bank, 2015
Maternal mortality ratio (deaths of women per 100,000 live births)	18.1	http://statbank.statistica.md , 2014
Health expenditure (% of GDP)	11.8	World Bank, 2013
Births attended by skilled health personnel, percentage	99.7	NBS, 2014
Adolescent fertility rate (births per 1,000 women aged 15-19)	23	World Bank, 2014

Condom use to overall contraceptive use among currently married women 15-49 years old, percentage	14	UNDESA – World Population Perspectives, 2015
Contraceptive prevalence rate, any method	60	World Bank, 2012
Unmet need for contraception (% of women 15-49 in a relationship who want to wait 2 years before their next birth or do not want more children but are not using contraception)	9.5	Multiple Indicator Cluster Survey (MICS) Moldova, 2012
People living with HIV, 15-49 years old, percentage	0.6	World Bank, 2014
Adult literacy (% aged 15 and above)	99	World Bank, 2013
Total net enrolment ratio in primary education, both sexes	88	World Bank, 2014
Millennium Development Goals (MDGs): Progress by Goal – (Sources - The Third Millennium Development Goals Report. Republic of Moldova 2013; World Population Data Sheet, 2015; NBS, 2015, National Human Development Report, UNDP 2014, Briefing Book from Development Partners of Moldova, 2015; http://statbank.statistica.md (2014 data) unless otherwise indicated		
1. Eradicate Extreme Poverty and Hunger – Achieved Targets: 23% poverty Population under the poverty line: 20% Population suffering with hunger: 3.5%		In 2012, the targets were met; incidence of poverty decreased from 34.5% in 2006 to 20.8%; Poverty gap ratio: 1.5% in 2014 Population living under the absolute poverty line decreased from 30.2% (2006) to 16.6% (2012) and to 11.4% (2014); Population suffering from hunger – from 4.5% (2006) to 0.6% (2012) and to 0.1% in 2014.
2. Achieve Universal Primary Education – Not Yet Achieved Targets: gross enrolment rate in compulsory education 98% Gross enrolment rate in preschool education for children aged 3-6 years: 78% Enrolment rate of children aged 6-7 years old in educational institutions: 98%		The gross enrolment rate in mandatory education decreased from 95.1% in 2003 to 89.7% in 2012 and to 89.3% in 2014. The gross enrollment rate in pre-school education increased from 82.1% in 2012 to 83.9% in 2014. Enrolment rate of 6-7 years old children in educational institutions increased from 93.5% in 2012 to 95.9% in 2014. (“Development Partners of Moldova” 2011)
3. Promote Gender Equality and Empower Women - Not Yet Achieved Targets: Women in decision-making positions at the local level, % of total positions: Mayor: 25% Rayon Councilors: 25% Local Councilors: 40%. Women MPs: 30% Reduce the disparity between women’s and men’s salaries by at least 10% by 2015		Women manage only 166 mayoralties, out of 898; Increase in women elected mayors – from 18.15% in 2007 up to 18.51% in 2011, among the local counselors – from 26.5% to 28.71%, rayon counselors – from 16.48% to 18.39%. There are 21 women MPs out of 101, this constitutes nearly 21%. http://www.ipu.org/parline-e/reports/2215.htm Salary discrepancies decreased in 2010-2014 The average female salary = 87.6% of the average male salary in 2014
4. Reduce Child Mortality - Achieved Target: Infant mortality (IMR): 13.2 per 1000 births Under-5 mortality rate (U5MR): 15.3 per 1000 births Maintain the 96% level of vaccination against measles for children under 2 years		The IMR 11.8 per 1000 live births in 2010, close to average for former CIS (11.7/ 1000 in 2010), but more than double EU average of 4.2/ 1000 in 2010. In 2014 IMR = 9.6. U5MR has decreased from 23.2 in 2000 to 11.7 in 2014. Vaccination under-2 significantly below the target 91.1% in 2011, but increased to 96.3% in 2014; General immunization level - 97.1 %.
5. Improve Maternal Health - Not Yet Achieved Target: Reduce the maternal mortality rate from 16 (per		Maternal mortality ratio (per 100,000 live births): 18.1 in 2014 Maternal mortality rate: 41 deaths/100,000 live births (2010)

<p>1,000 live births) in 2006 down to 15.5 in 2010 and 13.3 in 2015</p> <p>Number of births assisted by qualified medical staff 99%</p>	<p>(Index Mundi, 2014)</p> <p>Births assisted by qualified medical staff (an average of 99.4 for the decade 2002-2011) and 99.7% in 2014.</p>
<p>6. Combat HIV and AIDS, Malaria and other Diseases</p> <p>– Not Yet Achieved</p> <p>Targets: HIV and AIDS incidence: 8 cases per 100,000 people</p> <p>HIV and AIDS incidence in the 15- to 24-year-old age group: 11 cases per 100,000 population</p> <p>Rate of mortality associated with tuberculosis: 10 per 100,000 people</p>	<p>HIV and AIDS incidence (2014): 20.4 (data does not include left side of river Nistru and municipality Bender)</p> <p>HIV and AIDS incidence among ages 15-24 (2014): 17.9 (data does not include left side of river Nistru and municipality Bender)</p> <p>Population morbidity to tuberculosis (2014, whole country): 106/100,000</p> <p>The TB mortality rate increased from 16.9 per 100 000 people in 2000 to 23 in 2010, and rates in prisons are much higher http://www.euro.who.int/en/countries/republic-of-moldova/data-and-statistics</p>
<p>7. Ensure Environmental Sustainability</p> <p>– Not Yet Achieved</p> <p>Target: intermediary target for forested area (12.1% of the country area) – Not met Forested areas: 13.2% Protected areas to preserve biological diversity: 4.65%.</p> <p>Population with permanent access to safe water: 65%; with permanent access to sewage systems from 31.3% in 2002 to 65% in 2015;</p> <p>People who have access to sanitation systems: from 41.7% in 2002 to 51.3% in 2010 and 71.8 % in 2015</p>	<p>Forested areas increased by 0.2% to 10.9% in 2014.</p> <p>Population with permanent access to improved water sources increased in 2012 (62%) by 13%;</p> <p>In 2012, access to public sewerage networks reached 75.4% in cities and 1.6% in villages. Intermediary target for improved sewerage (50.3%) met but the majority are in poor condition. Access of population to sewage systems increased from 58.8% in 2012 to 63.2% in 2014.</p> <p>The share of the population with permanent access to improved water sources has increased, but the intermediary target was not met.</p>
<p>8. Develop a Global Partnership for Development</p> <p>Target: Use of mobile phones - 75.6%; Use of internet - 75%</p> <p>Unemployment among youth – 10.0% - Not met</p>	<p>Number of Mobile Subscriptions (2015) - 4,323,500; Penetration Level - 121.6% (does not include Transnistria region) http://anrceti.md/telmob#fig4</p> <p>1,748,645 Internet users as of Dec.31, 2014, 49.2% penetration http://www.internetworldstats.com/europa2.htm</p> <p>Unemployment rate among youth aged 15-24 years old decreased from 13.1% in 2012 to 9.8% in 2014. http://statbank.statistica.md</p>

Map of Moldova



Executive Summary

This report presents the results of the final evaluation of the UNFPA 2nd Country Programme of cooperation with the Government of Moldova, covering the period 2013-2017.

Context

The Republic of Moldova with 3.55 million people is one of the most densely populated European countries. European integration is regarded by the Government as a fundamental priority. The population structure of Moldova is rapidly changing with negative population growth, decrease in the proportion of adolescents, and increase in proportion of the elderly. Emigration, mainly for work, is a mass phenomenon in Moldova and has a major impact on the demography and economy.

The UNFPA 2nd Country Programme in Moldova had an initial total budget of USD 2.3 million and covered four programmatic areas: (a) sexual and reproductive health (allocated with USD .81 million); (b) adolescents and youth (USD .42 million); (c) gender equality (USD .24 million); and (d) population and development (USD .53 million). An amount of USD .27 million was allocated to programme coordination and assistance. An additional USD 1.2 million of funding was mobilized by the Country Office.

Objectives, scope and users of the evaluation

The objectives of the evaluation are: (1) to provide an independent assessment of the progress towards expected outputs and outcomes set forth in the results framework; (2) to assess the relevance, effectiveness, efficiency and sustainability of the approaches adopted; and, (3) to provide an assessment of the UNFPA Moldova Country Office positioning in view of its ability to respond to national needs. The evaluation covered all activities planned and/or implemented from 2013 into 2016. The expected users of the evaluation include the Country Office, the UNFPA Eastern Europe and Central Asia Regional Office, UNFPA headquarters divisions, the government partners, implementing partners, and other development partners, including other UN agencies.

Methodology

The evaluation was structured around criteria of relevance, effectiveness, efficiency and sustainability to assess UNFPA interventions in all programme areas; and criteria of coordination and added value to analyse the strategic positioning of UNFPA in Moldova. The data collection tools used by the evaluation team included a detailed review of the documentation, semi-structured interviews with 83 key informants and four focus group discussions. Besides Chisinau, site visits were made to Cimislia and Orhei districts and Transnistria region. Throughout the evaluation process, the evaluation team systematically triangulated its data and information sources.

Main findings

The country programme interventions were well aligned with UNFPA global strategies, with UN Partnership Framework priorities and with national policies and strategies. UNFPA appropriately targeted some of the most vulnerable groups in districts and in Transnistria region, such as women vulnerable to cervical cancer, people living with HIV, adolescents and youth, survivors of gender based violence, and the elderly, also reaching some of the key influencing groups. Advocacy and capacity development interventions were collaborative and included triangular and regional cooperation to strengthen national capacity to attain European standards.

UNFPA has strengthened focus on HIV and included people at risk for sexually transmitted infections, such as cross-border truck drivers, as well as groups facing discrimination and considered the importance of accurate population data to plan national policies and strategies. However, some groups, such as the disabled, rural populations and those lacking information or not accessing national health and social services, required more attention in order to reach them.

In the area of sexual and reproductive health, UNFPA supported interventions contributed to improved demand and access for reproductive health services. Progress has been made in developing the logistics management information system, training for decentralized contraceptive purchase and distribution with Family Planning counseling at primary health clinics, and institutionalizing curricula for Family Planning in medical universities and colleges. Challenges remain to ensure stocks of contraceptives, particularly for free distribution to vulnerable groups. Demand and

access are challenged by lack of primary health provision of Family Planning services in the majority of clinics and weak confidentiality especially for youth who are seeking services.

Awareness of people living with HIV and the most at risk and discriminated groups have been increased to realize their rights to quality sexual and reproductive health services. However, **data does not show the extent of sexually transmitted infections and there are stigmas for treatment of most at risk populations.** UNFPA effective support with government and regional partners has been critical to developing a cervical screening programme; a major constraint is reluctance to be screened, particularly on the part of rural women.

For adolescents and youth, UNFPA has contributed toward increasing the national capacities to develop evidenced-based policies, including access to comprehensive sexuality information. UNFPA provided effective support for a National Youth Development Strategy 2020 and a Youth Gap Index tool for mainstreaming youth priorities, although there remain gaps in data and weaknesses in monitoring youth policies. School health services were strengthened to address sexual and reproductive health issues. The peer-to-peer sexuality and health education is gaining momentum, but there are challenges in outreach to the most vulnerable adolescents and youth, especially in rural areas, and in increasing demand for Youth Friendly Health Services. Advocacy is still limited to reduce socio-cultural barriers for access to reproductive health information and services for adolescents and youth and to mainstream sexuality and health education into the mandatory school curricula.

To promote gender equality, UNFPA supported interventions have contributed toward reducing vulnerabilities of women and girls and increasing demand for services through integrating response to gender based violence into the capacity development of health care providers, social workers, and law enforcement professionals, among others. UNFPA has facilitated support for development of the National Strategy on Gender Equality 2020 and a Strategy on Violence Against Women. Support for response to gender based violence through improving quality of services for survivors in shelters and day care centers has been effective but the number of facilities remains inadequate, as has the attention to the problems of male perpetrators and prevention of the violence.

High level advocacy is still inadequate to make changes in laws and definition of professional roles, tasks and training, related to gender based violence and gender equality. The lack of Standard Operating Procedures for professionals as part of the multi-sectoral response to GBV undermines the progress made in changing attitudes and social behavior toward protecting the rights of women and girls.

In the area of population and development, UNFPA has contributed significantly to development of evidence-based policies through demographic research and has promoted new linkages between academia and policy makers. UNFPA has effectively supported an updated methodology on the territorial demographic security indicator and development of the new Strategy for Development of the Statistical System. UNFPA contributed to re-defining the National Programme on Demographic Security and the Road Map on Ageing. UNFPA has effectively supported development of demographic expertise and information exchange by capacitating the Demographic Research Center, which became the key actor on demographic research, and supporting two Master's Degree programmes on Demography and Family Counseling.

UNFPA provided substantial and sustained capacity and advocacy support to the government, through all phases of the **2014 Population and Housing Census.** UNFPA effectively leveraged funds, and supported a youth communication campaign and a Post Enumeration Survey. However, insufficient communications to prepare citizens and inadequate data collection coverage resulted in a significant delay in releasing official data. Census data is currently being processed and results are due to be disseminated starting in March 2017.

UNFPA has achieved timely disbursement of funds during the 2nd Country Programme with few exceptions. Resource mobilization exceeded strategic goals and has triggered provision of other resources. The Country Office made effective use of support from the regional office and exchange of expertise. The strong advocacy and communications strategy with links to the regional One Voice monitoring system is geared to stimulate results through diverse media. However, efficiency is

affected by numerous small pieces of work, need for upgrading staff skills for mainstreaming human rights and lack of a country office based strategic vision for supporting gender equality.

UNFPA demonstrates effective participation in UN technical and thematic working groups, playing leading roles. UNFPA has actively participated in development and management of the UN Partnership Framework (2013-2017) and in joint UN projects, although with clear administrative divisions. UNFPA works with other UN agencies to cover gaps such as those constraining faster progress in Gender Equality and sexuality education for adolescents and youth. **UNFPA corporate strengths are well identified and incorporated in country programme design.** UNFPA work with national policy making and implementation offers potential for sustainability, however, by covering too many intervention types, UNFPA may run the risk of insufficient depth and unsustainable results. **UNFPA has contributed to mechanisms to promote national ownership** but stronger indications are needed such as budgetary commitments from the government and benchmarked handover plans.

Main conclusions

The UNFPA 2nd Country Programme is well adapted to national priorities and has focused more resources on gaining greater coverage of the most **marginalized and vulnerable groups and those who influence the realization of their rights.** However, there is insufficient attention to males who do not access reproductive health services or who perpetrate violence, women who do not report gender based violence or use cervical screening, the elderly, and youth who lack parental supervision and those who do not have access to sexuality education.

UNFPA has participated actively in coordination forums and in UN task sharing. With limitations on UNFPA core funds, **resource mobilization** strategies do not make enough usage of UN joint resources and employ more innovative approaches. UNFPA communication strategies are well integrated with UN and UNFPA regional strategies, making strong **advocacy** and **communications** an efficient means of affecting vulnerable and influencing groups. Some UNFPA interventions are thinly spread which could affect **sustainability**; further, UNFPA does not have benchmarked exit plans with partners.

UNFPA has effectively supported interventions on behalf of adolescents and youth, promoting **evidence-based youth policies** and peer-to-peer education. UNFPA support for evaluation of the previous national youth strategy positively influenced the current strategy by setting up an M&E system and contributing to the relevance and effectiveness of follow-on interventions. Gaps in youth policy and services for youth have been effectively identified through the Youth Gap Index (YGI) and the Youth Barometer, among others, but gaps remain in gender disaggregated data to support youth entrepreneurship which is a strong national priority.

UNFPA has provided effective support for a **coordinated gender equality response**; contributing to support for survivors of gender based violence and integration of sexual and reproductive health with gender based violence in capacity development interventions. UNFPA is advocating for a stronger national strategic direction however, progress in gender equality is moving too slowly given the need to address CEDAW criticisms. High level advocacy is not strong enough and it is unclear what the UNFPA vision and direction is in regard to gender equality interventions, and how UNFPA can add the greatest value to the national gender equality agenda.

UNFPA effectively coordinated technical and financial support for the preparation and implementation of the **2014 Population and Housing Census** through the International Technical Advisory Board and secured international expertise in all phases of the census process. Despite strong government budgetary commitment, a weak communication campaign undermined public confidence, and coverage in Chisinau and Balti municipalities was poor. For the purposes of improving the next census, a structured process of securing lessons from all stakeholders is important.

UNFPA has effectively promoted greater access and demand to services for a proportion of the **people most at risk for sexually transmitted infections**; UNFPA has also effectively advocated for inclusion of this initiative in the draft National AIDS Strategy. However, efforts to address sexually transmitted infections are inadequate since Moldova has the highest rate in the UN Economic Commission for Europe region as well as the highest rate among sex workers including in Transnistria region. Focus on the prevention of sexually transmitted infections is not strong enough among the most at risk populations including sex workers, men having sex with men, drug users, and people living with HIV. Further, available data does not reveal the full extent of sexually transmitted infections.

Effective UNFPA advocacy led to the Government taking the **ownership over the procurement of contraceptives** for vulnerable groups from national resources. Estimations of need to avoid stockouts is still lacking in efficiency. Stocks for vulnerable groups may not meet needs or choices and the vulnerable groups defined by the Ministry of Health are not always clearly translated into practice. A majority of primary health care centers still do not offer Family Planning. UNFPA and partners made strong efforts which resulted in institutionalizing the Family Planning curricula in medical universities and colleges and assessing the bottlenecks.

Main recommendations

UNFPA should focus strategically on **prioritizing and targeting women and men and adolescents and youth who are not fully realizing their rights** to high quality social and reproductive health information and services and/or are not accessing the health and social support systems, and identifying how to reach them, including through more use of key influencing groups.

UNFPA should **strengthen resources mobilization, advocacy and communications capacity** and work more closely with UN and other agencies in Moldova and in the region to share resources based on agreed priorities and a rights based approach. UNFPA should plan the handover of programmes and interventions with advocacy for increasing Government commitment to anticipate the eventual decreases in external funding and ensure sustainability.

UNFPA should **strengthen focus on evidence-based youth policy making**, filling in data gaps to support youth economic empowerment, supporting the inclusion of mandatory sexuality education in schools, encouraging stronger cooperation among actors supporting sexual and reproductive health information for adolescents and youth, and scaling up monitoring and evaluation of the implementation of youth policies and the legal framework, through mainstreaming lessons and good practices.

UNFPA should develop a **gender equality strategic vision** for its interventions in Moldova and consider focusing more strongly on preventive actions through strategies, policies and laws with government commitments, fostering stronger connections to regional initiatives and European and global standards.

Given the critical importance of **Population and Housing Census data** for evidenced-based and people-centered policy making, UNFPA should promote **a structured process of gathering and consolidating lessons** from stakeholders in the 2014 census in order to inform and plan the next census process in Moldova and other countries.

UNFPA should continue to support data collection to reveal the extent of **sexually transmitted infections** and numbers of people who seek and do not seek treatment and to promote more preventive measures, including use of globally and regionally developed tools.

UNFPA should continue support on **increasing access to modern contraceptives** working on both supply and demand sides, by supporting capacity development for procurement and distribution and strengthening primary health care facilities to deliver effective Family Planning services, clarifying the vulnerable groups qualified to receive free contraceptives and finding interim solutions to cover their needs until the reproductive health commodity management system is fully operational.

1 INTRODUCTION

1.1 Purpose and objectives of the country programme evaluation

In accordance with the UNFPA 2013 evaluation policy¹, the UNFPA Moldova Country Office has conducted the final evaluation of the UNFPA 2nd Country Programme (CP) of Assistance to the Government of Moldova (2013-2017). The evaluation was conducted by an independent team.

The main audience and primary users of the evaluation are the UNFPA Moldova Country Office (CO), the UNFPA Eastern Europe and Central Asia Regional Office (EECARO) and UNFPA headquarter divisions, who may use it as an objective basis for decision making. The evaluation will also benefit secondary users such as the government partners, implementing partners, and other development partners, such as other UN agencies, in Moldova, through dissemination of its results. In addition, the UN agencies represented in the country will use findings of this evaluation during the development of the next UN Partnership Framework (UNPF).

The *overall objective* of the Country Programme Evaluation (CPE) is to assess the achievement of the UNFPA 2nd Country Programme (2013-2017), the factors that facilitated or hindered achievement, and to compile lessons learned to inform development of the next UNFPA Country Programme.

The *specific objectives* are:

1. To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme
2. To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current CP
3. To provide an assessment of the Country Office positioning within the development community and national partners, in view of its ability to respond to national needs while adding value to the country's development results.

1.2 Scope of the evaluation

The evaluation covered the UNFPA Moldova Country Programme from 2013 to the present. The evaluation covered all interventions planned or implemented by UNFPA in Moldova under the development programme of assistance, in its four programmatic areas: (i) sexual and reproductive health; (ii) adolescents and youth; (iii) gender equality; and, (iv) population and development. The evaluation has considered UNFPA achievements since January 2013 against intended results and examines the effects of UNFPA intervention and compliance with the UNFPA Strategic Plan (2013-2017), as well as its relevance to national priorities and those of the United Nations Partnership Framework (UNPF) 2013-2017.

The evaluation has assessed the extent to which the Country Programme has provided the best possible modalities for reaching the intended objectives, on the basis of the results achieved to date. The evaluation includes an examination of the relevance, effectiveness, efficiency, and sustainability of the current CP, and reviewing the CO positioning within the development community and national partners in order to respond to national needs while adding value to the country development results. The evaluation also considers the modification of the Results Framework in alignment with the revised UNFPA Strategic Plan 2014-2017.^{2 3} (Please see the aligned Results Framework in Annex 7.)

¹ DP/FPA/2013/5

² UNFPA Strategic Plan 2014-2017

³ Alignment of the UNFPA Country Programme with the Republic of Moldova (2013-2017) to the UNFPA Strategic Plan (2014-2017)

2 METHODOLOGY

2.1 Evaluation process

The phases of the evaluation are as follows.

- **Preparatory:** Finalization of TOR; Team Formation; Evaluation Reference Group (ERG) Formation
- **Design:** Desk review; Stakeholder mapping; Data collection strategy for the in-country/field phase; Preparation of a design report
- **In-Country:** Data collection and analysis on the field (3 weeks) which included one week for the finalization of the design report and meeting with the Reference Group; Conducting key informant interviews, focus group discussions and site visits; Debriefing of the preliminary findings to the Country Office (CO) and selected (regional) EECARO staff
- **Synthesis:** Preparation of a Draft report; Review Process; Final Evaluation Report
- **Follow-Up:** Report is distributed; Management response is prepared to the evaluation recommendations; Report published on the UNFPA website; Report made available to UNFPA Executive Board by the time of approving a new Country Programme Document (CPD)

During the **preparatory phase**, the evaluation team members including one international and one national consultant were selected and discussions took place via skype. An evaluation reference group (ERG) was formed.⁴ The ERG provided oversight to the evaluation process giving the team guidance on key informants and data sources and reviewing the design report and the draft and final evaluation reports. During the **design phase** (7 to 21 March, 2016) the design report was based on a document review, and a proposed methodology was described as well as data collection and analysis strategies for each programmatic area.

The **in-country field data collection** phase took place from 29 March to 18 April 2016. A debriefing of preliminary results was conducted for country office staff on Tuesday 18 April, 2016. During the **synthesis phase**, a draft evaluation report was prepared, to be followed by a review process and the final evaluation report accepted by the CO. The dissemination of the final report will take place in a stakeholder workshop that will include a session for prioritizing for the next Country Programme. In the **follow-up phase** the dissemination of the final evaluation report and the discussion of the findings, conclusions and recommendations are important to allow stakeholders to take into account evaluation findings in future programming.

The quality of the final evaluation report is assessed on the basis of the Evaluation Quality Assessment Grid of UNFPA Evaluation Office. There is a form for the management response to the evaluation recommendations and this will be completed before the evaluation is posted on the UNFPA website and the report is delivered to the UNFPA Executive Board.

2.2 Evaluation questions

The evaluation is structured around the following evaluation criteria:

- four out of the five standard OECD-DAC criteria: relevance, effectiveness, efficiency and sustainability;⁵
- two criteria specific to UNFPA, with a view to assessing the strategic positioning of UNFPA within the Moldova UN Country Team (UNCT): coordination and added value

⁴ The ERG is composed of representatives from the UNFPA country office in Moldova, the implementing partners, and the UNFPA regional office. The ERG is composed of representatives from UNFPA Country Office and Regional Office (EECARO); UN Coordination; Ministry of Health (Department of Primary, Community and Emergency Health Care and Department of Hospital Health Care), Ministry of Labour, Social Protection and Family (MoLSPF - *Demographic* and Migration Policies Department, and Equal Opportunities Department); Institute of Economy; Ministry of Youth and Sports (Department of Youth) and National Youth Council of *Moldova* (CNTM).

⁵ The OECD-DAC evaluation criterion, the impact, is not considered in UNFPA country programme evaluations, due to the nature of the interventions of the Fund, which can only be assessed in terms of contribution and not attribution.

Based on these evaluation criteria, the evaluation team used the following evaluation questions, which guided the data collection and analysis work throughout the evaluation process.⁶

Relevance

- **EQ1:** To what extent is the Moldova 2nd Country Programme (CP 2013-2017): 1) adapted to the needs of the population, in particular the needs of vulnerable groups; 2) consistent with government priorities; and, 3) aligned with UNFPA policies and strategies including the goals of the ICPD Program of Action and the MDGs?

Effectiveness questions (EQ 2, 3, 4, and 5) will address: 1) To what degree were the Country Programme's intended outputs and outcomes achieved? 2) To what extent did the outputs contribute to the achievement of the outcomes? 3) What were the constraining and facilitating factors and the influence of context on the achievement of results?

- **EQ2:** To what extent did UNFPA contribute to sustainably improving access to and demand for high quality **sexual and reproductive health** and HIV services, especially for the most vulnerable groups?
- **EQ3:** To what extent have the interventions supported by UNFPA in the field of **Population and Development** (PD) supported government and non-government stakeholders to better able to accelerate national policies and development agenda, through integration of evidence and rights-based analysis on population dynamics with a focus on achieving the Millennium Development Goals?
- **EQ4:** To what extent have the interventions supported by UNFPA on behalf of **adolescents and youth** contributed to increasing the national capacities to develop evidenced-based policies for youth, including access to comprehensive sexuality information in and out of schools?
- **EQ5:** To what extent have the interventions supported by UNFPA in the field of **gender equality** (GE) contributed toward reducing vulnerabilities of women and girls, including the marginalized and disadvantaged, with special focus on the elimination of GBV?

Efficiency

- **EQ6:** To what extent has UNFPA Moldova made good use of its human, financial and technical resources to pursue the achievement of the outputs and outcomes defined in the CP? In particular: 1) Were the outputs achieved reasonable for the resources spent? 2) Could more results have been produced with the same resources? 3) Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? 4) Was an appropriate combination of tools and approaches used?

Coordination

- **EQ7:** To what extent has UNFPA Moldova contributed to the smooth functioning and consolidation of UNCT coordination mechanisms and implementation of the UNPF? To what extent has the country office successfully used the establishment and maintenance of different types of partnerships to ensure that UNFPA can make use of its comparative strength in the achievement of the country programme outcomes across all programmatic areas?

Added Value

- **EQ8:** To what extent has UNFPA made good use of its comparative strengths to add value to the development results of Moldova? In particular: 1) What are the main UNFPA comparative strengths and added value in the country? 2) Are these strengths a result of UNFPA corporate characteristics or are they specific to the CO? 3) To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?

Sustainability

- **EQ9:** Are programme results sustainable in short and long-term perspectives? In particular: 1) How did UNFPA Moldova ensure sustainability of its programme interventions? 2) Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

⁶ Further discussion and finalization of the evaluation questions (maximum 10) will be carried out during the design report process

2.3 Methods and tools used for data collection and analysis

The evaluation methodology is based primarily on standards and guidance described in *How to Design and Conduct a Country Programme Evaluation at UNFPA*⁷ throughout the phases of the evaluation. Suggested and prescribed tools, such as the evaluation matrix, were adapted for the country programme context. Evaluation methods were both quantitative and qualitative. Cross cutting themes such as gender equality, adolescents and youth, and communications were addressed in the data collection. No primary quantitative data was collected during the evaluation (although primary qualitative data is collected) and data from secondary sources were checked to ensure they are gender-specific or gender disaggregated.

The data collection tools were designed around the assumptions and indicators found in the evaluation matrix (see annexes) and included:

Desk review and analysis. A review, prior to fieldwork, of relevant documents including government and UNFPA policy and strategy documents, the UN Partnership Framework (2013-2017), the UNFPA 2nd Country Programme (2013-2017) documents, including the Work Plans, Country Office Annual Reports (COARs), the Master Work Plan, the M&E matrix, monitoring reports and relevant secondary data. The **Evaluation matrix** was developed during and after the in-country data collection to help evaluators consolidate in a structured manner all collected information corresponding to each evaluation question. The table also makes it easier to identify data gaps in a timely manner, and to collect all outstanding information.

Key informant interviews, interview guides and interview logs. Separate semi-structured interviews were designed using interview guides for key informants (UNFPA staff, government counterparts, donors, other UN agencies, national and international implementing partners – IPs) in Chisinau and selected sites visited in Moldova. The means of interviews were mostly face-to-face, whereas skype interviews were also used. Interview logs were kept by each evaluator in order to share data and record it effectively. **Focus group discussions (FGD)** were designed to collect key information from beneficiaries and partners in response to the Country Programme intended results. The evaluation team interviewed 83 key informants and conducted 4 focus group discussions, with journalists, two with Y-PEER, and Platform on Ageing. All interviewees were assured by the evaluation team of the confidentiality of their responses. The team closely adhered to the UN Evaluation Group Code of Conduct and Ethical Guidelines for Evaluations (2008).

Site Visits. The selection of sites outside of Chisinau was based on purposive sampling, or selection based on the knowledge of a population or groups, their characteristics, and the purpose of the study. The chosen locations were illustrative of the UNFPA portfolio in Moldova, with approximately three sites each for sexual and reproductive health (Tiraspol, Cimislia, Hirtop), adolescents and youth (Cimislia, Hirtop, Orhei) and gender equality (Bender, Tiraspol, Drochia), although the team generally collected data in each place on the three programmatic areas, since there was strong integration of SRH, GE and adolescents and youth. The sites were representative of the targeted populations and the planned interventions, and demonstrated a range of challenges and successes at this point in the programme implementation, and which were accessible by ground transportation. For the P&D programmatic area, data was largely collected through visits to key partners in Chisinau.

The SRH/GE expert travelled to Transnistria region, to interview implementing partner staff in Bender supporting a shelter for GBV survivors and to visit the shelter and interview care givers, who had received training on integrating SRH into GBV interventions. In Transnistria region, the expert visited Tiraspol Center for Reproductive Health to interview staff who participated in training to integrate GBV awareness and response, and SRH for adolescents and youth and view the gynaecological services. The A&Y expert visited Orhei to hold a focus group discussion with Y-PEER members. Both team members visited Cimislia district to interview staff from the Reproductive Health Office and Youth Friendly Health Center and to Hirtop village to interview staff from the Primary Health Care clinic. A planned site visit to Drochia district to the shelter for GBV survivors and the perpetrator counselling center and a focus group discussion with primary health care providers who were trained on Gender-

⁷ Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, October 2013.

Based Violence were not carried out due to illness of the SRH/GE expert. (Please see Annex 4 for detailed list of persons consulted.)

2.4 Limitations and constraints

Evaluability Assessment and Limitations and Risks

The most serious limitations and risks facing the evaluation include the following. The evaluators have also proposed adequate responses to these risks.

- Limitations of work plans as tracking tools.** The Work Plans form the basis for documenting programme interventions but are difficult to use to track evidence as they may not list the “soft interventions’ such as advocacy, policy dialogue, national consultations, and institutional mediation. To mitigate this constraint, the team referred to the Country Office Annual Reports (COARs), the Master Work Plan, the M&E matrix, progress reports of implementing partners, and the Atlas spreadsheets. This is a typical problem in UNFPA evaluations, however since 2016, UNFPA uses an electronic system for annual planning, which comprise all interventions (through direct execution or through IPs) and has quarterly milestones.
- Data collection is limited on key informants and final beneficiaries** due to a large number of potential key informants and interviewees, although the majority of key informants were included, and temporary illness of the team leader during the country visit which caused cancellation of the site visit to Drochia and a focus group in Soroca. This was mitigated through visits to stakeholders in Chisinau and use of secondary data (reports, publications, national plans, regional strategy plans, brochures distributed, and web-sites, among others).
- Language constraints.** In order to facilitate communications among English, Romanian and Russian speakers, translation was provided, however there is a risk of some loss of content.

Table 1. Evaluation Limitations and Mitigation Measures

Limitations / Challenges	Mitigation Measures
Limitations of work plans as tracking Tools; limited listing of soft interventions	Supplemented with Country Office Annual Reports (COARs) progress reports, the Master Work Plan, the M&E matrix, and the Atlas spreadsheets
Data collection limited on key informants and final beneficiaries due to time constraints	Use of secondary data; Key informant interviews with groups directly involved in the projects; Purposive sampling; Focus group meetings
Language constraints: risk of some loss of content through translation	Translation to be provided in English, Russian, and Romanian

3 CONTEXT OF THE UNFPA 2nd COUNTRY PROGRAMME FOR MOLDOVA

3.1 Political, economic and social context

The Republic of Moldova is one of the most densely populated European countries, with a population of 3,555,159.⁸ The country is divided into 32 districts (rayons) and three municipalities. Moldova is a low middle-income country ranking 107 on the Human Development scale, with an overall Human Development Index of 0.693.⁹ Considerable economic gains have been made in the last decade although sustaining growth is a challenge as the GDP gains are led by remittances and export growth is dependent on volatile external markets. Remittances account for almost 38% of Moldova's GDP and there are high levels of income disparity.¹⁰

The Government of Moldova National Development Strategy 2020 highlights the need for greater sustainability of revenue-led GDP growth. Key challenges include fighting corruption, improving the investment climate, removing obstacles for exporters, channeling remittances into productive investments, and developing a sound financial sector. European integration is regarded as a fundamental priority supported by the Moldova - European Union Association Agreement signed in June 2014, however, the process of implementation has been slow and interrupted by political processes.

While Moldova has achieved its MDG goals regarding poverty reduction, access to universal education was not achieved due to inefficient financing of the education system. A National Public Health Strategy 2014-2020 was endorsed in line with the European policy "Health 2020". Better access to high quality health services and a healthier lifestyle remain national priorities.¹¹ Public expenditures on health services are 5.3% of the GDP (2011-2015) and out-of-pocket payment remains high compared to the European Union at 38.4% (2011-2015) of total health expenditure.¹² Moldova is a source, and to a lesser extent a transit and destination country, for human trafficking, both for sex and labor.

3.2 Situation with regard to sexual and reproductive health

The contraception prevalence rate (CPR) for modern contraceptives represents 41.7%, out of a total CPR of 59.5% while 9.5% of women have an unmet need for contraception.¹³ The maternal mortality ratio (per 100,000 live births) decreased from 61 in 1990 to 18.1 in 2014.¹⁴ The usage of Antenatal Care (ANC) is very high although the recommended four visits is used by fewer women (94.5% compared to only one visit by 98.8%) the use of Postnatal Care (PNC) is also very high at 98.8% for newborns.¹⁵ Almost one third of women aged 15-49 years had at least one induced abortion, although the abortion rate has decreased consistently and the quality of abortion services was improved.¹⁶ At the same time, progress has been made in terms of assistance during delivery - a vast majority of births (99.7%) were delivered with the assistance of medical doctors.¹⁷

Cervical cancer incidence is 24.1/100,000 and mortality rates 10.32/100,000 (among women of reproductive age).¹⁸ Cervical cancer is the third most common cancer among women in 2012, when it accounted for 9.87% of cancer cases and 7.92% of deaths.¹⁹ The incidence of HIV and AIDS is 6%

⁸ National Bureau of Statistics, 2015 This figure does not include the Transnistria region population, region designated by the Republic of Moldova as the [Transnistria region autonomous territorial unit with special legal status](#).

⁹ Human Development Report, 2014, UNDP

¹⁰ Strategy for Moldova, 2014. Document approved by European bank for Reconstruction and Development

¹¹ "The Future Moldova wants" consultations in the framework of the post-2015 agenda

¹² <http://data.worldbank.org/indicator/SH.XPD.PUBL.ZS>; <http://data.worldbank.org/indicator/SH.XPD.OOPC.TO.ZS/countries>

¹³ Multiple Indicator Cluster Survey (MICS), 2012, Final Report published in 2014, Ministry of Health of Moldova, National Center of Public Health, Swiss Agency for Development and Cooperation, WHO and UNICEF

¹⁴ <http://statbank.statistica.md> (2014)

¹⁵ Multiple Indicator Cluster Survey (MICS), 2012, Final Report published in 2014, Ministry of Health of Moldova, National Center of Public Health, Swiss Agency for Development and Cooperation, WHO and UNICEF

¹⁶ using the methods suggested by WHO, and 35% of obstetricians and gynaecologists have received extra training, UNFPA website

¹⁷ <http://statbank.statistica.md> (2014)

¹⁸ EUCAN Factsheets, 2012, <http://eco.iarc.fr/eucan/Country.aspx?ISOCountryCd=498#block-table>

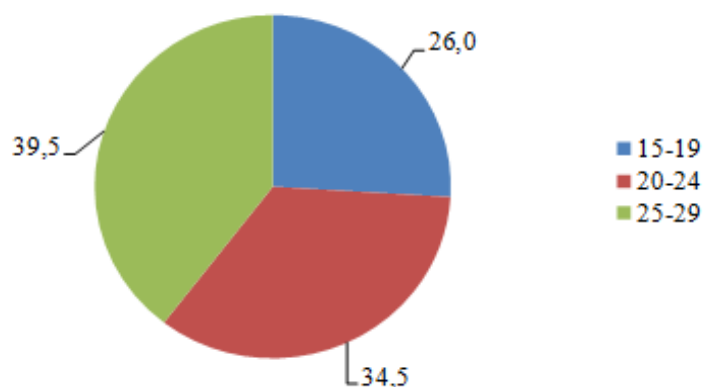
¹⁹ Ibid.

(ages 15-49) with an estimated 16,000 people (aged 15 and over) living with HIV (PLHIV), 7,600 of them women.²⁰ The groups most vulnerable to HIV infection are sex workers, men having sex with men (MSM) and psychoactive substance users (PSU) (approximately 21,000), however, the approach for treating drug abuse is inefficient.²¹ A recent evaluation of the National Reproductive Health Strategy (NRHS) 2005-2015 has set out recommendations in all 11 priority areas for development of the next strategy.²²

3.3 Situation with regard to adolescents and youth

In 2014, young people (aged 15-29) accounted for 25% of the resident population of Republic of Moldova. The young generation ratio is decreasing steadily during recent years, particularly the 15-19 age category, with a decrease of 31.8%. The number of people aged between 20 and 24 years also has decreased 2.3 percentage points. The number of young people aged between 25 and 29 years increased by 8.2 %.²³ The National Strategy for Youth sector development 2020 aims to improve public policies in order to ensure a good environment for youth development.²⁴

Figure 1. The young generation ratio (1st of January 2014)²⁵



As part of the National Reproductive Health Strategy 2005-2015, the Ministry of Health scaled up the network of Youth Friendly Health Centres in all districts and municipalities. However, despite many efforts in access to services, adolescents in Moldova are still exposed to risky behavior. Only 35.7% of youth aged 15-24 have comprehensive knowledge on HIV.²⁶ The HIV incidence among youth (aged 15-24) per 100,000 populations has almost doubled in the last fourteen years from 10.38 in 2000 to 17.9 in 2014.²⁷

Although the adolescent birth rate in Republic of Moldova has decreased, it is still high compared to other European countries (26.0 per 1,000 women aged 15-19 in 2014). The Out-of-school rate for children of primary school age is 9.5% in 2012. Compared to 2000, in the structure of the population aged 25 years and over, the proportion of those who have completed a higher level of education has almost doubled (from 12.4% to 20.1% in 2014). An extremely high degree of social exclusion of young people has been recorded – about 29% do not attend any form of education or training and are not employed.²⁸

Despite its decreasing trend in recent years, youth unemployment rate is the highest – 7.2% in 2014 compared to other age groups or the country average (about 4%). The comparison with the

²⁰ 2014 data - <http://www.unaids.org/en/regionscountries/countries/republicofmoldova>

²¹ Services in the sphere of sexual and reproductive health for PLWH and PSU: availability, awareness and needs; *Vasile Canatarji, Initiativa Positiva*

²² <http://www.euro.who.int/en/health-topics/Life-stages/pages/news/news/2015/01/national-reproductive-health-strategy-in-republic-of-moldova-final-assessment-and-new-perspectives>

²³ National Bureau of Statistics. 2014

²⁴ http://particip.gov.md/public/files/Moldova_2020_ENG1.pdf

²⁵ Ibid.

²⁶ Knowledge, attitudes and practices on HIV/AIDS of young people aged 15-24, Ministry of Health of the Republic of Moldova, 2012, http://ucimp.md/images/pdf/RAPORT%202012%20final%207_08_2012.pdf

²⁷ National Bureau of Statistics 2014

²⁸ Demographic Barometer Situation of Youth in Republic of Moldova: From Goals to opportunities. Mariana Buciuceanu Vrabie, Irina Pahomi. 2015

neighboring countries ranks Moldova as having the lowest youth employment rate (18.1% for those aged 15-24 and 42.4% for those aged 25-29). Relatively low youth unemployment rate can be partially attributed to young people who went abroad for work or to look for a job (approximately 193,500). for work or to look for a job. The number of young people working abroad has increased in recent years (from 13.1% in 2008 to 16.2% in 2014).²⁹

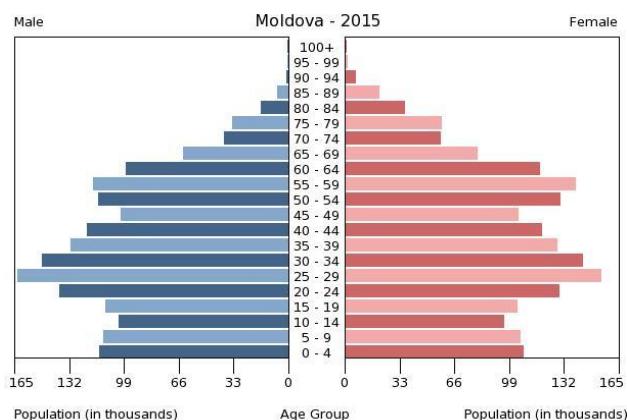
3.4 Situation with regard to population and development

The Republic of Moldova is entering a period of profound demographic transition. The low fertility rate, coupled with a high incidence of migration and increased life expectancy, is fuelling a change in the population structure. The population, estimated at 3.5 million in 2010, has decreased 0.9% annually over the last 4 years. Population growth rate in 2015 was (-1.03%). The rate of natural population growth has considerably dropped in the last 25 years (to -0.2 per 1000 people in 2014 from 9.7 in 1989). The proportion of children and adolescents (aged 0-14 years) in the total population has decreased from almost 23.8% to 15.7% in 2015. In contrast, the proportion of elderly people has constantly increased, from 11.6% in 1980 to 16.2% in 2014. The ageing tendency is accentuated, particularly among the female population from rural areas.

The mortality rate has slightly increased since 2000, reaching 11.1/1,000 inhabitants, in 2014, on par with the South-East European countries, but which is higher than the EU-27 average of 9.7/1,000 inhabitants. The urbanization rate is 45% of the total population living in urban areas (as of 2015).³⁰ The majority of the population (55%) lives in rural areas.³¹

Emigration, mainly for work, is a mass phenomenon in Moldova and has a major impact on the country's demography and economy. Moldova became a 'country without parents', with households headed by children and consequently, many 'deserted children'. It is estimated that 600,000 to one million Moldovan citizens (almost 25% of the population) are working abroad.³²

Figure 2. Population Pyramid of Moldova



3.5 Situation with regard to gender equality

The commitment of the Republic of Moldova to ensure gender equality is reflected in the ratification of international instruments including the CEDAW (Convention on Elimination of all forms of Discrimination against Women) (1994), and the ILO Convention concerning Discrimination in Employment and Occupation (1996), among others, as well as to achieving the Millennium Development Goals (MDGs), specifically Goal 3 on promoting gender equality and empowerment of women. A series of laws, national strategies and action plans to promote gender equality have been adopted including the Law on Preventing and Combating Family Violence (Law 45-XVI), approved in 2008 and amended in 2010.

²⁹ Demographic Barometer on Youth, National Institute for Economic Research, Republic of Moldova, 2015

³⁰ The World Factbook. Central Intelligence Agency. March 2016.

³¹ UNdata, 2014 data including Transnistria region

³² "Strengthening the Link between Migration and Development in Moldova", prepared for World Bank within Migration and Remittance Peer Assisted Learning Network (MIRPAL) 2010

Despite these regulations and commitments, progress in the area of ensuring gender equality is slow. Violence against women remains a serious and widespread problem. Seven out of ten women in the rural areas and six out of ten women in the urban areas have suffered from at least one type of spousal/partner violence over a lifetime, and 12% of total women have experienced all types of violence (physical, sexual and psychological).³³ During its 2013 review, the CEDAW Committee expressed concerns about reports of coercive sterilization, affecting in particular women with disabilities, women in rural areas and minorities. Although the “National Program on Gender Equality in the Republic of Moldova for Years 2010-2015” addresses the prevention and elimination of gender-based violence, resources have not been sufficiently allocated to implement the action plan.³⁴

There has been progress in terms of referral systems and health response to gender based violence; however more interventions are still required to improve the quality of services, including family planning counselling. The persistence of patriarchal attitudes and deeply rooted stereotypes on gender roles are thought to contribute to the disadvantaged position of women politically and economically.³⁵ Representation of women in Parliament has increased although local representation is far below parity with males (Moldova is comprised of approximately 51% females), with only 166 out of 898 mayoralities being led by women.³⁶

3.6 The UNFPA 2nd country programme for Moldova

3.6.1 Lessons learned from previous country programme cycles

The UNFPA 2nd Country Programme document (2012) shares lessons from the previous programme. These included: (a) the establishment of a partners’ network at the grassroots level helped to achieve programme results nationwide; (b) the analysis of population and development issues and advocacy efforts to promote reproductive health are critical to the success of national policies; (c) the documentation and communication of good practices regarding the collaboration of the Government, civil society and donors helped to enhance the sense of ownership among stakeholders; and, (d) building the capacity of national statistical institutions presents a continuing challenge, including retaining staff and sustaining programme activities.³⁷

The evaluation of the 1st country programme “Outcome Evaluation of the UNFPA Moldova extended Country Programme (2007-2011/12)” concluded that highly positive results had been achieved for all programmatic areas and that UNFPA should continue to consolidate the achievements and institutional the policies and strategies.³⁸ The following good practices and lessons were put forth.

- The **benefits of joint programming** enable UNFPA to have broader and more effective outreach efforts, especially among vulnerable groups, and stronger synergies with other UN agencies. Future joint programmes should be planned at the onset of the country programme rather than ad hoc compositions of previously designed activities. The UNFPA extended network with interventions in communities and in Transnistria region can be strategically shared with other UN agencies in the development of joint programmes.
- **Engaging civil society** can potentially help to improve outreach and quality of services faster as well as to better identify marginal and vulnerable groups at local level and thus help to achieve their inclusion (also a lesson from the evaluation of the UN Partnership Framework in 2011). A clear and common understanding of how civil society should be addressed in the country should be developed and definition of their role in cooperating with the UN.
- UNFPA **use of global and regional network of expertise** is important in regard to reflecting demographic realities of the decreasing and ageing population in social policies, particularly those which offer social protection in the context of demographic change.
- Support is required to ensure the **regularity and consistency of the national monitoring and reporting system**, including Results Based Management capacities, in order to increase their impact and to gain donor confidence in the sustainability of the interventions.

³³ National Bureau of Statistics of the Republic of Moldova, in collaboration with the UNDP, UN Women, and the United Nations Population Fund, *Violence against Women in the Family in the Republic of Moldova* (2011)

³⁴ Report on Response of Support Services, including Health Sector Response to Gender-based Violence in the Republic of Moldova, UNFPA and Women’s Law Center, 2014

³⁵ The International Survey Men and gender equality” (IMAGES) is coordinated by the Promundo organisation and the International Center for Research on Women (ICRW), 2014

³⁶ MDG Report 2013, UNDP

³⁷ UNFPA 2nd Country Programme Document for the Republic of Moldova, March 2012

³⁸ “Outcome Evaluation of the UNFPA Moldova extended Country Programme (2007-2011/12), FINAL REPORT”, Thomas Otter and Daniela Terzi-Barbarosie, October 9, 2011

3.6.2 Intervention logic of the second country programme

The second UNFPA Programme 2013-2017 of Assistance to the Republic of Moldova has been developed based on the evaluation of the first country programme and aligned with the national priorities, the MDGs, the ICPD Programme of Action, UNFPA corporate Strategic Plans and to the UN Partnership Framework (UNPF) 2013-2017 “Towards Unity in Action”.

The relevant UNPF outcomes are as follows:

Outcome 1.1: Increased transparency, accountability and efficiency of central and local public authorities

Outcome 2.1: People enjoy equitable access to quality public health and health care services and protection against financial risks

Outcome 2.4: People enjoy equitable access to an improved social protection system

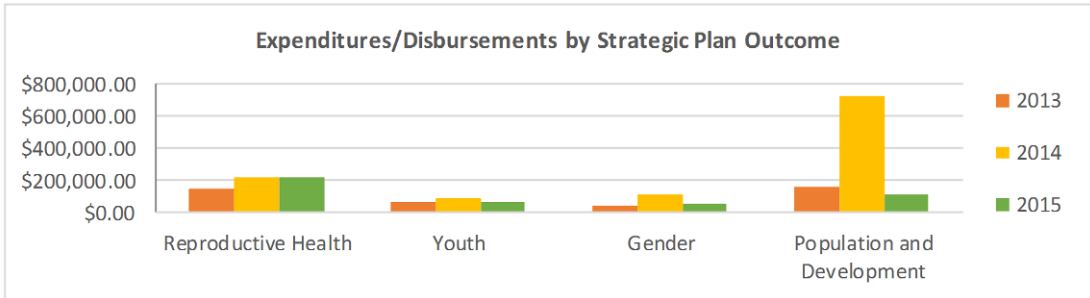
The UNFPA Moldova 2013-2017 Country Programme approved by the Executive Board in September 2012 was developed in line with the UNFPA Strategic Plan 2011-2013, and afterwards aligned with the revised UNFPA Strategic Plan 2014-2017.³⁹ Along with this alignment, the Results Framework was modified.⁴⁰ The programmatic areas of UNFPA support are: Sexual and Reproductive Health, Adolescents and Youth, Gender Equality, and Population and Development. Generally, the interventions undertaken by the country office include advocacy, capacity building, and research leading to knowledge management.

3.6.3 The financial structure of the country programme

The total budget of the UNFPA 2nd Country Programme of Assistance to the Republic of Moldova, as per the original Country Programme Document (March 12, 2012) is \$3.5 million: \$2.5 million from regular resources and \$1 million through co-financing modalities and/or other resources, including regular resources. The amount of core resources was altered when Moldova became a lower middle income country and was affected by UNFPA-wide budget cuts in 2013 and 2014. The core resources for 2015 were cut by approximately 10%. Core resources from 2013-2015 amounted to \$1,351,047, while non-core resources for the same period amounted to \$1,401,537. Estimated core resources (2013 – 2017) are allocated among programmatic areas approximately as follows: Reproductive Health - 35%; Population and Development (P&D) – 24%; Adolescents and Youth – 18%; Gender Equality – 11%; and Program Coordination – 12%. The P&D programmatic area has the largest portion of total (core plus donor resources) resources through 2016, followed by Reproductive Health, Gender Equality and Adolescents and Youth.

Resource mobilization has yielded approximately \$1.2 million and does not include extra resources obtained from other sources such as UN DESA, *Global Programme on Reproductive Health Commodity Security (GP RHCS)*, Unified Budget, Results and Accountability Framework (UBRAF), the UNFPA Innovation Fund, and EECARO. The donors to UNFPA Moldova are the Swiss Agency for Development and Cooperation, the Government of the United States, the Government of the Czech Republic, the Government of Lichtenstein and the Government of Romania.

Figure 3. Country Programme Expenditures and Disbursements



³⁹ UNFPA Strategic Plan 2014-2017

⁴⁰ Alignment of the UNFPA Country Programme with the Republic of Moldova (2013-2017) to the UNFPA Strategic Plan (2014-2017)

4 FINDINGS (RESPONSES TO EVALUATION QUESTIONS)

4.1 Relevance

To what extent is the Moldova 2nd Country Programme (2013-2017): 1) adapted to the needs of the population, in particular the needs of the vulnerable groups; 2) aligned with the government's priorities; and, 3) aligned with UNFPA's policies and strategies and with the United Nations Partnership Framework (2013-2017) in Moldova? (EQ1)

Summary

UNFPA continued a number of partnerships and interventions from the 1st Country Programme, expanding focus to the elderly and women vulnerable to cervical cancer but some groups, such as the disabled and those not accessing national health services, required more attention. UNFPA effectively targeted many people most at risk for sexually transmitted infections as well as groups facing discrimination, and also reached some key groups which influence realization of rights for the most vulnerable.

Ongoing assessments formed a strong basis for strengthening advocacy and policy and creating appropriate capacity development interventions. Studies served to identify gaps in rights protection and access and demand for services to youth, the elderly, survivors of gender based violence, and people at high risk and living with HIV and AIDS. Weaknesses in the reproductive health commodity system, the population data collection systems and the law enforcement system to protect women from rights abuse were effectively vetted.

The 2nd Country Programme (2013-2017) objectives are consistent with the priorities set out by the United Nations Partnership Framework (2013-2017) and the UNPF is tracking 15 indicators relevant to UNFPA priorities. The Country Programme complements the strategies set out in the UNFPA Strategic Plans (2008-2013 and 2014-2017) reflecting the International Conference on Population and Development goals and principles. The programme features strong cross cutting linkages with gender equality, sexual and reproductive health, and concerns related to the changing demographics of Moldova.

All programmatic areas are strongly aligned with national and sectorial policies, and the majority of interventions are implemented collaboratively with Government and community partners. Capacity development interventions were determined jointly with partners and include many examples of triangular and regional cooperation to strengthen national capacity to reach European standards.

4.1.1 Adaptation of the country programme to the evolving needs of the population, in particular those of vulnerable and special groups

The evolving needs of the Moldova population, in particular those of vulnerable groups, such as women survivors of gender based violence, adolescents and youth, the elderly and people at high risk and living with HIV were taken into account during the planning and implementation processes.

The design of the UNFPA 2nd Country Programme (CP)⁴¹ in Moldova was based on the Country Programme evaluation of the first extended programme (2007-2011/12)⁴² and utilized the country analysis⁴³ conducted for the design of the United Nations Partnership Framework (UNPF) implemented during the same timeframe (2013-2017). The "Country Analysis – UN Moldova" considered analytical work that took place in 2010, led by the Government of the Republic of Moldova, including the 2010 Millennium Development Goal (MDG) Report and two National Human

⁴¹ UNFPA 2nd Country Programme Document for the Republic of Moldova, March 2012

⁴² "Outcome Evaluation of the UNFPA Moldova extended Country Programme (2007-2011/12), Final Report", Thomas Otter and Daniela Terzi-Barbarosie, October 9, 2011

⁴³ Country Analysis, United Nations - Moldova, June 2011

Development Reports.⁴⁴ The UNPF and its accompanying Action Plan were developed through broad consultations of the UN Country Team and non-resident agencies along with the Government, civil society and other stakeholders.⁴⁵

Both the UNPF and the UNFPA 2nd Country Programme aimed for nationwide geographical coverage in order to target regional disparities including those in rural areas and in the post-conflict region of Transnistria region. The “Country Analysis – UN Moldova” identified **the most vulnerable segments of society** in terms of welfare and security, as the rural areas, where 80 percent of the country’s poor persons live, and increasing disparities between urban and rural. The most vulnerable are children from families with three children or more, from the bottom of the wealth quintile, from Roma families, families supporting people living with HIV and AIDS, from rural families, and those with disabilities.⁴⁶

From a human rights perspective strong discrimination affects a number of groups, including Roma people, persons with disabilities and persons with HIV and AIDS. Particularly serious concern surrounds the treatment of lesbian, gay, bisexual and transgender (LGBT) persons and communities.⁴⁷ The list of most discriminated groups was further clarified in a study of discrimination in Moldova in 2015, as the persons with mental and physical disabilities (75% and, respectively, 76%), followed by the poor people (63%), HIV-positive persons (54%), LGBT persons (52%), Roma people (48%), elderly people (47%) and women (28%). The study offers evidence of people’s perceptions that discrimination toward some of these groups has increased over that past five years.⁴⁸ Moldova has the highest prevalence and incidence of HIV among sex workers in the entire region at 18% in Chisinau and 22% in Balti and in Transnistria region, posing a high risk to their clients.

The UN Special Rapporteur on extreme poverty and human rights, points to the same groups while adding single mothers and women living in rural areas as well as older and elderly persons. Economic migration has left about 100,000 Moldovan children and adolescents living without their parents which make them vulnerable to poverty, ill health and dropping out of school.⁴⁹ The “Hammarberg report” (2013) is considered a key reference regarding human rights in Transnistria region and its recommendations focus mainly on (1) violence against women; (2) rights of persons with disabilities; and (3) rights of persons living with HIV and AIDS. The report mentions the positive cooperation established with Moldovan colleagues and with international agencies, including UNFPA, in support of human rights.⁵⁰

Overall, it is not clear how the vulnerable groups are prioritized in Moldova and covered through national programmes and development assistance (i.e. what actions compared to needs are being taken to support their development). It is also unclear whether programmes and interventions are substantial or synergistic enough to work toward needed changes rather than taking a piecemeal approach. Key informants noted that some groups are not fully considered in assessments and planning including those who do not or rarely use government services such as schools, primary health care clinics or reproductive health care, people who migrate for employment and their families who are still in Moldova, and school drop outs.⁵¹

UNFPA has appropriately included interventions to support many of the most vulnerable groups, as well as those helping to protect their rights. Given UNFPA limited human and financial resources, the programmatic areas in the initial country programme document aimed to address the sexual and reproductive health needs of young people and adolescents, the aged, the Roma population and people with disabilities and to encourage collaboration with public officials, academia and civil society, with a view towards developing their individual and institutional capacity.⁵² The previous CP aimed at specific interventions for the Roma population but in the 2nd CP, no special interventions were aimed for them.⁵³ Further, no interventions specifically targeted people with disabilities. The Roma and

⁴⁴ In addition, UN has jointly conducted several analyses such as the UN submission to the Universal Periodic Review and the joint UN inputs to the European Neighbourhood Policy Reporting. The Country analysis received input from 16 UN agencies.

⁴⁵ United Nations Partnership Framework and Action Plan (2013-2017)

⁴⁶ Country Analysis, United Nations - Moldova, June 2011, page 6

⁴⁷ Country Analysis, United Nations - Moldova, June 2011, page 6

⁴⁸ The Phenomenon of Discrimination in Moldova: Perceptions of the Population A Comparative Study Chişinău -2015 Ludmila Malcoci, Arcadie Barbaroşie, page 26

⁴⁹ The UN General Assembly, Report of the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona, Mission to the Republic of Moldova (8–14 September 2013)

⁵⁰ Report on Human Rights in the Transnistria region Region of the Republic of Moldova, Thomas Hammarberg, February 2013

⁵¹ Key informant interviews, April 2016

⁵² UNFPA 2nd Country Programme Document for the Republic of Moldova, March 2012, page 4

⁵³ “Promoting access to basic services, human security and social inclusion among vulnerable groups in Moldova” was an intervention area in the previous CP, with Roma partner institutions, UNFPA 2009

disabled people are considered through the census and population research, the health care system, the focus on adolescents and youth, and response to gender based violence.

The CP as planned was later built upon with intensified interventions to benefit the elderly and to address cervical cancer screening needs. In working with adolescents and youth, efforts were made to reach out to youth who were not using the health services or going to school and provide non-formal means of communication on SRH through peer networks, among others. The CP also recognized the need to reach vulnerable youth without parents living in Moldova. UNFPA included and advocated with key influencing groups which are duty bearers of human rights, such as Parliamentarians and law makers, law enforcement authorities, health professionals and youth workers. However, there was a need to place more attention on including parents to a greater extent as well as males in all respects.

The UNFPA CP was supported against a backdrop of economic and institutional changes in Moldova and declining development resources. UNFPA consulted key stakeholders and identified evidence and incorporated lessons learned both prior to programming and during the CP. UNFPA Implementing Partners (IPs) have attested to good collaboration for planning with both new and traditional partners.⁵⁴ The relevance of interventions under the four programmatic areas are discussed below.

In the **sexual and reproductive health (SRH) programmatic area**, the Country Programme document (2012) focuses on underserved groups. The previous CP had supported the establishment of 54 reproductive health offices (including seven in Transnistria region) to improve access to sexual and reproductive health services, including Family Planning, and the integration of youth-friendly counselling in sexual and reproductive health services into curricula for medical professionals.

With UNFPA movement away from service provision, reflecting Moldova's low middle-income status, the final contributions of contraceptives targeted for vulnerable groups took place in 2011. Efforts continued in the 2nd CP to support a sustainable system to increase the demand for contraceptives and promote effective monitoring through a supply system and a structured distribution mechanism. At UNFPA request, in 2013, an assessment of distribution and stock-out in all distribution points made recommendations for redistribution based on population need. In 2014 UNFPA organized an evaluation of the challenges in the implementation of the logistic management information system.⁵⁵

The **strengthening sexual and reproductive health services** interventions included development of instruments for monitoring the use of contraceptives by vulnerable groups of population; and increasing capacity of primary health care professionals in providing contraceptives to them. In addition, revision was planned on pre- and post-graduate university and college curricula on family planning.

The categories of vulnerable groups for free receipt of the contraceptives donated by UNFPA were clearly defined in MoH guidance, however, in practice they lacked clear application by the health system staff.⁵⁶ It was also difficult to ascertain whether the most vulnerable were receiving and using the contraceptives. UNFPA supported further assessments to help pinpoint the Family Planning issues but most did not occur until 2014-2015, when supplies of donated contraceptives were dwindling. These included the evaluation of the National Reproductive Health Strategy 2005-2015; evaluation of the family planning services at the primary health care level, 2015; and a mapping analysis in 2015 of the recommendations from different evaluation reports in the field of SRH.

Based on a Ministry of Health request, in 2014 UNFPA and WHO supported the evaluation of the National Reproductive Health Strategy 2005-2015.⁵⁷ In 2015 the National Steering Committee on SRH was established composed of representatives of the national medical institutions, professional associations and civil society organizations to develop the **new strategic document on SRH**. A series of national workshops on strategic planning had been foreseen for this purpose in 2015 and 2016. As part of the regional initiative on **SRH Clinical Guidelines** development, Moldova was

⁵⁴ Key informant interviews, April 2016

⁵⁵ "Recommendations for the introduction of the computerized logistics management information system (CLMIS) for reproductive health commodities in the Republic of Moldova", UNFPA, May 2014

⁵⁶ Key informant interviews, April 2016 and Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

⁵⁷ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

selected as Regional Training Hub for Russian speaking countries of the European Union - Eastern Europe and Central Asia (EU-EECA) region.

The CP document (2012) does not specifically refer to **cervical cancer screening**, however, the scope of the problem and late treatment of cases as well as absence of an organized screening programme prompted UNFPA response. A “Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova” was undertaken in 2013 supported by the Ministry of Health, UNFPA Country Office and Regional Office, and the European Cervical Cancer Association to prepare recommendations for a national cervical cancer screening program.⁵⁸ A number of stakeholder meetings were held to define the elements of the capacity building program. The report resulted in the development of the National Action Plan on increasing the capacity for cervical cancer screening approved by the Ministry of Health and the National Health Insurance Company for 2014-2015 followed by plans for 2016-2018.

Moldova continues to experience a concentrated HIV epidemic among people who inject drugs or psychoactive drug users (PWID or PSU), men who have sex with men (MSM), female sex workers and their clients as well as their clients’ sexual partners. The HIV epidemic is more severe on the left bank of Nistru River (Transnistria region), where coverage of prevention programs is lower.⁵⁹ UNFPA supported three interventions to prevent and address sexually transmitted diseases and infections, such as **HIV and AIDS**, encouraging the use of sexual and reproductive health and HIV services, targeting groups using at-risk sexual practices, and working through youth organizations, the health system and civil society organizations and taking the opportunity to integrate a broad spectrum of reproductive health and family planning information.

UNFPA is mandated to conduct policy and advocacy on HIV and sex workers, men who have sex with men and transgender people, under the UNAIDS Division of Labour. These people were not specifically targeted in the planned Country Programme interventions but are among the targeted and proximate groups. In 2014-2015 three harm reduction programs were being carried out for sex workers in Moldova by other organizations, but do not cover their clients.⁶⁰ The rationale for the project: **HIV Prevention among Truck Drivers** emanates from expansion of a four country regional project termed “Silk Road” also taking place in Ukraine, Georgia, Moldova and Turkey, initiated in Ukraine. The Silk Road initiative was prioritized in view of Country Office staff capacity and among competing priorities due to enthusiasm and support from government and other partners, such as the Ministry of Labor, Family and Social Protection, the Truck Drivers Association and the truck driver training institutes. Ultimately, UNFPA successfully advocated for the inclusion of the Silk Road Initiative within the draft national AIDS Strategy.⁶¹

The project started in Moldova in 2015 and was followed by an environmental scanning report on HIV prevention among truck drivers which notes that long-haul truck drivers are one of the driving forces in the spread of HIV and other sexually transmitted infections (STIs) due to their extensive travel and possible at-risk sexual behavior including the demand for unprotected sex with sex workers. Long-haul drivers had previously benefited from HIV prevention interventions conducted by other agencies from 2007 to 2012 but sustainability was not strong.⁶² The goal of the present intervention is relevant and geared for sustainability - to enable the truck driver associations to incorporate prevention into their training and orientation programs.

The rationale for **Integrating SRH in services for People Living with HIV** emanated from a study which looked at the coverage of services provided by NGOs in SRH as well as needs of the target groups, in particular, people living with HIV (PLWH) and psychoactive substance users (PSU).⁶³ The study indicated a low awareness level as well as prevalence of stereotypes and confirmed the need for comprehensive measures to inform the NGO staff, the general population, and the target groups about SRH and the difficulties PLWH, PSU and others face in realizing their sexual and reproductive rights. In order to reach a substantial number of NGOs working with most at risk people (MARP) and

⁵⁸ Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova, Philip Davies and Diana Valuta, Chisinau, February 2014

⁵⁹ Republic of Moldova South-East European Region National Coordination Council Declaration of Commitment of the United Nations General Assembly Special Session on HIV and AIDS Republic Of Moldova Progress Report On HIV and AIDS January – December 2014, Chisinau 2015

⁶⁰ Report on Environmental Scanning, HIV Prevention among Truck Drivers as Clients of commercial sex workers, Republic of Moldova, Silvia Statulat, consultant to UNFPA Moldova, 2015

⁶¹ Key informant interviews, May 2016

⁶² Ibid.

⁶³ Services in the sphere of sexual and reproductive health for PLWH and PSU: availability, awareness and needs, Initiativa Positiva, Vasile Canatarji, 2013

those who face discrimination, such as the LGBT community, UNFPA worked through the Positive Initiative network which interfaces with a majority of the high risk groups.

In the **Adolescents and Youth (A&Y) programmatic area**, the CP (2012) focused on improving the access of youth to SRH information, education and counselling in schools and in out-of-school settings; supporting youth participation in decision making processes, and advocating for a stronger collaboration between different services for young people. Another priority was to provide technical expertise in development of evidence-based policies, by strengthening the monitoring system of programmes targeting youth. The A&Y programmatic area is mainstreamed with cross cutting aspects, such as human rights, and gender sensitive issues (including those related to sexuality education).

UNFPA developed a **concept note on Adolescents and Youth** at the start of the CP which set out the CO vision for the next five years and was based on the preliminary findings of the evaluation of the National Youth Strategy 2009-2013, the priorities of the National Reproductive Health Strategy 2005-2015, as well as on the international evidence-based studies on adolescents and youth.⁶⁴ The concept note forms a strong foundation for evidenced-based selection of intervention areas, and through analysis and connections made to the UNFPA Global Strategy on Adolescents and Youth, and to national and international youth strategies.

The concept note describes the **vulnerable groups of concern among adolescents and youth**. These included all categories and ages of adolescents and youth many of whom lacked SRH information. Adolescent girls are particularly vulnerable to discrimination and may face higher rates of domestic and sexual violence, domestic servitude and exclusion from education, than adolescent boys. Most of the marginalized and disadvantaged adolescents and youth are residing in the rural areas. One of the most vulnerable groups is the Roma, especially girls and women. Family planning among the Roma is limited or non-existent, which contributes to a high rate of STIs and reproductive health problems, abortions and unwanted pregnancies.

An evaluation conducted of the **National Youth Strategy**⁶⁵ (NYS) for 2009 – 2013 attests that it was a relevant strategic framework in the context of Moldova's aspirations towards European Integration and the European Youth Strategy 2018. Young people and young families of 16-30 years of age, youth workers, youth NGOs, as well as the relevant institutions responsible for the implementation of youth policies were targeted by the Strategy.⁶⁶ The evaluation concluded that youth experts still need training and support to develop non-formal education services. As one of strategic priorities of the NYS significant progress was made in extending and financing Youth Friendly Health Services (YFHS) and ensuring free access of youth to these services. The percentage of adolescents aged 15-24 who benefited from YFHCs in locations where such services exist increased from 20% in 2013 to 32% in 2015, however, beneficiaries from rural areas comprise only one third of the youth who benefited.⁶⁷

Promoting evidence based youth policies, was undertaken by National Youth Council of Moldova (CNTM) in collaboration with Ministry of Youth and Sports and with support from UNFPA and UNDESA. The implementation of the National Youth Strategy (and Action Plan) of the Republic of Moldova (2009-2013) was assessed in 2013 partly through consultations with youth organizations and networks and young people themselves.⁶⁸ The findings and recommendations of the evaluation served as a basis for development of a new National Strategy for Youth Sector Development 2020.

The Evaluation of the National Youth Strategy (2013) indicated need for high quality data to allow stronger monitoring of the indicators representing the situation of young people. The development of the Youth Gap Index, conducted by CNTM with UNFPA support, represents another assessment initiative intended to increase the relevance of future interventions. It targeted identification of youth development gaps comparing with adult population and providing evidences for target and youth friendly public policies. Based on the findings of the Youth Gap Index, a policy brief⁶⁹ was developed to inform decision makers on main gaps identified. Subsequently, a gaps analysis was performed and tailored recommendations were provided for evidence-based youth policy development.

⁶⁴ Towards realizing a full potential of Adolescents and Youth in the Republic of Moldova, UNFPA Moldova Concept Note, 2013

⁶⁵ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

⁶⁶ "While there are no universally accepted definitions of adolescence and youth, the United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15- 24 years for statistical purposes without prejudice to other definitions by Member States." Report of the Advisory Committee for the International Youth Year (A/36/215 annex)

⁶⁷ Final Evaluation of UN – Republic of Moldova partnership Framework 2013-2017

⁶⁸ "Evaluation of the National Youth Strategy 2009 - 2013", Eduard Milahas and Angela Dumitrasco, October 2013

⁶⁹ Youth Index 2015 Republic of Moldova Policy Paper, Angelica Petrov, Igor Ciurea, (2015).

Strengthening participation of young people in post-2015 development agenda – The UNFPA CO concept note identified the lack of capacity of NGOs to speak one voice to push and support the government in meeting its international commitments in the field of adolescents' health and rights. As part of the Regional Campaign "Youth Voice" implemented during 2014-2015, UNFPA facilitated the partnership of 11 youth NGOs and leveraged resources from the UNFPA Regional Office (NGO Generatia cu Iniativa as a grantee). The campaign aimed to include the participation of young people in the decision making process as one of the priority in the statement of the Moldova delegation at the 47th session of the UN Commission on Population and Development.

Strengthening school health services to address SRH drew on an assessment of school health services conducted in 2011 in Moldova which identified the school nurses as resourceful persons to provide sexual and reproductive health information and counselling for young people, as well as focal points in schools for referral of adolescents to youth friendly health services.⁷⁰ The CP interventions were preceded by an assessment of the school health services by an independent expert in 2013 followed by development of the education curricula for school nurses. Training supported by UNFPA and delivered by CEDES for the school nurses and follow-up activities including peer-to-peer support and a round of community discussions which were designed based on the key findings and conclusions of the needs assessment.

The design for **Promoting peer to peer education in SRH** implemented by the NGO Association of young peer to peer educators (Y-PEER) and NGO Health for Youth, took into consideration assessments related to sexuality and reproductive health issues and education of youth and adolescents. The Y-PEER network was established in Moldova in 2004 with the support of UNFPA, as part of the global network in 52 countries. Y-PEER members have been extensively involved in promoting sexual and reproductive health information, prevention of STIs and HIV and adolescent pregnancies, and reproductive rights. The peer to peer approach proved to be essential in Moldova due to the lack of mandatory comprehensive sexuality education in the school curriculum, however, the Y-PEER network in Moldova only covered 17 rayons and expanding it was challenged by absence of Youth Friendly Health Services (YFHS) in each of the communities.⁷¹

UNFPA worked with the NGO Network of Peer to peer educators based on grants agreements in 2013 and 2014. The grants supported a large number of interventions and approaches to cover needs for SRH information and strengthening the network of peer educators. In 2015, the NGO Network of Peer to Peer educators became an implementing partner and focused on strengthening the organizational capacity of the NGO through trainings on organizational development.

A national concept paper on YFHS in Moldova was developed in 2005 and standards and guidelines for services in 2009 by the Ministry of Health.⁷² A systematic approach to scale up the YFHS was implemented under the Project - Healthy Generation - executed by the NGO "Health for Youth" (HFY) with support from the Swiss Agency for Development and Cooperation. The YFHS were scaled up and 38 clinics (YFHC) were established in 35 districts. While all young people were targeted, special efforts were to be made to reach young people who are particularly vulnerable e.g., those living on the streets and those – especially from the rural areas – are left behind by parents who have gone abroad.⁷³ With the IP Health for Youth, UNFPA aimed to enhance the capacities of the YFHC to develop and implement an outreach program for young people and increase the demand for YFHC services.

Gender equality – Many studies have been conducted in Moldova in the past decade from a gender equality perspective in health care, social protection, labor market, human trafficking, domestic violence and other sectors, which contributed to identification of the problems and needs of women and men. UNFPA continued in the 2nd CP to build upon a joint initiative undertaken since 2010 with the OSCE and the Austrian Embassy on building capacity of the professionals to provide assistance for perpetrators of violence and in 2012, a Centre for Family Aggressors was set up in December 2012 in Drochia. In 2013, workshops were held for Moldovan professionals (law enforcement, service providers, social assistants, psychologists and legal officers) on protection of survivors of domestic violence and counselling for perpetrators.⁷⁴ In 2008-2010, UNDP, UNFPA, IOM and OSCE, in

⁷⁰ Study on mapping the school health services in the Republic of Moldova, Galina Lesco, 2011

⁷¹ Towards realizing a full potential of Adolescents and Youth in the Republic of Moldova, UNFPA Moldova Concept Note, 2013, page 10

⁷² Child and Adolescent Health Services in the Republic of Moldova, Health Policy Paper Series Number 7, Republic of Moldova, WHO, 2012

⁷³ Assessing youth-friendly-health-services and supporting planning in the Republic of Moldova Susanne Carai, corresponding author Stela Bivol, and Venkatraman Chandra-Moul, Reproductive Health Journal, 2015
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627613/>

⁷⁴ Country Office Annual Report, 2013

partnership with the Government and civil society implemented the project “Protection and Empowerment of Victims of Human Trafficking and Domestic Violence”. Under this project, specialists in 30 pilot shelter sites were trained.⁷⁵

A number of interventions were conducted in relation to **training of police officers to respond to GBV**, a role which UNFPA undertook in two joint projects. A joint project initiated in the previous CP (July 2012) ending in 2015, “Sustaining a Life Free of Violence” funded by the US Embassy and implemented by the International Organization for Migration (IOM) and UNFPA in partnership with the Ministry of Internal Affairs, aimed to harness the knowledge and work skills of multidisciplinary specialists engaged in provision of assistance in domestic violence cases. In the joint project “Empowerment of Victims of Domestic Violence and Human Trafficking in the Transnistria region”, implemented from 2013 – 2015, UNFPA, UNDP, the Office of the High Commissioner of Human Rights (OHCHR) and IOM, UNFPA has supported capacity development of law enforcement officials in Transnistria region for response to GBV.

The Study on Domestic Violence against Women, conducted by the National Bureau of Statistics (NBS) with the support of UNDP, UNFPA, and UNIFEM (now UN Women) was completed in 2011.⁷⁶ For **Integration of SRH into Gender Equality Policies**, in 2015, UNFPA jointly with UN Women provided support to the Ministry of Labour, Social Protection and Family in developing the National Programme on Gender Equality 2020, including mainstreaming sexual and reproductive health. The 2016 UNFPA Work Plan envisages support in development of the first Strategy on Violence against Women and conducting public consultations on final draft of the National Programme on Gender Equality.

UNFPA undertook **building Capacity of Primary health-care professionals to integrate SRH and GBV** starting in 2013 to support the Government in institutionalizing SRH at the primary health care level and building capacity to protect survivors of GBV and counsel perpetrators using the UNFPA – Women Against Violence Europe (WAVE) Manual on Health Response to GBV. Trainings were also targeted in Transnistria region to service providers and public authorities. In 2014, the Women’s Law Center, with UNFPA support, conducted an assessment regarding health responses to GBV which included a mapping of existing rehabilitation and reintegration facilities that provide protection for survivors of domestic violence. The study identified gaps of the National Referral System, especially for vulnerable groups and women from rural areas, in response to domestic violence.⁷⁷ The Women’s Law Center also conducted a capacity gap analysis of service providers working with victims of GBV. The study found great variation in support for and support provided by the centers/shelters and many weaknesses in the support systems.⁷⁸

Based on these assessments, in 2015, UNFPA provided support for adapting the WAVE Manual to the national context and supported Training for Trainers (TOT) on how to apply this manual in Moldova. Also based on the assessment findings, in 2015, UNFPA aimed to strengthen family planning counseling for the victims and perpetrators of domestic violence, in **shelters and rehabilitation facilities for survivors of GBV** in the North, South and Central regions of Moldova in partnership with an international consultant specialized in SRH.

In the **Population and Development** programmatic area, the UNFPA Country Programme (2012) focused on: enhancing capacity of national institutions to produce, analyze and disseminate statistical data on population dynamics, youth, gender equality and sexual and reproductive health; building the capacity of the demographic community to generate and use gender-disaggregated data for public policy formulation; preparing and conducting the Population and Housing Census (PHC) and analyzing the resulting data, as well as mainstreaming ageing issues into sectorial policies.

The relevance of the **Population and Housing Census** (PHC) is mentioned in the Country Analysis, United Nations - Moldova (2011) which notes the lack of reliable, systematic, disaggregated data to evaluate the needs for social protection services and social cash benefits, provide evidence for policy development at the national and local levels and measure the impact of those policies.⁷⁹ The groundwork for conducting the PHC began in 2013 using lessons learned from the 2004 census exercise and good practices from international experience. The main objectives were to ensure that

⁷⁵ Final Report To United States Department Of State’s Bureau For International Narcotics And Law Enforcement Affairs (Inl) Strengthening The Multidisciplinary Approach In Achieving And Sustaining A Life Free Of Violence, IOM, 2015

⁷⁶ Ibid.

⁷⁷ “Response of Support Services, including Health Sector Response to Gender-based Violence in the Republic of Moldova”.

⁷⁸ “A Capacity Gap Analysis Study of Service Providers Working with Women Victims of Domestic Violence in Moldova”, 2014

⁷⁹ Country Analysis, United Nations - Moldova, June 2011

policy makers use evidence based and gender-disaggregated data for public policy formulation, to improve the well-being of the society and particularly of those **marginalized groups** based on the 2010 round PHC results. The design and support provided by stakeholders was appropriate for conducting a census using International Recommendations on Census.

The National Bureau of Statistics (NBS) received capacity building and financial assistance from UNFPA and other implementing partners, on generating a reliable and comparable demographic, social and economic numeric profile of Moldova. UNFPA support to NBS included providing technical assistance in following the recommendations of the 2010 Census Round. The Government with UNFPA support established an International Technical Advisory Board (ITAB) to provide technical advice to the NBS composed of international experts. The NBS has also benefited from international methodological support at all phases of census.

UNFPA planned funds for the necessary communication campaign (which was not used by NBS); and training by NBS for field staff responsible for collecting PHC data. A Training Coordinator position was created to assist NBS in conducting trainings for all enumerators. The only non-partisan communication campaign was conducted by National Youth Council of Moldova (CNTM) aiming to increase citizens' understanding of the PHC processes.

A Post-Enumeration Survey (PES), meant to measure the census coverage and data collection process, conducted for the first time in Moldova, was conducted based on mobile teams' methodology. An international consultant on PES has provided specific technical assistance to NBS at all stages of PES in order to implement international census recommendations.

In 2014, a three year Concept Vision on Population and Development was developed by UNFPA in order to strengthen its interventions in line with corporate priorities and national situation in the field of population and development which included three key components: demography, ageing and data.

Research on population and development involved several implementing partners, including the Demographic Research Center (DRC) and HelpAge International. The DRC developed in 2014 extensive research on the ICPD agenda after 20 years of implementation by the Republic of Moldova. In alignment with UNFPA CO Conception Vision, since 2015, the DRC has launched new research products which are expected to facilitate linkages between academia and policy makers – three Annual Demographic Barometers on Population, Youth and Ageing and Policy Papers. In 2015, Demographic Barometers analyzed the (1) actual population number based on research assessment; (2) Youth, and, (3) Quality of Life of Elderly – all of them were presented and analyzed at the meetings of the National Commission on Population and Development. Two policy papers developed by DRC on (1) Adolescents pregnancy, and (2) Healthy Life Expectancy were discussed with relevant stakeholders from civil society and government.⁸⁰

There is a common understanding among key stakeholders that recommendations and findings of both Demographic Barometers and Policy Papers should be used in building Government's evidence-based and people-centered approach in the area of population and development. Capacity building support of the academia community and DRC was provided by UNFPA Regional Office and the Charles University in Prague and High School of Economics (Moscow) and through UNFPA Moldova CO financial support for sharing national knowledge and expertise at the regional and European trainings and conferences on demography.

In a joint partnership between HelpAge International and DRC research on elderly abuse has been conducted with participation of experts, the elderly people, and other stakeholders⁸¹ and main findings were presented jointly with World Bank in November 2015 and discussed by the members of the National Commission on Population and Development.

Assessments and initiatives on demographic security supported by UNFPA were developed during the CP which contributed to identification of the demographic security problems and needs and recommendation of the relevant interventions. The UNFPA-UNDESA research "*Assessment of Data on Families in the Republic of Moldova*"⁸² reviewed the Legal Regulatory Framework on Family Policies and the Available Data on Family in Moldova and identified and mapped the family data providers and

⁸⁰ Demographic Barometer "Health Life Style Expectancy– an integrated indicator of Population Health", Olga Gagauz, Cristina Avram, 2015; Demographic Barometer "Quality of life of the elderly", Anatolii Rojco, Olga Gagauz, 2015 and Demographic Barometer "Population data" Olga Penina, 2015

⁸¹ Research "Breaking the silence: Elder abuse in the Republic of Moldova", DRC, HAI, UNFPA. 2015

⁸² Report on the Assessment of Data on Families in the Republic of Moldova, Valentina Bodrug-Lungu, 2015

offered recommendations on data collection and analysis. The key recommendations were used by the MoLSPF for analyzing the opportunity for development of a National Action Plan on Family Policies.

The **Establishing Master's Degree Programmes** aimed to develop a master's degree programme on demography with the Moldovan Academy of Economic Studies, as Moldova was previously lacking a Master's of Arts (MA) in Demography. Similarly, joint UNPFA and UNDESA support was provided to develop a curriculum for the MA on Family Counselling within the Moldovan State University.

Advancing the Road Map on Ageing and Mainstreaming ageing methodology interventions were developed based on the strategic recommendations of the Road Map on Ageing (2014). In 2014, UNFPA with HelpAge International (HAI), and in partnership with the Ministry of Labour, Social Protection and Family (MoLSPF) and UNDESA support, developed the *methodology on "Mainstreaming Ageing in Public Policies"*⁸³, highlighting the ageing perspectives particularly establishment of ageing relevancy, identification of the causes of ageing inequality, amendment of the results framework and building an effective implementation framework.

UNFPA and HAI also promoted the ICPD agenda by advancing the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy, particularly boosting the implementation of the Roadmap on Ageing and promoting active ageing by supporting a peer to peer initiative among older persons, as well as by gathering data on the vulnerability of the elderly for a more relevant policy response.⁸⁴ Additionally, HAI assessed the needs of CSOs working with the older persons, and based on the results of needs assessment it provided capacity building support and created an advocacy network on ageing. It organized public awareness campaigns on elderly issues in order to facilitate communication between different stakeholders in implementation of the Roadmap on Ageing and especially in implementation of those recommendations coming up from the mainstreaming methodology.

4.1.2 Consistency between the programmatic areas and the priorities put forward in the UN Partnership Framework and in UNFPA strategic plans

The objectives and strategies of the programmatic areas of the 2nd Country Programme are consistent with the priorities put forward in the UN-Moldova Partnership Framework (UNPF) "Towards Unity in Action" for 2013-2017 and the global UNFPA strategic plans.

The UNFPA 2nd Country Programme was fully integrated with the process of developing and implementing the UN Partnership Framework (2013-2017) starting in 2011 with a *Country Analysis – UN Moldova* which involved input from 16 UN Agencies, including UNFPA. The United Nations' priorities in Moldova are outlined in the UN-Moldova Partnership Framework "Towards Unity in Action" 2013-2017, which is put into practice through a common action plan. The Action Plan translates the Partnership Framework into practice, capturing how UN agencies work with national and international partners to harmonize and enhance the coherence of UN actions.⁸⁵ Management of UNPF results is handled through a comprehensive framework and for most indicators, baselines have been ascertained.

The UNFPA 2nd Country Programme is consistent with priorities put forth in the UNPF and has contributed the ICPD perspective inherent in the relevant UNPF plans. The UNPF received a mid-term review in 2015 and the results matrix was revised. UNFPA advocated for addition of an indicator on gender based violence, among others. The UNPF results framework is tracking at least 15 indicators directly related to the UNFPA mandate and the ICPD goals:⁸⁶

Pillar 1: Democratic Governance, Justice, Equality and Human Rights

1. 2014 Population and Housing Census undertaken successfully, providing reliable and credible data for policy formulation
2. Women representation in decision-making positions
3. Human rights and gender analysis of draft laws in Parliament
4. Number of protection orders issued by courts for victims of domestic violence effectively implemented by police and other relevant authorities (new indicator)

⁸³ "Mainstreaming Ageing in Public Policies." Practical guide for policy makers. Alexei Buzu, 2015

⁸⁴ The National Bureau of Statistics uses 3 age ranges for older or elderly persons: 50 -64; 65- 79 and 80+, but there is no formal definition.

⁸⁵ UNDP Moldova website

⁸⁶ UN Partnership Framework (2013-2017) Mid-term evaluation, October 2015, Revised Results Matrix

5. Number of strategies and policies, in particular sector strategies that effectively mainstream human rights, including child rights and gender equality.
6. Curriculum modules covering or substantially mainstreaming human rights, including child rights and gender equality incorporated in mainstream education and training
7. Increase in quality of human rights and gender equality reporting by media, including social media

Pillar 2: Human Development and Social Inclusion

8. Percentage of youth 15-24 years old who benefit from Youth Friendly Health Services in locations where such services exist
9. Percentage of women and men aged 15-24 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse
10. Number of abortions among adolescents 15-19 years old
11. Percentage of individuals belonging to key populations who are covered with HIV prevention services in the last 12 months
12. Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission (new indicator)
13. Population with health insurance to ensure access to care (including to primary health care), disaggregated by urban/rural, sex, income quintile, education, geographical area (if available)
14. Policy recommendations in place to improve adequacy and coverage with minimum income security, notably of excluded groups (new indicator)

Pillar 3 – Environment, Climate Change and Disaster Risk Management

15. Share of health facilities with an increased level of resilience to disasters and with health personnel having skills in public health and emergency management and disaster response planning and preparedness in place⁸⁷

In terms of the **UNFPA Strategic Plan (2014-2017)** business model, Moldova is considered a “pink” country with low middle income where an emphasis is given to upstream advocacy and policy dialogue to shift national laws and policies, and capacity development to strengthen national and civil society organizations.⁸⁸ As such, the Country Programme has shifted away from service provision. This is apparent in the discontinuation of provision of contraceptives and the focus on contributing to national policies on SRH, adolescents and youth and GE. UNFPA has continued to invest in knowledge management through studies and mapping primarily as a means of designing well targeted interventions. As per the goal of the Strategic Plan, the extent of UNFPA investment in knowledge management is likely to decrease.

The UNFPA Strategic Plan (2014-2017) for **Reproductive Health** globally places emphasis (20% each) on reduction of the adolescent fertility rate, reduction of the maternal mortality ratio, proportion of demand for modern contraception satisfied, and proportion of births attended by skilled birth attendants for the poorest quintile of the population. Gender inequality index indicators were weighted at 15% and HIV prevalence in 15-24 year olds given 5%. Moldova has a low total fertility rate, low maternal mortality ratio and high level of participation in skilled deliveries. Although there has been progress in the coverage of pregnant women by antenatal care services, the MDG target on antenatal care has not yet been achieved.⁸⁹

In Moldova, UNFPA places programmatic focus at the advocacy and policy level, as well as capacity development to integrate SRH into primary health care and GBV interventions and on strengthening the health system response to SRH morbidities such as cervical cancer. Although Moldova has the 2nd highest secondary infertility in the world at 21.2% (1 in 5 women who have already had one child are unable to have another), there is no specific intervention to address this issue. Sexually transmitted infections (STIs) can be responsible for up to 30%-40% of infertility cases. UNFPA places emphasis on reduction of STIs since Moldova has the highest rate in the UN Economic Commission for Europe (ECE) region of STIs.

The UNFPA Strategic Plan (2014-2017) highlights **Population and Development** as an important area of work for UNFPA. The support provided to the preparation and analysis of censuses and other population-based surveys is a critical means of ensuring that women, adolescents, and youth are at the center of sustainable development policies. Support for the Population and Housing Census (PHC) in Moldova in 2014 consisted primarily of building capacity of national statistical institutions, particularly the National Bureau of Statistics (NBS).

⁸⁷ The CO has contributed to strengthening the disaster response in the past country programme but in the 2nd Country Programme, there were no direct contributions to Pillar 3 nevertheless it is relevant to UNFPA mandate and the ICPD

⁸⁸ UNFPA Strategic Plan (2014-2017) and annex – Funding Arrangements, annex 3 Business model

⁸⁹ UN Partnership Framework (2013-2017) Mid-term evaluation, October 2015, Revised Results Matrix

The UNPF Mid-Term review remarks that while the Census was undertaken in May 2014 and the methodology for the questionnaires met international standards, the delay in full data processing has left a gap in terms of using accurate data to develop and monitor policy and ensure that results impact people's lives.⁹⁰

Mainstreaming of human rights and gender equality. Respect for human rights is a principle that underpins all of UNFPA work. A human rights-based approach can be seen in UNFPA Moldova objectives to ensure that family planning services are free of coercion or that HIV and AIDS interventions are stigma-free. The promotion of gender equality is another central principle of UNFPA work. It is both a key programmatic area for UNFPA – there is an outcome dedicated specifically to it – and a cross-cutting approach that influences all interventions. For example, the focus on gender equality in Moldova manifests in an emphasis on ensuring that SRH services are provided in a gender-responsive manner. Key informants noted that although attention is given to human rights and gender equality in the planning documents, mainstreaming in the CO and in the UN and among development partners is still too weak and gender equality and human rights are still not totally mainstreamed.⁹¹

Integration of gender equality is clearly seen in the design of the Country Programme. The UNFPA Gender Equality Marker Worksheet was used in the design of the Country Programme and during the formulation of the interventions in the annual work plans. Gender equality and women's empowerment are intrinsic parts of the **SRH programmatic area**, especially regarding women's reproductive health rights but have also been inclusive of male sexual and reproductive rights through interventions to address the impact of sexually transmitted diseases on males and promotion of equitable use of SRH including family planning services.

Gender equality and women's empowerment are mainstreamed in the **GE programmatic area** although focus has been more concentrated on response to GBV rather than prevention or the full spectrum of gender equality human rights issues. While the strategic plan promotes focus on women and girls, focus on male roles may require greater attention to evoke societal changes.⁹² The CO had taken steps in the previous CP to extend the concept of gender equality to address male perpetrators of violence with establishment of a counselling center in Drochia, which remains a well-functioning model but has not been replicated. The balanced gender perspective is thus limited in this respect. The **P&D programmatic area** focuses on mainstreaming gender equality concerns and the rights of various categories of the marginalized through identifying them in data collection, data analysis and data use in policy making. A key goal of the P&D is to ensure that gender disaggregated data is available for policy and programme planning.

UNFPA global focus on **adolescents and youth** is demonstrated in the study *"The Power of 18 Billion – Adolescents, Youth and the Transformation of the Future"*, 2014. The two UNFPA Strategic Plans spanning the CP included separate outcomes for adolescents: (2008-extended to 2013) Outcome 2: *Young people's rights and multi-sectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend*; and (2014-2017) Outcome 2: *Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services*.

UNFPA Moldova has shown strong support for the rights of adolescents and youth, devoting increased human and financial resources to the programmatic area. This strength is particularly reflected in support for Y-PEER in previous years and in developing excellence in practice and for the Ministry of Youth and Sport in youth policy development and implementation. Moldova case studies drew regional and global attention in the UNFPA EECARO publication *"Youth Participation in Policy Dialog and Participation – Good Practices from Eastern Europe and Central Asia"* (2009-2011 examples). UNFPA Moldova presented two examples of good practice (out of a total of 11), on strengthening the Y-PEER network, and development of the Youth Law by and for young people.⁹³

Another reflection of the strength of the UNFPA Moldova strategic approach to development of adolescents and youth is demonstrated in the **concept note on Adolescents and Youth** (2013)

⁹⁰ Ibid.

⁹¹ Key informant interviews, April 2016

⁹² Key informant interviews, April 2016

⁹³ "Youth Participation in Policy Dialog and Participation – Good Practices from Eastern Europe and Central Asia", EECARO, 2012

which is structured on the five pronged approach of the Global UNFPA Strategy on Adolescents and Youth and outlines for each: the reason to invest, the situation analysis and bottlenecks, main interventions and expected results.

Several studies and surveys supported by UNFPA and other actors such as: Global Fund for AIDS, TB & Malaria Prevention; UNICEF; UNDESA; Swiss Agency for Development and Cooperation (SDC) and WHO have been conducted in Moldova on adolescent and youth issues in: HIV and AIDS, youth development, health behavior in school-aged children, and other sectors, which contributed to identification of the gaps, problems and needs of youth and adolescents, as well as provided relevant and tailored strategic and operational recommendations. Relevant examples include: *Evaluation Report of the National Youth Strategy 2009 – 2013*⁹⁴; *Knowledge, Abilities and Practices (KAP) Assessment on HIV/AIDS issues of the Youth*⁹⁵; *Health Behavior in School-aged Children (HBSC) Study*⁹⁶ and Multiple Indicator Cluster Survey (MICS) 2012: *Monitoring the situation of children and women*⁹⁷ and “Demographic Barometer: “*Situation of Youth in RM from Goals to opportunities*”.⁹⁸

Triangular cooperation and inter-regional exchange of expertise. One particular area of upstream work which UNFPA strategic plans promote is increased involvement in triangular cooperation, or development partners working with a recipient country to help another recipient country, as well as sharing regional expertise. The UN Partnership Framework Action Plan acknowledges the dynamic development context and the Republic of Moldova’s progress towards its European Union integration objectives. It states that the Government of Moldova and the UN endeavor to promote progress towards the agreed results through supporting improvements in evidence-based policy making.⁹⁹ Key informants have stressed the need to align the country’s institutional standards with those of European Union and to ensure exchange of expertise.¹⁰⁰

A substantial number of examples of regional exchange of expertise and triangular cooperation exist, some are mentioned on the table below. Although there are a large number of experiences, there are few examples documented of the effects of the cooperation and how it has benefited the target groups in Moldova. Further, follow-up on many of the experiences in terms of capacity building needs strengthening.

Table 2. Examples of Triangular and Regional Cooperation

Triangular and Regional Cooperation	Participant/s	Organizer	Location
2013			
Capacity building of demographic community	4 professionals	HSE Moscow and EECARO	Antalya, Turkey
Two-week Core Course International Program for Development Evaluation Training (IPDET) - the results-based management including M&E was analyzed by the CO	One UNFPA staff member and head of M&E department of the Ministry of Health	EECARO, Carleton University and the World Bank	Two week course Carleton University, Ottawa, Canada
Reproductive Health: i) Moldova – Uzbekistan: Advanced training on essentials of health promotion/ communication with focus on RH and FP for	Specialists of MOH's provincial level health institutions and health NGOs in Uzbekistan	UNFPA Moldova and Uzbekistan	Uzbekistan
Youth: Moldova-Turkmenistan: Moldova assists Government of Turkmenistan in capacity development	National specialists of the Youth Organization in promoting youth engagement and empowerment, including developing Youth Law	UNFPA Moldova and Turkmenistan	Turkmenistan

⁹⁴ Evaluation Report of the National Youth Strategy 2009 – 2013, Eduarad Mihalas, Angel Dumitrasco (UNFPA 2013).
⁹⁵ Knowledge, Abilities and Practices (KAP) assessment on HIV/AIDS issues of the Youth (15-24 years), CBS-AXA (2012).
⁹⁶ Health Behavior in School-aged Children study: *Growing up unequal: gender and socioeconomic differences in young people’s health and well-being*, WHO (2013/2014).
⁹⁷ Multiple Indicator Cluster Survey (MICS) 2012: “*Monitoring the situation of children and women*”, National Centre of Public Health of the Ministry of Health, UNICEF, SDC, WHO (2014).
⁹⁸ “Demographic Barometer: “*Situation of Youth in Republic of Moldova from Goals to opportunities*”, Maria Buciuceanu-Vrabie, Irina Pahomi, (2015).
⁹⁹ UN Partnership Framework Action Plan (2013-2017), page 14
¹⁰⁰ Key informant interviews, April 2016

Triangular and Regional Cooperation	Participant/s	Organizer	Location
2014			
Study tour for the medical personnel of the victim support rooms to study advanced practices and effectiveness in addressing GBV by health sector, including cooperation of the health sector with other state and non-governmental sectors	10 participants from Tajikistan	UNFPA Moldova and EECARO	Moldova
Improve quality of care of SRH services through harmonization and institutionalization of national guidelines; provide an update of knowledge of guideline development and implementation and of clinical audit to ensure consistency in delivering the Regional Programme	Four professional staff from Moldova	UNFPA Moldova and EECARO	EECARO
Regional training course on Clinical Guidelines in SRH on institutionalization of, development/adaptation and implementation of national guidelines and utilization of consensus-driven, evidence-based practice guides.	Armenia, Azerbaijan, Belarus, Moldova, Turkmenistan and Ukraine	EECARO, UNFPA Moldova and Reproductive Health Training Center from Moldova	Moldova
2015			
Study tour on learning good practices and lessons on regionalization of perinatal and maternal health services	6 health professionals from Turkmenistan and one UNFPA staff from Turkmenistan CO	UNFPA CO Turkmenistan and UNFPA CO Moldova	Moldova
Regional Training course on Clinical Guidelines in SRH on institutionalization of, development/adaptation and implementation of national guidelines and utilization of consensus-driven, evidence-based practice guides.	Armenia, Azerbaijan, Belarus, Moldova, Turkmenistan and Ukraine	EECARO, UNFPA Moldova and Reproductive Health Training Center from Moldova	Moldova
2016			
Study Visit of local OB&GYN Professionals from Abkhazia, Georgia to Moldova	Three health professionals from Georgia	UNFPA CO Georgia, UNFPA CO Moldova and UNFPA IP "Artemida" from Moldova	Moldova

4.1.3 Consistency between the country programme and the Government policies, strategies and guidelines, both national and sectorial

The objectives and strategies of the Moldova Country Programme are consistent with Government policies, strategies and guidelines, the MDGs, and are planned with sufficient knowledge of the sub-national structures and stakeholders in the selected areas.

The RETHINK MOLDOVA presents the vision of the Government of the Republic of Moldova for achieving its five pillar reform priorities: European integration, economic recovery, rule of law, administrative and fiscal decentralization and reunification of the country – Priorities for Medium Term Development. This document was in effect from 2009 to 2013.¹⁰¹ The Government of Moldova national development priorities as reflected in the national development strategy "Moldova 2020" are to increase the budget coverage of adequate policies as a result of accelerated economic development in focal areas.¹⁰² The areas of reproductive health, gender based violence, adolescents and youth, and population and development are not fully covered, in policy, planning or in budget. However, relevant areas are the pension system and efficiency of justice.¹⁰³

¹⁰¹ Country Office Annual Report, 2013

¹⁰² Focal areas of Moldova 2020 are: 1. Aligning the education system to labor market needs; 2. Increasing public investment in the national and local road infrastructure; 3. Reducing financing costs by increasing competition in the financial sector; 4. Improving the business climate; 5. Reducing energy consumption; 6. Ensuring financial sustainability of the pension system; and, 7. Increasing the quality and efficiency of justice and fighting corruption

¹⁰³ Key informant interviews, April 2016

Planning, implementation and monitoring of interventions by UNFPA Moldova are undertaken in coordination with partner ministries and consulting with national NGOs and consultants as much as possible. With its partners UNFPA works through central, local, and community based mechanisms.

The **Sexual and Reproductive Health (SRH)** programmatic area is strategically aligned with Government policies and strategies. National programmes have addressed some of the issues relevant to the National Reproductive Health Strategy (2005–2015), such as breast and cervical cancer.¹⁰⁴ The Order on “Abolishment of some Laws regulating Prevention and Control of HIV and AIDS” has been approved and normative acts containing stigmatizing provisions have been abolished. A modification and completion of Law Number 23 (2007) on prevention of HIV and AIDS was approved in mid-2012, fully guaranteeing the right to privacy and non-discrimination of people living with HIV and AIDS. The antidiscrimination Law of Equal Chances was adopted by the Parliament in 2012, which ensures tolerance towards the most vulnerable and stigmatized.

UNFPA partnered with the Ministry of Health and its implementing agencies such as the National Health Insurance Company to address Family Planning and cervical cancer. Curriculum development for medical staff was undertaken with the National Center for Reproductive and Medical Genetics, the National College of Medicine and Pharmacy, and the Medical State University. For the ‘HIV prevention in truck drivers’ initiative, UNFPA cooperates with the Ministry of Infrastructure and Transportation, the National Coordination Council on HIV Programme, Association for Truck drivers, and the National Education Center for truck drivers.

The interventions in the **Adolescents and Youth programmatic area** are in line with the national priorities of the Republic of Moldova, as illustrated in the National Youth Strategy (NYS) 2009-2013 and its Action Plan.¹⁰⁵ The UNFPA CP is relevant to the Youth Sector Development Strategy 2020, which reflects issues related to youth participation and youth services and targets: Youth Friendly Health Clinics (YFHC), youth workers, youth NGOs/centers, and community multifunctional centers, among others.¹⁰⁶ The NYS is focused on ensuring access of young people to education and information through 1) development of health and social protection services for young people; 2) providing economic opportunities for youth; 3) increasing participation of youth in public life and, promotion of active citizenship; and 4) strengthening the institutional capacities of the youth sector.

UNFPA interventions are also linked with the National Health Reproductive Strategy (2005-2015), especially with the Priority 3 *Sexual and RH of adolescents and young people*, which sets out sectorial strategies for health, reproductive health, youth, population and development, and gender equality.¹⁰⁷

The **Gender Equality** programmatic area is strategically aligned with the MDG goal 3 (Promote gender equality and empower women) and the follow-on SDG goals. Gender equality is included in the constitution and elaborated in the 2006 Law on Equal Opportunities for Women and Men and the Law 45-XVI on Preventing and Combating Domestic Violence. The National Programme on Gender Equality 2010-2015 establishes policy objectives on gender equality and priority actions. None of these acts operate in Transnistria region nor do the separate acts in Transnistria region have specific legal provisions on prevention and protection of women from domestic violence.

State institutional mechanisms include the Government Commission for Equality between women and men, the Division for Gender Equality and Violence Prevention Policies as part of the Ministry of Labor, Social Protection and Family, Gender Focal Points, and Gender Councils in line ministries. The Government of Moldova has acceded to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), however, there are Government reservations on some CEDAW articles. Preventing GBV is one of the major focuses of CEDAW, and UNFPA is contributing to support the Government’s compliance with the requirements.

In 2013, the CEDAW Committee indicated its concern about the slow progress of the State party’s legal reform aimed at harmonizing its national legislation with the Convention, insufficient

¹⁰⁴ The SRH-relevant strategies include: National Health Policy, 2007; Health System Development Strategy 2008–2017; National Strategy on Migration and Asylum (2011–2020); National Strategy for Prevention and Control of Non-communicable Diseases 2012–2020; National Public Health Strategy 2014–2020; Strategy of the National Referral System for Protection and Assistance of Victims and Potential Victims of Trafficking (December 2008) and, Sector Development Strategy 2012–2020. Work in progress and pending approval include: Youth Sector Development Strategy 2014–2020; Child and Adolescent Health, Development and Welfare Strategy 2014–2020 and updating the National Reproductive Health Strategy (2005 -2015) in 2016.

¹⁰⁵ Law no. 25-XVI of 03.02.2009 on the Approval of the National Youth Strategy for 2009–2013

¹⁰⁶ National Strategy of Youth Sector Development 2020 approved by the Moldovan Government (10.12. 2014)

¹⁰⁷ See the link: <http://www.ms.gov.md/?q=stiri/sedinta-evaluare-strategiei-nationale-sanatatii-reproducerii-anii-2005-2015>

implementation of laws aimed at the elimination of discrimination against women; and lack of systematic training for the judicial system on the Convention. The Committee remained concerned that women in Transnistria region do not enjoy the same equality protection as women elsewhere in the Republic of Moldova.

The CEDAW Committee also reiterated concern about the persistence of patriarchal attitudes and deep-rooted stereotypes which are root causes of the disadvantaged position of women in political and public life, violence against women and gender segregation.¹⁰⁸ The Committee was concerned about the high rate of abortion and the low use, availability, affordability and accessibility of modern forms of contraception, in particular in the Transnistria region and rural areas, which indicate that abortion is used as a method of birth control. The Committee is also concerned about the lack of educational programmes on sexual and reproductive health and rights in schools and about the lack of sex-disaggregated data and the limited access of older women to affordable health care.¹⁰⁹

In order to achieve the CEDAW recommendations, Moldova has taken actions to adjust the legal and regulatory framework to international standards to eliminate protectionist provisions. Under the terms of the Law, the gender units are the specialized institutions of the specialized central government authorities and the Law also provides for the establishment within the local government authorities of gender.

UNFPA has partnered with the Ministry of Labour, Social Protection and Family (MoLSPF), which is the central public authority empowered to develop and promote policies in the field of the equality between women and men such as the National Programme on Gender Equality 2020, including mainstreaming sexual and reproductive health. Interventions on training of police to respond to GBV were planned and coordinated with MoLSPF and the Ministry of the Interior (MoI). UNFPA with the Ministry of Health and MoLSPF has have provided support in institutionalizing SRH at the primary health care level and building capacity to protect survivors of GBV and counsel perpetrators.

The **Population and Development programmatic area** is fully aligned with the Moldovan government priorities as articulated in the National Development Strategy 'Moldova 2020' where the pension system financial sustainability directly related to population ageing is one of eight priorities. Considering the challenges of demographic evolution, the issue of ensuring demographic security became an imperative for Moldova.¹¹⁰

UNFPA contributed substantially to adoption of the National Strategy on Demographic Security in Moldova for the period 2011-2025 and its Action Plans¹¹¹ by providing tailored expertise. The demographic sector is coordinated by the National Commission for Population and Development, which is chaired by Deputy Prime-Minister and facilitated by the Ministry of Labour, Social Protection and Family (MoLSPF). The Commission brings together representatives from different ministries and government institutions, academia, NGOs and international partners such as UNFPA.

The Law No. 90 on Population and Housing Census in the Republic of Moldova (26.04.2012)¹¹², as well as the Action Plan of the Government of Republic of Moldova (2012-2015)¹¹³ is relevant to the conducting of the 2014 census. In 2014, the Government approved the Road Map on Ageing and its Action Plan on mainstreaming ageing into sectorial policies, developed jointly by UNECE with UNFPA participation and sets national priorities and interventions in the area of ageing.¹¹⁴

While Moldova has a relatively strong policy and institutional framework in the field of population and development, a sustained effort is required to turn policy into practice and to achieve actual results for people. Therefore, UNFPA under this programmatic area has partnered with several public institutions in the role implementing partners, such as: National Bureau of Statistics (in the case of Population and Housing Census), Demographic Resource Center (demographic researches), Academy of Economic

¹⁰⁸ "Concluding observations on the combined fourth and fifth periodic reports of the Republic of Moldova" CEDAW Committee in 2013

¹⁰⁹ Ibid.

¹¹⁰ National Development Strategy 'Moldova 2020'. See the link: http://particip.gov.md/public/files/Moldova_2020_ENG1.pdf

¹¹¹ National Program on Demographic Security 2011 – 2025, ex.justice.md/index.php?action=view&view=doc&lang=1&id=340745

¹¹² Law Nr. 90 on Population and Housing Census in the Republic of Moldova (26.04.2012). See the link: <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=343677>

¹¹³ Action Plan of the Government of RM. See the link: <http://www.uorn.aids.md/sites/default/files/Planul-de-actiuni-Guvern.pdf>

¹¹⁴ Governmental Decision Number 406, 02.06.2016: <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353338>

Studies and State University of Moldova (preparation of the specialists in Demography and Family Planning through establishment of the Master Degree Program in Demography and Family Planning) and Ministry of Labour, Social Protection and Family in mainstreaming of active ageing issues, accordingly with the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS).

4.2 Effectiveness in the Sexual and Reproductive Health programmatic area

To what extent did UNFPA contribute to sustainably improving access to and demand for high quality sexual and reproductive health and HIV services, especially for the most vulnerable groups? (EQ2)

Summary

Effective advocacy and coordination efforts by UNFPA have supported development of a new national programme for sexual and reproductive health and rights which aims to secure government budgetary commitments. Moldova became a UNFPA regional hub for training in developing clinical guidelines for reproductive health, which strongly connects to European standards of excellence and experience sharing with the Eastern European countries.

Effective advocacy led to the Government taking the ownership over the procurement of contraceptives for vulnerable groups from national resources. Progress has been made in developing the logistics management information system, training for decentralized purchase and distribution of contraceptives with Family Planning counseling at primary health clinics, and institutionalizing curricula for Family Planning in medical universities and colleges. Access to Family Planning has improved for vulnerable groups including youth and rural populations through decentralization of services and quality assurance, however, challenges remain for capacitating primary health staff to carry out effective counseling and to ensure stocks of contraceptives. Demand is challenged by uneven medical insurance coverage to allow access to compensated treatment, lack of transport and weak confidentiality for youth who are seeking services.

UNFPA strengthened focus on HIV in 2015 and effectively advocated for addressing transmission of HIV in long haul truck drivers as clients of sex workers which was subsequently included in the draft national AIDS strategy. Awareness of people living with HIV and drug users have been increased to realize their rights to quality sexual and reproductive health services. While progress is being made by networks of concerned groups, there are serious gaps in data showing the extent of sexually transmitted infections and strong stigmas for treatment of most at risk populations.

Effective support with government and regional partners has been critical to establishing a cervical cancer screening programme and addressing weaknesses in cytology, colposcopy, referral and follow-up, as well as changes in legislation and development of guidelines based on international recommendations. Access has been facilitated by free colposcopy services, however, screening is still voluntary and the challenge is to increase demand and follow-up on positive tests. A major constraint is poor attitudes toward health by rural women and reluctance to be tested.

4.2.1 Profile of the Sexual and Reproductive Health programmatic area

Six types of interventions are implemented under the Sexual and Reproductive Health programmatic area of the 2nd Country Programme.

Developing the new Strategy on Sexual and Reproductive Health (SRH) – The focus is on strategic planning for the next Sexual and Reproductive Health Strategy with implementing partner Reproductive Health Training Center (RHTC), under the leadership of the Ministry of Health and in collaboration with WHO, through:

- Conducting the evaluation of the National Reproductive Health Strategy 2005-2015

- Establishing a National Steering Committee on SRH to develop the new strategic document on SRH
- Supporting a series of national workshops on strategic planning

Clinical Guidelines development – The focus is on developing SRH clinical guidelines that meet international standards with RHTC and in collaboration with the Ministry of Health and UNFPA EECARO, through:

- Establishing Moldova as a Regional Training Hub for Russian speaking countries of the EECA region
- Conducting a situation analysis of the SRH guideline development in Moldova
- Developing new regulations on SRH guidelines for approval by the Ministry of Health

Strengthening SRH, including Family Planning (FP) - the focus is on building national capacity to manage the supply and distribution of modern contraceptives with implementing partner RHTC under the leadership of the Ministry of Health, through:

- An assessment of distribution and stock-out in all distribution points with recommendations for redistribution based on population need
- An evaluation of the challenges in the implementation of the logistics management information system (LMIS)
- Supporting national and regional advocacy and capacity building events promoting approval of a national action plan on providing vulnerable groups with contraceptives
- Development of the regulatory framework and the centralized purchase of contraceptives, instruments for monitoring usage and capacity development for primary health care providers
- A situation analysis to identify bottlenecks and facilitating factors in the provision of family planning
- Revision of pre- and post-graduate university and college curricula on family planning
- Integration of CHANNEL software into the electronic system for PHC providers; Seeking approval of regulation of the LMIS and capacity development on its usage
- Advocacy and communication with the public to increase social engagement on SRH and FP

Integrating SRH in services for People Living with HIV (PLWH) – The focus is on building capacity of civil society organizations to deliver integrated SRH and HIV prevention services to key populations and people living with HIV, with implementing partner Positive Initiative, through;

- A needs assessment on SRH among PLWH and psychoactive substance users (PSU) as well as a survey on the SRH services provided to these groups by NGOs
- Capacity development for organisations providing services to PLWH and PSU, such as counselling, and awareness raising among the public
- Developing service standards for SRH for selected national NGOs and a common advocacy plan and a strategy to promote equitable access and referral services

Strengthening cervical cancer screening – The focus is on integrating cervical cancer screening into national strategic documents and implementation of the screening programme under the leadership of the Ministry of Health in partnership with the National Health Insurance Company, European Association for cervical cancer prevention, State University of Medicine and Pharmacy, National College on Medicine and Pharmacy, Centre for Continuous Medical Education of the Medical and Pharmaceutical Personnel with secondary education, Irish Cervical Screening Programme “CervicalCheck” and WHO. Interventions are:

- A capacity estimate on cervical cancer screening with an 8-year plan for implementation of recommendations
- Implementation of the “National Action plan on the Implementation of Cervical Screening in Republic of Moldova for 2014-2015” and the new Action Plan for 2016-2017 Supporting establishment of a department for screening programmes at the National Health Insurance Company
- Developing new performance indicators and Standard Operating Procedures, costing the services, and targeting and conducting capacity building interventions

HIV prevention among truck drivers – The focus is on building capacity of transport stakeholders to incorporate SRH and HIV information in truck driver training, in partnership with UNFPA EECARO and in cooperation with the Ministry of Infrastructure and Transportation, the National Coordination Council on HIV Programme, ILO, Association for Truck drivers, and the National Education Center for truck drivers, through:

- Mapping programmes targeting truck drivers and establishing partnerships with stakeholders in Moldova

- Conducting a survey on knowledge, attitudes and practices among truck drivers on HIV issues

The regular resource (core-funds) for the SRH programmatic area throughout the Country Programme (2013-2017) is estimated to be \$806,000 or 35% of the total funds including \$218,000 for programme support (operations and administration) for SRH. The programmatic funds allocated from regular resources for interventions over the lifespan of the CP (with 2016 and 2017 total funds still not confirmed) are approximately as follows: Developing the strategy on SRH (\$54,000); Clinical guidelines development (\$99,000); Strengthening SRH and FP (\$105,000); Integrating SRH for PLWH (\$132,000), and Cervical Cancer prevention (\$199,000).

In addition to regular resources, UNFPA CO mobilized funds for the following interventions area: Cervical Cancer prevention (\$45,348 from the Swiss Agency for Development and Cooperation); Strengthening SRH and FP, with a focus on RHCS (\$65,000 from UNFPA Supplies); and, prevention of HIV among truck drivers (\$22,000 from UBRAF funds)

The interventions for SRH were largely carried out as planned except the planned interventions for the clinical guidelines development were postponed until 2016 due to need to focus resources on the development of the national programme on SRH in a timely manner.

4.2.2 Availability and Use of integrated SRH services including Family Planning and HIV that are gender responsive and meet human rights standards for quality of care and equity in access

UNFPA has contributed to the availability and use of integrated sexual and reproductive health services (including family planning, and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access are strengthened.

In order to increase the accessibility of Family Planning (FP) and Reproductive Health (RH) services, the National Reproductive Health Strategy (2005-2015) aimed to bring these services closer to the beneficiaries, thus defining as strategic direction their integration into the Primary Health Care.¹¹⁵ The current RH service delivery system includes a network of 47 RH centres located in Family Medicine Centres (FMC) in capital towns of rayons (districts) and the sectors of Chisinau city.¹¹⁶ The operational costs of RH offices are covered under the contract of the FMC with the National Health Insurance Company. Family Planning including contraceptive distribution was typically provided only by gynecologists in the FMC but this responsibility is increasingly being shared by family doctors at the Primary Health Centers (PHC) in rural areas.

A network of Youth Friendly Health Services is led by the Youth Friendly Health Clinic (YFHC) "Neovita" from Chisinau and includes 37 YFHC, located in the FMCs. In some rayons, the RH office and the YFHC were merged. The YFHC services include RH/FP, sexually transmitted infections (STI), mental health and preventative programs aimed to reduce risky behaviours, including drug use and HIV prevention. The RH office staff also serve the YFHC and there may be part time psychologists, narcologists and dermatologists. A structure of young volunteers support outreach activities.¹¹⁷

Developing the new Strategy on Sexual and Reproductive Health (SRH)

Based on a Ministry of Health request, in 2014 UNFPA and WHO supported an evaluation of the National Reproductive Health Strategy (NRHS) 2005-2015. The evaluation process was very consultative involving nearly 50 key informants, debates among working groups and round tables

¹¹⁵ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

¹¹⁶ Primary Health Care facilities are classified based on location, population, legal status and complexity of services. Family Medicine Centers (FMC) operate in urban areas. Health Centers (HC) usually operate in rural areas. Family doctors' offices (FDO) and health posts (HP) are subdivisions of FMC or HC, operating in rural areas. Of the 276 accredited PHC units, 5 are territorial medical associations (TMA) [*municipal PHC*], 47 are FMC and 224 are HC. Of the latter, most are located in rural settings.

¹¹⁷ "Recommendations for the introduction of the computerized logistics management information system (CLMIS) for reproductive health commodities in the Republic of Moldova" UNFPA, May 2014

which provided valuable feedback and recommendations.¹¹⁸ The evaluation produced recommendations for all 11 priority areas of implementation.¹¹⁹

The evaluation found that the **strategic directions** under the NRHS had been carefully selected, and were relevant and meant to accomplish the cost-efficiency indicators. Priorities were set on issues related to (primary and secondary) prevention, **better quality of services** by training health workers in principles of evidence-based medicine, collaboration between facilities at national level, partnership with international facilities, social mobilization and community involvement. Furthermore, the principles underpinning the NRHS were in line with international **standards on human rights and gender equity**, as well as promoting public access, lack of discrimination, and wider involvement of communities, NGOs and civil organizations.¹²⁰

In terms of **gender responsiveness**, specifically it was noted in the evaluation findings that in theory there was no gender bias in services offered. The most emphasized group by the health system to receive quality and appropriate services was adolescents and youth, both boys and girls, and the least emphasized were males and the elderly. One of the 11 priorities of the NRHS was to improve the sexual and RH of men and their active involvement in FP. In practice, private services permitted greater access, however, their location is mostly in Chisinau and service delivery exclusively by secondary and tertiary health care facilities are significant barriers to access for all men and boys. Unfortunately, no significant progress was reported in terms of public awareness and education in male SRH.¹²¹

With the MoH, UNFPA and WHO are supporting the development of the new Programme on Sexual and Reproductive Health and Rights. In 2015 the National Steering Committee on SRH was established composed of representatives of the national medical institutions, professional associations and civil society organizations to develop the new strategic document. A series of national workshops on strategic planning have been conducted for this purpose in 2015 and 2016. A draft document of the National Programme on Sexual and Reproductive Health and Rights 2020 was developed and will be finalized in 2016 (as a result of two national workshops and stakeholders' meetings).

A major lesson is that the NRHS lacked a **prioritized costed action plan**; some activities got donors attention and resources while others did not. Thus, the MoH lacked partners for some areas to support their implementation and consequently, they could not be addressed; meanwhile there were many successes such as the training of most of the MoH staff to integrate SRH.¹²² In terms of monitoring, only general statistical data was collected at MoH level while projects funded by different donors had their own sets of M&E indicators. Lack of an action plan made it impossible to define and develop specific indicators to track progress in reaching NRHS objectives.¹²³ A continuous monitoring of the new strategy is required in order to more effectively adjust activities and indicators if they are proving to be unrealistic. The new strategy will take a more pragmatic approach and stress accountability and quality.¹²⁴

As strong as a strategy or policy may be, implementation may be weak if they lack costing and financial commitments, or do not carefully define the vulnerable populations and facilitate their access in light of their rights to quality health care. The costing should detail what will be financed from the national budget; the needs requiring fund-raising from known funding sources; and needs to be met in the future once additional funding becomes available outside of the current financial provisions. When the strategic action plan is drafted, a costing exercise will be conducted and the MoH can then make financial commitments for training workshops and facilitators, among others.¹²⁵ In addition to that, it is envisaged that the new strategic document will have an M&E framework to trace the progress of results and indicators

¹¹⁸ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

¹¹⁹ The 11 priority areas of HRHS focus are: Family planning; Making pregnancy safer; Sexual and RH of adolescents and youth; Reproductive tract infections; Abortion and pregnancy termination services; Prevention and management of infertility; Prevention and management of domestic violence and sexual abuse; Prevention of human trafficking; Early detection and management of genital / breast cancer; Sexual health in the elderly; Men's sexual and RH

¹²⁰ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA, pages 8 and 9

¹²¹ Ibid.

¹²² Key informant interviews, April 2016

¹²³ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

¹²⁴ Final Evaluation report, National reproductive health strategy 2005–2015; and Key informant interviews, April 2016

¹²⁵ Key informant interviews, April 2016

In Transnistria region, key informants perceive that the RH centers have lost interest from the current administration as well as from assistance agencies like UNFPA, with the result that the staff gradually loses motivation. Transnistria region lacks an official RH strategy and needs to refine a conceptual document for an RH strategy. Furthermore, a systematic and permanent upgrading of the qualifications of doctors and nurses is currently not organized.¹²⁶

As mentioned in the relevance section of this report, Ministry of Health guidelines set out clear definition of at least 10 **vulnerable groups** who have access to free contraception, however, in practice there is confusion. The evaluation of the NRHS noted that while socio-economic vulnerabilities are mentioned, there are too many categories, many of which are not well defined.¹²⁷ Capacity development interventions in 2014 and 2015 have helped the health staff clarify the categories of vulnerable groups to include adolescents, yet identification of other groups varies across the facilities from 8 to 10 categories.¹²⁸

Integration of family planning and contraceptive services into other SRH services. Formally, such integration is provided for in regulations. Yet, in practice, it is difficult to evaluate, given the absence of practical protocols explicitly referring to contraception in the context of other RH services and systems to keep track of their enforcement. The final evaluation of the NRHS revealed that this priority builds upon the findings and recommendations of the intermediary evaluation that were not put to practice, related to the integration of STI and HIV services in the RH system, reviewing the regulations allowing for anonymous STI testing, use of rapid tests and syndromic management of cases, in particular for high-risk groups, at PHC level. An important step forward in service quality assurance was accomplished by MOH ordinance no.139 of 2010 whereby a service quality assurance system was set up. Moldova is one of the first countries in the region to approve the use of self-testing for HIV with the purchase of test kits from pharmacies in 2016. UNFPA could effectively include this possibility within its work on linkages and integrating HIV, STIs and SRH.¹²⁹

Over 1,400 family doctors have been trained in FP service delivery, but there is no data to assess the degree to which doctors and nurses deliver FP services - interviewees indicated that service was limited to counseling and condom distribution. In order to increase the accessibility of FP/RH services, the NRHS aimed at their integration into the PHC, however, at the end of the NRHS implementation, only about 19% of PHC facilities were providing FP services in 2015.¹³⁰

Strengthening SRH, including Family Planning (FP)

The RH services are structured around three levels of care and are mainly located in urban settlements. The PHCs located mainly in rural areas do not issue medical prescriptions for contraception, thus clients who do not qualify as the most vulnerable are referred to the district RH room, which may pose constraints for rural residents if they lack funds to travel and/or transportation means are seldom or at inappropriate hours. Given that 58.4% of population resides in rural areas¹³¹, it is a major barrier to access.¹³² Although the YFHC offer a variety of supporting services with confidentiality assured, youth from rural areas may face transport and timing difficulties in accessing the urban FMCs, and they are not assured confidentiality in the rural PHCs if they chose to visit a family doctor to obtain contraceptives or other RH services.¹³³ For people living with HIV and AIDS and drug users, the idea of incorporating RH and FP was new in 2013 and UNFPA supported interventions informed them that they have rights to quality reproductive health, however, they may still face some discrimination in accessing services.¹³⁴

All people, irrespective of their health insurance status, have access to PHC services. Yet, only the insured have access to compensated drugs by the National Health Insurance Company. There were no funding mechanisms devised to ensure free-of-charge STI treatment for the high-risk groups holding no health insurance policy. Vulnerable groups have access to free contraception generally provided from two sources: UNFPA donations and public procurements, and their access to free contraception is facilitated by the Action Plan for Contraception Delivery to Vulnerable Groups at PHC

¹²⁶ Key informant interviews and site visit, April 2016

¹²⁷ Ibid.

¹²⁸ Key informant interviews and site visits, April 2016

¹²⁹ Key informant interviews, May 2016

¹³⁰ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

¹³¹ Monitoring Official Development Assistance (ODA) in health in Moldova, 2013 report, WHO and MOH

¹³² Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

¹³³ Key informant interviews and site visits, April 2016

¹³⁴ Key informant interviews, April 2016

level fully covered and an MOH ordinance issued in August 2014 on collection of forecast data regarding contraception supply to vulnerable groups..¹³⁵

Clinical Guidelines development

The Moldova Country Office (CO) in partnership with UNFPA's Regional Office for Eastern Europe and Central Asia (EECARO) and the East European Institute for Reproductive Health (EEIRH) and the CO implementing partner Reproductive Health Training Centre (RHTC) developed a regional training initiative that aims to standardize and institutionalize guidelines to improve the quality of sexual and reproductive health (SRH) care in Eastern Europe and Central Asia. The course material received inputs from the Royal College of Obstetricians and Gynaecologists (UK) along with EEIRH and UNFPA.

UNFPA will support regional countries, upon their request, to roll out the training at national level with the intention of developing a critical mass of national professionals to promote the guidelines in their countries. The regional training was launched in Moldova 7-11 September 2015 attended by clinicians, health managers, and policy-makers from the region. The course received praise by participants as being well-organised with highly professional trainers and included all the issues necessary for the adaptation and implementation of the clinical guidelines.¹³⁶ The launch of the training course makes Moldova a hub for disseminating the Russian-language curriculum, targeting Russian-speaking countries of the region. (The EEIRH already offers an English-language version of the same coursework through the programme's other regional hub, in Romania.) The Russian-language courses will be offered in Chisinau through a technical consortium that consists of the Nicolae Testemițanu State University of Medicine and Pharmacy's post-graduate Department of Obstetrics and Gynaecology; the Mother and Child Healthcare Research Institute; the Association of Obstetricians and Gynaecologists; and the RHTC.

Due to effective **advocacy efforts** by UNFPA and the Ministry of Health, there is an increasing openness in Moldova among the health professionals to revising the national guidelines and linking the process to regional initiatives, as well as showing national willingness to follow EU standards and to collaborate with WHO at a regional level as well.¹³⁷ Moldova has therefore requested assistance to roll out the clinical guidelines training. Some health professionals are still resistant to new methodologies of teaching and practicing according to the previously accepted guidelines, thus continuous advocacy efforts are important.¹³⁸

Interventions were planned with the RHTC in 2015, however the work plan was amended and the interventions have been postponed until 2016, to allow the strong focus required for the development of the national programme on SRH. The expected results of the work plan with for 2016 includes: situation analysis of the SRH guideline development in the Republic of Moldova conducted and recommendations proposed and a new regulation on SRH guidelines development is approved by the MoH.

4.2.3 National capacity to deliver integrated sexual and reproductive health services, including family planning and HIV

UNFPA has contributed to strengthening national capacity to deliver integrated sexual and reproductive health (SRH) services, including family planning, supporting rights of people living with HIV, preventing HIV transmission, and promoting cervical cancer screening.

Strengthening Sexual and Reproductive Health (SRH), including Family Planning (FP)

UNFPA provides support to help the Government to initiate its own system for procuring and distributing free contraceptives to targeted vulnerable groups. Following an EECARO supported regional workshop on the road-mapping of a Total Market Approach (TMA) for sustainable reproductive health commodity security (RHCS), a national TMA action plan was developed and approved and the Ministry of Health (MoH) organized the national stakeholders' meeting on equitable access to RH commodities. The meeting brought together the commercial sector, NGOs, and public health, insurance and social protection entities to discuss the interventions for sustainable and equitable access for FP methods. The MoH made a commitment to the implementation of provided recommendations for the introduction of TMA and establishment of computerized LMIS, as well as to

¹³⁵ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

¹³⁶ <http://eeca.unfpa.org/news/regional-training-courses-srh-clinical-guidelines-launched-moldova#sthash.D9fiFZos.dpuf>

¹³⁷ Key informant interviews, April 2016

¹³⁸ Key informant interviews, April 2016; and Final Evaluation report, National reproductive health strategy 2005–2015

the revision of national legislation for the procurement of commodities from AccessRH, the UNFPA procurement and information service for reproductive health commodities.

In 2013, the Ministry of Health organized a strategic meeting with stakeholders and developed a road map on the introduction of the TMA and Computerised Logistics Management Information System (CLMIS). An assessment of the distribution and stock-out in all SDPs has been undertaken with recommendations for redistribution based on population needs. The report “Recommendations for the introduction of the computerized logistics management information system (CLMIS) for reproductive health commodities in the Republic of Moldova” was conducted in 2014. This report effectively offered various options on the CLMIS and set the stage for capacity development.

In 2015, UNFPA continued to advocate for the Government of Moldova to take over the procurement of contraceptives for vulnerable groups and to expand the supply of modern methods of contraception. The regulation on procurement and distribution of contraceptives for vulnerable groups was developed for approval by the MoH. To support national procurement systems, CHANNEL software was integrated as a separate electronic module for tracking contraceptives into the existing information electronic system for PHC developed by the MoH. The Information System Module manages the entire flow and stocks of contraceptives prescribed by physicians in the primary healthcare sector, in accordance with principles of the CHANNEL Information System. Procurement is centralized and estimates are provided by the management level of the Primary Health Care Providers to the Agency for Medicine and Pharmaceuticals, there is a tender to suppliers and winners are selected.

UNFPA supported advocacy and workshops to show the managers of PHC facilities how to estimate the needs in order to affect the indicators, and plans are to continue to cover the entire country. UNFPA supported demand generation through financial and technical means and with training materials, development of BBC materials, sensitisation through mass media, targeted sensitization to males and youth, promotion of condom use and training of community/health extension workers.

The main expected results of interventions undertaken with RHTC in 2016 includes: Regulation of the logistic system developed and approved by the MoH; 25 health professional trained in LMIS; the new strategic document on SRH and costed action plan for 2016-2020 years developed and validated by the national stakeholders and approved by MoH; at least 400 people reached (single visitors) through online articles on SRH developed and published on webpage; 40 mass media appearances on SRH issues with RHTC expertise and increase of the social engagement rate by 10%.

Capacity building for LMIS and Family Planning. The capacity of the National Center for Reproductive Health and Medical Genetics has been strengthened to improve the management of the 54 RH offices network (counting 7 in Transnistria region), including management and logistics of commodities. As part of the National Action Plan, in 2014, four one-day workshops were organized by the IP Reproductive Health Training Center (RHTC) for managers of Primary Health Care (PHC) facilities to provide evidence about the efficiency of investing in RH commodities for vulnerable groups, and to encourage more investment in contraceptives. With RHTC, work continued in 2015 and 2016 to strengthen national systems for family planning and commodity security.

Difficulties with the procurement of contraceptives from AccessRH requires changes in the national legislation on procurement. UNFPA will support the Government in the revision of national legislation for procurement. Lack of centralized distribution increases the costs for contraceptives and there are often stock-out of commodities. UNFPA will support the MoH in the development of an efficient distribution system. The decision on provision of SRH services, including FP and HIV prevention and treatment stays with each local medical institution and their managers. UNFPA will advocate will local public authorities for increased investments in contraceptives procurement. UNFPA will advocate for SRH and HIV integration in the new strategic document on SRH 2020. Other challenges are opposition by faith based organizations and pro-natal supporters for population growth, to the development and expansion of the RH services.¹³⁹

Key informants noted that while medical institutions can procure through the Medical Insurance budget all types of contraceptives for vulnerable groups, including emergency contraception, not all managers at PHC level are making RHCS procurement “due to limited funds and financial constraints”, resulting in fears on the part of health system staff in upcoming shortages. Some key informants noted that promoting ownership and capacity development for the PHCs in providing contraceptives to the vulnerable groups and reporting on FP was very late and not well timed with policy interventions and

¹³⁹ Country Office Annual Report, 2015

considering that the final tranches of UNFPA contraceptives were delivered in 2011. Because the training of family doctors was not well timed with policy level interventions to empower them, it was thought that the impact of the training was lost to some degree.¹⁴⁰

Criticism was levied at the capacity of RH staff for Family Planning in the evaluation of the NSRH (data collected in late 2014).¹⁴¹

- The methodological and training guidelines have been drafted for most priority areas under specific targeted projects funded by donors. Even if some lecturers adapted the content of their course programs for trainees to the aforesaid guidelines, some of the latter have not been formally integrated into the medical pre-service education system or in-service medical education curricula for colleges, universities or residency programs.
- The assessment indicated that university and post-university curricula mostly maintained their traditional approach. Those have not been adapted to NRHS provisions. Heightened attention was paid to certain areas, whereas others were ignored. Less attention was given to FP, STIs, specific needs of certain population groups (elderly, men) or development of communication skills.
- The selection of topics for continuous education curricula seem not to be driven by situation analysis or consultations, training needs assessment or emergence of new standards or practical guidelines. Health workers may collect the required number of credits for regular accreditation based on their own preferences.
- Even if there is clear evidence in the area of human resources of staff involvement in continuous education, healthcare facilities have neither clear-cut career development plans nor strategies for service quality assurance.

While in fact capacity development in SRH at the higher education levels had been going on for some time (since 2005) UNFPA took action to address these issues in continuation of previous capacity building initiatives. An analysis and revision took place of pre- and post-graduate university and medical college curricula on family planning. (There is one medical university in Moldova and 5 colleges.) The capacities of 16 national experts on FP were strengthened through an advanced course on FP, followed-up by trainings for 26 medical didactic staff at the Medical University and College departments. On-line regular distribution of informative newsletters on FP issues was carried out, as well as training sessions for 300 PHC providers on the WHO guidelines on contraception.¹⁴² The National College of Medicine and Pharmacy which determines the curricula for the medical universities has institutionalized the training but it is not rolled out yet to all colleges. The Medical State University, PHC department has introduced the course on FP as part of continuous medical education for family doctors but lacks the resources to produce the specialized training materials.

Key informants mentioned that UNFPA support of training for curricula development for medical universities was excellent, the trainers were strong and diverse, from other countries as well as Moldova, they received training on the topics and how to train others, and the content of the curricula was influenced through the training. Also nurses and midwives were introduced to GBV and SRH, and it is thought important that RH was highlighted separately for correct application. Some staff credit their personal professional development to the training and experience sharing over the long term since 2005, and most agree that “things have changed”.

Although counseling can be trained, a number of key informants noted that the approach to beneficiaries needs to be changed, such as the way health system staff speak to people, for example, to persuade them to change their attitudes rather than be dictatorial. The attitudes of health professionals is also challenging to change, although it is noted that doctors who were quite skeptical have slowly changed. The medical schools need to move toward competence based training, patient oriented care, for example, practice in talking to clients like young couples with empathy since as teenagers there tends to be fear of doctors.¹⁴³

Integrating SRH in services for People Living with HIV (PLWH)

In 2013, UNFPA partnered with Positive Initiative (PI), a network of organizations with a rich experience in HIV and AIDS and drug use in Moldova, with focus on MARPs (Most at Risk Populations). The network is led by men and women living with HIV, people who inject drugs and those directly affected by HIV and is supported largely by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Among the NGOs in the PI network, the various MARPs are covered by different NGOs,

¹⁴⁰ Key informant interviews, April 2016

¹⁴¹ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

¹⁴² Country Office Annual Report, 2015

¹⁴³ Key informant interviews, April 2016

including LGBT, who are the most discriminated against in Moldova, ahead of Muslims and PLHIV. With UNFPA support, Positive Initiative carried out a needs assessment on Reproductive Health among People Living with HIV (PLWH) and psychoactive substance users (PSU) as well as a survey on the RH services provided to these groups by NGOs.¹⁴⁴

UNFPA **capacity development and communications** interventions in 2014 aimed to improve institutional commitment and capacity of agencies providing services to PLWH and PSU, such as counselling, and awareness raising among the public. Interventions included development of a practical manual for counselling and referral, training, technical support and an information campaign “Car rally for life” including community meetings. In 2015, service standards for SRH were developed for NGOs and 10 national NGOs, some working under the umbrella network of Positive Initiative, were selected to participate. Ultimately the capacity development expanded to benefit 14 NGOs and their target groups.

Standards on integrated SRH services delivered by NGOs were developed and incorporated into existing manuals and regulations, with means to monitor their implementation, as well as usage of information, education and communications (IEC) materials to improve the knowledge of PLWH and PSU. Efficient referral mechanisms and partnerships were established among the 14 NGOs, including Regional Centres for PLWH, and health professionals of the RH offices and YFHC, as well as representatives of the local public administration (in Chisinau, Cahul, Comrat, and Balti and Tiraspol in Transnistria region).

As levels of knowledge on SRH were initially assessed to be very low, beneficiaries of the NGOs increased their knowledge on SRH, including family planning, through distribution of informative and education materials (for PLWH, for PSU, and for young people). In general, many PLWH and PSU were not aware that they had rights to access and use SRH services, including Family Planning.¹⁴⁵

Advocacy efforts among UNFPA and the Ministry of Labor, Family and Social Protection, toward integrating SRH in services for PLWH and other MARPs have been planned to cover state structures, however, this has not been implemented yet. The initiative includes referral to the public health institutions. There are significant challenges in reaching the UNFPA global indicator - increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF). Another aim is to develop a common advocacy plan among the NGOs and a strategy to promote equitable access and referral services.

HIV prevention among truck drivers

Through the Regional Silk Road Initiative (involving Moldova, Turkey, Ukraine, and Georgia), the “HIV prevention among truck drivers” UNFPA effectively improved knowledge and created the basis for future interventions to strengthen HIV prevention in Moldova. Partnerships were initiated with governmental transport associations in Moldova and cooperation was also established with ILO for this intervention and with civil society organizations and target groups. A Reference Group was formed with the support of UNFPA and ILO which included governmental partners Ministry of Transport and Road Infrastructure, National Agency for Transport Auto, Union of Road Transporters and Road Workers in Moldova, International Association of Auto Transporters of Moldova, Training Centre of Staff for International Transportation, health and education, Governmental Structures, and NGOs active in HIV prevention as well as other development partners. UNFPA has also effectively advocated for inclusion of this initiative in the draft National AIDS Strategy. This intervention lacks indicator(s) in the CO results framework, which should be developed for ongoing work to assess progress towards results.

The assessment report “Environmental Scanning, HIV Prevention among Truck Drivers as Clients of sex workers, Republic of Moldova”¹⁴⁶ effectively covers the HIV situation and the nexus with commercial sex work and the national response to the HIV and AIDS epidemic. It maps out previous programmes targeting truck drivers, transport operators, main border crossing and rest points, and current educational programmes in city centers and along the trucking routes. It also identifies the main actors and state regulations.

¹⁴⁴ Services in the sphere of sexual and reproductive health for PLWH and PSU: availability, awareness and needs, Vasile Canatarji, Initiativa Positiva, (Positive Initiative), 2013

¹⁴⁵ Key informant interviews, April 2016

¹⁴⁶ Report on Environmental Scanning, HIV Prevention among Truck Drivers as Clients of CSW (commercial sex workers), Republic of Moldova, Silvia Statulat, consultant to UNFPA Moldova, 2015

The report provides comprehensive recommendations and was followed up by a visit by the UNFPA regional advisor on HIV in September 2015. The aims were to evaluate opportunities for future development of UNFPA interventions for key population and advance the agenda on HIV prevention, particularly on SWIT presentation (Sex Worker Implementation Tool) and MSM (Tool on Implementing HIV and STI Programmes with Men who have Sex with Men). During the mission, meetings with key population, stakeholders, and organizations involved in providing services to target groups as sex workers, people who inject drugs, people living with HIV and MSM were organized.¹⁴⁷

A follow up visit from the regional expert is planned for 2016 to work closely with community organizations and local health service providers. The follow up mission will focus on discussions with service providers and community members on their priorities, needs, and advocacy required with the government and other partners. This may include a consultation meeting bringing the community, NGOs, and government together to discuss implementation. A key issue emanating from the regional advisory services is the need for the Country Programme to more strongly address the incidence and prevalence of sexually transmitted diseases as Moldova has the highest level in the region among the general population, adolescents and youth and sex workers.¹⁴⁸

The survey on knowledge, attitudes and practices among truck drivers on HIV issues was conducted with oversight of the Reference Group; the results will be presented at the national level to the stakeholders and Government as a tool of advocacy and design of further interventions (conceptualizing training modules, introduction of the module in the professional training programs, developing information materials) towards prevention of HIV among drivers and key populations and as a tool for advocacy. The survey reflects the following issues: current knowledge and attitudes towards HIV and other sexually transmitted infections (STIs), behaviour patterns and sexual practices (especially with regard to sex workers), age, mobility patterns, workload and level of education of truck drivers, alcohol and drug use, perception of risks related to HIV and STIs, condom use, desirable/preferred ways to receive prevention information and messages.

With regard to integration of SRH and HIV and HIV and STI prevention, key informants point to clear needs for continuous advocacy and strategic planning.¹⁴⁹

- Statistics do not show the true extent of the STI situation, many people (estimated 40%) do not know their status with regard to being HIV positive or STI positive and there is a late detection of new cases
- Data from Transnistria on HIV and STIs is not readily available or accessible, but there are indications that channels of communication may become more open to information exchange on STIs
- The stigma of the health system treatment for PLWH and sex workers is still a huge constraint, there are an estimated 2,000 sex workers and 25% of them are 15-24 years of age
- Men who have sex with men (MSM) are underserved in terms of communications and affirming their SRH rights
- Sustainability of interventions is not strong due to need for developing standards and regulations for PSU; A long term perspective is lacking in terms of accreditation for NGOs so they can be paid from the state budget; There is a new National Programme on HIV but it is only in draft
- The level of effort is currently insufficient or too piecemeal to address HIV and STIs and joint programmes could make more of an impact
- Global and regional experience on HIV, STI and key populations could be more greatly utilized in Moldova.

Strengthening Cervical cancer screening

In 2013-14, using national expertise and linking with European partners (e.g. the European Cervical Cancer Association), UNFPA Country and Regional Offices assisted Moldova to examine the response to cervical cancer and design a national plan to enhance health services and improve cost-efficiency and coordination. The “Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova” provided a basis for recommendations for the implementation of a national cervical cancer screening program.¹⁵⁰ Through combined efforts of UNFPA, parliamentarians, the Ministry of Health (MoH), National Health Insurance Company (NHIC),

¹⁴⁷ UNFPA Travel Report, Jennifer Butler, Senior Advisor on HIV, EECARO, 20-24 September 2015

¹⁴⁸ Ibid. and key informant interviews, May 2016

¹⁴⁹ Key informant interviews, April 2016

¹⁵⁰ Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova, Philip Davies and Diana Valuta, Chisinau, February 2014

the Institute of Oncology and practitioners, an action plan was developed reflecting the comprehensive processes required based on models from European countries.¹⁵¹

In 2014, as a result of extensive **advocacy** through a series of stakeholders' meeting and workshops, the "National Action plan on the Implementation of Cervical Screening in Republic of Moldova for 2014-2015" was approved by the MoH and the National Health Insurance Company, which includes interventions for building the capacities for PHC, colposcopy services and cytology. The implementation of the Plan was evaluated during a national stakeholders' meeting in December 2015 and a new Action Plan for 2016-2018 was approved by the MoH and the National Health Insurance Company. The Department for screening programmes was established which took the overall responsibility on the monitoring of the cervical screening programme.

In 2015, the **Standard Operating Procedures** for screening services (Pap smear collection, cytology and colposcopy services and pre-cancerous lesions treatment), based on international guidelines, were developed and approved by the MoH Order no. 533. As a result of continuous advocacy, all women regardless of their insurance status now receive colposcopy services free of charge. The **cost of the screening services** for all three levels of care (PHC service cytology, colposcopy service) was estimated and recommendations for reorganizing screening services were developed.

Multi-level and multi-focus **capacity building** interventions targeted staff of the National Health Insurance Company and other health system staff to increase their capacities in on cervical cancer screening: (1) a national team of 20 experts was built with the Irish Cervical Cancer Screening Center; (2) curricula on cervical screening was adjusted to the Moldova context; (3) 100 regional PHC providers trained as focal point for cervical cancer screening. Increasing capacity on colposcopy included: (1) Evaluation of the colposcopy services and formulating recommendations for improving/reorganizing the colposcopy service were developed; (2) supporting certification in colposcopy received by a national trainer provided by University of Rome; (3) targeting 16 health professionals to increase their skills and knowledge in colposcopy.¹⁵² New performance indicators have been developed and approved and 32 staff of the National Health Insurance Company increased their capacities in monitoring of performance indicators on cervical cancer screening. As a result of evidence-based advocacy, the national legislation on age and frequency for screening was adjusted according to international recommendations.

For 2016, strong collaboration among agencies is directed toward increasing capacities of 300 PHC service providers on cervical cancer screening with the support of Swiss Agency for Development and Cooperation. Under the leadership of the MoH, and in partnership with the National Health Insurance Company, other partners include the European Cervical Cancer Association, State University of Medicine and Pharmacy, National College on Medicine and Pharmacy, Centre for Continuous Medical Education of the Medical and Pharmaceutical Personnel with secondary education, Irish Cervical Screening Programme "CervicalCheck", UNFPA and WHO.

Communications – in 2013, UNFPA with IP Reproductive Health Training Center (RHTC), printed awareness raising materials on cervical cancer prevention to be distributed to the general population during awareness raising campaigns. UNFPA has worked to create demand generation by messages disseminated through all IPs. There was a European Week of Cancer Prevention and flash mobs were used to tell the human story. UNFPA has used rights based approach messages, telling women they have the right to be protected from cancer, and urged "savings on prevention". A human story video on cervical cancer prevention was produced by the UNFPA which was offered for distribution to national partners and healthcare institutions during the European Week on preventing Cervical Cancer in Moldova (January 2016).

Key informants agreed that UNFPA, with regional and national partners, has played a critical role in advancing cervical cancer screening and through use of international expertise has enlightened national experts and shifted the perspective of the national institutions. Whereas there was little focus on this issue since 2009, UNFPA has helped to promote a structured evidenced-based approach which has a high likelihood of sustainability. Great milestones were achieved in development of the action plan, costing and securing free colposcopy services.

A number of serious **challenges** remain, particularly in terms of shifting the system, and attitudes of the service providers, to one of prevention and early detection at the community level. From a health

¹⁵¹ Country Office Annual Report, 2013

¹⁵² Country Office Annual Reports, 2014 and 2015

system service delivery point of view, the responsibility ultimately falls to the PHC and the family doctor and nurse to prevent the disease through the screening, referral and counselling processes. Whereas oncologists mainly working at central levels where cytology is performed, were in the driving seat regarding cancer diagnosis and treatment, the strategic direction involves strengthening the system at decentralized levels. Key informants noted that while all stakeholders are completely involved in planning, the coordination between UNFPA and WHO regarding the evolution of roles in the health system is not strong enough and causes confusion among stakeholders, such as the need for strong support from both UN agencies regarding the roles of health system staff, particularly the transfer of responsibility for screening and follow-up to the PHC.¹⁵³

Efforts at the community level require community outreach to locate women who should be tested and then to report their test results. The National Health Insurance Company has done a great deal of work to prepare a concept of a **registry system** for approval at ministry level, which will take time. Site visits indicated that gynaecologists and family doctors are already keeping track of women who have been tested using structured forms (however, testing is still voluntary on the part of women who chose whether to access the offered services).¹⁵⁴

The Action Plan for 2016-2018 focuses on improving services at three points: the PHC, cytology and colposcopy. There remains a great capacity gap in cytology and colposcopy. There are 24 labs with widely varying degrees of quality. Cytology is generally not done at the FC level but the cervical smear goes to a central lab, results may take 3-4 weeks, which is a long time for women to wait. There are more than enough colposcopes in Moldova (54), however, the quality of inspection and lesion excision may vary and may not be adequate to stop abnormal cell growth.¹⁵⁵

Many experts think Moldova needs to change from the Romanofsky method to the (Pap) technique; for example, Georgia has changed to the Papanicolaou. However, it is not as simple as switching the technique. A potential problem is the majority of cervical cytology in Moldova is processed using the Romanowski technique and its use for this purpose is largely restricted to the countries of the former Soviet Union. Elsewhere in the world, including Western Europe, the majority of cervical cytology is processed using the Papanicolaou. This is an important point as the two techniques use different processes and interpretations so laboratories specialised in one technique would not be able to effectively train cervical cytology screeners from laboratories using the other technique.

Moldova would need to switch to the Papanicolaou technique to take full advantage of partnerships with Western European cervical screening programs, while remaining with the Romanowski technique would restrict opportunities for laboratory technical training exchanges to countries of the former Soviet Union where most of the cervical cytology services are similar to or worse than the services in Moldova. An additional consideration with switching to the Papanicolaou technique is the laboratory processing is completely different so costs would be incurred for the purchase of laboratory equipment and the renovation of facilities. However, these costs are not substantial and a proportion of these costs would be required for updating the laboratory network regardless of which technique is being used.¹⁵⁶

From the perspective of **access and usage** of the services, among the women who present themselves to be screened, the follow up by women on positive tests is very low, only 30-40%.¹⁵⁷ It is thought that one reason is fear of being diagnosed with cancer; others may be the complexities involved with further testing and treatment, located mainly in city centers, as well as the costs. The main priority is the importance of the PHC in counselling and convincing women to be tested and then in supporting them if their test is positive.

Family doctors and nurses at the FCs express concern that social conditions influence health seeking behaviour and the PHC has difficulty in dealing with trying to change attitudes and behaviors, especially in the rural areas. Women at high risk who do not come for screening or do not report for follow-up on positive tests may be very poor, alcoholics or subject to gender based violence, and for some women, they do not personally care about their health. Another group of concern is the women

¹⁵³ Key informant interviews, April 2016

¹⁵⁴ Key informant interviews and site visits, April 2016

¹⁵⁵ Key informant interviews, April 2016

¹⁵⁶ Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova, Philip Davies and Diana Valuta, Chisinau, February 2014

¹⁵⁷ The screening age was changed from 25-62 to 26-61 years – and once in three years, it used to be once in 2 years but once in five is too long, this is a budgetary cost efficiency thing as well (key informant, April 2016)

migrants who go to Europe or another country for employment and periodically return to Moldova. They face some discrimination in the Moldova health services and may avoid screening and/or may not receive it in the country of their employment due to the costs.¹⁵⁸

Other key areas for improvement and continued advocacy and communications were mentioned by key informants:

- The most effective way to speed progress in screening and treatment is to get better statistics, maybe only 50% of cancer or pre-cancer is actually detected, and secondly to follow up the women.
- There is no organized screening for cervical cancer in Transnistria region. It is believed that 50% of cases are not detected. The official mortality figures are 4.4% among all cancers, and breast cancer is higher at 9.9%. There are more breast cancer patients receiving treatment 1,090 compared to 620 for cervical cancer.¹⁵⁹
- In terms of the SDGs, universal access is a priority as a basis for moving forward on cervical cancer, as cervical cancer is the only preventable RH cancer and it is much higher in Moldova than in neighboring countries.
- There is concern that cervical cancer is ranked as non-communicable under the SDGs, in terms of some strains of the Human Papilloma Virus which is communicable being major risk factors. The Human Papilloma Virus vaccination is not yet introduced in Moldova.

Table 3. Sexual and Reproductive Health Indicators

Sexual and Reproductive Health Indicators	Baseline Target	Progress up to April 2016	Remarks
Country Programme Output indicator 1.3: Costed national SRH action plan is developed	Baseline: No (2015) Target: Yes	Draft Programme on Sexual and Reproductive Health and Rights 2020 was developed and will be finalized in 2016	An action plan will be developed and a costing exercise will be conducted
Clinical Guidelines Development for SRH	Baseline: Older guidelines Target: Guidelines revised and standardized regionally	Regional training on SRH clinical guidelines standardized regionally was launched in Moldova September 2014	Moldova is the regional training hub for Russian speaking countries from EECA region; Moldova has requested assistance to roll out the training at national level and improve national mechanism for clinical guidelines development
UNFPA contribution to national indicator: Unmet need for contraception	Baseline: 9.5%; (MICS, 2012) Target: 9.0% (MICS 2017)	9.5% (MICS, 2012)	Last UNFPA contribution to national contraceptive supply for vulnerable groups was in 2011; Transition to national procurement for vulnerable groups by local authorities in 2015; underestimations and shortages reported by key informants
UNFPA contribution to national indicator: Contraceptive Prevalence Rate (CPR): Modern Methods Baseline: (annual data)	Baseline: CPR: 41.7% for modern contraceptives out of 59.5% all types ¹⁶⁰ Target: NA	Updated data not available	
Extent to which the curricula on FP for PHC providers (family doctors and nurses) has been institutionalized	Baseline: No Target: FP curricula institutionalized for PHC	The National College of Medicine and Pharmacy and the Medical State University PHC department have institutionalized SRH and FP	

¹⁵⁸ Key informant interviews, April 2016

¹⁵⁹ 2015 data from RH clinic in Tiraspol, April 2016

¹⁶⁰ Multiple Indicator Cluster Survey (MICS), 2012, Final Report published in 2014, Ministry of Health of Moldova, National Center of Public Health, Swiss Agency for Development and Cooperation, WHO and UNICEF

	providers	curricula as part of the initial education for nurses and as part of continuous medical education for family doctors	
National electronic logistics management system for tracking contraceptive procurement and use is established	Baseline: 0 (2011) Target: LMIS established	The global CHANNEL software has been integrated into the national electronic system for PHC, which is now being piloted	The Ministry of Health approved a national action plan improving procurement and distribution processes and this plan is partially implemented, there is a new plan for 2 years with UNFPA support
Country Programme Output indicator 1.1 Number of national staff trained in the logistics management information system	Baseline: 5 (2011) Target: 75	In process	The trainings are planned for 2016. During 2013-2015, UNFPA provided support to the MoH in development of the regulation for procurement and distribution of contraceptives and development of an electronic module for evidence.
Country Programme Output indicator 1.2. Number of civil society organizations whose capacity is built by UNFPA to deliver integrated sexual and reproductive health services and HIV-prevention services to key populations and PLHIV	Baseline: 0 (2011) Target: 5	14 included in the umbrella network of Positive Initiative and others	
Country Programme Output indicator 1.4: Cervical cancer screening is integrated into national strategic documents and implemented	Baseline: No Target: Yes	Evaluation of the implementation of the Action Plan for cervical cancer screening 2014-2015 and development and approval of Action Plan for next 2016-2018 years (for all components: PHC service, cytology, colposcopy service). The cervical cancer screening has been included into the National Programme for Cancer Control 2020 (yet to be approved)	New performance indicators have been developed and approved Concept of the screening registry developed for approval Evaluation of the colposcopy and cytology services was carried out and recommendations for improving/reorganizing the colposcopy and cytology service were developed
Health staff trained in relation to cervical cancer screening and performance indicators	Baseline: Target:	A national team of 20 trainers on cervical screening at PHC level was built with the support of Irish Screening Programme 100 regional PHC providers trained as focal point for cervical cancer screening; 16 health professionals received training in colposcopy; 32 staff of the National Health Insurance Company received training in monitoring of performance indicators on cervical cancer screening	300 PHC providers from 12 rayons are planned to be trained on cervical screening in 2016 Curricula on cervical screening for PHC was adjusted to national context

Standard Operating Procedures (SOPs) for cervical cancer screening produced	Baseline: None; Target: SOPs produced	SOPs for the screening services (Pap smear collection; cytology services and colposcopy services and pre-cancerous lesions treatment) are produced and approved by the Ministry of Health Order no. 533 dated 06.25.2015	The SOPs have been developed based on international and European guidelines
UNFPA contribution to: Numbers of diagnosed women in targeted districts and urban centers who access timely treatment for cervical cancer	Baseline: NA Target: NA (timely not defined)	Moldova has the fourth highest number of deaths and the fifth highest new cases of cervical cancer among 18 Eastern European countries (Globocan, 2012 as cited in UNFPA Cancer Brief #5, 2015) Detection of stage III and IV basically did not change much – 56.53% in 2006 against 56.62% in 2013 – and has been over 50% in all years except 2012 (47.44%) (Source: MoH). No recent compiled data available	Facilitating factors: All women regardless of insurance status receive colposcopy services free of charge as of 2015; Strengthened community outreach, screening registration and referral mechanisms

4.3 Effectiveness in the Adolescents and Youth programmatic area

To what extent have the interventions supported by UNFPA on behalf of adolescents and youth contributed to increasing the national capacities to develop evidenced-based policies for youth, including access to comprehensive sexuality information in and out of school? (EQ4)

Summary

UNFPA has contributed toward increasing the national capacities to develop evidenced-based policies for adolescents and youth, including access to comprehensive sexuality information and health education in and out of schools.

UNFPA has contributed to improve youth policies by evaluating National Youth Strategy and promoting evidence-based recommendations, which were largely integrated in the new Youth Sector Development Strategy. UNFPA has effectively supported development and active promotion of the Youth Gap Index tool and Policy Brief, and mainstreaming youth priorities into sectorial policies and strategies.

School health services were strengthened to address sexual and reproductive health issues as result of enhanced capacities of school health nurses to provide age-appropriate sexuality education and counselling to young people.

Peer to peer sexuality and health education is gaining momentum expanding rapidly, but the volunteer program faces difficulties in outreach to the most vulnerable adolescents and youth from rural areas and increasing the demand for Youth Friendly Health Services. Advocacy interventions are not strong enough with other national and international actors to reduce socio-cultural barriers for promoting access to adolescent and youth reproductive health information and services and to mainstream sexuality and health education into the mandatory school curricula.

4.3.1 Profile of the Adolescents and Youth programmatic area

Four types of interventions are implemented under the Adolescents and Youth programmatic area of the 2nd Country Programme.

Promoting evidence based youth policies and capacities of youth workers - The focus is on providing the youth policy development input and strengthening the capacities of youth workers with key implementing partner National Youth Council of Moldova (CNTM) and under the leadership of the Ministry of Youth and Sports (MoYS) and in collaboration with United Nations Department of Economic and Social Affairs (UNDESA), through:

- Evaluation of the implementation of the National Youth Strategy (NYS) of the Republic of Moldova for 2009-2013
- Capacity building of youth workers within the Academy for Youth Workers
- Development and launching of the Youth Gap Index and youth policy brief
- Mainstreaming youth priorities into sectorial policies and strategies.

Strengthening participation of young people in post-2015 development agenda - The focus is on increasing involvement of the youth in the decision making process with *NGO Generatia cu Initiativa* through:

- Delivering the regional informational campaigning “Why should the government invest in young people?” in the post-2015 development
- Carrying out public discussions on youth topics, such as: health, employment and voluntary work, non-discrimination, environment and education
- Developing youth declaration and presenting it to the relevant Ministries through bilateral advocacy meetings.

Strengthening School health services to address SRH - The focus is on enhancing capacity of school health nurses to provide age-appropriate sexuality education and counselling to young people with implementing partner Center for development in Education and Health (CEDES) under the leadership of the Ministry of Health, College of Medicine and Pharmacy and in collaboration with WHO, through:

- Assessment of existing school health services
- Development and approval of the training curricula for school nurses
- Supporting a series of national trainings for school nurses on SRH.

Promoting Peer to peer education in SRH – The focus is on increasing information level and promotion peer to peer education in SRH for young people with implementing partners NGO Network of Peer to Peer Educators and Health for Youth through:

- Strengthening the organizational capacity of the Implementing Partner NGO Network of Peer to Peer Educators
- Information sessions for young people in schools and summer camps on adolescent SRH issues, social theatre performances; advocacy and public events for promotion of comprehensive sexuality education in mandatory school curricula
- Enhancing the capacities of Youth Friendly Health Clinics (YFHC) to develop and implement an outreach program for young people and increase the demand for YFHC services.

The regular resource (core-funds) for the Adolescents and Youth programmatic area throughout the Country Programme (2013-2017) is estimated to be \$425,000 or 18% of the total funds including \$43,600 for programme support for Adolescents and Youth component (operations and administration). The programmatic funds allocated from regular resources for interventions over the lifespan of the CP (with 2016 and 2017 total funds still not confirmed) are approximately as follows: Strengthening School health services to address SRH (\$ 98,869); Promoting Peer to peer education in SRH (\$ 219,460); and, Promoting evidence based youth policies (\$ 62,347).

In addition to regular resources, UNFPA CO mobilized funds for the following intervention areas: Promoting evidence based youth policies and capacities of youth workers (\$33,257 from UNDESA); Development of mobile application to promote sexuality education (\$3,500 from UNFPA Innovation Fund); Strengthening participation of young people in post-2015 development agenda (\$19,700 from EECARO).

The interventions under the Adolescents and Youth programmatic area were largely carried out as planned in the annual work plans.

4.3.2 Contribution to increasing the priority to adolescents especially young adolescent girls in national development policies, particularly increased availability of comprehensive sexuality information and services

UNFPA has contributed substantially to increasing the priority of adolescents and youth in national development policies particularly increased access to sexuality information and services, and identifying and filling gaps in data to track youth development.

Promoting evidence based youth policies and capacities of youth workers

UNFPA targeted the development of the new youth policy input and applying an effective mechanism for Monitoring and Evaluation of the **Youth Sector Development 2020**, as well as strengthening the capacities of youth workers. In 2013, UNFPA in partnership with the MoYS and with input from UNDESA supported the evaluation of the National Youth Strategy (NYS) of the Republic of Moldova (2009-2013) and the level of implementation of the Action Plan of the Strategy.¹⁶¹ Key informants confirmed that the evaluation process was highly participative and included rounds of consultations with youth organisations, networks, public authorities and young people themselves.¹⁶² Groups of young people expressed their opinions, particularly regarding their access to employment, health services and information and decision making processes. The lack of baseline data and monitoring

¹⁶¹ The National Youth Strategy (NYS) 2009-2013 and the Action Plan were approved by the Parliament of Republic of Moldova based on Law no. 25-XVI of 03.02.2009.

¹⁶² Key informants interviews and sites visits, April 2016

activities, as well as the budgetary limitations of the NYS were the main constraints that affected the ability to evaluate outcomes and cost-efficiency of the strategy.¹⁶³

While the previous NYS (2004 – 2008) had ensured the stimulation and establishment of several participation structures for youth, such as: the Network of Local Youth Councils (LYC), the Network of Youth Resource Centers (YRC), the Network of Youth Press, the Network of Peer Educators in the field of HIV/AIDS, and the Youth Coordination Council (YCC), in the process of implementing NYS 2009 – 2012, there were no consolidated actions to build their capacity and strengthen communication.¹⁶⁴ The NYS evaluation indicated that providing access to education and information for young people in Moldova in the light of the NYS priority “Ensuring access of young people to education and information” was minimal.¹⁶⁵

Based on the findings and recommendations of the NYS 2009-2013 evaluation, a new National Strategy for Youth Sector Development 2020 was developed and approved.¹⁶⁶ The new Strategy effectively incorporated some of the lessons learned from the previous NYS and recommendations of the NYS 2009-2013 evaluation, such as: organizing youth information campaigns on the existence of Youth Friendly Health Centers (YFHC) and how to access their services; supporting the extension of Youth Friendly Health Services (YFHS) and mainstreaming of YFHS. As a result of the evaluation of the NYS, which noted a weak monitoring and evaluation (M&E) system, the new Strategy for Youth Sector Development 2020 set up a robust M&E system including incorporating the M&E activities into the Action Plan of the strategy Internal Road Map which is linked to Global UNFPA priorities.¹⁶⁷

UNFPA under the leadership of the MoYS and in partnership with the National Youth Council for Moldova (CTNM) supported the **Academy for Youth Workers** (capacity building program/training center) from 2013-2015. The Academy was established under the auspices of the Ministry of Youth and Sports with the aim of involving young people in policy making. Sixty youth workers (professionals or volunteers who work with youth) were trained and capacitated in issues related to youth policy development and implementation at local level, youth participation and involvement of young people who typically have fewer opportunities in the decision making process, and youth programme budgeting.¹⁶⁸

UNFPA with implementing partner CNTM envisaged in 2014 and 2015 the development and launching of the **Youth Gap Index**¹⁶⁹ aiming to identify gaps in the development of young people in comparison to the adult population and providing evidence for youth friendly public policies. The Youth Gap Index (YGI) and relevant indicators were developed by CNTM reflecting the situation and differences in five areas: participation, health, employment, entrepreneurship, and risky behaviors and violence.¹⁷⁰ Following the process of data collection, the gap index revealed that currently no information on entrepreneurship disaggregated by age is being gathered in Moldova. Therefore the YGI was developed only for four areas (participation, health, employment, and risky behaviours and violence). Subsequently, one of the Youth Gap Index’s targets was to identify those areas that require data collection (such as on entrepreneurship) and development of record keeping tools.

The YGI is seen regionally as a very effective tool and is being replicated in Ukraine and Georgia, but remains to be mainstreamed into the policy analyses in Moldova. Based on the YGI, a Policy Brief was developed to inform decision makers on the major gaps identified, and to provide recommendations for evidence-based policies for youth. The Policy Brief was also used to advocate and foster cross-sectoral collaboration in the development and implementation of interventions for young people.¹⁷¹ In 2016, the interventions are focusing on mainstreaming youth priorities into sectorial policies and strategies.

¹⁶³ Evaluation Report of the National Youth Strategy 2009-2013. October 2013, Eduard Mihalas, Angela Dumitrasco

¹⁶⁴ Ibid.

¹⁶⁵ Op cit.

¹⁶⁶ National Strategy for Youth Sector Development 2020 was approved by the Governmental Decision No 1006, 10.12.2014.

¹⁶⁷ Ibid.

¹⁶⁸ Key informants interviews and sites visits, April 2016

¹⁶⁹ Youth Gap Index 2015

¹⁷⁰ The Youth Index is a tool that shows the gap between the youth compared with the adult population in the framework of the most socio-economic areas. Youth Index offers data for the development and implementation of evidence-based transversal policies aiming the improvement of the quality of life of young people.

¹⁷¹ Youth Index 2015 Republic of Moldova, Policy Paper. Angelica Petrov, Igor Ciurea

The **Demographic Barometer on Youth** supported by UNFPA, highlighted major problems faced by young people in Moldova.¹⁷² The Barometer reveals a high degree of youth vulnerability and susceptibility to various risks, such as poverty, inequity of educational opportunities, training and access to information, economic opportunities, health and harmful habits, which compromises the development of youth. The Barometer has recorded a serious degree of social exclusion of young people; critically, that about 29% do not attend any form of education or training and are not employed. It also underlines that maintaining the health of young people is influenced by the subjective factor of their health behavior. Because of their lifestyle, proper to a high-risk behavior, rebellious nature, carelessness and lack of experience deprives young to notify the connection between their health and future consequences. The need to promote a healthy life style is increasingly required. However, there are several medical services, for example those that refer to reproductive health which are not covered by the mandatory health insurance.¹⁷³

The Barometer draws attention to the seriousness of this situation relative to other countries in the region. Over 31% of employed youth have informal jobs, and 10.4% are working without individual employment contracts. Over 16% of the youth are working or looking for a job abroad.¹⁷⁴ The most stringent measures to improve the situation of youth recommended by the authors are: extension of high quality social and healthcare services, including prevention, treatment and care, that will impact on improvement health indicators of young people; integration of youth issues in sectorial policies and monitoring and evaluation of their implementation in areas of significant impact on youth, such as: education, health, and welfare; developing the tools and institutional mechanisms to increase youth participation in public life and economic empowerment of youth.

The **Policy Paper on Teenage Pregnancy** draws attention to the high rate of teenage pregnancy which has not significantly improved in recent years (in 2013 – a rate of 35/1000 girls 15-19 years of age), especially in the rural areas of the country.¹⁷⁵ Teenage pregnancy impacts human potential, as it contributes to the increase of poverty and social vulnerability. The high incidence of teenage pregnancy is attributed to socio-economic, socio-cultural, and biological factors, as well as limited information for teenagers on family planning, limited accessibility of birth control methods, decreased social control, lack of communication as results of labour migration of parents, and abuse and violence against young girls. The Policy Paper promotes investment in young people in order to decrease the teenage pregnancy rate, through awareness raising and joint actions of all stakeholders, toward improvement of reproductive health and education systems and increasing economic and social opportunities for young people.¹⁷⁶

Strengthening participation of young people in the post-2015 development agenda

UNFPA facilitated the partnership of 11 youth NGOs, under the leadership of the NGO “Generatia cu Iniativa”, within the Regional Public Campaign “Youth Voice” implemented during 2014-2015. This intervention was very innovative and proved to be highly popular and visible. A large number (nearly 7,500) of adolescents and young people from Moldova were given the opportunity to express their opinion during the campaign by sending post cards with the answers to the question “*Why should the government invest in young people?*”¹⁷⁷

The public campaign received a substantial response, about 2,872 adolescents and youth returned the post cards with their views, which were subsequently analyzed and formed the basis of a Youth Declaration presented to relevant Ministries through bilateral advocacy meetings.¹⁷⁸ In 2015, UNFPA promoted five public discussions on different youth topics, such as: health, employment and voluntary work, non-discrimination, environment and education with the participation of 36 national experts and around 200 adolescents and youth. The public campaign served to highlight the potential for youth participation and their proactive involvement in policy making. It increased the visibility of young people in the decision making process, which has been included in the list of priorities presented by the Moldovan delegation at the 47th session of the UN Commission on Population and Development.

However, lack of a strong NGO network to advocate for incorporating adolescents and youth and their human rights/needs in national laws, policies and programmes affects the performances under this

¹⁷² Demographic Barometer “Situation of Youth in the Republic of Moldova: from goals to opportunities”. Maria Buciuceanu-Vrabie. Irina Pahomii. 2015

¹⁷³ Ibid

¹⁷⁴ Op cit.

¹⁷⁵ Policy Paper on Teenage Pregnancy, Olga Gagauz, Demographic Research Center, 2015

¹⁷⁶ Ibid.

¹⁷⁷ Key informant interviews, April 2016, Country Office Annual Report, 2014, and 2015

¹⁷⁸ UNFPA COAR 2014

outcome area. Another constraint is the lack of an institutionalized educational or capacity building programme for specialists working with youth – the current ad-hoc interventions are less efficient and lack sustainability prospects.¹⁷⁹

4.3.3 Contribution to the national capacity to develop and implement evidence based policies and programmes for youth, including increase in access to comprehensive sexuality education

UNFPA has contributed substantially to national capacity to develop and implement evidence-based policies and programmes for adolescents and youth, including increasing access to comprehensive sexuality education.

Strengthening school health services to address SRH

UNFPA with implementing partner CEDES (Center for Development in Education and Health) and in partnership with WHO worked toward enhancing capacity of school health nurses to provide age-appropriate sexuality education and counselling to young people. In 2013 an assessment was conducted of school health services followed by development and approval by the Ministry of Health and Ministry of Education of the curricula for school nurses. Trainings on delivering SRH counseling were carried out for school nurses in close cooperation with the Ministry of Health, the College of Medicine and WHO. Altogether from 2013-2015, the capacities of 286 school nurses in sexual and reproductive health counseling and information have been increased through a comprehensive national training programme and the Reproductive Health curricula for school nurses has been scaled-up nationwide.¹⁸⁰

UNFPA support has helped to strengthen the capacity of the National College of Medicine and of the key implementing partner CEDES to roll out trainings for 349 school nurses from urban and rural areas in the area of adolescent's health, contraception, SRH counseling, among others. The training curricula was supported by the Ministry of Education and Ministry of Health and the National College of Medicine and according to key informants, this demonstrated commitment and ownership. The SRH curriculum for school nurses was institutionalized in the educational program of the College of Medicine. Subsequently, UNFPA has contributed to strengthening School Health Services by supporting development and mainstreaming of comprehensive curricula on adolescents' health, including SRH.

However, since there is still no mandatory comprehensive sexuality education in Moldovan schools, the sustainability of achievements will depend on the ongoing advocacy of UNFPA and other relevant national and international actors, such as: Government ministries, UNICEF, WHO, UNAIDS and NGOs. While the legal framework of the Republic of Moldova states that CSE shall be provided in educational institutions through a mandatory curriculum, this has not been achieved yet.¹⁸¹

Promoting Peer to Peer Education in SRH

The NYS evaluation reported significant progress in the development of the health and social protection services for young people, as well as in extending and financing Youth Friendly Health Services (YFHS) and ensuring free access of youth to these services. However, only 15% of young people accessed YFHS at the time of the evaluation. The evaluation indicated need for training and support to develop non-formal education services for adolescents and youth out of school and health system settings.¹⁸² UNFPA interventions focused on increasing the information flow on SRH to youth through information sessions for young people in schools and summer camps on adolescent SRH issues, and social theatre performances. Advocacy and public communication events were used for promotion of comprehensive sexuality education in mandatory school curricula, as well as enhancing the capacities of Youth Friendly Health Clinics (YFHC) to develop and implement an outreach program for young people and increase the demand for YFHC services.

UNFPA worked with the NGO Network of Peer to Peer Educators based on grant agreements in 2013 and 2014 which included activities such as information sessions for young people in schools (Pro Health Campaign) and summer camps (Informed and Protected Campaign) on adolescent SRH issues, promotion of messages and behavior change through social theatre performances, regular youth advisory panel meetings and annual review meeting with all members of the network. In addition

¹⁷⁹ Key informant interviews, April 2016

¹⁸⁰ UNFPA COARs, 2013, 2014 and 2015

¹⁸¹ The Law on Reproductive Health, approved in 2012

¹⁸² Evaluation Report of the National Youth Strategy 2009-2013. October 2013, Eduard Mihalas, Angela Dumitrasco

the regional Y-PEER groups were strengthened to expand the network and increase the number of Y-PEER members with regular refresher trainings for members to increase the quality of sexuality education and information.

In 2015, based on the UNFPA implementing partner capacity assessment, the NGO Network of Peer to Peer Educators became an implementing partner. In 2015, capacity of the network was strengthened through trainings on organizational development for Y-PEER members. These included establishment of the school trainers on adolescent SRH, social theater festival, development of 15 regional action plans on promoting SRH among adolescents and improvement of coordination of the activities and knowledge sharing in the network.

Significant progress was made in terms of development of the Y-PEER network. Partnerships were consolidated with Youth Friendly Health Clinics and Y-PEER extended their presence to 4 new districts (making 18 in all). Y-PEER coordinators attested that due to capacity building support provided by UNFPA, Y-PEER has increased its leadership and visibility, and improved coordination of activities and knowledge/information sharing in the network. The organization increased its management capacities, setting strategic priorities and developing a strategic plan and organizing regular board/staff meetings, which helped them to develop and implement 15 tailored regional action plans on promoting SRH among adolescents.¹⁸³

The focus group discussions with key informants revealed a number of **challenges**. A significant logistical barrier to reaching vulnerable adolescent and youth from rural areas by the Y-PEER team members is the lack of transportation. Another challenge concerns the reluctance of some Y-PEER members to cooperate with Youth Friendly Health Clinics (YFHC) due to perceptions of insufficient confidentiality protection of the youth by the YFHC, based on past experiences.¹⁸⁴

There is insufficient cooperation between the Network of Peer to Peer educators with the parents, particularly with the parents' associations affiliated to the schools, during the development of the SRH educational activities. Parents are then reluctant to attend the SRH activities delivered in the school by the UNFPA implementing partners which detracts from its effectiveness. A closer cooperation with the Association of Parents and Teachers would be one possible solution to bridge the gap.¹⁸⁵

Peer to Peer activities such as: Pro Health Campaign in schools, informed and protected campaign in summer camps, National Social Theatre festival targeting SRH education and delivered by Y-PEER are very popular among the youth, because of their relevance and innovative and accessible delivery. Key informants noted that although the majority of the schoolteachers and administrators welcome them, some are still reluctant to assist during the SRH activities, preferring to leave the training room or classes.

Peer to peer activities were very effective in terms of both quality and quantity (coverage). In 2014 about 7,400 persons from different districts and localities benefitted of the activities delivered by Y-PEER, out of which 1,900 represented direct beneficiaries and 5,500 indirect beneficiaries. In 2015 the figures increased reaching about 10,510 young people, who were informed about SRH (including 6,463 young people informed through informative sessions during the Campaigns carried out in schools and in summer camps, 187 trained on social theatre technics, 700 informed through social theatre and 3,160 beneficiaries of YFHC volunteer programme).¹⁸⁶ About 500 young people from all over the country, including youngsters from vulnerable groups, learned about youth health, including HIV and AIDS and benefitted from the activities under the umbrella of the "Investing in youth health" campaign. The campaign included awareness raising events, flash-mobs, workshops, and informative sessions in summer camps, open door events in Youth Friendly Health Clinics (YFHC) and media field trips which helped young people, journalists, and the public to better understand the youth health related issues and challenges.

UNFPA with IP Health for Youth have effectively contributed to a comprehensive **volunteer outreach programme for Youth Friendly Health Clinics** (YFHC) aimed at increasing opportunities for providing comprehensive sexuality education out of school settings and increasing the demand for Youth Friendly Health Services by: scaling up the peer to peer network of volunteers nationwide; providing capacity building trainings for volunteer coordinators, organizing the National Adolescents

¹⁸³ Key informant interviews, April 2016

¹⁸⁴ Focus Group discussion in Orhei, key informants interviews and site visits, April 2016

¹⁸⁵ Focus Group discussion and key informant interviews, April 2016

¹⁸⁶ UNFPA COAR 2015

Conference and supporting summer camps for volunteers of the YFHC and monitoring and evaluation (M&E) meetings, to facilitate networking, sharing lessons learned and improving the program performance. Health professionals from 20 YFHC learned more about implementing outreach to young people and providing comprehensive sexuality education.

A National Conference on Adolescents Health contributed to dialog among national stakeholders on evidence-based policies on adolescent health. Also, 60 specialists on youth issues from local public administrations and youth centers benefited from a comprehensive 5-module training on development and implementation of youth policies, including: youth participation in the decision making process, non-formal education, institutional development and advocacy for youth participation.

In 2016, in addition to the regular information sessions and campaigns, interventions were included related to advocacy and public events for promotion of comprehensive sexuality education in mandatory school curricula. Each year plans were made to increase the number of young people reached with peer-to-peer education activities by 10%. Main expected results in 2016 include: about 8,052 young people informed about SRHR, through informative Campaigns and social theatre; improved coordination of the activities and knowledge sharing in the network; increased the capacities of Y-PEER Moldova trainers and improve the quality of information and education provided by peer to peer representatives, teachers, local and national stakeholders about the importance of the qualitative sexuality education in schools, as well as sexual reproductive rights in Moldova.

Table 4. Adolescents and Youth Indicators

Indicators for Adolescents and Youth	Baseline Target	Progress up to April 2016	Remarks
Evidence of contribution to national policy development on adolescents and youth	Baseline: No Target: N/A	Youth Index analysis; development of the Youth Policy Brief, and development and approval of the Youth Sector Development Strategy 2020	A Methodology for mainstreaming youth into sectorial polices was developed and is being used for evidence based advocacy to mainstream youth issues into relevant strategies and polices.
Country Programme Output indicator 2.3: Robust mechanism applied for M&E of the National Strategy for Youth Sector Development	Baseline: No Target: Yes	Yes, a robust mechanism was developed with the Strategy	Including incorporating the M&E activities into the Action Plan of the strategy
Contribution to national outcome indicator: Percentage of youth aged 15-24 who have comprehensive knowledge on HIV and AIDS	Baseline: 38.2% (2010) Target: 50% (UNPF tracking)	No available data	Knowledge, Attitudes and Practices (KAP) study is planned for 2016
Contribution to national outcome indicator: HIV incidence in youth aged 15-24 per 100,000 population	Baseline: 19.58 (2009) Target: 17.00	17.94 (2015)	Indicator adjusted from prevalence to incidence to reflect national statistics
Country Programme Output indicator 2.1 Percentage of school nurses trained in sexual and reproductive health counseling	Baseline: 3% (2011) Target: 30% (345)	349 school nurses trained	WHO data, 6.5 nurses per 1,000 persons (2013)
Country Programme Output indicator 2.2 Number of young people who participated in UNFPA supported peer-education activities	Baseline: 5,500 (annually) Target: Increase by 10% annually	6786 in 2013 7,321 in 2014 10,510 in 2015	
Youth Friendly Health Centers with volunteer teams	Baseline: 0 Target: 16	18 YFHC	18 out of 37 YFHC

Extent of capacity building of youth workers (people working with youth)	No baseline or target established	60 youth specialists from local public administrations and youth centers	

4.4 Effectiveness in the Gender Equality programmatic area

To what extent have the interventions supported by UNFPA in Gender Equality contributed towards reducing the social and institutional vulnerabilities of women and girls, including the marginalized and disadvantaged, with special focus on the elimination of Sexual and Gender Based Violence? (EQ4)

Summary

UNFPA has contributed to reducing vulnerabilities of women and girls and increasing demand for services through integrating response to gender based violence into the capacity development of health care providers, social workers, and law enforcement professionals, among others. Sexual and reproductive health has also been integrated into training for those supporting survivors of gender based violence. Liaison between the stakeholders is still limited but has improved through the training and advocacy interventions.

Support for response to gender based violence through improving quality of services for survivors in shelters and day care centers has been effective but the number of facilities remains inadequate, as has the attention to the problems of male perpetrators and prevention of the violence in general. The lack of Standard Operating Procedures for health-care professionals, police officers and psycho-social services provision, as part of multi-sectoral response to gender based violence undermines the progress made in changing attitudes and social behavior toward protecting the rights of women and girls.

Collaborative support for development of the National Strategy on Gender Equality 2020 and a Strategy on Violence Against Women is important to make progress in Gender Equality in Moldova. Advocacy and feedback provided by law enforcement, among others, to the amendment of Law Number 45 on Domestic Violence is working toward addressing gaps in the law and its compliance with the Istanbul Convention. High level advocacy is still inadequate to make across the board changes in laws and definition of professional roles, tasks and training, related to gender based violence and gender equality.

4.4.1 Profile of the Gender Equality programmatic area

Four types of interventions are implemented under the Gender Equality (GE) programmatic area of the 2nd Country Programme. ¹⁸⁷

Integration of sexual and reproductive health (SRH) into Gender Equality Policies - The focus is on developing the National Strategy on Ensuring Gender Equality (NSGE) 2020, including mainstreaming sexual and reproductive health, led by the Ministry of Labour, Social Protection and Family and in partnership with UN Women, through:

- Supporting the review of the previous NPGE and development of the new programme
- Conducting public consultations on the National Strategy on Gender Equality 2020
- Supporting development of the first Strategy on Violence Against Women for Moldova

Building Capacity of Primary health-care professionals to integrate SRH and Gender Based Violence (GBV) - The focus is on institutionalizing SRH and response to GBV into health care and counselling perpetrators in collaboration with the Ministry of Health and the Ministry of Labour, Social

¹⁸⁷ UNFPA Moldova Annual Work Plans and Progress Reports, 2013-2015

Protection and Family, and with implementing partners Artemida, Resonance and the Women's Law Center, and with support from UNFPA EECARO, through:

- Conducting seminars and workshops using the UNFPA – Women Against Violence Europe (WAVE) Manual on Health Response to GBV
- Translation and adaptation of WAVE Manual for building capacities of the healthcare professionals from Moldova
- Training for service providers, family doctors and nurses on protection of survivors of domestic violence and counselling of perpetrators, including in Transnistria region.

Shelters and rehabilitation facilities for survivors of GBV - The focus is on strengthening capacities of rehabilitation and reintegration facilities in collaboration with the Ministry of Labour, Social Protection and Family and with implementing partners, Women's Law Center, and Artemida:

- An assessment regarding the health response to Gender Based Violence
- A mapping of existing rehabilitation and reintegration facilities
- Training to strengthen capacities of rehabilitation and reintegration facilities in Moldova

Training of police officers to respond to GBV - The focus is on strengthening the capacity of police officers in addressing GBV, in collaboration with the Ministry of Internal Affairs (MIA), including the Policy Academy and General Police Inspectorate, the Ministry of Labour, Social Protection and Family, the Ministry of Health, and with implementing partner Women's Law Center, and in collaboration with IOM through:

- Development of the curricula for police officers and conducting Training of Trainers courses and seminars for policy officers
- Advocacy to integrate intervention provisions in policy and law development frameworks and to develop a new amendment to the Law No. 45 on Domestic Violence

The regular resource (core-funds) for the Gender Equality programmatic area throughout the Country Programme (2013-2017) is estimated to be \$243,400 or 10.8% of the total funds including \$64,770 for programme support (operations and administration). The programmatic funds allocated from regular resources for interventions over the lifespan of the CP (with 2016 and 2017 total funds still not confirmed) are approximately as follows: Integration of sexual and reproductive health into Gender Equality policies (\$40,000); Building capacity of primary health care professionals to integrate SRH and GBV (\$111,900); Shelters and rehabilitation facilities for survivors of GBV (\$15,200); and, Training of police officers to respond to GBV (\$11,600).

In addition to regular resources, the UNFPA CO mobilized funds for the following interventions area: Training of police officers to respond to GBV (\$100,000.00 jointly with IOM from United States Department of State).

The GE interventions were largely carried out as planned however, some training activities for "Training of police officers to respond to GBV" were significantly delayed due to the reform within the Ministry of Interior and the police system. The constant coordination effort with all the project partners: IOM, UNFPA, Women's Law Center, US Embassy in Moldova, the Ministry of Internal Affairs, Ministry of Labour, Social Protection and Family allowed for the encountered challenges to be dealt with in a timely manner.

4.4.2 Advancement of gender equality, women's and girl's empowerment and reproductive rights

UNFPA has contributed to advancement of Gender Equality, women's and girl's empowerment, and reproductive rights, including for the most vulnerable and marginalized women adolescents and youth.

Integration of SRH into Gender Equality Policies

In the 2nd Country Programme, UNFPA aimed to **advocate** for and support at least two policies that integrate sexual and reproductive health (SRH) into responses to gender based violence (GBV). In December 2008, the Government adopted the "National Strategy on Gender Equality in the Republic of Moldova for Years 2009-2015" and developed the National Program on Ensuring Gender Equality (NPGE) for 2010-2015 which was adopted by the Government Decision 933 in December 2009, which envisages a comprehensive and integrated approach of gender mainstreaming in sectorial policies at

all levels of decision making. The implementation of the National Program for the period of 2010-2015 was supported and detailed through two mid-term Action Plans for 2010-2012 and 2013-2015.

Since the NPGE concluded in 2015, the Government is evaluating the NPGE implementation and the results obtained during the entire 5 year period, with a view to develop the **second NPGE for the period 2016-2020**. This strategic policy document development is coordinated by the Ministry of Labour, Social Protection and Family with the joint support of UN Women and UNFPA.¹⁸⁸

The process of strategy development consisted of the creation of an NPGE Task Force to review the current NPGE and assembling a team of consultants/experts in various areas (e.g. political participation and leadership, social protection, employment and migration, education and health, mass-media, institutional mechanisms on gender equality). The selected team of consultants works under the overall guidance of the Head of the Equal Opportunities Department of the Ministry of Labour, Social Protection and Family, with direct supervision of the National Programme Officer/Programme Specialist of UN Women and the UNFPA Programme Analyst on Population and Development and Gender Equality, and in close coordination with other agencies and UN entities and their consultants supporting the NPGE review process, including UNDP and OSCE.¹⁸⁹

The NPGE 2020 is expected to include the Health Response to GBV and SRH, based on the CEDAW and its periodic reports recommendations (including those related to the SRH, see Relevance section). UNFPA has provided financial support for one of the consultant team members. In 2016, public consultations are expected to be conducted on the final draft of the NPGE 2020.

The 2016, UNFPA envisages support for development of the very first **Strategy on Violence against Women in Moldova**. Several recent studies will effectively form the basis for the strategy. The Study on Domestic Violence against Women, was published in 2011, being conducted by the National Bureau of Statistics (NBS) with the support of UNDP, UNFPA, and UNIFEM (now UN Women) illustrates the prevalence of various types of violence.

The “Men and Gender Equality in the Republic of Moldova” study (based on International Men and Gender Equality Survey - IMAGES methodology) was coordinated by the Promundo organisation and the International Center for Research on Women (ICRW), overseen by the Women’s Law Center in Moldova. It is a comprehensive study providing a holistic perspective of the life of men and women in Moldova including attitudes and behaviour of men and women towards gender equality, childhood experiences of violence, gender equality in the family, stress, migration, and unemployment, among others. The goal of the research was to identify behaviour patterns and the attitudes of men and women, and of the changes that influence their attitudes and behaviour, to serve for the development and monitoring of policies in the gender equality domain.¹⁹⁰

UNFPA supported: “**Response of Support Services, including Health Sector Response to Gender-based Violence in the Republic of Moldova**” which mapped existing rehabilitation and reintegration facilities providing protection for survivors of domestic violence and identified gaps of the National Referral System, especially for vulnerable groups and women from rural areas, in response to domestic violence. Recommendations of research point to the need to elaborate new policies, develop new initiatives, aimed towards promoting gender equality and prevention of gender based violence. Recommendations from the IMAGES study suggest the need for a sectoral strategy to address GBV with concrete action plans that allocate necessary resources.¹⁹¹

Key informants pointed out that a national strategy on GBV based on joint efforts will likely be the most effective means by which progress is made to impact GBV, since overall progress on Gender Equality in Moldova in itself is not strong. The Domestic Violence Law involves a criminal procedure but the quality assurance is lacking, implying the importance of having SOPs. The lack of SOPs and weak policy development have limited the gender mainstreaming. Further, stronger high level advocacy is needed to motivate greater support by the Government.

Importantly, the policies that are adopted by Moldova, are not in effect in Transnistria region where gender equality issues, gender based violence and trafficking of women are more serious, and

¹⁸⁸ UNFPA Moldova Country Office Annual Report, 2015

¹⁸⁹ www.undp.md/jobs/jobdetails/1007

¹⁹⁰ sociopolis.md/eng/men-and-gender-equality-in-the-republic-of-moldova

¹⁹¹ Men and gender equality in the Republic of Moldova / Diana Cheianu-Andrei, Iurie Perevoznic, Angelina Zaporozhan-Pîrgari [et al.] ; study coord.: Diana Cheianu-Andrei; Women’s Law Center, Center for Investigation and Consultation “SocioPolis”. – Chişinău:2015

advocacy is not strong enough to promote women's rights in Transnistria region, given the need. A Gender Equality strategy was drafted in 2009 by a network of advocates, and was re-drafted in 2014 but has not been put into effect.¹⁹²

4.4.3 Strengthening national capacity in integration of SRH rights into the health response to gender based violence

UNFPA has contributed to strengthening national capacity to integrate SRH rights into the health response to gender based violence in the health system, in shelters to assist survivors. Women's rights were supported through police and primary health-care professionals training to prevent and respond to gender based violence.

Building Capacity of Primary health-care professionals to integrate SRH and GBV

Capacity building interventions were planned with the Ministry of Labour, Social Protection and Family and the Ministry of Health to contribute to "increased capacity of PHC facilities to provide FP within integrated SRH services with a focus on vulnerable populations and on the victims and perpetrators of domestic violence." This intervention area is strongly interfaced with capacity development for shelters and rehabilitation for GBV survivors and training for police officers to respond to GBV (intervention described below), having some similar implementing partners while being mainly response oriented rather than preventive of GBV. The targeted groups for this training included family doctors, nurses, medical assistants, emergency room personal and multi-disciplinary teams including representatives from social assistance and protection.

From 2013-2015, UNFPA with IP Artemida provided support to the Government in institutionalizing SRH at the primary health care level and building capacity to protect survivors of GBV and counsel perpetrators using the UNFPA – Women Against Violence Europe (WAVE) Manual on Health Response to GBV. In 2013, 3 day seminars were held for psychologists and social workers. In 2014, 328 primary health-care providers from eight rayons were trained on health response to GBV. In 2015, 411 primary health care providers received training on integrated RH services including family planning and support to survivors of domestic violence. Staff at RH and PHC centers indicated that increased awareness had promoted their involvement in counselling women regarding GBV and referring them to shelters or day care, although a constraint is that women may cover up the violence.¹⁹³

In 2015, with UNFPA support, the Women's Law Center translated and adapted the UNFPA-WAVE Manual on Health Response to Gender Based Violence for building capacities of the healthcare professionals from Moldova. Based on this adapted manual, the Women's Law Center, in cooperation with UNFPA, OSCE, the Austrian Embassy, the OAK Foundation and UNDP, conducted a Training of Trainers (TOT) for 32 professionals from the health sector during "16 Days against Violence" on how to apply this manual in Moldova.

UNFPA is seen by stakeholders as promoting a very important community coordinated response to GBV which involves professionals who cover the spectrum of people who can prevent and respond and who wield community influence. It is thought that the training could serve as a model, it is strong at regional level and it should be institutionalized in Moldova, and more emphasis placed on developing capacity of civil society.¹⁹⁴

Shelters and rehabilitation facilities for survivors of GBV

UNFPA has supported efforts to respond to GBV since 2010 when UNFPA together with OSCE promoted Austrian best practice, in particular the Vienna Men's Counselling Service (MÄB), to support social service providers and public authorities to protect survivors of domestic violence and counsel perpetrators through a multidisciplinary approach. A **Centre for Family Aggressors** was set up in December 2012 in Drochia and capacity building conducted, in partnership with the Austrian Embassy, for Moldovan professionals (judges, law enforcement, service providers, social assistants, psychologists and legal officers). In 2013, UNFPA undertook drafting and distribution of information materials (leaflets, brochures) to raise awareness of the Centre for Family Aggressors and the services it provides to perpetrators. The leaflet included questions for perpetrators that will help them

¹⁹² Key informant interviews, April 2016

¹⁹³ Key informant interviews, April 2016

¹⁹⁴ Key informant interviews, April 2016 and monitoring reports

to reflect on the consequences of violence on their families and themselves and motivate them to use the rehabilitation services.¹⁹⁵

A joint project, “**Empowerment of Victims of Domestic Violence and Human Trafficking in the Transnistria region**”, (2014-2016) implemented by UNFPA, UNDP, the Office of the High Commissioner of Human Rights (OHCHR) and IOM aimed to enhance protection to victims and potential victims of human trafficking and domestic violence through a strengthened system and Empowerment of individuals to prevent and address the root causes in the Transnistria region.¹⁹⁶

The creation of a **Centre for Assisting Women in Situations of Danger (CAWSiD)** was a goal of the joint project and significant ground work was conducted to establish the basis for a permanent center to shelter GBV survivors. These included discussions with *de facto* Transnistria region authorities to agree on premises for the CAWSiD in September through November 2014. Although interest was shown by authorities, no actions were subsequently undertaken. Implementing partner Resonance with support from UNDP was finally able to rent a temporary premise and make it fully operational with well trained and qualified social worker staff, who have benefitted from UNFPA supported training among others. The shelter has a security system to protect the women and children residents.¹⁹⁷

The stressful situations that women and their children face from GBV is significant as some have endured violence for many years. Resonance lawyers assist the women in court to win custody of their children, but it is a long battle to prove that the violence even existed, since eye witnesses need to come forth. Other challenges are to secure property rights and child support. They see 60% of women survivors affected by physical violence, 23% psychological, 17% economic and 5-6% sexual. There is data to indicate that 85% do not ask for help. However, fortunately, there are success stories of reintegration.¹⁹⁸

The main objective of the shelter is rehabilitation and re-socialization; the shelter offers linkages to livelihood opportunities, both training and employment. In addition to the temporary shelter, there are three other locations in Transnistria region operating on a daily basis where women can access services. Resonance is trying to secure a larger premises now with Government support. Resonance also manages a resource center which offers a help line and referral to specialists and this has received significant media attention. Progress is slowly being made, several NGOs in Transnistria region created a resource network for protection of Women’s Rights, and now there is an active platform, including a few ministry representatives, with a revolving chair every six months.¹⁹⁹

In 2013, with UNFPA support, Resonance undertook a needs assessment and implemented two training events in 2014, targeting doctors, nurses and multi-disciplinary teams from rural areas, providing guidance on how to react to GBV and Domestic Violence (DV). The training also aimed to increase capacity of service providers and public authorities to protect survivors of domestic violence and counsel perpetrators, using the Austrian best practice. However, not much progress has been made in Transnistria region to support the aggressors – they may be fined for the violence, however they receive little therapy to help them deal with their problems.²⁰⁰

Under the joint project, a number of international, regional and national exchanges of expertise took place with stakeholders from Transnistria region, including participation in the 16th annual conference on GBV organized by the network of Women against Violence in Europe, held in Vienna. Stakeholders from this network in Austria also visited Transnistria region. A two-week internship at Drochia Maternal Centre was organized for two members of the resource team from Transnistria region. Benefiting from the experience of the UNFPA Belarus, police officers from Transnistria region were trained on how to address GBV. Due to the precarious financial situation in the region, (i.e. cutting of the pensions, reducing of salaries), the decision makers have not been able to prioritize Domestic Violence and Human Trafficking.²⁰¹

A **follow-on joint strategy** to train professionals involved in combating domestic violence and trafficking of persons in Transnistria region, was developed among UNDP, UNFPA, IOM and

¹⁹⁵ Country Office Annual Report, 2013

¹⁹⁶ Empowerment of Victims of Domestic Violence and Human Trafficking in the Transnistria region of Moldova Project, Annual Progress Report, UNDP, 2014

¹⁹⁷ Key informant interviews and site visits, April 2016

¹⁹⁸ Key informant interviews and site visits, April 2016

¹⁹⁹ Key informant interviews, April 2016

²⁰⁰ Key informant interviews, April 2016

²⁰¹ Ibid.

OHCHR.²⁰² The general objective was to provide opportunities of professional development in the field of combating domestic violence and trafficking in persons to specialists in the fields of health care, social assistance, psychology, psychiatry, pedagogy and law, by ensuring their participation in training programs of high quality over a period of three years with training events.

In 2014, with UNFPA support, the Women's Law Center conducted an assessment "**Response of Support Services, including Health Sector Response to Gender-based Violence in the Republic of Moldova**", on issues related to Gender Based Violence and the health responses. The report included a mapping of existing rehabilitation and reintegration facilities that provide protection for survivors of domestic violence and identified gaps of the National Referral System, especially for vulnerable groups and women from rural areas, in response to domestic violence. The assessment produced a detailed set of recommendations on advocacy, health sector response, national referral mechanisms, and for service providers.²⁰³

UNFPA aimed to strengthen capacities of the primary health-care providers (411 professionals) from 15 districts on integrated SRH services, including Family Planning, to survivors of domestic violence as part of the mechanism of the Ministry of Health in implementation of the Law No. 45 on preventing and combating of domestic violence. Based on the assessment findings, in 2015, UNFPA with Artemida aimed to strengthen capacities of rehabilitation and reintegration facilities for the victims of domestic violence in the North, South and Central regions of Moldova in partnership with an international agency specialized in SRH. Twelve two-day workshops were provided.

A monitoring visit by an independent consultant to three Artemida-run workshops in different locations in October 2015 indicated that a wide range of participants benefited from the workshops.²⁰⁴ Overall, the three workshops included almost the entire spectrum of professionals who are involved in working with survivors of GBV. The objectives of the training were:

- Strengthening knowledge about the available contraceptive methods
- Developing skills for addressing contraception related matters and answering questions related to contraception and STIs
- Understanding factors that might influence decisions regarding contraception generally and particularly in the situation of survivors of GBV
- Strengthening counselling skills of service providers for survivors
- Strengthening the national referral system of the centres for survivors and their liaison with the sexual and reproductive health delivery centers.

Interactive methodologies based on adult learning theory were used during the entire workshop including brainstorming, small group discussions, simulations, role plays, case studies, and presentations of short video films. Pre and post tests were employed to measure the progress of participants and the achievement of objectives. For future training activities, it was suggested that examples of available contraceptive methods in Moldova should be shown, and the training include a session on roles and responsibilities of different professionals providing services to survivors of GBV in addressing SRH.

The workshops were assessed as being ground breaking in the region particularly in terms of emphasizing that the connection between reproductive health and GBV goes beyond violence, and in addition to affecting a woman's overall health and wellbeing, can have profound, negative impacts on a woman's sexual and reproductive health. The workshop content and methodology is extremely relevant in the context of Moldova and worthy of serving as a model of good practice for the entire Eastern European region.²⁰⁵

The workshops reinforced the need for development of knowledge and skills, and illustrated that professionals working with survivors of GBV (social workers, psychologist, sociologists, among others) have insufficient correct information regarding sexual and reproductive health (SRH), family planning and contraception and the importance of addressing SRH with survivors of GBV. Most professionals

²⁰² Strategy To Train Professionals Involved In Combating Domestic Violence And Trafficking In Persons In Moldova's Transnistria region , 2015 – 2017, UNDP, UNFPA, IOM, Government of Lichtenstein, UN Office of the High Commissioner of Human Rights

²⁰³ "Response of Support Services, including Health Sector Response to Gender-based Violence in the Republic of Moldova". Women's Law Center, 2014

²⁰⁴ Strengthening capacities of shelters and facilities of survivors of gender-based violence in providing sexual and reproductive health services, including family planning; Consultancy Report for United Nation Population Fund, Chisinau, by Borbala Koo, October 2015

²⁰⁵ Ibid.

share the same myths and misconceptions as the general population. They are not clear on what their role should be in facilitating the use of modern, highly effective contraceptive methods by survivors who are willing to avoid an unplanned pregnancy.²⁰⁶ Altogether, capacity building of rehabilitation and reintegration facilities reached 17 institutions and shelters (76 professionals) on how to provide or refer for family planning counselling of the victims and perpetrators of domestic violence, which surpassed the Country Programme target of 12.²⁰⁷

Given the UNFPA key role in integration of SRH and GBV, key informants suggest that UNFPA needs to take a stronger role in **advocacy**, in addition to the national policy development discussed above. This form of advocacy would focus on professional development strategies and curriculums, for example, integration of SRH topics into the training of social workers in the university training curriculum and in the post graduate training. Professional roles and tasks of social workers should include liaison with family doctors and reproductive health specialists, and vice versa. Further, more emphasis should be placed on prevention of GBV and changing perceptions, attitudes and behaviors to help stop the violence, including working toward longer term solutions through influencing children at early ages and adolescents.²⁰⁸

The Women's Law Center with support from the OAK Foundation and the WAVE network also conducted a capacity gap analysis of service providers working with victims of GBV. The study found great variation in support for and services provided by the centers/shelters and many weaknesses in the support systems.²⁰⁹ According to the Council of Europe's suggestions, the combined capacity of shelters should be about 380 beds in Moldova, but only one-third that amount are actually available. Also more day centres which offer various types of support are necessary. Day centres as well as shelters should be established in particular in the countryside as it is difficult for rural survivors of GBV to get support. It is perceived that dialog between state authorities and development partners has opened up the discussion in Moldova and domestic violence is no longer perceived as a 'private conflict', rather constituting grounds for receiving protection from state agencies.²¹⁰

Training of police officers to respond to GBV

A joint project forms the basis for UNFPA ongoing efforts in training of police officers. The "**Sustaining a Life Free of Violence**" funded by the US Embassy and implemented by the International Organization for Migration (IOM) and UNFPA from July 2012 to January 2015, aimed to harness the knowledge and work skills of multidisciplinary specialists engaged in provision of assistance in domestic violence cases. This action was coordinated with the Ministry of Labour, Social Protection and Family and the Ministry of Internal Affairs to support the Law No. 45 and the National Program for Gender Equality 2010-2015.²¹¹

UNFPA took the lead in **strengthening capacities** of police officers in addressing domestic violence cases. In partnership with Ministry of Internal Affairs (MIA), including the Policy Academy and General Police Inspectorate and UNFPA's Implementing Partner – "Women's Law Center" (WLC) the curricula for police officers was developed and approved by the MIA; a Training for Trainers in the field of domestic violence for 18 police officers and 14 representatives of NGOs was conducted; and 600 police officers were subsequently trained by the trained police officers and NGOs. Capacity development has aimed to improve the implementation mechanism of the Law No. 45 on preventing and combating domestic violence and to contribute to a substantial increase in the number of protection orders issued by police officers between 2012 and 2014. (The Women's Law Center went on to train an additional 400 police with funding from another source.)

The **Curriculum for Effective Police Response to Domestic Violence (DV) cases in Moldova** was offered to training participants as a reliable compilation of relevant national legislation on Domestic Violence, containing instructions for police officers when exercising their duties under the Law No. 45. The guidelines were developed for police, social assistants and family doctors, by WLC and the Police

²⁰⁶ Ibid.

²⁰⁷ UNFPA Country Office Annual Report, 2015

²⁰⁸ Key informant interviews, April 2016

²⁰⁹ "A Capacity Gap Analysis Study of Service Providers Working with Women Victims of Domestic Violence in Moldova", 2014

²¹⁰ COAR 2014 and Key informant interviews, April 2016

²¹¹ Other partners included: Ministry of Labor, Social Protection and Family (MoLSPF); Ministry of Internal Affairs (MIA); General Prosecutors Office (GPO); Ministry of Health (MoH); US Embassy in the Republic of Moldova, Police Academy, Center for Assistance and Protection (CAP), NGO National Centre for Training, Assistance, Counseling and Education in Moldova (NGO NCTAVEM), NGO Women's Law Center (WLC); International Centre La Strada. IOM's area of activity focused on the development and consolidation of capacities of Multi-disciplinary Teams' (MDTs) members within the National Referral System (NRS) for protection and assistance of victims and potential victims of trafficking (VoTs) at district and local level, with special focus on medical staff.

Academy with UNFPA support and included excerpts from relevant DV legislation and sample protocols for the police officers. The Ministry of Internal Affairs qualified these guidelines as extremely helpful and actively assisted in their distribution. As a result, 85,700 materials (including compilation of relevant guidelines, brochures and leaflets) were printed and distributed by WLC to police officers, who made them available to girls and women living in their communities informing them of their rights under the Law No.45, including their right to protection by police officers. The distribution of the brochures also contributed to raising awareness among the main beneficiaries.²¹²

Continuous advocacy was planned in order to integrate intervention provisions in policy and law development frameworks and to promote adequate processes for monitoring response to gender-based violence. The **outcomes** of the advocacy and capacity development were clear, in that more GBV survivors were able to benefit from the services offered at the shelters and day care. Judges can issue protection orders within 24 hours based on request of police. Protection orders increased at least 30 fold from approximately 30 to over 1,345.²¹³ Gaps in the Law 45 constrain the outcomes for women, for example, it is not a crime to violate a protection order the first time; it only becomes a crime the second time. Women can now call hospital emergency rooms to obtain help, which may not have been a feasible option before. The GBV survivors receive free services from the PHC but they may require secondary level services for abortion and physical trauma, which they may struggle to afford.²¹⁴

Advocacy efforts taken jointly and individually by stakeholders, such as the WLC, have resulted in stronger women’s rights mainstreaming.²¹⁵ There is an 18 organization network on Domestic Violence, a national coalition, “Life without domestic violence” which has a help line and linkages to “maternal centers”. Based on feedback from stakeholders who stressed the importance of improving national legislation, the Ministry of Labour, Social Protection and Family (MoLSPF) created a Working Group, composed of international organizations, NGOs and public institutions. The main goal was to develop a set of amendments to the Law No. 45 and these amendments are currently under discussions in the Parliament. Police officers had the opportunity to provide their recommendation to the Law. In this regard, out of 600 trained police officers, 372 have come out with concrete amendments to the Law, which were sent by Women’s Law Center to the MoLSPF.

Key informants observed that the current system can be seen as mainly reactive and not preventive. The training only reached a portion of the police force and the rest need to be trained.

Table 5. Gender Equality Indicators

Gender Equality Indicators	Baseline Target	Progress up to April 2016	Remarks
<p>Country Programme Outcome 3 Indicator: Number of gender responsive and costed policies that integrate SRH response to GBV</p>	<p>Baseline: 0 Target: 2 (2017)</p>	<p>National Programme on Gender Equality (NPGE) 2020 will emphasize CEDAW recommendations, the SDGs, and the Health Response to GBV and SRH and</p>	<p>The NPGE, along with the costed Action Plan, will be finalized and approved in 2016. Development of the first Strategy on Violence against Women in Moldova will begin in 2016</p>
<p>Country Programme Output indicator 3.1: Percentage of primary health-care providers trained in integrated sexual and reproductive health services, including family planning and support to survivors of domestic violence</p>	<p>Baseline: 50% (2011) Target: 70%</p>	<p>28 in 2013 328 in 2014 411 in 2015 - The overall target for the Country Programme was not achieved yet</p>	<p>Percentage not ascertained</p>

²¹² Final Report To United States Department Of State's Bureau For International Narcotics And Law Enforcement Affairs (Inl) Strengthening The Multidisciplinary Approach In Achieving And Sustaining A Life Free Of Violence, IOM, April 2015
²¹³ Data from Women’s Law Center and IOM
²¹⁴ Key informant interviews, April 2016
²¹⁵ Key informant interviews, April 2016

Country Programme Output Indicator 3.2 Number of rehabilitation and reintegration facilities that provide family planning counselling for the victims and perpetrators of domestic violence	Baseline: 7 (2011) Target: 12	17 rehabilitation and reintegration facilities (76 professionals)	The target has been surpassed
SOPs for for health, social and police sectors response to gender based violence are established	Baseline: None Target: SOPs established	None so far	MoLSPF is committed to start the process of adaptation of the regional SOPs for health, social and police sectors. A new Work Plan is due to be signed with Women's Law Center for adaptation of these SOPs by March 2017.
Numbers/% of police trained through UNFPA supported curriculum	Baseline: Target:	600 with UNFPA support and another 400 by Women's Law Center with other support (Source: WLC)	The National Police numbered approximately 8,000 (OSCE 2006) but were downsized in 2008 – training of first line officers was prioritized
Numbers of protection orders issued for survivors of Gender based violence between	Baseline: 30 (2012) Target: N/A	1,345 in 2015	Increase of protection orders

4.5 Effectiveness in the Population and Development programmatic area

To what extent have the interventions supported by UNFPA in the field of Population and Development supported government and non-government stakeholders to better able to accelerate national policies and development agenda, through integration of evidence-based analysis on population dynamics? (EQ3)

Summary

UNFPA has contributed significantly to development of evidence-based policies through demographic research and has promoted new linkages between academia and policy makers. UNFPA has effectively supported an updated methodology on the territorial demographic security indicator and development of the new Strategy for Development of the Statistical System. UNFPA contributed to re-defining the National Programme on Demographic Security and the Road Map on Ageing.

UNFPA provided substantial and sustained capacity and advocacy support to the government, through all phases of the 2014 Population and Housing Census. UNFPA effectively leveraged funds, and supported a youth communication campaign and a Post Enumeration Survey. However, weak political will and management, insufficient communications to prepare citizens, and inadequate data collection coverage resulted in public dissatisfaction with the census process, and a significant delay in releasing official data. Census data is currently being processed and are due to be disseminated starting in March 2017.

UNFPA has effectively supported development of demographic expertise and information exchange by creating and capacitating the Demographic Research Center, which became the key actor on demographic research, and supporting two Master's Degree programmes on Demography and Family Counseling. UNFPA provided evidence-based advice for mainstreaming ageing into sectorial policies, and facilitated the implementation of policy documents on ageing, and integration of elderly rights and needs in the public policies.

4.5.1 Profile of the Population and Development programmatic area

Six types of interventions are implemented by UNFPA and its implementing partners with the technical support of the UNFPA Eastern Europe and Central Asia Regional Office (EECARO) under the Population and Development programmatic area of the 2nd Country Programme.

Research and analysis on Population and Development (P&D) - The focus is on promoting an evidence-based population and development policy agenda with UNFPA implementing partner (IP) Demographic Research Center (DRC) and in coordination with the Ministry of Labor, Social Protection and Family (MoLSPF) under the leadership of the National Commission on Population and Development, through:

- Capacity building of the DRC through sharing its national expertise at international level, development of Demographic Barometers, Policy Papers, Active Ageing Index and P&D Bulletin.
- Providing support for development of the Strategy for Development Statistical Sector in the framework of UN Joint Programme on Statistics
- Updating the methodology on territorial demographic security indicator
- Providing support to conduct research on the ICPD agenda

Advancing the Road Map on Ageing - The focus is on promoting the ICPD agenda and the implementation of the Roadmap on Ageing with IP HelpAge International (HAI) and under the leadership of the Ministry of Labour Social Protection and Family (MoLSPF), through:

- Advancing the Madrid International Plan of Action (MIPA) and the Regional Implementation Strategy (RIS)
- Development of the Active Ageing Index
- Promoting active ageing (AA) by supporting a peer to peer initiative among older persons (OP)
- Gathering data on the vulnerability of the elderly for a stronger policy response
- Strengthening the capacity of specialists in assisting the elderly with age-friendly support services.

Promoting evidence and Rights-based demographic policies - The focus is on evaluating programmes on ageing and demography in coordination with the Ministry of Labour, Social Protection and Family and with implementing partner Help Age International, with support of UNDESA and the Czech Republic Development Agency, through:

- Organizing regional consultation meetings
- Providing support to review the implementation of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) and Road Map on Ageing and its Action Plan 2014 – 2016 and development of the new Action Plan
- Providing support to evaluate the implementation progress of the National Programme on Demographic Security (2011 – 2025)
- Revision of the National Programme on Demographic Security and development of the new Action Plan.
- Piloting a regional initiative in shifting demographic policies to international practices through International Advisory Panel on Population and Development – Moldova.

Support for 2014 Population and Housing Census - The focus is on providing support for the Population and Housing Census (PHC) to promote use of evidence-based and gender-disaggregated data for public policy formulation with IPs National Bureau of Statistics (NBS) and National Youth Council of Moldova (CNTM) and with financial support from the Swiss Agency for Development and Cooperation, the Romanian Government, UNDP and UNICEF through:

- Establishment of the International Technical Advisory Board (ITAB)
- Providing international technical expertise and financial support to NBS at all phases of census.
- Support in conducting a youth communication campaign related to the PHC
- Supporting capacity building trainings of field enumerators
- Conducting for the first time a Post Enumeration Survey

Support for Master's Degree Programmes - The focus is on increasing the national expertise on demography and family counselling with the Academy for Economic Studies and Moldovan State University and under the leadership of the UNFPA and in collaboration with the Czech Development Agency and UNDESA, through:

- Supporting the Academy for Economic Studies of Moldova in conducting the Masters of Arts (MA) Degree Programme in Demography

- Involving technical expertise from Charles University (Prague, Czech Republic)
- Supporting the Moldovan State University in developing the curriculum and conducting the MA Degree Programme in Family Counselling

Mainstreaming Ageing in Public Policies - The focus is on providing evidence-based policy advice for mainstreaming ageing into sectorial policies, and to facilitate implementation of policy documents on ageing, and integration of elderly rights and needs in the public policies, with IP HelpAge International (HAI), under the leadership of the National Commission on Population and Development, in collaboration with UNDESA, through:

- Involving academia, CSOs, mass-media and Government in developing evidence-based policy recommendations in mainstreaming ageing into sectorial policies
- Developing the methodology on mainstreaming ageing into public policies
- Supporting HelpAge International in creating and capacity building of the Platform on Active Ageing (PAA) and conducting an institutional assessment of its members.
- Conducting (joint HAI and DRC) research on elderly issues, including a Demographic Barometer on the elderly aspects
- Delivering the P&D course for journalists within the Advanced School of Journalism from Moldova

The regular resource (core-funds) for the Population and Development programmatic area throughout the Country Programme (2013-2017) is estimated to be \$600,000 or 24% of the total funds including \$131,127 for programme support for Population and Development (operations and administration). The P&D programmatic area has the largest portion of total (regular resources plus donor resources) resources through 2016.

The programmatic funds allocated from regular resources for interventions over the lifespan of the CP (with 2016 and 2017 total funds still not confirmed) are approximately as follows: Research and analysis on Population and Development (\$143,637); Advancing the Road Map on Ageing (\$72,640); Promoting evidence and Rights-based demographic policies (\$87,956); Support for 2014 Population and Housing Census (\$63,642); Support for Master's Degree Programmes (\$400); and Mainstreaming Ageing in Public Policies (\$30,018).

In addition to regular resources, UNFPA CO mobilized funds for the following intervention areas: Support for 2014 Population and Housing Census (\$869,515 from Swiss Agency for Development and Cooperation; \$122,113 from Government of Romania, \$18,500 from Government of Czech Republic); Promoting evidence and Rights-based demographic policies and Mainstreaming Ageing in Public Policies (\$40,231.77 from Government of Czech Republic); Research and analysis on Population and Development (\$6,000 from UNDESA); Mainstreaming Ageing in Public Policies (\$6,760 from UNDESA)

The interventions under the P&D programmatic area were largely carried out as planned with the exception of some interventions related to support for the Population and Housing Census.

4.5.2 Contribution to the strengthening of national policies through integration of rights and evidence based analysis on population dynamics and their links to sustainable development

The national policies are strengthened through integration of rights based and evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Research and analysis on Population and Development included a wide range of interventions, such as: Capacity building of the Demographic Research Center (DRC); Development of Demographic Barometers, Policy Papers, Active Ageing Index and P&D Bulletin; Providing support for development of the Strategy for Development Statistical Sector in the framework of UN Joint Programme on Statistics; and Updating the methodology for assessing demographic security as well as providing support to conduct research on the ICPD agenda. All UNFPA interventions were well coordinated with the Ministry of Labor, Social Protection and Family (MoLSPF) to promote sustainability and to ensure evidence-based and people-centered population and development policies coordinated by the National Commission on Population and Development.²¹⁶

²¹⁶ Key informants interviews and sites visits, April 2016.

UNFPA played an active role in the UN Joint Project (with UNDP, UN Women, UNFPA, UNICEF and ILO) “*Strengthening the National Statistical System in Moldova*” substantially contributing to the development of the Strategy for Development of Statistical Sector 2020.²¹⁷ UNFPA took the lead in providing capacity development for the National Bureau of Statistics (NBS). Using lessons learned from the 2010 Census Round, UNFPA engaged international technical expertise on demographic and statistical issues for enabling the NBS to perform its role of coordinating the statistical system ensuring standards to statistical production, and providing relevant, accurate, timely, comparable, coherent and complete statistical data.²¹⁸

UNFPA provided valuable support in creating and **organizational strengthening of the Demographic Research Center** (DRC). The DRC was created in 2013 by the National Institute for Economic Research and is composed of 18 experts. The DRC increased its technical expertise in demographic research, as the result of interventions organized by UNFPA during 2013-2015, such as: the consultancy mission for establishing of the DRC in Moldova; the training course on population projections conducted by Max Plank Institute (Germany); language courses; and participation at UNFPA EECARO trainings on P&D conducted by High School of Economics (HSE) from Moscow.²¹⁹ The DRC staff effectively shared their experience with the international academic community through participation of six researchers in regional and international workshops and conferences with the aim of promoting the results achieved by the DRC to international audiences.²²⁰

The DRC and National Commission for Population and Development websites were improved through UNFPA support, which increased the visibility of the P&D issues by highlighting all the products developed during the collaboration with UNFPA, such as: Demographic Barometers, P&D Newsletters, Active Ageing Index, other researches and publications and the online surveys on P&D issues.²²¹

The DRC with the support of UNFPA, Academy of Science of Moldova, and the Ministry of Economy conducted research on the ICPD agenda after 20 years of implementation in Moldova, and distributed it to public authorities and decision makers highlighting important P&D issues such as: population development trends on the both banks of the Nistru river; population well-being and quality of life; education and labour market; family planning and birth rate; social protection of the families with children; public and reproductive health and migration.²²² The DRC benefited from effective and well-tailored trainings on P&D aspects from the MaxPlank Institute.²²³

Starting in 2015, UNFPA and the DRC worked **strategically** to improve the linkages between academia and policy makers. The DRC subsequently launched two new tools for decision makers – **Demographic Barometers**, which represent analysis of the status-quo and **Policy Papers**, which are mainstreaming tools, to provide recommendations for public decision makers. The purpose of these tools is to supply up to date and accurate information on a wide range of topics, presenting an effective means for garnering public opinion, raising awareness and increasing the potential for decision-makers to effectively use the data, for example, on the socio-economic impact of demographic changes.

Three Demographic Barometers centering on: (1) Population; (2) Quality of Life of Elderly; and, (3) Youth were developed and publicly presented to policy makers, civil society organizations and mass media in support of evidence-based people-centred P&D policies.²²⁴ Key informants agreed that public presentations of the Demographic Barometers increased the visibility of the P&D related issues, as well as of the DRC and UNFPA. Public authorities generally supported the findings and conclusions of the Barometers, especially those related to Quality of Life of Elderly and Youth.²²⁵ However,

²¹⁷ The UN Joint Project “Strengthening the National Statistical System in Moldova” was designed relying on the findings of the Common Country Assessment, conducted jointly by the Government of Moldova and the UN system in 2005.

²¹⁸ The project was designed based on the findings of the Common Country Assessment, conducted jointly by the Government of Moldova and the UN system in 2005. UNFPA COARs, 2013-2015. Key informants interviews and sites visits, April 2016.

²¹⁹ Key informants interviews and sites visits, April 2016. UNFPA COARs 2013, 2014, 2015. Progress reports of Demographic Resource Center. 2013-2015.

²²⁰ UNFPA COAR 2015.

²²¹ See the official web pages of the: DRC: <http://ccd.md> and National Commission for P&D: www.demografie.md

²²² “Socio-demographic profile of the Republic of Moldova 20 years beyond the adoption of Cairo Programme of Action”, DRC 2014.

²²³ Key informants interviews and sites visits, April 2016. UNFPA COARS 2013, 2014.

²²⁴ Demographic Barometer on Population, Olga Penina, 2015; Demographic Barometer on Quality of Life of Elderly, Anatolii Rojco, Olga Gagauz ; Demographic Barometer on Youth, Olga Gagauz, 2015. UNFPA COAR 2015.

²²⁵ Key informants interviews and sites visits. April 2016.

alternative data presented by DRC particularly those related to the total population in Moldova varied from estimates made by the NBS, which questioned the accuracy of the methodology.²²⁶

Two Policy Papers on (1) Pregnancy in Adolescence, and, (2) Healthy Life Expectancy were developed and presented by DRC to the policy makers, CSOs, academia and mass-media providing policy options for advancing the ICPD agenda in Moldova.²²⁷ The methodology on integrated territorial indicator on demographic security was updated and a Policy Paper on this indicator is being prepared for the next meeting of the National Commission on P&D.²²⁸ There is some evidence that the policy papers outputs have been utilized. For example, the Demographic Barometer on the actual population number was considered in each meeting of the Census Commission. The Commission on Ageing took note of the most recent Active Ageing Index policy paper recommendations and encouraged line ministries to improve the policy framework for an ageing active society. The Demographic Barometer on the elderly (October 2015) was used to advocate for approval of the methodology on mainstreaming ageing into sectorial policies. However, their influence on policy outcomes is yet to be definitively shown.²²⁹

In 2014-2015, the DRC developed and shared with stakeholders four “Population & Development Bulletins” in order to promote research and scientific analysis and to inform the relevant authorities and the public on the dynamics of the demographic processes in Moldova. Since 2016, the P&D Bulletin is available electronically, supported by the DRC without external financial or technical support, indicating ownership and good sustainability prospects. However, some key informants questioned the effectiveness of the electronic bulletins, suggesting that the Policy Papers had greater potential for impact because of their solution-oriented approach, accompanied by public presentations, and direct interaction with the decision makers.²³⁰

Interventions that are planned for 2016 by the DRC include development of three new Demographic Barometers, strengthening capacities of the DRC in applying international experience and practices in their national research and developing a Population Situation Analysis. The “Population Situation Analysis” developed by DRC under overall leadership of the National Commission on P&D, assesses the current situation of the demographic sector for use as a **national benchmark** instrument to identify key issues and population groups and where existing policies may need revision. In 2016, the DRC aims to promote evidence-based and people-centered policy recommendations on P&D in alignment with the national policy framework, such as a National Program on Demographic Security.²³¹ UNFPA also plans to support an analytical report based on the National Transfer Accounts methodology, which follows the UNDESA manual on this subject. The report is expected to be published in July 2017.

UNFPA also contributed to the DRC capacity building in terms of external communication and media relations. Upon UNFPA request a designated DRC staff for external communication was instructed on how to effectively manage media events and disseminate information to the journalists. UNFPA assisted with establishing direct links and cooperation between the DRC experts and specialized on social and demographic issues journalists (participation in TV talk shows, interviews and comments to the on-line and printed media, press-clubs).

With UNDESA support, a national workshop on Family Policy was held by MoLSPF, to analyze the current international experience in responding to changes in family structures and identification of the policy implications for Moldova. Subsequently, a comprehensive study reviewed existing data and gaps on families and the 2011 UNDESA Report on policy framework on family in the Moldova was updated.²³² The MoLSPF has taken leadership on this issue, showing strong ownership, and created a Working Group for development of a Road Map on Family Policy in Moldova.

The DRC is fully supported by the national budget and has a four-year action plan. However, the DRC still perceives itself as mainly a research institute rather than a force for influencing policy making and

²²⁶ Demographic Barometer on Population, Olga Penina, 2015. According to the Demographic Barometer on Population the total population of Moldova is about 2.9000.000, while the NBS estimated – 3,555.000 persons

²²⁷ Healthy Life Expectancy – An Integrated Indicator Of Population Health, Olga Gagauz, Cristina Avram, 2015. UNFPA COAR 2015

²²⁸ The integrated indicator is the main tool in measuring progress in each region of the country in implementation of the National Programme on Demographic Security 2011 – 2025.

²²⁹ Key informants interviews and sites visits. April 2016.

²³⁰ Key informants interviews and sites visits. April 2016.

²³¹ National Program on Demographic Security 2011 – 2025.

²³² Report on the Assessment of Data on Families in the Republic of Moldova, Valentina Bodrug-Lungu, 2015

implementation. This may present a challenge, in that its original function was to influence policy through advocacy and research.²³³

The DRC cooperates effectively with the National Commission on Population and Development, which is the main governmental body in P&D. However, in view of needed cooperation with the Parliamentary Commission on Social Protection, Health and Family, there is not yet a strategic partnership in transferring evidence-based analysis to the Commission. In this regard, periodic meetings are important between the Parliamentary Commission and the DRC and including other UNFPA policy implementing partners could help to fill this gap.²³⁴

In regard to involvement of other national experts in DRC research and publications, key informants note that the level of involvement could be much stronger, for example, in regard to gender equality or adolescents and youth, and this weak involvement could have a negative impact on development of local expertise and their ownership. The DRC is seeking larger economic studies directly linked to its areas of expertise, rather than smaller studies where it does not have sufficient expertise.²³⁵ While this perspective may affect some future demographic related assignments, other cooperation opportunities may be possible on youth economic empowerment issues, which could be envisaged by the next UNFPA Country Program.

Advancing the Road Map on Ageing

The Road Map on Ageing was developed with UNECE support as part of the implementation of MIPAA/RIS and in June 2014 the Government approved an Action Plan on mainstreaming ageing into sectorial policies for 2014 – 2016.²³⁶ The HAI and the DRC with the support of UNFPA carried out a study on elderly abuse in Moldova, published in 2015.²³⁷ The research revealed that more than a quarter of the older people interviewed (28.6 %) had experienced different acts of violence and abuse. Two thirds of the victims are women and this proportion is the same for every form of abuse surveyed.²³⁸ One of the most widespread forms of abuse against older people (OP) is psychological and emotional abuse (14%), while 11% of OP are economically abused and 4.4% became victims of physical violence. Sexual abuse against older women was difficult to survey, as the victims tended to hide such cases. The World Bank partnered with UNFPA in conducting national research on ageing, based on a previous analysis undertaken in this area by HAI and DRC.

The next step involved informing the public by HAI and its local OP partner organizations on the issue of violence and abuse of elderly people highlighting such aspects as: attitudes and perceptions towards OP and ageing; respecting the rights of OP to a decent living; discrimination and abuse of OP in access to healthcare, social protection and social assistance; OP and inter-generational relations; profile of an OP-victim, and OP employment, social participation and volunteering.²³⁹ **Awareness raising and advocacy** included several types of interventions, such as round tables with (about 60) government stakeholders, civil society, academia and media. Other activities were several social theatres on elderly abuse in different regions of Moldova, and an Annual Public Campaign called “Age Demands Action.”²⁴⁰

UNFPA and its implementing partners were proactive in promoting the Active Ageing Index (AAI) and Policy Paper, developed by DRC with the aim to extend the European Union experience in measuring the ageing policies at national level for evidence-based ageing policies.²⁴¹ Preliminary findings of the AAI were presented by the DRC at the International Seminar on Active Ageing Index in Brussels (April 2015) organized by the United Nations Economic Commission for Europe (UNECE) and the European Commission's Directorate General for Employment, Social Affairs and Inclusion (DG EMPL).

²³³ Key informant interviews, April 2016

²³⁴ Key informant interviews, April 2016

²³⁵ Key informants interviews and sites visits. April 2016.

²³⁶ National Program for Integration of Ageing issues into policies; Road Map for Mainstreaming Ageing in Policies for 2014 – 2016

²³⁷ Research: “Breaking the silence: Elder abuse in the Republic of Moldova”, DRC, HAI, November 2015.

²³⁸ Ibid.

²³⁹ UNFPA COAR 2015.

²⁴⁰ Public Campaign «Age Demands Action» was successfully carried out at the national level by HAI and its local OP organizations without UNFPA financial support, as part of UNFPA exit-strategy.

²⁴¹ Active Ageing Index is a comparative indicator of active ageing process across European countries. It helps identifying strengths and weaknesses in the evolution of this process for each country. AAI examines the life aspects of elderly population, establishes social, economic and institutional barriers for active ageing and shows the degree to which the potential of older people is harnessed. Active Ageing Index. Policy paper, Mariana Buciuceanu-Vrabie. March-April 2016 http://ccd.ucoz.com/Id/0/44/Policy_Paper_II.pdf

According to the UNECE, Moldova is the first non-EU country that has developed the Active Ageing Index.

Key informants attested that the international seminar in Brussels helped the DRC to increase its technical expertise, especially on the methodological aspects of the calculation of the AAI and helped to fine-tune the AAI calculation method in Moldova.²⁴² However, they also pointed out challenges related to lack of input data on some indicators necessary to calculate the country-level of AAI.²⁴³

The AAI is seen as an important assessment tool to better inform Moldovan policymakers.²⁴⁴ The AAI in Moldova is very low and demonstrates that over 70% of people aged 55 years and older have no opportunities to participate in economic and social life, which represents untapped potential for active and healthy ageing.²⁴⁵ The capacity and enabling environment for active ageing is also limited in Moldova due to low life expectancy. Differentiated by gender, AAI registers significant discrepancies: older women are more disadvantaged and face material, financial and physical vulnerability to a higher extent compared to men.²⁴⁶

The situation of OP measured by the AAI shows the urgent need to implement coherent sectorial actions that might increase the standard of living and the quality of life of elderly people and insure a foundation for active ageing. Thus, the interventions in the health sector aimed at preventing diseases and at strengthening the overall health through quality, accessible and equitable services are very important, as well as in the employment sphere, by promoting and ensuring participation in the labour market. It is important to develop tools to support participation and social inclusion of the elderly, to increase the safety of the living environment adapted to the needs of the elderly.²⁴⁷

A number of **capacity building interventions** were undertaken in response to the Road Map on Ageing. In 2014, UNFPA with HAI and in partnership with the Ministry of Labour Social Protection and Family, supported strengthening the capacity of 50 specialists from different regions of the country in assisting the elderly with age-friendly support services.

About 23 journalists (including from Transnistria region and Gagauzia) were trained in demography to ensure efficient communication of the ICPD agenda to the general public and target-groups. The training programme was relevant and equipped participants with the necessary tools and techniques to highlight the issues of ageing and older people and the ICPD agenda in the media they represent.²⁴⁸ A curriculum for journalists on P&D was developed and applied within the Advanced School of Journalism, based on the UNFPA partnership with Center for Independent Journalism and two Press Clubs on Gender Based Violence (GBV) and Youth were conducted to boost capacity of the journalists` in communicating the ICPD agenda. Altogether about 348 persons – (306 women, 48 men, 24 younger people of 18-30) developed awareness about the increasing the pension age of women (from 57 to 62) within public debates and 13 community level round table meetings.²⁴⁹

Promoting evidence and rights-based demographic policies

UNFPA aimed to support the MoLSPF to evaluate and revise two large programmes on demography and ageing and shifting them to a new paradigm based on human rights, international practices and evidence. Within this intervention, UNFPA with support of UNDESA and Czech Republic Development Agency provided assistance in evaluation of the implementation process of the National Programme on Demographic Security 2011 – 2025 and revising the Programme in alignment with international practices and evidences and (2) evaluation of the third cycle of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) and Road Map on Ageing and its Action Plan 2014 – 2016 and additional support for development of a new Action Plan on Active Ageing (AA).²⁵⁰

²⁴² Key informants interviews and sites visits. April 2016

²⁴³ Indicators for calculating AAI, which are aligned to the Eurostat surveys and out of 22 indicators, Moldova has available data only for 13 indicators. In this regard, additional research is required.

²⁴⁴ Key informants interviews and sites visits. April 2016

²⁴⁵ Active Ageing Index. Policy paper, Mariana Buciuceanu-Vrabie. March-April 2016
http://ccd.ucoz.com/Id/0/44_Policy_Paper_II.pdf

²⁴⁶ Ibidem

²⁴⁷ Active Ageing Index. Policy paper, Mariana Buciuceanu-Vrabie. March-April 2016

²⁴⁸ Key informants interviews and sites visits. April 2016. UNFPA COAR 2015.

²⁴⁹ UNFPA COAR 2015.

²⁵⁰ National Program for Integration of Ageing issues into policies; Road Map for Mainstreaming Ageing in Policies for 2014 – 2016

The MoLSPF created an Evaluation Reference Group to monitor and support in evaluation of these two large programme, revising them and development of the new Action Plans on (1) active ageing²⁵¹ and (2) demography.

UNFPA with the MoLSPF organized the UNDESA mission in Moldova, which allowed the Government to assess: (1) the extent to which the macro-economic policy framework of the: Moldova - EU Association Agreement, National Development Strategy “Moldova 2020”, and the National State Budget responds to the population dynamics and vice-versa; (2) the extent to which the population related policies (such as the National Programme on Demographic Security 2011 – 2025, the Road Map on Ageing and its AP) are taken into consideration in the economic development and (3) providing recommendations and guidance for further actions required in order to ensure convergence between economy and population dynamics. The UNDESA mission also analyzed the correlation of the Madrid International Plan of Action on Ageing (MIPAA), Road Map on Ageing and its AP on mainstreaming ageing into sectorial policies with the national pension system reform and provided specific recommendations for ensuring their convergence in response to an ageing population of Moldova.

In 2016, UNFPA will work with the MLSFP to perform the third review and appraisal cycle of the implementation by Moldova of the MIPPA/RIS 2012 – 2017; development of the new AP on Active Ageing 2017 – 2020 and review of the implementation progress regarding the National Programme on Demographic Security 2011 – 2025 and its Action Plans.

The UNFPA Regional Office (EECA) established an International Advisory Panel on Population and Development for Eastern Europe and Central Asia (IAPPD-EECA) to foster continued cooperation between institutions in the region.²⁵² The first meeting of IAPPD-Moldova included four experts in demography, fertility, ageing and social policies, chaired by UNFPA Regional Deputy Director (21st – 22nd April 2016) to assist the National Commission on P&D with prioritizing investments needed to develop Moldova’s human capital given scarce resources. Key informants remarked that the National Commission on P&D increased its expertise as a result of high-quality international technical expertise and good practices shared in P&D and sexual and reproductive health (including fertility) areas.²⁵³

The IAPPD-Moldova also provided recommendations in the three key areas – demographic policies, sexual and reproductive health policies and ageing policies.²⁵⁴ According to key informants, IAPPD-Moldova is a valuable resource to help identify national capacity development needs and provide guidance from the international best practices on demographic issues, such as: ageing mainstreaming and sexual and reproductive health.²⁵⁵

However, the collaboration between different stakeholders involved in P&D, such as the DRC, the National Commission on P&D, academia, and relevant CSOs is insufficient and should be strengthened. Academia and policy-level CSOs are not as involved as they could be for evidence and rights-based demographic policies, while the role of National Commission for P&D is not strong enough in advocating for the ICPD agenda at national level and formulation of national priorities in the field of P&D.²⁵⁶

4.5.3 Contribution to the national capacity to produce, utilize and disseminate data to contribute to strengthen evidence and rights based policy formulation and implementation

UNFPA has contributed to national capacity to produce, utilize and disseminate data and strengthening evidence and rights-based policy formulation and implementation.

Support for the 2014 Population and Housing Census

The Moldovan 2014 Population and Housing Census (PHC) was conducted as part of the global 2010 Census Round. The Government of Moldova was motivated to proactively develop standards to meet expectations for the 2020 Global Census Round. At the national level, the supervisory authority was

²⁵¹ The Action Plan is the main instrument for ensuring the mainstreaming of ageing in sectorial policies.

²⁵² Moldova is one of the first countries to benefit from IAPPD-EECA support, given its engagement and expertise in population and development and active National Commission on P&D.

²⁵³ Key informant interviews and sites visits. April 2016.

²⁵⁴ Inception Report of the Population Situation Analysis, 2016.

²⁵⁵ Key informant interviews and sites visits, April 2016.

²⁵⁶ Key informant interviews, April 2016

anchored in the National Census Commission, which provided the oversight for the 2014 PHC. The National Census Commission included line ministers and heads of the governmental agencies, as well as UNFPA, and was chaired by the Prime Minister. As a high-level national decision-making body, the Commission supervised the preparation process as per the required technical recommendations, and confirmation of the adequacy of procedures.

The Government of Moldova agreed to the UNFPA proposal to help establish an International Technical Advisory Board (ITAB) to provide technical advice to NBS.²⁵⁷ Three guidance meetings of ITAB were held before the Census and one after the Census, during which ITAB provided relevant and tailored expertise to the NBS on technical, logistical, and administrative issues concerning preparation and carrying out the 2014 PHC based on good practices and international experience and the PHC methodology and data collection tools (for instance, questionnaires) were improved.²⁵⁸ The preparation for and the implementation of 2014 PHC exercise proved to be challenging and some inputs recommended by ITAB were not incorporated by NBS.²⁵⁹

The NBS led the census process, with support of national institutions (Ministry of Education, Ministry of Internal Affairs, “Cadastru”, and Local Public Authorities) and international partners (UNFPA, UNICEF, UNDP). UNFPA organized the joint development partners’ efforts in providing support particularly to the NBS and mobilized up to \$1.2 million. These funds were budgeted for the International Technical Advisory Board (ITAB), a youth communication campaign at local level, training of all enumerators, conducting for the first-time a Post-Enumeration Survey and mobilizing several international consultants who provided technical assistance at all phases of the census.

The NBS failed to develop and implement an effective and efficient **communication strategy**. It involved Public Broadcasting Company “Moldova 1”, but the informational spots about the PHC were not broadcast during prime time and this reduced the effects of the dissemination efforts. The informational spots were not thought to be of high quality by a number of stakeholders.²⁶⁰

The National Youth Council of Moldova (CNTM), with UNFPA support, helped to fill the information gap by delivering an innovative “Door to Door” campaign on the PHC carried out in 16 rayons of the country and covering around 1/3 of population, especially the vulnerable groups and minorities. The main activities included: (i) information campaign in 14 rayons, which involved about 326 volunteers and covered 349 localities from 14 rayons, (ii) Census educational campaign in the universities in 6 rayons targeting young students (18-30) and first time participants from 41 educational institutions; and, (iii) National contest for Moldovan journalists and bloggers.²⁶¹

The CNTM organized several public information events, such as press conferences at local and national level, spots on national and local TV, announcements on radio stations, and articles in the written press. The National Contest for Journalists and Bloggers “*Recensământ promovat - cetățean informat*” (English: “*Census promoted – citizen informed*”) involved national and local journalists in promoting and writing about the census in Moldova increasing the visibility and aiming to stimulate participation in the PHC.

The weak experience in the NBS in planning and conducting communication campaigns influenced the overall process of communication and information about the census. The NBS was not sufficiently sensitive to the need for public messages on the census process and having high levels of census awareness, and the information campaign delivered by CNTM was insufficient for a nation-wide action, as recognized by several stakeholders.²⁶²

The NBS staff trained 14,264 local enumerators responsible for collecting PHC data, using methodology and manuals previously developed with the support of international consultants. However, the NBS did not fully utilize the TOT it took part in on how to train enumerators and this affected the quality of training enumerators received.²⁶³ Thus, the skills of the enumerators were not fully developed to undertake the tasks, even though they were evaluated against a check-list

²⁵⁷ UNFPA COAR

²⁵⁸ Key informants interviews and sites visits. April 2016.

²⁵⁹ Key informants interviews and sites visits. April 2016.

²⁶⁰ Key informants interviews and sites visits. April 2016.

²⁶¹ UNFPA Monitoring report to Romanian Embassy, 2014. UNFPA Progress Report to Swiss Agency for Development and Cooperation (March 5th – December 31st, 2014). UNFPA Annual Progress Report to Swiss Agency for Development and Cooperation (January 1st – December 31st, 2015).

²⁶² Key informants interviews and sites visits. April 2016.

²⁶³ Key informants interviews and sites visits. April 2016.

developed by UNFPA and agreed by NBS. Additional advice provided during the monitoring field visits helped local coordinators to adjust census related activities, but were insufficient.²⁶⁴

The census was undertaken by national public authorities and the delays and quality issues suffered pointed to weak national capacities. Thus, due to weak management by NBS, about 30% of the local enumerators from Chisinau and Balti dropped out during the census data collection because of poor remuneration, and reluctance on the part of citizens to get involved in the census. Consequently, they did not complete their assignments resulting in poor coverage, especially in Chisinau and Balti municipalities.²⁶⁵ During the census it was determined that many people were not informed and were reluctant to open the door. Some enumerators filled in the questionnaires with pencil (which is not allowed) instead of a pen, as they were instructed by the NBS.

UNFPA provided technical assistance to NBS for the first ever Post-Enumeration Survey (PES) and training on CPro software (involving an international consultant), meant to assess quality of data collection process and coverage and to increase the census quality based on mobile teams' methodology in 90 Enumeration Areas in different regions of the country. The PES was appraised by the ITAB members as being carried out properly.²⁶⁶ The PES was conducted and published by NBS however, it was not possible to measure the quality of the PHC data using PES because the census data were not yet processed.

The UNFPA Moldova direct communication interventions during 2014-2016 (interviews, press-clubs, op-eds) were focused on the importance of the accurate data for Moldova, as well as the necessity to start the processing and release the results according to the international standards and recommendations. This contributed to the increase of the public and media pressure to the Government to ensure the processing and the further release of the Census data.

Key informants mentioned that political instability in Moldova influenced the advocacy actions for evidence-based policies on Population and Development and there was weak commitment to providing domestic budget allocations for starting data processing of census questionnaires.²⁶⁷ In 2015 Moldova had several Prime Ministers and this influenced the overall leadership and commitment of the Government in providing domestic budget allocations. As a result, no budget was allocated in 2015 for **processing of the census** questionnaires and this seriously delayed data processing until April 2016. The NBS has no statistical data processing software and this also hampered the data processing. To remedy this, the NBS requested additional technical and financial assistance from the international development partners, but this request was not supported since it was expected that national resources would cover these costs.²⁶⁸

Consequently, there was no progress in data processing of the PHC during 2014 and 2015. Fortunately, in 2016, data processing has commenced, however, it is being entered manually by about 190 data entry operators. It is not possible yet to ascertain the degree to which the census contributed to evidence-based policy formulation and implementation.

The ITAB has noted that compared to the 2004 Census, the quality of data collection process increased at 2014 PHC, however the coverage was poor, especially in the Chisinau and Balti municipalities. The national ownership on the PHC 2014 was demonstrated by the financial contribution from the domestic budget. Importantly, about 93% from the total Census budget (78.6 million MDL) was covered from domestic budget and 7% (5.3 million MDL) from the Swiss Agency for Development and Cooperation, the Government of Romania, the Government of Czech Republic, UNICEF and UNDP.

The census was undertaken within the planned timeframe, but key informants hesitate to assess it as successful, as it generated dissatisfaction and disappointment with the census preparation (lack of communication strategy and insufficient involvement of the NBS in communication campaign), development (insufficient coverage), and data processing (after two years of undertaken PHC there is still no official data).²⁶⁹

²⁶⁴ Key informant interviews, April 2016

²⁶⁵ Key informants interviews and sites visits. April 2016.

²⁶⁶ UNFPA Progress Report to Swiss Agency for Development and Cooperation(March 5th – December 31st, 2014). UNFPA Annual Progress Report to Swiss Agency for Development and Cooperation (January 1st – December 31st, 2015).

²⁶⁸ Key informants interviews and sites visits. April 2016

²⁶⁹ Key informants interviews and sites visits. April 2016.

Several lessons can be documented for the next census:

- National institutions responsible for the census should have a concrete Strategy and Action Plan for carrying out the census, based on which ITAB members could provide their inputs with strong follow-up on their application.
- Strong and capable national leadership is important, because without it, census management should be relegated to another form of external support (such as an independent technical team).
- Assessment of the legal framework, action plan and budget was essential for beginning discussions in the first ITAB meeting.
- ITAB had a professional approach, however it could have played a more forceful role, which would likely have meant that an independent technical team would need to be put in place.
- A communication campaign is crucial in ensuring citizens' participation in the census and its importance should not be underestimated, because it directly affects the results. The key-messages should be focused on explaining the Census's process and its benefits for citizens.
- The information campaign needs to start well in advance of the enumeration phase. Informational campaign "Door to Door" lead by the CNTM was one of the main instruments for promotion of non-partisan key-messages related to census. Coverage during this campaign of the vulnerable groups and minorities increased the level of information at local level, but still was not sufficient.

Support for Master's Degree Programmes

The Academy of Economic Studies (AES) led development of the higher degree programmes. The output is expected to be annual graduates of (1) Master Programmes on Demography (delivered by AES) and (2) Family Counselling (delivered by SUM). A productive cooperation was developed with UNFPA and Charles University.

Charles University from Prague supported the AES in conducting the Master of Arts (MA) Degree Programme in Demography, through scholarships and study visits. The annual target of 15 students per Master's Programme has been exceeded in 2015 to 21 enrolled students and all students are adequately equipped with the informational materials on Demography provided by the Charles University and the experts from Czech Republic are regularly delivering lectures for Moldovan students from AES.²⁷⁰ This cooperation illustrates the effective combined efforts between the Moldovan and European stakeholders which has brought significant added value to the programme. Key informants mentioned that the fellowship offered by the Government of the Czech Republic has increased attractiveness of the program - the average grades of students improved (from 7,4 up to 8,3).²⁷¹

The State University of Moldova (SUM), has developed the curriculum supported by UNPFA and UNDESA, with methodological guidelines and informational materials for the students of Master Degree Programme on Family Counselling and enrolled 19 students, which also exceeded the annual target of 15 students enrolled.

Both academic institutions (AES and SUM) are successfully delivering Master programs on Demography and Family Counseling. However, if external support is not forthcoming, the sustainability prospects of this output are not clear. In order to strengthen sustainability, there should be budgetary allocations to maintain the scholarships.²⁷² Another challenge is related to unclear employment perspectives of the graduates of the Master Program on Demography of AES.

Mainstreaming Ageing in Public Policies

In 2015, Moldova launched a new initiative for evidence-based policy advice in mainstreaming ageing into sectorial policies, which is expected to facilitate implementation of policy documents on ageing and integration of elderly rights and needs in the public policies. The strategy involved academia, CSOs, and mass-media. The objective is to facilitate the integration of elderly rights as a cross-cutting issue in policies, considering demographic ageing tendencies in the Republic of Moldova.²⁷³

As described above, a set of research on the elderly, including a Demographic Barometer, and qualitative and quantitative research was conducted to provide more disaggregated data on elderly (academia). In addition, a new course on Population and Development was developed and conducted

²⁷⁰ Key informants interviews and sites visits. April 2016.

²⁷¹ Key informants interviews and sites visits. April 2016.

²⁷² Key informants interviews and sites visits. April 2016

²⁷³ According to the Active Ageing Index, in 2014 ageing coefficient in Moldova was 16.1%.

for journalists and incorporated into official curricula of the School of Advanced Studies in Journalism from Moldova (mass-media) and permanent training and support to the Platform for Active Ageing were provided (for CSOs).

UNFPA and HAI in partnership with MoLSPF developed a specific **methodology on mainstreaming the Ageing** in sectorial policies, which was validated by the National Commission on P&D. Subsequently, HAI is already piloting the methodology in three areas with different public authorities as key implementing partners: 1) Labour Market (with the Ministry of Labour, Social Protection and Family); 2) Healthy lifestyle (with Ministry of Health) and 3) Sport (with the Ministry of Youth and Sports).

UNFPA in partnership with MoLSPF conducted a large consultation (social workers working with elderly at local level and civil servants) around the mainstreaming methodology and the National Commission on Population and Development has taken ownership of this intervention. The civil servants from central authorities were trained on how to apply this methodology in their sectorial policies. The methodology has been also presented during the UNECE Working Group on Ageing and is considered by several international experts as an effective tool for mainstreaming ageing into sectorial policies.

Three sets of policy Analysis and their recommendations provided as a result of applying mainstreaming methodology, underlines the importance of dealing with ageing and both Government and Parliaments are moving forward this agenda by monitoring implementation process of ageing policies and organizing public hearings on the subject. Analytical notes on the elderly are expected to help policy makers to formulate evidence-based policies which affects elderly, to facilitate mass-media to communicate in a people-center manner about these issues, to capacitate CSOs to advocate more effectively for elderly rights nationally and locally and to deliver evidenced-based information for development partners, including World Bank, UN Women, UNDP, among others.

To ensure that the policy recommendations are integrated into the public policy, 16 community based organizations and think tanks, with the UNFPA and HAI, founded the **Platform on Active Ageing (PAA)** as an advocacy network for the rights of older people in Moldova. The needs assessment methodology and the questionnaire for the assessment of the NGOs was developed and it is used by HAI for assessment of other new potential members that may want to join the PAA. A conceptual structure was also developed of the network and priorities were discussed for the Platform for 2016. According to the progress reports, 12 out of 15 NGOs of the PAA improved their capacity in the areas of (i) strategic problem identification and analysis aimed at developing community projects for the elderly and (ii) community mobilization strategy, community participation, empowerment and decision-making with the participation of the elderly.²⁷⁴

A focus group discussion with some PAA members revealed that their expectations are very high from PAA, however, PAA has weak functional capacity and still needs capacity building support in advocacy related issues. Some of the PAA members are not familiar with the UNFPA mandate and the ability of OP to mainstream ageing in sectorial policies is weak. Members of the PAA are not yet actively involved in advocacy activities due to lack of experience and knowledge and it will be challenging to mainstream grass roots level problems into the national level policy development.²⁷⁵

In 2016, UNFPA and HAI aim to further strengthen the capacity of the newly formed "Platform for Active Ageing (PAA)" to enable the platform to advocate for elderly rights confidently and support mainstreaming ageing into sectorial policies. It is expected that by the end of 2016, the PAA will have benefitted from workshops and discussion, which will enable them to understand better the issues of older people in a broader human-right based framework.

Table 6. Population and Development Indicators

²⁷⁴ UNFPA COAR 2015

²⁷⁵ Focus Group discussion with PAA from the rayons, in Chisinau, April 2016.

Population and Development Indicators	Baseline Target	Progress up to April 2016	Remarks
<p>Country Programme Output indicator 4.1:</p> <p>Number of research studies in demographic analysis and policy implications</p>	<p>Baseline: 1 per year (2011)</p> <p>Target: 5 per year</p>	<p>2016 (6 publications)</p> <ul style="list-style-type: none"> • 1 Policy Paper on Active Ageing Index • 1 Policy Paper on Territorial Demographic Security Indicator • Population Situation Analysis • 3 Demographic Barometers <p>2015 (7 publications):</p> <ul style="list-style-type: none"> • 3 Demographic Barometers (Population, Quality of Life of Elderly and Youth) • Policy Paper on Healthy Life Expectancy • Policy Paper on Pregnancy in Adolescence • 2 PD Bulletins <p>2014 (6 publications):</p> <ul style="list-style-type: none"> • ICPD agenda after 20 years • Effects of ageing on socioeconomic development • Assessment of the demographic security level • 2 PD Bulletins 	<p>Target is achieved. National ownership is taken by the Demographic Research Center in developing research studies in demographic analysis and their policy implications.</p> <p>2017 (planned):</p> <ul style="list-style-type: none"> • 3 Demographic Barometers • Analytical Report on National Transfer Accounts
<p>Country Programme Output indicator 4.3: Policy and/or Road Map on Ageing is endorsed by the Government</p>	<p>Baseline: under development (2011)</p> <p>Target: policy endorsement</p>	<p>Road Map on Ageing is endorsed by the Government</p>	<p>Target is achieved</p>
<p>Country Programme Output indicator 4.5: National Action Plans on Demographic Security and Ageing are evidenced and rights-based</p>	<p>Baseline: No</p> <p>Target: Yes (2017)</p>	<p>Evaluation Report of third cycle of MIPAA/RIS and Road Map on Ageing and its Action Plan is conducted and Evaluation of the implementation progress of the National Programme on Demographic Security is in progress</p>	<p>By December 2016: revised National Programme on Demographic Security and a new Action Plan on Active Ageing</p>
<p>Contribution to national outcome indicator Population and Housing Census</p>	<p>Baseline: no Census</p> <p>Target: Census undertaken successfully, providing reliable and credible data for policy formulation</p>	<p>2014 Population and Housing Census undertaken</p> <p>Data are not processed yet but processing is underway</p> <p>There is no reliable and credible data for policy formulation, because of delay in census data processing</p>	<p>Census data processing is now taking place and data dissemination is scheduled for March 2017</p>
<p>Country Programme Output indicator 4.2: Number of annual graduates of Master Programmes on Demography and Family Policy</p>	<p>Baseline: 14 (2011)</p> <p>Target: 30</p>	<p>40 students of Master Programmes (21 on Demography and 19 on Family Policy)</p>	<p>National ownership is taken by ASEM and Moldova State University</p>

Country Programme Output indicator 4.4: Number of policy recommendations for mainstreaming of elderly rights	Baseline: 1 per year (2014); Target: 4 per year (2017)	2016: 3 policy analyses developed on (1) labour market (2) healthy life style and (3) sport	Target is due to be achieved by 2017
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4.6 Efficiency

To what extent has the UNFPA Moldova Country Office made good use of its human, financial and technical resources to pursue the achievement of the outcomes and outputs defined in the Country Programme? (EQ5)

Summary

UNFPA has achieved timely disbursement of funds during the 2nd Country Programme with few exceptions. Resource mobilization was successful exceeding strategic goals and has triggered provision of other resources from partners, regional and other UN sources and funds. The Country Office made very effective use of support from the regional office and exchange of expertise. The strong advocacy and communications strategy with links to the regional One Voice monitoring system is geared to stimulate results through diverse media. Use of journalists' skills and media connections need more facilitation by UNFPA.

Efficiency is affected by burdensome administrative procedures emanating from numerous small pieces of work in the Country Programme. There is strong support for human resources development, but staff and implementing partner capacities for mainstreaming human rights and gender equality need upgrading. Given future needs in communications and resource mobilization lack of dedicated permanent positions have to be reassessed as do monitoring and evaluation skills of partners.

4.6.1 Adequate and timely allocation of resources for planned UNFPA support to beneficiaries

Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen, and in a timely manner with few exceptions.

The UNFPA Moldova Country Office (CO) has achieved a very good rate of disbursement of regular resources from 2013-2015. For non-core resources, disbursement was less efficient against the planned annual budget. In 2013, delays were experienced in training of police officers (joint programme with IOM) due to institutional reorganization events outside CO control, which only achieved a 23% disbursement rate, however, events were re-planned and the deficit was made up the following year. Overall in 2013, 75-99% of target indicators in Annual Work Plans were reached. In 2014, some delays/non-drawdown of funds by the Implementing Partners were experienced in training for the census which required close monitoring and follow-up in the last quarter. In 2015, all programme targets were met but the implementation rate was 90.7% due to savings as a result of currency exchange rates.²⁷⁶

²⁷⁶ UNFPA Country Office Annual Reports, 2013, 2014, 2015

Figure 4. Budget Implementation of Core/Regular Resources 2013-2015

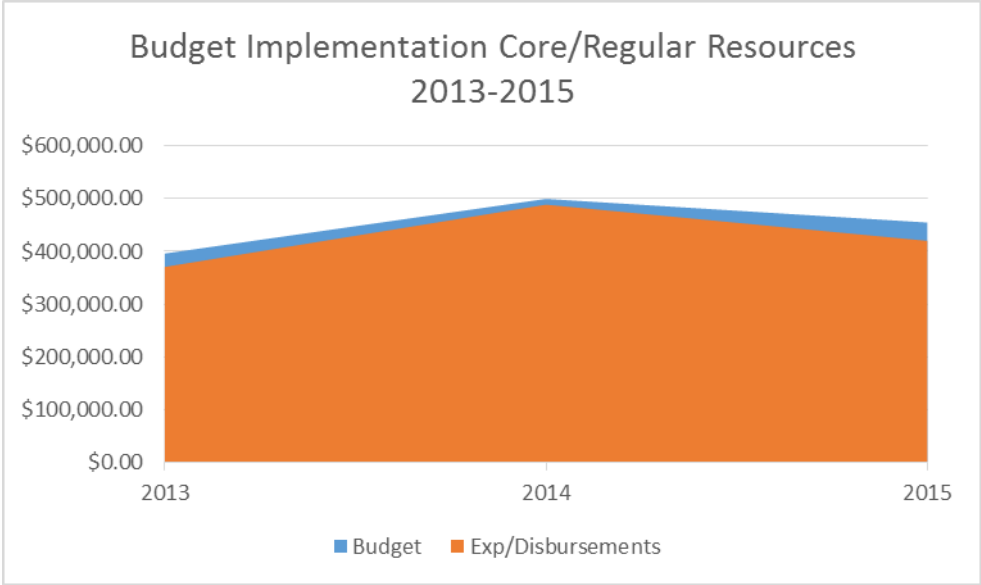
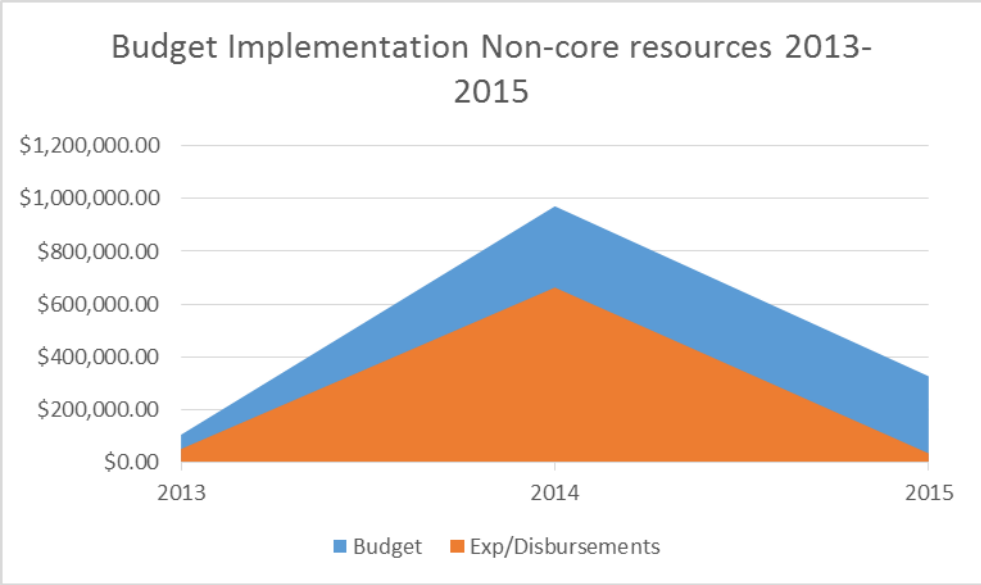


Figure 5. Budget Implementation of Non-core resources 2013-2015



Resource mobilization and evidence that UNFPA leveraged resources from other sources. The Country Office has been very effective at mobilizing resources. Resource mobilization has become an increasingly important activity because the core resources have not been sufficient to cover interventions and demands. Thus the CO made significant efforts to mobilize resources individually and as part of joint programmes within the UN Delivering as One initiative, including efforts to increase government commitment and expenditures for ICPD beyond 2014. A major investment was made for the Netherlands Interdisciplinary Demographic Institute (NIDI) survey of the Global Resource Flow NIDI survey in 2014 to establish national financing baselines for ICPD. UNFPA has at least one meeting per quarter with current or future donors.²⁷⁷

The goal for the Country Programme (2013-2017) was approximately \$1 million (30% of the required total CP budget of \$3.5 million) with \$2.5 million provided by regular resources.²⁷⁸ Resource mobilization exceeded the goal and yielded approximately \$1.2 million from donor countries and other sources. The major donors to UNFPA Moldova are the Swiss Agency for Development and Cooperation, the Government of the United States, the Government of the Czech Republic, the

²⁷⁷ UNFPA Country Programme for the Republic of Moldova, 2013-2017 Resource Mobilization Strategy (RMS)
²⁷⁸ UNFPA Country Programme for the Republic of Moldova, 2013-2017 Resource Mobilization Strategy (RMS) and Country Office Annual Reports, 2013, 2014 and 2015

Government of Lichtenstein and the Government of Romania.²⁷⁹

UNFPA soft and financial resources leveraged additional funds and resources. Funds were obtained from UNDESA (for adolescents and youth and population and development), the *Global Programme on Reproductive Health Commodity Security* (GP RHCS), the Unified Budget, the Results and Accountability Framework (UBRAF) for SRH work with HIV and AIDS, the UNFPA Innovation Fund, and EECARO. These funds amounted to approximately \$200,000.

Other resources which were leveraged through the UNFPA contribution:

- Women's Law Center with UNFPA combined their resources to train an additional 100 police officers over the 500 target number making the total 600²⁸⁰
- The Medical University, a state institution, carried on the training for FP for medical professionals using its own resources²⁸¹
- UNFPA facilitated the partnership of 11 youth NGOs, under the leadership of the NGO "Generatia cu Iniativa", within the Regional Public Campaign "Youth Voice" implemented during 2014-2015.

For the next Country Programme, the CO will have to make strong efforts for resource mobilization, given the categorization of Moldova as low middle income and the dwindling levels of Overseas Development Assistance. The Country Office does not have dedicated resource mobilization staff. The Country Office Resource Mobilization Strategy (2013-2017) called for efforts on the part of all staff members to contribute to fund raising. However, UNFPA staff do not have sufficient training on resource mobilization in order to have a full understanding of the donors' strategies and priorities. More insight is also required to access other funding sources, as well as the opportunities available to apply for funding through UNFPA, for example by effectively using the Brussels Liaison Office, and competing for EU funding.²⁸²

The currently competitive funding environment calls for a more coordinated and strategic approach to resource mobilization and suggests that the CO could consider a permanent staff dedicated to fund raising and developing a strong business strategy. The signs are clear from donors that the UN Delivering as One will need to pursue more joint funding among its members. Some donors seek larger programmes to fund with less administration and in hopes of stronger results. Closer alliances with European stakeholders and regional organizations should also be pursued. Furthermore, UNFPA has not included Implementing Partners to the extent possible in fund raising, and doing so could open doors to innovative ideas which will draw in funding sources.²⁸³

Because UNFPA Country Office budgets are tight, multi-year commitments are needed from the government, and steps have been taken to advocate for larger government contributions. Some government ministries did not receive funding during the CP for nationally executed (NEX) interventions, in part due to their shortages and turnovers of staffing. According to key informants, government staff experience some de-motivation when they do not receive UNFPA funding when they have proved to be effective partners. The National Bureau of Statistics and the Demographic Research Center which have received all of the NEX funding thus far in the CP, mainly contributing to the census exercise and related capacity development.²⁸⁴ The census exercise also received substantial resources from the Government.

Effective Use of Support from the Regional Office and Exchange of Expertise. In the UNFPA Strategic Plan (2014-2017) for the first time, the results framework contains indicators that capture upstream work including the results of UNFPA activities globally and regionally via support to country programmes. The regional role includes bringing in cutting edge expertise and building relationships with academic institutions and civil society partners, as well as providing quality assurance.²⁸⁵

The Country Office has received effective support from the EECA Regional Office to address technical assistance (TA) needs and in providing direct extensive learning and mentoring support. A number of examples of triangular and regional cooperation were mentioned in the Relevance section. These included many training events for UNFPA and partner staff, although follow up on their actual utility in

²⁷⁹ Country Office Annual Reports, 2013, 2014 and 2015 and Country Office financial data

²⁸⁰ Final Report To United States Department Of State's Bureau For International Narcotics And Law Enforcement Affairs (Inl) Strengthening The Multidisciplinary Approach In Achieving And Sustaining A Life Free Of Violence, IOM, 2015

²⁸¹ Key informant interviews, April 2016

²⁸² Key informant interviews, April 2016

²⁸³ Key informant interviews, April 2016

²⁸⁴ CO Budget Implementation data, April 2016

²⁸⁵ UNFPA Strategic Plan 2014-2017

the country context is not always documented. At the regional level there is a harmonized approach to technical assistance using European models, since it is perceived that the critical means to promote results in Moldova is by connecting to the European institutions. The CO effectively contributed to a regional master plan through gaining a common perception of capacity gaps from stakeholders in Moldova and striving for government commitment to capacity building.²⁸⁶

Where Moldova has achieved good results such as in addressing cervical cancer, and in developing Y-PEER and addressing ageing, the CO has shared those experiences regionally. The MDGs involved universal access to Reproductive Health in 2008 and Moldova was among those countries which promoted rights priorities and rights budgeting messages. For standardization and institutionalization of quality national clinical guidelines in sexual and reproductive health (SRH), Moldova was selected as a Regional Training Hub for Russian speaking countries in EECA.

Examples of the efficient CO use of regional support to increase program effectiveness, include the following:

- Planning of annual work plans and development of regional multi-year annual work plans to complement Moldova's Country Programme interventions
- Operationalizing SRH interventions with the Primary Health Care system, and the International Technical Advisory Board (ITAB) for the census
- Strengthening approaches to addressing HIV and STIs, and relationships with relevant national stakeholders to reach the most at risk groups
- Obtaining funding through the Global Supply programme for LMIS
- Joint advocacy with the Government to strengthen cervical cancer screening
- Support for a regional course on evidence based clinical guidelines
- Promoting the regional briefs on SRH for advocacy purposes
- Creation of a common communication platform, for common advocacy positions and joint, coherent and consolidated messages vis-à-vis partners and UNFPA target groups in Moldova. Specific regional messages were provided to the country context, as well as guidance for innovative celebration UN/UNFPA observances international days.
- Strengthening monitoring and evaluation, through the M&E Plan and regional training.

Communications targets established in line with "One Voice" Initiative and CP Outputs. The UNFPA Moldova Communications and Advocacy Strategy (2013-2017) built upon the strategy from the previous country programme cycle as well as recommendations from the EECARO Communication workshop in Istanbul (2012) and the Global meeting in Cape Town (2013). The **One Voice: Global Communication Strategy** affirms the central role of well unified and coordinated communications. The planned output and tools of the Moldova communications interventions as well as indicators, time frame and budget are planned in coordination with EECARO and progress entered into the SIS My Results database and the percentage of implementation calculated quarterly. Allocations to specific budgetary line items have promoted efficiency in attaining planned communications objectives.²⁸⁷

The CO also prepares annual detailed Advocacy and Communications Action Plans. All CO advocacy and communication priorities and activities are designed to contribute to the achievement of the Country Programme outputs, as well as to the UN common communication goal of "Communicating as One" and promoting joint advocacy positions in Moldova.²⁸⁸ The CO has effectively recalibrated the globally or regionally generated messages to the Moldova context such as the use of Family Planning to exercise choice rather than for fertility control. Recalibration was used successfully in animated videos produced by EECARO illustrating, for example, why Family Planning is important in low fertility scenarios and why the Government should invest in it. Good examples of communication are seen regarding the Y-PEER network; the success story of a Y-PEER volunteer from Moldova appeared in the 2014 State of the World Population (SWOP) report and was featured on the UNFPA global web site and social media platforms.²⁸⁹

²⁸⁶ Key informant interviews, April 2016, and Country Office Annual Reports, 2014 and 2015

²⁸⁷ Country Office Annual Report, 2014

²⁸⁸ The UN Partnership Framework Mid-term Review (2015): All core elements of the global "Communicating as One" standard operating procedures were achieved: a joint 2013-2017 UNPF Communications Strategy was approved by the UNCT, monitored and reported against in regular reporting; and a Country Communications Group, chaired by an international head of agency, developed common annual communication work plans and established ways to effectively bring together the communication resources of different UN entities to implement common activities.

²⁸⁹ Country Office Annual Reports and key informant interviews, April 2016 - Communication visibility activities typically are realized during the International Family Day (Family Festival in Moldova), World Population Day, International Youth Day,

Implementing Partners are invited by the CO every year to take part in a joint annual review meeting, thus they have opportunities to become familiar with UNFPA work globally, regionally and nationally. The annual review meetings are used for evaluation of the results, development of the action plans, sharing of lessons learned and development of common strategies to overcome the challenges. Key informants from a number of other organizations and advocacy groups indicated that they are unfamiliar with UNFPA's mandate or programmatic areas. They may know about some interventions, but lack understanding of the integrated strategies and advocacy efforts.²⁹⁰ To make its work more recognizable, UNFPA may need to increase visibility of its organizational profile and priority interventions. From the regional perspective, some priorities are likely to be: 1) sexuality education 2) addressing low modern contraceptive prevalence; 3) complex low fertility; and, 4) ageing issues.²⁹¹

Communications is a challenging area in terms of capacities both in the CO and with IPs for media relations and social media content management. A vacant Communication Associate position in 2014 for nine months resulted in limited information reaching the public about positive results and success stories.²⁹² Starting with 2015 the CO started the consolidation of the IPs communication capacities by providing assistance in planning and preparing media events (learning by doing sessions and expert advices) and establishing media partnerships (referencing the IPs experts to the journalists in case of media requests).

Though advocacy and communications interventions are supposed to be followed up with an assessment of their effectiveness, particularly the impact on the beneficiaries, but this is not carried out as well as it could be, partly due to budget limitation, and partly because of the nature of communication intervention is oriented towards consolidating the advocacy efforts. There exists the risk that at the rayon and community level, ultimate beneficiaries may not have access to or retain the information put into various forms of media (e.g. brochures, television, radio, newspapers) as expertly developed as they are. At the governance level, Parliamentarians need to be more aware of UNFPA programs and communication strategy to understand how they work so they can advocate with their constituencies.²⁹³

Other challenges concern assessment of the communications capacity of the IPs and journalists. A documented lesson is that IP capacity requires continuous strengthening in strategic communication.²⁹⁴ New efficient partnerships were been established in 2014 with the Independent Center for Journalism (for monitoring of the Communication Campaign for the 2014 Population and Housing Census), top on-line platforms (UNIMEDIA and #diez), as well with the popular weekly newspapers, Ziarul de Garda and Timpul. One risk factor is that the media may suddenly decide to shift focus to political events which interest the public. The complexity of the key issues (family planning, comprehensive sexuality education, youth engagement in the decision making process, population dynamics and aging), which were identified as CO communication priorities, impose an additional challenge. The simplification of the messages creates the risks of distortion. The human stories are also a sensitive issue, since the SRH area is an intimate issue, and the potential heroes are not willing often to go public, as well as UNFPA corporate rules imply a strict respect for people's privacy.

UNFPA delivered specialized trainings for journalists within the Schools of Advanced Studies in of Journalism (based on a specially developed curriculum on Population and Development) and 3 press clubs. Social Media presence has been strengthened on Facebook (number of followers doubled in 2015), Twitter, joint UN Youtube and Flickr accounts. The CO embraced the corporate Innovation Initiative and was one of the first globally to host an Innovation Day. The CO was also selected for participation in the Big Data event, the Hackathon for Youth and the Global Innovation conference in Finland. The result in the Hackathon participation was the elaboration of a prototype for a mobile application on sexuality education of young people and project for possible private partnerships in terms of funding in 2016.²⁹⁵

International Elderly Day, 16 Days of Activism against Gender Based Violence Campaign, SWOP launch, World AIDS Day, and Social Theatre Festival, among others

²⁹⁰ Key informant interviews, April 2016

²⁹¹ Key informant interviews, April 2016

²⁹² Country Office Annual Report, 2014

²⁹³ Key informant interviews, April 2016

²⁹⁴ Country Office Annual Report 2015

²⁹⁵ Country Office Annual Report, 2015

A focus group composed of journalists/reporters from various media who typically work with UNFPA stressed the following:

- UNFPA technical terminology for outsiders is not always clear or easy to understand, so some orientation or definition of terms is needed.
- Journalists/media need to dig deeper into the issues for the UNFPA press, for example, in reporting life stories. More data and collaboration is needed and a method might be to take the journalist to the places. UNFPA needs to narrow it down for them to a particular person in the target groups as this approach has been successful
- UNFPA should ask the IPs and UN partners to provide and report statistics to the media and more importantly to be present and promote what they (the media) do - participate in a debate, like regarding the life skills issues in schools, which was taken out of the mandatory curriculum.
- Media people want more joint meetings with UNFPA to brainstorm since they come from different perspectives and want to share them with each other.

4.6.2 Appropriateness of administrative and financial procedures as well as of implementation modalities to the execution of the country programme

Administrative and financial procedures and requirements as well as the mix of implementation modalities promoted an integrated approach and facilitated a smooth execution of the programme, however, some procedures may be too burdensome.

The Government of Moldova is one of 30 governments in a global reform effort of the UN development system - “Delivering as One” (DAO), aiming to enhance the impact of the UN support. Moldova is a “self-starter” in the DAO, as opposed to a designated pilot country, aiming for one budgetary framework, complementary resource mobilisation and common business practices.²⁹⁶ The UN Country Team (UNCT) in Moldova was one of the first globally to develop a joint Business Operations Strategy (BOS) which supports the implementation of the UN Partnership Framework (2013-2017), under the direction of an Operations Management Team (OMT). According to the UNPF Midterm review, in 2013-2014, the BOS continued to harmonize business practices to reduce costs, enhance savings in staff time, and increase quality and timeliness of procurement.²⁹⁷

The DAO aims to streamline administration and increase cost efficiency, however, some aspects have resulted in larger administrative workloads for UNFPA Moldova. For example, there are new requirements for the Harmonizing Approach to Cash Transfers (HACT) to Implementing Partners, the paper work burden for UNFPA turns out to be similar to that of large agencies which have more administration staff. Each IP budget has to be accounted for each quarter.²⁹⁸ Long-term agreements (LTAs) among UN agencies, rose from 12 in 2012 to 21 in 2014 – and ensured economies of scale in many areas such as printing services, translation services, transportation services, travel arrangement services, purchase of fuel, supply of IT and office equipment, office stationery and interagency trainings.²⁹⁹ However, for payments, UNFPA still has to go through UNDP administration which charges \$9 per transaction. An automated system is lacking to ensure a proper record of services provided by UNDP for cost recovery purposes.³⁰⁰

The DAO promotes cooperation through joint UN programmes but these may not offer a respite from the administrative burdens as there is still a tendency to have separate administrations for each implementing agency. Thus in reality, the UN in Moldova has few common services which indicate that it is working as one.

Financial and Human Resources Management. The Moldova Country Office accountability rates as very high in terms of being compliant with the UNFPA accountability system as per the integrated financial accountability checklist.³⁰¹ Timely follow-up on all implementation issues in 2015 ensured a “green” Atlas Dashboard.

²⁹⁶ UN Partnership Framework Moldova Action Plan (2013-2017)

²⁹⁷ UN Partnership Framework Moldova Midterm Review, 2015

²⁹⁸ The number of IPs has increased from 6 in 2013 to 13 in 2016

²⁹⁹ Ibid.

³⁰⁰ Country Office Annual Report, 2015

³⁰¹ Country Office Annual Reports, 2013, 2014, 2015; Integrated financial accountability checklist application includes several checklists: finance monthly checklist; finance quarterly checklist; COREM certification checklist; Asset Management certification checklist.

Past experience has shown that the implementation rate is affected negatively when there are too many small interventions, and staff must divert their attention from one to the other, and consequently may lack time to respond to urgent requests.³⁰² In addition, the CO manner of doing business has resulted in a fragmentation of operations, with small pieces of work requiring accounting inputs, for example there were 22 national consultants in 2015 year, costing \$50 - \$5,000 each. Significantly, the CO operational staff were not involved in the CP design which is critical so that programme staff do not plan without considering the financial and administrative realities. Furthermore, UNFPA now operates a continuous audit process at a distance, which requires additional administrative input, implying the need for streamlining reporting requirements and optimizing operations efficiency to avoid financial headaches and overburdening staff.³⁰³

UNFPA Moldova has implemented new and effective tools for improving human resources performance, such as encouraging staff participation in Office Management Plan (OMP) development, staff retreats, learning afternoons, webinars, thematic workshop and training sessions. There are structured weekly staff meetings and programme management meetings as well as quarterly operations meetings to pursue efficiency and results.³⁰⁴

The CO faced staffing shortages and increasing demands in 2013 and 2014, and reclassification took place with establishment of an Assistant Representative post and a RH/Youth Programme Analyst post, while successfully filling the P&D and Gender Analyst position. The communications and advocacy position while full time, is still temporary, and the risks of possible vacancy means less coverage, as demonstrated in the past, and challenges to meet the One Voice requirements. Logically, this post should be re-thought as fixed-term post (and not Service Contract).³⁰⁵ As discussed above, needed attention to resources mobilization may require a dedicated staff. There are a limited number of qualified potential candidates for UNFPA posts. It is also important to note that the organogram is typically designed to handle regular resources and when additional funds are brought in, staff may be extenuated to stretch management time.

In 2014, the CO prepared and monitored the Global Staff Survey Action Plan and follow-on CO Learning Plans, as per the UNFPA Global Human Resources Strategy, 2014-2017. It is noted that many responsibilities of staff incorporate the “soft interventions” which may not be specifically described or budgeted in the annual work plans yet require a great deal of staff time. Soft interventions, particularly advocating with government partners involves continuously encouraging progress toward planned results and joint problem solving. It is noted by a number of key informants that human rights and gender equality have not been fully mainstreamed in the work of the UN and its partners and training programmes should be developed which reflect the specific and assessed weaknesses in understanding how to apply the rights based approach.³⁰⁶

A rigorous procedure is employed for selection of implementing partners (implementing partner capacity assessment tool; Micro Assessment). IPs are subject to spot checks and audits, a NEX audit of the Moldova National Youth Council and National Bureau of Statistics was carried out in 2014 with satisfactory results. The Reproductive Health Training Centre was audited in 2015 and received unqualified audit report (satisfactory results). Since IPs may not have the rigorous administrative requirements that UNFPA has, they may require training, for example, on financial management of projects and risk management. Several IPs mentioned that the UNFPA assessment of their capacity was very useful to see the gaps that they had themselves and they have since tried to cover these.³⁰⁷ The CO has also assisted some of the IPs in developing their procurement and human resources procedures based on UNFPA policies and practices.

Monitoring and Evaluation (M&E). The CO has received M&E technical support from the EECA Regional Office and has put into place a Monitoring and Evaluation Plan based on corporate policies that specify the type of M&E activities, frequency, the responsible staff, and means of verification. The M&E Plan is revised twice a year. Annual review meetings with implementing partners are used for evaluation of the results, development of the action plans, sharing of lessons learned and development of common strategies to overcome the challenges. The Regional Office supported international training for selected UNFPA staff, Government Partners and IPs, for example the two week course International Programme for Development Education and Training (IPDET) at Carlton

³⁰² Key informant interviews, April 2016

³⁰³ Key informant interviews, April 2016

³⁰⁴ Country Office Annual Report, 2013 and 2014

³⁰⁵ Key informant interviews, April 2016, and Country Office Annual Reports, 2013 and 2014

³⁰⁶ Key informant interviews, April 2016

³⁰⁷ Key informant interviews, April 2016

University. The IPDET course was followed up with a critical analysis of results-based management of the CO and adjusting the M&E system to the national context. Since the original Country Programme results framework did not reflect all the programme interventions, indicators were added to monitor the results achieved and to align the framework with the UNFPA Strategic Plan (2014-2017).

UNFPA staff has undertaken regular **monitoring visits** to all intervention types undertaken by Implementing Partners during 2013-2015 which has contributed to increased efficiency in terms of communication and management of planned activities. At least one monitoring visit was undertaken for each IP per year. There continues to be need to strongly focus on achieving results by continuous monitoring of the indicators and updating the M&E plan.

A number of key informants mentioned a key challenge as poor national capacity among key stakeholders and counterparts for quality M&E assurance and lack of in-depth familiarity with the Results Based Management (RBM) concept and results-chain approach. In fact, M&E support was the most requested type of UNFPA support by the Ministry of Health and other Government counterparts. While RBM is generally mainstreamed into UNFPA planning, it also requires mainstreaming into cooperation with the implementing partners. Therefore, capacity building on RBM, followed by support materials and adjusted reporting templates would be highly appreciated, for increasing the effectiveness of the interventions of the partners and shifting focus from completion of interventions and activities to a results chain approach.³⁰⁸

In order to achieve results and reach diverse groups of beneficiaries and influencing groups, UNFPA has employed a **range of tools and resources** to promote programme objectives. These include:

- Strong integrated planning
- Technical assistance and expertise in all the areas related to the programme using local and external consultants and experts, as well as some resources of the UNFPA regional and global programmes;
- Behavior change communications, multi-media and public events to promote key messages and create awareness of issues.
- Assessment, studies and research on topics that were key pressing issues in development which then served to guide follow-on actions by UNFPA and other stakeholders
- Capacity development through facilitation of education programmes, training activities
- Support for recruitment of project personnel in accordance with the annual work plans
- Administrative, operational, and technical support by the CO to the implementing partners to carry out planning, implementation and monitoring.
- Diversification of the communication and advocacy channels and use of digital and innovative tools for public outreach.

4.7 Coordination within the United Nations Country Team

To what extent has the UNFPA Moldova Country Office contributed to the functioning and consolidation of UN Country Team coordination mechanisms? (EQ6)

Summary

UNFPA demonstrates effective participation in UN technical and thematic working groups, playing leading roles in each of the programmatic areas, and is co-chairing coordination on the social inclusion pillar of the UN Partnership Framework. There are numerous examples of cooperation and collaboration with other UN Agencies, particularly in Gender Equality, supporting the 2014 census, support for Youth Friendly Health Services, sexuality education and development of standards for sexual and reproductive health services.

In terms of delivering as one UN, UNFPA has actively participated in development of the UN Partnership framework (2013-2017) and has sought and effectively participated in joint projects, although with clear divisions of labor. UNFPA works with other UN agencies to avoid overlaps and duplications and cover gaps such as those constraining faster progress in Gender Equality and sexuality education for adolescents and youth.

³⁰⁸ Key informant interviews, April 2016

4.7.1 Contribution of the UNFPA country office to UNCT working groups and joint initiatives

The UNFPA Moldova country office has actively contributed to UNCT working groups and joint initiatives in each of the programmatic areas

The UN Country Team (UNCT) in Moldova consists of representatives from 15 UN agencies, funds and programmes, and through monthly meetings aims to optimize UN synergies at country-level.³⁰⁹ The UNCT is supported by the UN Resident Coordinator's Office, UN Partnership Framework Results Group, and other inter-agency thematic groups. The UN is committed to implementing the Moldova Development Partnership Principles, and development partners' monthly meetings are co-chaired by the UN Resident Coordinator and the State Chancellery.³¹⁰ Internally, the UN organizes itself around thematic Working Groups and under the overall guidance of the UN Resident Coordinator and the UNCT. The thematic working groups are used to coordinate UN messages and actions.

The UN coordination groups include a dedicated technical group for Sustainable Development Goals (SDGs) and Monitoring and Evaluation. The UN Communications Group and the Operations Management Team (OMT) provide further support to UN planning and implementation for the achievement of the results of the UN Partnership Framework and its Action Plan. In addition to these three groups, UNFPA participated in the following theme groups:

- Gender Theme Group (in addition, there is a Donors Group on Gender Equality and a Civic Society Advisory Group)
- UN Theme Group on HIV/AIDS (UNFPA has been a member since it was established in 1996)³¹¹
- Results Groups for two of the three UNPF Pillars: Governance, Social Protection

UNFPA plays a number of leading roles related to the 2nd Country Programme interventions within the UNCT. UNFPA is very actively engaged in Youth, Sexual and Reproductive Health and Rights and Domestic Violence issues, and has effectively promoted mainstreaming the Active Aging concept within the UNCT. UNFPA was instrumental in leading UN and donors' support for the 2014 Population and Housing Census. UNFPA assumed the co-chair role in the social sector coordination group in 2015 and has improved its organization, such that it is well structured and useful for the donors.³¹²

UNFPA maintains very good cooperation and collaboration for advocacy and capacity development with other UN agencies.

- UNFPA is co-leading with UN Women the UN effort to support development of the new National Programme on Gender Equality 2020 with a special emphasis on the Health Response to GBV and SRH, based on the CEDAW and the Universal Periodic Review (UPR)³¹³ recommendations (including those related to SRH)
- UNFPA and UNICEF are supporting the continuing development of the Youth Friendly Health Services
- UNFPA and other UN agencies are advocating for inclusion of civil society education (CSE) into mandatory school curricula
- UNFPA and WHO closely collaborate on SRH issues such as the development of the new SRH Strategy, and on standards and guidelines for cervical cancer screening, including collaboration at the regional level to develop a European action plan on SRH

Most key informants from within the UN maintain a positive picture of UN coordination, collaboration and resource sharing – the UNCT is a very effective team and UNFPA is a very well respected member of the team. On the other hand, key informants from external organizations, particularly donors, perceive that UN agencies do not always collaborate particularly well, rather they are seen to

³⁰⁹ The United Nations Country Team consists of 15 entities: FAO, IFAD, ILO, IOM, OHCHR, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNODC, UN Women, and WHO; World Bank and IMF as International Financial Institutions.. The other non-resident agencies participating in the Partnership Framework are IAEA, ITC, UNCITRAL, UNCTAD, UNECE, UNEP, UNESCO and UNIDO.

³¹⁰ UNDP website

³¹¹ "United Nations Theme Group on HIV/AIDS" whose permanent members are the representatives of the six co-sponsors of UNAIDS, namely UNDP, UNESCO, UNICEF, WB, WHO, UNDCP and UNFPA. Representatives from those UN agencies are all members of the UN Theme Group on HIV/AIDS in Moldova, which also comprises members from other donor organizations

³¹² Key informant interviews, April 2016

³¹³ The UPR is a State-driven process, under the auspices of the Human Rights Council, which provides the opportunity for each State to declare what actions they have taken to improve the human rights situations in their countries and to fulfil their human rights obligations. It involves a review of the human rights records of all the UN member states every 4 years.

be competing with each other at times. There is less resistance among NGOs to donor attempts to coordinate and promote collaboration among them than is sometimes seen with the UN.³¹⁴

Throughout the UN Partnership Framework and its Action Plan, the UN system agencies coordination and collaboration is set out by the United Nations Development Group as per the Outcome Document of the high level conference on **Delivering as One (DAO)** in Tirana of June 2012, “The United Nations we want – our commitment to the way forward”. In Moldova, a self-starting DAO country, the relevant aspects include inter alia an empowered RC and UNCT, greater programmatic coherence, one budgetary framework, complementary resource mobilization, common business practices and a common voice.³¹⁵

The functions of the UN related to DAO in Moldova were subject to a mid-review and final evaluation of the UN Partnership Framework. The mid-term review presented a positive view of the UN working well together toward achieving good results across the pillars. The final evaluation of the UN Partnership Framework (2016) will provide important insights to position the UN as a partner of choice of donors. Preliminary results from the final evaluation indicate that the UNPF embedded most of recommendations and lessons learnt from the former UNDAF evaluation. While the DAO reduced transaction costs, economies of scale (OMT), and reduced information asymmetry, it was challenged by fund raising, accountability for joint work, and additional workload (which this evaluation also validates, see Efficiency chapter). The DAO was better at overcoming barriers through joint advocacy, enhanced policy dialogue, and intensified negotiations on sensitive issues. There was little evidence of reprioritising based on available funds and of alignment of UN annual work planning with national budget processes; challenges for results-based monitoring included shortcomings in choice of indicators.³¹⁶

Some key informants perceive that the objective of the DAO is not to have an architecture to force the agencies together where there is no rationale – but when the overall benefits are greater than working alone. However, the UN, particularly smaller agencies like UNFPA, faces serious challenges in drawing donor funds due to the UN overhead which is larger than that of NGOs; advocacy, a mainstay of UN operations is difficult to find funding for and needs to be strongly demonstrated. Another challenge is how to overcome the conflict of incentives in terms of UN reporting and some see the UNPF as an extra burden.³¹⁷

Messages from some donors indicate that they prefer larger programmes which offer more prospects for stronger results; donors look to the UN agency leadership to develop strong partnerships and joint programmes, which do not need high price tags, rather they should aim toward innovation and sustainability. On the other hand, donors may prefer to earmark their funds and overall less is going to UN core resources, resulting in competition for funds among UN agencies. More human resources are needed for coordination and much more emphasis on the UNCT doing fund raising as a team. There was previously no cohesive UN fund raising strategy for Moldova, however, a joint strategy has been recently developed.³¹⁸

UNFPA sought **joint projects** with other UN agencies, these included:

- Joint UNDP/UNFPA/ILO/UNICEF project on Strengthening Statistical System in Moldova.
- “Empowerment of Victims of Domestic Violence and Human Trafficking in the Transnistria region”, UNFPA along with UNDP, IOM and OHCHR
- “Sustaining a Life Free of Violence” funded by the US Embassy and implemented by the International Organization for Migration (IOM) and UNFPA

In regard to the joint projects where UNFPA participated, it is noted by the partner agencies that their outcomes have been generally very good and have produced significant gains for beneficiaries’ rights, However, Interventions and administration of funds is generally divided, thus they cannot be regarded as strong collaboration/sharing of resources. However, the division of labor has generally worked well, such as UNFPA with UNDP and IOM in Transnistria region in setting up shelters, capacitating providers and protecting GBV survivors and victims of trafficking. While the strong points of joint programmes are well accepted and validated by Government ministries and donors in Moldova, the

³¹⁴ Key informant interviews, April 2016

³¹⁵ UN Partnership Framework, Towards Unity in Action (2013-2017)

³¹⁶ Preliminary Findings of the Final Evaluation of the UNPF, 2013-2017, de-briefing powerpoint, 27 April 2016

³¹⁷ Key informant interviews, April 2016

³¹⁸ key informant interviews, April 2016

UN agencies struggle with agreements among themselves and it is important to acknowledge that the HQs of all these agencies have not yet harmonized their global dealings.³¹⁹

4.7.2 Contribution of the UNFPA country office to an adequate division of tasks among the UNCT

The UNFPA country office has contributed to avoid overlaps and promote synergies among the interventions of the UNCT in each of the programmatic areas

UNFPA commits funds to the UN Resident Coordinator (RC) function on an annual basis in Moldova where the RC is also the UNDP Resident Representative. The RC is responsible for leading the UN Country Team which is committed to the principles agreed in the Paris Declaration, the Accra Agenda for Action, and the Busan Partnership for Effective Development Cooperation. These principles include: strengthening national ownership and leadership, better aligning with national priorities, use of national systems when possible, and harmonization among UN Agencies.

Harmonization is demonstrated in the joint UN strategy and action plan. UNFPA was part of a rigorous process to develop the UN Partnership Framework “Unity in Action” (2013-2017), which included a series of consultations among UN agencies. This occurred in tandem with development of the 2nd Country Programme and both utilized the Country Analysis, United Nations – Moldova (2011). The UNPF tracks at least 15 indicators relevant to UNFPA’s mandate and UNFPA advocated for inclusion of a specific indicator on Gender Based Violence (GBV) in the UNPF results matrix which was revised in the mid-term review process (2014 - 2015). The UN has also pursued response to the MDGs in anticipation of the SDGs, and the Human Rights Agenda, as means of tracking results.

Since the UN in Moldova is not playing as large a role as in the past due to Moldova’s evolving status, the UN speaking with one voice takes on greater importance. There are challenges in that there are different views on the priorities among the agencies. The thematic groups have steered the UN agencies toward better agreement on priorities and setting out their respective roles in addressing them, while additional effort is still needed. Revolving chairmanships where they are used has helped in the cross fertilization of ideas. Key informants report improvement in terms of avoiding overlaps, covering gaps and promoting synergies. While each agency has its own way of working, they are good at matching activities and avoiding duplication. However, agencies sometimes do not inform each other regarding programs they have already proposed or started, thus there needs to be open invitations to identify the important topics together ahead of time, while respecting each other’s mandates.³²⁰

The UN Gender Equality Theme Group under the co-leadership of UN Women is seen as very collaborative but differences are apparent among agencies’ approaches to Gender Equality and a liability is the fact that GE is still not totally mainstreamed in the UN or the Government. Furthermore, key needs are languishing for attention such as protection of the rights of women with disabilities and those in prison, and shortages of facilities to help GBV survivors and victims of trafficking. For Gender Equality to gain needed attention and funding, agency leadership has not been as strong as it needs to be to promote joint fund raising, develop strategies and gather experts for consultation.³²¹

The UN theme group on youth and adolescents with the Ministry of Youth and Sports has taken a piecemeal approach but this is now improving, for example, by using joint and modern methods of communication. A joint objective is to expand beyond the youth friendly health services and make an impact through the schools and churches. Together, UNFPA, WHO and UNICEF are involved in advocating with the Ministry of Education in transforming the curricula affecting children ages 7-18 and the teachers’ curricula, which would be a potential and relevant joint programme.

The UN work in Transnistria region has demonstrated neutrality and a rights based approach, and joint work has added value through confidence building between partners and the acting government. There is a UNCT matrix with mapping of interventions in Transnistria region. The UN is not acting cohesively to address the development issues in Transnistria region, with the understanding that even if the authorities are not yet open they may be very soon.³²²

³¹⁹ Key informant interviews, April 2016

³²⁰ Key informant interviews, April 2016

³²¹ Key informant interviews, April 2016

³²² Key informant interviews, April 2016

Key informants mention some areas where the UN should be exerting its value added. Jointly the UN should concentrate on the SDGs and their nationalization, with a strong focus on evidence to track the indicators, and avoid efforts from being spreading too thinly. At the policy level the government staff and policies are considered to be very high quality but policies may fail in implementation, the migration of professionals has affected this seriously. It is important to acknowledge that the services do not reach the rural areas, there needs to be more demand generation for good services from the people themselves, and there needs to be much more innovative thinking.³²³

4.8 Added value of UNFPA country programme

To what extent has UNFPA made good use of its comparative strengths to add value to the development results of Moldova? (EQ7)

Summary

UNFPA corporate strengths are well identified and incorporated in country programme design. UNFPA is perceived as a catalyst and one of the key driving forces with unique expertise in population and development related issues, as well as in supporting reproductive health and youth policies, and addressing gender-based violence.

UNFPA made good use of its comparative strengths to add value to all four programmatic areas in Moldova and to produce effective outputs leading to outcomes. These comparative strengths are acknowledged and inform UNFPA cooperation with other development partners, particularly other UN agencies. UNFPA is perceived, by both UN agencies and national and non-governmental stakeholders, as dynamic, credible, and flexible. The added value of UNFPA is emphasized regarding considerable progress with the government on strengthening population and development through the 2014 census and other demographic analyses, mainstreaming issues of aging and adolescents and youth, addressing cervical cancer, family planning, reproductive health and sexuality education and gender equality issues.

UNFPA work with national policy-making and policy implementation bodies is perceived by stakeholders to be the most sustainable route to development and important for mainstreaming: evidenced-based and people-centered policy in all programmatic areas. By covering too many intervention types rather than seeking more strategic niches, UNFPA may run the risk of insufficient depth and unsustainable results, diluted ownership by the Government and lack of scaling up the interventions, especially facing gradual budget cuts.

4.8.1 Identification and use by UNFPA of its comparative strengths in designing and implementing its country programme

The main comparative strengths of UNFPA Moldova have been identified and built upon in designing and implementing the UNFPA country programme

One of the comparative strengths of UNFPA, at corporate level, is its ability to convene national and international stakeholders to address sensitive issues relating to family planning, reproductive health and rights, and gender equality, all areas where UNFPA expertise is acknowledged. This expertise legitimates UNFPA to take a leadership role in addressing issues related to its mandate.³²⁴ The UNFPA Country Office has made good use of its comparative strengths to add value to all four programmatic development areas in Moldova and to produce outputs and outcome level results.

Comparative strengths of UNFPA, both corporate and in-country, have been demonstrated particularly in comparison to other UN agencies. Achievements in programmatic areas with UNFPA's contribution highlight UNFPA as a catalyst and one of the key driving forces in partnership with government and

³²³ Key informant interviews, April 2016

³²⁴ Review of UNFPA Business Model, Deliverables 3 and 4, Comparative Advantages, Brad Herbert Associates, January 2014.

other stakeholders in population and development related issues, as well as in reproductive health and sexuality education and in addressing gender-based violence.

The perceptions of national stakeholders in regard to UNFPA added value underlines the specific UNFPA expertise in population and development (for instance technical expertise input provided by ITAB) and gaining significant ground with the government in strengthening demographic analysis. UNFPA with partners has added value to national systems and strengthened services to support the most vulnerable through ageing mainstreaming, adolescents and youth aspects mainstreaming, family planning, reproductive health and sexuality education and gender related issues, particularly related to GBV and cervical cancer.

Stakeholders mention strengths of UNFPA particularly as its strong expertise and influence in population dynamics issues, including effective support to mainstreaming active ageing and stimulating demographic research for a evidenced based policy making in P&D, SRH, youth and adolescents and gender equality; leadership in evidence-based youth policies, adolescent and youth reproductive health and SRH education, supporting the GBV reforms and strengthening capacities of the national state and non-state actors on programmatic areas.³²⁵

UNFPA work with national policy-making and policy implementation bodies is perceived by stakeholders to be the most sustainable route to development and important for mainstreaming: evidenced-based and people-centered policy in all programmatic areas. UNFPA collaboration with Y-PEER for SRH peer-to-peer outreach educational program and with the National Youth Council of Moldova on the independent informational campaign on the Census and with Artemida and Resonance on gender related issues are seen to be the most effective means to reach the most vulnerable youth, adolescents and women, including those from rural areas.

4.8.2 Acknowledgement of these comparative strengths by other development partners, particularly other UN agencies

These comparative strengths are acknowledged and inform UNFPA cooperation with other development partners, particularly other UN agencies

UNFPA is perceived, by both UN Agencies and national public and non-governmental stakeholders, as a dynamic, credible, flexible agency providing specialized expertise. UNFPA is widely recognized by national and international stakeholders as the main actor in demographic data generation, and analysis. It can be thus main player for advocacy of thematic priorities.

The capacity of UNFPA to take the UN lead and to achieve a wide range of goals and objectives with numerous interventions in Population Dynamics, Reproductive Health, Sexuality and Reproductive Health education, Cervical Cancer and Youth empowerment is confirmed by a number of stakeholders both outside and inside the UN.³²⁶ A number of stakeholders maintained that UNFPA should look for new strategic niches (such as youth entrepreneurship development) and seek in-depth approach. By covering too many intervention types, UNFPA may run the risk of insufficient in-depth approach and unsustainable results, diluted ownership by the Government and lack of scaling up the interventions, especially facing gradual budget cuts.

UNFPA approach to Gender Equality is seen as being more balanced between the genders, taking into account male access to SRH services and support for male perpetrators of violence, while the inclusion of males is still not strong enough. UNFPA is viewed as a leader in GE with implementing partners, and UNFPA is known to take the lead in GE other countries.

UNFPA comparative strengths are reflected in its cooperation with other development and implementing partners, for instance in setting up the ITAB and bringing the best European practices and expertise, resources mobilization for the 2014 PHC and consolidating demographic community in Moldova by supporting the Master Programme on Demography, capacity building of implementing partners, especially Demographic Resource Center and Y-PEER, encouraging demographic researches, elaboration and mainstreaming the Active Aging Index and Youth Gap Index, supporting SRH peer to peer education, encouraging development of the HFYS etc.

³²⁵ Key informants interviews and sites visits. April 2016

³²⁶ Key informants interviews and sites visits. April 2016

UNFPA managed to establish and maintain productive partnerships to ensure that it can make use of its comparative strengths, for instance: Partnership with Czech Development Assistance (CDA), Swiss Agency for Development and Cooperation, Government of Romania, UNDESA, the US Government, and the Government of Lichtenstein to ensure support of Country Program activities: such as Census preparation and development, mainstreaming ageing methodology; promoting the rights-based demographic policies, prevention of cervical cancer and evidence-based youth policies

4.9 Sustainability

EQ9: To what extent has UNFPA contributed to establishment of mechanisms to ensure ownership and sustainability of effects both in the short term and long term?

Summary

UNFPA has contributed to mechanisms to promote long term national ownership but stronger means to ensure sustainability are required in some cases, particularly budgetary commitments from the government and benchmarked handover plans. In sexual and reproductive health, ownership is indicated by institutionalization of family planning curricula and commodity security, strengthening NGO coverage of sexually vulnerable groups, strengthening cervical screening, and working toward a national strategy with commitment of government funding. The Youth Gap Index and youth mainstreaming have been accepted as national planning tools and the concept of Y-PEER has grown into a national NGO. The contribution of the Government toward 93% of the required budget for the census indicates strengthening national ownership, underlining the importance of domestic fund allocation for the next census.

To address gender based violence, well detailed job descriptions and qualifications of professional responders are missing and there are too many CEDAW criticisms of the insufficient progress being made. Sustainable inputs include supporting the National Commission on Population and Development, production of demographic barometers and development of masters' degree programmes. The Platform for Ageing which brings policy to the community level requires further strengthening to be sustainable. Generally, without firm government budgetary and human resource commitments, some outcomes risk being unsustainable.

4.9.1 Consideration for the sustainability of programmatic outcomes

UNFPA has contributed to the establishment of mechanisms to ensure ownership and the sustainability of effects in some aspects whereas others require a stronger means of ensuring sustainability, particularly guarantees of government funding.

There is substantial evidence of national leadership in planning and implementation of projects and programmes. Key informants attest to the strong policies and participation of Government staff in policy and programme discussions, however, strategies, action plans and policies and capacity building activities often do not have committed budgets attached. There are no apparent exit plans or benchmarked turnover plans to the Government for most of the UNFPA supported interventions, although progress is being made in aligning standards, policies and interventions to those of the European Union and regional stakeholders and by developing new strategies with national budgetary commitments.

Strong national funding support was committed for the 2014 Census compared to the 2004 exercise. Over 93% of funds were provided from Government sources and stronger national ownership will be demonstrated by greater Government commitment to support the next Census exercise. Procurement of contraception for vulnerable groups started in 2015 from the national funds but UNFPA support is still expected for capacity development, such as for managing the LMIS.

Sexual and Reproductive Health (SRH). Strong sustainability prospects are demonstrated by the following, however, there are limitations.

- Institutionalizing of Family Planning (FP) curricula - The National College of Medicine and Pharmacy which determines the curricula for the medical universities has institutionalized the training, and the Medical State University, PHC department has introduced the course on FP as part of continuous medical education for family doctors. However, the roll out of the FP training has not reached all colleges and funds to support training materials are not adequate.
- Strengthening NGO coverage of SRH with most vulnerable groups is important but government commitment to support NGO SRH activities is still not forthcoming to the degree needed. Further, data on HIV and other STIs does not present an accurate picture of the incidence and prevalence as a basis for planning interventions.
- Ensuring that SRH issues are part of the national programme and strategies, and the development of the new SRH strategy is anticipated with the appropriate and committed Government budget.

Interventions on strengthening **cervical cancer screening** bear very good sustainability prospects and have been strongly led by national experts and the National Health Insurance Company. The efforts have tied national experts to regional and international capacity building and training has been strengthened on cervical cancer at the State University of Moldova and National College on Medicine and Pharmacy. Sustainable inputs include new performance indicators and adjustment of national legislation on age and frequency for screening according to international recommendations. Health institutions are making a slow transition toward redefining roles and responsibilities in practice for screening, referral, and treatment and placing prevention and response more firmly at the Primary Health Care (PHC) level. If the cytology system is changed from the Romanofsky method to the more widely accepted Papanicolaou, strong government commitment would be required for health staff capacity development and changing laboratory processing systems.

The ownership of the reproductive health commodity service system is developing and has encountered need for some legal adjustment, but the Government has taken over the ownership of procurement of contraceptives for vulnerable groups since 2015. The software for electronic monitoring of procurement and distribution of contraceptives was developed and mainstreamed into the national informational system for PHC. In 2013, the Ministry of Health organized a strategic meeting with stakeholders and developed a road map on the introduction of the Total Market Approach (TMA) and computerised Logistics Management Information System (LMIS). Piloting of the LMIS will yield lessons to streamline its usage. A constraint to sustainability may be the weaknesses in the Primary Health Care to order and manage contraceptives and to link them closely with strong counselling, referral and distribution of contraceptives to vulnerable people. Furthermore, since the estimation of needs and distribution is local but the procurement is a central process, it is difficult to monitor, since stock out data is generally not collected. There may be an opportunity to use the "AccessRH" global platform to procure contraceptives at a much lower price for the vulnerable groups to avoid the current situation of estimates being too low to cover the needs.

The national budget dedicated to SRH is not adequate to cover the Family Planning development needs and interventions rely to a large extent on private payments and on international assistance. In 2014 a **costing of family planning services** was undertaken supported by UNFPA. The Netherlands Interdisciplinary Demographic Institute (NIDI) conducts annually the Global Resource Flow survey to collect data on resource flows for population activities and reproductive health.³²⁷ A survey of 34 institutions supporting family planning was undertaken. The results indicated that the main sources of funds for family planning were: From international resources – UNFPA, WHO and The Global Fund with total amount of 5,084,988 MDL (Moldovan Leu) From national resources - Ministry of Finance, with total amount of 2,699,012 MDL; and From private out-of-pocket expenditures 2,362,500 MDL. The study revealed significant lack of understanding of what FP consists of and that a large source of funds was out of pocket. Similarly for the HIV response, while the expenditures increased in 2014, government input was less than international input. (However, this calculation did not take into account the support for the health system basic services.)³²⁸

Adolescents & Youth. Youth mainstreaming methodology became the first cross-sectorial evaluation tool of the youth policies and is an eloquent example of the policy sustainability prospect under the Adolescents and Youth programmatic area. Key informants and documentation confirmed that the Youth Gap Index developed by the National youth Council of Moldova in 2015 with UNFPA support is

³²⁷ Survey of Financial Flows on Family Planning in 2014 in the Republic of Moldova, Center for Health Policies and Studies (PAS), supported by UNFPA and NIDI (Netherlands Interdisciplinary Demographic Institute)

³²⁸ Ibid.

known and well accepted by the public authorities, including the Ministry of Youth and Sports.³²⁹ Youth mainstreaming methodology is used by public authorities to address three relevant domains (health, risk behavior and violence and participation) defined by the Youth Gap Index (YGI) research. The capacity development programs for the Academy of Youth Workers, supported by UNFPA implementing partner CNTM, are mainstreamed into the Action Plan of the National Youth Sector Development Strategy 2020, which targets continuous youth worker development.³³⁰

In terms of the Youth Sector Development Strategy 2020, the policy sustainability is robust, because the strategy is mainstreamed in the policies and there are also financial sustainability prospects reflected through financial commitments by the Moldovan Government, verified by key informants.

In terms of institutional sustainability, UNFPA provided support in creation and capacity building of the NGO Network of Peer to Peer educators, which proved to be a fast growing grass-roots organization using an innovative and popular approach among youth and adolescents on youth sexuality education. The Network of Peer to Peer educators (Y-PEER) increased their membership and received several grants from different donors. At the local level the NGO set up productive partnerships with youth centers (public institutions created by district councils), contributing to sustainability.

The financial and institutional sustainability of the peer-to-peer education requires a continuous infusion of highly motivated and trained educators and funds. Becoming a peer to educator or learning from them forms an extracurricular activity for youth and adolescents and they eventually move on. Stronger continuity of information that affects behavior of a larger number of young people can likely be achieved through integration of sexuality education topics into the mandatory educational curricula and the action plans of the Ministry of Education and the Ministry of Youth. Since there is still no mandatory comprehensive sexuality education in schools, advocacy of UNFPA with the Ministries and with other relevant actors (e.g. UNICEF, WHO, UNAIDS, and NGOs) should be a priority to promote sustainable institutionalized mechanisms.

Gender Equality. Capacity development interventions for integration of GBV and SRH were largely composed of training workshops which generally have a limited impact on the behavior of professionals in their workplace unless strongly supported by enforced standards and guidelines and budgetary allocations for additional tasks. As in the case of the police response to GBV, the lack of SOPs will be a constraint to sustainability. The use of the training needs to be reinforced through well detailed job descriptions and qualifications of professionals, however, this is currently missing.

Despite years of interventions to support shelters for GBV survivors, they remain on tenuous ground, and their numbers are insufficient. In Moldova the responsibility of running the shelters has been taken over by the government which is a strong indication of national ownership. However, budget cuts have meant that the GBV survivors do not have as much access to high quality services, thus this support could eventually collapse or deteriorate if the budget is further cut.

Advocacy in GE promotes sustainability if it results in approved strategies, however, they need to be funded and implemented. Sustainability of the Gender Equality inputs will depend on the collective and ongoing efforts of Government and development partners such as the UN, especially by heads of agencies, which are currently not strong enough. Progress is currently too slow in regard to joining the European Union, there are too many CEDAW criticisms of the insufficient progress being made in Moldova. An indication of the road ahead is typified by the key informant observation that the understanding of the word “violence” is weak in Moldovan culture, as incidences of DV are considered within the realm of normal life by many, and only when there are extraordinary cases that get media attention, do authorities and communities get concerned.

Population & Development. Sustainability prospects of the results achieved under the Population and Development thematic area are varied. The sustainability of the influence on policy cannot be assessed because the 2014 PHC data were not processed yet, although UNFPA CO put significant efforts (described in the report) to boost the data processing. Therefore, the Census was not in position to provide yet data for policy formulation. However, elaboration of the Strategy on National Statistical System 2016-2020 developed within the Joint UNDP/UNFPA/ILO/UNICEF Project on

³²⁹ Key informants Interviews and sites visits. April 2016. UNFPA COAR 2015. Progress Report CNTM 2015; WP, CNTM 2016.

³³⁰ National Youth Sector Development Strategy 2020, Priority 4 “Consolidation of the youth sector”, Sub Priority 2 “Youth worker”.

“Consolidation of the National Statistical System of Moldova” could represent a policy level achievement, once the Strategy is approved.³³¹

The National Commission on Population and Development, created with UNFPA support in 2007, proved to be sustainable with no financial support from UNFPA and it is active in coordinating population dynamics issues, analyzing evidenced-based policy recommendations as a result of the ageing mainstreaming methodology and collaboration with the key demographic analytical actor-DRC, for example, on the Population Situation analysis.

In terms of institutional sustainability, UNFPA provided support in creation and capacity building of the Demographic Resource Center (DRC), which became an important actor in policy analysis through developing several Demographic Barometers, Policy Papers and other research on population dynamics. This represents a solid institutional sustainability prospect.

The Demographic Barometers produced by the Demographic Resource Center (DRC) offers valuable data on the elderly, youth, and the quality of life, but it is too early to assess the impact of the data on policy. However, UNFPA has a partnership agreement with the Parliamentary Commission on Social Protection, Health and Family which supports periodic meetings and debates in the Parliament on the specific topics addressed by the Demographic Barometers. This could represent an important public policy influencing platform, which should be explored by UNFPA and its policy level implementing partners, such as DRC and CNTM.

The principle of national ownership has been taken into consideration for several CP indicators, such as the number of annual graduates of masters level programmes on demography and family policy. The curricula has been institutionalized by the Academy of Economic Studies (AES) and there are financial commitments from the Czech Development Agency (CDA), which cover 21 fellowships. However, the future domestic financing of the Master’s degrees is unclear and if reduced, the sustainability can be affected.

The policy sustainability of the Active Ageing Index (AAI) seems to be increasing as AAI is recognized and accepted by public authorities, including MoLSPF as a tool of active ageing mainstreaming into public policies. UNFPA implementing partner, Help Age International (HAI) is undertaking the pilot policy analysis in three areas (employment, health and sport). National stakeholders interviewed are committed to use the AAI and the findings of the pilot initiative in policy making.³³²

The Platform for Active Ageing (PAA), recently created (December 2015) under the leadership of the HAI, includes actors who support policy as well as those who support community level interventions. The PAA is still developing and is weak having created a structure but with no strategic plan, and without clear financial sustainability and lacking strong expertise and mainstreaming of the concepts of active ageing.

³³¹ Strategy on National Statistical System 2016-2020 was developed in 2015, but is still not approved by the Government. See <http://www.particip.gov.md/proiectview.php?l=ro&idd=2867>

³³² Key informants interviews and sites visits. April 2016.

5 CONCLUSIONS AND RECOMMENDATIONS

5.1 Strategic level

CONCLUSION 1 (C1) - Prioritization and mapping of vulnerable and influencing groups

The UNFPA 2nd Country Programme is well adapted to national priorities in terms of sexual and reproductive health, adolescents and youth, gender equality, and population and development. UNFPA targeted **vulnerable and marginalized groups** such as women who experience gender based violence and those at risk for cervical cancer, adolescents and youth, older people and the elderly, people living with HIV, injecting drug users, and bridge groups for sexually transmitted diseases. UNFPA has successfully engaged with **influencing groups** who have facilitated access to services for the most vulnerable such as peer groups, law enforcement, law makers, media, health and social services providers, and through networks and platforms.

More resources were focused throughout the 2nd Country Programme on gaining greater coverage of those who are not fully accessing or demanding needed services, such as the rural population, school dropouts, and youth with parents abroad due to labour migration. However, to make stronger progress toward achieving results and sustainability, greater focus is needed to affect and motivate youth and men who do not access reproductive health services, women who do not report gender based violence or use cervical screening, the elderly, and youth who lack parental supervision and those who do not have access to sexuality education.

- **Origin: EQ1 (Relevance); EQs 2, 3, 4 (Effectiveness)**

RECOMMENDATION 1 (R1)

In view of the Sustainable Development Goals (2016-2030) highlighting vulnerable populations, UNFPA should focus strategically when planning the 3rd country programme on prioritizing and targeting women and men and adolescents and youth who are not fully realizing their rights to high quality social and reproductive health information and services and/or are not accessing the health and social support systems, and identifying how to reach them, including through more use of key influencing groups.

- **Priority level: High**
- **Addressee: UNFPA Country Office**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Place greater emphasis on women and girls and most at risk groups who engage in risky sexual practices and are vulnerable to sexually transmitted infections, infertility, unintended pregnancies, and gender based violence, aiming for effective preventive measures, and increasing their access to needed services
- ▶ Place more focus on groups and individuals who are not using national health and social systems, and those who are marginalized, excluded or face discrimination, such as elderly in health services, and strategize ways to gain their trust and reach them with information and assistance.
- ▶ Focus on ensuring government responsibility for prevention and access to services, by advocating for policies and strategies with financial commitments and tying all effort to regional, European Union and international standards.
- ▶ Advocate among the UNCT for joint prioritization of target vulnerable and influencing groups matched to the added values and resources of the agencies
- ▶ Draw to a greater extent on promoting positive changes and preventive actions through the influence of Parliamentarians, National Commissions, community and religious leaders, teachers, parents, journalists, among others, in Moldova, and including Transnistria region

- ▶ Ensure regular sampling of target populations to gauge the status of knowledge, attitudes and behavior and changes to assess effective approaches. Smaller sample surveys can be useful to form an idea of the changes and help determine when larger surveys are required.

CONCLUSION 2 (C2) Coordination and synergy for programming, resource mobilization and communications

UNFPA has participated actively in coordination forums, joint initiatives and programmes, and in UN task sharing. UNFPA has shown leadership in thematic groups and has sought to achieve complementarity with UN partners. UNFPA effectively uses the UN joint Business Operations Strategy as part of Delivering As One. The economic status of Moldova means that UNFPA will limit its core inputs, however, the development needs still remain significant. Thus **resource mobilization** strategies need to make greater use of UN joint resources and employ more innovative approaches toward timely results. UNFPA advocacy and communication strategies are well integrated with UN and UNFPA regional strategies, making strong **advocacy** and **communications** an efficient means of affecting vulnerable and influencing groups.

UNFPA has used evidence-based approaches in all of its programmatic areas and made strong linkages with global and regional standards and capacity building, and a number of interventions have a high probability of being sustainable. However, some programmatic areas are thinly spread and administratively burdensome. Staff capacity to plan rights based initiatives are still limited. UNFPA does not have benchmarked exit plans with partners to promote **sustainability** possibly creating unrealistic expectations that UNFPA support will be continuous.

- **Origin: EQs 1 through 9**

RECOMMENDATION 2 (R2)

UNFPA should strengthen resources mobilization and advocacy and communications capacity and work more closely with UN and other agencies in Moldova and in the region to share resources and innovative ideas and streamline programmes based on agreed priorities and a rights based approach. UNFPA should plan the handover of programmes and interventions with the Government to anticipate the eventual decreases in funding and to ensure sustainability.

- **Priority level: High**
- **Addressee: UNFPA Country Office, UNFPA Regional Office, UNFPA Headquarters**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Push for greater sharing of resources among the UN agencies, in the spirit of Delivering as One, through development of joint programmes with elements indicating stronger collaboration, and a joint UN Moldova Resources Mobilization Strategy
- ▶ Encourage greater efficiency of the Business Operations Strategy with reduction of paperwork and overheads on transactions
- ▶ Consider dedicated permanent staff to strengthen resource mobilization, globally, regionally and within the UN system in Moldova
- ▶ Consider dedicated permanent staff to ensure continuity in reaching advocacy and communications goals; Communications inputs should be followed up with assessments of efficiency and effectiveness. Stronger advocacy and communication efforts should be extended to Parliamentarians and National Commissions.
- ▶ Plan streamlined programmatic areas where the interventions are not spread thinly or are too disparate but rather work in harmony toward results and affecting the indicators.
- ▶ Move from response to prevention in all programmatic areas as much as possible and minimize interventions where national stakeholders are empowered to carry on capacity development activities by themselves, this might include the Women's Law Center for police response to Gender Based Violence, the Ministry of Health and National Health Insurance Company for sexual and reproductive health in Primary Health Care and cervical screening, Y-PEER and Peer to Peer for sexual and reproductive health and rights for youth, and the Demographic Research Center for policy research. Include administrative and operations personnel in all planning to help assess the

financial implications and the administrative burdens that will result from projects and initiatives so they are manageable and will constitute efficient use of staff and partner time

- ▶ Include implementing partners, including media, in planning exercises to cross fertilize creative ideas
- ▶ Plan with partners benchmarked exit and handover strategies, ensuring adequate national resources to sustain the outcomes.

CONCLUSION 3 (C3) Strategic focus on youth policy development

UNFPA has effectively supported interventions on behalf of **adolescents and youth**, promoting evidence-based youth policies, capacity development of youth workers, strengthening school health services, and promoting peer-to-peer education, which effectively incorporates sexual and reproductive health and gender equality objectives. Gaps in youth policy and services for youth have been effectively identified through the Youth Gap Index (YGI) and the Youth Barometer, among others. There remain gaps in gender disaggregated data to support youth entrepreneurship policy which is a strong national priority in the National Strategy for Youth Sector Development 2020, given very high youth unemployment.

UNFPA support for evaluation of the National Youth Strategy 2009-2013 positively influenced the next youth policy development setting up an M&E system and contributing to the relevance and effectiveness of follow-on interventions. This approach could be applicable for other youth policies as well.

- **Origin: EQ 1 (Relevance), EQ 3 (Effectiveness)**

RECOMMENDATION 3 (R3)

UNFPA should strengthen focus on evidence-based youth policy making, filling in data gaps, and scaling up monitoring and evaluation of the implementation of youth policies and the legal framework, through mainstreaming lessons and good practices.

- **Priority level: High**
- **Addressee: UNFPA Country Office**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Provide technical expertise to national public authorities, including line ministries on data analysis on youth and evidence-based youth policy making.
- ▶ Use the engagements on youth policy development, including on youth economic empowerment assumed by the Moldovan Government in the National Strategy for Youth Sector Development 2020 to increase the effectiveness of the advocacy efforts.
- ▶ Advocate with ILO and other relevant UN agencies to collaborate on development of youth economic empowerment
- ▶ Advocate for disaggregation of economic data by NBS for youth economic empowerment policy development and sensitize public institutions such as: Registration Chamber of the Republic of Moldova; National Employment Agency, Ministry of Economy, National Bureau of Statistics and Ministry of Youth and Sports.
- ▶ Continue involving the Demographic Resource Center (DRC) in youth policy researches, including on youth economic empowerment policy.
- ▶ Support independent results-based monitoring and evaluation of the youth policies on: health care, education, employment, National Strategy for Youth Sector Development 2020, distinguishing between self-monitoring and self-evaluation, which is undertaken by the implementing actors of the youth policies from the independent monitoring or evaluation by the experts not involved in youth policy implementation.
- ▶ Provide capacity building input on results-based monitoring and evaluation to actors involved in youth policy implementation, but also to Directions for Analysis, Monitoring and Evaluation of

Policies (DAMEP) of the Ministry of Youth and Sports and Youth, NGOs, Academia, independent experts, and other stakeholders.

- ▶ Disseminate the findings, conclusions and recommendations of the youth policy monitoring and evaluation (M&E) to all state and non-state actors and stakeholders and encourage public participation and discussions on the M&E results. This could increase the visibility of the youth policy and national ownership. It also could be an effective responsibility increasing strategy.

CONCLUSION 4 (C4) Strategic direction with regard to Gender Equality

The **gender equality programmatic area** is aligned with national strategies and the UN Partnership Framework Pillar 1 Justice, Equality and Human Rights. The promotion of Gender Equality is key globally for UNFPA and a cross-cutting approach that influences all interventions. UNFPA has engaged in two joint programmes that have made gains in strengthening support for survivors of gender based violence, including the health system response and law enforcement response through police training. UNFPA has also effectively integrated sexual and reproductive health with gender based violence in capacity development programmes.

UNFPA is regarded by stakeholders as supporting a very important community coordinated gender equality response. UNFPA is advocating for a stronger strategic direction through supporting a new national strategy on gender equality and eventually a strategy on violence against women. However, progress in gender equality in Moldova is moving too slowly given the need to address CEDAW criticisms. High level advocacy is not strong enough and it is unclear what the UNFPA vision and direction is in regard to gender equality interventions, and how UNFPA can add the greatest value to the national gender equality agenda.

- **Origin: EQ1 (Relevance), EQ 4 (Effectiveness)**

RECOMMENDATION 4 (R4)

In view of contributing to the Sustainable Development Goals, especially SDG 5: Achieve gender equality and empower women and girls, UNFPA should develop a gender equality strategic vision for its interventions in Moldova and consider focusing more strongly on supporting preventive actions through strategies, policies and laws with government commitments, fostering stronger connections to regional initiatives and European and global standards.

- **Priority level: High**
- **Addressee: UNFPA Country Office, UNFPA EECA Regional Office and UNFPA HQ**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Develop a Country Office Gender Equality strategy which sets out the vision of the Country Office into the future, aligned with global and regional efforts and in light of the CO financial and human resources and the support that can be expected from the HQ and regional office.
- ▶ Consideration that UNFPA is strongly mandated to work toward Gender Equality and gains are needed to move Moldova toward European integration, thus the programmatic area has to be continued on some basis.
- ▶ Consider intensifying preventive interventions possibly focusing attention on advocacy for policies and strategies and laws with government committed resources.
- ▶ Consider the added value of UNFPA within the UNCT Gender Equality Theme Group and the level of advocacy that can be expected or encouraged from UN management
- ▶ In view of the achievements in the integration of SRH and GBV, police training and support for shelters, strong advocacy is needed to make these gains sustainable, including advocacy for government support for capacity development and support of shelters.
- ▶ Weigh investments in response versus prevention of gender based violence and think about options for longer term results that draw in male perpetrators and influence adolescents and youth

- ▶ Assess potential for joint programmes and initiatives that offer strong options for sustainability with connections to regional initiatives and European standards and norms.
- ▶ Determine funding possibilities and the most effective plan of action for the 3rd Country Programme, including how gender equality will be mainstreamed and for effective communications

CONCLUSION 5 (C5) Lessons from the 2014 Population and Housing Census

UNFPA, as reflected in national and global strategic priorities, effectively coordinated technical and financial support for the preparation and implementation of the 2014 Population and Housing Census through the International Technical Advisory Board and secured international expertise in all phases of the census process. UNFPA provided strong support to the National Bureau of Statistics in building its capacity to implement recommendations from the 2010 Census Round. Gender equality and a human rights based approach were mainstreamed throughout the census process. Strong government commitment was demonstrated through provision of 93% of the census budget.

For the 2014 census, serious delays in data processing occurred due to a weak communication campaign which undermined public confidence, and poor census coverage in Chisinau and Balti municipalities. Data dissemination is scheduled to start in March 2017 and all stakeholders are anticipating the final census results in order to take advantage of the data analysis to support the Government policy reforms and the public policy process. For the purposes of improving the next census, a structured process of securing lessons from all stakeholders is important.

- **Origin: EQ 1 (Relevance) and EQ 4 (Effectiveness)**

RECOMMENDATION 5 (R5)

Given the critical importance of Population and Housing Census data for evidenced-based and people-centered policy making, UNFPA should promote a structured process of gathering and consolidating lessons from stakeholders in the 2014 census in order to inform and plan the next census process in Moldova and other countries.

- **Priority level: High**
- **Addressee: UNFPA Moldova Country Office, UNFPA EECA Regional Office, UNFPA Headquarters**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Support a well-structured process of gathering lessons from the 2014 census process and compiling them into strong lessons to be shared in-country and with other country offices to inform future census processes. This may be achieved through an independent mechanism or through workshops, interviews and focus groups discussion.
- ▶ Involve as many stakeholders as possible to allow them to voice their opinions and formulate their lessons and good practices in a spirit of transparency
- ▶ Boost the National Bureau of Statistics capacity in using innovative tools for census data dissemination and stimulate Census data analysis by the different national think-tanks and analytical centres, research institutions, including UNFPA Implementing Partners, such as: Demographic Research Center, HelpAge International, National Youth Council of Moldova, as well as international development partners.
- ▶ Incorporate the census data in planning the next Country Programme.

5.2 Programmatic level

Sexual and Reproductive Health

CONCLUSION 6 (C6) Access and Demand for sexual and reproductive health services

UNFPA effective **advocacy and coordination** efforts have supported development of a new national strategy for reproductive health which aims to secure government budgetary commitments and stress accountability. UNFPA supported **capacity development** has strengthened demand and access at the primary health care level promoting family doctors and medical staff roles in providing family planning counseling, distribution of free contraceptives to designated vulnerable groups, and cervical screening. More people living with HIV, other most at risk groups, key populations and older people, have learned about their rights to quality sexual and reproductive health services but these groups still face some discrimination from health services. UNFPA advocacy and capacity development has effectively supported the continuing efforts for development of clinical guidelines for sexual and reproductive health and Moldova has become a regional hub for training of Russian speakers.

The proportion of youth using Youth Friendly Health Centers and males accessing services is still very low. Access is constrained for those who need transport to district or distant services. Challenges remain for capacitating health care providers to carry out effective counseling, expressing empathy with clients and protecting confidentiality, particularly for youth, most at risk and discriminated groups, and women for cervical screening.

➤ **Origin: EQ 2**

RECOMMENDATION 6 (R6)

UNFPA should continue providing support to strengthen primary health care and medical staff counseling skills for a more patient oriented approach, and promote effective outreach in the community to increase access and demand for youth, males, most at risk people and those facing discrimination.

➤ **Priority level: Medium**

➤ **Addressee: UNFPA Country Office, UNFPA EECA Regional Office**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Continue to advocate for and support capacity development for Family Planning services and reproductive health care to cover the primary health care levels nation-wide, including with Government and UN partners and other assistance agencies
- ▶ Consider providing support to government agencies for training materials which are not adequately supported by the national budget while advocating strongly for their inclusion and necessity
- ▶ Advocate for a more **preventive and patient-oriented approach**
- ▶ Support outreach to women, youth, elderly, males and most at risk people to access reproductive health services including strengthening counselling skills and using a human rights based approach

CONCLUSION 7 (C7) Prevention and treatment for sexually transmitted infections

UNFPA has effectively promoted greater access and demand to services for a proportion of the people most at risk for sexually transmitted infections through capacity development of NGOs working with people living with HIV and others, strengthening reproductive health services for adolescents and youth, and participating in a regional initiative to assess truck drivers' practices as a bridge group spreading infection. UNFPA has also effectively advocated for inclusion of this initiative in the draft National AIDS Strategy.

Efforts to address sexually transmitted infections are inadequate and Moldova has the highest rate in the UN Economic Commission for Europe region as well as the highest rate among sex workers in the entire European region. Focus on the prevention of sexually transmitted diseases is not strong enough among the most at risk populations including sex workers, men having sex with men, drug users, and people living with HIV. Further, available data does not reveal the full extent of sexually transmitted infections including in Transnistria region.

➤ **Origin: EQ 2**

RECOMMENDATION 77(RX)

UNFPA should continue to support data collection to reveal the extent of sexually transmitted infections and numbers of people who seek and do not seek treatment and to promote more preventive measures, including use of globally and regionally developed tools.

➤ **Priority level: High**

➤ **Addressee: UNFPA Country Office, UNFPA EECA Regional Office and HQ**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Strengthen the **focus on prevention** with HIV and key populations in country programming, particularly sex workers, men having sex with men, drug users and people living with HIV and their partners, adolescents and youth, particularly those without parental supervision (also an EECA Regional Office recommendation)
- ▶ Support data collection on the prevalence of sexually transmitted infections in order to plan appropriate preventive measures
- ▶ Work with WHO regionally and nationally to cover both prevention and response – determine among the UNCT and regional UN the collaboration and/or division of roles needed to strengthen prevention and response
- ▶ Expand entry points for triple protection from HIV, STIs and unintended pregnancies (also an EECA Regional Office recommendation)
- ▶ Develop action plans with NGOs and Government with agreed indicators and monitoring mechanisms for the next Country Programme
- ▶ Advocate for the use of (globally and regionally developed by WHO; UNFPA; UNAIDS; World Bank; UNDP in 2013) implementation tools on HIV and STI prevention and treatment for sex workers (SWIT), men who have sex with men (MSMIT), people who use drugs (DUIT) and transgender people (TRANSIT) (also an EECA Regional Office recommendation).
- ▶ UNFPA could effectively use the self-testing for HIV (approved in 2106 - with the purchase of test kits from pharmacies) within its work on linkages and integrating HIV, STIs and SRH (also an EECA Regional Office recommendation)

CONCLUSION 8 (C8) Access and Demand for cervical screening

UNFPA effective advocacy and coordination efforts, both regionally and nationally, have very effectively supported government partners' efforts to increase **capacities to deliver the cervical screening programme** aiming for prevention, high quality detection and treatment. UNFPA support has effectively promoted capacity development of national partners employing regional and international expertise, and promoting their efforts to achieve great milestones, including to evaluate a national action plan and create a new one, assess cytology and colposcopy services, and develop standard operating procedures. As a result of continuous advocacy, all women regardless of their insurance status now receive colposcopy services free of charge.

Challenges include time needed to pass measures for registration and follow-up of women in the community, possible choices to change from the Romanofsky to the Papanicolaou technique for cervical cytology, in terms of what that will mean for capacity needs.

- **Origin: EQ 2**

RECOMMENDATION 8 (R8)

UNFPA should continue to support cervical screening through improvement in registration, referral, and cytology and colposcopy services and promote effective outreach in the community to increase access and demand for women who require cervical screening.

- **Priority level: Medium**
- **Addressee: UNFPA Country Office, UNFPA Regional Office**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Continue support for the cervical screening programme, including promoting evidence-based decisions to be made on possibly changing from the Romanofsky (used in former Soviet countries) to the Papanicolaou technique (used in other countries, more clinically targeted for cervical cancer) for cervical cytology, the resource implications, and chances for improvements in quality of the cytology techniques
- ▶ Continue to support improvements in referral, registry of vulnerable women in communities, and in colposcopy and lesion removal techniques
- ▶ Support outreach to women in the communities to encourage them to access screening services

CONCLUSION 9 (C9) Sustainability of Reproductive Health Commodity Management

Effective UNFPA advocacy led to the Government taking the ownership over the procurement of contraceptives for vulnerable groups from national resources. UNFPA has supported progress in reproductive health commodity security through integrating software into the national logistics management information system, and providing training for purchase and distribution of contraceptives. Progress has been uneven in terms of increasing capacity of the health service providers which must be done in tandem with developing the centralized procurement, bidding and tender and monitoring system. Estimations of need to avoid stock outs is still lacking in efficiency. Stocks for vulnerable groups may not meet needs or choices and the vulnerable groups defined by the Ministry of Health are not always clearly translated into practice.

Timing was not optimum to synchronize family doctor training with policy decisions on decentralization of roles and effectively transferring Family Planning responsibilities to the family doctors in primary clinics from the district levels. A majority of primary health care centers still do not offer Family Planning. UNFPA and partners made strong efforts which resulted in institutionalizing the Family Planning curricula in medical universities and colleges and assessing the bottlenecks.

- **Origin: EQ2**

RECOMMENDATION 9 (R9)

UNFPA should continue to focus on increasing access to modern contraceptives working on both supply and demand sides, by supporting capacity development for procurement and distribution and strengthening primary health care facilities to deliver effective Family Planning services, clarifying the vulnerable groups qualified to receive free contraceptives and finding interim solutions to cover their needs until the reproductive health commodity management system is fully operational.

- **Priority level: High**
- **Addressee: UNFPA Country Office**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Continue to advocate for strengthening capacity to estimate, bid, distribute and monitor stocks of contraceptives.
- ▶ Ensure sustainability of the health system and capacity of national staff to manage the LMIS through securing government commitment for funding and human resources.
- ▶ Continue to advocate for capacity building of PHC staff to enable them to perform Family Planning functions with support from the health system
- ▶ Continue to advocate for free distribution of contraceptives to the prescribed vulnerable groups, ensuring consistency among facilities, and to vary the availability of modern methods.
- ▶ Utilize AccessRH as needed.

Adolescents and Youth

CONCLUSION 10 (C10) Sexuality and gender equity education

UNFPA has successfully promoted awareness and skill development to integrate response to gender based violence into reproductive health care, and integration of reproductive health into support services for survivors, through training which offers a model for regional replication. Training has reached a wide spectrum of professionals such as social workers, counselors, psychologists, and health care providers who are involved with support systems for survivors of gender based violence.

While this is a positive step toward protection of the rights of women and reproductive rights and should be extended to all communities, stronger preventive strategies are needed to influence knowledge, attitudes and behavior of children, adolescents and youth. The absence of a mandatory life skills course in schools has negatively affected access of adolescents and youth to sexuality and gender equity information and may contribute to engaging in at-risk behaviors. The training of school health nurses provided an inroad to stronger sexuality education but the progress and outcomes are unclear.

- **Origin: EQ1 (Relevance), EQs 2, 3, and 4 (Effectiveness)**

RECOMMENDATION 10 (R10)

To promote a broad spectrum of interventions which are preventive and responsive to strengthen women's rights and reproductive rights, UNFPA should advocate for and provide technical expertise for mandatory sexuality education in schools, in addition to out of school information sources. UNFPA should continue to strengthen the capacities of community professionals and influencing groups in confronting gender-based violence and adolescent at-risk behavior.

- **Priority level: High**
- **Addressee: UNFPA Country Office, UNFPA Regional Office**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Advocate for mandatory sexuality education in schools. Involve other UN agencies and NGOs to increase the effectiveness of the advocacy.
- ▶ Continue to work with UN and government partners to develop mandatory curricula for teachers and students that incorporates sexuality education, women's rights, and reproductive rights and pilot it in several educational institutions/schools. These include the Ministry of Education, Ministry of Health, Ministry of Labour, Social Protection and Family and UN Women, WHO, UNAIDS and UNICEF, among others.
- ▶ Explore the potential for developing a joint programme and proposal to donors among UN agencies for promoting sexuality education both in and out of school, involving parents and other influencing groups in the communities.

- ▶ Draw on regional and global examples of school and community based strategies, such as the Generation Breakthrough project in Bangladesh funded by the Government of the Netherlands which targets adolescents and youth in schools, through a Gender Equity Movement curricula, and through community based youth clubs.
- ▶ Continue to ensure the outreach of the targeted youth, especially in rural areas, through the Y-Peer network informational sessions on sexuality education.

CONCLUSION 11 (C11) Peer-to-peer education on sexual and reproductive health

UNFPA support for Peer to peer education for sexual and reproductive health has produced positive outcomes and increased the awareness of adolescents and youth from Moldova through information sessions in schools and summer camps, development of regional action plans, and social theatre performances, among others. UNFPA capacity building interventions of the Y-PEER increased the SRH subject expertise and improved management and functional capacity and extended the network of the young volunteer SRH educators.

Enhancing the capacities of Youth Friendly Health Clinics (YFHC) to develop and implement a volunteer outreach program for young people increased the demand for YFHC services and peer-to-peer educational activities. The key challenges are related to transportation difficulty in reaching out to the vulnerable adolescents and youth from rural areas by the Y-PEER team members; insufficient cooperation between Y-PEER members with the YFHC and teachers` and parents` associations affiliated to the schools, during the development of the SRH educational activities.

- **Origin: EQ 3 (Effectiveness)**

RECOMMENDATION 11 (R11)

UNFPA should continue supporting sexual and reproductive health educational activities targeting adolescents and youth, through peer-to-peer initiatives and the volunteer outreach program encouraging stronger cooperation between government and non-government actors.

- **Priority level: Medium**
- **Addressee: UNFPA Country Office**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Advocate for public promotion of comprehensive sexuality education of adolescents and youth in mandatory school curricula.
- ▶ Consolidate the partnership between the UNFPA implementing partner Y-PEER and Youth Friendly Health Clinics and rayonal Youth Centers on SRH information and education and delivering joint outreach activities. In such a way, it could facilitate access (transportation) to the adolescents and youth from the rural areas.
- ▶ Support the cooperation between Y-PEER and CNTM on the monitoring the SRH policies` implementation, especially at the local level, given the fact that Y-PEER is a "grass roots" level organization and CNTM is mostly a policy level one.
- ▶ Encourage closer cooperation of Y-PEER with the Associations of Parents and Teachers, which are affiliated to the schools.
- ▶ Deliver online courses and using social networks could be a modern approach to promote RH messages and increase the level of demand for the HIV and STIs prevention services among young population.
- ▶ Step back from supporting the capacity building of the school nurses on SRH, because other development partners (SDC) are supporting it, to avoid overlap.

Gender Equality

CONCLUSION 12 (C12) – Advocacy for Gender Equality

UNFPA has effectively contributed to the national strategy development to promote gender equality and respond to violence against women, including support for law enforcement professionals. UNFPA has tapped a rich mix of gender equality expertise among partners, both nationally and internationally, and adapted the Women Against Violence Europe training manual to the Moldova context, reaching most influencing service providers. UNFPA has also contributed to gaining high level attention in Transnistria region through joint advocacy with UN and international partners for permanent facilities to house survivors of gender based violence.

Support for response to gender based violence through improving quality of services for survivors in shelters and day care centers has been effective but the number of facilities remains inadequate and continuous government funding is uncertain. The UNFPA support for the centre for family aggressors in Drochia has produced a functioning model however, it is yet to be replicated. The lack of Standard Operating Procedures for law enforcement, health-care professionals, and social workers, to respond to gender based violence undermines the progress made in changing attitudes and behavior of police and the legal system toward protecting the rights of women and girls. In general, the approach is responsive and more preventive actions would broaden the focus to include the wider realm of women's rights and gender equality for men and women.

➤ **Origin: EQ 4 (Effectiveness)**

RECOMMENDATION 12 (R12)

UNFPA should accelerate advocacy efforts, including in Transnistria region, with the network of partners and experts to develop the first Strategy on Violence Against Women, and to adapt regional Standard Operating Procedures for police officers, health-care professionals and social workers to respond to gender based violence, advocate for secure additional facilities for survivors that have sustainable funding sources, and expand concern to prevention through expanding male perpetrator counseling and including more male influencing groups in advocacy efforts.

➤ **Priority level: Medium**

➤ **Addressee: UNFPA Country Office, UNFPA Regional Office**

OPERATIONAL IMPLICATIONS

UNFPA should:

- ▶ Accelerate advocacy efforts for strengthening the coordination process in the GBV sector through developed of the first Strategy on Violence Against Women and approval of the amendments to the Law number 45.
- ▶ Adapt regional SOPs on health-care professionals, police officers and psycho-social services provision, as part of multi-sectoral response to GBV.
- ▶ Strengthen UNFPA voice in advocacy in Transnistria region as per the Hammarberg report recommendations and identification by the UN Special Rapporteur of the vulnerability of women in Transnistria region to promote Gender Equality using the existing resource network of NGOs
- ▶ Consider joint programmes to engage men in promotion of gender equality and prevention of Gender-Based Violence, and to consider replication of the male perpetrator counselling model
- ▶ Advocate with the Government to increase the number of shelters with sustainable funding sources.

Population and Development

CONCLUSION 13 (C13) Strengthening national policies through integration of rights and evidence-based analysis on population dynamics and their links to sustainable development

UNFPA has effectively contributed to increased availability of demographic data and strengthening of

national policies through research and analysis and promoting evidence and rights-based demographic policies. Collaboration between stakeholders in population and development has increased but is still insufficient. UNFPA provided valuable support in strengthening the Demographic Research Center, which cooperates successfully with the National Commission on Population and Development particularly in terms of the approval of the methodology on territorial demographic indicator and the Active Ageing Index developed by DRC. The DRC has become the main research and think tank in Population and Development.

UNFPA and implementing partners were successful in advancing the ICPD agenda through the Road Map on Ageing and National Programme on Demographic Security 2011 – 2025. Bold actions were taken at advocacy level through methodology on mainstreaming ageing into sectorial policies, developing the Active Ageing Index, which is seen as an important assessment tool to better inform policymakers. However, lack of input data on some indicators necessary to calculate the country-level of active ageing creates a challenge. The UNFPA support for mainstreaming ageing has facilitated implementation of policy documents on ageing and integration of elderly rights and needs in national policies. The Platform for Active Ageing established with the UNFPA support, represents an important ownership prospect, but it is still not strong enough.

➤ **Origin: EQ 5 (Effectiveness)**

RECOMMENDATION 13 (R13)

UNFPA should continue to advocate for increasing the national ownership in data analysis, data usage and data production through mainstreaming lessons, good practices and aligning national policies and laws with international standards. UNFPA should continue to advocate for mainstreaming ageing into public sectorial policies using disaggregated demographic data, efficient mainstreaming methodology and policy analysis and statistical data using skills both from civil society organizations and civil servants.

➤ **Priority level: High**

➤ **Addressee: UNFPA Country Office, UNFPA EECA Regional Office**

OPERATIONAL IMPLICATIONS

- ▶ Strengthen national ownership (including of civil society organizations) in promotion of the ICPD beyond 2014 agenda and improve collaboration between different stakeholders involved in the field of P&D, such as DRC, National Commission on Population and Development, Academia and relevant policy-level NGOs for ensuring data and evidences in policy analysis and implementation.
- ▶ Ensure a larger participation of organizations / think-tanks and experts for a more active involvement along with academia and policy-level NGOs in accelerating implementation of the national demographic policy framework in an evidence and rights-based manner taking into account their economic implications, as well as results based monitoring and evaluation of policy implementation.
- ▶ Provide support for increasing the role of National Commission on Population and Development in advocating ICPD agenda at national level and formulation of national priorities in the field of P&D, including in advocating for implementation of those recommendations which come up from the analysis and research conducted by Demographic Research Center and other relevant institutions.
- ▶ Advocate for wide use of data, policy analysis and their recommendations at all phases of public policy making.
- ▶ Consider sharing national experiences and practices in the area of population and development at regional level, including synergies of different stakeholders in using data for mainstreaming ageing into sectorial policies and influencing Government's view in regard to human rights and evidence-based population dynamics policies and their economic implications.
- ▶ Improve coordination through the International Advisory Panel on Population and Development regional initiative to help Moldova shift its policies to a new paradigm, grounded on human rights, international practices and economic implications of demographic policies.

- ▶ Facilitate communication and interaction between different actors at policy level for a more active ageing mainstreaming and involvement of the Platform for Active Ageing (PAA) in decision-making process.

CONCLUSION 14 (C14) Increasing national capacity to produce, utilize and disseminate data for evidence and rights based policy formulation and implementation

UNFPA provided substantial support for the 2014 Census in partnership with the National Bureau of Statistics and with contributions from the government of 93% of the costs. The census process was adversely affected by failure to incorporate all of the advice provided by the International Technical Advisory Board, and weak management of the census process, an insufficient informational campaign, and poor data collection coverage in Chisinau and Balti municipalities. These factors affected the credibility and reliability of the Census as a complex statistical exercise.

UNFPA is promoting a new generation of population and development specialists through supporting the curriculum development of two Master Degree Programs on Demography and Family Counselling which have been successfully delivered by Academy of Economic Studies and by the State University of Moldova.

- **Origin: EQ 5 (Effectiveness)**

RECOMMENDATION 14 (R14)

UNFPA should continue to advocate for strengthening national capacity to produce, utilize and disseminate data for evidence and rights based policy making and implementation.

- **Priority level: High**
- **Addressee: UNFPA Country Office, UNFPA EECA RO**

OPERATIONAL IMPLICATIONS

- ▶ Advocate for approval of the Strategy on Statistical Sector 2020 and underline the importance of census and population forecast, as important components of this strategic document.
- ▶ Advocate for a new Law on Population and Housing Census in alignment with recommendations of 2020 Census Round and development of a new Action Plan for carrying out the census, based on which UNFPA and other actors could monitor the progress on census.
- ▶ Use the ITAB in other future similar initiatives on Census, but advocate for having international experts within the NBS through the whole stages of Census from the preparation till completing the data processing and dissemination.
- ▶ Advocate for having a properly Communication Campaign on Census financed from domestic budget, as part of the Action Plan on Census. Communication is crucial in ensuring citizens' participation in the Census and should not be underestimated, because it directly affects the results. The key-messages should be focused on explaining the Census's process and its benefits for citizens. Such informational campaign needs to start well in advance of the enumeration phase.
- ▶ Strengthen capacities of the NBS staff in conducting a Census from very beginning through long-term training/capacity building programmes and a more in-house monitoring of daily progress.
- ▶ Improve coordination through the International Advisory Panel on Population and Development regional initiative to help Moldova shift its policies to a new paradigm, grounded on human rights, international practices and economic implications of demographic policies.

Annexes

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Abbreviations and Acronyms

A&Y	Adolescents and Youth
AAI	Active Aging Index
AES	Academy of Economic Studies
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual Reproductive Health
BOS	Business Operations Strategy (BOS)
CAWSiD	Centre for Assisting Women in Situations of Danger (CAWSiD)
CDA	Czech Development Agency
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDES	Center for Development in Education and Health
CNAM	Compania Nationala de Asigurari in Medicina / National Health Insurance Company
CNTM	National Youth Council of Moldova
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CS	Centrul de Sanatate / Health Centre
CSO	Civil Society Organization
DaO	Delivery As One UN
DEX	Directly Executed
DRC	Demographic Research Center
EECARO	Eastern Europe and Central Asia Regional Office (UNFPA)
EEIRH	East European Institute for Reproductive Health (EEIRH)
EQ	Evaluation Question
ERG	Evaluation Reference Group
EU	European Union
EU-EECA	European Union - Eastern Europe and Central Asia
FGD	Focus Group Discussion
FP	Family Planning
GE	Gender Equality
GBV	Gender Based Violence
GDP	Gross Domestic Product
GP RHCS	Global Programme on Reproductive Health Commodity Security
HAI	Help Age International
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus / Virusul Papiloma Uman
IAPPD-EECA	International Advisory Panel on Population and Development for Eastern Europe and Central Asia
IARC	International Agency for Research on Cancer
IDU	Injecting Drug User
ILO	International Labour Organization
IOM	International Organization for Migration
IMAGES	International Men and Gender Equality Survey
IP	Implementing Partner
ICPD	International Conference on Population and Development
ITAB	International Technical Advisory Board
LGBT	Lesbian, Gay, Bisexual and Transgender
LMIS	Logistics and Management Information System
MA	Master of Arts
MARP	Most At Risk Population
MDG	Millennium Development Goal
MH	Maternal Health
MICS	Multiple Indicator Cluster Survey
MIPA/RIS	Madrid International Plan of Action on Ageing and its Regional Implementation Strategy
MISP	Minimum Initial Service Package

MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MoLSPF	Ministry of Labour, Social Protection and Family
MS	Ministerul Sanatatii / Ministry of Health (MoH)
MSM	Men who have Sex with Men
NBS	National Bureau of Statistics
NEX	Nationally Executed
NIDI	Netherlands Interdisciplinary Demographic Institute
NRHS	National Reproductive Health Strategy
NYS	National Youth Strategy
OECD-DAC	Organization for Economic Cooperation and Development – Development Assistance Committee
OMF	Oficiul Medicilor de Familie / Family Physician Office
OMT	Operations Management Team
OP	Older people
OS	Oficiu de Sanatate / Health Office
PAA	Platform on Active Aging
PHC	Primary Health Care
PHC	Population and Housing Census
PES	Post-Enumeration Survey
P&D	Population and Development
PEP	Post Exposure Prophylaxis for HIV
PLWH	People Living with HIV
PNC	Post Natal Care
PPH	Post-Partum Haemorrhaging
PSU	Psychoactive Substance User
QA	Quality Assurance
RH	Reproductive Health
RHTC	Reproductive Health Training Center
RM	Republica Moldova / Republic of Moldova
SCO	Screening Coordination Office
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goal
SSO	Societatea Stiintifico-practica a Oncologilor din Republica Moldova / Scientific Society of Oncologists in Moldova
SOP	Standard Operating Procedure
SPR	Standard Progress Report
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SUM	State University of Moldova
SWIT	Sex Worker Implementation Tool
SWOP	State of the World Population
TA	Technical Assistance
TFR	Total Fertility Rate
TOT	Training of Trainers
UBRAF	Unified Budget Results and Accountability Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNECE	United Nations Economic Commission for Europe
UNPF	United Nations-Moldova Partnership Framework
VAW	Violence Against Women
WAVE	Women Against Violence Europe
WLC	Womens Law Center
WP	Work Plans
YFHC	Youth Friendly Health Clinic
YFHS	Youth Friendly Health Services
YGI	Youth Gap Index

Annex 1 Terms of Reference

Country Programme Evaluation Republic of Moldova Draft TERMS OF REFERENCE

Introduction

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA aims at developing the policies and programs that are envisioned to contribute to the reduction of poverty as well as to ensuring that every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled.

The purpose of the evaluation of the UNFPA Country Programme 2013-2017 for the Republic of Moldova is to assess the programme performance. More specifically, the evaluation will look into determining factors that facilitated or hindered achievement, and document the lessons learned from the past cooperation that could inform the formulation of the next Country Programme of UNFPA in support to the Government of the Republic of Moldova.

The main audience and primary users of the evaluation is the UNFPA Moldova Country Office (CO), national partners and relevant government agencies. They all will benefit from findings, conclusions and recommendations of the evaluation. UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) and Evaluation Office (EO) will also benefit from the evaluation process and resulting report. In addition, the UN agencies represented in the country will use findings of this evaluation during the development of the next UN Partnership Framework (UNPF).

The evaluation will be conducted by a team of independent evaluators in close cooperation with EO of UNFPA, EECARO Regional Adviser on M&E and UNFPA Moldova CO.

Country context

Globally, the Republic of Moldova is a low middle-income country ranking 114 in the Human Development Report 2014 with an overall Human Development Index of 0.663. While the GDP grew 4.6% in 2014, according to the World Bank the GDP growth is projected to go into a 2% recession in 2015. Sustaining growth is a challenge as the GDP gains are led by remittances and export growth through increased access to external markets, which in turn are subject to effects of the global financial crisis.

The Government's National Development Strategy 2020 highlights the lack of sustainability of revenue-led GDP growth by stating that the revenues of Moldovans' work abroad have fuelled the disposable income of households, thus leading to an increased aggregated demand for consumption. Constrained by the limited capacity of domestic production, this demand was largely met by imports of goods and services. The central government has benefited from this situation, but the trade balance has turned into a problematic trade deficit.

The Government of Moldova regards European integration as a fundamental priority of domestic and foreign policy supported by the Moldova - European Union Association Agreement signed in June 2014. While the formulation of policy and legislation of reform has been progressive and rapid, the process of implementation has been uneven and slow, including reforms of the institutions that prevent and combat corruption. Local governments play a significant role in the provision of public services and bear primary responsibility for water supply, health, sanitation, local roads construction, maintenance and heating. Currently, the local governments are fragmented, under-financed and providing services that are inadequate and of poor quality. The improvement of the public services in rural areas will depend on the ability of the government to fast-track local governance reform.

The Republic of Moldova, like many countries, is going through important demographic changes. This is characterized by low birth rates, migration and an ageing population that have an economic and social implication. The share of persons aged under-15 decreased to 15.9% in 2015; at the same time the share of elderly people was constantly increasing and constituted 16,2% out of total population in 2014. Some of the changes can be seen positively, for example life expectancy at birth increased in the last five years constituting 67.52 years for men and 75.39 for women. The National Commission for Population and

Development, which brings together different ministries and government institutions, academia, NGOs and international partners, was assigned to deal with population changes. Furthermore, a Road Map on Ageing and an implementation plan for mainstreaming ageing into sectorial policies were developed and the National Programme for Demographic Security is in place.

A National Public Health Strategy 2014-2020 was endorsed in line with the EU requirements and European policy “Health 2020”. Relatively high levels of expenditure (12% of the GDP in 2013) have had a little impact on health indicators. Out-of-pocket payment remains high at 45% of total health expenditure. According to the latest MICS survey 2012, the contraception prevalence rate for modern contraceptives represents 41.7, while 10% of women have an unmet need for contraception. Almost one third of women aged 15-49 years had at least one induced abortion. At the same time, progress has been made in terms of assistance during delivery - a vast majority of births (99.7%) were delivered with the assistance of medical doctors. Maternal mortality has been fluctuating in the last years (30.4 in 2012; 15.8 in 2013) and in 2014 reached the level of 15.5 per 100,000 live births. Furthermore, cervical cancer still affects women of reproductive age, with 60% of cases diagnosed in latest stages, when treatment is more complicated, more expensive and less successful.

As part of the National Reproductive Health Strategy 2005-2015 and a multifaceted effort to respond to the needs of young people more effectively, the Ministry of Health of the Republic of Moldova scaled up the network of Youth Friendly Health Centres in all districts and municipalities. However, despite many efforts in access to services, adolescents in Moldova are still exposed to risky behaviour. Less than a half of the youth who have had sex in the last year reported using a condom during the last sexual intercourse. Only 35.7% of youth aged 15-24 have comprehensive knowledge on HIV. The HIV incidence among youth (aged 15-24) per 100,000 populations has doubled in the last ten years from 10.38 in 2000 to 21.28 in 2012. Although the adolescent birth rate in Moldova has decreased, it is still high comparing to European countries (26.0 per 1,000 women aged 15-19 in 2014). While the Law on Reproductive Health approved in 2012 assign all education institutions to provide compulsory comprehensive and aged-appropriate sexuality education and preparation for family life, this provision has not been yet fully implemented.

Violence against women remains a serious and widespread problem. Six in ten women have experienced some type of violence (psychological, physical or sexual) from husband/partner during their lifetime. Rural women, elderly women, and those separate or divorced reported the highest prevalence rate of multiple forms of violence. There has been some progress in terms of referral system and health response to women’s violence; however more interventions are still required to improve the quality of services, including family planning counselling. During its 2013 review of the Republic of Moldova, the CEDAW Committee expressed concerns about reports of practices of coercive sterilization, affecting in particular women with disabilities, women in rural areas and Roma women. The Committee notes with concern that the current Ministry of Health regulation on sterilization specifies mental disability as an indicator for sterilization.

Better access to high quality health services and healthier lifestyle remain high priority for everyone, as confirmed by the “The Future Moldova wants” consultations in the framework of post-2015 agenda.

Background information on the UNFPA Moldova Country Programme 2013-2017

UNFPA has been active in the Republic of Moldova since 1995. The second UNFPA Programme 2013-2017 has been developed based on the evaluation of the first country programme and aligned with the national priorities, the MDGs, the ICPD Programme of Action, UNFPA corporate Strategic Plans and, and to the UN Partnership Framework 2013-2017 “Towards Unity in Action”.

The UNFPA Moldova 2013-2017 Country Programme approved by the Executive Board in September 2012 was developed in line with the UNFPA Strategic Plan 2011-2013, and afterwards aligned with the revised UNFPA Strategic Plan 2014-2017. The components of UNFPA support are: Reproductive Health, Population and Development, Gender and Youth.

Reproductive Health Program Area: UNFPA is committed to increase national capacity to deliver integrated sexual and reproductive health services, including family planning, cervical cancer screening programme, and HIV prevention, including for key population. UNFPA support building the capacities of primary health professionals on family planning and commodities management and assist the Government in implementing a supply system and distribution mechanism for reproductive health commodities and services.

Population and Development Programme Area aims to enhance capacity of national institutions to produce, analyse and disseminate statistical data on population dynamics, youth, gender equality and sexual and reproductive health. UNFPA provides assistance to build the capacity of the demographic community to generate and use gender-disaggregated data for public policy formulation. UNFPA assists the Government to prepare and conduct the population and housing census and to analyse the resulting data, as well as to mainstream ageing issues into sectorial policies.

Gender Equality Programme Area: UNFPA's contribution to address gender equality focus mainly on strengthening the capacities of health system to respond to domestic violence. UNFPA provide support to national institutions in using a multidisciplinary approach to providing integrated sexual reproductive health and family planning services for the victims and perpetrators of domestic violence.

Youth Programme Area: UNFPA advocates and provide technical assistance to the Government to improve the access of youth to sexual and reproductive health information, education and counselling in schools and in out-of-school settings. UNFPA supports youth participation in the decision making process that will affect their lives and opportunities and advocates for a comprehensive approach and a stronger collaboration between different services and facilities for young people. UNFPA also provide technical expertise in development and implementation of the evidence based policies, by strengthening the monitoring system in the youth field.

The programme is being implemented in close partnership with the Moldovan Government and its line ministries, as well as civil society organizations, and is being implemented nationally. The financial assistance of the Programme approved by Executive Board foresees a total of \$3.5 million out of which \$2.5 million from regular resources and \$1 million through co-financing modalities and/or other resources.

OBJECTIVES AND SCOPE OF THE EVALUATION

The *overall objective* of the Country Programme Evaluation (CPE) is to assess the achievement of the UNFPA programme, the factors that facilitated/hindered achievement, and to compile lessons learnt so as to inform development of the next UNFPA programme.

In 2017 UNFPA CO concludes implementation of the current UNFPA Moldova Country Programme (CP) 2013-2017. In view of this, an in-depth evaluation of the current CP constitutes an essential step to identify the major achievements as well as challenges encountered while implementing the current CP and ensure that the lessons learnt are duly reflected in the forthcoming CP 2018-2022.

The *specific objectives* are:

1. To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
2. To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current CP;
3. To provide an assessment of the country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results.

The evaluation will focus on assessing the outputs and outcomes achieved through the implementation of the programme. The evaluation should consider UNFPA's achievements since January 2013 against intended results and examine the unintended effects of UNFPA's intervention and compliance with UNFPA's Strategic Plan, as well as its relevance to national priorities and those of the UNPF. The evaluation will assess the extent to which the current CP, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of the results achieved to date. The scope of the evaluation will include an examination of the relevance, effectiveness/coherence, efficiency, and sustainability of the current CP, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results.

The evaluation will cover the UNFPA Moldova CP from 2013 to present. The evaluation is expected to take place during the period February - July 2016.

EVALUATION CRITERIA AND EVALUATION QUESTIONS

Relevance, effectiveness, efficiency, sustainability as well as coordination with the UNCT and added value of UNFPA will constitute core evaluation criteria for the subject assignment. The guiding questions will be as follows³³³:

Relevance

- To what extent is the CP consistent with national context, beneficiaries' needs, government policies, other development partners' programmes, UNFPA's policies and strategies, and global priorities including the goals of the ICPD Program of Action and the MDGs?

Effectiveness

- Were the CP's intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?
- What were the constraining and facilitating factors and the influence of context on the achievement of results?

Efficiency

- Were the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost?
- To what extent the country office made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievements of outputs defined in the UNFPA country programme?

Sustainability

- Are programme results sustainable in short and long-term perspectives? How did UNFPA Moldova ensure sustainability of its programme interventions?
- Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

UN Country Team (UNCT) Coordination

- To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms and implementation of the UNPF?
- To what extent has the country office successfully used the establishment and maintenance of different types of partnerships to ensure that UNFPA can make use of its comparative strength in the achievement of the country programme outcomes across all programmatic areas?

Added Value

- What are the main UNFPA comparative strengths and added value in the country? Are these strengths a result of UNFPA corporate features or are they specific to the CO features?
- To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?

Based on this indicative list of issues, as well as on a reconstruction of the country programme intervention logic, the evaluators will submit, within the design report, a final list of maximum 10 evaluation questions to be approved by the Evaluation Manager and the Evaluation Reference Group.

METHODOLOGY AND APPROACH

³³³ Further discussion and finalization of the evaluation questions (maximum 10) will be done during the design report process.

Data Collection

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups and field visits as appropriate. The evaluation will a) review documents including strategic plan/Multi-year Funding Framework, UNPF, Country Programme Documents, Work Plans, Progress Reports, Country Office Annual Reports, UNPF mid-term report; b) conduct field visits to the selected project sites; and c) interviews with stakeholders including national counterparts, implementing partners, development partners and target beneficiaries.

The collection of evaluation data will be carried out through a variety of techniques that will range from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

Retrospective and prospective analysis

Evaluators may assess the extent to which effects have been sustainable – provided that the effects have been already generated – but also look at the prospects for sustainability i.e. the likelihood that the effects of UNFPA interventions continue once the funding comes to an end.

In terms of effectiveness: evaluators may assess the extent to which objectives have been achieved or the extent to which objectives are likely to be achieved.

Relevance and efficiency only allow for retrospective assessments because future needs cannot be assessed and the actual/real costs incurred cannot be inferred beforehand.

Evaluators are expected to conduct retrospective assessments for the most part i.e. analyze *what* has happened and the reasons *why* but prospective assessments are also an option. However, whenever evaluators choose to conduct prospective assessments they should explicitly indicate it in the methodological chapters of the design and final reports. Evaluators should also explain the reason why a prospective assessment has been chosen

Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme officers and the Evaluation Reference Group.

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

EVALUATION PROCESS

The evaluation will unfold in five phases, each of them including several steps:

I. Preparation phase

During this phase UNFPA Moldova CO will: prepare ToR; receive approval of the ToR from the UNFPA Evaluation Office (EO); select potential evaluators; receive pre-qualification of potential evaluators from Evaluation Office; Recruit external evaluators; Assembly of Evaluation Reference Group (RG); Compile Initial list of documentation\Stakeholder mapping and list of Atlas Projects.

II. Design phase

During this phase evaluation team will conduct:

- *Desk review* - the evaluation team in collaboration with the CO will identify and collect all relevant documents and data (primary and/or secondary) required for this evaluation.
- *Stakeholder mapping* - the evaluation team will prepare a basic mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and go beyond the

partners of UNFPA and will also indicate the relationships between different sets of stakeholders. This will work as a basis of drawing sample of stakeholders for data collection.

- *Intervention logic of the programme* - the theory of change meant to lead from planned activities to the intended results of the programme;
- *Evaluation Matrix* - the finalization of the list of evaluation questions; and preparation of evaluation matrix;
- *Development of a concrete plan* in conducting this evaluation in consultation with the CO staff, including selection of data collection methods, selection of interventions for field visits and addressing logistical issues.
- *A scoping mission* to the country will be undertaken to develop evaluation design.

Phase 2 output: At the end of the design phase, the evaluation team will present the design report which encompasses the evaluation design, evaluation matrix, stakeholders mapping, evaluation questions and methods to be used, information sources and plan for data collection, including selection of project/field sites for visits, and design for data analysis in accordance with UNFPA Handbook “How to design and conduct a country programme evaluation at UNFPA”.

III. Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyse the data required in order to answer the evaluation questions consolidated at the design phase.

Phase 3 output: At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

IV. Reporting phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the debriefing meeting. This *first draft final report* will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group and consolidated by the evaluation manager will then allow the evaluation team to prepare a *second draft of the final evaluation report*.

This second draft final report will be disseminated among key programme stakeholders (including key national counterparts) and presented in a stakeholder workshop for final comments. The *final report* will be drafted shortly taking into account comments made by the programme stakeholders.

Phase 4 output: The final evaluation report.

V. Dissemination and Follow-up phase

Management Response – the country office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures. The evaluation report will be shared with Regional Office and Evaluation Office at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Country Programme Document. The report and the management response will be published on the UNFPA website.

Phase 5 output: Approved management response.

EXPECTED OUTPUTS/ DELIVERABLES

The evaluation team will produce the following deliverables:

- Design report including, as a minimum: a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase. The design report should be maximum 30 pages.
- Debriefing presentation document synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase.
- First and second draft final evaluation reports.

- Final report prepared taking into account all the comments made. The report should be maximum 70 pages plus annexes.

All deliverables will be drafted in English. All reports should follow structure and detailed outlines provided in the UNFPA Handbook “How to design and conduct a country programme evaluation at UNFPA”. The document can be found at <http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>

The final report will be translated into Romanian by UNFPA CO.

WORK PLAN/ INDICATIVE TIMEFRAME

	PHASES/DELIVERABLES	RESPONSIBLE	PARTNERS	DEADLINE
Preparation phase	Finalization of ToR by CO with input by RO M&E Adviser: approval of ToR by Evaluation Office (EO).	Evaluation Manager (EM), Assistant Representative (AR)	RO M&E adviser, EO	11 January 2016
	Selection of potential evaluators by CO with input by RO M&E adviser; pre-qualification of potential evaluators by Evaluation Office. Recruitment of external evaluators.	EM, Admin Finance Associate (AFA)	AFA, RO M&E adviser, EO	30 January 2015
	Assembly of Evaluation Reference Group (ERG).	EM, AR	CO staff	30 January 2015
	Compilation of Initial list of documentation\Stakeholder mapping and compilation of list of Atlas Projects.	EM, AR	CO staff	15 February 2015
Design phase	Preparation and submission of a design report including, as a minimum: a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase.	Evaluators	EM, RO M&E adviser, CO staff, ERG	15 March 2016
	Review and approval of design report	Representative, AR	RO M&E adviser	28 March 2016
Field phase	Conducting data collection and analysis.	Evaluators	EM, CO staff, ERG	29 March -17 April 2016
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations.	Evaluators	EM, CO staff, ERG	18 April
Synthesis phase	Production of the first draft final report.	Evaluators	EM	7 May
	Comments by the evaluation reference group.	ERG	EM	21 May
	Production of the second draft final report.	Evaluators		4 June 2016
	EQA of the second draft final report.	EM	Representative, AR	11 June 2016
	Production of the Final Report.	Evaluators		22 June 2016
	EQA of the final evaluation report.	EM, RO M&E adviser,	Representative, AR	27 June 2016
	Final EQA.	EO	EM, RO M&E Adviser	9 July 2016

Dissemination and Follow-up	Management response.	Representative, AR	EM, CO staff	23 July 2016
	CPE report, final EQA and Management response published on CO website and UNFPA evaluation database.	EM, IT Associate	EO	30 July 2016

COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

The evaluation will be carried out by a team consisting of one **International Consultant /Evaluation Team Leader (TL), and one National Evaluation Consultant**. Team members should be committed to respecting deadlines of delivery outputs within the agreed time-frame and with the combined technical knowledge and expertise necessary to cover all programme areas of the UNFPA programme.

Evaluation team leader will be responsible for the production and timely submission of the expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the national evaluation consultant and will also be responsible for the quality assurance of all evaluation deliverables. The Team Leader will be responsible for covering some of the components of the Country Programme (to complement those of the National Evaluation Consultant so that all components are covered). The Evaluation Team Leader will be an international expert in evaluation of development programmes with the following necessary competencies:

- Extensive (at least 7 years) previous experience in leading evaluations, specifically evaluations of international organizations or development agencies. Previous experience conducting evaluation for UNFPA will be considered as an asset;
- The evaluation team leader needs to have demonstrated expertise in one or two components of the country programme (ie. sexual and reproductive health, population and development, youth, gender), preference will be given to candidates expertise in Sexual and Reproductive Health;
- Familiarity with UNFPA's work and mandate;
- Familiarity and experience of working in the Eastern Europe and Central Asia Region (EECA);
- Excellent analytical, communication and writing skills;
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Fluency in English is required.

The National Evaluation Consultant will have in-depth knowledge and experience of some components of UNFPA programmatic areas (to complement those of the TL so that all components are covered) and excellent knowledge of the national development context, issues and challenges in the country. She/he will take part in the data collection and analysis work during the design and field phases. Evaluation National Consultant will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of Evaluation National Consultant in the entire CPE process including participation at interviews/meetings and technical inputs and reviews of the design report, draft evaluation report and final evaluation report will be agreed by the Evaluation Team Leader and will be done under his/her supervision and guidance. The necessary competencies of Evaluation National consultant will include:

- Extensive (at least 5 years) previous experience in monitoring and evaluation;
- The evaluation team member needs to have demonstrated expertise in either population and development or Gender;
- Familiarity with UNFPA's work and mandate;
- Strong interpersonal skills and ability to work in a multi-cultural team;

- Excellent analytical, communication and writing skills in English;
- Fluency in English and Romanian is required. Working knowledge of one or more additional languages relevant for Moldova, including Russian, Bulgarian, Gagauzian, Romani, Ukrainian or sign language would be an asset.

Evaluation Assistant/Translator, under the direct supervision of UNFPA Country Office Evaluation Manager and close cooperation with the Evaluation Team will undertake responsibilities of assisting the Country Office in carrying out the country program evaluation. She/he will collect information, schedule meetings, assist with interviews, and provide secretarial, organizational and logistical support to the evaluation team. The assistant/translator will translate at meetings where needed and will provide translations of short texts up to two pages in length during the country program evaluation process. The assistant/translator may be required to contribute in producing short summaries of various documents, and will take notes at meetings where required. The assistant/translator will be in charge of updating the contacts list, if required upon receiving the initial stakeholders list from UNFPA. The assistant/translator will not be required to contribute to evaluation processes technically and substantively. The necessary competencies of Evaluation Assistant/Translator will include:

- At least 3 years of administrative assistance experience, of which preferably; experience in providing assistance in project coordination and implementation.
- Knowledge of the UN systems.
- Effective organizational skills and ability to handle work in an efficient and timely manner and demonstrated ability to coordinate tasks to meet deadlines.
- Ability to write in a clear and concise manner and to communicate effectively.
- Strong interpersonal skills and ability to work in a multi-cultural team.
- Fluency in oral and written English.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

REMUNERATION AND DURATION OF CONTRACT

There will be a total overall number of 108 person working days, the precise division of labour between the TL and national consultant to be presented for approval in the Design Report. The duration of the contract for the International Consultant /Evaluation Team Leader and the Evaluation National Consultant will not exceed 54 working days each.

PHASES/DELIVERABLES		RESPONSIBLE	PLACE	TIME-FRAME	No. of workdays/ consultant
Design phase	Preparation and submission of a design report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home based	1 - 15 March 2016	12
	Review and approval of design report	ERG	Home based	15 – 28 March 2016	
Field phase	Conducting data collection and analysis	All evaluation team	Chisinau and selected sites	29 March -17 April 2016	15

	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	All evaluation team	Chisinau	18 April 2016	
Synthesis phase	Production of the first draft final report	All evaluation team	Home based	7 May	12
	Comments by the evaluation reference group	ERG	Home based	21 May	0
	Production of the second draft final report	All evaluation team	Home based	4 June 2015	8
	EQA of the second draft final report	EM	Home based	11 June 2016	0
	Production of the Final Report	International Consultant /Evaluation Team Leader, Evaluation National Consultant (limited involvement- 2 work days)	Home based	22 June 2016	7
				Total	54

Workdays will be distributed between the date of contract signature and the end date of the evaluation.

Payment of the Evaluation Team will be made in three tranches, as follows:

1. First Payment (20 percent of total) – upon UNFPA’s approval of design report.
2. Second payment (30 percent of total) – upon the submission of the first draft evaluation report.
3. Third payment (50 percent of total) – upon UNFPA’s acceptance of the final evaluation report.

Daily Subsistence Allowance (DSA) will be paid per night spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

MANAGEMENT AND CONDUCT OF THE EVALUATION

The Country Programme Evaluation will be conducted according to the above Work Plan/ Indicative Timeframe. Overall guidance to the CPE will be provided by the UNFPA Representative for Moldova with support of the Evaluation Reference Group. Evaluation will be managed and coordinated by the UNFPA Assistant Representative.

The UNFPA CO Evaluation Reference Group composed of representatives from the UNFPA country office, the national counterparts, and the UNFPA regional office as well as from UNFPA relevant services in headquarters. The main functions of the reference group will be:

- To discuss the terms of reference drawn up by the Evaluation Manager;³³⁴
- To provide the evaluation team with relevant information and documentation on the programme;
- To facilitate the access of the evaluation team to key informants during the field phase;
- To discuss the reports produced by the evaluation team;
- To advise on the quality of the work done by the evaluation team;
- To assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

The UNFPA CO Assistant Representative (AR) will support the team in designing the evaluation; will provide ongoing feedback for quality assurance during the preparation of the design report and the final report. The UNFPA CO AR produces the EQA for the final draft evaluation report and the final evaluation report in consultation with the RO M&E adviser and approves deliverables of the evaluation and sends final report and EQA to Evaluation Office. The UNFPA CO Evaluation Manager ensures dissemination of the final evaluation report and the main findings, conclusions and recommendations.

³³⁴ Due to the size of the office Moldova CO does not have a separate post for Evaluation Manager; in this case the AR will undertake this function.

UNFPA CO will provide the evaluation team with all the necessary documents and reports and refer it to web-based materials. UNFPA management and staff will make themselves available for interviews and technical assistance as appropriate. The CO will also provide necessary additional logistical support in terms of providing space for meetings, and assisting in making appointments and arranging travel and site visits, when it is necessary. Use of office space and computer equipment may be provided if needed.

BIBLIOGRAPHY AND RESOURCES

1. UNFPA Moldova Country Programme Document 2013-2017
2. United Nations Partnership Framework for Moldova 2013-2017
3. UN Partnership Framework for Moldova 2013-2017 Midterm Review Report
4. UNFPA Strategic Plan (2008-2013)
5. Revised UNFPA Strategic Plan (2014-2017)
6. Aligned UNFPA Moldova Results Framework to the UNFPA Strategic Plan
7. Final Country Programme Evaluation of the UNFPA Moldova Country Programme 2007-2012
8. Work Plans
9. Monitoring Visit Reports
10. Yearly Progress Reports
11. Handbook to “How to Design and Conduct a Country Programme Evaluation at UNFPA”
12. UNFPA Evaluation Office webpage: //www.unfpa.org/public/home/about/Evaluation

ANNEXES

- *Ethical Code of Conduct for UNEG/UNFPA Evaluations*
- *List of Atlas projects for the period under evaluation*
- *Short outlines of the design and final evaluation reports*
- *Evaluation Quality Assessment template and explanatory note*
- *Management Response*

Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people’s right not to engage. Evaluators must respect people’s right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

[Please date, sign and write “Read and approved”]

Annex 2 Evaluation Reference Group Members

Evaluation Reference Group for the CPE 2013-2017			
Nr.	Name	Function	Organization
1	Tatiana Zatic	Head of Department for Primary, Community and Emergency Health Care	Ministry of Health
2	Rodica Scutelnic	Head of Department of Hospital Health Care	Ministry of Health
3	Aliona Cretu	Head of the Demographic and Migration Policies Department	Ministry of Labour, Social Protection and Family
4	Lilia Pascal	Head of the Equal Opportunities Department	Ministry of Labour, Social Protection and Family
5	Alexandru Stratan	Director	National Institute for Economic Research
6	Ion Donea	Chief, Department of Youth	Ministry of Youth and Sports
7	Igor Ciurea	Secretary General	National Youth Council of Moldova
8	Mahbub Alam	Regional M&E Advisor	UNFPA EECAO
9	Johan Dittrich Hallberg	UN Coordination Specialist	UN RC
10	Natalia Cojohari	Assistant Representative	UNFPA Moldova CO
Approved by: Ian McFarlane, UNFPA Representative			

Annex 3 Bibliography

Government of Moldova

Government of Moldova official policy and strategy:

National Development Strategy 'Moldova 2020'
National Health Policy, 2007
Health System Development Strategy 2008–2017
National Strategy on Migration and Asylum (2011–2020)
National Strategy for Prevention and Control of Non-communicable Diseases 2012–2020
National Public Health Strategy 2014–2020
Strategy of the National Referral System for Protection and Assistance of Victims and Potential Victims of Trafficking (December 2008)
Sector Development Strategy 2012–2020
The Law on Reproductive Health (2012)
Law Number 45 on Domestic Violence (2010)
Youth Sector Development Strategy 2014–2020
Child and Adolescent Health, Development and Welfare Strategy 2014–2020 (in progress)
National Reproductive Health Strategy (2005 -2015) (being updated in 2016)
National Program on Demographic Security 2011 – 2025
Law Nr. 90 on Population and Housing Census in the Republic of Moldova (26.04.2012)
Governmental Decision Nr 406, 02.06.2016
Strategy on National Statistical System 2016-2020 (awaiting approval)

National Bureau of Statistics:

- General Population data, 2014, 2015
- *Violence against Women in the Family in the Republic of Moldova (2011)*

Active Ageing Index. Policy paper, Mariana Buciuceanu-Vrabie. March-April 2016

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Annex 4 People interviewed and consulted

NAME	TITLE
UNFPA	
1. Mr. Ian McFarlane	UNFPA Representative for Moldova (former)
2. Ms. Natalia Cojohari	Assistant Representative, Officer-in-Charge
3. Mr. Vladimir Paraschiv	Administrative Associate
4. Ms. Diana Selaru	Administrative and Finance Associate
5. Ms. Victoria Dochitcu,	Programme Associate on Reproductive Health and Youth
6. Mr. Eduard Mihalas	Programme Analyst on Population and Development and Gender
7. Ms. Ganna Iovchuc,	Communication Officer
8. Mr. Ruslan Bojoc	Driver
9. Mr. Mahbub Alam,	Regional M&E Advisor, EECARO
10. Ms. Tamar Khomasuridze	Regional Reproductive Health Advisor, EECARO
11. Ms. Jennifer Butler	Regional Senior Adviser on HIV, EECARO
12. Ms. Nighina Abaszadeh	Regional Technical Advisor on Gender Equality, EECARO
13. Mr. Jens Jens-Hagen Eschenbächer	Regional Communications Adviser, EECARO
14. Mr. Eduard Jongstra	Regional Population and Development Technical Adviser, EECARO
UN Country Team	
15. Ms. Dafina Gercheva	UN Resident Coordinator and UNDP Resident Representative
16. Mr. Johan Dittrich Hallberg	Office of the UN Resident Coordinator, Coordination Specialist
17. Ms. Larisa Boderscova,	Programme Officer, Health Systems, Family Child Health, WHO
18. Ms. Angela Ciobanu	Public Health Officer, WHO
19. Mr. Veaceslav Balan	National Coordinator, High Commissioner Office for Human Rights
20. Ms. Diana Donoaga-Certan	Prevention and Protection Programme Coordinator, International Organization for Migration
21. Mr. Simion Terzioglo	National Programme Coordinator, International Organization for Migration
22. Ms. Aurelia Spataru	Programme Manager, UNDP
23. Ms. Elena Laur	M&E Officer, UNICEF
24. Ms. Lucretia Ciurea	M&E Officer, UN Women
25. Ms. Margarita Tileva,	Deputy Representative, UNICEF
26. Ms. Angela Capcele	Health Officer, UNICEF
27. Mrs. Svetlana Plamadeala	Country Manager, UNAIDS
28. Mr. Oleg Serezhin	Chief, Technical Cooperation Unit, UNDESA
29. Mr. Corneliu Eftodi	National Programme Officer, UN Women
30. Ms. Nune Mangarasyan,	Representative, UNICEF
31. Mr. Vitalie Frecauteanu	National Consultant for Development of Social Service, Strengthening Human Rights in Transnistrian region of Moldova, UNDP
Government of Moldova	
32. Ms. Rodica Scutelnic	Head of Hospital and Emergency Assistance Department, Ministry of Health
33. Ms. Galina Morari	Deputy Head of Hospital and Emergency Assistance Department, Ministry of Health
34. Ms. Olga Gagauz	Head of Department, Demographic Research Center
35. Ms. Mariana Buciceanu-Vrabie	Researcher, Demographic Research Center
36. Mrs. Svetlana Moroz	Head Gynaecologist, Reproductive Health Center and Youth Friendly Health Center, Cimislia
37. Ms. Valentina Bodrug-Lungu	Professor, Masters Programme, State University
38. Mr. Ion Donea,	Head of Youth Department, Ministry of Youth and Sports
39. Ms. Lilia Pascal	Head of the Gender Equality Department, Ministry of Labour and Social Protection and Family
40. Ms. Anastasia Oceretnii	Deputy Minister, Ministry of Labour and Social Protection and Family
41. Mr. Ghenadie Curocichin	Chief, Medical State University, PHC department
42. Ms. Natalia Zarbailov	SRH Expert, Medical State University, PHC department
43. Ms. Aliona Cretu	Head of the Demographic and Migration Policy Division, Ministry of Labour and Social Protection and Family
44. Mr. Valeriu Sainsus	Professor, Master program on Demography, Academy of Economic

NAME	TITLE
	Studies
45. Mr. Sergiuc Matei	Professor, Master program on Demography, Academy of Economic Studies
46. Mr. Lilian Galer	Chief of PES department, National Bureau of Statistics
47. Ms. Snejana Nasco	Head a.i. of the Demographic Statistics and Census, National Bureau of Statistics
48. Ms. Tatiana Zatic	Head of Primary Health Care department, Ministry of Health
49. Ms. Mariana Negrean	National expert on SRH, National College of Medicine and Pharmacy
50. Ms. Victoria Ciubotaru	Scientific coordinator, National Center for Reproductive and Medical Genetics
51. Mr. Iurie Osoianu	Deputy Director, National Health Insurance Company,
52. Ms. Diana Valuta	Head of "Monitoring and Evaluation of screening programs" department, National Health Insurance Company,
53. Mr. Artur Gutium	Member of Parliament, Committee on social protection, health and family
54. Mr. Vladimir Cernat	Member of Parliament, Committee on social protection, health and family
55. Mr. Vladimir Odnostalco	Member of Parliament, Committee on social protection, health and family
56. Ms. Valentina Stratan	Member of Parliament, Deputy Chairperson, Committee on social protection, health and family
Donors, Universities, NGOs and Others	
57. Ms. Rodica Comendant, Director	Director, Reproductive Health Training Center
58. Ms. Tatiana Casu	Project Assistant, Reproductive Health Training Center
59. Mr. Alexandr Curasov	General Director, Positive Initiative
60. Mr. Vitalie Dogaru,	TV editor and presenter, Publika TV
61. Mr. Alexandru Lebedev	CEO #Diez on-line news outlet
62. Ms. Ana Gherciu	Deputy editor, Timpul Newspaper
63. Ms. Ana Sarbu	Journalist at Agora on-line news outlet
64. Ms. Angela Alexeiciuc	President, CEDES
65. Ms. Angelina Zaporozjan-Pirgari,	Executive Director, Women's Law Center
66. Ms. Iuliana Abramova	Director, Rezonance
67. Mr. Alexandr Gonchar	Vice Director, Rezonance
68. Ms. Oxana Ceban	Director, Reproductive Health Center, Tiraspol
69. Mr. Henrick Huitfeld	Deputy Head of Mission/Head of Development Cooperation ,Embassy of Sweden
70. Ms. Anna Susarenco,	President, Association of Young Peer to Peer Educators
71. Ms. Liuba Chirilov	General Director, Association of Young Peer to Peer Educators
72. Mr. Terentie Carp	President, National Youth Council of Moldova
73. Mr. Igor Ciurea	General Secretary, National Youth Council of Moldova
74. Ms. Tatiana Sorocan	Country Director, HelpAge International
75. Ms. Dina Ciubotaru	Programme Coordinator, HelpAge International
76. Mr. Artur Raducanu	II Secretary, Romanian Embassy
77. Ms. Viorica Cretu	Deputy Director of Cooperation, Swiss Agency for Development and Cooperation
78. Mr. Radu Danii	National Program Officer, Migration and Development (PD), Swiss Agency for Development and Cooperation
79. Mr. Matthias Leicht-Miranda	Senior Programme Manager (SRH), Swiss Agency for Development and Cooperation
80. Ms. Katerina Silhankova,	Trade and Development Cooperation diplomat, Embassy of the Czech Republic
81. Ms. Elena Madan	Project Manager, EU Delegation
82. Ms. Galina Lesco	President, Health for Youth
83. Mr. Viorel Babii	Project Manager, Health for Youth

Focus Groups

Locations	Participants/Background
Chisinau	4 Journalists from newspapers and publications, TV producer and on-line publication – coverage of UNFPA work in Moldova and the key issues
Orhei	Y-PEER
Chisinau	8 members of the Platform for Active Ageing representing different organizations and groups– Challenges and Accomplishments
Chisinau	4 Members of Parliament, Parliamentary Commission on Social Protection, Health and Family – Public concerns for UNFPA mandated areas

Annex 5 Overview of Budget

Budget estimates by intervention area (regular resources)								
UNFPA Moldova CP 2013-2017								
Output	Budget as per CPD	Intervention area / CP Indicator	Budget allocations/estimations by year as per Regular Resources (RR) Distribution Plan, USD					Total, USD
			2013	2014	2015	2016	2017 (subject to RR Distribution Plan)	
Output 1. Increased national capacity to deliver integrated sexual and reproductive health services, including family planning and HIV	880,000.00	1.1. Number of national staff trained in the logistics management information system. Baseline: 5 (2011); Target: 75	2,606.00	32,924.00	51,749.86	7,271.15	10,440.00	104,991.01
		1.2. Number of civil society organizations whose capacity is built by UNFPA to deliver integrated sexual and reproductive health services and HIV-prevention services to key populations and PLHIV. Baseline: 0 (2011); Target: 5	12,999.16	29,972.46	35,059.58	23,691.75	30,000.00	131,722.95
		1.3. Costed national sexual and reproductive health action plan is developed. Baseline: No (2015); Target: Yes	0.00	16,005.00	20,596.85	16,997.50	0.00	53,599.35
		1.4. Cervical cancer screening is integrated into national strategic documents and implemented. Baseline: No; Target: Yes	20,952.17	49,133.41	53,513.00	25,066.00	50,000.00	198,664.58
		1.5. Efficient mechanism to develop SRH guidelines according to international standards. Baseline: No; Target: Yes	42.00	0.00	0.00	59,332.00	40,000.00	99,374.00
		Operations and staffing costs	68,800.00	52,408.00	27,610.76	34,560.00	34,560.00	217,938.76
Total per Output 1			105,399.33	180,442.87	188,530.05	166,918.40	165,000.00	806,290.65
Output 2. Increased national capacity to develop and implement evidence-based policies for youth, including access to comprehensive sexuality education.	450,000.00	2.1. Percentage of school nurses trained in sexual and reproductive health counselling. Baseline: 3% (2011); Target: 30%	43,404.38	35,236.63	20,227.98	0.00	0.00	98,868.99
		2.2. Number of young people who participated in UNFPA-supported peer-education activities. Baseline: 5,500 (annually); Target: increase by 10% (annually)	28,367.00	43,653.92	48,144.50	49,294.20	50,000.00	219,459.62
		2.3. Robust mechanism applied for Monitoring and Evaluation of the National Strategy for Youth Sector Development 2020. Baseline: No; Target: Yes	1,500.00	10,000.00	0.00	25,846.78	25,000.00	62,346.78
		Operations and staffing costs	0.00	0.00	9,150.00	17,225.00	17,225.00	43,600.00
Total per Output 2			73,271.38	88,890.55	77,522.48	92,365.98	92,225.00	424,275.39
Output 3. Strengthened national capacity in integration of SRH rights into the health response to gender-based violence.	270,000.00	3.1. Percentage of primary health-care providers trained in integrated sexual and reproductive health services, including family planning and support to survivors of domestic violence. Baseline: 50% (2011); Target: 70%	3,597.00	53,963.14	40,318.09	0.00	14,000.00	111,878.23
		3.2. Number of rehabilitation and reintegration facilities that provide family planning counselling for the victims and perpetrators of domestic violence. Baseline: 7 (2011); Target: 12	0.00	1,635.00	4,536.79	9,000.00	0.00	15,171.79
		Training of Police Officers on GBV	6,052.00	5,525.00		0.00	0.00	11,577.00
		Outcome indicator 3: gender responsive and costed policies that integrate SRH response to GBV. Baseline: 0 (2015); target: 2 (2017)	0.00	0.00	7,583.40	17,388.79	15,000.00	39,972.19
		Operations and staffing costs	0.00	0.00		32,385.00	32,385.00	64,770.00
Total per Output 3			9,649.00	61,123.14	52,438.28	58,773.79	61,385.00	243,369.21
Output 4. Enhanced national capacity to produce, utilize and disseminate data to contribute to evidence and rights-based policy formulation and implementation.	600,000.00	4.1. Number of research studies in demographic analysis and policy implications. Baseline: 1 per year (2011); Target: 5 per year	24,159.56	33,400.00	17,905.51	38,172.00	30,000.00	143,637.07
		4.2. Number of annual graduates of master's programme on demography and family policy. Baseline: 14 (2011); Target: 30	0.00	0.00	400.00	0.00	0.00	400.00
		4.3. Policy and/or road map on ageing is endorsed by the Government. Baseline: under development (2011); Target: policy endorsement	12,398.00	59,476.50	766.00	0.00	0.00	72,640.50
		4.4. Number of policy recommendations for mainstreaming of elderly rights. Baseline: 1 per year (2014); Target: 4 per year (2017)	0.00	0.00	18,869.90	1,148.10	10,000.00	30,018.00
		4.5. National Action Plans on Demographic Security and Ageing are evidenced and rights-based. Baseline: No (2015); Target: Yes (2017)	0.00	0.00	19,126.20	34,239.31	34,590.00	87,955.51
		Census	57,201.90	6,440.56	0.00	0.00	0.00	63,642.46
		Operations and staffing costs	62,668.00	19,537.44	35,322.00	6,800.00	6,800.00	131,127.44
Total per Output 4			156,427.46	118,854.50	92,389.61	80,359.41	81,390.00	529,420.98
Output: Programme Coordination and Assistance	300,000.00	Programme Coordination and Assistance	51,386.83	50,602.86	44,120.00	61,582.42	60,000.00	267,692.11
Total per PCA			51,386.83	50,602.86	44,120.00	61,582.42	60,000.00	267,692.11
TOTAL	2,500,000.00		396,134.00	499,913.92	455,000.42	460,000.00	460,000.00	2,271,048.34

Annex 6 Stakeholder Matrix

The Stakeholder Map

Atlas Project (2013-2015)	Atlas Project (2016-2017)	Donors	Implementing partner	Other partners	Beneficiaries
Sexual and Reproductive Health					
Strategic Plan Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
CPD Output 1: Increased national capacity to deliver integrated sexual and reproductive health services, including family planning and HIV					
MDA2U301 MDA2U302	MDA2U301. Integrated SRH services	UNFPA core-funds	NGO Reproductive Health Training Center	<ul style="list-style-type: none"> • Ministry of Health • National Center for Reproductive Health and Medical Genetics • National Center for Health Management • State University of Medicine and Pharmacy • National College on Medicine and Pharmacy • University Center for Simulation in Medical Training • Obstetricians and Gynaecologists Society of the R. Moldova • Regional Development Center for Human Resources in Health • WHO • UNICEF 	<ul style="list-style-type: none"> • Primary health-care providers • RH offices • National experts on SRH • Vulnerable women and couples
MDA2U403	MDA2U301. Integrated SRH services	UNFPA core-funds	NGO Positive Initiative	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Labour, Social Protection and Family 	<ul style="list-style-type: none"> • Network of NGOs working with PLHIV and PSU • People living with HIV

				<ul style="list-style-type: none"> • RH offices • UNAIDS 	<ul style="list-style-type: none"> • People using substances • Young people
MDA2U302	MDA2U301. Integrated SRH services	UNFPA core-funds	National Health Insurance Company	<ul style="list-style-type: none"> • Ministry of Health • European Association for cervical cancer prevention 	<ul style="list-style-type: none"> • Primary health-care providers • Gynecologists • Cytological labs
MDA2U301	N/A	Global Programme to enhance Reproductive Health Commodity Security	UNFPA Moldova CO	<ul style="list-style-type: none"> • Ministry of Health • Netherlands Interdisciplinary Demographic Institute 	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Finance • PHC institutions
N/A	MDA02141. Capacity building of PHC providers on cervical screening	Swiss Agency for Development and Cooperation	UNFPA Moldova CO	<ul style="list-style-type: none"> • Ministry of Health • European Association for cervical cancer prevention • State University of Medicine and Pharmacy • National College on Medicine and Pharmacy • Centre for Continuous Medical Education of the Medical and Pharmaceutical Personnel with secondary education • Irish Cervical Screening Programme “CervicalCheck” • WHO 	<ul style="list-style-type: none"> • Primary Health Care providers
UQA63MDA. HIV prevention among truck drivers	UBRAFMDA. HIV prevention among KP	UBRAF	UNFPA Moldova CO	<ul style="list-style-type: none"> • Ministry of Infrastructure and Transportation • National Coordination Council on HIV Programme • ILO • Association for Truck drivers • National Education Center for truck drivers 	<ul style="list-style-type: none"> • Truck drivers • Sex workers

Youth

Strategic Plan Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services

CPD Output 2: Increased national capacity to develop and implement evidence-based policies for youth, including access to comprehensive sexuality education.

MDA2U403	MDA2U403. Evidence based youth policies	UNFPA core-funds	NGO Association of Young Peer to Peer Educators	<ul style="list-style-type: none"> • Ministry of Education • Ministry of Youth and Sport • Ministry of Health • Network of Youth Friendly Health Clinics • UNICEF 	<ul style="list-style-type: none"> • Young people
MDA2U403	MDA2U403. Evidence based youth policies	UNFPA core-funds	NGO Health for Youth Center	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Education • Y-PEER network • UNICEF • SDC 	<ul style="list-style-type: none"> • Young people
MDA2U403	N/A	UNFPA core-funds	NGO Center of Development on Education and Health	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Education • National College on Medicine and Pharmacy • WHO 	<ul style="list-style-type: none"> • School nurses • Young people
MDA2U704	MDA2U403. Evidence based youth policies	UNFPA core-funds	NGO National Youth Council of Moldova	<ul style="list-style-type: none"> • Ministry of Youth and Sport 	<ul style="list-style-type: none"> • Decision makers • Young people
Direct contracts with institutions and consultants	Direct contracts with institutions and consultants	United Nations Department for Economic and Social Affairs	<ul style="list-style-type: none"> • UNFPA Moldova CO • NGO National Youth Council of Moldova 	<ul style="list-style-type: none"> • Ministry of Youth and Sport 	<ul style="list-style-type: none"> • Local public administration • Youth workers • Youth Centers
Grant agreement with NGO	N/A	UNFPA Regional Office for Eastern Europe and Central Asia	NGO "Initiative Generation"	<ul style="list-style-type: none"> • Ministry of Youth and Sport • Ministry of Health • Ministry of Education 	<ul style="list-style-type: none"> • Young people • NGOs • local public institutions
		UNFPA Global Innovation Fund	UNFPA Moldova	<ul style="list-style-type: none"> • Youth portal #diez • Sens media • Y-PEER 	<ul style="list-style-type: none"> • Young people
Gender Equality					
Strategic Plan Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
CPD Output 3: Strengthened national capacity in integration of SRH rights into the health response to gender-based violence.					
MDA2U302	MDA2U302. Gender-Based Violence	UNFPA core-funds	NGO Women's Law Center	<ul style="list-style-type: none"> • Ministry of Health • UN Women • WHO 	Primary health-care providers

MDA2U302	MDA2U302. Gender-Based Violence	UNFPA core-funds	NGO Artemida	<ul style="list-style-type: none"> • Ministry of Health • UN Women • WHO 	<ul style="list-style-type: none"> • Primary health-care providers • Facilities and rehabilitation centers / facilities for survivors of domestic violence
MDA2U302	N/A	UNFPA core-funds	NGO Resonance	<i>de facto</i> authorities of the Transnistrian region of the Republic of Moldova	Primary health-care providers from the Transnistrian region of the Republic of Moldova
MDA2U312. Sustaining a Life Free of Violence	N/A	US Embassy	<ul style="list-style-type: none"> • International Organization for Migration • UNFPA Moldova • Women's Law Center 	<ul style="list-style-type: none"> • Police Academy • Ministry of Internal Affairs • General Police Inspectorate 	Police officers
		Liechtenstein Government	<ul style="list-style-type: none"> • UNDP Moldova • International Organization for Migration • High Commissioner for Human Rights • UNFPA Moldova 	<i>de facto</i> authorities of the Transnistrian region of the Republic of Moldova	<ul style="list-style-type: none"> • Police officers • shelters for the victims of domestic violence
Population Dynamics					
Strategic Plan Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality					
CPD Output 4: Enhanced national capacity to produce, utilize and disseminate data to contribute to evidence and rights-based policy mechanism.					
MDA2U704	MDA2U704. Data	UNFPA core-funds	Demographic Research Center	<ul style="list-style-type: none"> • Ministry of Labour, Social Protection and Family • National Commission on Population and Development 	<ul style="list-style-type: none"> • Academia • Policy makers • ONGs • Mass-media
MDA2U705	MDA2U704. Data	UNFPA core-funds	HelpAge International	<ul style="list-style-type: none"> • Ministry of Labour, Social Protection and Family • National Commission on Population and Development. 	<ul style="list-style-type: none"> • Platform for Active Ageing • Elderly
MDA2U714. Census	MDA2U714. Census	Swiss Agency for Development and Cooperation	<ul style="list-style-type: none"> ▪ UNFPA Moldova CO ▪ National Bureau of Statistics (NBS) ▪ National Youth Council of Moldova (CNTM) 	National Commission on 2014 Population and Housing Census	<ul style="list-style-type: none"> • Policy makers • NBS staff • General population
MDA02715.	MDA02715.	Czech Republic	<ul style="list-style-type: none"> ▪ UNFPA Moldova CO 	<ul style="list-style-type: none"> • Ministry of Labour, Social 	<ul style="list-style-type: none"> • Policy Makers

Improving demographic policies	Improving demographic policies	Development Agency	<ul style="list-style-type: none"> ▪ HelpAge International 	<ul style="list-style-type: none"> • Protection and Family • National Commission on Population and Development. 	<ul style="list-style-type: none"> • Platform for Active Ageing
Direct contracts with institutions and consultants	Direct contracts with institutions and consultants	United Nations Department for Economic and Social Affairs	<ul style="list-style-type: none"> ▪ UNFPA Moldova CO ▪ HelpAge International 	Ministry of Labour, Social Protection and Family	Elderly and policy makers
MDA2U714. Census	N/A	Romanian Embassy	<ul style="list-style-type: none"> ▪ UNFPA Moldova CO ▪ National Bureau of Statistics (NBS) ▪ National Youth Council of Moldova (CNTM) 	National Commission on 2014 Population and Housing Census	<ul style="list-style-type: none"> • General population • young people and vulnerable groups

Annex 7 RESULTS AND RESOURCES FRAMEWORK FOR THE REPUBLIC OF MOLDOVA

Realigned in 2015

<p>National development priorities or goals: (a) reducing poverty; (b) aligning the educational system with the needs of the labour market; (c) enhancing the financial sustainability of the social security system in order to ensure an appropriate rate of wage replacement; (d) consistently addressing demographic challenges; (e) increasing access to high-quality public health, health-care and pharmaceutical services, including for the purpose of achieving the Millennium Development Goals; (f) promoting healthy lifestyles; (g) ensuring equal socio-economic opportunities; and (h) preventing and combating gender-based violence.</p> <p>United Nations Partnership Framework (UNPF) outcome 1.1: Increased transparency, accountability and efficiency of central and local public authorities (indicator: Public availability of data on equality, disaggregated by key/target vulnerable groups and cross-cutting dimensions (incl. territorial, inhabitants' area, etc.) to track progress towards MDGs and Moldova's long-term development goals); outcome 2.1 people enjoy equitable access to quality public health and health care services and protection against financial risks (indicators: (a) Life expectancy at birth, disaggregated by urban/rural, sex, ethnicity, income quintiles, education, geographical area (if available); (b) Under-five mortality rate, disaggregated as per indicator (a); and (c) maternal mortality rate (per 100,000 live births), disaggregated as per indicator (a) and outcome 2.4 People enjoy equitable access to an improved social protection system (indicators: Population with health insurance to ensure access to care (including to primary health care), disaggregated by urban/rural, sex, income quintile, education, geographical area (if available)).</p>				
UNFPA strategic plan outcome	6 Country programme outputs	7 Output indicators, baselines and targets	Partners	8 Indicative resources
<p>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</p> <p>Outcome indicator: Unmet need for contraception Baseline: 9,5%; (MICS, 2012) Target: 9.0%</p>	<p>Output 1. Increased national capacity to deliver integrated sexual and reproductive health services, including family planning and HIV</p>	<p>1.1. Number of national staff trained in the logistics management information system Baseline: 5 (2011); Target: 75</p> <p>1.2. Number of civil society organizations whose capacity is built by UNFPA to deliver integrated sexual and reproductive health services and HIV-prevention services to key populations and PLHIV Baseline: 0 (2011); Target: 5</p> <p>1.3. Costed national sexual and reproductive health action plan is developed Baseline: No (2015); Target: Yes</p> <p>1.4. Cervical cancer screening is integrated into national strategic documents and</p>	<p>Ministry of Health, National Medical, Insurance Company; Academic institutions, health professional associations, non-governmental organizations (NGOs), United Nations partner organizations</p>	<p>1.48 million (0.88 million from regular resources and 0.6 from other resources)</p>

		implemented Baseline: No; Target: Yes		
		1.5. Efficient mechanism to develop SRH guidelines according to international standards Baseline: No; Target: Yes		
<p>Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services</p> <p>Outcome indicator: Percentage of youth aged 15-24 who have comprehensive knowledge on HIV and AIDS Baseline: 38.2% (2010); Target: 50%</p> <p>Outcome indicator: HIV prevalence in youth aged 15-24 per 100,000 population Baseline: 19.58 (2009); Target: 17.00</p>	<p>Output 2. Increased national capacity to develop and implement evidence-based policies for youth, including access to comprehensive sexuality education.</p>	<p>2.1. Percentage of school nurses trained in sexual and reproductive health counselling Baseline: 3% (2011); Target: 30%</p> <p>2.2. Number of young people who participated in UNFPA-supported peer-education activities Baseline: 5,500 (annually); Target: increase by 10% (annually)</p> <p>2.3. Robust mechanism applied for Monitoring and Evaluation of the National Strategy for Youth Sector Development 2020 Baseline: No; Target: Yes</p>	<p>Ministry of Youth and Sport, Ministry of Education, Ministry of Health, Academic institutions; NGOs; United Nations partner organizations</p>	<p>0.53 million (0.45 million from regular resources and 0.08 million from other resources)</p>
<p>Outcome 3. Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</p> <p>Outcome indicator: Gender responsive and costed policies that integrate SRH response to GBV Baseline: 0 (2015) Target: 2 (2017)</p>	<p>Output 3. Strengthened national capacity in integration of SRH rights into the health response to gender-based violence.</p>	<p>3.1. Percentage of primary health-care providers trained in integrated sexual and reproductive health services, including family planning and support to survivors of domestic violence Baseline: 50% (2011); Target: 70%</p> <p>3.2. Number of rehabilitation and reintegration facilities that provide family planning counselling for the victims and perpetrators of domestic violence Baseline: 7 (2011); Target: 12</p>	<p>Ministry of Health, Ministry of Labour, Social Protection and Family, NGOs, United Nations partner organizations</p>	<p>0.39 million (0.27 million from regular resources and 0.12 million from other resources)</p>
<p>Outcome 4: Strengthened national</p>	<p>Output 4. Enhanced</p>	<p>4.1. Number of research studies in</p>	<p>Ministry of</p>	<p>\$0.8 million</p>

<p>policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality</p> <p>Outcome indicator: 2010 population and housing census Baseline: no census; Target (2016): census undertaken successfully, providing reliable and credible data for policy formulation</p>	<p>national capacity to produce, utilize and disseminate data to contribute to evidence and rights-based policy formulation and implementation.</p>	<p>demographic analysis and policy implications Baseline: 1 per year (2011); Target: 5 per year</p> <p>4.2. Number of annual graduates of master's programme on demography and family policy Baseline: 14 (2011); Target: 30</p> <p>4.3. Policy and/or road map on ageing is endorsed by the Government Baseline: under development (2011); Target: policy endorsement</p> <p>4.4. Number of policy recommendations for mainstreaming of elderly rights Baseline: 1 per year (2014); Target: 4 per year (2017)</p> <p>4.5. National Action Plans on Demographic Security and Ageing are evidenced and rights-based Baseline: No (2015); Target: Yes (2017)</p>	<p>Labour, Social Protection and Family, Academic institutions; national statistical authorities, NGOs, United Nations partner organizations</p>	<p>(\$0.6 million from regular resources and \$0.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>
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Annex 8 Evaluation Matrix

Moldova 2nd Country Programme Evaluation Matrix Final: June 21 2016

EQ 1 (Relevance) To what extent is the Moldova 2 nd Country Programme (2013-2017): 1) adapted to the needs of the population, in particular the needs of the vulnerable groups; 2) aligned with the government's priorities; and, 3) aligned with UNFPA's policies and strategies and with the United Nations Partnership Framework (2013-2017) in Moldova?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>A 1.1 : The evolving needs of the Moldova population, in particular those of vulnerable and special groups, such as women, adolescents and youth, elderly were well taken into account during the planning and implementation processes.</p>	<ul style="list-style-type: none"> The evidence of consultation through needs assessments, studies, and evaluations, that identify needs and lessons learned prior to programming and during the CP (Country Programme), updated periodically Separate programmatic areas are integrated in planning with cross cutting aspects such as human rights, gender equality and adolescents and youth The choice of target groups for UNFPA supported interventions is consistent with identified and evolving needs as well as national priorities Extent to which the interventions supported by UNFPA were targeted at most vulnerable, disadvantaged, marginalised and excluded population groups, and retargeted as needed Extent to which the partner organizations and targeted people were consulted in relation to programme design and interventions throughout the programme 	<ul style="list-style-type: none"> National policy/strategy documents <u>UN-Moldova Partnership Framework "Towards Unity in Action" for 2013-2017</u> Moldova MDGs Moldova Country Programme Results Based Framework Monitoring Tools AWPs, SPRs, COARS Needs assessments and studies Evaluations PD, RH, Youth, and Gender Equality data Key Informants from Government and Development/Assistance partners, academic institutions Targeted beneficiaries and others living in remote and less developed areas 	<ul style="list-style-type: none"> Documentary analysis Interviews with Government Partners Interviews with UNFPA CO staff Interviews with implementing partners Interviews/Focus groups with beneficiaries and communities in targeted sites Observation and data collection in targeted areas

Evidence of Consultation, Assessment and Evaluation:

General: As per the UNFPA Country Programme Document, 21 March, 2012, the programme is based on government priorities as articulated in the draft of 'Moldova 2020' and the One United Nations Partnership Framework, 2013-2017. It incorporates recommendations of the programme evaluation and draws on the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development, and the UNFPA strategic plan, 2008-2013.

The "Outcome Evaluation of the UNFPA Moldova extended Country Programme (2007-2011/12), FINAL REPORT", Thomas Otter and Daniela Terzi-Barbarosie, October 9, 2011, recommended:

- Continue with the same programme components: Reproductive Health, Population and Development and Gender. Highly positive results have been achieved for all these components. The consolidation of all these achievements and the institutionalization of policies and strategies related to these achievements require follow-up activities from UNFPA.
- Continue joint programming with other UN agencies; throughout the next complete Country Programme Cycle. Joint programming has helped UNFPA Moldova so far to achieve good results. It enables UNFPA to be resourceful and creates synergies with other UN agencies. Joint programming should be based on the design of joint activities right from the start and not consist of an ad hoc composition of previously designed activities.
- UNFPA should make use of strategic advantage regarding its already existing base for the outreach of activities. Compared to other UN agencies in Moldova UNFPA has established an extended network with activities in the ground, in communities and in Transnistria. This privileged position can be used specifically for joint programmes with other UN agencies, helping them to engage in activities in Transnistria. It can be a valuable support for other UN agencies, via joint activities with UNFPA for outreach in RH or in activities related to P&D.
- UNFPA should advocate between GoM and other UN agencies for the definition new social policies, which offer specific services and social protection in the context of demographic change. Moldova stands today at a critical turning point for confronting the challenges and issues generated by a projected rapidly decreasing and ageing population. This phenomenon calls for the formulation of new social policies and the finding of the necessary resources for the successful implementation of these policies. UNFPA, as a specialized agency in demographic issues, can provide valuable help for a better understanding on how this phenomenon has to be reflected in social policies.
- The draft text of the future national development strategy "Moldova 2020" includes the reform of the social insurance and pension system as one of its priorities. UNFPA Moldova should include this area in its next country programme. UNFPA can make use of the global network of expertise in this field. Explore the possibility for a joint programme in this regard, possibly with UNDP, UNICEF and IOM.
- Develop a position and clear strategy to work with civil society as a complement to national programmes and in an effort to reach marginalized populations. Engaging civil society can potentially help to improve outreach and quality of services faster as well as to better identify vulnerable groups at local level and thus help to achieve their inclusion. Additionally, the UNDAF evaluation of early 2011 showed that the System of United Nations as a whole lack a clear and common understanding how civil society should be addressed in the country and what would be their role in cooperating with UN. A clear definition of the relationship and roles would help to improve the efficiency and effectiveness of the cooperation.
- Enhance monitoring and evaluation as well as Results Based Management capacities of implementing partners. The experience of the monitoring system for commodity security showed clearly the importance of such a system, as well as the difficulties from government side to implement such a system without donor support. This is only one example for the lack of monitoring and RBM. The achievement of both of these objectives would help to make the cooperation with implementing partners more effective and hence increase their potential impact. Since UNFPA Moldova depends heavily on non-UNFPA resources, an improvement of these capacities in implementing partners would facilitate fundraising and would make it more sustainable since a better reporting of achievements would be possible.
- Ensure competitive working conditions in the UNFPA CO in order to avoid staff turnover.

The Country Programme document (2012) mentions the following **lessons learned from the previous CP:** (a) the establishment of a partners' network at the grassroots level helped to achieve programme results nationwide; (b) the analysis of population and development issues and advocacy efforts to promote reproductive health are critical to the success of national policies; and (c) the documentation and communication of good practices regarding the collaboration of the Government, civil society and donors helped to enhance the sense of ownership among stakeholders. Additional lessons included: (a) the United Nations joint programme enabled UNFPA to have broader and more effective outreach efforts, especially among vulnerable groups; and (b) building the capacity of national statistical institutions was a challenge, including retaining staff and sustaining programme activities. Support will be required to ensure the regularity and consistency of the national monitoring and reporting system.

The “Country Analysis – United Nations, Moldova, June 2011” was considered a “light” review due to the extensive analytical work that took place in the previous year, led by the Government, including the 2010 Millennium Development Goal (MDG) Report and two National Human Development Reports. In addition, UN has jointly conducted several analyses such as the UN submission to the Universal Periodic Review and the joint UN inputs to the European Neighbourhood Policy Reporting. A UN Joint Programme on Strengthening the Statistical System (ILO, UN Women, UNDP, UNFPA and UNICEF) supports the National Bureau of Statistics in improving availability, quality, and usage of disaggregated statistical data.³³⁵ The Country analysis received input from 16 UN agencies. The report identified **the most vulnerable segments of society** in terms of welfare and security, as the rural areas, where 80 percent of the country’s poor persons live, children (38 percent of children in rural areas are below poverty line compared to 13 percent of children in urban areas), and increasing disparities between urban and rural. The most vulnerable are children from families with three children or more, from very poor families of the bottom quintile, from Roma families, from families affected by HIV and AIDS, from rural families, and children with disabilities have lower health, education and social protection indicators, and have a lower access to services in these areas.³³⁶

The report provides an analysis of the **human rights situation**, in September 2009, the government made human rights part of its new agenda and has initiated a number of reform processes aiming at substantive change. In May 2010, Moldova was elected for the first time to the United Nations Human Rights Council. In the past five years, the legal framework has been improved in the areas of domestic violence, workers’ rights, public assembly, sexual and reproductive health, prevention and combating human trafficking, protection of migrants’ rights, protection of refugees and asylum seekers, and the judiciary. However, very limited progress was made such as impunity for torture and ill treatment by the police. In spite of the progress achieved, issues such as violence, exploitation, abuse and neglect remain serious problems for Moldova. **Additionally, discrimination and pariah treatment of a number of groups, including Roma, persons with disabilities and persons with HIV and AIDS remains very high. Particularly serious concern surrounds the treatment of lesbian, gay, bisexual and transgender persons and communities, intensified by a mobilization of conservative forces against them.** Inter-ministerial support mechanisms need to be established so as to promote the integration of refugees and beneficiaries of humanitarian protection and facilitate their full participation in society. In a number of areas, improved laws and policies are not yet applied or implemented effectively.³³⁷ Church advocacy is expected to continue, bringing conservative perspectives to certain areas of human rights, including in the field of education, sexual and reproductive rights, the rights of minorities and elsewhere.

A **study on discrimination** that examines the relevant legislation and includes results of a survey describe the situation in Moldova. The share of respondents who consider that discrimination has increased over the previous five years raised by 9% in 2014 compared to the year 2010, reaching the amount of 45%. The respondents still think that the main causes for the increase of discrimination are the larger difference between rich and poor people, the loss of some moral values, the lack of belief in God, the absence of a legal framework for the fight against discrimination and the lack of education for tolerance among children. The respondents’ perceptions of the groups of people who are the most frequently discriminated in Moldova have not practically changed in 2014 compared to the year 2010. 2/3 of the sample still consider that the most frequently discriminated are the persons with mental and physical disabilities (75% and, respectively, 76%), followed by the poor people (63%), HIV-positive persons (54%), LGBT persons (52%), Roma people (48%), elderly people (47%) and women (28%).³³⁸ (These population groups are also mentioned by several other reports: Briefing Book From Development Partners Of Moldova January 2015; State of the Country Report, 2015; Moldova In The Eastern Neighborhood Policy: 2005-2014)

SRH: The Country Analysis – United Nations Moldova notes: The country has not managed to stop the spread of epidemics such as HIV and AIDS and TB, including multi-drug resistant TB, and tackling the underlying determinants of communicable diseases. Most probably the incidence of these infections will continue to increase in the coming years or, in a best-case scenario, stabilize. It will be challenging to sustain this stabilization, especially under the envisaged decrease in external support through the Global Fund (GFATM) and limited availability of public resources for public health activities. In order to address the principal sector challenges, the following policy activities have been considered as priority by UN agencies active in Moldova: the expansion of already existing special youth and children’s health services to a healthy life cycle approach from young to old; an integrated approach to child and maternal health in order to address the progress towards MDGs; steps towards universal health insurance coverage and its stable and sustainable financing; a joint UN effort to assist the Government in maintaining the same level of response to the HIV epidemic and to accelerate response to TB with attention to multi-drug resistant TB; reform of the public health services; development of capacity to respond to the increasing burden from non-communicable diseases;

³³⁵ Country Analysis, United Nations - Moldova, June 2011

³³⁶ Ibid, page 6

³³⁷ Ibid, page 9

³³⁸ The Phenomenon of Discrimination in Moldova: Perceptions of the Population A Comparative Study Chişinău -2015 Ludmila Malcoci, Arcadie Barbaroşie, page 26

monitoring of access, quality and prices of pharmaceuticals to ensure access; increasing capacities of national health authorities to respond to public health emergencies; addressing the urgent need to restructure human resources and issues related to the mobility of health personnel; strengthening primary health care and ensure equitable access; optimizing the hospital sector to be effective and deliver quality services; **promotion of investments in the health care infrastructure to have appropriate ICT and e-health services in place while ensuring confidentiality and personal data protection**; supporting the improvement of health system governance for implementation of national health policy and health system strategy, and measurement of the sector's performance. (Specific reproductive health issues such as family planning, contraceptives, abortion, sexuality education, reproductive health morbidities, are not mentioned in the UN Country Analysis.)

The **Strengthening Sexual and Reproductive Health (SRH) and Family Planning (FP)** intervention is based on continuation of interventions from previous Country Programmes, and the key documents are: 1. Evaluation report of the National Reproductive Health Strategy 2005-2015; 2. Evaluation report of the family planning services at the primary health care level, 2015; 3. MICS for the Republic of Moldova 2012; 4. Report on the mapping analysis of the recommendations from different evaluations reports in the field of SRH, 2015. At UNFPA request, in 2013, the assessment of distribution and stock-out in all distribution points with recommendations for redistribution based on population need. In 2014 UNFPA organized an evaluation of the challenges in the implementation of the logistic management information system.³³⁹ UNFPA supported several national and regional advocacy and capacity building events with participation of Moldova counterparts in order to promote approval by the Ministry of Health (MoH) of the National Action Plan 2014-2015 on "Providing Vulnerable Groups of Population with Contraceptives at the Primary Care Level". This National Action Plan includes the following interventions: Development of the regulatory framework and the centralized purchase of contraceptives for vulnerable groups of population; Implementation of the 'Total Market Strategy (TMS) for family planning; Development of instruments for monitoring the use of contraceptives by vulnerable groups of population; and Increasing capacity of primary health care providers in providing contraceptives to the vulnerable groups.

In 2012, WHO published a report: Barriers and facilitating factors in access to health services in the Republic of Moldova.³⁴⁰ The Tanahashi framework (availability, accessibility, acceptability, contact and effective coverage) underpin the research and analysis of findings in this report. This framework is particularly useful for ascertaining challenges to universal coverage – defined by the WHO as access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access. The study looks in particular at how the population's access to health services has been affected by the recent efforts (2009–2011) to extend health services coverage. The study found that major barriers to effective coverage is adversely affected by lack of trust in physicians; fear of misdiagnosis; a range of barriers to access to medicines (including cost, prescription validity times, perceived corrupt practices); financial implications, including opportunity costs (e.g. lost working time). A preference for home remedies and 'alternative' medicine amongst some of the population has also influenced effective coverage and reported financial and geographical barriers to referrals also impact effective coverage.

In 2014 a **costing of family planning services** was undertaken supported by UNFPA and Netherlands Interdisciplinary Demographic Institute (NIDI) conduct annually the Global Resource Flow survey to collect data on resource flows for population activities and reproductive health.³⁴¹ The Resource Flows project was established in 1997 and is a joint collaboration between UNFPA and NIDI. The aim of the project is to monitor global financial flows for population and reproductive health activities through data collection and reporting on international population assistance and domestic expenditures for population activities in developing countries and countries in transition. Taking into the consideration that the actual contribution of national budgets for family planning are unclear, the survey for year 2014 is focusing more on family planning expenditures made by the Government, private sector, insurance company and NGOs. It is expected to obtain information on the national budget for population activities (family planning services/methods; basic reproductive/maternal health services; basic research, data and population and development policy analysis) and its reproductive health component. A survey of 34 institutions supporting family planning was undertaken. The results indicated that the main sources of funds for family planning were: From international resources – UNFPA, WHO and The Global Fund with total amount of 5,084,988.32 MDL From national resources - Ministry of Finance, with total amount of 2,699,012.70 MDL and Private out-of-pocket expenditures 2,362,500.00 MDL. The study revealed significant lack of understanding of what FP consists of and that a large source of funds was out of pocket.

A report "Recommendations for the introduction of the computerized logistics management information system (CLMIS) for reproductive health commodities in the Republic of

³³⁹ "Recommendations for the introduction of the computerized logistics management information system (CLMIS) for reproductive health commodities in the Republic of Moldova", UNFPA, May 2014

³⁴⁰ *Barriers and facilitating factors in access to health services in the Republic of Moldova*. Copenhagen, WHO Regional Office for Europe, 2012.

³⁴¹ Survey of Financial Flows on Family Planning in 2014 in the Republic of Moldova, Center for Health Policies and Studies (PAS), supported by UNFPA and NIDI (Netherlands Interdisciplinary Demographic Institute)

Moldova” was conducted in 2014. UNFPA CO supports the Government to initiate its own system for procuring and distributing free of charge contraceptive products to targeted groups of population. In 2011 EECARO initiated evidence-based strategic activities to support MICs in the establishment of sustainable and nationally owned RHCS. Following UNFPA CO's advocacy, from 2012, procurement of certain contraceptive methods (IUD and Depo-Provera) is possible from the Medical Insurance budget for post- abortion care.. In November 2013, during EECARO RHCS Adviser mission to Moldova, the Ministry of Health organized a strategic meeting with stakeholders including from the private sector, public sector, NGOs and developed a road map on the introduction of the Total Market Approach and Computerised LMIS (CLMIS). One of the recommended actions of the EECARO RHCS Adviser was to undertake LMIS mission to Moldova and provide recommendations for the introduction of the CLMIS. From 2015, medical institutions can procure through Medical Insurance budget all types of contraceptives for vulnerable groups, including emergency contraception

The study recommended:

- **Continuous Policy advocacy and dialogue for eliminating unmet need for RHCS/contraceptives** in Moldova is still required and UNFPA should take leadership role in this exercise. Moldova is undergoing significant transformations many of them with the potential of impacting access to SRHR and unmet need for RHCS. Access to international expertise in ensuring positive developments is essential. Coordination of efforts, investments and assistance provided by different international agencies is another challenge. UNFPA, as of its mandate as well as of its historical involvement and recognition in Moldova should play a key and active role.
- **Support the MOH to analyze possible scenarios for ensuring contraceptive security for vulnerable population.** UNFPA CO should support the MOH to analyze the consequences of different scenarios regarding approaches aimed to ensure access of vulnerable population to contraceptive methods. A working group involving relevant stakeholders (representatives of MOH, MIC, UNFPA, NCRHMG, Centre for Management in Health, heads of Family Medicine Centres – i.e Dalila Centre, Neovita YFHC and from one or two rayons) should analyze together the positive and negative consequences on short, medium and long term of different options. Possible scenarios to consider:
 - Contraceptives introduced in the list of medicines drugs reimbursed by Health Insurance
 - Contraceptives as part of a comprehensive Prevention Program financed by Health Insurance
 - Contraceptives as part of a comprehensive Program financed directly by the MOH
 - Contraceptives as part of a comprehensive Program financed directly by the MOH with possible contribution of local administration budgets
 - A clear definition of vulnerable groups and criteria for inclusion should be done.
 - While the attitude and openness of the National Medical Insurance Company are positive and supportive, more active advocacy and dialogue to include all modern Family Planning methods in benefits package should be undertaken.
 -
- **Support the MOH to develop a National FP Program with the principal aim to ensure RHCS and equal access to the FP/EH for the entire population, with a special focus on vulnerable people.** If the MOH will take the decisions to develop a structured National FP Program, UNFPA should support with technical expertise the development of this program. The program should include a system for delivering FP services in accordance with the objectives of the exiting and of the new RH Strategy. This FP service delivery system should serve as the basis for developing the supply chain for contraceptives and the LMIS.
- A logistic system to be considered might include three levels:
 - Level 3: a central management unit; it is recommended that the management unit of the Logistic system to be places in an institution with expertise mainly in health management and health data collection that in an institution specialized in the provision of RH services. Or, to ensure that the person in charge with the responsibilities to operate the LMIS has a background related to analyses and interpretation of statistical data. A very well-functioning model is in Albania where the LMIS is placed within the Institute for Public Health, the person in charge is an epidemiologist working part time for LMIS.
 - Level 2: RH Centres as local, territorial coordination units in rayons for secondary level warehousing and supervision of FP services provided at PHC level by Family doctors and nurses working in urban and rural areas
 - Level 1: FP services points at RH Centres and/or YFHC in capital towns of rayons and in family doctors units in rural areas

Decision should be taken if a pull or a push system is going to be used. See in annex 3 advantages and disadvantages of these systems. This system should in concordance with the National RH Strategy. The development of the logistic system is the prerequisite for further implementation of LMIS. It is a preliminary step for developing forms as well as the training component regarding LMIS.

- **Support the development of national capacities for LMIS.** In the near future a short training targeted to relevant technical staff and decision makers from national institutions should be considered. Relevant technical staff and decision makers should become familiar with concepts on functional logistic systems in order to understand the need for continuity of stocks, the concept in minimum and maximum stocks, especially for being able to relate this concepts with budgetary requirements. This workshop could be a good opportunity to make preliminary calculations for costs of procurements and necessary budgetary allocations. The workshop might include as well sessions regarding different procurement options, as a way to raise awareness and interest towards new procurement options, including the use of AccesRH.
- Beside the development of human capacities it will be important to ensure that health units at all level have the necessary infrastructure to operate a computerized LMIS, meaning computers, printers and access to internet. UNFPA could take into consideration the support for improving this infrastructure, especially that RH centres have old equipment donated by UNFPA more than 10 years ago.
- **Integration of CHANNEL within the Health Management Information System (E-transformation) of the MOH.** The discussions with the MOH related with the integration of CHANNEL into the HMIS have to be followed. UNFPA CO should assist the MOH for selecting the technical persons to be contracted for making the necessary changes. Attention should be paid for ensuring the adaptation of the Manual for instruction to use CHANNEL to the eventual changes resulted from the process of adaptation to the HMIS.
- **Integrate LMIS component in the future training activities aimed to update knowledge and skills of primary health care providers in the provision of FP services.** After the logistic system was developed, together with all forms to be used, a training sessions for LMIS should be developed and integrated into the FP training curriculum. The LMIS sessions will need to be included as well in the refreshing FP training of PHC providers. Depending on how training will be provided, trainers will need as well to be familiarised with LMIS.
- **Support the development and implementation Total Market Approach.** UNFPA should continue to support the national initiatives related to the implementation of a Total Market Approach for ensuring contraceptive security. Contraceptive security and the Total Market Approach should become parts of the next National RH Strategy.
- **Support the development of network of civil society organizations defending sexual and reproductive rights.** Taking into account the volatility of the political environment in the region, the anxieties related to the decrease of population, the dangers of negative attitudes regarding FP resulting with the constantly increasing influence of fundamentalist religious movements, it is important to support civil society organizations to develop their capacities to advocate for sexual and reproductive rights. The support for the integration of sexual and reproductive rights related issues, including the right to access FP services and contraceptive products, within the public agenda of a large diversity of civil society organization (women organization, human rights organizations, youth organizations etc.) might be considered in the future.

In November 2014, as part of the EECARO RHCS Advisor Mission in Moldova, a workshop involving all major stakeholders was organized in order to discuss Access to Reproductive Health Commodities. An Operational Plan was agreed, with clearly marked responsibilities and timelines. Some activities under the responsibility of the MOH are delayed compared with the agreed Operational Plan.

The **final evaluation of the National reproductive health strategy 2005–2015** was conducted in 2014 and set out recommendations in all 11 priority areas.³⁴² The 11 priority intervention areas are: 1. family planning; 2. making pregnancy safer; 3. sexual and RH of adolescents and young people; 4. prevention and management of reproductive tract infections; 5. abortion and pregnancy termination services; 6. prevention and management of infertility; 7. prevention and management of domestic violence and sexual abuse; 8. prevention of human trafficking; 9. early detection and management of breast and cervical cancer; 10. sexual health of older people; 11. men's sexual and RH. The report notes: Limited FP access especially for rural people: the interviewees in the evaluation indicated that service delivery is limited to counselling and, occasionally, condom distribution. They do not issue medical prescriptions for contraception and generally hold no stocks for free distribution. Regional coverage of FP services therefore did not meet the aspirations of the NRHS: at the end of the NRHS implementation period, only about 19% of PHC facilities were providing FP services.

³⁴² Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

The MoH issued Ordinance No. 812/414-A of 14 August 2014 to address contraceptive availability, covering the action plan for contraception delivery to vulnerable groups at PHC level fully from NHIC funds. As per the MOH regulation on distribution in 2015, the categories are clearly specified of **which vulnerable groups** can access free contraception including adolescents and people with disabilities. It also addresses socioeconomic vulnerabilities, but there are too many categories, many of which are ill-defined. There have been no discussions about ways to align different categories of people who could access free contraception with available budgets and no strategies to mobilize additional resources, given that available funding may be insufficient to cover needs. Key informants from a number of sources note that the list of vulnerable people to receive free contraceptives were not clarified in the first years of the CP and that various applications were made at different RH and PHC clinics, this finding was borne out by questions asked at the clinics by the evaluator which received varying responses, although most noted that adolescents had been added to the list.³⁴³

Setting up youth-friendly health centres (YFHCs) in each municipality and district centre raised doubts about the future of RH rooms. FP/RH services are delivered by the same people in most locations, but some PHC managers decided to merge YFHCs with RH rooms. Donor organizations prefer a project-based approach, as indicated in the last two official development assistance reports in 2012 (2) and 2013 (1). This situation requires careful coordination by the MoH to ensure the development of efficient and sustainable interventions. Creating this new system of services was timely in terms of increasing young people's access to FP/RH services, but it was not backed by a comprehensive local situation analysis and measures to ensure the sustainability of the entire RH/FP service delivery system. It would be very useful to involve more representatives of local PHC managers in integration of services at local level.³⁴⁴

Cervical Cancer Screening – The CP document (2012) does not refer to cervical cancer screening. A “Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova” was undertaken in February 2014 and has produced a very detailed analysis and recommendations.³⁴⁵ As part of the process, the 3rd Stakeholder Meeting was held in the RM Ministry of Health on 21 November 2013 to review the outcomes of the capacity assessment and define the key elements of the capacity building program needed to strengthen the health services required for the delivery of a cervical screening program. The key elements identified by the stakeholders at this meeting were:

- Establish an administrative structure with overall responsibility for the implementation and operation of the cervical screening program.
 - Prepare and publish cervical screening policy documents and service specifications including: Cervical screening service policy, Cervical screening CQI policy. Cervical screening service specification.
- Review and revise legislation and orders affecting the delivery of health services required for the delivery of a cervical screening program to ensure compatibility with screening program operation.
 - Design and implement the cervical screening registry: Review and revise data collection by CNAM to include the data required for screening program management,
- Review and revise data transfer mechanisms to meet the needs of the screening program. Increase PHC (family physicians and nurses) capacity for cervical screening:
- Increase cervical cytology laboratory capacity:
 - Increase colposcopy and cervical surgery capacity.

A potential problem is the majority of cervical cytology in RM is processed using the Romanowski technique and its use for this purpose is largely restricted to the countries of the former Soviet Union. Elsewhere in the world, including Western Europe, the majority of cervical cytology is processed using the Papanicolaou technique. This is an important point as the 2 techniques use different processes and interpretations so laboratories specialised in one technique would not be able to effectively train cervical cytology screeners from laboratories using the other technique. Therefore, RM would need to switch to the Papanicolaou technique to take full advantage of these partnerships with Western European cervical screening programs, while remaining with the Romanowski technique would restrict opportunities for laboratory technical training exchanges to countries of the former Soviet Union where most of the cervical cytology services are similar to or worse than the services in RM. An additional consideration with switching to the Papanicolaou technique is the laboratory processing is completely different so costs would be incurred for the purchase of laboratory equipment and the renovation of facilities. However, these

³⁴³ Key informant interviews, April 2016

³⁴⁴ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

³⁴⁵ Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova, Philip Davies and Diana Valuta, Chisinau, February 2014

costs are not substantial and a proportion of these costs would be required for updating the laboratory network regardless of which technique is being used.

HIV Prevention among Truck Drivers as Clients of Commercial Sex Workers (CSW) - In 2014, in Report on Environmental Scanning, HIV Prevention among Truck Drivers as Clients of CSW (commercial sex workers), Republic of Moldova³⁴⁶

The **rational for this intervention** is that the groups of people heavily vulnerable to contracting HIV are commercial sex workers (CSW), injecting drug users (IDUs), men who have sex with men (MSM), migrants and mobile people, including long-haul truck drivers. This initiative emanates from a regional initiative through “Silk Road” taking place in Ukraine, Georgia, Moldova and Turkey and was not necessarily an initiative of the CO.³⁴⁷ The goal is to get the truck driver associations to incorporate prevention into their training and orientation programs delivered by NECTD. In 2014-2015 three harm reduction programs are being carried for CSW in Moldova by other organizations, but do not cover their clients. Long-haul drivers had previously benefited from HIV prevention interventions conducted by other agencies from 2007 to 2012 but sustainability was not strong.³⁴⁸ There is an effort to help them through emergency rescue, giving out female condoms, etc.

There is some evidence that long-haul truck drivers are one of the driving forces in the spread of HIV and other sexually transmitted infections (STIs) due to their extensive travel and possible risky sexual behaviour, such as unprotected sex with CSW and act as a “bridge group” to transfer it to their spouses and into the general population. In 2014-2015 three harm reduction programs are being carried out by among CSW, in five localities but interventions are focused on CSW and do not cover their clients. IOM and ILO and World of Work address HIV in the workplaces. Epidemiological surveillance and control of communicable diseases such as HIV and AIDS is one of the public health priorities stipulated in the Association Agreement between the Republic of Moldova and the European Union. HIV infection in the international road transport sector is a problem recognized International Transport Federation, International Union of Road Transport which needs also to be addressed in Republic of Moldova, including in the tripartite consultations between social partners from transport sector, collective agreements, collective employment contracts from this sector, as well as individual employment contracts with the employees from this sector. Goods are carried from Moldova away to Russian and European countries. Goods are also carried from Russia; from Romania, Italy, Spain to East and West Europe; from CIS countries to Central and South-East Asia; from Turkey to Moscow; from Greece to Bulgaria and Ukraine; from Germany, Belgium France, the Netherlands to Moldova, Ukraine, Kazakhstan and Uzbekistan; from Spain to Belarus; from Belarus to Turkey, from Turkey to Lithuania, Latvia, Estonia and Finland; from Europe to Turkmenistan; from Romania and Moldova to Uzbekistan; from Germany and Italy to Kyrgyzstan etc.

In Moldova, the employment relationships in the transport sector are stipulated in the Collective Agreement for 2010-2015 concluded between State Structures - the Ministry of Transport and Road Infrastructure of the RM, Employers’ Associations - Union of Road Hauliers and Road Workers of RM and Federation of Trade Unions for Road Transport and Road Workers. The Agreement sets out actions for labour protection and health care necessary to ensure normal working conditions, reduce the harmfulness, prevent work accidents, occupational diseases, etc. however, the agreements do not touch the subject of HIV infection at the workplace which is recognized by the International Labour Organization and promoted to be included in existing and future collective agreements. In Moldova, the HIV prevention interventions among long-haul truck drivers took place only under risk reduction programs, supported by Soros Foundation in Moldova, funded from the sources of the Global Fund for HIV/AIDS/TB, without ensuring any continuity or sustainability after the funding was over. Long-haul drivers benefited of HIV prevention interventions (information, education, communication activities) only from 2007 to 2012. Currently there are no HIV prevention-related activities for them, including at their workplace.

The recommendations from the report included: Advocate with key actors in the public road transport sector, employers’ associations, trade unions and other stakeholders (communities, NGOs etc.) to address the issue of HIV at the workplace for long-haul truck drivers; Conduct research among long-haul truck drivers to collect strategic information concerning risk factors, assess knowledge, attitudes and practices regarding HIV and AIDS among persons engaged in international carriage of goods by road; Institutionalize HIV prevention in training programs of those working in the road sector; Adapt the toolkit for HIV prevention specific for the transport sector; promote HIV testing and counselling and other services relevant for HIV and AIDS among long-haul truck drivers carry out awareness-raising campaigns related to HIV and AIDS among drivers on travelling abroad; and establish partnerships and synergies with other appropriate HIV prevention programs among long-haul truck drivers.

³⁴⁶ Report on Environmental Scanning, HIV Prevention among Truck Drivers as Clients of CSW (commercial sex workers), Republic of Moldova, Silvia Statulat, consultant to UNFPA Moldova, 2015

³⁴⁷ Key informant interviews, April 2016

³⁴⁸ Report on Environmental Scanning, HIV Prevention among Truck Drivers as Clients of CSW (commercial sex workers), Republic of Moldova, Silvia Statulat, consultant to UNFPA Moldova, 2015

The rationale for **Integrating SRH in services for People Living with HIV and injected drug users** emanated from a study conducted by Implementing Partner Positive Initiative, which looked at the estimated and observed level of services (coverage) provided by NGOs in the sphere of SRH and SRR, as well as needs of the beneficiaries (PLWH and PSU).³⁴⁹ The study showed a low awareness level among the beneficiaries in the sphere of SRH and SRR, as well as prevalence of a number of stereotypes. Despite the high level of support for SRR that was expressed, the study shows:

1. A significant prevalence of the view that PLWH and especially PSU are not free to take decisions about interrupting a pregnancy or giving birth to children;
2. There is a high level of support for abortions, and for not having children;
3. There is pronounced (as a percentage of all respondents) acceptance of doctors taking extra unfounded precautionary measures (in addition to standard precautionary measures) when delivering babies to HIV+ mothers.
4. Although a minority, there is still a significant number of beneficiaries who support providing medical services to PLWH and PSU in separate institutions;
5. The opinion that women bears the sole responsibility in the sphere of SRH is widely spread.

Thus, the study confirms the need for comprehensive measures to inform the population in general and the beneficiaries in particular about SRH and SRR. In this case, it is necessary to put special emphasis on exposing stereotypes which limit the rights of PLWH and PSU to freely take decisions in the sphere of sexual relations, on having children and on abortions.

It is also necessary to raise the level of awareness since stereotypes and an inaccurate perception of SRH is probably one of the reasons for the low fertility among the beneficiaries and the high number of abortions in comparison with the general population shown by the study.

Given the low level of awareness about rights and services in the sphere of SRH, for some services the level of access is higher than the level of needs. Yet, the study clearly shows that at the moment it is necessary to focus on such services as:

- Provision of female condoms
- Information and consultation in the sphere of sexual and reproductive rights
- Providing medical aid to children
- Measures to ensure safe blood transfusions
- Provision of contraceptives
- Prevention and treatment of infertility
- Provision of male condoms

These are services where the level of access is low in relation to the estimated need. The NGOs which took part in the study of institutional commitment partly covered the range of services in this field, but their engagement was of an uneven character. Even when implementing programs and services was written into the statute of the NGO, this field was not a priority in the organisations' activities and was not regulated. In part the organisations have the necessary human and technical and material potential to develop SRH services, but the existing human resources also need to be strengthened. Regarding information activities and services which are indirectly related to SRR and SRH, the latter are not fully covered. It is especially important to note the gaps in providing general information about SRH, about family planning methods, promoting female condoms, as well as other contraceptive methods. There is also a low level of coverage of services concerning:

- Provide rape victims with accessible help
- Provide or providing clients with access to such contraceptives as male and female condoms, lubricants and, where applicable, other methods (spirals or oral or injectable contraceptives)
- Appropriate referral of clients for solving other problems in the sphere of sexual and reproductive rights

Regarding of activities for prevention of vertical transmission there is a low level of coverage of services for antenatal syphilis screening and treatment as part of a combination of services and for attracting men to take part in receiving clinical and consultation services on PMTCT to support their partners. It should be noted that part of the services in the sphere of SRH, for example diagnosis and treatment of HIV, STDs and OI, opiate substitution therapy, and syphilis screening cannot be provided by NGOs. It is thus necessary to develop a mechanism for effective referral and accompaniment for the clients to receive these services in appropriate institutions.

³⁴⁹ Services in the sphere of sexual and reproductive health for PLWH and PSU: availability, awareness and needs, Iniativa Positiva, Vasile Canatarji, 2013

The level of awareness among the employee staff in the sphere of SRH rights and services is also assessed as incomplete and fragmentary, especially regarding the approach to service provision. It is especially important to note the prevalence of stereotypes which would indicate that only women need information about SRH.

Thus, based on the results of the study and the discussion of these when they were presented, it is necessary to take the following measures to improve services in the sphere of SRH for PLWH and PSU:

1. Information activities:

- Conducting trainings and seminars;
- Collecting, exchanging and distributing information within the NGO network in the sphere of SRH;
- Developing and distributing information material, guidebooks which add to or systematise existing information;
- Exchange of experiences between organisations providing services in the sphere of SRH.

2. Organisational activities:

- Analysis of existing possibilities with the aim to cover and improve services in the field of SRH, with emphasis on services which have not been provided or which have not been provided to a sufficient extent according to the study;
- Developing territorial databases for referral to specialist organisations;
- Identify focal points which are responsible for the coordination of activities for advancing services in the sphere of SRH within the organisations;
- Developing mechanisms for monitoring and evaluation of the activities;

A progress report ³⁵⁰ was published by the The Republic of Moldova is recognised in the region as an example of good practices due to its successful implementation of Harm Reduction Programmes in key populations at risk in the civilian sector (IDUs, CSWs, MSM) and in penitentiary institutions (IDUs). Thus, there are information/education/outreach, and needle exchange activities, as well as referrals to medical and social services. Methadone Substitution treatment is provided both in the civilian sector and in penitentiary institutions (on right bank of Dniester river only). During the reporting period, services extended in 3 other localities, including the left bank of the Nistru River (IDU). During the reporting period, activities were carried out in the general population in order to promote a healthy lifestyle and safe behaviours, by excluding the risk of HIV infection and to promote condom use, especially among young people. The on-line life school based education module, within the discipline "Civic Education", for young people from 5th to 12th forms has been developed and made functional since 2012, as well for the secondary education the module "decisions for healthy style" has been developed and implemented through 2012,2013 and 2014 years. By getting involved in the "Peer-to-Peer" network the young people had the possibility to participate in actions of prevention of HIV/AIDS, STI, drug addiction and alcoholism. The voluntary Counselling and testing service established in 2007 has been extended and reached national coverage, being present in all administrative territories. Normative acts have been adjusted according to the recommendations of the World Health Organisation, UNAIDS and European Union, in accordance with the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS. Human rights-based approach has been applied, aiming to promote basic principles of non-discrimination of people living with HIV, to minimize the consequences of the epidemic and to ensure Universal Access with the implementation of comprehensive and multidisciplinary interventions.

Classified by spending category of expenditures for the national response to HIV in the framework of the national response to HIV the largest portion is devoted to treatment.

Structure and geographical distribution of RH facilities (RH offices and YFH clinics)

The current FP service delivery system includes a network 47 RH centres located in Family Medicine Centres from capital towns of rayons and the sectors of Chisinau city. The National Centre for Reproductive Health and Medical Genetics has been delegated by the MOH to have overall management / oversight of the RH/FP network, including distribution of donated contraceptives in previous years. In all RH centres, FP services are provided by trained gynaecologists. The operational costs of RH Centres are covered under the contract of the Primary Healthcare Centres with the National Health Insurance Company. All have access to internet. Staff are literate in computer and internet use and are open to incorporate a CLMIS into their practice. Although a significant number of family doctors and nurses working in PHC have been trained during the years to provide FP

³⁵⁰ Republic of Moldova South-East European Region National Coordination Council Declaration of Commitment of the United Nations General Assembly Special Session on Hiv/Aids Republic Of Moldova Progress Report On HIW and AIDS January – December 2014, Chisinau 2015

services in rural areas, FP services are rarely provided by them, generally clients being referred to the nearest RH Centre. Condoms seem to be the only method that is provided more often in rural PHC centres.

A parallel network of Youth Friendly Health Services was developed under a project founded by the Swiss Cooperation Agency. . This network is led by the Youth Friendly Health Clinic "Neovita" from Chisinau. This network includes 38 YFHC, located as well in the Family Medicine Centres from the capital towns of rayons. YFHC are offering a larger variety of health services for youth, including RH/FP, STI, mental health and preventative programs aimed to reduce risky behaviours, including drug use and HIV/AIDS prevention. Beside staff providing RH/FP services (the same staff as in the RH centres), they have psychologists and family doctors and are developing a structure of young volunteers for outreach activities. In some cases, they are working together with young volunteers from the National Network of peer-to-peer educators Y-peer Moldova, in other cases they develop parallel network of young volunteers. All YFHC are newly renovated and equipped with computers. In some rayons, the RH clinic and the YFHC were merged. This approach seems to be more a local decision than a systematic approach of the MOH. There are no clear perspectives in the MOH regarding the future of these two parallel networks.³⁵¹

P&D: In the UN Country Analysis, 2011. There is a clear mention about data and importance of census data for policy making (page 15): "The lack of reliable, systematic, disaggregated data will remain an issue to evaluate the needs for social protection services and social cash benefits, provide evidence for policy development at the national and local levels and measure the impact of those policies. Information from the population census 2013 will be crucial for addressing the challenges. The implementation of the population census will require UN support already in the preparation phase before 2013." ³⁵²

Several research studies undertaken by Demographic Research Center which underlines the overall situation in the area of population and development. The most relevant one is the Report on 20 years of ICPD implementation by the Republic of Moldova (report attached – ICPD Report Moldova 2014) which assess the level of implementation of the ICPD Action Plan by the Government of Moldova. **Research on population and development** conducted by the UNFPA implementing partner Demographic Resource Center (DRC) was undertaken to provide relevant information for mainstreaming an evidence-based and people-centered approach in P&D policy development. Revised annual work plans (October and November 2015) increased the relevance and accessibility of the research. Support to strengthening the capacities of the DRC was conducted by UNFPA Regional Office and the Charles University / High School of Economics in Prague, Czech Republic.

Assessments supported by UNFPA were developed during the CP which contributed to identification of the demographic problems and needs and formulation of the relevant interventions. Examples are: *Assessment of Data on Families in the Republic of Moldova*³⁵³, which reviewed the Legal Regulatory Framework on Family Policies and the Available Data on Family in Moldova; identified and mapped the family data providers and offered recommendations on data collection and analysis. The *"Mainstreaming Ageing in Public Policies"*³⁵⁴, highlighted the ageing perspectives particularly establishment of ageing relevancy, identification of the causes of ageing inequality, amendment of the results framework and building an effective implementation framework; and *Three Demographic Barometers* assessed the issues on: *Health Life Style Expectancy; Quality of life of the elderly and Population data.*³⁵⁵

GE: The "Country Analysis – United Nations, Moldova, June 2011" mentions that Moldova's gender sensitive Human Development Index (HDI) achieves 0.429 against 0.623 for the whole population. The difference reflects the loss in human development for women due to their disadvantages in reproductive health, empowerment, and economic activity. The persistence of inequalities in Moldova hinders the development of the country and restricts the ability of disadvantaged sectors to fully realize their human capabilities. Women remain dramatically underrepresented in public office; there is extensive horizontal and vertical gender segregation in work; certain health processes display intensely gendered outcomes to the detriment of women (no examples given).

³⁵¹ "Recommendations for the introduction of the computerized logistics management information system (CLMIS) for reproductive health commodities in the Republic of Moldova" UNFPA, May 2014

³⁵² www.un.md/publicdocget/104/

³⁵³ Report on the Assessment of Data on Families in the Republic of Moldova, Valentina Bodrug-Lungu, 2015

³⁵⁴ "Mainstreaming Ageing in Public Policies." Practical guide for policy makers. Alexei Buzu, 2015

³⁵⁵ Demographic Barometer "Health Life Style Expectancy– an integrated indicator of Population Health", Olga Gagauz, Cristina Avram, 2015; Demographic Barometer "Quality of life of the elderly", Anatolii Rojco, Olga Gagauz, 2015 and Demographic Barometer "Population data" Olga Penina, 2015

The 2013 COAR offers the **history of the GE capacity development interventions from the previous CP**. A joint initiative was undertaken together with the OSCE, Austrian embassy on building capacity of the professionals to provide assistance for perpetrators aims to build the capacity of social service providers and public authorities to protect survivors of domestic violence and counsel perpetrators through a multidisciplinary approach, in particular based on the Austrian best practice which UNFPA has promoted in Moldova since 2010. Following a study visit to Austria in 2010 for state authorities and NGOs, training programmes, and joint advocacy, a Centre for Family Aggressors was set up in December 2012 in Drochia. In 2012, in partnership with the Austrian Embassy in Chisinau conducted two workshops for Moldovan professionals (law enforcement, service providers, social assistants, psychologists and legal officers). The workshops shared the Austrian experience on the role of the police, shelters and other protection services for victims, as well as counselling and rehabilitation for perpetrators of domestic violence. As a result following activities were undertaken: A Three-day Training Seminar for psychologists and social workers on how to conduct individual and group counselling for perpetrators of domestic violence based on international models, in particular the Vienna Men's Counselling Service (MÄB) whose good practice has been shared in Moldova by the Mission since 2010. A Two-day Regional Workshop on the multidisciplinary approach to protecting survivors of domestic violence and provide counselling to perpetrators, for local administrations, police officers, social workers, judges and prosecutors in northern Moldova. Drafting and distribution of information materials (leaflets, brochures) to raise awareness of the Drochia Centre for Aggressors and the services it provides to perpetrators. The leaflet will include questions for perpetrators that will help them to reflect on the consequences of violence on their families and themselves and motivate them to turn to the rehabilitation services, based on good international practices.³⁵⁶

With the support of international partners, **many studies have been conducted from a gender perspective in health care, social protection, labor market, human trafficking, domestic violence and other sectors**, which contributed to the thorough perception of the discussed phenomena, identification of the problems and needs of women and men in the mentioned segments. Some of the conclusions and recommendations were taken into account in the elaboration of public policies and sectoral documents. The state structures authorized in the field have established a constructive dialogue with the international partners: UNFPA, UN Women, ILO, OSCE Mission to Moldova, UNAIDS, UNDP etc. in order to exploit the gender dimension in carrying out the planned activities. With the support of UNAIDS, UNFPA and UN Women, training seminars were organized reporting criteria based on CEDAW, HIV/AIDS issues, etc. As a result, the quality of sector documents improved in this area. The Republic of Moldova benefits of considerable support from the international community in the actions of preventing and combating domestic violence and human trafficking. In 2008-2010, UNDP, UNFPA, IOM and OSCE Mission to Moldova, in partnership with the Government of the Republic of Moldova and the civil society implemented the project „Protection and Empowerment of Victims of Human Trafficking and Domestic Violence”, financed by the Japanese Government, through the UN Human Safety Fund. Under this project specialists in 30 pilot sites were trained, many informative actions were undertaken and community infrastructure was developed. With the support of UNFPA the Concept Paper on Perpetrators Rehabilitation services was established. Currently they work on opening the Center for their rehabilitation and development of legal-normative framework in the field. The Study on Domestic Violence against Women, conducted by NBS with the support of UNDP, UNFPA, UNIFEM (now part of UN Women) is being completed in 2013-2014.³⁵⁷

In 2014, the Women's Law Center conducted an assessment regarding issues related to Gender Based Violence and the health responses “**Response of Support Services, including Health Sector Response to Gender-based Violence in the Republic of Moldova**”. The report included a mapping of existing rehabilitation and reintegration facilities that provide protection for survivors of domestic violence and identified gaps of the National Referral System, especially for vulnerable groups and women from rural areas, in response to domestic violence.

The Women's Law Center with support from the OAK Foundation and the WAVE network also conducted A Capacity Gap Analysis Study of Service Providers Working with Women Victims of Domestic Violence in Moldova, 2014. The study found great variation in support for and support provided by the centers/shelters and many weaknesses in the support systems. There are no conclusions and many recommendations which are woven into the above list.

A joint strategy to train professionals involved in combating domestic violence and trafficking of persons, was developed among IOM, UNFPA, requesting \$25,000 for support of the interventions.³⁵⁸ (This was an extension of the first project? What was the response?) The general objective of the Project is to provide opportunities of professional development in the field of combating domestic violence and trafficking in persons to specialists in the fields of health care, social assistance, psychology, psychiatry, pedagogy

³⁵⁶ Country Office Annual Report, 2013

³⁵⁷ Ibid.

³⁵⁸ Strategy To Train Professionals Involved In Combating Domestic Violence And Trafficking In Persons In Moldova's Transnistrian Region, 2015 – 2017, UNDP, UNFPA, IOM, Government of Lichtenstein, UN Office of the High Commissioner of Human Rights

and law, by ensuring their participation in training programs of high quality over a period of three years with training events.

Integration of Cross Cutting Aspects:

Human Rights Based Approach: UNFPA “A Human Rights Based Approach to Programming” (2010) Focuses on analysing the inequalities, discriminatory practices and unjust power relations that exacerbate conflict in human rights and development processes; Has a special focus on groups subjected to discrimination and suffering from disadvantage and exclusion. For UNFPA, the groups to target include: the poorest of those already living in poverty, especially disadvantaged adolescents and youth; women survivors of violence and abuse; out-of-school youth; women living with HIV; women engaged in sex work; minorities and indigenous peoples; women living with disabilities; refugees and internally displaced persons; women living under occupation; and aging populations. In addition, the twin principles of non-discrimination and equality call for a focus on gender equality and engaging with women’s human rights in all development programmes; Emphasizes participation, particularly of discriminated and excluded groups at every stage of the programming process; Depends on the accountability of the State and its institutions with regard to respecting, protecting and fulfilling all the human rights of all people within its jurisdiction; gives equal importance to the processes and outcomes of development, as the quality of the process affects the achievement and sustainability of outcomes.

General: UN Country Analysis 2011 - recommendations: The UN should continue to support the work of civil society, and strengthen the human rights and gender equality NGO sector. UN Moldova should take advantage of on-going discussions to design a Roma inclusion pilot into UNDAF, linking on-going work at agency level (UNICEF, UNDP, UNFPA, UN Women, WHO, OHCHR). It is important to continue the geographical extension and strengthening of the National Referral System and to implement the Integrated Information System on the management of cases of domestic violence, trafficking in human beings, HIV, Disability and Child Protection.

SRH: As per the CP document (2012), UNFPA integrated SRH with GBV and integrated family planning and SRH into health services. UNFPA planned to support the integration of family planning within comprehensive reproductive health services, including maternal health care and HIV prevention. UNFPA will support the Government in institutionalizing training on integrated sexual and reproductive health services, including family planning for family doctors, nurses and multidisciplinary teams at the primary healthcare level. UNFPA will support national institutions in using a multidisciplinary approach to providing integrated sexual reproductive health and family planning services for the victims and perpetrators of domestic violence.

AY: Integration of SRH and Youth: As per the CP document, UNFPA will advocate with and provide technical assistance to the Government to improve the access of youth to sexual and reproductive health information, education and counselling in schools and in out-of-school settings. Interventions will include strengthening peer-to-peer initiatives, with a focus on at-risk youth. UNFPA will work with youth organizations to promote communication and knowledge sharing in the areas of sexual and reproductive health and rights and HIV prevention. UNFPA will strengthen the capacity of civil society organizations to mobilize and empower community networks, deliver interventions aimed at preventing HIV and sexually transmitted infections, and encourage the use of sexual and reproductive health and HIV services.

P&D: Integration of data collection with SRH and aging. UNFPA will facilitate the use of data by the Government in developing evidence-based policies and programmes in the following areas: (a) access to sexual and reproductive health services, including family planning; (b) migration; (c) the low fertility rate; and (d) ageing.

GE: In the CP document (2012), there is not a specific Gender Equality programmatic area discussed, rather GBV and gender equality advocacy and gender related data collection are interwoven with SRH, Youth and PD. However, the annual work plans for gender equality related interventions were developed under a Gender Equality Atlas heading. The revised Results and resource Framework, adjusted to the UNFPA Global Strategy includes gender equality as a separate output.

Advocacy and Communications: UNFPA Moldova was instrumental in developing The Communication and Advocacy Strategy for 2013-2017 CP implementation, as well linked The Advocacy and Resource Mobilization Strategy. Innovative approaches were entered at national level for the ICPD Beyond 2014 and post-2015 UN Development agenda. CO have managed successfully for aligning external and internal communication with the recent strategic programmatic developments. Innovative communication methodology was implemented which contributed to the corporative priority for positioning UNFPA as a thought leader and catalyst for action in the areas of our mandate. Specific messages for each CP outputs were developed through participatory process. To that end, it will develop national capacity to ensure equal access to basic social, health and reproductive health services. Communication visibility activities were realized during the International Family Day (Family Festival in Moldova), World Population Day,

International Youth Day, International AIDS Candlelight Memorial, 16 Days of Activism against Gender Based Violence Campaign, World AIDS Day, Social Theater Festival. Also UNFPA supports development, printing and distribution of the periodical publication on analysis of the demographic situation in the Republic of Moldova (Population and Development newsletter, Demographic barometers, Policy papers).³⁵⁹

Choice of target groups/most vulnerable:

General: The UNFPA Country Programme Document, 21 March, 2012 indicates that the nationwide geographical coverage of the proposed programme allows it to target regional disparities and reach vulnerable populations, including those in rural areas and in the post conflict region of Transnistria. The programme addresses the reproductive health needs of young people and adolescents, the aged, the Roma population and people with disabilities. It encourages collaboration with public officials, academia and civil society, with a view towards developing their individual and institutional capacity.

The UN General Assembly, Report of the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona, Mission to the Republic of Moldova (8–14 September 2013) points to several groups most vulnerable to poverty. Women and girls with disabilities, Roma women and girls, lesbian, bisexual and transgender women, single mothers, older women and women living in rural areas face particular exclusion, stigmatization and discrimination, which often prevents them from lifting themselves out of poverty and impedes their access to public services. Older persons are often vulnerable as their well-being depends on their families and the social protection system, they are disproportionately affected by economic emigration as they often have to bear the burden of caring for their grandchildren or other relatives on an already overstretched minimal pension. Economic migration has left about 100,000 Moldovan children living without their parents. Their education and development are often entrusted to their grandparents or other relatives; in some cases, they have to fend for themselves and even head entire households. Those circumstances make children highly vulnerable to poverty. In addition, children living in poverty are very likely to skip school or drop out entirely, have difficulty accessing health care and nutritious food, may be subjected to marginalization, discrimination and trafficking, and lack effective and adequate care.³⁶⁰

CP Focus on Transnistria: As concerns human rights in the Transnistrian region of the Republic of Moldova, UN Senior Expert Thomas Hammarberg completed his work in assessing human rights in this territory in February 2013. The UNCT mobilized to undertake common UN action for the implementation of Hammarberg's recommendations, focusing in particular on (1) violence against women; (2) rights of persons with disabilities; and (3) rights of persons living with HIV and AIDS. The Hammarberg report is considered the key reference regarding human rights in Transnistria.³⁶¹ The report³⁶² mentions the fact that positive cooperation has been established with colleagues on the right bank and with international agencies -- including WHO, UNICEF and UNFPA. The HIV pandemic requires information measures to prevent further infections; adequate medication to those who are HIV positive; access to anonymous and voluntary blood testing as well as awareness campaigns to prevent discriminatory attitudes. **As in most societies, domestic violence on the left bank is a partly hidden, but very serious problem.** To combat effectively such violations there is a need to develop a comprehensive programme based on a zero tolerance approach to all forms of inter-personal violence. This should be reflected in a special law. In order to detect signs of such violence at an early stage, there should be a clear policy that social workers, health personnel, teachers and other professionals in official position would be required to report suspicions of physical abuse and also psychological or emotional harassment. Police officers should be trained in responding to cases of domestic violence. The Expert received information that the police have refused to receive complaints with the argument that such testimonies are usually withdrawn later on. The system of phone helplines is useful and needs to be further developed as well as the availability of shelters for victims of domestic violence, in particular women. These should have capacity to receive a victim on short notice and be equipped to receive children of the victim as well. The campaign against domestic violence should address all physical abuse in families – including against children and old people -- as well as in various institutions, such as schools and homes for the elderly. In order to develop an administration which promotes strategic human rights reforms, it is also necessary to have a system of collecting, organizing and disseminating relevant and reliable data, done according to the relevant international guidance. A full-scale population census, a household budget survey and introduction of systematic gender and age-disaggregated statistics ought to be prepared. The Expert recommends international cooperation in this area.

³⁵⁹ Country Office Annual Report, 2013

³⁶⁰ The UN General Assembly, Report of the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona, Mission to the Republic of Moldova (8–14 September 2013)

³⁶¹ Key informant interviews, April 2016

³⁶² Report on Human Rights in the Transnistria Region of the Republic of Moldova, Thomas Hammarberg, February 2013

Key informants mentioned vulnerable groups for SRH that need greater attention by the development programs. There is weak consultation with the vulnerables and to consider the ones outside the current basket of people. Given the strong influence of conservative forces as mentioned in the UN Country Analysis, more work needs to be targeted to the influencing groups.³⁶³

HIV and AIDS: Moldova continues to experience a concentrated HIV epidemic among people who inject drugs (PWID), men who have sex with men (MSM), female sex workers (FSW) and their clients as well as their sexual partners in the general population. The HIV epidemic is more severe on the left bank of Nistru River, where coverage of prevention programs is lower. There is evidence of spread of the infection in the general population. Estimations of HIV prevalence in the general population have been made in 2010, repeated in 2011, 2012, 2013, 2014 and early 2015 using the estimations and projections tool called Spectrum. According to the estimations made in 2015 there is 1544 new estimated HIV cases (884 cases on the right bank and 660 cases on the left bank of the Nistru River). Also, the estimated HIV prevalence for the right bank of the Nistru River is 0.0,30% and 1.32% for the left bank. The population infected with HIV in 2014 was estimated at 17541(11249 on the right bank and 6292 on the left bank). The need for ARV treatment is estimated at 11628 persons (8974 on the right bank and 2654 on the left bank of the Nistru River).³⁶⁴

Extent of consultation with partners: Many key informants from partner Ministries, government agencies, and NGOs attested to strong consultations with UNFPA, including for planning and implementation.³⁶⁵ However, in the beginning of the CP, not all IPs were involved although consultations became more frequent.³⁶⁶

GE: COAR 2013 - Domestic violence is one of the most serious forms of gender-based violence in Moldova and is caused by inequalities in gender power and position. Although the phenomenon of domestic violence is widespread in Moldova, the number of registered cases is low. Domestic violence is often perceived as a private issue and is therefore not registered. When such implementation mechanism, and the protection systems for victims, especially for women and girls in rural areas, are underdeveloped. For example, the police do not implement protection orders effectively and frequently fail to arrest violent perpetrators under the criminal statutes. This behavior can be attributed to a lack of technical skills in responding to discriminatory attitude towards women. The response of the police, social services and medical services, by means of Multidisciplinary teams (MDTs), is an essential component of an effective legal system and service provision response to the issue of domestic violence. The present actions target capacity development of police, social assistants and medical fundamental human rights principles of victim safety and security and tailored to the technical needs of the Moldovan MDTs. In addition the participation of high level law enforcement officials, especially police officers, in the awareness raising campaign "16 days against violence" contributes to preventing domestic violence by guaranteeing more effective government authorities from the social protection, health, justice and law enforcement sectors. The goal of the awareness raising campaign is to prevent and eliminate gender prejudices, stereotypes and conditions that generate gender-based discrimination with a special focus on the active involvement of police officers and prosecutors in public.

In January 2015, police officers were consulted to get their recommendations to making amendments to the law – and the police recommendations were passed on. All police officers were invited by the US State dept n an effort to restore their image from one of corruption.

Key informant contributions to relevance:

- In regard to relevance – some of the guiding documents are not relevant, the concept of family is obsolete for Moldova due to migration;
- The basis in the CO and in the UN and development partners in general is weak - gender is still not mainstreamed and human rights are still not mainstreamed.
- Some targets originally set by the CO in the CP were not too ambitious and they tried to focus on outstanding projects and only touched cervical cancer for example. So they later developed the effectiveness and efficiency. The Master Plan was introduced and kept the efficiency. The other aspect is that the modes of engagement shape how the country program is delivered – Pink country - advocacy. And shift to advocacy and not priority of supplies.

³⁶³ Key informant interviews, April 2016

³⁶⁴ Republic of Moldova South-East European Region National Coordination Council Declaration of Commitment of the United Nations General Assembly Special Session on Hiv/Aids Republic Of Moldova Progress Report On HIW and AIDS January – December 2014, Chisinau 2015

³⁶⁵ Key informant interviews, April 2016

³⁶⁶ Key informant interviews, April 2016

- The extent to which the strategy was developed by the CO through the CP – 1) Deliberate strategy of communication not envisioned in the CP document (2012) as a means to help deliver programme results, there was a change in staff structure but this was added later;

<p>A 1.2: The objectives and strategies of the programmatic areas of the Country Programme are consistent with the priorities put forward in the UN-Moldova Partnership Framework (UNPF) “Towards Unity in Action” for 2013-2017 and the global UNFPA strategic plans.</p>	<ul style="list-style-type: none"> • The objectives and strategies of the CP and the WPs are in line with the goals and priorities set in the UNPF • ICPD goals are reflected in the CP and programmatic area interventions • The CP sets out relevant goals, objectives and interventions to develop national capacities • Extent to which Regional exchange of expertise has been mainstreamed • Extent to which gender equality and women’s empowerment have been mainstreamed • Extent to which resources have been targeted to adolescents and youth 	<ul style="list-style-type: none"> • UNPF (2013-2017) • Joint and collaborative programme documents • Alignment of the UNFPA Country Programme with the Republic of Moldova (2013-2017) to the UNFPA Strategic Plan (2014-2017) • Moldova AWP, progress reports, COARs • UNFPA Strategic Plan, 2008-2011, extended to 2013: Accelerating Progress and National Ownership of the ICPD • Mid-Term Review of the UNFPA Strategic Plan for 2008-2011, extended to 2013, 26 July 2011 • UNFPA Strategic Plan for 2014-2017 • UNFPA: The Way Forward, Business Plan for 2012-2013 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with UNFPA CO and Regional Office staff - Interviews with UNCT members and government stakeholders
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Alignment with UN Partnership Framework:

General: The CO used the “Country Analysis – UN Moldova 2011”, as a basis for development of the Country Programme rather than conduct a separate country assessment.³⁶⁷ The **UN Partnership Framework “Towards Unity in Action” (2013-2017) is partnered with the “Towards Unity in Action- Action Plan”**. This Action Plan captures how UN agencies will work with national and international partners to harmonize, simplify and enhance the coherence of UN actions. It was developed jointly by the UN Country Team and the Government of Moldova and through extensive consultation with other partners. National ownership permeates all aspects of the Action Plan. Building on the priorities agreed in the Partnership Framework and further aligning the UN system agencies’ work with the national development priorities as reflected in the national development strategy Moldova 2020, the national sector strategies and other national strategic documents and action plans, the Action Plan supports the Republic of Moldova’s transition to a modern and prosperous European nation, achievement of the Millennium Development Goals and the post-2015, sustainable development goals that will succeed them; and fulfilment of the Republic of Moldova’s international normative commitments, including economic, social, cultural, civil and political rights. National capacity development is a key principle of the UN’s work in support of this Action Plan. The enhancement of Moldova’s capacities to absorb funds and implement international and European requirements will be particularly important in the context of the Government of Moldova’s anticipated conclusion of an Association Agreement with the European Union. This Action Plan builds on intergovernmental agreements, including the values stated in the United Nations Charter to promote “higher standards of living.

Through the UN Partnership framework, “Towards Unity in Action” (2013-2017), the Government of Moldova joins over 30 governments in a global reform effort of the UN

³⁶⁷ Key informant, April 2016

development system - “**Delivering as One**”. Said UN reform is about bringing the full potential of the diversity of the United Nations to Moldova in a coherent manner, thereby enhancing the impact of the UN’s support, and bringing services closer to the people. The reform is also about making the UN more results-oriented and better able to provide integrated solutions to the multi-sectoral challenges facing the country, based on UN agencies’ specific comparative advantages and identities. This Action Plan embraces and incorporates the principles of development effectiveness as agreed in the Paris Declaration, the Accra Agenda for Action and the Busan Partnership Document. These values have been adapted to the country context through the Moldova Partnership Principles and their Implementation. Throughout this Action Plan, UN specialized agencies, funds and programmes, departments of the UN Secretariat, other UN entities, and the International Organization for Migration are collectively referred to as UN system agencies and set out for the United Nations Development Group by the Outcome Document of the high level conference on Delivering as One in Tirana of June 2012, “The United Nations we want – our commitment to the way forward”.

The UNPF received a **mid-term** participatory, self-assessment exercise in 2015³⁶⁸ which covered the first two years of the UNPF and resulted in a revised results matrix. The report notes that the implementation of the European Union-Moldova Association Agreement (AA) has fallen behind due to rising geopolitical risk and security concerns, the unstable domestic political and economic environment, social exclusion and the lack of social cohesion. The UN supported extensive training of public authorities, judicial and quasi-judicial bodies and civil society in anti-discrimination law as well as in other areas of international human rights law as per international requirements –

The report mentions interventions without analysis of outcomes. “UNFPA contributed to enhancing access to reproductive health commodities and family planning, and supported policymaking related to reproductive health. The reproductive health curricula for school nurses was scaled up nationwide and the capacity of the National College of Medicine was developed.” In terms of peer to peer sexuality information, UNFPA interventions are mentioned with Y-PEER “UNFPA supported MoH in developing and implementing the Action Plan on Cervical Screening for 2014-2015, including development of standard operating procedures for screening.” “With joint efforts of WHO, the International Atomic Energy Agency (IAEA) and UNFPA, cancer control strategies were assessed, with focuses on breast and cervical cancer screening activities and on the National Cancer Registry and Screening Registry. A set of recommendations was included in the draft National Cancer Control Programme.” “WHO and UNFPA conducted an evaluation of the National Reproductive Health Strategy (2005-2015) to provide recommendations to future strategic documents on reproductive health.” “UNFPA supported specialists from the 20 YFHC and 130 school nurses in reaching out to young people and providing comprehensive sexual education. Through outreach activities, awareness was raised in around 10,000 young people; more than 2,000 at-risk adolescents received different services, and 1,000 were tested for HIV.” UNFPA, UNICEF and UNDP jointly with MoH carried out the campaign Investing in Youth Health (on the occasion of World Population Day on 11 July and International Youth Day on 12 August) in order to boost the interventions and good practices in the field of adolescent health, as well as to raise awareness of services available and information among the mass media and general population. In the area of domestic violence, a joint UNFPA-IOM initiative increased the capacities of 600 police officers in a multidisciplinary approach to protect victims of domestic violence. As a result of capacity building of police officers conducted jointly by UNFPA and the Women’s Law Centre, 204 protection orders for domestic violence survivors were issued during 2014, based on the law on preventing and combating violence. UNFPA also supported the capacity building of 175 family doctors and social assistants, including from the Transnistrian region, on the health system response to domestic violence. In the area of youth work, UNFPA supported the capacity building of 24 youth workers from local public administration and youth centres. Comprehensive training was delivered on development and implementation of youth policies, including youth participation in the decision-making process, non-formal education, institutional development and advocacy for youth participation. To improve access of vulnerable youth to relevant services UNFPA, in partnership with UNICEF and Chisinau Child Protection Department, supported five youth centres and strengthened their capacities. Reaching out to over 300 children, the centres became more appealing to young people and are better at providing support and referral services.”

The UNPF Mid-Term review in regard to census, which was led by UNFPA. Relevant information is available on **page 10**: “While the Population and Housing Census was undertaken in May 2014 and the methodology for the questionnaires met international standards, full data processing is still not yet undertaken. More generally, there is a remaining gap in terms of using accurate data to develop and monitor policy and ensure that results impact people’s lives.” **Than on page 12** “In May 2014, the government undertook Moldova’s Population and (for the first time) Housing Census. Led by the United Nations Population Fund (UNFPA), an International Technical Advisory Board was established. UN agencies contributed to the strengthening of national efforts: questionnaires and methodology manuals met international standards, and for the first time a postenumeration survey was undertaken as a main tool for evaluation of census quality. An innovative informational “Door to Door” campaign on the Population and Housing Census was carried out by the National Youth Council of Moldova with UN support in 16 districts, covering around a third of the population, including the most vulnerable groups

³⁶⁸ Towards Unity in Action, United Nations Moldova Partnership Framework, Mid-Term Review, October 2015

and minorities.”, **page 40** “In 2014 ... the Population and Housing Census conducted. Census preliminary data shows a decrease in the number of inhabitants to 2,913,281 people, of which 329,108 are abroad. Two thirds (65.8%) of the population live in rural areas, and one third (34.2%) in urban settings.”³⁶⁹The full report is available on this link

The UNPF tracks a number of indicators directly relevant to UNFPA interventions, however, there are no indicators for response to gender based violence. Noted that there are few databases on vulnerable groups with regard to their legal protection, noted that there are missing elements to sexuality education and gender equity education in schools.

Joint Project implementation - The UN Joint Project “Strengthening the National Statistical System in Moldova” started in 2007 and is still under implementation was designed relying on the findings of the Common Country Assessment, conducted jointly by the Government of Moldova and the UN system in 2005. The Project was designed on the basis of the needs identified by the NBS to enable it to perform its basic role of coordinating the statistical system ensuring standards to statistical production, and providing relevant, accurate, timely, comparable, coherent and complete statistical data. The five UN agencies, namely UNDP, UN Women, UNFPA, UNICEF and ILO, have joined efforts to provide more strategic and coordinated interventions to the GoM.

Strengthening the Multidisciplinary Approach in Achieving and Sustaining a Life Free of Violence – (start date – 2012) Brief description of the JP: This project will contribute to the protection of victims of domestic violence and will reduce the gap between the legislative, the policy framework and reality. The goal of the project is for victims of domestic violence to enjoy increased equitable and guaranteed access to protection, to ensure the implementation of domestic violence legislation and protection orders by law enforcement, and improve care through health and social services. The objective of the project is to strengthen the capacity of police officers, social assistants and medical staff to provide protection for victims of domestic violence using a multidisciplinary approach as a national response to the phenomenon of domestic violence. The project activities are part of the Government, UNFPA, IOM and development partners’ interventions to improve the prevention and protection systems against various forms of discrimination and to expand access to relevant services for vulnerable persons or groups.

SRH: The CP contributes to UNPF Pillar 2: Human Development and Social Inclusion, Health: Outcome 2.2 - People enjoy equitable access to quality public health and health care services and protection against financial risks; Output 2.2.1 - Adolescents and youth have increased aged appropriate knowledge and skills to adopt gender sensitive healthy lifestyle behaviours (*UN Women, UNAIDS, UNESCO, UNFPA, UNICEF, UNODC, WHO*)

- **Output 2.2.2 - National stakeholders have enhanced capacity to ensure equitable access to HIV and TB prevention, diagnosis, treatment and care of key populations** (*IOM, OHCHR, UNAIDS, UNFPA, UNICEF, UNODC, WHO*)
- **Output 2.2.3 - Public and private sector has increased capacity to manage the non-communicable diseases and developed improved environments enabling healthy choices to address key risk factors** (*IAEA, UNDP, UNFPA, WHO*) (*Cervical cancer is not mentioned.*)
- **Output 2.2.4 - Health care and public health service providers, particularly at primary health care level, have enhanced capacity to ensure equitable access to deliver integrated quality health services, medicines and vaccines, with a focus on vulnerable populations including reproductive health, mother & child health and immunization** (*IAEA, ILO, IOM, UNDP, UNFPA, UNICEF, WHO*)
- **Output 2.2.5 – People, including those most marginalized, are able to claim and exercise their rights to health, seek health services and benefit from them** (*IOM, OHCHR, UNFPA, UNHCR, UNICEF, WHO*)

In terms of reproductive health and rights, the extended UNFPA Strategic Plan (2008-2013), which was in effect in the planning stages, prioritizes Maternal Health, followed by Family Planning. The **UNFPA Strategic Plan (2014-2017)** places emphasis on weighting of indicators: 20% each for reduction of the adolescent fertility rate, reduction of the maternal mortality ratio, proportion of demand for modern contraception satisfied, and proportion of births attended by skilled birth attendants for the poorest quintile of the population. Gender inequality index indicators were weighted at 15% and HIV prevalence in 15-24 year olds given 5%. Maternal health in terms of pregnancy and delivery is not a priority in Moldova as the indicators for ante and post-natal care, and maternal mortality are advanced.

³⁶⁹ http://md.one.un.org/content/dam/unct/moldova/docs/pub/strateg/Final_Report_UNPF_Moldova_2013-2017_Mid-Term_Review.pdf

AY: The UNPF Pillar 2: Human Development and Social Inclusion, Health: Outcome 2.2 - People enjoy equitable access to quality public health and health care services and protection against financial risks **Output 2.2.1 - Adolescents and youth have increased aged appropriate knowledge and skills to adopt gender sensitive healthy lifestyle behaviours** (*UN Women, UNAIDS, UNESCO, UNFPA, UNICEF, UNODC, WHO*)

a. Percentage of youth 15-24 years old who benefit from Youth Friendly Health Services in locations where such services exist

Baseline: 20%; Disaggregated by rural/urban, sex, age-groups, regions; Target: 40% Disaggregated by rural/urban, sex, age-groups, regions

b. Percentage of women and men aged 15-24 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse

Baseline: Men 15-19 years old – 60.6%; Women 15-19 years old – 19.8%; Men 20-24 years old – 45.7%; Women 20-24 years old – 49.7%

Target: Men 15-19 years old – 70%; Women 15-19 years old – 70%; Men 20-24 years old – 70% Women 20-24 years old – 70%

c. Number of abortions among adolescents 15-19 years old; Baseline: (2011) 1,768; Target: decrease by 30%

P&D: The CP (Baseline: non-existent (last census in 2004) Target: (2015) census undertaken successfully, providing reliable and credible data for policy formulation) is aligned with the UNPF Pillar 1: Democratic Governance, Justice, Equality and Human Rights; Public Administration – Outcome 1.1 - Increased transparency, accountability and efficiency of central and local public authorities; Output 1.1.1 – A modernized public administration system is capacitated to effectively and efficiently develop, budget, implement and monitor evidence-based policies in support of the country's national priorities and European integration objectives (*IOM, UNDP, UNECE, UNFPA, UNICEF, WHO*)

GE: Relevant to UNPF - **Social Protection Outcome 2.4** – People enjoy equitable access to an improved social protection system Output 2.4.1 - Social protection system has functional continuum of services, with special attention to individuals and groups facing difficulties in exercising fundamental rights, and prevents and addresses violence, exploitation and family separation (*IOM, OHCHR, UNDP, UNPFA, UNHCR, UNICEF*)

Output 2.4.2 - Right holders from vulnerable or socially excluded groups have increased access to services necessary for realization of social rights (*IOM, UNDP, UNPFA, UNHCR, UNICEF*)

The UNPF Pillar 1 Democratic Governance, Justice, Equality and Human Rights; Public Administration - Human Rights, Empowerment of Women and Anti-discrimination - Outcome 1.3 - State bodies and other actors effectively promote and protect human rights, gender equality and non-discrimination, with particular attention to the marginalized and the vulnerable The Output 1.3.2 – Relevant public authorities are able to mainstream human rights and gender equality into all key national strategies and policies and their implementation, including in budgeting (*IOM, OHCHR, UN Women, UNDP*) Through the UN SWAP the UN System has a strengthened network for the promotion of gender equality and the empowerment of women, as is illustrated by a growing network of over 200 UN -SWAP Focal Points and decentralization of responsibility for improved performance in this area.

The **gender equality** programmatic area is strategically aligned with the MDG goal 3 (Promote gender equality and empower women) and the follow-on SDG goals. The Government of Moldova has acceded to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW). Preventing GBV is one of the major focuses of CEDAW and UNFPA is contributing to support the Government's compliance with the requirements. Notwithstanding the achievements made so far, there are reservations on CEDAW articles, which undermine the principles of equality. The "Concluding observations on the combined fourth and fifth periodic reports of the Republic of Moldova" CEDAW Committee in 2013 indicated its concern about:

- (a) The slow progress of the State party's legal reform aimed at harmonizing its national legislation with the Convention, in addition to the delay in, and lack of a clear time frame for, the adoption of a number of important draft laws;
- (b) The insufficient implementation of laws aimed at the elimination of discrimination against women;
- (c) The limited budget allocated to the Anti-Discrimination Council;
- (d) The lack of awareness by the judiciary of women's rights and relevant national legislation and the lack of systematic training on the Convention and national legislation that promotes gender equality.

10. The Committee calls upon the State party:

- (a) To expedite its efforts to conclude the process of harmonizing its national legislation with the Convention, involving civil society in that process;
- (b) To design strategies, including those to raise the awareness of parliamentarians in order to overcome obstacles to the adoption of pending draft laws and move

towards their adoption in a planned time frame between now and the next reporting period;

(c) To ensure the effective implementation and enforcement of existing legislation aimed at eliminating discrimination against women, with a view to reducing structural disadvantages that hamper the effective realization of substantive gender equality;

(d) To provide the Anti-Discrimination Council with human and financial resources sufficient for it to discharge its role effectively;

(e) To provide systematic training to judges, prosecutors and lawyers on the Convention, the Optional Protocol thereto and relevant national legislation.

Applicability of the Convention - The Committee takes note of the information provided by the State party's delegation during the dialogue that the Transnistrian region is part of the Republic of Moldova and that the State party is exploring ways to implement the 2013 report of the United Nations senior expert on human rights in the Transnistrian region of the Republic of Moldova, Thomas Hammarberg. The Committee remains concerned, however, that women in Transnistria do not enjoy the same equality protection as women elsewhere in the Republic of Moldova. The Committee notes the State party's intention to implement the recommendations made by the United Nations senior expert and recommends that it accelerate its efforts to attain this goal, in line with the recent pledge made by the Prime Minister of the Republic of Moldova to the General Assembly. The Committee also encourages the State party to abide by its undertaking made during the universal periodic review in 2011 to work on the promotion of human rights in Transnistria. To this end, it should also initiate cooperation with the de facto authorities of Transnistria and other relevant stakeholders to afford women in Transnistria greater protection and enjoyment of their human rights.

17. The Committee reiterates its concern about the persistence of patriarchal attitudes and deep-rooted stereotypes regarding the roles and responsibilities of women and men in the family and in society ([CEDAW/C/MDA/CO/3](#), para. 18). It notes that such attitudes and stereotypes in the State party are root causes of the disadvantaged position of women in political and public life, violence against women and gender segregation, as reflected in the educational choices and employment options of women and girls. In addition, the Committee is concerned about the persistent stereotyping of older women and women with disabilities, in addition to the existence of sexist advertising. Lastly, it is concerned that, although the State party is a secular State, religious institutions often perpetuate traditional gender roles in the family and in society and influence State policies with an impact on human rights.³⁷⁰ The Committee further expresses its concern at:

(a) The inconsistent application by courts, prosecutors and police officers of laws aimed at combating domestic violence, which undermines women's trust in the judicial system, in addition to the lack of awareness among women of existing legal remedies;

(b) The failure of the police and prosecutors to pay attention to low-level injuries and the fact that it often takes repeated acts of violence to initiate criminal investigations, in addition to the reluctance of the police to intervene in cases of domestic violence within the Roma community;

(c) The ineffectiveness of protection orders against alleged perpetrators, which are either not issued by courts or issued with delays; the failure of police officers to enforce such orders; the lack of sufficient services, including shelters, to support victims from rural areas and Transnistria; and the non-coverage by the State system of legal aid to victims of gender-based violence;

(d) The low rate of reporting of cases of sexual violence, including rape, and ineffective investigation and prosecution in such cases;

(e) Reports concerning some Moldovan migrant women who upon return to the State party are stigmatized and at risk of sexual violence.

The Committee is concerned about the high rate of abortion and the low use, availability, affordability and accessibility of modern forms of contraception, in particular in the Transnistrian region and rural areas, which indicate that abortion is used as a method of birth control. The Committee is particularly concerned about reports of practices of coercive sterilization, affecting in particular women with disabilities, women in rural areas and Roma women. The Committee notes with concern that the current Ministry of Health regulation on sterilization specifies mental disability as an indicator for sterilization. The Committee is also concerned about the lack of educational programmes on sexual and reproductive health and rights in schools and about the lack of sex-disaggregated data. The Committee is further concerned at the limited access of older women to affordable health care.³⁷¹

ICPD goals reflected/UNFPA strategic goals: The ICPD Plan of Action lays out a set of fifteen principles that are a careful balance between the recognition of individual human rights and the right to development of nations. According to the principles, advancing gender equality, eliminating violence against women and ensuring women's ability to control

³⁷⁰ "Concluding observations on the combined fourth and fifth periodic reports of the Republic of Moldova" CEDAW Committee in 2013

³⁷¹ *Ibid.*

their own fertility were acknowledged as cornerstones of population and development policies. Concrete goals of the ICPD are centred on providing universal education; reducing infant, child and maternal mortality; and ensuring universal access by 2015 to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections including HIV and AIDS.

The UNFPA Country Programme Document, 21 March, 2012 indicates that the proposed programme is based on government priorities as articulated in the draft of 'Moldova 2020' and the One United Nations Partnership Framework, 2013-2017. It incorporates recommendations of the programme evaluation and draws on the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development, and the UNFPA strategic plan, 2008-2013. In 2015, the "Alignment of the Country Programme of the Republic of Moldova (2013-2017) to the UNFPA Strategic Plan (2014-2017)" modified and reorganized the outputs and indicators, linking them to the Strategic Plan outcomes.

Goals to develop national capacity:

General: UNFPA is engaged in **policy and advocacy, and capacity development in Moldova, due to its status as a low MIC. Therefore development of national capacity is intrinsic to the planning.** The 2nd County Programme document indicates that nationwide geographical coverage of the proposed programme allows it to encourage collaboration with public officials, academia and civil society, with a view towards developing their individual and institutional capacity. The proposed programme seeks to support government efforts to build regulatory and institutional mechanisms to promote good governance and equity. To that end, it will develop national capacity to ensure equal access to basic social, health and reproductive health services.

SRH: In 2013, the CO has supported two assessments among 8 NGOs and their beneficiaries: 1. Assessment of knowledge, attitudes and needs of PSU and PLWH related to sexual and reproductive health; 2. Overview of services provided by NGOs working with PLWH and PSU, including sexual and reproductive health services. The results of the assessments will serve as a ground for the development of strategies and interventions to integrate the HIV/STIs prevention services with SRH services and build the capacities of national institutions to deliver these services.

Regional exchange of expertise

Key activities in 2013: Reproductive Health: i) Moldova – Uzbekistan: Advanced training on essentials of health promotion/ communication with focus on RH and FP for specialists of MOH's provincial level health institutions and health NGOs in Uzbekistan. The goal was to teach on advanced methodologies and techniques and extend good practice of Moldova on health promotion/ communication with focus on RH. ii) Moldova - Turkmenistan: Strengthening the policy development on emergency obstetric care through development of 10 clinical protocols. The goal was to assist with development of clinical protocol on antenatal care using good practice of Moldova. iii) Moldova - EECA region: UNFPA Regional Initiative on Technical Support for National Guidelines/Protocols Development and Implementation (RH protocols). Moldova was selected as a country for RH Regional Training Center for Russian speaking countries in EECA. Four trainers from Moldova advanced their training skills as well as to provide an update of knowledge of guideline development / implementation and of clinical audit to ensure consistency in delivering the Regional Programme.

Key activity 2: Youth: Moldova-Turkmenistan: in 2013 Moldova assists Government of Turkmenistan in capacity development of the national specialists of the Youth Organization in promoting youth engagement and empowerment, including developing Youth Law. A national expert from Moldova was hired by UNFPA Turkmenistan on this purpose. Also, the seminar on best practices and evidence based experience on youth engagement and empowerment, including the methodology and evidence-based programmes and campaigns on youth outreach was provided with participation of the expert from Moldova.

Key activity 3: Population and Development: Czech Republic-Moldova: During 2013 UNFPA was supported the GoM in its establishment of an effective and sustainable Center for Demographic Studies. UNFPA is providing technical support for strengthening the institutional capacity of the Center. This has included a consultancy mission from Czech government/CZDA (Charles University). As a result of UNFPA advocacy efforts and further discussions within CZDA, a set of recommended structural and functional provisions have been presented for the sustainable development of the Center. Moreover, CZDA supports the new developed project "Complex support of population statistics and demography in Moldova" with the amount of 500,000 Euro for the period 2013-2015. The Czech government have a significant role to play, in the framework of South-South cooperation, in fostering inter-country knowledge transfer and support in area of population statistics and demography for Moldova.

The CO has received good support from the regional office and participates in webinars and e-learning events.³⁷² The 2013 EECA Roadmap for Albania and Moldova (both countries are in the same sub cluster, managed by one Country Director and being both under DaO initiative) was developed aiming to develop business model including programmatic aspects in the context of delivering as One in the MICs. Support from Albania CO was received on building evidences around important areas for knowledge sharing: Delivering as One, TMA/market segmentation, Gender/GBV, Cervical Cancer, Communication and Advocacy Strategy.

(A chart will be made with examples of Regional cooperation supported by UNFPA with funds and/or technical support, during the 2nd country programme and are mainstreamed across programmatic areas and cross cutting management, with examples of good practices.³⁷³)

Communications: The EECARO communication related support was very important for creation of a common communication platform, for common advocacy positions and joint, coherent and consolidated messages vis-à-vis partners and UNFPA target groups in Moldova. Specific regional messages were provided to the country context, as well guidance for innovative celebration UN/UNFPA observances international days. HQ was very active engaged in development of the Moldova's SCOOP.³⁷⁴

SRH: In 2014, the Regional Office clearly ID'd the priorities in SRH and the CO provided opportunities to pursue these topics. These included enhancing regional linkages, and accelerating the rate of country to achieve SRH goals. Examples include

- Russian language courses on evidence based guideline development and transfer of expertise from West to East – got excellent support from the CO as such cooperation is still new in 2015. This attempts to integrate the international standards (RCOG) on Ob/gyn and to strengthen monitoring follow-up.
- Cervical cancer has two champions, Moldova and Georgia so the CO performance is to be commended and good opportunities to advocate.³⁷⁵

Mainstreaming of GE and women's empowerment:

Definition of Gender mainstreaming: Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

General: The report of the **Interagency Network on Women and Gender Equality, March 2014**, the role of UNFPA is explained as one of undertaking the ICPD review and need for comprehensive data promoting an integrated approach to population and development issues. On the basis of the meeting's specific and forward looking recommendations on gender mainstreaming in the context of a changing development context and the articulation of a post 2015 global Development Agenda, UN Women prepared an Issues Brief in 2013 on how to better integrate gender equality at country level in national development policies, strategies and programmes and thematic sectors. With examples derived from recent programming practice in various sectors, the Brief provides general principles for implementing gender mainstreaming at the country level - It unpacks the types and substance of decisions on gender equality programming to be made at each step of national programming cycles, when national laws, policies, budgets, statistics, service delivery are being developed, operationalized and/or assessed. Artificial distinctions between what and what is not gender mainstreaming are deemphasized; a context specific, flexible and inclusive approach to gender mainstreaming.

SRH: There are no specific indicators nor are there definitions posed for "gender responsiveness" According to the UN Women website: Ensuring gender-responsiveness

- To work effectively on ending violence against women and girls, it is especially important to become familiar with and be responsive to the specific gender dynamics and social and cultural reference points that prescribe the roles of men and women in any given society. This requires socio-cultural research and analysis to understand what the norms and expectations are for men and women in any given context and how this might affect the programme, so that interventions can be designed accordingly. It is also

³⁷² Country Office Annual Report, 2013

³⁷³ Country Office Annual Reports, 2013, 2014 and 2015

³⁷⁴ Ibid.

³⁷⁵ Key informant interviews, April 2016

important to assess how interventions might interact with and influence the attitudes and behaviours of the target group and surrounding community, to ensure that negative gender stereotypes and discrimination against women and girls are not reinforced by the programme.

- Understanding how gender inequalities are compounded for certain groups of women and girls (because of their age, ethnicity, national origin, occupation or other characteristics) is also important in order to identify the barriers these groups face in accessing services and developing strategies to overcome them.
- **Capacity** (knowledge, skills and attitudes) of government sector personnel and service providers must be developed on gender to effectively address the needs of survivors and undertake prevention initiatives.
- A gender-responsive approach also requires empowering women and ensuring that they know their rights, so that they can avail themselves of the services and recourse they are entitled to.
- When working with men and boys, programmes should explicitly address gender attitudes and promote alternative notions of **masculinity**. These have proven to be more effective in changing attitudes and behaviours related to violence against women than programmes that do not have built-in gender and masculinities components. (WHO, 2007)

An important part of UNFPA's gender-responsive approach is its focus on financing for gender equality and gender-responsive budgeting. Budgets are an important policy tool of governments and are especially useful when applying a human rights-based approach, because they are a way of holding governments accountable to their human rights obligations. "A government can have a very good policy on reproductive health, gender-based violence, or HIV/AIDS, but if it does not allocate the necessary money to implement it, the policy is not worth any more than the paper it is written on." A gender-responsive HRBA will, therefore, necessarily pay attention to the impact of government budgets on different social groups.³⁷⁶

GE: The UNPF outcome area Human Rights, Empowerment of Women and Anti-discrimination; Outcome 1.3 - State bodies and other actors effectively promote and protect human rights, gender equality and non-discrimination, with particular attention to the marginalized and the vulnerable. A joint initiative "Sustaining a Life free of Violence" by WLC, UNFPA, UNDP, IOM and High commissioner for Human Rights (Belarus) involved the shelters. UNDP created the shelters and UNFPA supported the training. In 2017, they will develop another strategy. The first line of training will be the police officers. There is only a defacto minister now. The US Embassy with IOM decided that UNFPA should address police training, and with WLC develop a training curricula for the police academy, the General Inspectorates and Ministry of Internal Affairs; curriculum-> TOT-> to police.

A 1.3: The objectives and strategies of the Moldova Country Programme are consistent with Government policies, strategies and guidelines, the MDGs, and are planned with sufficient knowledge of the sub-national structures and stakeholders in the selected areas.

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Extent to which objectives and strategies of each programmatic area were adjusted and are consistent with relevant national and sectorial policies and MDG goals • Extent to which the objectives and strategies of the CP have been planned with the national partners • Extent to which interventions have been implemented with Government and community partners and through national systems | <ul style="list-style-type: none"> • National policies, strategies, laws and guidance on RH, Gender Equality, P&D, Adolescents and youth • Moldova national MDG strategy and national MDG reports • Joint plans and agreements (MoUs, field level agreements, etc.) • Government and other national stakeholders | <ul style="list-style-type: none"> • Review of relevant national documents • Review of regional and global instruments accepted by the Government • Key Informant interviews in provincial and district offices |
|---|--|--|

Consistency with national and sectoral policies and MDG goals: UNFPA participated in the development of the National Development Strategy "Moldova 2020" (started in 2013), however, the focus of the NDS is to increase the budget coverage of adequate policies in these sectors as a result of accelerated economic development. As long term strategic objectives, the NDS "Moldova 2020" is focused on the following development priorities: 1. Aligning the education system to labor market needs in order to enhance labor

³⁷⁶ UNFPA, A human rights based approach to programming, 2010

productivity and increase employment in the economy; 2. Increasing public investment in the national and local road infrastructure, in order to reduce transportation costs and increase the speed of access; 3. Reducing financing costs by increasing competition in the financial sector and developing risk management tools; 4. Improving the business climate, promoting competition policies, streamlining the regulatory framework and applying information technologies in public services for businesses and citizens; 5. Reducing energy consumption by increasing energy efficiency and using renewable energy sources; 6. Ensuring financial sustainability of the pension system in order to secure an appropriate rate of wage replacement; 7. Increasing the quality and efficiency of justice and fighting corruption in order to ensure an equitable access to public goods for all citizens. The areas of Reproductive Health, Gender based violence, Adolescents and youth, and population and development are not fully covered, in policy, planning or in budget.

The RETHINK MOLDOVA document is consistent with the Government Programme; this document presents the vision of the Government of the Republic of Moldova for achieving its five pillar reform priorities: European integration, economic recovery, rule of law, administrative and fiscal decentralization and reunification of the country – Priorities for Medium Term Development. This document was in effect from 2009 to 2013. (COARs 2013) It appears that more programme coverage resources were available in this strategy as per the COAR 2013.

1. **SRH:** The RH-relevant strategies include³⁷⁷: 1. National Health Policy, Government Decision No. 886 of 6 August 2007;
2. Health System Development Strategy 2008–2017, Government Decision No. 1471 of 24 December 2007;
3. National Strategy on Migration and Asylum (2011–2020), Government Decision No. 655 of 8 September 2011;
4. National Strategy for Prevention and Control of Noncommunicable Diseases 2012–2020, Government Decision No. 82 of 12 April 2012;
5. National Public Health Strategy 2014–2020, Government Decision No. 1032 of 20 December 2013;
6. Strategy of the National Referral System for Protection and Assistance of Victims and Potential Victims of Trafficking (Annex 1, Parliament Decision No. 257 of 5 December 2008)
8. Sector Development Strategy 2012–2020.
9. Youth Sector Development Strategy 2014–2020

Work in progress and pending approval include: Child and Adolescent Health, Development and Welfare Strategy 2014–2020. National programmes have also addressed some of the issues relevant to the NRHS 2005–2015, such as breast and cervical cancer.

In an effort to bring existing regulatory framework in line with these basic human rights principles, the Order on “Abolishment of some Laws regulating Prevention and Control of HIV/AIDS” has been approved and normative acts containing stigmatizing provisions have been abolished. A modification and completion of Law nr 23 of 16 February 2007 on prevention of HIV/AIDS has been approved in the mid of 2012. The amendments to the Law nr 23 fully guarantee the right to privacy the right to non-discrimination and equality of people living with HIV/AIDS and the right of people living with HIV/AIDS to freedom of movement. The antidiscrimination called the Law of Equal chances has been adopted by the parliament in 2012, which ensures the rights of people and tolerance towards the most vulnerable and stigmatised. To ensure standardisation of services, a National Guideline has been developed on quality management of HIV/AIDS laboratory investigations and the following drafts are in the process of endorsement and approval: _ Operational Manual of the National Plan for Monitoring and Evaluation of HIV/AIDS, 2011-2015; _ National Protocol and Operational Manual on HIV/AIDS second generation epidemiological surveillance; A distance learning programme on HIV/AIDS has been developed in collaboration with the School on Public Health Management of the State University of Medicine and Pharmacy "Nicolae Testemitanu". This curriculum contains the following modules: *General Overview on HIV/AIDS, Epidemiology and Control of HIV/AIDS, Care and Support of people living with HIV/AIDS, Surveillance and care of HIV infected patients, Voluntary Counseling and Testing, Coverage of Most at Risk Populations, Human Rights in the context of HIV/AIDS, Monitoring and Evaluation in the context of HIV/AIDS*. During 2014 there have been trained 217 persons (family doctors, managers of medical facilities, epidemiologists, ONG workers, nurses) to use distance learning. They obtained 700 certifications.³⁷⁸

³⁷⁷ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

³⁷⁸ Republic of Moldova South-East European Region National Coordination Council Declaration of Commitment of the United Nations General Assembly Special Session on Hiv/Aids Republic Of Moldova Progress Report On HIW and AIDS January – December 2014, Chisinau 2015

P&D: Considering the challenges of demographic evolutions under the given conditions, the issue of ensuring the demographic security is becoming an imperative for Republic of Moldova; there for UNFPA contributed essentially to adoption of National Strategic Plan on Demographic Security in 2011 for the period 2011-2025. Measures of addressing issues referring to population security represent the key to conceptualizing priorities by government agents and to drafting demographic redressing actions in the framework of Demographic Security of the Republic of Moldova. The document covers a coherent set of economic, social, cultural measures that are differentially structured and that are both short-term and long-term.³⁷⁹ In June 2014, Government of the Republic of Moldova approved the Road Map on Ageing and its Action Plan on mainstreaming ageing into sectorial policies. The document was developed jointly by UNECE with UNFPA participation and sets national priorities and interventions in the area of ageing. ³⁸⁰

GE: Laws and policies in the area of gender equality exist in Moldova. Gender equality is included in the constitution and elaborated in the 2006 Law on Equal Opportunities for Women and Men. The National Strategy on Gender Equality 2008-2015 establishes policy objectives on gender equality and priority actions. Moreover, Moldova has signed on to a broad range of international conventions that mandate gender equality, including the Millennium Development Goals and the International Convention on the Elimination of All Forms of Discrimination against Women. While the policy foundation for gender equality laid out by the Government of Moldova is laudable, patriarchal norms have proven resistant to change, and policies and laws aimed at enabling gender equality have not been sufficiently backed by resources required for full realization. In addition, public authorities such as courts have been unwilling or unable to apply gender equality laws.³⁸¹

The Ministry of Labour, Social Protection and Family of the Republic of Moldova is the central public authority empowered to develop and promote policies in the field of the equality between women and men. Under the terms of the Law, the gender units are the specialised institutions of the specialised central government authorities and the Law also provides for the establishment within the local government authorities of gender. However, the legislation is not enforced and no gender units have been established within central and local government authorities.³⁸² Globally, there are essential services to be, there are global SOPs for GBV for police, health workers, and social workers, , but they are not yet applied in Moldova, however, work is underway to cost the GBV services which will lead to development of standards and SOPs. The Ministry of Labor, Social Protection and Family is not oriented in response to GBV, so UNFPA worked with WHO and UN Women to improve communications. The end result planned was to have the national SOPs established, support given to send to the Istanbul Convention for implementing the regional laws in Moldova and wanted government to put in more resources to fight GBV.³⁸³ The Domestic Violence Law involves a criminal procedure law and informative notes but the missing part is the quality, implying the importance of having SOPs. The only way to ensure a cohesive approach is to have a strategy and the Ministry was to have developed an internal doc by the end of March, 2016. The 2nd Gender Equality strategy was 2010-2015 and 6-7 consultants have been provided by UN Women and UNFPA (one consultant for the area of Health and Education) has supported one out of these.³⁸⁴ The lack of SOPs and weak policy development, have limited the gender mainstreaming - human rights are also not mainstreamed.

COAR 2013: The Republic of Moldova has taken several actions to ensure implementation of the Convention on the Elimination of All Forms of Discrimination against Women. The national legislation stipulates the principle of equal rights and opportunities for women and men in all fields. The principle of equality is guaranteed through a series of organic and ordinary laws, which confirms that the state gives special attention to the achievement of the assumed commitments, adhering to international treaties on human rights. Currently there is a state institutional mechanism in the country functional in the field of gender equality (the Government Committee for Equality between women and men, the Division for Gender Equality and Violence Prevention Policies, the Ministry of Labor, Social Protection and Family, Gender Focal Points, Gender Councils in line ministries and other central public administration authorities), which is a positive indicator in the process of democratization. The Government's political will to promote gender equality is stipulated in the Government Program. In order to achieve the CEDAW recommendations the Republic of Moldova adopted a National Programme on Ensuring Gender Equality for 2010-2015 years, the Law 45-XVI on Preventing and Combating Domestic Violence, it has taken action to adjust the legal and regulatory framework to international standards to eliminate protectionist provisions.

³⁷⁹ Country Office Annual Report, 2013

³⁸⁰ <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353338>

³⁸¹ Country Analysis, United Nations - Moldova, June 2011, page 9

³⁸² The Phenomenon of Discrimination in Moldova: Perceptions of the Population A Comparative Study Chişinău -2015 Ludmila Malcoci, Arcadie Barbaroşie, page

³⁸³ Key informant interviews, April 2014

³⁸⁴ Key informant interviews, April 2014

Other 425 police officers are going to be trained in 2014. For the future plans while Moldova adopted several acts on combating violence against women (the Law on Ensuring the Equality between Women and Men 2006, the National Plan for Promotion of Equality between Women and Men in Society for the period 2006-2009, Law on Preventing and Combating Family Violence 2008, the National Strategy to Ensure Gender Equality in Moldova for 2010-2015), none of these acts operate in Transnistria nor the separate acts in Transnistria have specific legal provisions on prevention and protection of women from domestic violence. The Transnistria region still remains the territory where women widely suffer from domestic violence. Thus, the incidence of violence against women and girls, particularly within the family, remains largely under-reported due to: shame; fear of social stigma; lack of knowledge about existing laws, judicial procedures and services; or simply because of lack of confidence in the system. Women who attempt to access the legal system report that they often face significant obstacles and re-victimization. Unless violence results in serious physical injuries, police, prosecutors and judges are said to often trivialize the matter and discourage women from pursuing the case and an investigation. Therefore the further interventions in the domain will be focused on this region, also following Report of the UN Special Rapporteur on Human Rights and CEDAW recommendations for Transnistria break away territory.

The interventions in the **Adolescents and Youth programmatic area** are in line with the national priorities of the Republic of Moldova, as illustrated in the National Youth Strategy (NYS) 2009-2013 and its Action Plan.³⁸⁵ The UNFPA CP is relevant to the Youth Sector Development Strategy 2020, which reflects issues related to youth participation and youth services and targets: Youth Friendly Health Clinics (YFHC), youth workers, youth NGOs/centers, and community multifunctional centers, among others.³⁸⁶ The NYS is focused on ensuring access of young people to education and information, accordingly with the Concept for the Validation of Non-formal Education and Information developed by the Ministry of Education in 2013.

UNFPA interventions are also linked with the National Health Reproductive Strategy (2005-2015), especially with the Priority 3 *Sexual and RH of adolescents and young people*, which sets out sectorial strategies for health, reproductive health, youth, population and development, and gender equality.³⁸⁷

EQ2 (Effectiveness – Reproductive Health) To what extent did UNFPA contribute to sustainably improving access to and demand for high quality sexual and reproductive health and HIV services, especially for the most vulnerable groups?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>A.2.1. The availability and use of integrated sexual and reproductive health services (including family planning, and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access are strengthened (From CP Outcome 1)</p>	<ul style="list-style-type: none"> • Contribution to national outcome indicators: Unmet need for contraception Baseline: 9.5%; (MICS, 2012); Target: 9.0% (MICS, 2017) Contraceptive Prevalence Rate (CPR): Modern Methods Baseline: (annual data) • Costed national SRH action plan is developed; Baseline: No (2015); Target: Yes (CP Output indicator 1.3) • Cervical cancer screening is integrated into national strategic documents and implemented (CP Output indicator 1.4) • Numbers of health staff trained in 	<ul style="list-style-type: none"> • Information system data on indicator numbers • Survey data • Monitoring reports • Health system staff and other health providers • The most at risk populations (MARP) and vulnerable women and youth in areas with greatest disparities 	<ul style="list-style-type: none"> • Document review • Key Informant Interviews with Ministry of Health and other stakeholders serving health delivery • Key Informant Interviews with NGOs, UN, donors and local authorities • FGD with service users or non-service users

³⁸⁵ Law no. 25-XVI of 03.02.2009 on the Approval of the National Youth Strategy for 2009–2013

³⁸⁶ National Strategy of Youth Sector Development 2020 approved by the Moldovan Government (10.12. 2014)

³⁸⁷ See the link: <http://www.ms.gov.md/?q=stiri/sedinta-evaluare-strategiei-nationale-sanatatii-reproducerii-anii-2005-2015>

	<p>procedures related to cervical cancer screening and performance indicators:</p> <ul style="list-style-type: none"> • Standard Operating Procedures (SOPs) for cervical cancer screening and advocacy produced; Baseline: None; Target: SOPs produced • Contribution to: Numbers of diagnosed women in targeted districts and urban centers who access timely treatment for cervical cancer 		
<p>Evidence that SRH and HIV services are gender responsive; Evidence that SRH and HIV services meet human rights standards for quality of care and access to services: (Where is the definition of HR standards being used?)</p> <p>Gender-responsive programmes for women and girls also enshrine and guarantee social, legal and economic empowerment, improve access to sexual and reproductive health services and to education, including comprehensive sexuality education, eliminate stigma and discrimination, and aim to challenge harmful norms and unequal power relations in order to prevent and address gender-based violence and improve access to justice. Such programmes also include efforts to support the community to challenge and influence harmful policies and practices that place them at greater risk of HIV and obstruct their ability to respond to its impact. Furthermore, utilizing a gender-responsive framework also provides the opportunity to design programmes aimed at addressing the challenges that are specific to women living with HIV and women from key populations in relation to stigma, discrimination, their human rights and the law.³⁸⁸</p> <p>A General Comment that explains the minimum core obligations (standards) recognized in Article 12 of the International Covenant on Economic, Social and Cultural <i>Rights</i> (ICESCR): the right to the highest attainable standard of health. The minimum core obligations include:³⁸⁹</p> <ul style="list-style-type: none"> <input type="checkbox"/> ensuring that health facilities, goods, and services are available, accessible, acceptable and of high quality (see below); <input type="checkbox"/> ensuring reproductive, maternal (prenatal as well as postnatal) and child health care; <input type="checkbox"/> ensuring that health facilities, goods, and services are available, accessible, acceptable and of high quality (see below); <input type="checkbox"/> providing education and information on health problems and the methods of prevention and control; and <input type="checkbox"/> ensuring the 'underlying determinants of health' are met, such as access to clean water, food, shelter, and so forth. <p>Minimum standards of the right to health</p> <p>As stated above, under the right to health, the international human rights standards indicate that States are obliged to ensure that public health services, as well as medicines and health care staff:</p> <ul style="list-style-type: none"> <input type="checkbox"/> are made available to all, regardless of geographical location or economic status; <input type="checkbox"/> are acceptable to all people irrespective of culture, sex or age; and <input type="checkbox"/> are accessible to all groups, be they young people, refugees, women living in poverty, etc., and respect the privacy of all individuals. <input type="checkbox"/> Furthermore, the quality and the skills of the health personnel, the medicines available and the equipment used should be of a consistent standard for all communities and all individuals within those communities. 			

³⁸⁸ Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva, UNAIDS, 2013; Securing the future today: Synthesis of strategic information on HIV and young people. Geneva, UNAIDS, 2011, UNAIDS Gender Responsive HIV Programming for Women and Girls, 2014

³⁸⁹ UNFPA, A human rights based approach to programming, Gender, Human Rights and Culture Branch of the UNFPA Technical Division (GHRCB) and the Program on International Health and Human Rights, Harvard School of Public Health, 2010, page 77

Developing the new Strategy on SRH

CP output indicator 1.3. Costed national sexual and reproductive health action plan is developed (Baseline: No (2015); Target: Yes)

Implementing partners: Reproductive Health Training Center (RHTC), UNFPA direct execution

Based on a Ministry of Health request, in 2014 UNFPA and WHO conducted the evaluation of the National Reproductive Health Strategy 2005-2015. In 2015 the National Steering Committee on SRH was established composed by representatives of the national medical institutions, professional associations and civil society organizations to develop the new strategic document on SRH – National programme on SRH. A series of national workshops on strategic planning was been planned for this purpose in 2015 and 2016.

COAR 2014 - The evaluation of the National Reproductive Health Strategy 2005-2015 has been conducted and the findings and recommendations will serve as a basis for the future strategic document in SRH (joint exercise with WHO) Cervical cancer

COAR 2015 –Policy and Advocacy: SRH Strategy: National Steering Committee on SRH was established composed by representatives of the national medical institutions, professional associations and civil society organizations. Draft document of the National SRH Strategy 2020 was developed and will be finalized in 2016 (as a result of two national workshops and stakeholders' meeting)

Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, independent team with support from the Ministry of Health, WHO and UNFPA: ³⁹⁰ The report offers a comprehensive picture of the achievements and deficiencies under the strategy. A number of accomplishments and issues as well as facilitating factors were noted in the evaluation regarding availability and use of family planning, HIV and SRH of adolescents and youth, the elderly and males. Since the evaluation data collection took place in 2014, covering two years of the Country Programme inputs as well as the previous CP, however, progress has been made in the last year to be noted in the CPE.

Clients reaching the services:

- RH services are structured around three levels of care and are mainly located in urban settlements. Given that 58.4% of population resides in rural areas³⁹¹, it is a major barrier to access.
- The PHCs do not issue medical prescriptions for contraception, thus women who do not qualify as the most vulnerable are referred to the district RH room, which may pose constraints for rural women and couples if they lack funds to travel and/or transportation means are seldom or at inappropriate hours.
- All people, irrespective of their health insurance status, have access to PHC services. Yet, only the insured have access to NHIC compensated drugs.

Services reaching the clients:

- Over 1,400 family doctors have been trained in FP service delivery, but there is no data to assess the degree to which doctors and nurses deliver FP services - interviewees indicated that service was limited to counseling and condom distribution
- In order to increase the accessibility of FP/RH services, the NRHS aimed at their integration into the PHC, however, at the end of the NRHS implementation, only about 19% of PHC facilities were providing FP services.
- Vulnerable groups have access to free contraception generally provided from two sources: UNFPA donations and public procurements with FMC funds, and their access to free contraception is facilitated by the Action Plan for Contraception Delivery to Vulnerable Groups at PHC level fully covered by NHIC funds and an MOH ordinance issued in August 2014 on collection of forecast data regarding contraception supply to vulnerable groups
- There is no clear-cut definition of all vulnerable groups who should have access to free contraception except those with health conditions increasing the risk of pregnancy. While socio-economic vulnerabilities are mentioned, there are too many categories, many of which are not well defined.

³⁹⁰ Final Evaluation report, National reproductive health strategy 2005–2015 in the Republic of Moldova, Borbala Koo, Mihail Stratila, Victoria Ciubotaru, with support from the Ministry of Health, WHO and UNFPA

³⁹¹ Monitoring Official Development Assistance (ODA) in health in Moldova, 2013 report, WHO and MOH

- There were neither discussions of the way to align categories of people having access to free contraception with available budgets nor strategies to mobilize additional resources, given that available funding may not be enough to cover their needs.

SRH availability and use:

- The methodological and training guidelines have been drafted for most priority areas under specific targeted projects funded by donors. Even if some lecturers adapted the content of their course programs for trainees to the aforesaid guidelines, some of the latter have not been formally integrated into the medical pre-service education system or in-service medical education curricula for colleges, universities or residency programs.
- An important step forward in service quality assurance was accomplished by MOH ordinance no.139 of 2010 on ensuring a healthcare service quality assurance system, whereby a service quality assurance system was set up
- Getting local communities and beneficiaries involved in these discussions is yet to become significant, as currently there is no making use of beneficiary consultation as to health service setup.
- The assessment indicated that university and post-university curricula mostly maintained their traditional approach. Those have not been adapted to NRHS provisions. Heightened attention was paid to certain areas, whereas others were ignored. Less attention was given to FP, STIs, specific needs of certain population groups (elderly, men) or development of communication skills.
- The selection of topics for continuous education curricula seem not to be driven by situation analysis or consultations, training needs assessment or emergence of new standards or practical guidelines. Health workers may collect the required number of credits for regular accreditation based on their own preferences.
- Even if there is clear evidence in the area of human resources of staff involvement in continuous education, healthcare facilities have neither clear-cut career development plans nor strategies for service quality assurance

Key informant contributions to developing the new strategy on SRH:

- The PHC's are the basis of new power as there was overconcentration of power in the center, the Ministry of Finance has to find funds for whatever appears in the strategy. There were huge meetings organized by UNFPA and there is now a national plan for the RH strategy
- There were a number of deficiencies regarding the former RH strategy but it should be considered that the MoH did not have partners for some of the strategies, and the evaluation should consider the many successes such as training of most of the staff; the MoH wants to have a continuous monitoring of the new strategy and be able to more effectively adjust activities and indicators if they are proving unrealistic – UNFPA support would be appreciated in M&E
- Based on findings from the evaluation of the strategy, UNFPA and WHO supported the development of a new strategy, which is taking a new more sensible approach, which is integrated and stresses accountability and quality and is going to be rolled out. When the strategic plan is drafted, and a costing exercise conducted, the MoH should make financial commitments for trainings and workshops and facilitators.

Clinical Guidelines development

CP output indicator 1.5. *Efficient mechanism to develop SRH guidelines according to international standards (Baseline: No; Target: Yes)*

Implementing partner: *Reproductive Health Training Center (RHTC)*

The interventions are part of the Regional Initiative on SRH Clinical Guidelines development, and Moldova was selected as Regional Training Hub for Russian speaking countries of the EECA region. The interventions were planned with the IP RHTC in 2015, however the work plan was amended and the interventions have been postponed until 2016 (due to resources and focus required for the development of the national programme on SRH). The expected results of the work plan with RHTC for 2016 includes: situation analysis of the SRH guideline development in the Republic of Moldova conducted and recommendations proposed; the new Regulation on SRH guidelines development is developed and approved by the MoH.

Key informant contributions to clinical guidelines development:

- There is an openness to revising the national guidelines and linking the process to regional initiatives. The Regional Office has promoted West to East transfer and through the MoH to soften the position of the ministry and need to show national willingness to follow EU standards and also collaboration with WHO at a regional level as well.

- The medical college has institutionalized SRH and FP and also for nurses in 3 colleges. There is an advanced TOT for the didactical staff by international experts, this is a mandatory part of the curriculum. There is still resistance to the methodologies - the evaluation was very alarming, “old school” thinking does not even correspond to clinical guidelines. The teaching curriculum is not always upgraded (for reasons such as someone needs to be paid extra to do this). UNFPA plans to address the issues through: a) regional cooperation; b) revision of clinical guidelines; c) adjustment to international standards A team of 4 Moldovan experts went to the UK for a TOT and already 2 regional trainings have been organized.

Strengthening Cervical cancer screening

CP Output indicator 1.4. *Cervical cancer screening is integrated into national strategic documents and implemented (Baseline: No; Target: Yes)*

Implementing partners: *Reproductive Health Training Center (only in 2013), National Health Insurance Company, UNFPA direct execution*

In 2013, UNFPA with IP Reproductive Health Training Center interventions in 2013 included the capacity estimate on cervical cancer screening and printing awareness raising materials on cervical cancer prevention. The materials were to be distributed to the general population during awareness raising campaigns.

In 2014, UNFPA with the support of the European Cervical Cancer Association has carried out the “Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova” with an 8-year plan of implementation of recommendations. Based on the assessment and a series of stakeholders’ meeting and workshops, the “National Action plan on the Implementation of Cervical Screening in Republic of Moldova for 2014-2015” has been approved by the Ministry of Health and the National Health Insurance Company, which includes interventions for building the capacities for PHC, colposcopy services and cytology. As a result of extensive advocacy, the Department for screening programmes has been established at the National Health Insurance Company who took the overall responsibility on the implementation and monitoring of the cervical screening programme.

With the IP National Health Insurance Company in 2015, new performance indicators were developed and capacity building interventions targeted staff of the National Health Insurance Company to increase their capacities in monitoring of performance indicators on cervical cancer screening. The cost of the screening services for all three levels of care (PHC service cytology, colposcopy service) was estimated and recommendations for reorganizing screening services were developed.

As part of UNFPA direct execution in 2014 and 2015, the Standard Operating Procedures for screening services, based on international guidelines, have been developed and approved by the MoH. Increasing the capacity of PHC staff in cervical screening included: (1) a national team of 20 experts was built by the Irish Cervical Cancer Screening Center; (2) curricula on cervical screening was adjusted to national level; (3) 100 regional PHC providers trained as focal point for cervical cancer screening. Increasing capacity on colposcopy included: (1) Evaluation of the colposcopy services and formulating recommendations for improving/reorganizing the colposcopy service were developed; (2) supporting international certification in colposcopy received by a national trainer provided by University of Rome; (3) targeting 16 health professionals to increase their skills and knowledge in colposcopy.

For 2016, UNFPA mobilized financial resources from the Swiss Agency for Development and Cooperation to increase capacities of 300 PHC service providers on cervical cancer screening under the leadership of the Ministry of Health, and in partnership with the national Health Insurance Company, European Association for cervical cancer prevention, State University of Medicine and Pharmacy, National College on Medicine and Pharmacy, Centre for Continuous Medical Education of the Medical and Pharmaceutical Personnel with secondary education, Irish Cervical Screening Programme “CervicalCheck” and WHO.

Progress on planned interventions: COAR 2013: In terms of cervical cancer prevention, using national expertise and linking with European partners, UNFPA assisted Moldova examine the current situation of the response to cervical cancer and design a national plan to enhance health services, reduce harms, improve cost-efficiency and improve coordination. Bringing together parliamentarians, the Ministry of Health, National Medical Insurance Company, the Institute of Oncology and practitioners, a clear understanding of the comprehensive processes required based on models from European countries as well as options for improvement were developed (Action Plan).

COAR 2014 - The “Capacity Assessment and Recommendations for a National Cervical Cancer Screening Program in the Republic of Moldova” has been produced to examine the current situation of the response to cervical cancer and design a national plan to enhance health services, reduce harms, improve cost-efficiency and improve coordination. .

The "National Action plan on the Implementation of Cervical Screening in Republic of Moldova for 2014-2015" has been approved by the Ministry of Health which includes interventions for building the capacities for PHC, colposcopy services and cytology. The coordination mechanism in the cervical cancer prevention has been improved. As a result of extensive advocacy, the Department for screening programmes has been established at the National Health Insurance Company who took the overall responsibility on the implementation and monitoring of the cervical screening programme. The Standard Operating Procedures (SOPs) for the screening services (Pap smear takers, cytology services and colposcopy services and pre-cancerous lesions treatment) have been developed based on the international and European guidelines.

COAR 2015 - **Policy and Advocacy** - Cervical cancer prevention: Evaluation of the implementation of the Action Plan for screening cervical 2014-2015 and development of Action Plan for next 2016-2017 years (for all components: PHC service, cytology, colposcopy service). New performance indicators have been developed and approved; 32 staff of the National Health Insurance Company increased their capacities in monitoring of performance indicators on cervical cancer screening. The cost of the screening services for all three levels of care (PHC service cytology, colposcopy service) was estimated and recommendations for reorganizing screening services were developed. . Standard Operating Procedures for screening services, based on international guidelines, developed and approved by the MoH Order no. 533 dated 06.25.2015. As a result of continuous advocacy, all women regardless of insurance status receive colposcopy services free of charge.

Increased **capacity of primary health care** in cervical screening: Capacity building ToT on cervical cancer screening for PHC is provided (1) a national team of 20 experts was built by the Irish Cervical Cancer Screening Center; (2) curricula on cervical screening was adjusted to national level; (3) 100 regional PHC providers trained as focal point for cervical cancer screening. Increased capacity on colposcopy: (1) Evaluation of the colposcopy services was carried out and recommendations for improving/reorganizing the colposcopy service were developed; (2) international certification in colposcopy received by a national trainer provided by University of Rome; (3) 16 health professionals increased their skills and knowledge in colposcopy.

Communications - UNFPA has worked to create demand generation by messages disseminated through all IPs. There was a European Week of Cancer Prevention and they put on flash mobs, also telling the human story. Overall results for cervical cancer to be expected in the CP are:

- RHTC and NHI – shifted training to government parties
- Changes in legislation for the age of women and frequency of screening
- Development of SOPs by the MoH, the way the service is to be provided
- Improvements in cytology, assessment already done
- Assessment in colposcopy has been carried out– both assessments will contribute to national processes
- At the end of the CP will look into data collection and monitoring and development of the screening registry; confidentiality of services need to be assured and accreditation of the institutions
- Communications – the rights based approach messages, telling women they have the right to be protected from cancer, and “savings on prevention” (UNFPA does not do informational campaigns in Moldova – only reminding them of their rights – in the training module, counselling has a rights based client oriented – this approach was started in 2011).

Key informants contributions regarding cervical cancer screening:

- UNFPA used international association which is in Brussels, to enlighten national experts and this has shifted the perspective of the national Institute for Oncology. UNFPA played a critical role with stakeholders and based on the assessment by the Government institutions, a plan for 2 years was agreed, the plan included the Irish Cervical Screening Programme supporting a TOT. The biggest issue is the quality of the services and the data, it is misleading, says 90% are covered by screening but this can't be true. There is a need to change the performance indicators because the follow up on the tests are very low, only 30-40%, because there is a fear of being diagnosed with cancer.
- At PHC level, the professionals may not be using the standards and there are data collection errors, so overall it is likely there will likely be an increase in incidence.
- In terms of the SDGs, universal access is a priority as a basis for moving forward on cervical cancer, it is the only preventable SR cancer and it is 10 times higher in Moldova than in neighboring countries,. European experts will have more impact. .
- Concern that cervical cancer is ranked as non-communicable under the SDGs (vis a vis the SDGs and the HPV vaccination)
- Cervical cancer – a joint round table with WHO and others in health. The MoH needs to clarify who will do what, the screening is not organized at all. The main priority is the

importance of the PHC in counselling and convincing women to be tested.

- Who is going to put the screening in place outside the system? UNFPA may need to take a stronger role, the HPV is not tested and the vaccination not yet approved.
- In the past the main area for training was safe abortion and post abortion care (2002-2005) they (RHTC) later trained for WHO on the strategic approach to strengthen services, UNFPA was always present. This training was very successful and the strategy is over last year. They did encourage post-abortion FP as well as pre-abortion counselling. They reached 70% of medical people through WHO/Soros/MoH.
- The whole screening and treatment system was against their rights to RH.. The Oncologists have not really changed their personal attitudes. There is a bit of discrepancy between what WHO says to oncologists, more supportive of their traditional ways, and what UNFPA is promoting. Why has WHO not imposed stronger standards? This creates confusion.
- No focus on this issue until 2009. In 2011, they had a survey to ID the health system priority to link the screening programs – 3 main actors, MoH, Institute of Oncology, after that there were regulating frameworks to assess the degree to which the population had access to screening and treatment. The key goal was to create a section at the National Health Insurance Company on M&E for the screening and then use the model for other programs. The Institute of Oncology participated in exchange of experience in Ireland but things do not change overnight, now there are tangible results
- The main points are that it is the job of the family doctor to prevent the disease, so they needed to amend the legislation to meet international standards. In 2014, they made a shorter plan 2015-2016 but not all implemented. They focused on four departments what the PHC has to do, what cytology and colposcopy do. So there are very good results and now the issue is the quality of services, there is a great gap at cytology and colposcopy. – the age was changed to 26-61 years – and once in three years, used to be once in 2 years but once in five is too long, this is a budgetary cost efficiency thing as well.
- What would speed the progress? The most effective way is to get better statistics, maybe only 50% detected, secondly to follow up the women, they have done a lot of work to prepare a registry and get it ready for the approval at ministry level, they need to change from the Romanofsky method to the Pap, the Russian method was used for diagnosis of other cancers as well, it is not totally effective for cervical. Georgia has changed to the Pap. Thirdly they need to build the cytology and colposcopy skills, there are 24 labs, some are good and some are not good. However, there are more than enough colposcopes – 54.
- Trained 120 family doctors, and also health centers, there are plans to train 300 more, this would not have been possible without UNFPA, the SOPs developed.
- Need to rectify the vision between UNFPA and WHO, they are different, WHO works in its areas of influence, lack of synchrony – each agency focuses on its own field, it creates confusion among the stakeholders; They are all entirely involved in the planning though.
- There is no organized screening for cervical cancer in Transnistria. It is believed that 50% of cases are not detected. The official mortality figures are 4.4% among all cancers, and breast cancer is higher at 9.9%. There are more breast cancer patients receiving treatment 1,090 compared to 620 for cervical cancer. Ob/gyn doctors receiving training in Russia a few years ago discovered that they had not been removing the pre-cancerous cervical lesions to a depth where they would be likely not to regrow, they have since changed the depth standards.

Integrating SRH in services for People Living with HIV

CP output indicator 1.2. Number of civil society organizations whose capacity is built by UNFPA to deliver integrated sexual and reproductive health services and HIV-prevention services to key populations and PLHIV (Baseline: 0 (2011); Target: 5)

Implementing partners: Positive Initiative

In 2013, UNFPA with IP Positive Initiative aimed to implement a needs assessment on Reproductive Health among People Living with HIV (PLWH) and psychoactive substance users (PSU) as well as a survey on the RH services provided to these groups by NGOs. The results of these assessments aimed to contribute to the identification of main challenges in accessing and delivering RH services as a basis for delivering integrated RH and HIV prevention services. Based on the assessment the interventions in 2014 aimed to improve institutional commitment and capacity of agencies providing services to PLWH and PSU, such as counselling, and awareness raising among the public. Interventions included development of a manual for counselling and referral, training, technical support and an information campaign “Car rally for life” including community meetings. In 2015, service standards for RHR were developed for NGOs and 10 national NGOs were selected to participate in capacity development including applying the standard and incorporating them into their manuals, monitoring their implementation and usage of information, education and communications (IEC) materials to improve the knowledge of PLWH and PSU. Another aim was to develop a common advocacy plan among the NGOs and a strategy to promote equitable access and referral services.

Progress on planned interventions: COAR 2013: The CO has supported two assessments among 8 NGOs and their beneficiaries: 1. Assessment of knowledge, attitudes and

needs of PSU and PLWH related to sexual and reproductive health; 2. Overview of services provided by NGOs working with PLWH and PSU, including sexual and reproductive health services. The results of the assessments will serve as a ground for the development of strategies and interventions to integrate the HIV/STIs prevention services with SRH services and build the capacities of national institutions to deliver these services. The barriers to reaching sex workers were classified as societal stigma, barriers to access to the sex workers, and resistance to use of condoms – or demand to access to unprotected sex by sex workers' clients.

COAR 2014 - 10 organizations working with PLHIV and PSU have increased their capacity and started to introduce services on SRH and rights for their beneficiaries 7 organizations working with PLHIV and PSU have developed and started implementing action plans (including performance indicators) on the implementation of SRH services and counselling, including referral system to public health services . A practical guide on provision of SRH services by community organizations for people living with HIV and PSU has been developed. Challenges: Reaching UNFPA indicator - increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF)

COAR 2015 - Integration of SRH and HIV services for PLHIV and PSU: Standards on integrated SRH services delivered by CSOs for PLHIV and PSU have been developed and incorporated into existing NGOs manuals and regulations, including M&E plan; 14 NGOs were trained in applying the Standards and monitoring the indicators. . Efficient referral mechanism and partnerships established between the 14 NGOs, including Regional Centres for PLWH, and health professionals of the RH cabinets and YFHC, as well as representatives of the local public administration (in Chisinau, Cahul, Comrat, Balti and Tiraspol). Beneficiaries of the CSOs working with PLHIV and PSU increased their knowledge on SRH, including family planning, through distribution of informative and education materials (for PLHIV, for PSU, for young people)

HIV prevention among truck drivers

CP output indicator: no specific indicator

Implementing partner: UNFPA direct execution

As part of the Regional Silk Road Initiative (Moldova, Turkey, Ukraine, Georgia), the “HIV prevention among truck drivers” implemented by UNFPA from 2013 – 2015 with the Ministry of Infrastructure and Transportation, National Coordination Council on HIV Programme, ILO, Association for Truck drivers, and the National Education Center for truck drivers, targeted truck drivers and sex workers. A report mapping programmes to target truck drivers formed the basis for establishing partnerships with stakeholders in Moldova and conducting a survey on knowledge, attitudes and practices among truck drivers on HIV issues with the results to be presented at national level as a tool for advocacy. Further interventions will be develop based on the findings of a Knowledge, Attitudes and Practices (KAP) study on HIV among truck drivers.

COAR 2015 – Regional Office Senior Advisor’s Recommendation on HIV prevention among key populations and truck drivers: 1. Strengthen the focus on HIV and key populations in country programming. Sex workers need to be a priority given their disproportionately high rates of HIV. UNFPA has a particular role to play in supporting community empowerment of sex workers: SWAN and/or TAMPEP might be considered to provide technical assistance. 2. Expand entry points for triple protection from HIV, STIs and unintended pregnancies among people who use drugs and their female partners. 3. Strengthen inclusion of young key populations into the broader adolescent sexual reproductive health programming to reduce their risk and vulnerability to HIV and promote and protect their human rights. 4. Advocate for the implementation tools on HIV and STI prevention and treatment for sex workers (SWIT), men who have sex with men MSMIT), people who use drugs (DUIT) and transgender people (TRANSIT) to be incorporated into the still draft National HIV and AIDS Strategy with budget allocations to fund the packages. 5. UNFPA is encouraged to contribute to the transition planning process moving from Global Fund financing to domestic resources. 6. Strengthening the partnership with Gender Doc M. Specifically explore the feasibility of: addressing the SRH needs of lesbian women; include the health needs of ageing gay men and other men who have sex with men and ageing sex workers in the wider work on ageing. 7. Consider dignity kits for sex workers living under the bridges in Chisinau. This is a departure from current UNFPA policy. However, the plight of these women warrants urgent intervention. 8. Develop a strong partnership with the truck driver’s programme on HIV prevention and male health and wellbeing.

COAR 2015 - The report on environmental scanning includes HIV Epidemic situation in the Republic of Moldova and nexus with commercial sex work, national response to HIV/AIDS epidemic, mapping out previously programmes targeting truck drivers, mapping out transport operators, main border crossing and rest points, identification of main actors and state regulations, mapping out current educational programmes in the field. Prevention of HIV among truck drivers as sex workers 1. Situation analysis/environmental scanning report on HIV prevention among truck drivers as customers of CSW. The report on environmental scanning includes HIV Epidemic situation in the Republic of Moldova

and nexus with commercial sex work, national response to HIV/AIDS epidemic, mapping out previously programmes targeting truck drivers, mapping out transport operators, main border crossing and rest points, identification of main actors and state regulations, mapping out current educational programmes in the field.

Established partnerships with the Moldovan stakeholders involved in the implementation of the actions of the initiative "Prevention of HIV Transmission", such as: Ministry of Transport and Road Infrastructure, National Agency for Transport Auto (ANTA), Union of Road Transporters and Road Workers in Moldova (UTD), International Association of Auto Transporters of Moldova (AITA) Training Centre of Staff for International Transportation (CIPTI). 3. Survey on Knowledge-Attitude- Practices among truck drivers on HIV issues in the Republic of Moldova. The aim of the survey was to assess drivers' knowledge, attitudes and behaviour practices with regard to HIV and risky behaviour. The results of the assessment will be presented at the national level to the stakeholders and Government as a tool of advocacy and design of further interventions (conceptualizing training modules, introduction of the module in the professional training programs, developing information materials) towards prevention of HIV among drivers and key population. The survey reflect the following issues: current knowledge and attitudes towards HIV/STI, behaviour patterns and sexual practices applied (especially with regard to sex workers), age, mobility patterns, workload and level of education of truck drivers, alcohol and drug use, perception of risks related to HIV/STI, condom use, desirable/preferred ways to receive prevention information and messages. The methodology and questionnaires were approved by the Reference Group established with the support of UNFPA, ILO which also included governmental partners (Ministry of Transport and Road Infrastructure, National Agency for Transport Auto (ANTA), Union of Road Transporters and Road Workers in Moldova (UTD), International Association of Auto Transporters of Moldova (AITA), Training Centre of Staff for International Transportation (CIPTI), health and education, Governmental Structures, NGOs active in HIV prevention and development partners.

Established partnerships with civil society organizations involved in working with key population, particularly with CSW. During September, 2015, work mission of Dr Jennifer Butler, Senior Advisor on HIV in EECARO, Istanbul, to Moldova was organized. The aims of the mission were to evaluation of the opportunities for future development of UNFPA interventions for key population (SCWs, drug users and MSM) and advance the agenda on HIV prevention, particularly on SWIT presentation (Sex Worker Implementation Tool) and MSM (Tool on Implementing HIV and STI Programmes with Men who have Sex with Men). During the mission, meetings with key population, stakeholders, and organizations involved in providing services to target groups as SCW, drug users, HIV infected persons, and MSM have been organized.

It was agreed a follow up mission would be undertaken in February 2016 of two weeks duration to work closely with community organizations and local health service providers. The follow up mission will focus on discussions with service providers and community members on their priorities, needs, and advocacy required with the government and other partners. This may include a consultation meeting bringing the community, NGOs, and government to discuss implementation.

Key informant contributions to HIV and STIs:

- The statistics are half of the problem, many people do not know their status as HIV positive or STI positive, there is a late detection of new cases, figure only 60% detected. In 2013, the idea of incorporating SRH for these people was new that they should strive to have this quality of life.
- The sustainability of interventions are low in terms of developing standards and regulations for PSU. There is little long term perspective, and no accreditation for NGOs so they can be paid from the state budget - this is a work in progress.
- Among PI umbrella, the various high risk sex groups are covered by different NGOs, including LGBT, who are the most discriminated against in Moldova, ahead of Muslims and PLHIV. The problem in Moldova is that people do not want to change their minds, they are stuck in a holding pattern.
- Action plans are needed to combat STIs There are excellent opportunities for small offices to be engaged in joint programmes - this is important for STIs –and for adolescents and youth
- There is a clear division of labor at global level on HIV and AIDS, there is an intergovernmental platform, CCM, 40% of CCM is from civil society, in Moldova UNPF, it is pillar 2, Transnistira has about 3,850 HIV positives (newly released number), but does not agree to have data as part of Moldova data.
- More formal education is needed for sex workers and MSMs, and public awareness – acceptance of HIV has decreased.

A.2.2 The national capacity to deliver integrated sexual and reproductive health (SRH) services, including family planning and HIV is strengthened (CP

<ul style="list-style-type: none"> • National electronic logistics management system for tracking contraceptive procurement and use is established. Baseline: none Target: 	<ul style="list-style-type: none"> • Assessments of training needs and training outcomes • Training records, curriculums and follow-up reporting 	<ul style="list-style-type: none"> • Document review • Training programme and materials review • Key informant and FGD with
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Output 1)	<p>system established</p> <ul style="list-style-type: none"> • Number of national staff trained in the logistics management information system; Baseline: 5 (2011); Target: 75 (CP Output indicator 1.1) • Number of civil society organizations whose capacity is built by UNFPA to deliver integrated SRH services and HIV-prevention services to key populations and people living with HIV; Baseline: 0 (2011); Target 5 (CP Output indicator 1.2) • Extent to which the curricula on FP for PHC providers (family doctors and nurses) has been institutionalized 	<ul style="list-style-type: none"> • National and Civil society organization staff who received training and other capacity inputs 	<p>key ministries, NGOs, and academic institutions</p> <ul style="list-style-type: none"> • Evaluation data collection site visits • FDG with trainees
<p>EQ 3 (Effectiveness - Population and Development) To what extent have the interventions supported by UNFPA in the field of Population and Development (PD) supported government and non-government stakeholders to better able to accelerate national policies and development agenda, through integration of evidence-based analysis on population dynamics with a focus on achieving the Millennium Development Goals?</p>			
<p>A 3.1 The national policies are strengthened through integration of rights based and evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality (From CP Outcome 4).</p>	<ul style="list-style-type: none"> • 2010 population and housing census - Baseline: no census; Target (2016): census undertaken successfully, providing reliable and credible data for policy formulation (CP Outcome Indicator) • Extent to which rights based analysis has been incorporated into formulation of national policies 	<ul style="list-style-type: none"> • AWP, COARs • Progress and monitoring reports of implementing partners • The staff of the National Bureau of Statistics (NBS), DRC • Representatives of UN agencies 	<ul style="list-style-type: none"> • Document review • Key Informant Interviews with NBS and other stakeholders • Key Informant Interviews with implementing partners, UN, donors and local authorities •
<p>Implementing Partner: National Bureau of Statistics, National Youth Council of Moldova.</p> <p>Progress on planned interventions:</p> <p>COAR 2014 - Moldovan PHC falls into the global 2010 Census Round in accordance with the UN recommendations. In addition, Government was also keen to develop proactively the standards to meet expectations for the 2020 Global Census Round.</p> <p>At national level, the supervisory authority was anchored in the National Census Commission, which provided the overall oversight of the 2014 PHC. The Census Commission included line ministers and head of the governmental agencies, as well as UNFPA and the Prime Minister chaired it. As a high-level national decision-making body, the Commission supervised the preparation process, i.e. required technical opinions, and confirmation of the adequacy of procedures. In consequence, Government of Moldova agreed to UNFPA's proposal to help it establish an International Technical Advisory Board (ITAB) to provide technical advice to NBS for the effective conduct of the PHC in Moldova.</p>			

Evaluation revealed that UNFPA was the Key Driving Force of the joint development partners' efforts in providing support for preparation and undertaken the PHC 2014. UNFPA provided substantial support to the Government of Moldova, particularly to the National Bureau of Statistics (NBS) in preparation and undertaken the Census in 2014. UNFPA mobilized up to \$1.2 million from Swiss Agency for Development and Cooperation (\$859,540.40), \$122,113.54 Government of Romania, \$10,000.00 UNICEF and UNDP. These funds were used for International Technical Advisory Board (ITAB), international consultant for overall census and communication campaign at local level (Romanian Government funds), training of all enumerators and conducting for the first-time a Post-Enumeration Survey (SDC & UNICEF) and mobilized several international consultants who provided technical assistance on at different phases of census.

Three guidance meetings of ITAB were held before the Census and one after the Census, which provided tailored expertise to the NBS advice on technical, logistical, and administrative issues concerning the implementation of the 2014 PHC based on good practices and international experience.

Training methodology and manuals were developed by NBS with support of an International Consultants and enumerators were trained properly. An innovative informational "Door to Door" campaign on PHC was carried out by the National Youth Council of Moldova (CNTM) in 16 rayons of the country, being covered around 1/3 about population, especially the most vulnerable groups and minorities. The main activities included: (i) information campaign in 14 target rayons, (ii) Census educational campaign in the universities in 6 rayons; and (iii) Contest for journalists. CNTM helped to fill the information gap by delivering an innovative "Door to Door" campaign on the PHC carried out in 16 rayons of the country and covering around 1/3 of population, especially the vulnerable groups and minorities and organized several public events, such as: press conference at local and national level, have actively participated at national and local TV, radio stations, written press. The National Contest for Journalists and Bloggers involved national and local journalists in promoting and writing about Census in Moldova. This was the unique objective national informational campaign on stimulation of participation to the PHC, implemented in partnership with NBS. The weak experience in the NBS in planning and conducting communication campaigns influenced the overall process of communication and information about the census. The NBS staff trained 14,264 local enumerators responsible for collecting PHC data, using methodology and manuals previously developed with the support of international consultants. However, the skills of the enumerators were not fully developed to undertake the tasks, even though they were evaluated against a check-list developed by UNFPA and agreed by NBS

Results Achieved:

As a results of the capacity building interventions delivered by ITAB/UNFPA and being supported by above mentioned international development partners, it can be concluded that the National Bureau of Statistics (NBS) has benefitted of substantial capacity building support and increased its capacities. The PHC methodology and data collection tools (such as questionnaire) were improved, also due to the ITAB input.

Census was undertaken within planned timeframe, but key informants hesitate to assess it as successful, as it generated dissatisfaction and disappointment with the census preparation (lack of communication strategy and insufficient involvement of the NBS in communication campaign), development (insufficient coverage) and data processing (after two years of undertaken PHC there are no yet the official data).

(See the Challenges below). Moldova has undertaken for the first time ever the Post-Enumeration Survey (PES), as a main instrument for evaluation of census data collection and coverage. The PES methodology included mobile teams in 90 Enumeration Areas in different regions of the country. An international consultant provided permanent support to NBS staff in elaboration of the methodology and questionnaires and guidance on data processing. In October 2014, another international consultant has been contracted to build NBS capacities in using CS Pro software, for entering of the PES questionnaires. ITAB noted that compared to 2004 Census, the quality of data collection process was increased in 2014, however the coverage was poor, especially in the Chisinau and Balti municipalities.

The national ownership on the PHC 2014 was demonstrated by the financial contribution from domestic budget.

Thus, about 93% (73,3 million MDL) from the total Census budget (78,6 million MDL) was covered from domestic budget and 7% (5.3 million MDL) from donors (Swiss Agency for Development and Cooperation, Romanian Government and UN).

Challenges:

Preparation and undertaken the 2014 PHC exercise proved to be challenging and most of the ITAB input was not incorporated by NBS, due to different reasons, including insufficient political will/resistance to change and top management related issues.

Preparation for 2014 PHC

As states COAR 2014, the initial Work Plan and timeframe were changed, considering that Parliament postponed the enumeration period by one month. In the overall Census process, NBS has taken efforts in the implementation of Census operations at acceptable standards, although there are still gaps in terms of staff capacities, internal communications and management.

Evaluation shows that the NBS failed to develop and implement an effective and efficient communication strategy. NBS involved Public Broadcasting Company “Moldova 1”, but the informational spots about the PHC were not broadcasted during prime time this affected the effects of the informational efforts. As for the quality of the informational spots – it is questioned by majority of interviewed stakeholders. CNTM got involved delivering the above-mentioned informational campaign, but it proved to be insufficient, as recognized several stakeholders consulted during the UNFPA CP evaluation mission. Lack of experienced personnel in planning and conducting communication campaigns has influenced the overall process of communication and information about the Census. The NBS was not sufficiently sensitive to the public messages on the census process and quality of census awareness.

NBS staff trained censors, without benefiting of TOT on how to train censors. However, they benefited of relevant support materials, which proved to be insufficient for a qualitative training of censors. This is a gap in the capacity building of the NBS, which influenced the capacity building of the censors.

PHC development

- During the Census NBS had to confront one unexpected issue- up to 30% of the censors from Chisinau and Balti were giving up and this generated problems of poor coverage, especially in Chisinau and Balti municipalities.
- PHC development revealed that many of the population were not informed about the Census and were reluctant to open the door.
- Some enumerators were filling in the questionnaires with the pencil (which is not allowed) instead of using the pen, as they were informed/trained.
- COAR 2014 highlights one more sensitive issue– “Census informational campaign ran in the same year as the parliamentary elections in Moldova and this fact brought the ethical aspects in front of local coordinators and representatives. It was essential that each local representative understood the right purpose of the census informational campaign and avoids using this project in some political purposes”.

PHC data processing

- NBS has no statistical data processing software and this influenced the data processing and, as remarks COAR 2014 - in response to that, additional technical, and mainly financial (17 mln MDL) assistance was requested by NBS from the international development partners. The international development partners did not support this request.
- The greatest disappointment was generated by this stage, i.e data processing and publication, because the data of Census was not processed in the period of 2014-March 2016. Thus, there are delays in data processing and, therefore it can not be assessed extent to which the PHC provided the reliable and credible data for policy formulation.
- Political instability has influenced the advocacy actions for evidence-based policies on Population and Development. No progress in data processing of the 2014 PHC during 2014 and 2015 years. Prime Minister Office has taken leadership on this issue, however, during 2015 Moldova had 5 Prime Ministers, which influenced the overall leadership and commitment of the Government in providing domestic budget allocations for starting data processing of census questionnaires.
- At the moment of the UNFPA Country Program (2013-2017) evaluation, the NBS started manually processing the data and about 190 operators are manually introducing the data of the PHC.

Lessons Learnt: ITAB provided a significant amount of technical advice, which demonstrably enabled the Government in meeting international statistical standards. National institutions responsible for Census should have a concrete Strategy and Action Plan for carrying out the Census, based on which ITAB members could provide their inputs on the Census progress.

Assessment of the legal framework, action plan and budget was essential for beginning discussions in the first ITAB meeting. Communication campaign is crucial in ensuring citizens' participation in the census and should not be underestimated in any case because it directly affects the results. The key-messages should be focused on explaining the Census's process and its benefits for citizens. Such a campaign needs to start well in advance of the enumeration phase.

Informational campaign “Door to Door” lead by the CNTM was one of the main instruments for promotion of non-partisan key-messages related to census. Coverage during this campaign of the most vulnerable groups and minorities increased the level of information at local level, but still was not sufficient. Enumerators should be better trained by NBS and incentives should be more consistent, in order to decrease drop out rate.

Key informants contributions:

In terms of the census, it should have been comprehensive, should have started in 2013 to raise awareness, people did not see their duties, no one in the village visited by the census. The public TV has many debates but there seemed no interest in providing and Census awareness campaign. UNFPA provided valuable support in preparation the Census, it brought international technical expertise and improved the PHC methodology and tools. The top management of NBS did not expressed sufficient will to prepare and undertake adequately and process the data of the PHC. The management related issues affected the development of the PHC and it seemed the true reason for the census was that it was needed by international partners, just conducted for the sake of conducting it.

In terms of resources for the CP, the census the UNFPA team managed to raise funds from Romanian Embassy, CDA, Swiss Direction for Cooperation and UNDP, it was catalytic and they were all responsible for trying to raise funds.

<p>A 3.2 National capacity to produce, utilize and disseminate data to contribute to evidence and rights-based policy formulation and implementation is enhanced (From Output 4)</p>	<ul style="list-style-type: none"> • Number of research studies in demographic analysis and policy implications - Baseline: 1 per year (2011); Target: 5 per year (CP Output 4.1) • Number of annual graduates of master’s programme on demography and family policy - Baseline: 14 (2011); Target: 30 (CP Output: 4.2) • Policy and/or road map on ageing is endorsed by the Government - Baseline: under development (2011); Target: policy endorsement (CP Output 4.3) • Number of policy recommendations for mainstreaming of elderly rights - Baseline: 1 per year (2014); Target: 4 per year (2017 (CP Output 4.4) • National Action Plans on Demographic Security and Ageing are evidenced and rights-based - Baseline: No (2015); Target: Yes (2017) (CP Output 4.5) 	<ul style="list-style-type: none"> • AWP, COARs • Progress and monitoring reports of implementing partners • Research studies • (Lists of) graduates of Master Program on demography and family policy • Policy and Roadmap on Aging • The representatives of NBS who produce and disseminated the data and representatives of data users (ministries, NGOs) 	<ul style="list-style-type: none"> • Document review • Donors’ reports • Key Informant Interviews with Ministry of Health and other stakeholders • Key Informant Interviews with NGOs, UN, donors and local authorities • FGD with beneficiaries
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CP Output Indicator 4.1: *Number of research studies in demographic analysis and policy implications.* Baseline: 1 per year (2011); Target: 5 per year. Implementing Partner: Demographic Research Center

Progress on planned interventions:

UNFPA provided a valuable support in creation of the Demographic Research Center (DRC). Evaluation revealed that DRC increased its expertise, mainly as the result of capacity building input supported by UNFPA /Charles University, Czech Republic

UNFPA supported in creating and organizational strengthening of the DRC which was created in 2013 by the National Institute for Economic Research. The DRC increased its technical expertise in demographic research, as the result of interventions organized by UNFPA, such as: the consultancy mission from Czech Government/Charles University which developed the concept of DRC in Moldova; the training course on population projections conducted by Max Plank Institute (Germany); language courses; and participation at UNFPA EECARO trainings on P&D conducted by High School of Economics (HSE) from Moscow. The DRC staff effectively shared their experience with the international academic community through participation of six researchers in regional and international workshops and conferences with the aim of promoting the results achieved by the DRC to international audiences.

UNFPA played an active role in the UN Joint Project (with UNDP, UN Women, UNFPA, UNICEF and ILO) “*Strengthening the National Statistical System in Moldova*” coordinating external support on the Population and Housing Census (PHC) engaging international technical expertise on demographic and statistical issues for enabling the NBS to perform its role of coordinating the statistical system ensuring standards to statistical production, and providing relevant, accurate, timely, comparable, coherent and complete statistical data.

COAR 2015 - UNFPA supported DRC staff in strengthening their capacity and sharing experience with the international academia community in the field of demography through participating of 6 researchers in regional and international demographic trainings and conferences with the aim to promote within international academia community the results achieved by the DRC. The website of the DRC was improved and includes an online survey which can be used in developing further research.

A national workshop on Family Policy was held with UNDESA support, to analyze the current international experience in responding to changes in family structures and identified policy implications for Moldova in line with the national context and aspirations. This event provided international experience on the content of appropriate family policy frameworks and its cross-sectorial implications. Facilitating factors and constraints which influence the process of fulfilling the family functions in Moldova and its correlation with population dynamics were identified, as well as a number of existing aspects of policy and projects that fall under the overall framework of family policies.

As follow-up, a comprehensive Report with existing data on family and data gaps for a national programme on family was developed the 2011 UNDESA Report on policy framework on family in the Moldova was updated. Ministry of Labour, Social Protection and Family has taken leadership on this issue and created a Working Group for development a Road Map on Family Policy in Moldova.

Results Achieved:

The Demographic Research Center was created in 2013 and its organizational capacities and technical expertise in P&D were consolidated mostly during 2013-2014. DRC became the main research actor on on population dynamics issues.

Starting with 2015, has launched a new mechanism of working with DRC by improving the linkages between academia and policy makers. In this regard, DRC has launched two new tools – Demographic Barometers (analysis of the status quo) and Policy Papers (providing recommendations for decision makers).

COARs 2013/2014 - ICPD Report, intensive training in partnership with MaxPlan Institute, other type of support, such as English courses, capacity building of DRC as a result of participation at UNFPA EECARO trainings on P&D conducted by High School of Economics (HSE). DRC participation in regional and international development events aiming exchange of experience in P&D.

COAR 2015 -Three Demographic Barometers on (1) Population; (2) Quality of Life of Elderly and (3) Youth were developed and presented to policy makers, civil society organizations and mass- media in support of evidence-based people-centred P&D policies. The research tool supported by UNFPA and developed by the DRC aims to provide new, accurate facts and findings based on research, a wide range of topics and scientific results, representing an important support in raising public opinion and decision-makers awareness on demographic changes and its socio-economic involvements.

Three Policy Papers (PP) on (1) Pregnancy in Adolescence; (2) Healthy Life Expectancy and (3) Youth Index developed and presented by CNTM to policy makers, CSOs, academia and mass-media in providing policy options for advancing ICPD agenda in Moldova. The aim of the PP is to provide policy options in advancing ICPD beyond 2014 agenda for evidence-based people-centred policies, based on research and in-depth analysis in the field of P&D.

The methodology for elaboration of the integrated territorial indicator on demographic security was updated and a PP on this indicator is being prepared for the next meeting of

the National Commission on P&D. This integrated indicator is the main tool in measuring progress in each region of the country in implementation of the National Programme on Demographic Security 2011 – 2025.

Two Bulletins on P&D were developed and shared with stakeholders for promotion of research and scientific analysis in the field of demography. The bulletin is a tool used for dissemination of scientific results of the demographic community and informing the relevant authorities and public awareness about the dynamics of demographic processes in Moldova. Since 2016, DRC has taken full responsibility in developing the PD Bulletin in electronic version, without UNFPA financial support.

Population Situation Analysis was developed by DRC, under overall leadership of the National Commission on P&D and represents an assessment of the current situation of the demographic sector in order to be used as a national benchmark instrument on population dynamics for identification of key issues and population groups where existing policies may need revision.

There is a link between two outputs of the UNFPA CP, particularly Master Program in Demography and family policy and the DRC, because 5 of the DRC team members are undertaking the Master Degree Course in the Academy of Economic Studies. This represents a good example of interaction of the CP outputs.

Supporting Documents: Demographic Barometer on Population; Demographic Barometer on Youth; Demographic Barometer on Quality of Life of Elderly. Policy Paper Healthy Life Expectancy;

DRC has assessed the ICPD implementation progress 20 years after Cairo and presented the Moldova's results in a comprehensive research and presented it at the World Population Day, with participation of academia community, mass-media and representatives of international organizations. Three representatives of MFAE participated at the UNGASS, presenting national priorities in the framework of ICPD beyond 2014. In preparation for the UNGASS, MFAEI organized a consultation meeting with National Commission for P&D for identifying main priorities, which should be presented at the UNGASS.

Challenges:

DRC is willing to serve as a research institute and do not perceive themselves influencing the policy making and policy implementation. This represents a challenge, which should be tackled with in the future. Otherwise, it will considerably affect and reduce the effects on the interventions on the policy making.

Evaluation revealed that the DRC does not involve other national experts (for instance, in gender or youth area) in the research studies and this could affect the local expertise development and ownership.

The DRC is seeking larger economic studies directly linked to its areas of expertise, rather than smaller studies where it does not have sufficient expertise. While this perspective may affect some future demographic related assignments, other cooperation opportunities may be possible on youth economic empowerment issues, which could be envisaged by the next UNFPA Country Program.

Lessons Learnt:

The academic community still needs to link its research activities with policy makers. Cooperation between Demographic Research Center and Parliamentary commission on social protection, health and family in providing evidence-based policies on P&D should be reinforced. The DRC cooperates well with the National Commission on Population and Development which is the main Governmental body in the area of population and development and this is an important key success factor in boosting the research in population dynamics. The DRC and National Commission for Population and Development websites were improved through UNFPA support, which increased the visibility of the P&D issues by highlighting all the products developed during the collaboration with UNFPA, such as: Demographic Barometers, P&D Newsletters, Active Ageing Index, other researches and publications and the online surveys on P&D issues.

Cooperation of DRC and UNFPA with the Parliamentary Commission on Social Protection, Health and Family should be strengthened, because there is a critical gap in transferring evidence-based information to the Commission. In this regard, periodic meetings are important between the Parliamentary Commission and the DRC and including other UNFPA policy implementing partners and could help to fill this gap.

CP Output Indicator 4.2: *Number of annual graduates of master's programme on demography and family policy. Baseline: 14 (2011); Target: 30*

Implementing Partner: Academy of Economic Studies of Moldova.

The overall responsibility for this target is taken by national authorities, particularly by the Academy of Economic Studies with support from Czech Republic. It implies of annual graduates of master's programme on (1) Demography and (2) Family Counselling. A productive cooperation between UNFPA, Czech Development Assistance - Charles University and Academy of Economic Studies is the Key Driving Force. The students are equipped with the informational materials; the experts from Czech Republic are regularly delivering lectures for Moldovan students.

Results achieved.

DRC is fully supported by national budget and it has a 4-year action plan with research to be developed and this represents an sustainability prospect. In addition, new instruments for research have been developed (Demographic Barometer, Policy Papers) in order to support decision makers, especially National Commission on Population and Development.

Since 2016, the P&D Bulletin is being developed in electronic version only by the DRC, without financial and / or technical support of UNFPA. This can be assessed as part of the UNFPA efforts in taking national ownership on the outputs previously developed / supported by UNFPA (exit-strategy).

Evaluation proves that 21 new students were enrolled for the MA on Demography and the annual target of 15 students has been exceeded in 2015. Productive cooperation between Charles University and Academy of Economic Studies (AES), and especially fellowship offered by the Government of the Czech Republic increased attractiveness of the program and the average mark of students was improved (from 7,4 up to 8,3).

As for the Family counselling there are 19 students undertaking Master program.

Challenges.

Czech Development Assistance (CDA) is not committed to support the Program and it is not clear the sustainability of the output.

Therefore key informant questioning the maintenance of the actual 20 scholarships for Master on Demography provided by the Government.

Another challenge is related to unclear employment perspectives of the graduates of the Master program. There is a need to advocate for having one expert on Demography within the majority of the line ministries. This idea was expressed by the AES experts and was supported by several consulted stakeholders.

CP Output indicator 4.3 *Policy and/or Road Map on Ageing is endorsed by the Government. Baseline: under development (2011); Target: policy endorsement*

Implementing Partner: HelpAge International and DRC

Progress on planned interventions and results achieved:

The Active Ageing Index has been developed with the aim to extend the European Union experience in measuring the ageing policies at national level for evidence-based ageing policies. The preliminary findings were presented by the DRC at the UNECE Seminar on Active Ageing Index in Geneva. The Active Ageing Index is aimed to reflect the AA tendencies and to better inform Moldovan policymakers and other relevant actors, such as: UNFPA, HAI, DRC etc. According to the UNECE, Moldova is the first non-EU country that developed the Active Ageing Index and during the workshop was presented as a positive example on how to adapt the Index in the non-EU countries.

About 60 key government stakeholders, civil society, academia and media increased their awareness and were sensitised about violence and abuse of older people.

COAR 2015 The wider audience that uses electronic media was informed on the issue of violence and abuse of elderly through the web, print and video infographics. The infographics incorporated the information from 10 chapters of the full research report and are the following: 1) Breaking the silence: Elder abuse in Moldova, 2) Attitudes and perceptions towards older people and ageing; 3) Respecting the rights of older people to a decent living 4) Discrimination and abuse of older people in access to healthcare 5) Access of older people to social protection and social assistance; 6) Older people and intergenerational relations; 7) Profile of an older person-victim and the perpetrator; 8) Older people employment, social participation and volunteering. Annual campaign - Age Demands Action was successfully conducted by HAI without UNFPA financial support, as part of our exit-strategy.

COAR 2014 – About 50 representatives from local public authorities and NGOs working with / for elderly trained on improving their services for elderly, based on the Romanian experience in applying active ageing principles. A qualitative and quantitative research on elderly abuse has been developed by the HAI and DRC with UNFPA support. The

research findings have been presented to the Members of the National Commission for P &D.

COAR 2015 23 journalists (including from Transnistriam region and Gagauzia) were trained in the field of demography to ensure efficient communication of the ICPD agenda to the general public and UNFPA target-groups. The training programme gave the attendees necessary tools and techniques to highlight the area of ageing and older people and ICPD agenda in the media they represent. The training was found useful and necessary by the attendees. Curriculum for journalist on population and development was developed and applied within the Advanced School of Journalism, based on the UNFPA partnership with Center for Independent Journalism. 2 Press Clubs on GBV and Youth conducted with the aim to boost capacity of the journalist community in communicating ICPD agenda.

Challenges:

As specifies COAR 2015 - Some specific challenges are related to unavailable data. Thus, indicators for calculating Active Ageing Index, which are aligned to the Eurostat surveys and out of 22 indicators, Moldova has available data only for 13 indicators. In this regard, additional research is required.

CP Output indicator 4.4. *Number of policy recommendations for mainstreaming of elderly rights* Baseline: 1 per year (2014); Target: 4 per year (2017)

The implementing partners HelpAge International (HAI) and DRC with the support of UNFPA and World Bank have undertaken a research (November 2015) on elderly abuse in Moldova. The research revealed that about 28% of elderly people in Moldova are abused.

HAI with other elderly people's organizations delivered several Social Theatres on elderly abuse in different regions of Moldova raising awareness of the population about this issue.

UNFPA in partnership with MLSPF have conducted a large consultation (social workers working with elderly at local level and civil servants) around the mainstreaming methodology and National Commission on Population and Development has taken ownership of this tool.

The civil servants from central authorities were trained on how to apply this methodology in their sectorial policies. The methodology has been also presented during the UNECE Working Group on Ageing and is considered by several international experts as a concrete tool on how to mainstream ageing into sectorial policies.

It was decided to develop a specific methodology on mainstreaming the Ageing in sectorial policies.

HAI is applying the age mainstreaming methodology in three pilot areas:

- Labour Market (implementing partner - Ministry of Labour, Social Protection and Family)
- Healthy lifestyle (implementing partner- Ministry of Health)
- Sport (Implementing partner – Ministry of Youth and Sports)

Methodology on mainstreaming ageing is developed and validated by the National Commission on P&D.

16 community based organizations and think tanks formed in 2015 the National Platform on Active Ageing (PAA) with the goal to advocate for the rights of older people in Moldova. The needs assessment methodology and the questionnaire for the assessment of the NGOs was developed and applied. The methodology will be used by HAI staff for assessment of other members that may want to become members of the PAA developed a conceptual and functional structure of the network, discussed the goal and role of the Platform and its Action Plan for 2016.

A total of 348 persons – (306 women, 48 men, 24 younger people of 18-30) increased their awareness about pension age of women to reach the level of met (from 57 to 62) within a public debates and 13 community level round table meetings on the topic "I am a woman: what age do I retire at?".

Challenges:

The expectations of PAA members are very high from PAA. It will be challenging to mainstream grass roots level problems into the policy development

PAA has weak capacity/needs capacity building. The ability of OP to mainstreaming ageing in sectorial policies is weak. Members of the PAA are not yet actively involved in advocacy activities due to lack of experience and knowledge. It's recommended to continue capacity building and to link them with mainstreaming ageing into sectorial policies.

Some of the members of PAA consulted during the evaluation field mission are not familiar with UNFPA mandate.

As specifies COAR 2015 - Some specific challenges are related to unavailable data. Thus, indicators for calculating Active Ageing Index, which are aligned to the Eurostat surveys and out of 22 indicators, Moldova has available data only for 9 indicators. In this regard, additional research is required.

Lessons Learnt: Mainstreaming ageing into sectorial policies is a comprehensive process, which need disaggregated data and policy analysis skills both from civil society and civil servants.

It is important to facilitate communication and interaction between different actors at policy level for active involvement of the Platform for Active Ageing in decision-making process. This might require additional capacity building and coaching from HAI and Ministry of Labour, Social Protection and Family (MLSPF).

COAR 2015 - 12 out of 15 NGOs of the PAA improved their capacity in the areas of (i) strategic problem identification and analysis aimed at developing community projects for the elderly and (ii) community mobilisation strategy, community participation, empowerment and decision-making with the participation of the elderly.

In 2015, UNFPA Moldova CO in partnership with its national counterparts launched a new initiative for evidence-based policy advice in mainstreaming ageing into sectorial policies which facilitates implementation of policy documents on ageing and integration of elderly rights and needs in the public policies.

The strategy consist of involving academia, CSOs, mass-media and Government in developing evidence-based policy recommendations in mainstreaming ageing into sectorial policies. In this regard, it was developed the methodology for mainstreaming ageing into sectorial policies which is applied by both CSOs and line Ministries in developing and reviewing any public policies, which facilitates integration of elderly rights as an cross-cutting issue in policies, considering demographic ageing in the Republic of Moldova (in 2014 ageing coefficient was 16.1%).

To ensure that these policy recommendations are integrated into the public policy, 16 NGOs, with the UNFPA CO support, founded the Platform on Active Ageing with the goal to advocate for the rights of older people in Moldova. A set of researches on elderly, including a Demographic Barometer and a qualitative and quantitative research were conducted to provide more disaggregated data on elderly (academia), a new course on Population and Development was developed and conducted for journalists and incorporated into official curricula of the Advanced School of Journalism from Moldova (mass-media) and permanent training and support to Platform for Active Ageing were provided (CSOs).

Policy recommendations provided as a result of applying mainstreaming methodology underlines the importance of dealing with ageing and both Government and Parliaments are moving forward this agenda by monitoring implementation process of ageing policies and organizing public hearings on the subject. Analytical notes on elderly, developed based on the mainstreaming methodology and researches, helps policy makers to formulate evidence-based policies which affects elderly, mass-media have capacity to communicate in a people-center manner about these data, CSOs have capacity to advocate for elderly rights nationally and locally and development partners (including World Bank and UN Women) are more sensitive to this subject.

CP Output indicator 4.5 *National Action Plans on Demographic Security and Ageing are evidenced and rights-based* Baseline: No (2015); Target: Yes (2017)
Implementing Partner – DRC

Progress on planned interventions and results achieved:

Public consultations for MIPAA Evaluation, conducted by HelpAge International UNFPA Regional Office established an International Advisory Panel on Population and Development for Eastern Europe and Central Asia (IAPPD-EECA). The purpose of the panel is to further support countries and to foster continued cooperation between institutions in the region.

Given its strong interest and practice in population and development (including the existence of the National Commission on Population and Development), and the important national processes that will take place during 2016, Republic of Moldova is considered as the first country to benefit from this expertise.

The first meeting of IAPPD-Moldova took place on 21st – 22nd April 2016 aiming to assist Government of the Republic of Moldova and the National Commission on Population and Development with advice on prioritizing investments needed to develop Moldova's human capital given scarce resources and economic realities in Moldova. As a high-level national decision-making body, the National Commission on Population and Development was able to benefit from high-quality technical opinions, international expertise and

examples of good practices in the field of population and development and sexual and reproductive health, including fertility. IAPPD-Moldova was comprised of 4 eminent experts in the area of demography, fertility, ageing and social policies and the Panel was chaired by UNFPA Regional Deputy Director. The IAPPD-Moldova members provided their feedback to the 3 UNFPA Regional Office established an International Advisory Panel on Population and Development for Eastern Europe and Central Asia (IAPPD-EECA). The purpose of the panel is to further support countries

Implementation of Moldova's commitments related to Ageing was included in the Programme for Integration of Ageing issues into policies and its Action Plan on implementation of the Road Map for mainstreaming ageing in policies for 2014 – 2016, adopted by the Government of Moldova in June 2014.

UNFPA has provided support to MLSPF in elaboration of a more specific, measurable and a budgeted Action Plan for mainstreaming ageing into sectorial policies. The Action Plan is the main instrument for ensuring the mainstreaming of ageing in sectorial policies. UNFPA provided support to the MLSPF in organizing and conducting the UNDESA mission in Moldova. This mission allowed to the Government of Moldova to assess the (1) extent to which the macro-economic policy framework of the Republic of Moldova (EU Association Agreement, National Development Strategy "Moldova 2020", National State Budget) responds to the population dynamics and vice-versa; (2) extent to which the population related policies (such as the National Programme on Demographic Security 2011 – 2025, Road Map on Ageing and its Action Plan) are taken into consideration in the economic development and (3) providing recommendations and guidance for further actions required in order to ensure convergence between economy and population dynamics. In addition, based on the UNDESA mission, is was analyzed the correlation of the Madrid International Plan of Action on Ageing (MIPAA), Road Map on Ageing and its Action Plan on mainstreaming ageing into sectorial policies with the national pension system reform and providing specific recommendations for ensuring their convergence in response to an ageing population of the Republic of Moldova. This indicators refers to the evaluation of the Madrid International Action Plan on Ageing and Road Map on Ageing + National Programme on Demographic Security. Both evaluations have started early this year and I am attaching once again Inception Reports. Therefore, at this indicator is important to provide data on the evaluation process of these two policy documents (MIPAA/Road Map on Ageing and National Programme on Demographic Security). The fact that it was created an Evaluation Reference Group by the MoLSP and their commitment to adjust these policies in order to respond to the population dynamics.

Challenges:

Lack of national expertise in the field of Ageing policies.

Lack of strong civil society organizations at local level working with elderly. Poor collaboration between academia and policy makers for ensuring evidence-based policies. Weak academic sector in demography and lack of motivation among students to study demography. General "misunderstanding" of "population" remains as numbers not quality.

Lessons Learnt: Collaboration between different stakeholders involved in the field of P&D should be strengthened. Academia sector should be more involved in developing, monitoring and evaluation of national policy framework. The role of National Commission for P&D should be increased in advocating ICPD agenda at national level and formulation of national priorities in the field of P&D.

Strengthening national ownership (including of civil society organizations) in promotion of the ICPD beyond 2014 agenda. Broader and deeper partnerships with other institutions (East-East partnerships) can have a positive effect on strengthening national capacities and confidence.

EQ 4: (Effectiveness: Adolescents and youth) To what extent have the interventions supported by UNFPA on behalf of adolescents and youth contributed to increasing the national capacities to develop evidenced-based policies for youth, including access to comprehensive sexuality information in and out of school?

<p>A.4.1 The priority on adolescents increased, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality information and sexual and reproductive health services (From CP Outcome 2)</p>	<ul style="list-style-type: none"> • Contribution to national outcome indicator: Percentage of youth aged 15-24 who have comprehensive knowledge on HIV and AIDS – Baseline: 38.2% (2010); Target: 50% (UNPF tracking) • Contribution to national outcome indicator: HIV prevalence in youth aged 15-24 per 100,000 population – Baseline: 19.58 (2009); Target:17.00 (Ministry of Health annual data) • Evidence of contribution to national policy development on adolescents and youth 	<ul style="list-style-type: none"> • AWP and SRPs • UNPF Tracking • Ministry of Health annual data • Progress and monitoring reports of implementing partners • Youth who received trainings and benefited of relevant information about reproductive health and sexuality information • National development policies and programs for adolescents and youth 	<ul style="list-style-type: none"> • Desk review • Key Informant Interviews with Ministry of Youth and Sports, Ministry of Health and other stakeholders • Key Informant Interviews with NGOs, UN, donors and local authorities • FGD with beneficiaries Y-Peer
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Outcome indicator 2. The priority on adolescents increased, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality information and sexual and reproductive health services.

Progress and results achieved:

UNFPA has contributed substantially to increasing the priority of adolescents and youth in national development policies particularly increased access to sexuality information and services, and identifying and filling gaps in data to track youth development. UNFPA has contributed to improve youth policies by evaluating National Youth Strategy and promoting evidence-based recommendations, which were mostly integrated in new Youth Sector Development Strategy 2020, as well as Development and active promotion of the Youth Gap Index tool and Policy Brief and mainstreaming youth priorities into sectorial policies and strategies.

Capacities of national stakeholders on youth evidence-based policies have been increased through and exchange of experience and learning from international expertise (for instance National Conference on Adolescents Health).

Capacities of 60 specialists on youth from local public administrations have been increased through comprehensive 5-module training on development and implementation of youth policies, including: youth participation in the decision making process, non-formal education, institutional development and advocacy for youth participation, etc.

Participation of young people in the decision making process has been included in the list of priorities presented by Moldova delegation at the 47th session of the UN Commission on Population and Development (as a result of consultation process with young people and efficient advocacy by youth-led organization with the support of UNFPA).

School health services were strengthened to address SRH issues as result of enhanced capacities of school health nurses to provide age-appropriate sexuality education and counselling to young people.

About 500 of young people from all over the country, including youngsters from vulnerable groups, benefitted from the activities under the umbrella of the “Investing in youth health” campaign. The campaign included awareness raising events, flash-mobs, workshops, and informative sessions in summer camps, open door events in youth friendly health clinics and media field trips which helped young people, journalists, and the public to understand better the youth health related issues and challenges.

The Y-PEER network has increased its capacity in planning, implementation and monitoring of youth activities and has strengthened its advocacy skills.

Peer to peer sexuality and health education is popular and is gaining momentum expanding rapidly, but the volunteer program faces difficulties in outreaching the most vulnerable adolescents and youth from rural areas and increasing the demand for Youth Friendly Health Services. Advocacy interventions are not strong enough with other national and international actors to reduce socio-cultural barriers for promoting access to adolescent and youth reproductive health information and services and to mainstream sexuality and health education into official educational curricula of the schools.

Challenges: Lack of strong NGO network to advocate for incorporating adolescents and youth and their human rights/needs in national laws, policies and programmes. There is

still no educational or capacity building programme for specialist working with youth. The lack of knowledge and skills has a direct influence of the quality of youth policy implementation and monitoring both at national and local levels.

Lessons Learnt: Young people should be involved in all stages of the activities, including preparation and evaluation, which give them the ownership and increase the level of participation. The partnerships of Y-PEER network with youth NGOs (National Youth Council, National Resource Center for Youth, NGO Resonance) have a broader impact and provide synergy of the results.

<p>A.4.2 National capacity to develop and implement evidence-based policies for youth, including access to comprehensive sexuality education is increased. (From CP Output 2)</p>	<ul style="list-style-type: none"> •Percentage of school nurses trained in sexual and RH counselling. Baseline: 3% (2011); Target: 30% (CP Output 2.1) •Number of young people who participated in UNFPA-supported peer-education activities. Baseline: 5,500 (annually); Target: increase by 10% (annually) (CP Output 2.2) •Extent of capacity building of youth workers (people working with youth) •Youth Friendly Health clinics with volunteer teams; Baseline:0 and Target:16 •Robust mechanism applied for M&E of the National Strategy for Youth Sector Development 2020. Baseline: No; Target: Yes (CP Output 2.3) 	<ul style="list-style-type: none"> • AWP, COARs and SRPs • Progress and monitoring reports of implementing partners • Training reports, especially assessments of training needs and training outcomes • Young people who benefited of UNFPA – supported per education activities • National Strategy for Youth Sector Development 2020 	<ul style="list-style-type: none"> • Desk review • Key Informant Interviews with Ministry of Youth and Sports and other stakeholders • Key Informant Interviews with NGOs, UN, donors and local authorities
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CP output indicators 2.1. Percentage of school nurses trained in sexual and reproductive health counselling (Baseline: 3% (2011); Target: 30%)

Progress on planned interventions:

The UNFPA interventions with partner CEDES worked toward enhancing capacity of school health nurses to provide age-appropriate sexuality education and counselling to young people. An assessment was conducted of school health services, which resulted in development and approval of the curricula for school nurses. The trainings were operated in close cooperation with the Ministry of Health, National College of Medicine and WHO.

UNFPA support has helped to strengthen the capacity of the National College of Medicine and of the key implementing partner CEDES to roll out trainings for school nurses from rural areas in the area of adolescent's health, contraception, SRH counseling, among others. The training curricula was supported by the Ministry of Education and Ministry of Health and the National College of Medicine and according to key informants, this demonstrated commitment and ownership. The SRH curriculum for school nurses was institutionalized in the educational program of the College of Medicine. Subsequently, UNFPA has contributed to strengthening School Health Services by supporting development and mainstreaming of comprehensive curricula on adolescents' health, including SRH.

Results achieved: In 2013, training was planned for school nurses on SRH, reaching 81 persons and in 2014, further trainings were achieved for 130 school nurses with follow-up activities to include peer to peer support and a round of community discussions. In 2015, trainings were achieved for an additional 81 school nurses.

COAR 2013 - The RH curricula for school nurses has been scaled-up nationwide. UNFPA CO has strengthened the capacity of National College of Medicine and Educational and Health Development Center (CEDES NGO) to roll out capacity building trainings for 125 school nurses from rural areas in the area of adolescent's health, contraception, RH counseling, etc.

UNFPA CO has contributed to strengthen School Health Services (SHS): a comprehensive curricula on adolescents' health, including RH was developed. As a result, the RH curricula for school nurses was institutionalized by the National College of Medicine and 125 school nurses has been trained.

COAR 2014- The capacities of 130 school nurses in sexual and reproductive health counselling and information have been increased through a comprehensive training programme (the knowledge increased by 30%).

COAR 2015: The capacities of 75 school nurses in sexual and reproductive health counselling and information have been increased through a comprehensive training programme (the knowledge increased by 30%).

Challenges: Since there is still no mandatory comprehensive sexuality education in schools, the sustainability of achieved results will depend on the ongoing advocacy of UNFPA and other relevant actors (UNICEF, WHO, UNAIDS) in this field. While the Law on Reproductive Health approved in 2012 states that CSE shall be provided in educational institutions through a mandatory curricula, this has not been achieved yet. (The revision of different school curricula is planned for 2015, this will provide space to advocate for CSE)

Lessons Learnt: Peer to peer education methodology implemented in the network of Youth Friendly Health Clinics can ensure the sustainability of the CSE provided in and out of school settings.

New media (social networks, online courses) could be used as a modern approach to promote RH messages and increase the level of demand for the HIV and STIs prevention services among young population.

Advocacy efforts for budget allocations for youth activities shall be refocused more on the local public administration, capacities of youth NGOs to advocate at local level shall be increased. Monitoring mechanism of counting of beneficiaries of the peer to peer activities has to be improved.

CP output indicator 2.2. Number of young people who participated in UNFPA-supported peer-education activities (Baseline: 5,500 (annually); Target: increase by 10% (annually))

Implementing partners: Health for Youth, Network of young peer to peer educators (Y-PEER)

CP Output indicator 2.2 - Youth Friendly Health clinics with volunteer teams; Baseline:0 and Target:16

Implementing partners: CEDES - Center for Development in Education and Health

Progress on planned interventions:

UNFPA has contributed to increase the access of young people to age-appropriate SRH education, HIV/STIs prevention by scaling up the peer to peer network.

UNFPA has productive cooperation with the NGO Network of Peer to Peer Educators which included activities such as information sessions for young people in schools (Pro Health Campaign) and summer camps (Informed and Protected Campaign) on adolescent SRH issues, promotion of messages and behavior change through social theatre performances, regular youth advisory panel meetings and annual review meeting with all members of the network. In addition the regional Y-PEER groups were strengthened to expand the network and increase the number of Y-PEER members with regular refresher trainings for members to increase the quality of sexuality education and information.

The Y-PEER network mobilized their efforts in raising awareness among young people on SRH and HIV prevention, organize information session throughout the country during the "Pro Health" campaign in schools and "Informed and Protected" in summer schools.

The social theatre performances have been presented in districts of the country on risky behavior of young people, adolescent pregnancy and the effects of virtual communication on young people.

In 2015, based on the IP capacity assessment, the NGO Peer to Peer educators became UNFPA IP. The WP in 2015 focused on strengthening the organizational capacity of the NGO through trainings on organizational development for Y-PEER members, support in the development of the strategic plan, establishment of the school of trainers on

adolescents SRH, social theater festival, development of 15 regional action plans on promoting SRHR among adolescents and improvement of coordination of the activities and knowledge sharing in the network. The WP in 2016 beside the regular information sessions and campaigns, includes activities related to advocacy and public events for promotion of comprehensive sexuality education in mandatory school curricula. Each year the WP foresaw to increase the number of young people reached with peer to peer education activities by 10%.

A significant progress was made in the development of the health and social protection services for young people, as well as in extending and financing Youth Friendly Health Services (YFHS) and ensuring free access of youth to these services. However, only 15% of young people accessed YFHS at the time of the evaluation. The evaluation indicated need for training and support to develop non-formal education services for adolescents and youth out of school and health system settings.³⁹² Interventions focused on increasing the information flow on SRH to youth through information sessions for young people in schools and summer camps on adolescent SRH issues, and social theatre performances. Advocacy and public communication events were used for promotion of comprehensive sexuality education in mandatory school curricula, as well as enhancing the capacities of Youth Friendly Health Clinics (YFHC) to develop and implement an outreach program for young people and increase the demand for YFHC services.

COAR 2014 - A comprehensive volunteer outreach programme for Youth Friendly Health Clinics has been developed aimed at increasing providing comprehensive sexuality education out of school settings and increasing the demand for youth friendly health services. Capacities of health professionals from 20 YFHC on outreaching young people and providing comprehensive sexuality education have been increased through capacity building programme.

As a result of the Youth Voice Campaign in the Republic of Moldova: 5 public discussions were carried out on youth health, employment and voluntary work, nondiscrimination, environment and education with the participation of 36 experts and 200 young people; a youth declaration was developed and presented to relevant Ministries through bilateral advocacy meetings. In terms of comprehensive sexuality education, UNFPA supported national partners in their participation at the regional technical consultation meeting on CSE held in Istanbul (organized by EECARO, WHO, IPPF, UNESCO).

Results achieved

COAR 2013: The RH curricula for school nurses has been scaled-up nationwide. UNFPA CO has strengthened the capacity of National College of Medicine and Educational and Health Development Center (CEDES NGO) to roll out capacity building trainings for school nurses from rural areas in the area of adolescent's health, contraception, RH counseling, etc. UNFPA CO has contributed to strengthen School Health Services (SHS): a comprehensive curricula on adolescents' health, including RH was developed. As a result, the RH curricula for school nurses was institutionalized by the National College of Medicine and 125 school nurses has been trained.

COAR 2014 - 7,400 beneficiaries participated in peer-to peer activities out of which 1900 direct beneficiaries and 5,500 indirect beneficiaries (through Pro Health Campaign in schools, Informed and protected campaign in summer camps, National Social Theatre festival). The Y-PEER network has been extended in 4 new districts of the country, including also through partnerships with Youth Friendly Health Clinics.

COAR 2015 - In 2015 the figures increased reaching about 10,510 young people (the target -7.321), who were informed about SRH (including 6,463 young people informed through informative sessions during the Campaigns carried out in schools and in summer camps, 187 trained on social theatre technics, 700 informed through social theatre and 3,160 beneficiaries of YFHC volunteer programme). The Y-PEER network was extended by training and establishment of two new regional teams, including also through partnerships with Youth Friendly Health Clinics. Improved coordination of the activities and knowledge sharing in the network: regular meetings of the board, 15 regional action plans on promoting SRHR among adolescents were developed and implemented. Draft strategic plan of the Y-PEER network developed.

Main expected results in 2016 include:

³⁹² Evaluation Report of the National Youth Strategy 2009-2013. October 2013, Eduard Mihalas, Angela Dumitrasco

About 8,052 young people informed about SRHR, through informative Campaigns and social theatre; improved coordination of the activities and knowledge sharing in the network; increased the capacities of Y-PEER Moldova trainers and improve the quality of information and education provided by peer to peer representatives, teachers, local and national stakeholders about the importance of the qualitative sexuality education in schools, as well as sexual reproductive rights in Moldova.

As part of the WP with the IP Health for Youth, the ultimate aim was to enhance the capacities of Youth Friendly Health (YFH) Clinics to develop and implement outreach program for young people and increase the demand for YFH services by: scaling up the peer to peer network of volunteers nationwide, providing capacity building trainings for volunteer coordinators, organizing National Adolescents Conference, summer camps for volunteers of the YFHC and monitoring and evaluation (M&E) meetings, which facilitated networking, sharing lesson learned and improving the program performances. Activities were carried out during the 2014 and 2015, and work plan has been signed for 2016.

Evaluation shows that Y-PEER was created/registered and capacitated by UNFPA and this represents and institutionalized output and IP of UNFPA. Y-Peer regularly provides SRH activities in the schools, youth centers for Y & A (mostly in districts) and the course is highly popular among Y & A, i.e. it is well well accepted. Y-PEER uses innovative approaches (peer to peer education, social theaters etc) and has good cooperation between Y-Peer and schools administrations

Challenges:

There are some important logistical difficulties in outreaching the vulnerable Y & A from rural areas by the Y-PEER team members.

Y-PEER is hesitant/reluctant to cooperate with Youth Friendly Health (YFH) Clinics and in the opinion of the evaluator it is a mistrust issue.

Cooperation with parents` associations, which are affiliated to the schools is insufficient.

Information from interviews

1. The Y-PEER network is active and peer-to-peer activities on health and sexuality education are popular among the adolescents and youth in the educational institutions and are supported by most of the school administrations;
2. Young people are informed about SRHR, through informative campaigns and social theatre;
3. Improved the quality of information and education provided by peer to peer representatives, teachers, local and national stakeholders about the importance of the qualitative sexuality education in schools, as well as sexual reproductive rights.
4. Good cooperation between the Y-PEER and Youth Rayonal Council of Orhei, joint public activities on youth related issues;
5. Due to capacity building support provided by UNFPA, Y-PEER has increased its leadership and visibility, they improved coordination of their activities and knowledge/information sharing in the network.
6. Transportation difficulty represents an important logistical barrier in outreaching the most vulnerable adolescents and youth from rural areas by the Y-PEER team members;
7. Some of the key Y-PEER members are still hesitant and even reluctant to cooperate with Youth Friendly Health Clinics (YFHC) due to some mistrust issue caused by insufficient confidentiality protection of the youth by YFHC, which seems to be happened in the past
8. Insufficient cooperation of the Y - PEER with the parents, particularly with the parents` associations affiliated to the schools, during the development of the SRH educational activities.

CP output indicators 2.3. Robust mechanism applied for Monitoring & Evaluation of the National Strategy for Youth Sector Development 2020 (Baseline: No; Target: Yes); Extent of capacity building of youth workers (people working with youth)

Implementing partners: National Youth Council of Moldova (CNTM), UNFPA direct execution

Progress on planned interventions and results achieved:

The main governmental partner of this thematic area is the Ministry of Youth and Sport (MYS), which was actively involved in several initiatives.

In 2013, UNFPA CO in partnership with the MYS with the financial support of the UNDESA supported the evaluation of the National Youth Strategy of the Republic of Moldova for the 2009-2013 and the level of implementation of the Action Plan of the Strategy. The evaluation process has included consultations with youth organisations, networks and young people themselves. Different groups of young people expressed their opinions on the level of implementation of the Strategy, particularly young people access to employment, health and decision making process.

Based on the findings and recommendations of the evaluation a new National Strategy for Youth Sector Development 2020 was developed and approved. Internal Road Map was developed and it is linked to Global UNFPA priorities.

The Youth Gaps Index (YGI) and relevant indicators were developed by CNTM reflecting the situation and differences in five areas: participation, health, employment, entrepreneurship, and risky behaviors and violence. The Youth Gaps Index developed in Moldova by CNTM is not similar to the Ageing Index and targets mainstreaming the youth aspects in sectorial policies. The YGI revealed that currently no information on entrepreneurship disaggregated by age is being gathered in Moldova. The YGI was developed only for four areas (participation, health, employment, and risky behaviours and violence). Subsequently, one of the Youth Gap Index's targets was to identify those areas that require data collection (such as on entrepreneurship) and development of record keeping tools.

Based on the Youth Gap Index, a Youth Policy Brief was developed to inform decision makers on main gaps and recommendations were provided for evidence-based policies for youth. The Policy brief was used to advocate and foster cross-sectoral collaboration in the development and implementation of interventions for young people.

In 2016, the interventions are focusing on mainstreaming youth priorities into sectorial policies and strategies.

The Demographic Barometer on Youth supported by UNFPA, reveals a high degree of youth vulnerability and susceptibility to various risks, such as poverty, inequity of educational opportunities, training and access to information, economic opportunities, health and harmful habits, which compromises the development of youth. A special focus was on the youth economic empowerment issues, identified by the YGI.

With the financial support of UNDESA, UNFPA under the leadership of the MoYS and in partnership with the CNTM implemented the *Academy for Youth Workers* during 2013-2015. The Academy for Youth Workers (training center) was established under the auspice of MLSPF. The action is supposed to involve youth in policy making. The initiative is supported by UNDESA.

Capacities of 60 youth workers have been increased in issues related to youth policy development and implementation at local level, youth participation and involvement of young people with fewer opportunities in the decision making process, youth budgeting, etc.

Capacities of 20 specialists from 12 regions from local public administrations and CSOs have been increased through comprehensive 3-module training on development and implementation of youth policies, including: non-formal education, vocational orientation, and youth friendly services and youth participation.

In 2014 UNFPA supported Regional Campaign Youth Voice by delivering the similar National Campaign on Sustainable Development Agenda. 11 Youth NGOs was involved in spreading the post cards to Youth and getting 300 of them completed with the answer to the question *Why the Government should invest in Youth?* The voices of Youth/post cards were handed over to public officials during the public debates. Participation of young people in the decision making process has been included in the list of priorities presented by Moldova delegation at the 47th session of the UN Commission on Population and Development (as a result of consultation process with young people and efficient advocacy by youth-led organization with the support of UNFPA).

Thus, evaluation remarks good cooperation UNFPA- MYS- CNTM – UNDESA and fulfillment of the key indicators. Thus, the newly developed and approved Youth Sector Development 2020 incorporates lessons from the previous National Youth Strategy (2009-2013), especially those related to monitoring the Strategy implementation; Academy for Youth Workers increased the capacities of youth workers increased and Youth Gap Index and Policy brief developed.

Challenges

- Commission of Youth Policies is inactive and it is necessary its reactivation.
- The Barometer has recorded a serious degree of social exclusion of young people; critically, that about 29% do not attend any form of education or training and are not employed
- CNTM has limited capacity in statistical data use and in results based policy monitoring. CNTM plans for a new intervention area– youth entrepreneurship (also recommended by the evaluation team) but it lacks necessary data and technical expertise.

Lessons learnt: Some lessons learned from the previous Youth Strategy were incorporated into the new Strategy for Youth Sector Development 2012.; particularly the Monitoring

and Evaluation component was strengthened. However, there is still lack of baseline data for the recently developed National Strategy for Youth Sector Development 2020 and this should be addressed in the future to ensure an evidenced based Strategy development.

Key informants contribution:

- find the key drivers, school curricula is one - this would be low cost
- Y-peer work could be expanded and do more work with formal education to change the next generation – the youth don't know where they fit
- There should be a letter written to the Ministry of Education regarding the curriculum and development regarding putting sexuality education back – this could be an important joint programme – to advocate for the government to take it seriously
- The YFHS have to be for everyone, the abandoned children, the Ministry of Youth is reacting
- YFHS are in 37 rayons, the initial concept was that they should be centers of resources even though they were under-resourced, under the Healthy Generation, SDC helped to expand the concept through training school psychologists and nurses, social workers, churches, NGOs, local authorities, to diminish the obstacles

Teenage abortions are an issue that has increased slightly, normally they need to have a prescription to misoprostol but pharmacies may be selling, but there are few complications from its use.

EQ 5. (Effectiveness - Gender Equality) To what extent have the interventions supported by UNFPA in the field of gender equality (GE) contributed toward reducing the vulnerabilities of women and girls, including the marginalized and disadvantaged, with special focus on the elimination of GBV?

<p>A 5.1 Gender Equality, women's and girl's empowerment, and reproductive rights have been advanced, including for the most vulnerable and marginalized women adolescents and youth (CP Outcome 3)</p>	<ul style="list-style-type: none"> • Number of gender responsive and costed policies that integrate SRH response to GBV – Baseline 0 (2015); Target – 2 (2017) (CP Outcome indicator) • Contribution to progress on Gender equality goals set out in the CEDAW, ICPD, and the MDGs 	<ul style="list-style-type: none"> • AWP and SRPs • Progress and monitoring reports of implementing partners • Ministry of Health, Ministry of Labour, Social Protection and Family; UNCT Coordination Groups • CEDAW, MDG and ICPD reports 	<ul style="list-style-type: none"> • Document review • UNFPA CO staff key informant interviews • Key informant interviews with implementing partners, other UN bodies
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Note: the way the COAR is structured, it does not correspond to the matrix and mixes the interventions in its discussion. Suggest in future evaluations to find a way to better harmonize the evaluation indicators with the COAR

Integration of SRH into Gender Equality Policies – (UNFPA executed) In 2015, UNFPA jointly with UN Women has provided support to the Ministry of Labour, Social Protection and Family in developing the National Programme on Gender Equality 2020, including mainstreaming sexual and reproductive health. The 2016 UNFPA Work Plan envisages support in development of the 1st ever Strategy on Violence against Women and conducting public consultations on final draft of the National Programme on Gender Equality.

In 2008, the Government of Moldova National Strategy On Gender Equality In The Republic Of Moldova For Years 2009-2015 In December 2008, the Government adopted the “National Strategy on Gender Equality in the Republic of Moldova for Years 2010-2015.” This strategy, in part, addresses the prevention and elimination of gender-based violence. The government identifies as priority problems the “persistence of domestic violence against women and girls, persistence of violence against girls and boys in the educational system, existence of sexual harassment at work, and trafficking in women and girls as a consequence of domestic violence.” As additional barriers, the strategy lists the lack of public awareness about domestic violence, the dearth of specialists’ training in fields connected to “identification, registration, and referral of cases of domestic

violence, the lack of human and financial resources to aid victims of domestic violence, the inadequate services provided for victim assistance and protection, among others. From: The Government of the Republic of Moldova, *National Strategy on Gender Equality in the Republic of Moldova for Years 2010-2015*, 2 December 2008.³⁹³

Building Capacity of Primary health-care professionals to integrate SRH and GBV - Implementing partners: Artemida, Resonance, and Women's Law Center (WLC).

UNFPA with IP Artemida have provided support to the Government in institutionalizing SRH at the primary health care level and building capacity to protect survivors of GBV and counsel perpetrators using the UNFPA – Women Against Violence Europe (WAVE) Manual on Health Response to GBV. In 2013, 3 day seminars were held for psychologists and social workers. In 2014, 328 primary health-care providers from 8 rayons were trained on health response to GBV. In 2015, specific plans were to build capacities of 375 primary health care providers on integrated RH services including family planning and support to survivors of domestic violence with a focus on the most vulnerable and the victims and perpetrators of domestic violence.

The IP Resonance in 2014 conducted two trainings on integrated SRH including family planning for doctors, nurses and multi-disciplinary teams in primary health. Further, the interventions aimed to build capacity of service providers and public authorities to protect survivors of domestic violence and counsel perpetrators, using an Austrian best practice in the Transnistria region.

The 2015 work plan for UNFPA and Women's Law Center aimed to translate and adapt the UNFPA-WAVE Manual on Health Response to Gender Based Violence for building capacities of the healthcare professionals from Moldova. In this regard, UNFPA provided support for adapting to the national context the WAVE Manual. Based on this adapted manual, the Women's Law Center, in cooperation with UNFPA, the OSCE Mission in Moldova and the Austrian Embassy conducted a Training for Trainers (TOT) during "16 Days against Violence" on how to apply this manual in Moldova.

Shelters and rehabilitation facilities for survivors of GBV - Implementing partners: Women's Law Center, Artemida.

In 2014, the Women's Law Center conducted an assessment regarding issues related to Gender Based Violence and the health responses. The report included a mapping of existing rehabilitation and reintegration facilities that provide protection for survivors of domestic violence and identified gaps of the National Referral System, especially for vulnerable groups and women from rural areas, in response to domestic violence. Based on the assessment findings, in 2015, Artemida aimed to strengthen capacities of rehabilitation and reintegration facilities for the victims of domestic violence in the North, South and Central regions of Moldova in partnership with an international consultant agency specialized in SRH.

Training of police officers to respond to GBV - Implementing partners: Women's Law Center

A joint project "Sustaining a Life Free of Violence" funded by the US Embassy and implemented by the International Organization for Migration (IOM) and UNFPA, aimed to harness the knowledge and work skills of multidisciplinary specialists engaged in provision of assistance in domestic violence cases. The UNFPA leading role in this project was to strengthen capacities of police officers in addressing domestic violence's cases. In partnership with Ministry of Internal Affairs (MIA), including the Policy Academy and General Police Inspectorate and UNFPA's Implementing Partner – "Women's Law Center" (WLC) the curricula for police officers was developed and approved by the MIA; a Training for Trainers in the field of domestic violence for 18 police officers and 14 representatives of NGOS has been conducted; and 600 police officers trained. This capacity development has aimed to improve the implementation mechanism of the Law No. 45 on preventing and combating domestic violence and to contribute to an increase in the number of protection orders issued by police officers between 2012 and 2014. Continuous to advocacy was planned in order to integrate intervention provisions in policy and law development frameworks and to promote adequate processes for monitoring response to gender-based violence.

Based on feedback from stakeholders who stressed the importance of improving national legislation on prevention and combating domestic violence and implementation mechanisms, the Ministry of Labour, Social Protection and Family created a Working Group, composed by international organization, NGOs and public institutions. The main goal

³⁹³ <http://www.stopvaw.org/moldova>

was to develop a new amendment to the Law No. 45. Police officers had the opportunity to provide their recommendation to the Law. In this regard, out of 600 trained police officers, 372 have come out with concrete amendments to the Law, which were sent by Women's Law Center to the Ministry of Labour, Social Protection and Family.

In the joint project "Empowerment of Victims of Domestic Violence and Human Trafficking in the Transnistrian region", UNFPA, UNDP, the Office of the High Commissioner of Human Rights (OHCHR) and IOM aimed to enhance protection to victims and potential victims of human trafficking and domestic violence through a strengthened system and Empowerment of individuals to prevent and address the problems at their roots in the Transnistrian region. As part of this project, UNFPA has contributed to capacity development of law enforcement officials to effectively address Violence Against Women (VAW) and domestic violence. This action was coordinated with the Ministry of Labour, Social Protection and Family and the Ministry of Health to support the Law No. 45 and the National Program of Gender Equality 2010-2015.

CO briefing: A joint initiative "Sustaining a Life free of Violence" by WLC, UNDP, IOM and High commissioner for Human Rights (Belarus) involved the shelters. UNDP created the shelters and UNFPA supported the training. In 2017, they will develop another strategy. The first line of training will be the police officers. There is only a defacto minister now. The US Embassy with IOM decided that UNFPA should address police training, and with WLC develop a training curricula for the police academy, the General Inspectorates and Ministry of Internal Affairs; curriculum-> TOT-> to police. In January 2015, 600 police were consulted to get their recommendations to making amendments to the law – and the police recommendations were passed on. All police officers were invited by the US State Department in an effort to restore their image from one of corruption. For this joint program, there are no more trainings, they have exceeded the target. The actual training was done by police personnel but the net result was increase access of GBV survivors to facilities. Also efforts taken by other stakeholders, such as the WLC, have resulted in good mainstreaming. However, it can be seen as mainly reactive and not preventive. The GBV survivors receive free services from the PHC but they may often require secondary level services for abortion and physical trauma.

Contribution to progress on Gender equality goals set out in the CEDAW, ICPD, and the MDGs: (narrative)

COAR 2014 - Partially integrated 1 exercise of reproductive rights and right within the follow-up to sexual and reproductive health mechanisms to conducted by a National Human Rights CEDAW, but a Institution exists more comprehensive approach (and increased advocacy) is required and intended to be part of CO work in 2015.

COAR 2015 - Policy and advocacy · UNFPA is co-leading with UN Women development of the new National Programme on Gender Equality 2020 with a special emphasis on the Health Response to GBV and SRH, based on the CEDAW and UPR recommendations (including those related to the SRH). This strategic policy document overall coordinated by the Ministry of Labour, Social Protection and Family is developed on a participative bases and currently a set of technical consultations at expert level are conducted. · A set of amendments to the Law on prevention and combating domestic violence were proposed and are currently discussed within the Government in order to align the national legislation to the CAHVIO (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence).

Knowledge Sharing · UNFPA – WAVE Manual on Health Response to GBV was translated into Romanian language and adapted to the national context in order to be used in training of professionals from health sector dealing with GBV at local level. · Based on the adapted Manuals to the national context, is being developed a specific curriculum on Health; Response to GBV in order to be incorporated into the continuous medical education in the Republic of Moldova.

Capacity building · Strengthen capacities of the primary health-care providers (411 professionals) from 15 districts on integrated SRH services, including family planning, to survivors of domestic violence as part of the mechanism of the Ministry of Health in implementation of the Law 45 on preventing and combating of domestic violence. · UNFPA Implementing Partner – Women's Law Center – conducted a ToT for 32 professionals from health sector at central level based on the UNFPA-WAVE Manual on Health Response to GBV, with participation of the authors of the Manual. The ToT was financially supported by the OSCE Mission in Moldova, Austrian Embassy, OAK Foundation and UNDP. · Capacity building of rehabilitation and reintegration facilities (17 institutions / shelters) on how to provide and / or refer for family planning counselling of the victims and perpetrators of domestic violence. · As part of the UN project "Empowerment of Victims of Domestic Violence and Human Trafficking in the Transnistrian region", UNFPA along with UNDP, IOM and OHCHR has developed a Strategy for strengthening capacities of the professionals (including primary health-care professionals) from the Transnistrian region of the Republic of Moldova in combating domestic violence and human trafficking for 2015 - 2017. So far, benefiting from the experience of the UNFPA Belarus, police officers from the Transnistrian region of the Republic of Moldova were trained on how to address GBV. In the next year, primary healthcare professionals will benefit from such trainings in order to improve the reference system among the organizations which are working in the field of GBV and de facto public institutions.

Challenges: Political instability and changes of governments has shuffled strategic decisions and achievement of results. Inequalities (rural/urban, elderly, persons with disabilities) in accessing SRH services increased as a result of socio-economic crisis of the country. . No clear policy mechanism in capacity building of primary health-care professionals on health response to GBV. UNFPA will partner with WHO to assist the MoH in the development of the sustainable capacity building programme.

Lessons Learnt: Integration of SRH issues into the Governmental programme ensures increased investments and priority actions in these areas. . Multi-stakeholders approach to the development of new programmes and/or action plans increase national ownership, accountability and clear division of responsibilities. . To ensure coordination between different actors and a clear policy mechanism in building capacity of primary health-care professionals on health response to GBV.

There are clinical guidelines and protocols on SRH for adolescents, however the adolescents and youth exist MoH is planning to revise them according to the new methodology of clinical guidelines adaptation as part of the Regional initiative on clinical guidelines on SRH. The MoH requested UNFPA to postpone the achievement of this indicator to 2016 and reallocate funds and efforts to the development of the new strategic document on SRH and family planning.

(UNFPA Output indicator 2.2 2.2) Number of rehabilitation and reintegration facilities that provide family planning counseling for the victims and perpetrators of domestic violence The target is overachieved. 17 rehabilitation and reintegration facilities (76 professionals) from Drochia, Edine, Ocnia, Bli, Hinceti, Cueni, Chiinu and Cahul were trained on family planning counseling for the victims and perpetrators of domestic violence.

Number of PHC providers trained on FP for survivors of domestic violence. The overall target for the Country Programme was not achieved yet. However, in 2015 were expected to be trained 300 primary health-care professionals, but his target was over-achieved being trained 379 PHC providers from Leova, Cantemir, Stef an-Voda, Soldanesti, Criuleni Briceni, Edinet, Singerei, Glodeni and Soroca trained. Profile of participants are as follows: • 141 family physicians • 225 nurses • 3 obstetrician- gynecologist doctor • 2 social workers; • 2 psychologists of the Youth Friendly Health Centre Cantemir • Chief physician of CS oldneti; • Deputy Head Health Center Cantemir • 3 midwives from Stefan Voda • Pediatrician from Criuleni.

<p>A 5.2 The national capacity in integration of SRH rights into the health response to gender based violence is strengthened (CP Output 3)</p>	<ul style="list-style-type: none"> Percentage of primary health-care providers trained in integrated sexual and reproductive health services, including family planning and support to survivors of domestic violence – Baseline: 50% (2011); Target: 70% (CP Output Indicator 3.1) Number of rehabilitation and reintegration facilities that provide family planning counselling for the victims and perpetrators of domestic violence - Baseline: 7 (2011); Target 12 (CP Output Indicator 3.2) SOPs for response by police to gender based violence are established. Baseline: none Target: SOPs established Numbers/% of police trained through UNFPA supported curriculum. 	<ul style="list-style-type: none"> AWPs, COARs and SPRs Ministry of Health, Ministry of Labour, Social Protection and Family Assessments of training needs and training outcomes Training records, curriculums and follow-up reporting Primary health care providers who received training and other capacity inputs Standard Operating Procedure (SOPs) for rehabilitation facilities 	<ul style="list-style-type: none"> Document review _____shared drive? UNFPA CO staff key informant interviews Key informant interviews with implementing partners, other UN bodies Focus groups with beneficiaries Field Visits
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COAR 2014 – UNFPA corporate indicators: Gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations exist - Partial references incorporated, but comprehensive and relevant specific targets not included and no budget allocated. Through NIDI survey (and others), CO will strengthen this area of work in 2015 and in MTR process.

Under the joint UNFPA-IOM project "STRENGTHENING THE MULTIDISCIPLINARY APPROACH IN ACHIEVING AND SUSTAINING A LIFE FREE OF VIOLENCE" supporting by US Embassy in Moldova the equitable and guaranteed access to protection for domestic violence victims was increased by ensuring the implementation of domestic violence legislation and protection orders by law enforcement bodies and improving care provided by the health and social services. The capacity of police officers, social assistants and medical staff was strengthened to provide protection for victims of domestic violence using a multidisciplinary approach as part of the national response to the crime of domestic violence. UNFPA Moldova was the leading agency in implementing the trainings for the police. UNFPA in partnership with Women Law Center (WLC) - a local professional NGO made essential progress in achieving results: progress was made during the reporting period towards the achieving results: 600 police officers were trained on the implementation of domestic violence legislation getting comprehensive training on domestic violence and enhanced their knowledge and skills on this issue. Certain progress also was made during the reporting period by presenting to the Ministry of Internal Affairs (MIA) the Recommendations for the amendments of the Law of Domestic Violence collected from 175 participants, and as well by distribution with the support of the MIA of the informational materials regarding domestic violence developed in the framework of the project. The main changes foreseen by the Law is to provide for the right of police officers to issue protection orders on an emergency basis in cases of domestic violence. The draft Law was published on the website of the MLSPF and is now undergoing final review with the most relevant governmental bodies and partners. The draft law will be further promoted for approval by the Government of the Republic of Moldova. UNFPA supports development of the "16 Days of Activism against Gender Violence Campaign" for 2014 to be undertaken during 25 November-10 December 2014.

Challenges: The main difficulty remains that some training activities were significantly delayed due to the reform within the Ministry of Interior and the police system. The project partners, including the representatives of the donor in Chisinau meet on a regularly basis to discuss and plan in detail all actions in order to successfully implement all project activities in a timely manner. At the same time, the existing myths, stereotypes and attitudes towards domestic violence among the police officers could also be stated among remaining challenges. This issue is being continuously addressed by the project partners throughout the project activities and during the daily activities, and continuous progress can be observed. As for long term efforts to address this issue, a similar training program for judges and prosecutors could be suggested for a future project.

In addition, the elaboration and distribution of informational materials (50,000 exemplars) that continued during the reporting period allowed reaching those most hard-to-reach: police officers from rural localities with low access to information. The constant coordination effort with all the project partners: IOM, UNFPA, Women's Law Center, US Embassy in Moldova, the Ministry of Internal Affairs, Ministry of Labour, Social Protection and Family allowed for the encountered challenges to be dealt with in a timely manner.

Lessons Learnt: Emphasize the topic of DV in most vulnerable groups remains a priority in the upcoming agenda; Using comparative advantage of both UNFPA and IOM in protecting people in vulnerable situations, promoting SRHR, strengthening government response-systems will contribute to the implementation of the national program on gender equality, as well as in working against violence in society at large, including domestic violence and human trafficking UNFPA is also among the key actors in addressing violence against women and girls. In order to be as efficient as possible and make use of the resources and partnerships available, the experience and tools from the "advocates for human rights", the Academy of Police, as well as expertise from the MoH, MIA and MLSPF will be used and built upon. Furthermore, the project will be implemented within the lines of the National Program on Gender Equality (GE) for 2010-2015.

COAR 2013 - In 2013 UNFPA provided assistance to the Ministry of Interior Affairs by training of 125 police officers on the implementation of the DV legislation and protection order.

COAR 2014 - UNFPA contributed to strengthening the health care system in 2014 by enhancing the national response capacity in terms of gender-based violence.

UNFPA provided support for NGO representative as well for involved medical person from Transnistria (breakaway territory of Moldova) to attend the workshop on Strengthening Health System Responses to Gender-Based Violence, organized by UNFPA EECARO and WAVE. In order to ensure efficient Health System Response for the victims of DV/GBV 12 two-days workshops on Health System Response to GBV were provided by partnering NGO. As a result UNFPA trained 250 medical personnel (family doctors, family nurses, medical staff from the Emergency Medical Units) representing 114 Primary Health Care (PHC) institutions from Moldova. In addition, Women's Law Center with UNFPA's support elaborated a Report on assessment of the national policies and priorities, UN and UNFPA activities in addressing issues related to Gender Based Violence and Health response to that; a mapping of existing rehabilitation and reintegration facilities that provides protection for survivors of domestic violence and identified the gaps of the National Referral System, especially for vulnerable groups and from rural area, in response to domestic violence (please find report in attachment). Within a joint programme funded by the US Embassy in partnership with IOM, police officers around the country enhanced their knowledge and skills on Domestic Violence (DV) and capacity of the Ministry of Internal Affairs to deliver trainings on DV was strengthened.

UNFPA in partnership with Women Law Center completed training for 600 police officers to address domestic violence. . 2000 copies of the guidelines were printed and distributed to all police sections throughout Moldova. | 5000 brochures on Domestic Violence distributed to the beneficiaries. . 204 protection orders for domestic violence survivors issued during 2014, based on the Law on preventing and combating violence. . 50 local service providers from Transnistrian region of the Republic of Moldova trained on the multidisciplinary approach to protect survivors of domestic violence. 125 family doctors, medical assistants, representatives from Social Assistance and Family Protection trained on prevention and assistance of domestic violence survivors. Law no. 45 on preventing and combating violence has been revised by the Ministry of Labour, Social Protection and Family and currently is in the progress of its adoption by the Cabinet of Ministers. During the policy officers' workshops, participants provided their recommendations for improving the law. All recommendations were sent to the MoLSPF.

Challenges: Conducting trainings in the Transnistrian region of the Republic of Moldova needs an adapted approach and authorization of their authorities. . Vetting process of police officers takes time and it should be allowed enough time for vetting and preparing of workshops. Lessons Learnt: | UNFPA-WAVE Resource package to be translated in Romanian. Health System Response to GBV to be institutionalized (potentially in RH curricula development) at Medical University. Starting with 2015 to use the Resource package for updated training agenda on Health response to GBV, including for staff of the shelter for victims of DV in Transnistria. Permanent capacity building of policy officers should be provided to ensure that Law on preventing and combating violence is properly implemented | Trainings for local service providers, doctors, and social workers should be conducted in other regions of the country to ensure that domestic violence survivors receive efficient and qualitative assistance and protection.

Supporting Documents: UNFPA Report_GBV_November 2014.docx

COAR 2014 - Artemida NGO provided trainings on integrated SRH health services for family doctors, nurses, Emergency Medical Departments' personnel and multidisciplinary teams at the primary health-care level. The activities aim to build the capacity of service providers and public authorities to protect survivors of domestic violence and counsel perpetrators through a multidisciplinary approach and efficient Health Response to GBV.

Challenges related to GBV: Moldova have too small number of shelters: following the Council of Europe's suggestions about 380 beds are needed, matter-of-factly less than one third are provided. Also more day centres which offer support in various fields would be necessary. Day centres as well as shelters should be established in particular in the countryside as especially in rural areas it is difficult for victims to get support; Poor NGOs communication with government and the general public, with state parties (more systematic advocacy based on evidence to avoid stigma and discriminatory practices) is required.

Lessons Learnt: Meaningful dialogue of the NGO with state authorities (national and local level) is contributing to advance the results we seek; Domestic violence in Moldova being no longer perceived as a private 'conflict', but constituting a ground for receiving protection from state agencies, thus confirming the rightful claim to live free from violence.

Output 11 indicator Civil society organizations have No Yes Artemida NGO is 2 supported the institutionalization of involving men in programmes to engage men and boys gender-equality on gender equality (including gender-programs, working based violence), sexual and with perpetrators reproductive health and reproductive and supporting rights in your country victims of domestic violence including those experienced the sexual violence. Also Y- Peer Moldova NGO are engaging adolescents (boys) on GBV and SRHR educational activities.

COAR 2015 – (see above)

Women's Law Center - WLC did a TOT – and 25 workshops reached over 1,000 police some with UNFPA support, and WLC later reached another 400 with other support, do not know how many police there are. The US Embassy and the Joint Police Inspectorate – trained groups of trainers among the general police and then they brought civil society into the mix. There is an 18 organization network on Domestic Violence, a national coalition. "Life without domestic violence" La Strada – has a help line, maternal centers are involved, UNFPA talked about DV from a gender perspective, breaking up the "myths" How did the police respond? Politics influenced it a lot. There are no objectives for sustainability, and it is not part of the agreement. Police, prosecutors, judges, National Institute of Justice, this is funded by the IML part of the US State Department – International Migration Law? They did more than expected in the project, they have the analysis – as a result of the training, increase in protection orders from 20 to 900, she does not know the numbers of convictions, it seems that 600 trained with UNFPA and another 400 with WLC. The police can issue a protection order in 24 hours by a judge.

There is a gap in the law, it is not a crime to violate a protection order the first time but the second time, it is a crime. The women can call the emergency room.

Visit to Rezonance and shelter. They have been working with women since 2005, with services, lawyers, psychologists, helping the women to prepare medical documents, hiring lawyers, UNDP has supported them to create the shelter, in 2014, they initiated day care in the shelters and added to the service under humanitarian aid, like detergents and food. They are doing livelihood training as accountants, massage therapists, and those who work for the shelter to help them find a job, the major objective is rehabilitation and socialization. There are 3 locations to access services, and one shelter. The Resonance staff consists of about 8 professionals. The UNDP support ended last year, the building was rented but they are trying to secure a 3 story building now with Government support, and they want to have a rented building so that the government will support it. In 2013, they had an agreement with UNFPA for project implementation, and two big training events, there was first a needs assessment, and doctors, schools, rural areas received guidance on how to react to GBV and DV, there is no legal framework in Trans. The stressful situations that women and their children face from GBV is significant, some have endured GBV for many years. Rezonance has defense lawyers to help the women win custody of their children, but it is a long battle to prove the violence even existed, they need eye witnesses to come forth. Other challenges are to secure property rights and child support. The men may receive fines for the violence, some are alcoholics and they receive little therapy to help them deal with their problems. The shelter is high security and there are surveillance cameras, the police can be summoned within 4 minutes if compound security is breached. It is very well maintained and the caretakers are extremely well trained having studied psychosocial counselling in Russia and other locations, and some training supported by UNFPA.

In 2005 they got resources from Joint UN for a resource center and in 2009, response to GBV – the four major types, with a full cycle of services, starting with the help line, women call and they are referred to specialists, there is a full service package. The reaction to the problem is prevention, training, forensic and now moving to law enforcement, going to international conferences and getting video spots, bill boards. In Trans, a few NGOs created a resource network protection of Women's Rights, now there is an active platform, revolving chair for 6 months. The Ministries are involved but there is no great willingness to undertake interventions. There is a strong Russian Orthodox influence. There is not a great understanding of human rights. The local authorities may be more helpful. They see 60% of women affected by psychological violence, 23% physical 17% economic and 5-6% sexual. There is data to indicate that 85% do not ask for help. The Gender Barometer is being undertaken. However, there are success stories of reintegration. Some draft legislation was provided to Parliament in 2009 and they worked more on it in 2014, but it is not moving at all.

A monitoring visit ³⁹⁴to three Artemida-run workshops in October 2015 indicated that a wide range of participants benefited from the workshops ranging from Overall, the three workshops included almost the entire spectrum of professional being involved in working with survivors of GBV.

The objectives of the training were:

- Getting knowledge about the entire spectrum of available contraceptive methods
- Developing skills for addressing contraception related matters and answering questions in relation with contraception and STIs
- Understanding factors that might influence decision regarding contraception generally and particularly in the situation of survivors of GBV
- Strengthening counselling skills of service providers for survivors and
- Strengthening the national referral system of the centres for survivors and their liaison with the sexual and reproductive health delivery centers.

Interactive methodologies based on adult learning theory were used during the entire workshop including brainstorming, small group discussions, simulations, role plays, case studies, presentations of short video films. Pre and post tests were used in order to measure the progresses of participants and the achievement of objectives. As concluded from the final evaluation forms (analysed by colleagues from Artemida), all participants appreciated in a positive manner the workshop.

There are few reports presenting the integration of sexual and reproductive health services into services provided to survivors. In the region, this seem to be the first such initiative.

³⁹⁴ **Strengthening capacities of shelters and facilities of survivors of gender-based violence in providing sexual and reproductive health services, including family planning**
Consultancy Report submitted to Eduard Mihalas, Programme Analyst on Population & Development and Gender, United Nation Population Fund, Chisinau, by Borbala Koo, October 2015

The connection between reproductive health and GBV goes beyond sexual abuse and sexual violence. GBV, in addition to affecting a woman's overall health and wellbeing, can have profound, negative impacts on a woman's sexual and reproductive health:

- Physical violence and sexual abuse limit a woman's ability to negotiate the use of condoms or other contraception, putting them at a higher risk for sexually transmitted infections, including HIV, and for unintended pregnancies.
- Early sexual abuse has been associated with risky behaviors such as drug and alcohol use, more sexual partners and lower contraceptive use.
- The experience of gender-based violence has also been linked to increased risk for gynecological disorders, unsafe abortion, pregnancy complications, miscarriage, low birth weight and pelvic inflammatory disease.

These are all important reasons for underlining the relevance of this initiative. Beside the relevance for Moldova, this initiative might become a model of good practice for the entire region.

The most important conclusions and recommendations drawn from these workshops are the following:

General conclusions and recommendations:

- Professionals working with survivors of GBV (social workers, psychologist, sociologists etc.), have insufficient correct information regarding sexual and reproductive health (SRH), family planning and contraception and the importance of addressing SRH with survivors of GBV. Most professionals share the same myths and misconception as the general population and, at personal level, they do not have a positive attitude related to modern contraceptive methods. They are not clear what should be their role in facilitating the use of modern, highly effective contraceptive methods by survivors who are willing to avoid an unplanned pregnancy.

Recommendation: clear roles and tasks of professionals dealing with survivors of GBV should be discussed and agreed upon followed by the development of a respective training program. Roles and tasks should include liaison with family medicine doctors and reproductive health specialists. This additional tasks should be formally included in the job description of personnel working with survivors of GBV. Formal liaisons should be created between the service provision units for survivors of GBV and local family doctors distributing free contraceptives.

- Participants were highly interested by the topic of sexual and reproductive health. Their interest first comes from the personal level, being interested in accessing information regarding modern contraception.

Recommendation: The development of a training program for the future should include two aspects: integration of SRH topics into the training of social workers in the university training curriculum and in the post graduate training of social workers.

Logistics of workshops

- Workshops were well organized, significant efforts were invested by colleagues from Artemida to ensure participation, especially in Cahul where the last workshop day was Saturday.

Recommendation: An aspect to be considered for the future would be to try to avoid workshops organized during week end days if participants are public servants. They prefer attending such activities during their regular working days.

Training curriculum and training materials

- The agenda and materials of the trainings were discussed and agreed with colleagues from Artemida. The training materials used for these workshops were based largely on a "package of training materials" Artemida developed under previous projects with some materials added by me.

Recommendation: For future training activities it would be necessary to complete these package with samples of available contraceptive methods in Moldova. For doing so, they would need some additional financial resources taken into consideration that they will need to procure them from pharmacies.

The training curriculum used in future training activities should include a session on roles and responsibilities of different professionals providing services to survivors of GBV in addressing SRH as well as role plays and case studies exemplifying these roles and tasks.

- Artemida is a well-developed organization fully aware and motivated to engage in integrating sexual and reproductive health in the daily services they provide. Artemida benefit or professionals fully qualified to further develop the training for professionals dealing with survivors of GBV. Simion Sirbu has an extensive training in Family Planning

and Reproductive Health, not just being gynecologists, but having significant training experience in this field. Both have expertise, experience and motivation for further developing and sustaining training activities. Another important aspect qualifying Artemida to become the designer and coordinator of further training is related with the fact that they are service providers for survivors of GBV. They have a large client load and the necessary professional expertise to develop in the near future protocols for addressing SRH with survivors and to develop case studies to be integrated in following training activities.

Recommendation: Consideration should be given by UNFPA to extend the initiative from Moldova to other countries and transforming Artemida into a regional model of good practice, offering training for other countries as well.

Key informant opinions and contributions on Gender Equality interventions:

- Overall progress on Gender Equality is not strong. If UNFPA is really out to create a difference then need to create an alliance among stakeholders and a joint communications programme such as 16 days of activism, in the UNCT group, there needs to be more joint work, need to ID success and track achievements, be action based and change oriented.
- UNFPA is the lead in other countries but if it is to make progress in Moldova, the CO needs high level advocacy from the Representative and from the Regional Office.
- There is currently no clear focus from the CO for GE. The focus should be on the SOPs and policy development, without the SOPs, it is difficult to create a structure from which to evaluate progress.
- For Gender Equality – there is a clear role for UNFPA in harmful reproductive practices – the entry point is reproductive rights, male engagement, the power structures are mainly male, the other influencing groups – UNFPA is the only one who can do RH with GE rights based approach
- The Super graph, of the value proposition on the demographic dividend – interesting analysis of the trajectory of the life of an adolescent girl in Moldova – throughout her lifetime, a concept of comprehensive sexuality and work/life balance
- UNFPA really is leading the GBV response reform. In 2010 there was support for a criminal code on Family Violence, specific provisions and special ones on violence against children, but not specifically for women and the joint project addressed the gap
- UNFPA used good entry point with the government (for the joint programme) - the NGO's have a project orientation.
- The police need to be advocates for human rights. In 2010 there was a good minister of the Interior and reformed the Min of internal affairs that oversee the police, there was a policy, they got incentives, they get investigated and are obliged to get training, the police are still using their training.
- UNFPA contribution in GBV and how to see the future – UNFPA made tremendous contributions in the initial projects but kind of lost in 2014, especially at the end. They said that the police are not their usual target groups. The health system should be more involved, in 2010 there were special instructions for social workers and health workers approved by high level committees and now they have developed a health response and worked on a manual – Health Response to GBV WAVE translated and adapted the manual (WLC did it)
- Last year WLC did TOT for the health sector – OSCE and the Austrian embassy, UNDP helped with facilities and OAK. The WLC wanted the MoH to formally approve the WAVE – will have trainings for doctors. The short coming is that there is no real punishment for the perpetrators, no real jail time and no services for aggressor. The services were mapped in 2014, a health system report and there were major loopholes.
- Advocating to continue with health and WAVE, SOPS for health. UNFPA is a big regional player.
- When the UNFPA program was developed, they were not consulted but now there are annual review meetings, the WLC got some capacity building training from UNFPA, on costing, they had some RBM but not from UNFPA, maybe from the Swedish embassy. There were 40-50 forensic doctors, in the TOT and family doctors from the rayon level which oversee the lower levels.
- UNFPA is promoting community coordinated response to GBV - very strong at regional level and they should replicate it in Moldova, should not drop things, put more emphasis on developing capacity building and with civil society. UN Women have a different approach – they try to promote projects about change, and are looking for models.
- UNFPA has more expertise and a practical approach - should dwell on local expertise – there was a consultation in Parliament in March 2016 and UNFPA There is no obvious Master Plan for the training and coverage.
- UNFPA has not strongly participated in GBV/ human rights in Transnistria for the last two years, there is a huge burden of responsibility for assistance agencies to help with GBV, given the need.
- Shelters in Transnistria are insufficient, there are 3, two are day care, but they need sustainable arrangements and there is a very low percentage of women who currently

use the services compared to need. Two more are needed.

- The Hammarberg report was a key means to draw attention to the human rights priorities in Transnistria and thus it would be useful to have an international expert in each sphere to assess and guide the processes and to promote high level advocacy. UNDP has established a high level relationship with local authorities and UNFPA needs to take part in this conversation. UNFPA is not seen as actively involved or present. High level advocacy should reach the Transnistria foreign minister and the Parliament.
- A crisis center to counter and respond to GBV is needed in Transnistria; for long term prevention, educational inroads need to be made to influence children at young ages; Training is needed for all involved roles, the police need to be covered with training, there is a rough matrix for training them over the next three years, there needs to be cells in local villages to monitor the GBV.
- The understanding of the word “violence” is weak in Moldovan culture, as incidences of DV are considered within the realm of normal life by many, and only when there are extraordinary cases that get media attention, do authorities and communities get concerned. Adolescents who are violent may not be living with parents but rather extended families.
- The development of the shelters is very good work, both the physical structures and the capacity development, and the model for perpetrator support in Drochia, however, it is not sustainable unless the government devotes enough resources, the budgets on the state run centers (transferred from NGOs) have been cut, also depends on the willingness of the local authorities, they may decide to close the shelters and there is no strategy for sustainability. While the centers could be replicated and the supporting teams, it is lacking advocacy, the donor forum should be doing this.
- The Joint programme produced results, 1,345 protection orders over 30 to begin with, however, it is to be noted that there were no common activities, a complete division of labor, some rayons were rejected by the State Department for reasons not ascertained and there was a very long extension on the programme, still it has made a difference for survivors of GBV.
- What is needed is a matrix of donors working on GE, experts to help the process of public consultation, and a strategized action plan, M&E is desperately needed, need help to materialize the SDGs, and need a protocol for women with mental disabilities, and women in prison.
- The Gender equality issues are gaining ground, Law 180 introduced to Parliament for 14 paid days of paternal leave; sanctions for political parties that do not meet the 40% gender balance in the party lists.

EQ 6. Efficiency - To what extent has the UNFPA Moldova CO made good use of its human, financial and technical resources to pursue the achievement of the outcomes and outputs defined in the CP?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>A 6.1 Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen, and in a timely manner</p>	<ul style="list-style-type: none"> • The planned inputs and resources were received as set out in the WPs and agreements with partners • The resources were received in a timely manner according to project time lines and plans, or plans adjusted accordingly • Inefficiencies were corrected as soon as possible • Evidence that UNFPA leveraged resources from other sources • Evidence of effective use of regional resources and participation in regional initiatives • Communications targets established through the regional initiative “One 	<ul style="list-style-type: none"> • Annual reports from partner Ministries, and implementing partners • Audit reports and monitoring reports • UNFPA (including finance/administrative departments) • UNFPA project documentation, COARS • UN DESA reports • Regional reports and documentation • Mobilization trust reports • Partners (implementers and direct beneficiaries) 	<ul style="list-style-type: none"> • Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of implementation • Review of financial documents • Interviews with UNFPA and IP administrative and financial staff. • FGDs with beneficiaries of funding (including NGOs)

Voice” have been achieved.

The planned inputs and resources were received as set out in the WPs and agreements with partners. This section covers: 1) Budgets and disbursements of funds and adjustments; 2) Resources Mobilization and Leveraging; 3) Use of Regional resources; 4) Advocacy and Communications

1) Budgets and Disbursements of funds and adjustments - (Note: A number of charts have been developed but all are not included here due to the size.)

COAR 2013 – 75- 99 percent of AWP’s achieved their indicated targets

COAR 2014 - OEE Output 1 - Enhanced programme effectiveness by improving quality assurance, monitoring, and evaluation; Approval of 2 consecutive cash advances by Programme Officers for some IPs given programmatic needs created difficulties in ensuring proper NEX management and OFA clean-up within 4 months period and required more closer monitoring and follow-up in the last quarter

COAR 2015 - All programme 2015 targets are met but the implementation rate was 90.7% due to savings as a result of currency exchange rates.

2) Resources Mobilization and Evidence that UNFPA leveraged resources from other sources:

Excerpts from the UNFPA Moldova Resource Mobilization Strategy (2013-2017)

The following are some of the factors involved in mobilizing funds from various sources and ensuring a broader donor base and stable, adequate, predictable funding for UNFPA and credibility:

- ✓ Adequate delivery of the mandate of UNFPA;
- ✓ Building of donor confidence through efficient delivery of the UNFPA country programme, more efficient use of available funds, and global promotion of UNFPA activities and its achievements;
- ✓ Making UNFPA products, such as programme initiatives, international agreements, administrative reports, publications, campaigns, etc., more visible competitive and attractive to the public around the world;
- ✓ Strategic, continuous dialogue with major donors, granting recognition to donors for their contributions;
- ✓ Better reporting and information on implementation of projects to Governments, especially donors;
- ✓ Broader participation of Governments in the planning and financing of UNFPA programme activities;
- ✓ More active involvement of non-State actors, such as non-governmental organizations, foundation and the business community, in the planning, implementation and financing of UNFPA initiatives;
- ✓ Effective use of creative approaches and innovative resource mobilization techniques with non-traditional donors;
- ✓ Annual analyses at country and regional level to identify best potential donors;
- ✓ Prepare donor profile matrix and update regularly;
- ✓ Regular environment scanning through media (business programmes, newspapers and magazines);
- ✓ Networking activities to demonstrate the results in areas where UNFPA has comparative advantage;
- ✓ Establishing strategic alliances with technical institutions that to generate institutional and public support;
- ✓ Development and annual update of RMP;
- ✓ UNFPA/Moldova format of one-page proposals – call for partnerships;
- ✓ UNFPA/Moldova format “proposals’ tracking tool”.

COAR 2013 - As a part of UNFPA Moldova Resource Mobilisation Strategy working and creating partnership with Private sector are priority advocacy areas for the 2013-2017 Country Programme implementation. During 2007-2012 very productive partnership was established by UNFPA working with **Private sector** in Moldova. The partnership is to be

built in 2014 by using innovative approaches. Raising additional funds is becoming more challenging issue in Moldova, as the country is recently classified as MICs having little opportunities to raise funds. Also raising additional funds is a complex task, which requires additional efforts, time and most important well prepared human resource. Therefore, Moldova CO need properly trained staff in resource mobilization, including capacity-building in areas such as emerging donors and middle-income countries, as well training in communication, advocacy and networking which be an added advantage. Therefore, the Moldova CO Resource Mobilisation Strategy (including partnership with Private sector) needs to be reconsidered in order to identify the entry/access points to donors considering new regional and national environment. Key steps will be undertaken to generate renewed interest of private sector to UNFPA mandate /demands in Moldova.

Resource mobilization has become an increasingly important activity for UNFPA in Moldova because the Programme's core resources have not been sufficient to cover interventions and demands. Thus CO made significant efforts in order to mobilize resources for specific needs of the UNFPA Country Programme in Moldova, individually and part of joint programmes within DaO initiative for UNPF/ICPD/MDGs achievements, including efforts to increase government commitment and expenditures for the ICPD PoA, as well commitments for ICPD beyond 2014. The goal of UNFPA Moldova Resource Mobilization Strategy for the current CP cycle (2013-2017) is close to the total gap of \$US 1 million (30% of the required total CP budget), compared to the total plan requirement of \$ 3.5 million (\$2.5 million indicated in the Country Programme Document will provided by the regular resources). UNFPA Moldova has mobilized in 2013 additional resources as follow: 18,000 USD from Czech Government/CZDA, 30,000 USD from UNDESA, \$ 122,113.54USD from Romanian Government and 859,540.40USD from SDC. UNFPA also has played a catalytic role on leveraging funds under UNFPA mandate demands. What percentage of the annual co-financing programme target has been met (select one option)?(X) Between 80 and 100 per cent

Moldova has "moved" from low-income countries (LICs) to MICs. This situation presents several dilemmas for UNFPA, including for resource mobilization as UNFPA's main donors are mandated to focus on LICs. In this context, fund-raising from governmental and non-governmental sources is becoming very important. There is good movement ahead for Moldova with the integration into EU, however there are a lot of things still to be done. In particular for UNFPA there is a need to brainstorm on further strategy for Moldova not only as MICs but also as candidate(s) for integration into EU. **This may request different approach for UNFPA work and assistance in Moldova, including for UNFPA strategic plan 2014-2017 as well for considering development of the "Exit Strategy"**. However, good practice in the past and successful cooperation with private sector now fund-raising within the private sector became also a very challenging task in Moldova. UNFPA is continue to be cautious in developing relations with private donors ensuring objective screening of potential sponsors, developing innovative proposals, new approaches and targeted project ideas that will lead to a specific achievement in this regard.

COAR 2014 - OEE Output 2 - Improved mobilization, management and alignment of resources through an increased focus on value for money and systematic risk management. Results Achieved: Regular UNFPA resources were allocated as per CPD percentage. The CO managed for efficient full achievement of programme results and "value for money" was in focus. The Moldova CO Resource Mobilisation Strategy was reconsidered in order to identify the entry/access points to donors considering new regional and national environment. The goal of UNFPA Moldova Resource Mobilization Strategy for the current CP cycle (20132017) is close to the total gap of \$US 1 million (30% of the required total CP budget), compared to the total plan requirement of \$ 3.5 million (\$ 2.5 million indicated in the Country Programme Document will provided by the regular resources). In 2014 the office raised \$869,540, managed by UNFPA Moldova CO for the Population and Housing Census. Since Moldova is very advance with EU negotiations and to the category of MICs shoving extremely good progress, UNFPA has advocated for the increase of domestic funds allocated to CP priorities. UNFPA has emphasized the status of a MIC and of a country on a trajectory towards European integration and standards the overall principle is to build national ownership and responsibility. In 2014 the Fraud Risk Assessment was revised and CO Action Plan developed, endorsed and implemented (includes programme and financial management risk areas).

Challenges: • Problems with weak governmental IPs capacity and procedures. • Competitive donor market.

Lessons Learnt: • Proactive capacity building based on IPCAT tool, spot-checks and assurance plans helps minimize risks for IPs. • UN Partnership Framework (the "UNDAF" for Moldova) is a joint document, but no joint funding - is this an opportunity in the context of the 2015 MTR in Moldova ID Indicator Target 2014 Comments Values

OEE Output 2 Percentage of units that have achieved Yes As stated in the indicator 11 at least 90% of their alignment plans OMP, given the MTR in 2015, in 2014 the CO concentrated on moving towards an aligned country programme through its annual review process and re-alignment under GPS.

COAR 2015 – ODI 2.1 2015 Resource Mobilization Plan implemented Resource Mobilization Plan No (2014) Yes and Milestones Quarterly

UNFPA has at least one meeting per quarter with current or future donors - Supporting Documents: 2015-07-27 Moldova CO GSS Action Plan. Increased innovation, partnership

and communications (Outcome 4 Output 12) Moldova CO mobilized and leveraged 127,294.76 USD for all programme outputs (including internal resources). In addition, a major investment was made for the NIDI survey to establish baselines of national financing of ICPD. I CO SP Alignment Plan was concluded, following the MTR of the UNDAF (UNPF).

Key informants contributions to resource mobilization:

- Overall fund mobilization was successful (\$1.2m). For RH, it is very hard to sell to donors but the CO got \$50,000 from SDC.
- On the whole 1) the donors want to give to the NGOs and avoid UN overhead and 2) advocacy is hard to get funds for and demonstrate, 3) the bigger organizations like UNICEF and UNDP command more funds; 4) donors do not use good donorship, most earmark their funds and less to core resources, so the CO against its will has had to seek special interests.
- UNFPA staff are not well trained on resource mobilization as a movement to communications and resource mobilization just occurred in the past 3 years. In Brussels there is a Liaison Office for everyone and in the EU there is open competition.
- The Delivering as One approach is not working and UN agencies are competing for funds.
- Dedicated and permanent staff are needed in the CO to deal with resource mobilization. The CO needs to focus on a business model and promote innovation and not just more of the same.
- In terms of the government fulfilling its agreement, the National Insurance Company is doing a good job but is not happy with small funding. Almost all interventions go to the NGOs and not the MoH – there is unwillingness of government, because they do not get money and they prefer DEX from UNFPA. They think that to reduce investments larger resources taken by programme NEX as DEX is a new framework
- The CO should work with the government and the EU to make SRH priorities part of the EU integration and EU Neighbourhood Policy; the budget gap needs to be covered, missions are generally understaffed, need multi-year commitment from the government;
- Some international organizations have specific portfolios in Moldova, the EU has three major **foci**: public admin reform, agricultural development, and police and border management, whereas it used to focus on health, it does not now, all others are not priority sectors, they have not seen a request from UNFPA for the last three years. .
- SIDA also has a portfolio and has a strong role and profile in Moldova, they have priorities such as governance, corruption control, UNDP is their strong partner on governance, they work with UN Women. There was a very good joint program for GBV Drochia example. UNFPA is not part of their **purview**, they prefer to work with joint programmes and big programmes, the UN should be taking the lead to develop these and interest the donors, the ambitions should be scaled down though, sustainability work does not have to cost a lot, economize like one stop shops for public services
- In general, IPs and other organizations expressed need to be part of discussions and strategies to get funding.

3) Effective Use of Support from Regional Office and Exchange of Expertise, Effective Participation in Regional Initiatives (under relevance?):

COAR 2014 - UNFPA office used South-South triangular cooperation to achieve period (2014) results during the year Moldova CO has provided assistance under South-South cooperation initiative to Tajikistan: hosting in Moldova the study tour for the medical personnel of the victim support rooms (10 participants) from Tajikistan to study advanced practices and effectiveness in addressing GBV by health sector, including cooperation of health sector with other state and non-governmental sectors. Also, based on EECARO initiative on standardization and institutionalization of quality national clinical guidelines in sexual and reproductive health (SRH), Moldova are a selected Regional Training hub/ Training Center for Russian speaking countries in EECA. This particular regional initiative is aiming to contribute to improve quality of care of SRH services through harmonization and institutionalization of development/adaptation and implementation of national guidelines. Four professionals from Moldova have advanced their training skills as well as to provide an update of knowledge of guideline development/implementation and of clinical audit to ensure consistency in delivering the Regional Programme (SSC provider). During 2014 one Regional Training was organised in Moldova for selected countries in EECA (Armenia, Azerbaijan, Belarus, Moldova, Turkmenistan and Ukraine). Regional Training course on Clinical Guidelines in SRH held in Moldova created a critical mass of clinicians and health managers and contributed in improving the quality of SRH care through harmonization and institutionalization of development/adaptation and implementation of national guidelines and utilization of consensus-driven, evidence-based practice guides.

OEE Output 1 - Country office has received effective support from Regional Office in assisting the CO with TA needs. Also RO provided direct extensive learning and mentoring support. During reporting period, EECARO provided efficient (and usual immediate response) to all TA requests submitted by UNFPA CO. EECARO also collected CO

suggestions for the new RPAP for 2014-2017 (based on the survey undertaken). The regional Office's support was extremely good in terms of the planning of 2014 AWP and development of regional multi-year AWP (to complement Moldova's Country Programme interventions). The RO manifested full support in terms of 2014 PHC and ITAB operationalisation. EECARO support and response was crucial in providing TOP support in a number of strategic interventions. Also, EECARO communication related support was very important for creation of a common communication platform, for common advocacy positions and joint, coherent and consolidated messages vis-à-vis partners and UNFPA target groups in Moldova. Specific regional messages were provided to the country context, as well guidance for innovative celebration UN/UNFPA observances international days. OEE Output 1 Country office has an up-to-date No With previous indicator 8 humanitarian preparedness plan support of UN and UNFPA the "National Preparedness Plan in case of Emergencies" is in place which includes the Health System Response Mechanism to emergency situations and public health emergencies. Primary health care providers from each district have been trained in the previous country programme on MISP and became focal point on RH issues in case of emergencies. 90% of country programme indicators monitored all during the year activities implemented by IPs in Moldova through the quarterly progress reports and financial reporting standards. A joint annual review meeting was held with all IPs and critical partners to assess progress against indicators and to plan activities for 2015, including those related to strengthening the capacity of IPs themselves to monitor progress.

COAR 2015 - Defined/Management Outputs Programme effectiveness (Outcome 1 Output 1) Enhanced programme effectiveness by improving quality assurance, monitoring and evaluation Results Achieved: All programme 2015 targets are met.

Challenges: Political instability has influenced the advocacy activities on the overall UNFPA Country Programme in 2015. This is directly influencing the likelihood of achievement the CP outcomes, such as the 2014 Population and Housing Census where the domestic budget allocations are required for starting data processing. | IPs capacity shall be strengthened in terms if advocacy and communication. | The implementation rate is lower than planned (90.7%) due to savings as a result currency exchange rate, however all programme targets are met. The results framework on the CPD didn't reflect all the programme interventions. As a result of alignment process to SP, CO has added additional indicators to monitor the results achieved. There is a need for better focusing on results of the CPD and accelerate the delivery of such results by continuous monitoring of the indicators and update of the M&E plan.

Lessons Learnt: The annual targets should not be too high especially in the likelihood of a political instability as it was in 2015 in the Republic of Moldova. Implementing Partners need further assistance and guidance in implementing UNFPA- supported activities, especially those activities related to advocacy efforts and interaction with policy and decision makers.

Output 1 ODI 1.2 2015 WP targets are met WP Progress Reports No (2014) (Yes) The implementation rate is lower than planned (90.7%) due to savings as a result of currency exchange rate, however all programme targets (expected results) are met.

COAR 2015 - OEE Output 1 indicator 9 Output 1 Country office has received effective support from Regional Office during the year

Key informant contributions to use of regional expertise:

- At the regional level there is a harmonized approach to technical assistance using European models, which depends on national funding levels to achieve universal access, the budget is not enough, the priority is to educate and maybe supply equipment, but if not UNFPA is supposed to be advocating for modern equipment. The resource mobilization strategy is critical. Where Moldova has achieved good results such as in maternal health, it should share that experience. There is good awareness of capacity gaps and a regional master plan.
- The critical means to promote results is by connecting to the European institutions. In this sense, there was good work done by the CO and gaining a common perception of capacity gaps from various stakeholders and striving for a government commitment. The changes in the GOv have been an obstacle. The MDGs started to involve RH in 2008 for universal access to RH and Moldova was among those countries which promoted rights priorities and rights budgeting messages.

4) Communications targets established through the regional initiative "One Voice" have been achieved.

COAR 2104 - OEE Output 3 -Increased adaptability through innovation, partnership and communications

Results Achieved: The Moldova Partnership Plan per se is under development as per guidance from EECARO. However, overall principles of the Partnership Plan are included in the Resource Mobilisation Strategy for 2013-2017 as well as the Advocacy and Communication Plan which includes the ICPD Plan. The UN Partnership Framework is the overall programme document (UNDAF equivalent) and will be subject to a mid-term review in 2015. With support from EECARO the partnership plan for Moldova needs to be multifaceted (and aligned during 2015 MTR). It will be clearly indicate specific results expected and indicators to measure the progress. The visionary nature of partnership plan Moldova will consider the context of MICs and the current political processes in Moldova (e.g new government, EU accession, etc.). 2014 Communication Plan developed and successfully implemented. Communication visibility activities were realized during the International Family Day (Family Festival in Moldova), World Population Day, International Youth Day, International Elderly Day, 16 Days of Activism against Gender Based Violence Campaign, SWOP launch, World AIDS Day, Social Theater Festival etc. Also UNFPA supports the Center for Demographic Studies (Demographic Center) to develop and print the periodical publication on analysis of the demographic situation in the Republic of Moldova – the Population and Development newsletter. Based on 2014 UNFPA Communication Plan all communication activities contributed to the UN common communication platform and joint advocacy positions in Moldova, such as on youth for WPD and IYD. New efficient partnership established in 2014 with the Independent Center for Journalism (monitoring of the Communication Campaign for the 2014 Population and Housing Census in Moldova), top on-line platforms (UNIMEDIA and #diez), as well with the popular weekly newspaper The Guardian. UNFPA Moldova has been successful in making youth a priority in the national and local development strategies. The voice of Moldovan young people has been heard internationally with youth advocates participating in global events discussing how youth can contribute to equitable progress in their society. The success story of a Y-PEER volunteer from Moldova appeared in the 2014 SWOP. Communication messages and activities undertaken by UNFPA Moldova in 2014 contributed essentially to CP priorities: state investment in youth health and education including age-appropriate and comprehensive information on sexuality and reproductive health, participation of youth in the decision making process, advocacy efforts for healthier and more productive young generation.

Challenges: • Limited communication capacity of the UNFPA Moldova (the Communication Associate post is vacant for almost nine months) and, as a result the public have not enough information about the good results and the success stories of UNFPA programmes • As a challenge should be mentioned need to review the classification of Communication Associate and functions in order to increase “attractive” aspect of the post allowing to recruit a professional staff member. • Old platform of the UNFPA Moldova website is difficult to operationalize and web-based publishing tool is limited for uploading materials, as well very time consuming.

Lessons Learnt: • In the aspect of sustainability the success of UNFPA interventions in Moldova depend a lot on the ownership and cost-sharing of the Government • Enhancing impact and results of UNFPA CP interventions are crucial offering a legitimate platform for partners to tackle sensitive issues of development • Key messages relevant and adaptable to partners, policy makers and public are of crucial importance for addressing ICPD Beyond 2014 • Supporting our national partners in communicating their development results, demonstrating how the combination of their interventions, policy reforms and partners’ support improved peoples’ lives in tangible ways. • Allocating of resources is a vital part of the efficient communication plan ID Indicator Target 2014 Comments Values

Supporting Documents: UNFPA Moldova_Resource Mobilisation Strategy 2013-2017.doc UNFPA Moldova Communication strategy_2013-2017.doc ICPD Plan_MOLDOVA 2014-FINAL.docx

COAR 2015 - Increased adaptability through innovation, partnership and communications Results Achieved: 2015 Advocacy and Communication Action Plan was developed and successfully implemented; . Informational materials compiled for focus areas within the UNFPA mandate (1) Family Planning, (2) Adolescents and Youth and (3) Population Dynamics such as specialized reports/policy briefs, experts data base, human stories, infographics and promotional videos. . Key external communication messages for focus areas developed. IPs and UN Moldova public and media messages in the area of UNFPA mandate aligned to the defined messages; . UNFPA visibility strengthened, including within the joint UN Moldova and IPs public and media events; . Assistance and guidance to IPs was provided in organizing media and public events, promoting key UNFPA communication and advocacy messages; Capacity of the media to report on UNFPA mandate issues strengthened through specialized trainings for journalists within the Advanced School of Journalism (based on a specially developed curriculum on Population and Development) and 3 press clubs; . Social Media presence strengthened on Facebook (number of followers doubled in 2015), Twitter, joint UN Youtube and Flickr accounts. . CO embraced the corporate Innovation Initiative and was one of the first CO's globally to host an Innovation Day. CO was selected for participation in the Big Data event, the Hackathon for Youth and the Global Innovation conference in Finland. Success in the Hackathon will produce a prototype and project for corporate funding in 2016.

Challenges: Lack of capacities of IPs for media relations and social media content management; Shift of the media and decision makers focus due to the political instability and

corruption scandals;

Lessons Learnt: Continue building IPs capacity in strategic communication and advocacy, messaging, media relations, social media etc. in order to optimize their activity and ensure the multiplication/amplification of the UNFPA advocacy and communication efforts; Diversification of the communication and advocacy channels and use of digital and innovative tools for public outreach. Continue to seek coordination roles in sector councils and DP initiatives.

Comprehensive partnership plans for Partnership Plan your office exists per se is under development as per guidance from EECARO. However, overall principles of the Partnership Plan are included in the Resource Mobilisation Strategy for 2013-2017 as well as the Advocacy and Communication Plan which includes the ICPD Plan. The UN Partnership Framework is the overall programme document (UNDAF equivalent) and will be subject to a mid-term review in 2015.

Key informant interviews input on communications:

- One example of the CO successfully recalibrating messages to the context, e.g. use of FP but not for fertility control in the pink country.
- Good examples of communication are through the Y-peer, using the structures for global advocacy; the state of the world population report. Recalibration used successfully in animated videos, why FP is important in low fertility scenarios, why gov should invest.
- The interventions are supposed to be followed up but they do not do this too well. They need good communication indicators, they need to be more strategic and select a few priorities.
- Other communications challenges are how to assess the capacity of the IPs and journalists.
- UNFPA has to focus on a smaller number of providers and increase visibility to make UNFPA's work more recognizable. From the regional perspective, there will be 3-4 regional priorities – these would likely include 1) sexuality education 2) addressing low modern contraceptive prevalence; 3) complex low fertility and ageing issues.
- There should be stronger communications (like through One Voice)
- UNFPA language is not always easy, the terminology, for outsiders
- Journalists/media need to dig deeper into the issues for the UNFPA press - Life stories – need more data – collaboration – donor has to show interest, take the journalist to the places - UNFPA needs to narrow it down to a particular person in the target groups
- UNFPA should ask the partners to provide and report statistics to the media and more important to be present and promote what they (the media) do - participate in a debate, like the life skills issues in schools, which was taken out of the curriculum
- Media people want more joint meetings (like the focus group) to brainstorm and since they come from different perspectives, to share those.
- The strategy on reducing visibility may be going too far as many stakeholders so not understand what UNFPA does, its mandate and intervention areas, they may know one set of interventions but not the integration of them and the advocacy efforts
- The Parliamentarians need to be aware of UNFPA programs and the communication strategy to understand how it is supposed to work so they can advocate to their constituencies, overall they perceive the initiatives by UNFPA to be correct and what is needed

<p>A 6.2 Administrative and financial procedures and requirements as well as the mix of implementation modalities promoted an integrated approach and facilitated a smooth execution of the programme</p>	<ul style="list-style-type: none"> • Appropriateness of the UNFPA administrative and financial procedures for the implementation of agreed interventions including UN Delivering as One joint business operations • Appropriateness of the use of resources and indications of cost efficiency • Appropriateness of the mix of implementation modalities to promote an integrated approach 	<ul style="list-style-type: none"> • UNFPA staff (including finance/administrative departments) • UN Delivering as One joint administration procedures and Business Operations Strategies • Implementing Partners • Annual reports from partner Ministries, and implementing partners, audit reports and monitoring reports • Sub-national staff and beneficiaries 	<ul style="list-style-type: none"> • Documents including COARS, UN Partnership Framework reviews, UN joint administrative procedures • Interviews with high level and management level staff • Review of financial documents at the UNFPA and interviews with administrative and financial
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			<p>staff.</p> <ul style="list-style-type: none"> Beneficiaries of funding (including NGOs)
<p>This section of the matrix covers: 1) UN Delivering as One, Administration efficiencies (e.g. one administration, one fund, joint programmes); 2) Country Office administration to track efficiency: Human Resources management; M&E plan; Country Office Accountability; Section of Implementing Partners:</p>			
<p>1. Operating as One - UNPF Review 2015: Administration Efficiencies</p>			
<p>The UNCT in Moldova was one of the first ones globally to develop a joint Business Operations Strategy (BOS). The BOS supports the implementation of the UNPF and it covers the corresponding time period, 2013-2017. It currently sees participation of 12 UN agencies. An empowered OMT chaired by an international head of agency oversees the implementation of the BOS. During the first years of BOS implementation, the UNCT focused on efficiency and quality gains: reducing costs and increasing quality of operations support through strengthened procurement, common human resources, reduced logistics and transportation costs, and decreased costs in financial management. The BOS was implemented through 2013 and 2014 Annual Work Plans, managed by the OMT. Through the implementation of these Annual Work Plans the UN agencies continued to harmonize business practices to reduce costs, enhance savings in staff time, and increase quality and timeliness of procurement.</p>			
<p>An increasing number of long-term agreements (LTAs) – from 12 in 2012 to 21 in 2014 – ensured that resident and non-resident UN agencies could benefit from economies of scale in areas such as printing services, purchase of fuel, supply of IT equipment, supply of office equipment/printers, Internet connectivity services, provision of written translation services, transportation services, purchase of office stationery, a harmonized approach to cash transfers, micro-assessments, travel agency services, and arrangements with individual translators/interpreters. Two further joint arrangements (express mail services and UN House administration) were approved and efficiently used by UN agencies. The LTAs are accessible to the team on the UNCT restricted web space, and are in use by a majority of agencies including UN Women, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNODC and WHO.</p>			
<p>During the reporting period, the UN House increased its occupancy from four to seven UN agencies: UNDP, UNICEF, UNFPA, UN Women, OHCHR, UNAIDS and the United Nations Department of Safety and Security. WHO, UNDP and UN Women projects are accommodated in nearby shared premises. Co-location of offices has greatly improved cross-agency information sharing and strengthened the One UN identity. A new decentralized UN Moldova website, UN.md, facilitated direct access for agencies, including non-resident agencies, to independently post news, recruitment and procurement opportunities, leading to efficiency gains. Eight agencies applied a UN diversity clause in recruitment procedures, resulting in recruitment of two persons with physical disabilities and several persons of ethnic minority backgrounds (including in contracts with individuals).</p>			
<p>Inter-agency trainings were provided by in-country UN staff on <i>inter alia</i> a human rights-based approach, communications for development, the Aid Management Platform, statistics and time management. These were complemented by a gender marketplace, as well as joint trainings in a harmonized approach to cash transfer and results-based management by regional UN staff. Together with a first all-UN staff meeting, these joint training initiatives boosted team building and enhanced UN staff understanding of their role and the potential to extend actions in support of the Delivering as One approach.</p>			
<p>An innovative Multi-Donor Trust Fund has been set up to support joint work under the UNPF, secure additional funds that would not otherwise come to Moldova or to the UN, garner further support to follow up on the Hammarberg Report recommendations, and allow pass-through between agencies. Four projects supported by three donors were channelled through the multi-donor trust fund in 2014.</p>			
<p>An OMT focus area for 2015-2017 will be to strengthen incorporation of celebration of diversity issues into the UN Moldova BOS as a way to enhance the currently implemented UNPF and its next cycle. The approach will be twofold: (1) mainstreaming diversity into the BOS; and (2) deepening the inclusion of minorities and other marginalized groups in the work of UNCT Moldova. These measures will be closely coordinated with other diversity initiatives of UNCT Moldova. Implementation will focus on advancing UN common premises' physical accessibility and improving UN informational and communication accessibility. For this purpose earmarked financial support was obtained from the UNDAF</p>			

Design Innovation Facility through the Business Operations Window. By implementing this initiative, UNCT Moldova is aiming at contributing to prototype a new generation of UNDAFs that are positioned to advance modern business operations innovations to support UNDAF implementation with sustainable development in mind, based on evidence and through public participation and multi-stakeholder engagement, and ensuring sustainability by accountability mechanisms. UNCT Moldova will contribute to upstream policy development by actively communicating the results of this initiative to internal and external stakeholders.

In terms of future opportunities, UNCT is aiming at increasing the share of agencies accessing the LTAs through placing them on a common platform, thus reducing transaction costs and increasing efficiency. Additional focus will be on promoting and facilitating access to UN information, procurement, and HR announcements by the general public, prospective vendors and partners in an efficient and simplified manner. This will also imply placement of adequate information in other languages than English to ensure wider access. With regard to the human resources area, one of the key opportunities would be to establish a common UN roster of consultants.

Moreover, the OMT and UNCT will strive for a fully operationalized BOS modality to better support UNPF implementation and monitoring in Moldova in the framework of the Sustainable Development Goals (SDGs).

OMT will aim at increasing the number of common trainings conducted for UN staff. Another focus area will be to build capacities of partners through coordinated joint efforts with the objective of increasing efficiency of UN support to the country.

COAR 2014 - UNFPA CO continued to pursue joint projects with the UN family in Moldova (Joint UN project on Statistics, joint UN project in Transnistria region). In the reporting period UNFPA contributed to increased transparency, accountability and efficiency in public authorities through participation in national sectoral and inter-sectoral policy-making such as the National Commission on Population and Development and the Health Sector. In 2014 one UNFPA staff member has attended two-week Core Course IPDET programme with support of EECARO, Carleton University and the World Bank. As a follow up, the critical importance of the results-based management including M&E was analyzed by CO. Also one professional staff from MoYS in Moldova was a part of the IPDET course in 2014 supposing that Ministry of Youth will increasingly responsive to internal and external stakeholders to demonstrate tangible results. With regard to overall staff well-being and performance, the CO prepared and monitored the CO Global Staff Survey Action Plan. The Learning Afternoon and presentation in details on Results-Based M&E was provided for CO programme staff which allowed getting the knowledge on how to develop and adjust the M&E system to the national context.

As per joint UN initiatives, UNFPA is actively engaged and increased the cost-effectiveness of UN business operations in support of CP delivery (common services and premises). UNFPA is well positioned in the implementation of the Business Operations Strategy. The process is facilitated by the geographical proximity of UN Agencies based on UN House and by increased effectiveness of UN business operations. The detailed results matrix of the Business Operation Strategy provides strategic, medium-term focus on common UN operations processes that add value to the UNFPA operation in Moldova. CO staff incorporates professional and well-dedicated human resources capable to implement CP's outputs.

COAR 2014 - UNFPA country office is using common **2014 EECA indicator 3** results-based management tools Roadmap for (results chain, results matrix, and Albania and monitoring and evaluation plan) and Moldova was principles (accountability, national developed aiming ownership of results, and to develop inclusiveness) business model including programmatic aspects in the context of delivering as One in the MICs. Support from Albania CO was received on building evidences around important areas for knowledge sharing: Delivering as One, TMA/market segmentation, Gender/GBV, Cervical Cancer, Communication and Advocacy Strategy.

As per joint UN initiatives, UNFPA is actively engaged and increased the **cost-effectiveness of UN business operations** in support of CP delivery (common services and premises). UNFPA is well positioned in the implementation of the Business Operations Strategy. In 2014 UNFPA Moldova has implemented effective tools for improving human resources performance (staff s participatory under 2014 OMP development, staff retreats, learning afternoons, webinars, thematic workshop and training sessions). The weekly Staff Meetings are in place, as well, as Programme and Management meetings with the purpose of efficient and result-oriented management (also in 2014 Moldova CO are in the list of countries getting top Office Performance Ranking). CO also prepared and monitored the Global Staff Survey Action Plan.

COAR 2015: Output 12 ODI 3.2 Ensured contribution to UN Common System by implementing common services, common longterm agreements, harmonized approach to procurement, common human resources management, information and communication technology services or financial management services OMT Workplan and report, CSA

report Yes (2014) Yes

Participate to Operations Management Team (OMT) meetings and provide the necessary inputs and feedback to OMT Work Plan Yes

Proper administration of Common Services Account and common premises was ensured and UNFPA interests were considered; UN LTAs were used leading to reduced procurement cost and enhanced procurement quality; Following OMT retreat, UN Business Operations Strategy indicators were revised; I SLA with UNDP was signed.

Lesson - Lack of an automated system to ensure proper record of services provided by UNDP for cost recovery purposes - Continue to seek coordination roles in sector councils and DP initiatives.

Output 12 ODI 3.2 Ensured contribution to UN Common System by implementing common services, common longterm agreements, harmonized approach to procurement, common human resources management, information and communication technology services or financial management services OMT Workplan and report, CSA report Yes (2014) Yes Yes - Responsible member (team) Participate to Operations Management Team (OMT) meetings and provide the necessary inputs and feedback to OMT Work Plan Yes Yes

Participate to inter-agency meetings related to common premises and services Yes - Ensure proper administration of the Common Services Account Yes - Ensure proper Cost Recovery arrangements for the services provided by UNDP as per the Universal Price List and Local price List Yes

Output 12 ODI 3.1 Communication Plan Communication Plan No (2014) Yes - UNFPA participates in the meetings of the UN Communication Group Yes; Supporting Documents: 2015 Communications Action Plan Moldova - final Aug 2015.doc Ensured safety and security of UNFPA personnel and operations (Security Output) Results Achieved: I Moldova CO is MOSS compliant. SRA, MOSS and MORSS approved; I Business Continuity Plan was updated, endorsed and implemented; Personnel lists were updated on monthly basis and sent to UNFPA Regional Security Advisor. Mandatory security trainings and certifications (BSITF and ASITF) were completed by all staff; I Global Directory personal profiles were verified on monthly basis.

Challenges: While the MoU on 2015 cost-shared security budget was not issued and signed by UN Agencies, the common security activities were not impacted given the administration by UNDP as lead agency and coordination of the UNDSS Field Security Associate. Following SMT decision, cost recovery was applied by UNDP at the end of the year. It is recommended that MoU on 2016 cost-shared security budget is signed at the beginning of 2016 upon SMT decision and UN Agencies contributions collected. . Implementation of alternative working modality (working from home) as per the Business Continuity Plan was tested for the first time in 2015. Staff faced some minor issues related to having full contact details, including skype IDs of all colleagues, VPN settings in order to access documents repository on server and availability of office vehicle and driver to ensure attendance at all scheduled meetings.

Lessons Learnt: Continuous interactions with UNDSS Field Security Associate and UNFPA Regional Security Advisor on security issues ensured timely guidance for CO and all staff as well as prompt action and relevant response by CO.

OEE Output 1 indicator 3 2014 N/A Yes Results Matrix Output 1 UNFPA country office is (Yes) using common results-based Nations management tools (results Partnership chain, results matrix, and Framework monitoring and evaluation 2013-2017 plan) and principles (accountability, national ownership of results, and inclusiveness)

Appropriateness of the UNFPA administrative and financial procedures for the implementation of agreed interventions: Appropriateness of the use of resources and indications of cost efficiency:

COAR 2013: Results based management: IPDET course with support of the Carleton University and the World Bank - Evaluating Complex interventions for the UNFPA Country Programme are only way to gain an overall understanding of what is happening and to provide insights about the overall effect and experience of development within a country. One UNFPA staff member has attended two-week Core Course IPDET programme with support of EECARO, Carleton University and the World Bank. As a follow up, the critical importance of the results-based management including M&E was analyzed by CO. The Learning Afternoon and presentation in details on Results-Based M&E was provided for CO programme staff which allowed getting the knowledge on how to develop and adjust the M&E system to the national context. Also one professional staff from MoH in Moldova was a part of the IPDT course in 2013 supposing that Ministry of Health will increasingly responsive to internal and external stakeholders to demonstrate tangible results. In this

sense, the Results-Based monitoring and evaluation is a powerful public management tool that can be used to demonstrate not only the contribution, but the attribution to results as well.

Key informant contributions to the UN Delivering as One:

- There are also new requirements for the HACT – and the paper work to UNFPA is just as large as with large agencies, each IP budget has to be accounted each quarter and it is too burdensome. There is very big fragmentation of operations, small pieces take a very long time. For example there were 22 national consultants last year from 50 to \$5,000. The CO should work with larger amounts to avoid the financial headaches.
- Now there is a continuous audit process at a distance. This also has implication for more staff time, thus the CO needs to focus the programme, and seek more cooperation through joint programmes, however even in the joint programmes, the tendency is to still have separate admin, and the UN really has no common services – it should be working as one, this is supposed to be self-starting.
- There are UN joint LTAs which has been extensively used by UNFPA Moldova CO in order to reduce transaction costs and save staff time. All vouchers are submitted to UNDP Finance Unit for payment and UNDP charges \$9 per payment/transaction as cost recovery in line with signed Service Level Agreement (SLA) and Universal Price List (UPL).
- The point of the Delivering as One is not to have an architecture to force the agencies together where there is no rationale – but when the overall benefits are greater than working alone.

Human Resources Management

COAR 2013- UNFPA Moldova has implemented new and effective tools for improving human resources performance, such as active staff's participatory under 2013 OMP development, staff retreats, learning afternoons, webinars, thematic workshop and training sessions. Under leadership of the Country Director the CO have structured weekly Staff Meetings, as well, as Programme and Management meetings with the purpose of efficient and result-oriented management. With the support of the Country Director and in order to cope with the staffing problem the CO is proposing a new organizational chart that envisages reclassification and establishment of the UNFPA Representative, Assistant Representative post (NOC) and a RH/Youth Programme Analyst (NOB) post. The approval of new staffing scheme was imperative given the implementation of 2013-2017 Country Programme and increased demands imposed by UNFPA programme activities which have augmented both as number and as complexity, ever increasing involvement in policy development and analysis, joint programming etc. Now the CO staff incorporates professional and well-dedicated human resources capable to implement Cp's outputs. CO also prepared and monitored the Global Staff Survey Action Plan. A future issue to be resolved is with regard to the communications functions within the office in light of both the corporate push on this and the current vacancy within the office.³⁹⁵

Results Based management training: Has any of the country office staff received training on country programme evaluation management (please answer yes only if staff has been trained within the strategic plan period 2008-2013 and is still working at the country office) (X) Yes

Challenges: Limited number of qualified potential candidates for UNFPA posts. The field missions during the CP evaluation also revealed that UNFPA implementing partners are not familiar with the RBM concept and results-chain approach, but are willing to benefit of tailored capacity building support on RBM design, implementation, monitoring and reporting.

Lessons Learnt: Advance planning of all recruitment steps, including nomination of Interview Panel members and their commitment for scheduled interview date ensured completion of recruitments as planned without further delays. RBM concept and approach is getting mainstream within the UNFPA planning, but it also needs to be mainstreamed into the UNFPA cooperation with the implementing partners. Therefore, capacity building on RBM, followed by support materials and adjusted reporting templates would be highly

³⁹⁵ Country Office Annual Report, 2013

commendable, for increasing the effectiveness of the interventions of the partners and shifting from mostly action-based interventions to the results-based ones.

In 2014 UNFPA Moldova has implemented effective tools for improving human resources performance (staff's participatory under 2014 OMP development, staff retreats, learning afternoons, webinars, thematic workshop and training sessions). The weekly Staff Meetings are in place, as well, as Programme and Operations meetings with the purpose of efficient and result-oriented management (in 2014 Moldova CO was in the list of countries getting top Office Performance Ranking).

Challenges: Among the main challenges identified the following stand out: 1. Poor national capacity among key stakeholders and counterparts for the quality M&E assurance 2. Evidences on population dynamics, including low fertility, aging are not yet incorporated in policy formulation. 3. One of the challenging issues is to solve the recruitment of the Programme Analyst in P&D and the Communication Associate as per existing current vacancies within the office in 2014.

Lessons Learnt: Joint programming is an effective tool in promoting greater coherence. • UNFPA cooperation with the Government of Moldova should be based on two principles: efficiency and maximum use of comparative advantages of our agency • By involving Government and national stakeholders more closely in the programming, planning and management of UNFPA actions, we are ensuring their ownership, needs and priorities are met

- Strengthened national ownership under UNFPA CP requires strong national coordination mechanisms that foster joint decision-making and joint monitoring and evaluation. • Sector coordination councils are an important mechanism of discussions and planning for efficient interventions between Government and UNFPA as an opportunity to review jointly how to strengthen our engagement in the national systems. • The UNPF MTR in 2015 will provide an opportunity to build greater ownership, focus and alignment with the UNFPA SP.

Section of Implementing Partners:

- Total number of implementing partners in 2013: 6 - Total in 2015 = 13
- Number of implementing partners in 2013 whose capacity was assessed: 6
- Tool used for assessing implementing partners' capacity (select all that apply):
 Implementing partner capacity assessment tool (https://docs.myunfpa.org/docushare/dsweb/Get/UNFPA_Publication-43256)

Key informants opinions on Human Resource management:

- Many responsibilities of staff incorporate the "soft interventions" which may not be specifically described or budgeted in the annual work plans yet require a great deal of staff time
- CO operational staff were not involved in the CP design which is an oversight - programme staff may plan without financial realities attached
- The office needs as dedicated staff for resource mobilization and communications
- Training for both IPs and UNFPA staff should be carried out on financial management of projects – the UNFPA is much more bureaucratic in terms of rules to follow, Most IPs have not had trainings on risk management for example
- From IP - the organizational assessment done to accept them as a partner was very useful to see the gaps that they had themselves and they have since tried to cover these
- On the Human resources side – to help the team deliver, the CO achieved results due to a staff survey they did a risk assessment – there was an interstaff survey both at global and CO levels and the CO made an action plan to address the issues.

Monitoring and Evaluation:

COAR 2014 - Results Achieved: The CPE Management Response is tracked and updated. In 2014 one UNFPA staff member has attended two-week Core Course IPDET programme with support of EECARO, Carleton University and the World Bank. As a follow up, the critical importance of the results- based management including M&E was analyzed by CO. The Learning Afternoon and presentation in details on Results- Based M&E was provided for CO programme staff which allowed getting the knowledge on how to develop and adjust the M&E system to the national context. Also one professional staff from MoYS in Moldova was a part of the IPDT course in 2014 supposing that Ministry of

Youth will increasingly responsive to internal and external stakeholders to demonstrate tangible results.

COAR 2015 - Output 1 ODI 1.1 2015 M&E Plan is implemented Plan (2014) Supporting Documents: Moldova CP SP Alignment signed.pdf Matrix M&E Dec 2015.pdf Improved mobilisation, management and alignment of resources (Outcome 4 Output 12) Improved mobilization, management and alignment of resources through an increased focus on value for money and systematic risk management Results Achieved: Integrated accountability checklists were completed by the corporate deadline. Timely follow-up on all issues ensured green Atlas Dashboard for Moldova CO during 2015; Fraud Risk Assessment was done on-line into the new "My Risks" module of SIS/My Results in 3Q as per corporate deadline; 12 unqualified NEX audits; CO Learning Plan was developed and endorsed and collective learning activities were organized as scheduled; All vacancies were filled in as per the CO current organogram and 4 recruitments were completed in 2015 for the following posts: Programme Analyst on PD and Gender (FTA, NO-B); Programme Associate on RH and Youth (SC); Communication Officer (SC) and Assistant Representative (FTA, NO-C).

UNFPA staff has undertaken regular **monitoring visits to all Implementing Partners** during 2015 that contributed to increased efficiency in terms of communication and management of planned activities. Regular specific meetings with national counterparts and IPs have taken place that facilitated the implementation of planned activities and achievement of results. The Country Programme was aligned to the Strategic Plan. As a result a new Results and Resource Framework was developed, as well as a new M&E Plan. The CO has developed the M&E procedures based on corporate policies, that specify the type of M&E activities, frequency, the responsible staff, means of verification. Monitoring visits has been conducted to each IP (at least one monitoring visit per IP).

Country Office accountability:

Output 12 ODI 2.5 Office fully complied with accountability system Financial accountability check list Yes (2014)

Integrated Accountability Checklists performed by the corporate deadline Yes Year-End

Accounts Closure procedures performed by the corporate deadlines Yes

Fraud Risk Assessment and Action Plan developed Yes

No Fraud Risk Action Plan implemented Yes

Conduct physical count of assets by corporate deadline Yes

Perform timely reconciliation of assets in AM module in Atlas Yes

Output ODI2.4 Fostered staff Global Yes

Performance and Staff (2014) motivation Survey, PADs, Country Office Surveys Responsible

Fill vacancies, if any, within 4 months from the close of vacancy announcements to initial offer to candidates Yes

Ensure that SIS outputs and milestones are consistently and clearly reflected in staff's individual PAD workplans for easy tracking Yes

Ensure that all PAD phases are completed by the established corporate deadlines Yes

CO Learning Plan developed and endorsed Yes

Collective learning activities delivered Yes

CO Action Plan on Global Staff Survey developed and endorsed Yes

CO Action Plan on Global Staff Survey implemented Yes

ID Indicator Source Baseline Target Actual-Reason Comments 2016 2016

Ensured NEX Management audit (2014) report, OFA reconciliation, NEXAM S application Responsible Members

Finalized Official Report Milestones Milestone Quarterly Targets

Responsible member (team) OFAs are cleared within a maximum of 4 months after they have been issued Yes

Advances are not given to IPs with 2 consecutive negative NEX audits or unsupported amounts for previous year until they are cleared or unless exception is authorized by the Chief of Finance Branch Yes

Prepare for NEX audits (undertake preparatory consultations with IPs, reconcile Combined Delivery Report with FACE forms, and compile and hand-over documentation to NEX auditors in advance) Yes

Participate in entry and exit meetings with NEX auditors Yes

Submit compliance action in NEXAMS by deadline, if applicable Yes

Key informants contributions to M&E:

- How can the CP be more efficient in achieving results? By working with donor mechanisms, and National Commissions on P&D
- M&E support is the most requested from the MoH and its implementing partners

Appropriateness of the mix of implementation modalities to promote an integrated approach:

UNFPA has employed a **range of tools and resources** to promote programme objectives. These include:

- Strong integrated planning
- Technical assistance and expertise in all the areas related to the programme using local and external consultants and experts, as well as some resources of the UNFPA regional and global programmes;
- Behavior change communications, multi-media and public events to promote key messages and create awareness of issues.
- Assessment, studies and research on topics that were key pressing issues in development which then served to guide follow-on actions by UNFPA and other stakeholders
- Capacity development through facilitation of education programmes, training activities
- Support for recruitment of project personnel in accordance with the annual work plans
- Administrative, operational, and technical support by the CO to the implementing partners to carry out planning, implementation and monitoring.

EQ 7. Coordination - To what extent has the UNFPA Moldova CO contributed to the functioning and consolidation of UNCT coordination mechanisms?

<p>A 7.1 The UNFPA Moldova country office has actively contributed to UNCT working groups and joint initiatives in each of the programmatic areas</p>	<ul style="list-style-type: none"> • Evidence of active participation in UN working groups • Evidence of UNFPA contribution to UN advocacy efforts • Evidence of UNFPA support for UN delivering as one approach • Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas • Evidence of exchanges of information between UN agencies • Evidence of joint programming initiatives (planning) • Evidence of joint implementation of programmes 	<ul style="list-style-type: none"> • UNFPA CO • UN strategies • UN common resource mobilization strategies and common pools • Donor coordination groups • Minutes of UNCT working groups • Programming documents regarding UNCT joint initiatives • Monitoring/evaluation reports of joint programmes and projects 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA CO staff • Interview with the UN Resident Coordinator • Interviews with other UN agencies • Interviews with donors
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General: Through the UN Partnership framework, “Towards Unity in Action” (2013-2017), the Government of Moldova joins over 30 governments in a global reform effort of the UN development system - “Delivering as One”. Said UN reform is about bringing the full potential of the diversity of the United Nations to Moldova in a coherent manner, thereby enhancing the impact of the UN’s support, and bringing services closer to the people. The reform is also about making the UN more results-oriented and better able to provide integrated solutions to the multi-sectoral challenges facing the country, based on UN agencies’ specific comparative advantages and identities. This Action Plan embraces and incorporates the principles of development effectiveness as agreed in the Paris Declaration, the Accra Agenda for Action and the Busan Partnership Document. These values

have been adapted to the country context through the Moldova Partnership Principles and their Implementation. Throughout this Action Plan, UN specialized agencies, funds and programmes, departments of the UN Secretariat, other UN entities, and the International Organization for Migration are collectively referred to as UN system agencies and set out for the United Nations Development Group by the Outcome Document of the high level conference on Delivering as One in Tirana of June 2012, "The United Nations we want – our commitment to the way forward".

In 2013, the CO contributed financially to the Office of the United Nations Resident Coordinator in the amount in USD: 6,800 USD. UNFPA senior management did not co-chair a United Nations inter-agency coordination mechanism but played a very active role within UNCT on Youth, Sexual and Reproductive Health and Rights issues, Domestic Violence and promoting Active Ageing. In particular, UNFPA Moldova was instrumental in leading very successfully UN and donors' support for 2014 Population and Housing Census. UNFPA CO continued to pursue joint projects with the UN family in Moldova. With support of UN and UNFPA in particular the government developed and approved the "National Preparedness Plan in case of Emergencies" which includes the Health System Respond Mechanism to emergency situations and public health emergencies. UNFPA has advocated to include SRH and GBV issues into the action plans developed at the local level of each district of the country on "Preparedness and public health emergency response". Primary health care providers from each district have been trained on MISP and became focal point on RH issues in case of emergencies.³⁹⁶

SRH: The coordination of Emergency Preparedness efforts in Moldova is undertaken by UNCT in partnership with the Department of Emergency Situations in cooperation with relevant humanitarian actors. UNFPA Moldova is actively involved in the process supporting national ownership and existing governmental capacity in the field. With support of UN and UNFPA the "National Preparedness Plan in case of Emergencies" is in place which includes the Health System Respond Mechanism to emergency situations and public health emergencies. UNFPA has advocated to include SRH and GBV issues into the action plans developed at the local level of each district of the country on "Preparedness and public health emergency response". Primary health care providers from each district have been trained previously on MISP and became focal point on RH issues in case of emergencies. In order to ensure efficient Health System Response for the victims of DV/GBV UNFPA trained 250 medical personnel (family doctors, family nurses, medical staff from the Emergency Medical Units) representing 114 Primary Health Care (PHC) institutions.

UNFPA and UNICEF supporting the Youth Friendly health services. The WHO health is part of the UNCT. There are WHO global guidelines on "Intimate partner Violence" (WAVE) they are promoting trainings. There is strong cooperation between UNFPA and WHO on SRH issues (strategy, cervical cancer) and UNFPA role in the UN group on HIV.

A&Y: UNFPA's approach was within the UN's global System-wide Action Plan on Youth launched by the UN Secretary-General in June 2013, and the UN Partnership Framework signed between the UN and Government of Moldova in 2012. UNFPA CO played active role within UNCT on Youth and Sexual and Reproductive Health and Rights issues. Another dimension of collaboration was within the United Nations – Republic of Moldova Partnership Framework "Towards Unity in Action" 2013-2017.

P&D: UNFPA CO adopted a multi-stakeholder coordination and cooperation approach during the Country Program implementation and, on one hand it get involved into the national coordination mechanisms, on other hand regularly exchanged the information with other UN agencies and got actively involved in other joint UN actions. Thus, UNFPA played active role within UNCT on promoting and mainstreaming the Active Aging concept, it has participated in UN Working Groups and provided support for UN delivering as one approach. It also was the key driving force on PHC, bringing international expertise, for instance ITAB and involving the UNRC in and advocating and boosting 2014 PHC data processing. UNFPA CO continued joint projects with other UN Agencies in Moldova, for instance by supporting the Joint UNDP/UNFPA/ILO/UNICEF project on Strengthening Statistical System in Moldova.

GE: In terms of UN agency coordination, WHO has a movement called "Sexual Violence against intimate partners" in 2015, there is a cooperative agreement with WHO to not have an overlap.

COAR 2014 - As per DaO principles, UNFPA support and use **national coordination mechanisms** for harmonized response to country-level commitments of development partners as per the UNPF (UN Partnership Framework) and UNFPA CP. UNFPA played a very active role within UNCT on Youth, Sexual and Reproductive Health and Rights

³⁹⁶ Country Office Annual Report, 2013

issues, Domestic Violence and promoting Active Ageing. In particular, UNFPA Moldova was instrumental in leading very successfully UN and donors' support for 2014 Population and Housing Census.

UNFPA CO continued to pursue **joint projects** with the UN family in Moldova (Joint UN project on Statistics, joint UN project in Transnistria region).

COAR 2015 – Coordinated/collaborated outputs included:

GE - UNFPA is co-leading with UN Women development of the new National Programme on Gender Equality 2020 with a special emphasis on the Health Response to GBV and SRH, based on the CEDAW and UPR recommendations (including those related to the SRH). This strategic policy document overall coordinated by the Ministry of Labour, Social Protection and Family is developed on a participative bases and currently a set of technical consultations at expert level are conducted.

GE - UNFPA Implementing Partner – Women's Law Center – conducted a ToT for 32 professionals from health sector at central level based on the UNFPA-WAVE Manual on Health Response to GBV, with participation of the authors of the Manual. The ToT was financially supported by the OSCE Mission in Moldova, Austrian Embassy, OAK Foundation and UNDP.

GE - As part of the UN project "Empowerment of Victims of Domestic Violence and Human Trafficking in the Transnistrian region", UNFPA along with UNDP, IOM and OHCHR has developed a Strategy for strengthening capacities of the professionals (including primary health-care professionals) from the Transnistrian region of the Republic of Moldova in combating domestic violence and human trafficking for 2015 - 2017. So far, benefiting from the experience of the UNFPA Belarus, police officers from the Transnistrian region of the Republic of Moldova were trained on how to address GBV. In the next year, primary healthcare professionals will benefit from such trainings in order to improve the reference system among the organizations which are working in the field of GBV and de facto public institutions.

AY - In terms of comprehensive sexuality education, UNFPA supported national partners in their participation at the regional technical consultation meeting on CSE held in Istanbul (organized by EECARO, WHO, IPPF, UNESCO).

A 7.2 The UNFPA country office has contributed to avoid overlaps and promote synergies among the interventions of the UNCT in each of the programmatic areas

- Nature of the contribution of UNFPA to the elaboration of the UNPF
- Extent to which the UNPF reflects the priorities and mandate of UNFPA in Moldova
- Evidence of overlaps and/or absence of overlaps between UNFPA interventions and those of other UNCT members
- Evidence that synergies have been actively sought in the implementation of the respective programmes of UNCT members

- UN-Moldova Partnership Framework "Towards Unity in Action" for 2013-2017
- CP Documents
- UNCT
- UNFPA Country Office
- Monitoring/Evaluation reports of joint programmes and projects

- Documentary analysis
- Interviews with UNFPA CO staff
- Interview with the UNRC
- Interviews with other UN agencies
- Interviews with implementing partners

Key informant contributions to coordination:

- There is good cooperation in the GE group and developing the Strategy for Violence against women.
- There is a bit of discrepancy between what WHO says to oncologists, more supportive of their traditional ways, and what UNFPA is promoting. Why has WHO not imposed stronger standards? This creates confusion. However, there is recently a stronger collaboration between UNFPA and WHO and congratulations are due to these two agencies for supporting a regional action plan.
- The UN has worked well together – there was a positive Mid Term Review which showed good results across the pillars. The architecture of the census – the UN Program on Statistics, it was a new start and UNDP and UNICEF helped to set agenda for the census, the census was the major disappointment for him. In terms of cervical cancer, there were good achievements and on youth as well, the UN had to work together on these.
- There was a very active gender theme on GBV, UNFPA co-led with IOM and trained multi-sector with sister UN agencies. The evaluation should look for evidence of this collaboration.
- Additional areas of getting results among the UN agencies: 1) Response to the MDGs and in anticipation of the SDGs, there was a lot of consultation 2) the Rights Agenda,

as a UN team, relating to rights and holding people accountable – there was added value of UNFPA through the rights channel – the main challenge emanates from the team, analysis of extent to which I am contributing to the UN – there were different views on the different priorities.

- A rosy picture is valid - the challenge is how to overcome the conflict of incentives in terms of UN reporting and some see the UNPF as an extra burden. In 2015, the UN group was highly appreciated, the RC send reports to the DG, there are ways to achieve more together than separately.
- Work in Transnistria, the UN is really neutral, see the Hammarberg report analysis on Transnistria, it sets out the rights based needs, including GBV. In terms of the UNFPA evaluation, it is important to note the extent to which UNFPA included Transnistria, building confidence between Artemida and Transnistria (maybe he meant Resonance?) there was a great deal of value added.
- There was a UN joint initiative on building statistics, there were 3 underlying reasons for the issues with the census – 1) the level of leadership and management in the ministry was weak; 2) changing political arena; 3) fear of data!! Our role in the evaluation is to see the extent to which UNFPA furthered the intervention. The achievements were to 1) introduce better methods than were available in 2004; 2) 80% of the budget came from the government; 3) they planned a campaign 2 years ahead – check minutes of International Technical Advisory Panel.
- The Joint programme produced results, 1,345 protection orders over 30 to begin with, however, it is to be noted that there were no common activities, a complete division of labor, some rayons were rejected by the State Department for reasons not ascertained and there was a very long extension on the programme, still it has made a difference for survivors of GBV.
- The UNCT is a very effective team, UNFPA is a very well respected member of the team, the constraint is the fund raising among the agencies where they are struggling for resources
- The UN Gender Equality Group is very collaborative – priorities are the girl child but boy children are more subjected to GBV
- The UN group on youth and adolescents has taken a piecemeal approach but this is now improving, the Ministry of Youth and Sports is the entry point, they are trying the modern methods of communication, through facebook, etc. Now the objective is to expand beyond the youth friendly health services and get to the schools and churches – the situation of the curricula, UNFPA, WHO and UNICEF have to be involved with the Ministry of Education, affecting children ages 7-18 and teacher's curricula. Advocacy with the Minister of Ed who takes the decision regarding mandatory and optional courses – this is the basis of a joint programme
- At the policy level the government staff and policies are brilliant but fails in implementation, the migration of professionals has affected this seriously. The services do not reach the rural areas, there needs to be more demand generation for good services from the people themselves, there needs to be much more innovative thinking – some think that UN communications are the strongest feature.
- While each agency has its own way of working, they are good at matching activities, being sure of no overlaps and preparing for the next plans. UNDP is more project based while UNICEF plans for only 2 years ahead. However, a prioritization needs to be done.
- What is needed is a matrix of donors working on GE, experts to help the process of public consultation, and a strategized action plan, M&E is desperately needed, need help to materialize the SDGs, and need a protocol for women with mental disabilities, and women in prison.
- Donors and other outside stakeholders perception (3) of the UN agencies: they are not coordinated very well and they are not collaborating, they are competing, in terms of confidence building measures in Transnistria, the UN actors even though they are in one program, they do not coordinate or talk to each other, each one wants its own visibility. Donors often try to get them together and this unwillingness to listen to each other has been raised to the EU Ambassador and the UN RC, donors have more power with the NGOs but faces resistance from the UN
- The UN needs to get together and cohesive to address the development issues in Transnistria, there is a mapping of interventions there, even if the authorities are not yet open they may be very soon
- The UN leadership of the Social Sector donor group was not strong under the previous co-chair but UNFPA has taken over since last year and it is much better organized, structured and useful for the donors
- In the health sector, the coordination is not as strong under WHO which pays a consultant and donors do not want to continue this model.
- There is strong cooperation in the gender theme group led by UN Women, however, there is lots of coordination to be done, there is need for 370 beds in the shelters and there are currently only 170, GE has not really been mainstreamed, there are limited results in GE, many of the materials like the brochures do not reach the most vulnerable.
- Coordination in general in the UNCT is not smooth, not efficient, the efficiency will be increased by rotational chairs of the GTG, what is needed is more openness and more leadership from the RC and heads of agencies, to improve coordination
- They still do not inform each other regarding programs they have started, sometimes not until later, there needs to be open invitations to identify the important topics while

- respecting each other's mandates
- More human resources are needed for coordination, and much more emphasis on the UNCT doing fund raising as a team, there is really no UN fund raising strategy
- The evaluation of the UN Partnership Framework will provide important insights to position the UN as a partner of choice of donors.
- There is a need to diversify donors and pursue more governmental sharing, more work with the private sector and try to make inroads to the EU – in order to draw their attention, need stronger results, push more toward joint mobilization, joint communication, there is some DOU, multi-donor trust fund, joint program on statistics still ongoing
- The strong points of joint programs have been well made, the ministries would see them as one, but on the flip side, it is hard to agree, takes ages and it boils down to personalities, it is important to acknowledge that the HQs of all these agencies have not yet harmonized their global dealings
- Jointly the UN should have a strong focus on the SDGs and their nationalization, with a strong focus on evidence to track the indicators, avoid spreading too thinly

EQ 8. Added Value – To what extent has UNFPA made good use of its comparative strengths to add value to the development results of Moldova?

<p>A 8.1 The main comparative strengths of UNFPA Moldova have been identified and built upon in designing and implementing the UNFPA country programme</p>	<ul style="list-style-type: none"> • Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies, have been identified and built upon • The results observed in programmatic areas that have been achieved with UNFPA's contribution are described. • The perceptions of national stakeholders in regard to UNFPA's added value have been collected and used for future programming. 	<ul style="list-style-type: none"> • The CP and COARs • UNFPA Moldova Country Programme Strategy • Databases showing results, or analysis of data • Reports from partners and other development agencies 	<ul style="list-style-type: none"> • Key informant interviews • FGD with sub-national actors and beneficiaries • Document analysis
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One of the comparative strengths of UNFPA, at corporate level, is its ability to convene national and international stakeholders to address sensitive issues relating to family planning, reproductive health and rights, and gender equality, all areas where UNFPA expertise is acknowledged. This expertise legitimates UNFPA to take a leadership role in addressing issues related to its mandate.³⁹⁷ The UNFPA global focus on adolescents has added value for the development community for example through the study “The Power of 18 Billion – Adolescents, Youth and the Transformation of the Future”, which emphasizes the vulnerability of youth in sexual and reproductive health and the high risk of early marriage and child bearing.³⁹⁸

Final evaluation of the UNFPA CP 2013-2017 shows that UNFPA CO made good use of its comparative strengths to add value to the programmatic development areas in Moldova and to produce outputs and outcomes level results.

Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies and the results observed in programmatic areas that have been achieved (and described above) with UNFPA's contribution show that UNFPA is perceived as the catalyst and one of the key driving force in the demographics and population and development related issues, as well as in reproductive health and sexuality education, as well as gender-based violence.

The perceptions of national stakeholders in regard to UNFPA's added value underlines the specific UNFPA expertise in population and development (for instance expertise input provided by ITAB), ageing and youth aspects mainstreaming, family planning, reproductive health and sexuality education and gender related issues, particularly related to GBV and cervical cancer.

³⁹⁷ Review of UNFPA Business Model, Deliverables 3 and 4, Comparative Advantages, Brad Herbert Associates, January 2014.

³⁹⁸ “The Power of 18 Billion – Adolescents, Youth and the Transformation of the Future”, UNFPA 2014.

UNFPA collaboration with Y-PEER for SRH per-to-peer outreach educational program and with CNTM on informational campaign on Census and with Artemida, Resonance on gender related issues are seen to be the means to reach the most vulnerable youth, adolescents and women, including those from rural areas.

Key informants contributions on identification of strengths:

- Moldova is becoming a center of excellence the Reproductive Health Training Center - find the positives, the advancement on aging agenda – There is a fantastic statement by the Ministry of Finance to the NY HQ on the CO work.
- The extent to which UNFPA contributed to health, social, statistical - it has helped to change the social sector
- UNFPA is a key partner for incorporating gender equality and GBV in SRH, WHO is also involved
- UNFPA really is leading the reform in response to GBV. In 2010 there was support for a criminal code on Family Violence, specific provisions and special ones on violence against children, but not specifically for women and the joint project addressed the gap.
- The working group on social protection has joint themes, HIV, they cooperate on LGBT perception survey, but there is little advocacy among the UN. Awareness raising is a very strategic area for UNFPA
- UNFPA collaboration with Y-PEER is the key driving force in boosting the SRH education of youth and adolescents in schools and other educational institutions
- Youth Gap Index represents an innovative and effective tool in youth policy analysis
- UNFPA has a more practical application to make in combining GBV and SRH to various audiences, UN Women is just for women
- UNFPA is very dynamic, the Rep was a key pillar of the UNCT which benefited from his guidance
- UNFPA is well positioned and focused, the team is open and partnering, can rely on UNFPA for evidence based solutions and strong factual basis
- UNFPA works more with the churches in other countries, like Armenia, using the World Council of Churches

A 8.2 These comparative strengths are acknowledged and inform UNFPA cooperation with other development partners, particularly other UN agencies

<ul style="list-style-type: none"> • Perception by Moldova national stakeholders of the comparative strengths of UNFPA • Evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners • Evidence that UNFPA has established and maintained partnerships to ensure that UNFPA can make use of its comparative strengths 	<ul style="list-style-type: none"> • <u>UN-Moldova Partnership Framework “Towards Unity in Action” for 2013-2017</u> • Country Programme documents • Government partners • UN agencies • Other development partners 	<ul style="list-style-type: none"> • Document review • Interview with the UN RC • Interviews with other UN agencies • Interviews with Government partners and other implementing partners
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UNFPA is perceived by both UN Agencies and national public and non-governmental stakeholders as mostly specific expertise providing agency. UNFPA is widely recognized by national and international stakeholders as the main actor in data generation, and analysis. It can be thus main player for advocacy of thematic priorities.

The key comparative strength of UNFPA is perceived as being in depth and subject expertise in the areas of: Population and Development, Reproductive Health, Sexuality education, Family Planning, Cervical Cancer and Youth empowerment.

Gender based violence is perceived as being co-shared with UN Women. Family planning expertise seems to be underutilized given the demographic realities and population and development tendencies in the Republic of Moldova.

UNFPA comparative strengths are reflected in its cooperation with other development partners, for instance in setting up the ITAB and bringing the best European practices, resources mobilization for the 2014 PHC and Master Program of Demographics, capacity building of Demographic Resource Center, elaboration and mainstreaming the Active Aging Index and Youth Gap index etc.

UNFPA managed to establish and maintain productive partnerships to ensure that it can make use of its comparative strengths, for instance: Partnership with Czech Development Assistance (CDA), Romanian Embassy, Swiss Direction for Cooperation to ensure support of population and development initiatives.

Key informant contributions to use of comparative strengths:

- UNFPA is a good partner, it has very good value to develop Moldova and showed good flexibility toward their plans, sometimes radical changes were needed.
 - UNFPA was good to work with, was flexible in terms of the interventions, not too bureaucratic and “they were really interested in what do we think”, supporting them in the partnership and provided lots of context and very supportive of their own capacity building. However, PI did not use all the opportunities and did not spend all the money, which was not very much to begin with. They did lend support to PI’s campaigns (4 per year) regarding AIDS and they tried to make them more SRH sensitive. They had good relationships with UNFPA staff and found them very easy to speak with. The Executive Director of the Positive Initiative was supported to go to Ottawa by the regional office for evaluation
 - Need to mitigate the risks caused by political disruption; 2) the organizational assessment done to accept IPs as a partner was very useful to see the gaps that they had themselves and they have since tried to cover these; 3) Need to think and do things differently - they find more strategic thinking among UN Women, do not what people always do but be innovative, positive deviation and need more political power.
 - For UNFPA, they value their advice and expertise, they pay for training, for the PHC, the state does not want to pay.
 - Lastly, it is important to move ahead with innovation and innovative approaches such as with young people, and now should work with the private sector, collaborate and build this up
 - UNFPA used good entry point with the government - the NGO’s are not sustainable and they have a project orientation.
 - The joint project (GBV) was very collaborative, not see competition, and it was good coordination.
 - UNFPA has well understood the rationale for capacity development for addressing GBV in Transnistria
 - Compared to other donors, UNFPA is more collaborative and open to discussion.
- Numerous stakeholders are not aware of what UNFPA does in detail, or even generally.

EQ9. (Sustainability) To what extent has UNFPA contributed to establishment of mechanisms to ensure ownership and sustainability of effects both in the short term and long term?

A.9.1 UNFPA has contributed to the establishment of mechanisms to ensure ownership and the sustainability of effects in terms of policy, institutional and financial aspects.

<ul style="list-style-type: none"> • Evidence of national leadership in planning and implementation of projects and programmes to promote ICPD objectives • Existence of exit strategies with government partners that illustrate hand over of activities and demonstrate readiness of national stakeholders to replicate activities and adapt programme results in other contexts 	<ul style="list-style-type: none"> • COARs and Progress reports • Exit strategies and benchmarks for handover • Surveys, workshop proceedings • National ministries budget information • UNFPA staff • Implementing Partners • Beneficiaries of capacity development 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA CO staff • Interviews with implementing partners • Interviews/Focus groups with beneficiaries Document review • Site visits to implementation areas
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Evidence of national leadership in planning and implementation of projects and programmes to promote ICPD objectives; Existence of exit strategies with government partners that illustrate hand over of activities and demonstrate readiness of national stakeholders to replicate activities and adapt programme results in other contexts

General: There is substantial evidence of national leadership in planning and implementation of projects and programme. Key informants attest to the strong policies and participation of Government staff in policy and programme discussions, however, strategies, action plans and policies often do not have committed budgets attached.

There are no apparent exit plans or benchmarked turnover plans to the Government of UNFPA supported interventions.

SRH: In terms of ownership of the contraceptive procurement and distribution system, procurement is centralized and estimates are provided by the management level of the Primary Health Cares Providers to the Agency for Medicine and Pharmaceuticals, there is a tender and winners are selected. Software for electronic monitoring of procurement and distribution of contraceptives was developed and mainstreamed into the national informational system. There is a national action plan on the total market approach (TMA). The contraceptives are free, and if couples have money they can buy them in pharmacies. It is a difficult procurement process and lots of bottlenecks, the disadvantage of it not being a central process is that it is nearly impossible to monitor. UNFPA did advocacy and workshops on indicators to show the local authorities how to estimate the needs in order to affect the indicators. They plan to do more advocacy covering the whole country. There may be an opportunity to use the "Access RH" global platform to procure contraceptives at a much lower price (10 times lower), the legislation does not allow direct procurement, but it may be possible to find a window to buy them cheaper for vulnerable groups. There is political will to go this way. Stock out data is not collected. There is a gap in need and supply and estimates of % being covered. Support on FP, cervical cancer, etc have been institutionalized at the university and college. Also, the sustainability is ensured by the fact that SRH issues are part of the national programme and strategies.

In 2014 a costing of family planning services was undertaken supported by UNFPA and Netherlands Interdisciplinary Demographic Institute (NIDI) conduct annually the Global Resource Flow survey to collect data on resource flows for population activities and reproductive health.³⁹⁹ The Resource Flows project was established in 1997 and is a joint collaboration between UNFPA and NIDI. The aim of the project is to monitor global financial flows for population and reproductive health activities through data collection and reporting on international population assistance and domestic expenditures for population activities in developing countries and countries in transition. Taking into the consideration that the actual contribution of national budgets for family planning are unclear, the survey for year 2014 is focusing more on family planning expenditures made by the Government, private sector, insurance company and NGOs. It is expected to obtain information on the national budget for population activities (family planning services/methods; basic reproductive/maternal health services; basic research, data and population and development policy analysis) and its reproductive health component. A survey of 34 institutions supporting family planning was undertaken. The results indicated that the main sources of funds for family planning were: From international resources – UNFPA, WHO and The Global Fund with total amount of 5,084,988.32 MDL From national resources - Ministry of Finance, with total amount of 2,699,012.70 MDL and Private out-of-pocket expenditures 2,362,500.00 MDL. The study revealed significant lack of understanding of what FP consists of and that a large source of funds was out of pocket.

The expenditures for the HIV response in 2014 increased as follows (about 26,2 mln. MDL (+25,6%)) compared to the volume of expenditures from 2013 and reached the total amount of about 128,7 mln. MDL or USD 9166929. From those expenditures, the public financial resources constituted 32,8 mln. MDL or USD 2 332 684 (25,4%). International resources for this year constituted 95,7 mln MDL or USD 6817600 (74,4%) and the private national resources reached 0,2 mln. MDL or USD 16 645. (Therefore, most is external however, this calculation did not take into account the support for the system basic services.)

Adolescents & Youth: Sustainability prospects of the results achieved under the Adolescents & Youth thematic areas present a mixed picture. Youth Gap Index developed by CNTM in 2015 is known and well accepted by the public authorities, including the Ministry of Youth and Sports.⁴⁰⁰ Youth mainstreaming methodology is used by public authorities to address three relevant domains (health, risk behavior & violence and participation) defined by the Youth Gap Index (YGI) research. In the case of UNFPA output Youth Sector Development Strategy 2020, the policy sustainability is robust, because the output is mainstreamed in the policy and there are also

³⁹⁹ Survey of Financial Flows on Family Planning in 2014 in the Republic of Moldova, Center for Health Policies and Studies (PAS), supported by UNFPA and NIDI (Netherlands Interdisciplinary Demographic Institute)

⁴⁰⁰ Key informants Interviews and sites visits. April 2016. UNFPA COAR 2015. Progress Report CNTM 2015; WP, CNTM 2016.

financial sustainability prospects in terms of financial commitment of the Moldovan Government and these commitments were reinforced during the final UNFPA CP evaluation.

In terms of institutional sustainability, UNFPA CO managed to provide support in creation and capacity building of the Y-PEER NGO, which proved to be a fast growing “grass-roots” level organization with innovative and highly popular approach among youth and adolescents on youth sexuality education. Y-PEER increased their number and has got several grants from different donors. At the local level they managed to set up productive partnerships with youth centers (public institutions created by district councils). All these represent sustainable prospects, which should not be underestimated.

The financial sustainability of the Youth Sector Development Strategy 2020 is secured. As for the financial and institutional sustainability of the peer-to-peer education, it is not achieved, because peer-to-peer sexuality education is an extracurricular activity for youth and adolescents. Therefore, sustainability can be achieved by integration of sexuality education topics into the educational curricula or action plans of the Ministry of Education and Ministry of Youth. This could represent the future priority actions.

Sustainability of Academy of Youth Workers is not achieved, because it was not institutionalized and there are no further financial commitments. Development of the first strategy on development of statistical sector is one of the actions which contributes to the sustainability to the demographic statistics and census. The National Commission on Population and Development – was created with UNFPA support in 2007 and which is very active now without financial support of UNFPA.

Population & Development:

Sustainability prospects of the results achieved under the Population and Development thematic area differ from output to output. The policy sustainability of the outcome indicator cannot be assessed because the 2014 PHC data were not processed although UNFPA CO put significant efforts to boost the data processing. Therefore, the Census was not in position to provide yet data for policy formulation. Elaboration of the Strategy on National Statistical System 2016-2020 developed within the Joint UN Project on “Consolidation of the National Statistical System of Moldova” could represent a policy level achievement, once the strategy is approved.

Demographic Barometers produced by Demographic Resource Center offers valuable data on elderly, youth, quality of life, but there is no evidence of use of their findings in the policy making.. UNFPA has a partnership agreement with the Parliamentaria Commission on social protection, health and family that includes debates in the Parliament of the specific topics addressed by the demographic barometers.

The principle of national ownership has been taken into consideration for several CP indicators, such as the indicator on the number of annual graduates of master’s programme on demography and family policy. This indicator is institutionalized in the curricula of the Academy of Economic Studies (AES) and represents an important sustainability prospects, also because there are financial commitments from CDA, which cover 21 fellowships. However, there is not clear the future domestic financing of the Masters and the sustainability can be affected.

The sustainability of the Active Ageing Index seems to be increasing as HAI is undertaking the policy analysis in three area (employment, health and sport) and national public stakeholders are committed to use the findings in policy making.

In terms of institutional sustainability, UNFPA CO managed to provide support in creation and capacity building of the Demographic Resource Center (DRC), which became an important actor in population dynamics policy analysis. This represents a solid sustainability prospect. It is expected that UNFPA CO and DRC will have regularly meeting with the Parliamentary Commission on Social Protection and Health issues to inform on policy making. This might be an important sustainability augmentation factor.

Platform for Active Aging recently created (decembr 2015) represents a fragile sustainability prospect, because it is weak and need consistent capacity building on both (results based) management and thematic expertise on active ageing (mainstreaming). Therefore is premature to assess its sustainability.

Key informant contributions to sustainability:

- In MCH UNFPA works well with the RH and Youth, ownership by the government is the problem. The document is developing on the strategy – maybe 2017-2021; there are going to be guidelines on safe abortion? The strategy needs to be followed up by the action plan and financial commitment. The government does not cost the strategy

or sometimes does not come through on its commitment.

- In 2011 the final tranche of UNFPA contraceptives occurred and training did not take place till 2014, there was a huge delay in getting this going. There was a huge investment in teaching family doctors but there were no policy level interventions to empower them – only the ob/gyns. In the MoH, time passed after the training and they forgot and were not motivated.
- The sustainability of support for PSU – lacking standards and regulations for PSU. There is little long term perspective, and no accreditation for NGOS so they can be paid from the state budget - this is a work in progress.
- The development of the GBV survivor shelters is very good work, both the physical structures and the capacity development, and the model for perpetrator support in Drochia, however, it is not sustainable unless the government devotes enough resources, the budgets on the state run centers (transferred from NGOs) have been cut, also depends on the willingness of the local authorities, they may decide to close the shelters and there is no strategy for sustainability. While the centers could be replicated and the supporting teams, it is lacking advocacy, the donor forum should be doing this.
- The Medical State University is an autonomous public institution, the capacity development support from UNFPA was excellent, some through the RHTC, the full range of family planning topics were covered, and now they cover these topics on their own, the University is working more with WHO and UNFPA has receded. They designed their own refresher training, the issue is that they have no budget to reproduce the manuals which are very heavy. Although counseling can be trained, the approach to beneficiaries is the thing that needs to be changed, the way of speaking to people, to help them change their attitudes and not order them around. Also the national RH system does not provide for M&E. The attitude changes are what is hard to change although the medical doctors who were quite skeptical have slowly changed. What they need is patient oriented care training.
- More international working groups are needed to promote sustainable outcomes and encourage more local budgets for FP, a continuity of ideas and process is important even when the government decides it will take over programmes. The weak coordination between UNFPA and WHO is a deterrent to giving strong messages on sustainability - they need to cooperate and pool resources.

Since there is still no mandatory comprehensive sexuality education in schools, the sustainability of achieved results will depend on the ongoing advocacy of UNFPA and other relevant actors (UNICEF, WHO, UNAIDS) in this field.

Annex 9 Interview Guides

General Introduction and Closing - 1. Human connection
<ul style="list-style-type: none">• Spend a few minutes to understand how the interviewee is today. Is the interview convenient or problematic in any way? Is s/he really busy and we should make the interview shorter than agreed?• Explain briefly something about yourself, where do you come from, other interviews you are doing that also frame this present interview, etc.• Thank the interviewee for the time dedicated to this interview.
2. Inform the interviewee of the objective and context of the interview
<ul style="list-style-type: none">• Purpose of the evaluation - Clarify briefly the purpose of the evaluation.• Confirm the time available for the interview.• Stress the confidentiality of the sources or the information collected.• Explain what the objective of the interview (context) is. This not only shows respect, but is also useful for the evaluator, as it helps the interviewee to answer in a more relevant manner.
3. Opening general questions: refining our understanding of the interviewee's role
Before addressing the objectives of the interview, the evaluator needs to ensure that s/he understands the role of the interviewee vis-à-vis the organization the programme, etc., so as to adjust the questions in the most effective way.
4. Ending the interview
<ul style="list-style-type: none">• If some aspect of the interview was unclear, confirm with interviewee before finishing. Confirm that nothing that the interviewee may consider important has been missed: “• Have I missed any important point?”• Finish the interview, confirming any follow-up considerations - e.g., if documents need to be sent and by when, if the evaluator needs to provide any feedback, etc.• Mention when the report will be issued and who will receive it• If relevant, ask the interviewee for suggestions/facilitation about other key persons (referred to during the meeting) that could also be interviewed.• Thank the interviewee again for the time dedicated to this interview.

UNFPA Moldova - Reproductive Health and Rights

Key Informant Interview Guide for UNFPA staff, Government Ministries, Universities, Implementing partners, staff who have received capacity development inputs, UN agencies, Donors

Use General Introduction - Purpose of the evaluation

I am (we are) part of a two person team to evaluate UNFPA's 2nd Country Programme of Assistance to the Government of Moldova (2013-2017) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results. The goal of the evaluation is to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting project sites.

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions: (Topics related in particular to strengthening SRH and Family Planning, integration of SRH into services for people with HIV, cervical cancer screening, developing the new strategy on SRH, Clinical Guideline Development, HIV prevention in truck drivers)

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. Are assessments or survey results available?
- c. Who was consulted regarding the design?
- d. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the project/activities to the UN priorities, government policies, local structures, to changes in the political and institutional situation**

Possible questions:

- a. How well does the activity/work support the government's priorities and work within the national structures that are in place? How well does it work within private structures?
- b. How well is the work designed to achieve the outcomes/results in the UN Partnership Framework? (more equitable utilization of quality health and population, education, water, sanitation and HIV services, key life-saving, care and protective behaviors and raise demand for quality social services)

3. **Objective: Effectiveness of the approaches/activities/projects used to improve access to high quality RH and FP services and for the most vulnerable.**

Possible questions:

- a. What are the indications that the approach is working or making progress toward goals established for 2017 (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence) (numbers being reached, products produced/purchased and the extent of impact, evidence of usage of knowledge, increasing networks, etc.)
- b. What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
- c. Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA? Is there an exit strategy?
- d. Are financial resources available?
- e. Will the results of the project last after is it over?

4. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience)**

Possible questions:

- a. Did your work receive the needed support from UNFPA in terms of advice, staff inputs, money or technical assistance, what were the strengths and weaknesses?
- b. Did you receive any other donor support in connection with the UNFPA work? Did UNFPA promote greater connections and resources from the government or national actors?

5. Objective: Functioning of coordination mechanisms

Possible questions:

- a. Do you work with other UN agencies and NGOs and/or can you say how well the activities are coordinated, overlapping?
- b. Are there gaps in the population needs which would not have been identified by the UN system, collectively?

6. Objective: The value of UNFPA work to national development

Possible questions:

- a. How big of a difference is UNFPA making in RH in Moldova, what contributes to its effect, what detracts?
- b. Can UNFPA input be improved or strengthened?

7. Objective: Interviewee recommendations

UNFPA Moldova – Gender Equality Programmatic Area

Key Informant Interview Guide for UNFPA staff, Government Ministries, Implementing partners, staff who have received capacity development inputs, UN agencies, Donors

Core interview

- 1. Objective: Degree and quality of involvement in the particular programme / project (i.e. the particular stage in which they got involved, awareness of objectives, needs, etc.) (Topics: Integration of SRH into GE policies; Building capacity of health care professionals to integrate SRH and GBV; Shelter and Rehabilitation facilities for survivors of GBV; Training of police officers to respond to GBV)**

Possible questions:

- How long have you been involved in this programme / project?
- In which stages have you taken part? (design, implementation, etc.)
- What do you think about the pursued objectives / target groups?
- Could you describe the activities undertaken and your role within the implementation process?

- 2. Objective: Relevance of the programme / project objectives for government priorities, targeted groups, etc.**

Possible questions:

- How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- How well does the activity/work support the government's priorities and work within the national structures that are in place? How well does it work within private structures?

- What can you say about the gender sensitivity of the programme activities?

3. Objective: Cooperation, coordination and relations with UNFPA, donors, other implementing partners (from public, private sector, NGOs) and beneficiaries

Possible questions:

- What other actors have been involved, how does this activity contribute to that of others?
- How would you describe your relations with UNFPA and the support provided by them?
- How would you describe your relations with other implementing partners?
- How would you describe your relations with the beneficiaries of the project?
- Do you think the channels of dialogue with other partners and beneficiaries are sufficient? In what ways could they be improved?
- Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping?
- Are there gaps in the gender and gender based violence (GBV) needs which would not have been identified by the UN system, collectively?

4. Objective: Sustainability, ownership and capacity building within the framework of the particular project/programme

Possible questions:

- What are the particular gains your institution has provided from this project?
- What do you think about the sustainability of the project?
- What are the main factors affecting sustainability?
- Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA?.

5. Objective: Effectiveness of the approaches/activities/projects

Possible questions:

- What are the indications that the approach is working or making progress toward goals established for 2nd CP?
- What are the main strengths and weaknesses of this programme? In what ways could the weaknesses be addressed?

6. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience)

Possible questions:

- Did your work receive the needed support from UNFPA in terms of advice, staff inputs, money or technical assistance, what were the strengths and weaknesses?
- Did you receive any other donor support in connection with the UNFPA work? Did UNFPA promote greater connections and resources from the government or national actors?

7. Objective: Perceived difficulties / challenges for the smooth implementation of the programme/project (including the impacts of changing development context, changing national priorities, institutional structures, etc.)

Possible questions:

- Have you experienced any particular difficulties/obstacles in project implementation?
- Have they been resolved effectively? What were the main factors leading to their resolution?

- Have your activities been affected by recent changes in legal/administrative context?

8. Objective: The value of UNFPA work to national development

Possible questions:

- How big of a difference is UNFPA making in gender equality in Moldova, what contributes to its effect, what detracts?
- Can UNFPA input be improved or strengthened?
- What are the strengths and weaknesses of UNFPA
- How can you compare UNFPA with other major international funding organizations?

9. Objective: Interviewee recommendations

UNFPA Moldova – Adolescents and Youth Programmatic Area

Key Informant Interview Guide for UNFPA staff, Government Ministries, Implementing partners, staff who have received capacity development inputs, UN agencies, donors

Core interview

1. Objective: Degree and quality of involvement in the particular programme / project (i.e. the particular stage in which they got involved, awareness of objectives, needs, etc.) (Topics: Strengthening School Health Services; Promoting peer to peer education; evidence based youth policies; strengthening participation of young people in post 2015 agenda)

Possible questions:

- How long have you been involved in this programme / project?
- In which stages have you taken part? (design, implementation, etc.)
- What do you think about the pursued objectives / target groups?
- Could you describe the activities undertaken and your role within the implementation process?

2. Objective: Relevance of the programme / project objectives for government priorities, targeted groups, etc.

Possible questions:

- How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- How well does the activity/work support the government's priorities and work within the national structures that are in place? How well does it work within private structures?
- What can you say about the gender sensitivity of the programme activities?

3. Objective: Cooperation, coordination and relations with UNFPA, donors, other implementing partners (from public, private sector, NGOs) and beneficiaries

Possible questions:

- What other actors have been involved, how does this activity contribute to that of others?

- How would you describe your relations with UNFPA and the support provided by them?
- How would you describe your relations with other implementing partners?
- How would you describe your relations with the beneficiaries of the project?
- Do you think the channels of dialogue with other partners and beneficiaries are sufficient? In what ways could they be improved?
- Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping?
- Are there gaps in the gender and gender based violence (GBV) needs which would not have been identified by the UN system, collectively?

4. Objective: Sustainability, ownership and capacity building within the framework of the particular project/programme

Possible questions:

- What are the particular gains your institution has provided from this project?
- What do you think about the sustainability of the project?
- What are the main factors affecting sustainability?
- Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA?.

5. Objective: Effectiveness of the approaches/activities/projects

Possible questions:

- What are the indications that the approach is working or making progress toward goals established for 2nd CP?
- What are the main strengths and weaknesses of this programme? In what ways could the weaknesses be addressed?

6. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience)

Possible questions:

- Did your work receive the needed support from UNFPA in terms of advice, staff inputs, money or technical assistance, what were the strengths and weaknesses?
- Did you receive any other donor support in connection with the UNFPA work? Did UNFPA promote greater connections and resources from the government or national actors?

7. Objective: Perceived difficulties / challenges for the smooth implementation of the programme/project (including the impacts of changing development context, changing national priorities, institutional structures, etc.)

Possible questions:

- Have you experienced any particular difficulties/obstacles in project implementation?
- Have they been resolved effectively? What were the main factors leading to their resolution?
- Have your activities been affected by recent changes in legal/administrative context?

8. Objective: The value of UNFPA work to national development

Possible questions:

- How big of a difference is UNFPA making in gender equality in Moldova, what contributes to its effect, what detracts?
- Can UNFPA input be improved or strengthened?

- What are the strengths and weaknesses of UNFPA
- How can you compare UNFPA with other major international funding organizations?

9. **Objective: Interviewee recommendations**

**UNFPA Moldova - Adolescents and Youth
Focus Group Interview for Adolescents and Youth - Participating in Y-PEER, National Youth Council, Youth Friendly Health Services**

Opening general questions: refining our understanding of the interviewee's role

I am part of a two person team to evaluate UNFPA's 2nd Country Programme of Assistance to the Government of Moldova (2013-2017) to help UNFPA plan the next country programme, we are looking at how effectively UNFPA has helped young people to understand the issues.

Can we introduce ourselves?

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken

Possible questions:

- a. How old are you? Are you in school? (note sexes and ages)
- b. Please describe your participation in the intervention, how often do you visit the adolescent space?
- c. What activities are offered in the space?

2. Objective: Relevance of the project/activities to the UN priorities, government policies, local structures, to changes in the political and institutional situation

Possible questions:

- a. What SRH information have you received in the space? What information have you received about gender equality/ How useful was this information?
- b. What is your knowledge on key concepts? (Ask questions regarding issues of child marriage, legal age for marriage, numbers of children desired and reasons for wanting the number of children, rights for sexual and reproductive health, etc.)

3. Objective: Effectiveness of the approaches/activities/projects used to improve access to high quality RH and FP services and for the most vulnerable.

Possible questions:

- a. How will you use the information in your lives?
- b. Are you satisfied with the way the information is presented to you? Are you satisfied with the space and what it offers?
- c. What information do you want that is not offered?

4. Objective: Efficiency in the use of UNFPA resources (partners, staff, money, global experience)

Possible questions:

- a. What problems do you have in accessing the space? ? Do you know others who would like to participate but cannot access the space?
- b. How is the quality of the presentation of the information? Do you understand the information?
- c. Did you give feedback on the services and space and see improvement?

5. Objective: Functioning of coordination mechanisms

Possible questions:

- a. Does your school advise you of the space and activities that are available?
- b. Do you tell your class mates about the space? Who is not attending who should be attending?

6. Objective: The value of UNFPA work to national development

Possible questions:

- a. Do you think that adolescents coming to the spaces would help with reproductive rights in Moldova? How?

7. Objective: Interviewee suggestions/recommendations (collect recommendations and review them)

UNFPA Moldova – Population and Development (PD)

Key Informant Interview Guide for Government Partners, Implementers of the Programme, Staff receiving capacity development, UN Agencies, Donors

Use General Introduction - Purpose of the evaluation

I am (we are) part of a two person team to evaluate the 2nd Country Programme of Assistance to the Government of Moldova (2011-2015) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future.

(Topics: Conducting the Census; Research; Master's Degree programmes; Road Map on Ageing; Mainstreaming Ageing; Rights Based Demographic Policies)

Core interview: objectives of the interview guide transformed into questions

Objective: Relevance

1. How did you decide to undertake the project/programme? Was there a need assessment? Did the project target the most vulnerable population?
2. How do you think the project/programme objective address the needs of the population (in particular the needs of vulnerable groups)? What was the extent of consultation with the targeted population? Was the gender sensitivity issues taken into consideration? How?
3. Who was consulted regarding the design of the project/programme? What other actors/stakeholders were involved in project design?
4. Do you think the project's activity/work support the government's priorities and work within the national structures that are in place? Which are those priorities? How? How well does it work within private structures?
5. Do you think the Country Program is aligned with policies and strategies of UNFPA (2013-2017)? Which policies and strategy? How? (for UNFPA)
6. To what extent is the UNFPA country programme aligned with the United Nations Development Partnership Framework for 2013-2017?
7. To what extent was the UNFPA country office able to respond to changes in the national development context? What are those contexts? How?

Objective: Effectiveness

8. To what extent have the planned outputs contributed to achieving the outcomes (illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence) (numbers being reached, products produced/purchased and the extent of impact, evidence of usage of knowledge, etc.)?
9. To what extent are the technical approaches and capacity development strategies relevant and effective in achieving the outputs and outcomes?
10. What is the effectiveness of the IPs in contributing to the outputs and outcomes? Are they well aligned and efficient to contribute to the outcomes?
11. What were the barriers/challenges and how were they being addressed?

Objective: Efficiency

12. Did your work receive the needed support from UNFPA in terms of advice, staff inputs, money or technical assistance? What were the strengths and weaknesses of that support?
13. To what extent were programme resources spent?
14. Did you receive any other donor support in connection with the UNFPA work? Did UNFPA promote greater connections and resources from the government or national actors?
15. What is the efficiency of having so many partners? Are they appropriately and adequately contributing to the CP outcomes? (ask UNFPA)

Objective: Sustainability

16. Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA?
17. Are financial resources available?
18. To what extent are the results of UNFPA supported activities likely to last after termination of the project/programme?
19. Is there an exit strategy? (for UNFPA)

Objective: Coordination

20. Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping?
21. Are there gaps in the population needs which would not have been identified by the UN system, collectively?
22. To what extent did UNFPA contribute to coordination mechanisms in the UN system in Moldova?

Objective: Complementarity

23. To what extent did UNFPA contribute to complementarity (i.e. avoiding overlap and duplication of activities / seeking synergies) among UN agencies in Moldova?



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